

Master ARIA Questions for Configuration			DBHS	
Domain	Question	Responses	Scoring Directions	Scoring
Person Information				
	Assessment Referral Date	xx/xx/xxxx		
	Recipient ID	open text		
	Person SSN Number	open text		
	Demographic Information			
	Legal Name	First Name		
		Middle Name		
		Last Name		
		Suffix		
	Date of Birth	xx/xx/xxxx		
	Date of Death	xx/xx/xxxx		
	Gender	Male		
		Female		
		Other		
		Comment		
	Marital Status	Now married		
		Widowed/Widower		
		Divorced		
		Separated		
		Never married		
	Are you a Veteran?	No		
		Yes		
	What is your race:	White		
		Black or African American		
		Asian		
		Native American/Alaskan Native		
		Native Hawaiian or other Pacific Islander		
	Ethnicity	Hispanic		
		Latino		

	Primary Language	English		
		Spanish		
		Marshallese		
		French		
		American Sign Language (ASL)		
		Other (Primary Language)		
	Does the person to be assessed need any additional accommodations?	No		
		Yes		
		Explain		
		Special Communication Needs Description		
	Type of Telephone Service Used	Voice		
		TTY		
		Videophone		
	Is an interpreter needed?	No		
		Yes		
	Address-Mailing			
		Mailing Address Attn:		
		Street Address		
		City		
		State		
		Zip		
		County		
		Directions/Comments		
	Phone Numbers	Work		
		Work Extension		
		Cell		
	Email	Work		
		Home		
	Address-Residential			
		Mailing Address Attn:		

		Street Address		
		City		
		State		
		Zip		
		County		
		Directions/Comments		
	Phone Numbers	Home		
		Cell		
	Email	Home		
	Does individual need extra accommodations?	No		
		Yes		
	Preference to be contacted:	Email		
		Mail		
		Telephone		
	Are there any concerns about the child's communication, learning or social skills?	Text field		
	Health Insurance, Payers & Providers			
	Health Care Providers			
	PCP NPI			
	Primary Care Provider	Name/Clinic/Location/Address/Phone		
	Specialist			
	Psychiatrist			
	Psychologist			
	Dentist			
	Pharmacy			
	Home Care Agency			
	Personal Care Agency			
	Targeted Case Management			
	Day Treatment Clinic			
	RSPMI/OBHS Agency			
	Other Mental Health Provider			

	Waiver Provider			
	Other			
	Insurance			
	Insurance Indicator	Yes		
		No		
	Insurer	Text field		
	Medicaid status	Yes		
		No		
	Medicaid Id			
	Insurance Type	Medicaid		
		Medicare		
		Veterans		
		Other		
	Insurer ID			
	Medicaid effective date	xx/xx/xxxx		
	Medicaid end date	xx/xx/xxxx		
	Services and Supports currently receiving (check all that apply):	None		
		Adaptive Equipment		
		Adult Day Services		
		Adult Day Health Services		
		Adult Family Homes		
		Assisted Living		
		Attendant Care		
		Case Management/Care Coordination		
		Children's Health Medical Services (CHMS)		
		Community Transitions		
		Consultation Services		
		Crisis Intervention		
		Developmental Disability Day Treatment Services (DDTCS)		

		Environmental Accessibility Adaptations/Adaptive Equipment		
		Environmental Modifications		
		Foster Care		
		Home Delivered Meals		
		Home Health Aide		
		Mental Health Assessment and/or Treatment		
		Mental Health Targeted Case Management		
		Nurse Visits		
		Occupational Therapy		
		Personal Care Attendant (PCA)		
		Personal Emergency Response System (PERS)		
		Physical Therapy		
		Program for All-Inclusive Care for the Elderly (PACE)		
		Respite		
		Specialized Medical Services		
		Speech Therapy		
		Supplemental Supports		
		Supported Employment		
		Supportive Living		
		Targeted Case Management		
		Substance Abuse Assessment and/or Treatment		
		Other		
	Housing			
	Current Housing Types			
		Adult Family Home		
		Licensed Level 1 Assisted Living		
		Licensed Level 2 Assisted Living		

		Certified Level 1 Therapeutic Community (Long Term Residential)		
		Certified Level 2 Therapeutic Community (Long Term Residential)		
		Foster Care		
		Homeless		
		ICF State Operated		
		ICF Private		
		Individual Owned/Controlled Apartment		
		Individual Owned/Controlled Home		
		Individual Owned/Controlled Family Home		
		Institution Hospital		
		Institution, NF Certified boarding care		
		In someone's else's home/apt		
		Relationship to Owner/Resident		
		Noncertified boarding care		
		Provider-Owned Group Home		
		Provider-Owned Supported Apartment		
		Provider-Owned Supported Housing (Max 4 individuals)		
		Residential Care Facility (RCF)		
		Supported Living Arrangement (with Paid Staff)		
	Planned Housing Type			
		Adult Family Home		
		Certified Level 1 Assisted Living		
		Certified Level 2 Assisted Living		
		Certified Level 1 Therapeutic Community (Long Term Residential)		
		Certified Level 2 Therapeutic Community (Long Term Residential)		
		Foster Care		
		Homeless		

		ICF State Operated		
		ICF Private		
		Individual Owned/Controlled Apartment		
		Individual Owned/Controlled Home		
		Individual Owned/Controlled Family Home		
		Institution Hospital		
		Institution, NF Certified boarding care		
		In someone's else's home/apt		
		Relationship to Owner/Resident		
		Noncertified boarding care		
		Provider-Owned Group Home		
		Provider-Owned Supported Apartment		
		Provider-Owned Supported Housing (Max 4 individuals)		
		Residential Care Facility (RCF)		
		Supported Living Arrangement (with Paid Staff)		
	Planned Living Arrangement			
		Homeless		
		Living Alone		
		Living with Spouse		
		Living with Parents		
		Living with Family		
		Relationship to Owner/Resident		
		Living with friend significant other		
		Living in a congregate setting		
	Decision-Making and Emergency Contact (>=18)			

	Does the person have someone who helps make decisions about health care, money or other issues who does NOT have legal or official authority?	No		
		Yes		
	Type	Informal decision-making support		
		Responsible party		
		Other		
		First Name		
		Last Name		
		Phone Number		
		Relationship		
	Does the person have someone who signs documents or makes decisions about health care, finances or other issues who HAS legal or official authority?	No		
		Yes		
	Type of Decision Making Authority			
	Commitment	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
	Commitment for:	CC		
		DAAS		
		DD		
		DBHS		
		Organization		
		Phone Number		

		City		
		State		
		Zip		
	Power of Attorney/property only	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Guardian Ad Litem	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Living Will	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		

		Zip		
	Power of Attorney/Healthcare Decisions	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Court Appointed Guardian	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Public Guardian	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Representative Payee	Name		
		Address		

	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Decision-Making Partner for Self-Direction	Name		
		Phone Number		
	Emergency Contact	First Name		
		Last Name		
	Relationship	Spouse/Caregiver/Child		
		Parent		
		Guardian/Legal Representative		
		Friend/Neighbor		
		Other		
	Address of Emergency Contact	Street Line Address 1		
		Street Line Address 2		
		City		
		State		
		Zip		
		Directions/Comments		
	Phone Numbers	Home		
		Work		
		Cell		
	Email	Home		
		Work		
	Decision-Making/Guardianship & Emergency Contact (<=17)			
	Are the parent(s) the legal representatives?	No		

		Yes		
	Type of Decision Making Authority			
	Child protection order in place- DHS has legal custody, parent may retain parental rights	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Commitment	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
	Commitment for:	CC		
		DAAS		
		DD		
		DBHS		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Power of Attorney/property only	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		

		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Emancipated Minor	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Guardian Ad Litem	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Living Will	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		

		State		
		Zip		
	Power of Attorney/Healthcare Decisions	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Court Appointed Guardian	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Public Guardian	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Division of Youth Services (DYS)	Name		

		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Representative Payee	Name		
		Address		
	Has copy of the legal paperwork been obtained?	No		
		Yes		
		Organization		
		Phone Number		
		City		
		State		
		Zip		
	Emergency Contact	First Name		
		Last Name		
	Relationship	Spouse//Caregiver/Child		
		Parent		
		Guardian/Legal Representative		
		Friend/Neighbor		
		Other		
	Address of Emergency Contact	Street Line Address 1		
		Street Line Address 2		
		City		
		State		
		Zip		
		Directions/Comments		
	Phone Numbers	Home		
		Work		

		Cell		
	Email	Home		
		Work		
Activities of Daily Living (ADLs)				
	Eating			
	Do you have any difficulties with eating or require support or assistance with eating?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to manage eating by themselves, this person (>=18):			
		Can eat without help of any kind	Highest Score included in Total Score	0
		Needs and/or gets minimal reminding or supervision		1
		Needs and/or gets help in cutting food, buttering food or arranging food		2
		Needs and/or gets some personal help with feeding or someone needs to be sure that you don't choke (Extensive Assistance)		3
		Needs to be fed completely or tube feeding or IV feeding		4
	In regard to ability to manage eating, this child (<=17):			
		Independent		0
		Intermittent supervision or reminders		1
		Needs constant supervision and/or assistance in setting up meals, i.e. cutting meat, pouring fluids		2

		Needs physical assistance. Child can partially feed self (N/A for child 0-24M)	Highest Score included in Total Score	3
		Needs and receives total oral feeding from another. Child is physically unable to participate (N/A for child 0-12M)		4
		Receives tube feeding. Child has documented incidents of choking or reflux on a weekly basis or more that is related to diagnosis or disability.		5
	Cuing and Supervision	Independent	Highest Score included in Total Score	0
		To initiate the task		1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited (One person assist)		2
		Extensive/total dependence (Two+ person assist)		3
		Scoring for Eating >=18	Sum of All Scores	(0-10)
		Scoring for Eating <=17	Sum of All Scores	(0-11)
	Challenges-what difficulties does the person have while eating?	Behavioral issues		
		Cannot cut food		
		Chewing problem		
		Choking problem		
		Disease/symptoms interfere with performing task		
		Mouth pain		
		Poor appetite		

		Poor hand to mouth coordination		
		Problems with taste		
		Swallowing problem		
		Other		
	Strengths- what does the person do well while eating?	Cooperates with caregivers		
		Has a good appetite		
		Independent with equipment/adaptations		
		Managed own tube feeding		
		No swallowing problems		
		Person is motivated		
		Takes occasional food by mouth		
		Other		
	Eating Equipment			
	Does this person need any adaptive equipment to assist with eating?	No		
		Yes		
		Chose not to answer		
	Eating Equipment Status (select all that apply):	Adaptive Cup		
		Adapted Utensils		
		Dentures		
		Dycem Mat		
		Gastrostomy Tube		
		Hickman Catheter		
		IV		
		Jejunostomy Tube		
		Nasogastric Tube		
		Plate Guard		
		Specialized Medical Equipment		
		Straw		
		Other		

	Notes/Comments			
	Bathing			
	Do you have any difficulties with bathing or require support or assistance during bathing?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to bathe or shower, this person (>=18):			
		can bathe or shower without any help	Highest Score included in Total Score	0
		needs and/or gets minimal supervision or reminding		1
		needs and/or gets supervision only		2
		needs and/or gets help getting in and out of the tub		3
		needs and/or gets help washing and drying their body		4
		cannot bathe or shower, needs complete help		5
	In regard to the ability to bathe, this child (<=17):			
		Independent	Highest Score included in Total Score	0
		Intermittent supervision or reminders		1
		Needs help in and out of tub		2
		Constant supervision, but child does not need physical assistance		3
		Physical assistance of another, but child is physically able to participate (N/A 0-72M)		4
		Totally dependent on another for all bathing. Child is physically unable to participate. (N/A 0-60M)		5

	Cuing and Supervision	Independent	Highest Score included in Total Score	0
		To initiate the task		1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited		2
		Extensive/total dependence		3
		Scoring for Bathing ≥ 18	Sum of All Scores	(0-11)
		Scoring for Bathing ≤ 17	Sum of All Scores	(0-11)
	Challenges-what difficulties does the person have with bathing?	Behavioral issues		
		Afraid of bathing		
		Cannot be left unattended		
		Cannot judge water temperature		
		Disease/symptoms interfere with performing task		
		Unable to shampoo hair		
		Unable to stand alone		
		Other		
	Strengths-what does the person do well while bathing?	Able to direct caregiver		
		Bathes self with cuing		
		Cooperates with caregivers		
		Enjoys bathing		
		Person is weight bearing		
		Safe when unattended		
		Shampoos hair		
		Other		
	Bathing Equipment			

	Does the person need any adaptive equipment to assist with bathing?	No		
		Yes		
		Chose not to answer		
	Bathing Equipment Status (select all that apply):			
		Bath Bench		
		Grab Bars		
		Hand-Held Shower		
		Hoyer Lift		
		Roll-in Shower Chair		
		Shower Chair		
		Specialized Medical Equipment		
		Transfer Bench		
		Other		
	Notes/Comments			
	Dressing			
	Do you have any difficulties with dressing or require support or assistance during dressing?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to manage dressing, this person (>=18):			
		can dress without any help	Highest Score included in Total Score	0
		needs and/or gets minimal supervision		1
		needs and/or gets some help from another person to put clothes on		2
		cannot dress themselves, somebody else dresses them		3
		Is never dressed		

	In regard to the ability to manage dressing, this child (<=17):			
		Independent	Highest Score included in Total Score	0
		Intermittent supervision or reminders, may need physical assistance with fasteners, shoes or layout out clothes		1
		Constant supervision, but no physical assistance (N/A for child 0-48M)		2
		Physical assistance or presence of another at all times, but child is able to physically participate (N/A for child 0-36M)		3
		Totally dependent on another for all dressing. Child is unable to physically participate (N/A if child 0-12M)		4
	Cuing and Supervision	Independent	Highest Score included in Total Score	0
		To initiate the task		1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited		2
		Extensive/total dependence		3
		Scoring for Dressing >=18	Sum of All Scores	(0-9)
		Scoring for Dressing <=17	Sum of All Scores	(0-10)
	Challenges-what difficulties does the person have with dressing?	Behavioral issues		
		Cannot button clothing		
		Cannot dress lower extremities		
		Cannot lift arms		

		Cannot put on shoes/socks		
		Disease/symptoms interfere with performing task		
		Unable to lie		
		Unable to undress independently		
		Unable to zip		
		Will wear dirty clothes		
		Other		
	Strengths-what does the person do well while bathing?	Able to direct caregiver		
		Buttons clothing		
		Cooperates with caregivers		
		Gets dressed with cuing		
		Person is motivated		
		Puts on shoes and socks		
		Uses assistive devices		
		Other		
	Dressing Equipment			
	Does the person need any adaptive equipment to assist with dressing?	No		
		Yes		
		Chose not to answer		
	Dressing Equipment Status (select all that apply):	Adaptive Clothing		
		Button Hook		
		Elastic Shoe Laces		
		Helmet		
		Orthotics		
		Prosthesis		
		Protective Gear		
		Reacher		
		Sock Aid		

		Specialized Medical Equipment		
		TED Hose		
		Other		
	Notes/Comments			
	Personal Hygiene/Grooming			
	Does the person have any difficulties with or require support or assistance to take care of their grooming and hygiene needs?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to manage grooming activities, this person (>=18):			
		can comb hair, wash face, shave or brush teeth without any help of any kind	Highest Score included in Total Score	0
		needs and/or gets supervision or reminding about grooming activities		1
		needs and/or gets daily help from another person		2
		is completely groomed by somebody else		3
	In regards to the ability to manage grooming activities, the child (<=17):			
		independent	Highest Score included in Total	0
		intermittent supervision or reminders		1
		help of another to complete the task, but child is able to physically participate (N/A if child 0-48M)		2

		Totally dependent on another for all dressing. Child is unable to physically participate (N/A if child 0-12M)	Score	3
		child is unable to physically participate (N/A if child 0-24M)		4
	Cuing and Supervision	Independent		0
		To initiate the task	Highest Score included in Total Score	1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent		0
		Setup/prep	Highest Score included in Total Score	1
		Limited		2
		Extensive/total dependence		3
		Scoring for Personal Hygiene/Grooming >=18	Sum of all scores	(0-9)
		Scoring for Personal Hygiene/Grooming <=17	Sum of all scores	(0-10)
	Challenges-what difficulties does the person have taking care of their own grooming/hygiene needs?	Behavioral issues		
		Cannot brush/comb hair		
		Cannot brush teeth		
		Cannot do own peri care		
		Cannot raise arms		
		Disease/symptoms interfere with performing task		
		Unaware of grooming needs		
		Other		
	Strengths-what does the person do well in taking care of their own grooming/hygiene needs?	Able to apply make up, lotions, etc.		
		Able to brush/comb hair		
		Able to do own peri-care		

		Able to trim nails		
		Able to wash hands/face		
		Aware of need to use toilet		
		Brushes teeth/dentures		
		Can shave themselves		
		Cooperates with caregivers		
		Person is motivated		
		Other		
	Personal Hygiene/Grooming Equipment			
	Does the person need any adaptive equipment to assist with grooming and hygiene task?	No		
		Yes		
		Chose not to answer		
	Personal Hygiene/Grooming Equipment (select all that apply):	Adapted Toothbrush		
		Dental Floss Holder Flossing Aid		
		Dentures		
		Electric Razor		
		Special Type of Toothbrush		
		Splint		
		Other		
	Notes/Comments			
	Toilet Use/Continence Support			
	Does the person need assistance or support with toileting?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to manage using the toilet, this person (>=18):			

		can use the toilet without help, including adjusting clothing	Highest Score included in Total Score	0
		needs and/or gets some help to get to and on the toilet, but doesn't have accidents		1
		has accidents sometimes but not more than once a week		2
		only has accidents at night		3
		has accidents more than once a week		4
		wets their pants and has bowel movement in their clothes very often		5
	In regard to the ability to manage using the toilet, this child (<=17):			
		independent	Highest Score included in Total Score	0
		intermittent supervision, cuing or minor physical assistance such as clothes adjustments or hygiene. No incontinence (N/A for child 0-60M)		1
		usually continent of bowel and bladder, but has occasional accidents requiring physical assistance (N/A for child 0-60M)		2
		usually continent of bowel and bladder, but needs physical assistance or constant supervision for all parts of the task (N/A for child 0-60M)		3
		incontinent of bowel or bladder. Diapered. (N/A for child 0-48M)		4
		needs assistance with bowel and bladder programs, or appliances (i.e. ostomies or urinary catheters)		5
	Cuing and Supervision	Independent	Highest Score included in Total	0

		To initiate the task	Highest Score included in Total Score	1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited		2
		Extensive/total dependence		3
		Scoring for Toilet Use >=18	Sum of all scores	(0-11)
		Scoring for Toilet Use <=17	Sum of all scores	(0-11)
	Challenges- what difficulties does the person have with toileting and staying dry and clean?	Behavioral issues		
		Cannot always find bathroom		
		Cannot change incontinence pads. Cannot do own peri care.		
		cannot empty ostomy/catheter bag		
		experiences urgency		
		painful urination		
		refuses to use pads/briefs		
		requires peri-care after toilet use		
		unaware of need		
		wets/soils bed/furniture		
	other			
	Strengths-what does the person do well with toileting and staying dry and clean?	able to use incontinence products		
		assists caregiver with transfer		
		aware of need to use toilet		
		can toilet with cuing		
		cooperates with caregivers		
		does not need assistance at night		
		empties own ostomy/catheter bag		

		other		
	Toilet Use Continenence Support Equipment			
	Does the person need any adaptive equipment to assist with toileting or staying dry and clean?	No		
		Yes		
		Chose not to answer		
	Hygiene Equipment Status (select all that apply):	Barrier Cream		
		Bed Pan		
		Incontinence Briefs Pads		
		Colostomy Bag		
		Commode		
		Disinfectant Spray		
		External Catheter		
		Gloves		
		Grab Bars		
		Ileostomy Bag		
		Internal Catheter		
		Mattress Cover		
		Raised Toilet Seat		
		Specialized Medical Equipment		
		Urinal		
		Other		
	Notes/Comments			
	Mobility-walking and wheeling			
	Does the person have any difficulty with mobility or require support or assistance to get around?	No		

		Yes		
		Chose not to answer		
	In regard to the ability to walk around, this person (≥ 18):			
		walks without help of any kind	Highest Score included in Total Score	0
		can walk with help of a cane, walker crutch or push wheelchair		1
		needs and/or gets help from one person to help walk		2
		needs and/or gets help from two people to help walk		3
		cannot walk at all		
	In regards to the ability to walk around, this child (≤ 17):			
		independent. Ambulatory without device.	Highest Score included in Total Score	0
		can mobilize with the assist of a device, but does not need personal assistance		1
		intermittent physical assistance of another (n/a 0-24M). (this does not include supervision for safety of a child under age)		2
		needs constant physical assistance of another. Includes child who remains bedfast (n/a 0-12M)		3
	Cuing and Supervision	Independent	Highest Score included in Total Score	0
		To initiate the task		1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited		2
		Extensive/total dependence		3

		Scoring for Mobility >=18	Sum of all scores	(0-9)
		Scoring for Mobility <=17	Sum of all scores	(0-9)
	Challenges-what difficulties does the person have getting around their home?	Behavioral issues		
		activity limited; afraid of falling		
		cannot propel wheelchair		
		Disease/symptoms interfere with performing task		
		leans to one side		
		misplaces/forgets assistive device		
		poor navigation		
		unable to exit in emergency		
		unable to walk/bear weight		
		will not use assistance devices		
		other		
	Challenges-what difficulties does the person have getting around their community?	Behavioral issues		
		activity limited; afraid of falling		
		cannot open doors		
		difficulty navigating unfamiliar environments		
		Disease/symptoms interfere with performing task		
		gets lost outside residence		
		needs assistance with stairs		
		needs assistance to evacuate		
		needs wheelchair for distance		
		poor safety awareness		
		other		
	Strengths-what does the person do well when getting around their home?	able to exit in emergency		

		aware of own safety		
		Cooperates with caregivers		
		has a steady gait		
		motivated		
		propels own wheelchair		
		sees well enough to navigate independently		
		other		
	Strengths-what does the person do well when getting around their community?	can evacuate in emergency		
		has good endurance		
		independent with stairs		
		navigates safely in community		
		remembers to use assistive devices		
		residence has ramp		
		will ask for assistance		
		other		
	Mobility- Walking and Wheeling Equipment			
	Does the person have or need any adaptive equipment to assist with mobility?	No		
		Yes		
		Chose not to answer		
	Mobility Equipment Status (select all that apply):			
		Air Pad		
		Cane		
		Crutch		
		Gait Belt		
		Gel Pad		
		Manual Wheelchair		
		Motorized Wheelchair		

		Medical Response Alert		
		Medical Response Alert Unit		
		Prostheses		
		Quad Cane		
		Ramps		
		Repositioning Wheelchair		
		Room Monitor		
		Scooter		
		Service Animal		
		Specialized Medical Equipment		
		Splint Braces		
		Walker		
		Walker with Seat		
		Other		
	Notes/Comments			
	Positioning			
	Does the person have any difficulties with positioning or require support or assistance when positioning?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to manage sitting up or moving around, this person (>=18):			
		Can move in bed without any help	Highest Score included in Total Score	0
		Needs and/or gets help sometimes to sit up		1
		Always needs and/or gets help to sit up at least daily		2
		Always needs and/or gets help to be turned or change positions		3

	In regard to the ability to manage turning and positioning, this child (<=17):			
		Independent. Ambulatory without Device	Highest Score included in Total Score	0
		Needs occasional assistance of another person or device to change position less than daily.		1
		Needs intermittent assistance of another on a daily basis to change positions. Child is physically able to participate		2
		Needs total assistance in turning and positioning. Child is unable to participate		3
	Cuing and Supervision	Independent	Highest Score included in Total Score	0
		To initiate the task		1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited		2
		Extensive/total dependence		3
		Scoring for Positioning >=18	Sum of all scores	(0-9)
		Scoring for Positioning <=17	Sum of all scores	(0-9)
	Challenges- What difficulties does the person have with positioning?	Behavioral issues		
		Bedridden all most of the time		
		Cannot elevate legs feet		
		Disease Symptoms interfere with performing task		
		Chair fast all most of the time		
		Falls out of bed		

		Slides down in chair		
		Slips down in bed		
		Unable to use trapeze		
		Unaware of need to reposition		
		Other		
		Other		
	Notes Comments			
	Strengths - What does the person do well when repositioning?	Able to elevate legs		
		Asks for assistance		
		Aware of need to reposition		
		Cooperates with Caregiver		
		Directs caregiver to assist with tasks		
		Motivated		
		Uses Trapeze		
		Other		
	Comments			
	Positioning Equipment			
	Does the person have or need any adaptive equipment to assist with positioning?	No		
		Yes		
		Chose not to answer		
	Positioning Equipment Status (select all that apply):			
		Alternating pressure mattress		
		Bubble mattress		
		Brace		
		Electronic bed		
		Flotation mattress		
		Manual bed		
		Posey or other enclosed bed		

		Side rails		
		Specialized Medical Equipment		
		Water mattress		
		Other		
	Notes/Comments			
	Transfers			
	Does the person have any difficulties with transfers or require support or assistance when making transfers?	No		
		Yes		
		Chose not to answer		
	In regard to the ability to get in and out of bed or a chair, this person (>=18):			
		Can get in and out of a bed or chair with out help of any kind	Highest Score included in Total Score	0
		Needs somebody to be there to guide them but they can move in and out of a bed or chair		1
		Needs and/or gets one other person to help		2
		Needs and/or gets two other people or a mechanical aid to help		3
	In regard to the ability to manage transfers, this child (<=17):			
		Independent	Highest Score included in Total Score	0
		Needs intermittent supervision or reminders (i.e. cuing or guidance only).		1
		Needs physical assistance, but child is able to participate. Excludes car seat, highchair, crib for toddler age child. (N/A for child 0-30 months)		2

		Needs total assistance of another and child is physically unable to participate. (N/A for child 0-18 months)		3
		Must be transferred using a mechanical device (i.e. Hoyer lift)		4
	Cuing and Supervision	Independent	Highest Score included in Total Score	0
		To initiate the task		1
		Intermittently during the task		2
		Constantly throughout the task		3
	Physical Assistance	Independent	Highest Score included in Total Score	0
		Setup/prep		1
		Limited		2
		Extensive/total dependence		3
		Scoring for Transfers >=18	Sum of all scores	(0-9)
		Scoring for Transfers <=17	Sum of all scores	(0-10)
	Challenges - What difficulties does the person have with making transfers?	Behavioral issues		
		Afraid of falling		
		Afraid of Hoyer lift		
		Disease Symptoms interfere with performing task		
		Two -Person transfer		
		Unable to transfer without assistance		
		Unsteady during transfer		
		Other		
	Comments			
	Strengths- What does the person do well when transferring?	Asks for assistance		
		Aware of safety		
		Can transfer self-using a lift		

		Cooperates with Caregiver		
		Has good upper body strength		
		Motivated		
		Transfers with some support		
		Other		
	Comments			
	Transfers Equipment			
	Does the person have or need any adaptive equipment to assist with transfers?	No		
		Yes		
		Chose not to answer		
	Comments			
	Transfer Equipment Status (select all that apply):	Bed rail		
		Brace		
		Ceiling lift track system		
		Draw sheet		
		Electronic bed		
		Gait Belt		
		Hoyer or similar device		
		Lift Chair		
		Slide Board		
		Specialized Medical Equipment		
		Other(text box)		
	Notes Comments			
Instrumental Activities of Daily Living (IADLs)	Medication Management (>=18)			
	Do you take any medication(s)?			
		No		
		Yes		

		Chose not to answer		
	Does the person need assistance with medication management?	Needs no help or supervision	Highest Score included in Total Score	0
		Needs medication setup		1
		Needs visual or verbal reminders		2
		Needs medication administration		3
		Scoring for Medication Management >= age 18	Sum of All Scores	(0-3)
	Challenges - What difficulties does the person have with medication management?	Behavioral issues		
		Cannot crush pills		
		Cannot open containers		
		Cannot fill syringe		
		Disease Symptoms interfere with performing task		
		Doesn't take medications due to cost		
		Does not use correct dosage		
		Forgets to take medication		
		Has multiple prescriptions		
		Takes outdated or expired medications		
		Unable to read labels		
		Unaware of dosages		
		Use multiple pharmacies		
		Other		
	Comments			
	Strengths- What does the person do well when managing medications?	Able to manage multiple medications		
		Able to open containers		
		Able to put medications in mouth		
		Able to use give own injections		
		Aware of frequency & dosages		
		Aware of potential side effects		

		Can crush pills		
		Can fill use syringe		
		Takes medications as prescribed		
		Understands purpose of medications		
		Other		
	Comments			
	Medication Management (Equipment)			
	Does the person have or need any adaptive equipment to assist with medication management?	No		
		Yes		
		Chose not to answer		
	Medication Equipment Status (select all that apply):			
		CompuMed		
		Medi-Minder		
		Medi-Set		
		Pill Crusher		
		Pill Cutter		
		Specialized Medical Equipment		
		Syringe		
		Other		
	Notes Comments			
	Meal Preparation (>=18)			
	Does the person have any difficulty preparing meals?	No		
		Yes		
		Chose not to answer		
	Amount of assistance needed:	Needs no help or supervision		0
		Sometimes needs assistance or occasional supervision	Highest Score included in Total	1

		Often needs assistance or constant supervision	Score	2
		Always or nearly always needs assistance		3
		Scoring for Meal Preparation >= age 18	Sum of all scores	(0-3)
	Challenges – What difficulties does the person have with preparing meals?	Behavioral issues		
		Cannot cut/peel/chop		
		Cannot plan meals		
		Cannot reach stove		
		Disease/symptoms interfere with performing task		
		Does not know how to cook		
		Food allergies		
		Keeps spoiled food		
		Leaves burners on		
		Special diet		
		Other		
	Strengths – What does the person do well when preparing simple meals?	Able to follow special dietary needs		
		Assists with meals		
		Aware of food allergies		
		Can prepare a simple meal		
		Can prepare food with cueing		
		Can use the microwave		
		Directs caregiver to prepare meal		
		Has accessible kitchen		
		Makes good meal choices		
		Plans own menus		
		Other		
	Transportation (>=16)			

	Does the person have difficulty with transportation?	No		
		Yes		
		Chose not to answer		
	Amount of assistance needed:	Needs no help or supervision	Highest Score included in Total Score	0
		Sometimes needs assistance or occasional supervision		1
		Often needs assistance or constant supervision		2
		Always or nearly always needs assistance		3
		Scoring for Transportation >= age 16	Sum of All Scores	(0-3)
	Challenges – Does the person have difficulty with transportation?	Behavioral issues		
		Difficult to transfer		
		Difficulty communicating with drivers		
		Disease/symptoms interfere with performing task		
		Needs escort if public transportation is used		
		Needs to take walker/ wheelchair		
		Needs to use vehicle with lift		
		No car		
		Unable to arrange own transportation		
		Will not ride a bus		
		Other		
	Strengths – What does the person do well related to transportation?	Can find and read schedules, phone #s		
		Can ride bus without assistance		
		Communicates needed information with driver		

		Has a vehicle with a lift		
		Has own car		
		Has handicap parking sticker/license		
		Knows bus routes		
		Other		
	Housework (>=18)			
	Does the person need assistance with housework?	No		
		Yes		
		Chose not to answer		
	Amount of assistance with "light" housekeeping:	Needs no help or supervision	Highest Score included in Total Score	0
		Sometimes needs assistance or occasional supervision		1
		Often needs assistance or constant supervision		2
		Always or nearly always needs assistance		3
		Scoring for Housework "Light" >= age 18		n/a
	Amount of assistance with "heavy" housekeeping:	Needs no help or supervision	Highest Score included in Total Score	0
		Sometimes needs assistance or occasional supervision		1
		Often needs assistance or constant supervision		2
		Always or nearly always needs assistance		3
		Scoring for Housework "Heavy" >= age 18		n/a
	Amount of assistance with doing their own laundry:	Needs no help or supervision	Highest Score included in Total	0
		Sometimes needs assistance or occasional supervision		1

		Often needs assistance or constant supervision	Score	2
		Always or nearly always needs assistance		3
		Scoring for Housework "Laundry" >= age 18		n/a
		Scoring for All Housework Scores >=18		(0-9)
	Challenges – What difficulties does the person have with housework?	Behavioral issues		
		Allergies to dust, pollen, etc.		
		Cannot make or change bedding		
		Cannot operate washer/dryer		
		Cannot see when surfaces need cleaning		
		Does not have lawnmower		
		Does not have vacuum cleaner		
		Disease/symptoms interfere with performing task		
		Has chemical sensitivities		
		Unaware of need		
		Other		
	Strengths – What does the person do well related to housework?	Able to make bed		
		Able to sweep		
		Can do dishes		
		Can do light housekeeping		
		Can do light personal laundry		
		Can fold clothes		
		Can instruct caregiver		
		Can take out garbage		
		Can wash windows		
		Does housework with cueing		

		Other		
	Telephone Use (>=16)			
	Does the person need assistance to use the telephone	No		
		Yes		
		Chose not to answer		
	Amount of assistance to use the phone:	Needs no help or supervision	Highest Score included in Total Score	0
		Sometimes needs assistance or occasional supervision		1
		Often needs assistance or constant supervision		2
		Always or nearly always needs assistance		3
		Scoring for Telephone Use >= age 16	Sum of All Scores	(0-3)
	Challenges- What difficulty does the person have with using the telephone?	Behavioral issues		
		Cannot dial phone		
		Cannot get to phone		
		Cannot hear phone ringing		
		Difficulty hearing understanding callers		
		Disease Symptoms interfere with performing task		
		No telephone		
		Other		
	Comments			
	Strengths - what does the person do well when using the telephone?	Can dial phone		
		Can take messages		
		Can use PERS		
		Can use phone book 411 service		

		Can use relay service		
		Can use speaker phone		
		Other		
	Comments			
	Shopping (>=16)			
	Does the person need assistance with shopping?	No		
		Yes		
		Chose not to answer		
	Amount of assistance with shopping for food or other items:	Needs no help or supervision	Highest Score included in Total Score	0
		Sometimes needs assistance or occasional supervision		1
		Often needs assistance or constant supervision		2
		Always or nearly always needs assistance		3
		Scoring for Shopping >= age 16	Sum of All Scores	(0-3)
	Challenges – What difficulties does the person have with shopping?	Behavioral issues		
		Cannot carry heavy items		
		Cannot reach items		
		Cannot read labels		
		Cannot see/locate items		
		Cannot shop online		
		Disease/symptoms interfere with performing task		
		Other		
	Strengths – What is the person able to do when shopping?	Able to arrange transportation		
		Able to budget income and expenses		

		Able to communicate with store personnel		
		Able to make shopping lists		
		Can carry small items		
		Can navigate within the store		
		Can see/identify needed items		
		Other		
	Finances (>=16)			
	Does the person need assistance with finances?	No		
		Yes		
		Chose not to answer		
	Amount of assistance with finances:	Needs no help or supervision	Highest Score included in Total Score	0
		Sometimes needs assistance or occasional supervision		1
		Often needs assistance or constant supervision		2
		Always or nearly always needs assistance		3
		Scoring for Finances >= age 16	Sum of All Scores	(0-3)
	Challenges – What difficulty does the person have with finances?	Behavioral issues		
		Cannot budget		
		Cannot see/read bills or account information		
		Difficulty keeping up with paperwork to maintain eligibility for health care and other benefits		
		Difficulty differentiating between needs /wants		
		Has no POA/needs		
		Hides money		

		Disease/symptoms interfere with performing task		
		Vulnerable to financial exploitation		
		Will not pay bills		
		Other:		
	Strengths – What does the person do well related to finances?	Can budget income and expenses		
		Can use EBT card		
		Can write checks and pay bills		
		Has a payee		
		Has auto payment plan		
		Has direct deposit		
		Has guardian/Power of Attorney (POA)		
		Other:		
Health				
	SYMPTOMS, CONDITIONS & DIAGNOSIS			
	Eating Habits and Nutrition			
	Does the person have any concerns about their eating habits?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply:	Anorexia		
		Bulimia		
		Complains about taste of food		
		Obesity		
		Overeating		
		Polydipsia		
		Recent weight gain		
		Recent weight loss		
		Other		

	Endocrine			
	Does the person have a thyroid problem?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply	Hyperthyroid		
		Hypothyroid		
		Other		
	Does the person have diabetes?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply	Diet and exercise (controlled)		
		Non-insulin dependent diabetes		
		Type 1-insulin dependent		
		Type 2 - insulin dependent		
		Other		
	Gastrointestinal	No		
	Does the person have any stomach problems or problems with constipation, diarrhea, gastrointestinal disorders, or elimination (e.g. ostomy care, bowel program)?	Yes		
		Chose not to answer		
	Check all that apply:	Blood in stool		
		Constipation		
		Crohn's Disease		
		Diarrhea		
		Gastrointestinal Ulcers		
		Gastrointestinal Reflux Disease (GERD)		
		Heartburn		

		Hepatitis C		
		Irritable bowel syndrome		
		Ulcerative Colitis		
		Frequent nausea		
		Vomiting		
		Other		
	Genitourinary			
	Does the person have problems with urination or elimination (e.g. catheters, bladder program, etc.)?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply	Blood in urine		
		Frequent urination		
		Incontinence		
		Kidney stones		
		Pain on urination		
		Renal failure		
		Urinary Tract Infection (UTI)		
		Other		
	Heart/Circulation			
	Does the person have any heart or circulation problems?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply	Anemia		
		Angina Chest Pain		
		Atherosclerotic heart disease		
		Cardiac arrest (heart attack)		
		Cardiac Arrhythmias		

		Clotting issues		
		Congestive heart failure (CHF)		
		Deep vein thrombosis		
		Hypertension		
		Hypotension		
		Heart palpitations		
		Peripheral vascular disease		
		Reynaud's Syndrome		
		Shortness of breath		
		Other		
	Mental Health			
	Does the person have a mental disorder diagnosable under the Diagnostic and Statistical Manual of Mental Disorders (DSM), current edition excluding a primary diagnosis of dementia, Alzheimer's disease, or other related cognitive conditions?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply:			
		Anxiety	Score = 2 for any diagnosis present	2
		Attention Deficit/Hyperactivity Disorder		
		Bipolar Disorder		
		Borderline Personality Disorder		
		Dysthymia		
		Eating Disorders		
		Major Depression		
		Obsessive-Compulsive Disorder (OCD)		
		Panic Disorder		
		Post-Traumatic Stress Disorder		
		Schizoaffective Disorder		

		Schizophrenia		
		Seasonal Affective Disorder		
		Other		
	Has the mental disorder resulted in significantly impaired functioning in major life activities that would be appropriate for the person's developmental stage within the past 3 to 6 months?	Yes	Score = 2 if Yes	2
		Scoring for Mental Health (>=18)	Sum of Scores of diagnosis present and significance	Score of 2 or 4
		Scoring for Mental Health (<=17)	Score "2" if any diagnosis present	Score of 2
	Musculoskeletal			
	Does the person have any muscle, bone or joint conditions (including loss of limb)?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply:	Amputation		
		Arthritis/Osteoarthritis		
		Arthritis/Rheumatoid		
		Bursitis		
		Contractures		
		Degenerative disease		
		Fractures		
		Gout		
		Hip fracture		
		Hip/Knee replacement		
		Missing limb		
		Osteoporosis		
		Post-polio syndrome		

		Scleroderma		
		Other		
	Neurodevelopmental Disorder			
	Does the person have any neurodevelopmental disorders or conditions?	No		
		Yes		
		Chose not to answer		
	Check all that apply:	Autism Spectrum Disorder (ASD)	Score = 2 for any diagnosis present	2
		Cerebral Palsy		
		Down Syndrome		
		Epilepsy/Seizure Disorder		
		Intellectual or Developmental Disability		
		Spina Bifida		
		Other related condition		
		Scoring for Neurodevelopmental Disorder	Score "2" if any scored above present	2
	Neurological/Central Nervous System			
	Does the person have any neurological conditions?	No		
		Yes		
		Chose not to answer		
	Check all that apply:	Alzheimer's	If checked, score a 2	2
		Amyotrophic Lateral Sclerosis (ALS)		
		Brain Injury/Head Injury		
		Dementia	If checked, score a 2	2
		Epilepsy		
		Friederich's Ataxia		
		History of concussions		
		Huntington's Chorea		
		Migraine Headaches		
		Multiple Sclerosis		

		Muscular Dystrophy Paraplegia		
		Parkinson's Disease		
		Quadriplegia		
		Stroke-Cerebrovascular Accident (CVA)		
		Swallowing Disorders		
		Transient Ischemic Attack (TIA)		
		Other		
		Scoring for Neurological/Central Nervous System	Score "2" if any scored above present	2
	Reproductive (>=14 and <=55)			
	Are you pregnant?	No		
		Yes		
		Chose not to answer		
	Comments			
	Respiratory			
	Does the person have any breathing problems ?	No		
		Yes		
		Chose not to answer		
	Comments			
	Check all that apply	Asthma		
		Bronchitis		
		Chronic emphysema		
		Chronic Obstructive Pulmonary Disease (COPD)		
		Pneumonia		
		Productive cough		
	Skin			
	Does the person have any skin conditions or problems with the skin?	No		
		Yes		
		Chose not to answer		
	Check all that apply:	Bruises		

		Burns - 2 degree or greater		
		Decubitus ulcer		
		Eczema		
		Open lesions, abrasions, cuts or skin tears		
		Psoriasis		
		Stasis ulcers		
		Surgical site		
		Other		
	The condition is:	Healing		
		Non-healing		
	TREATMENTS AND MONITORING			
	Performed By:	Caregiver/Parent		
		Nurse/Medical Professional/Direct Care Worker	If Drop Down is Performed by Nurse/Medical Professional and Daily Frequency or > 21 Days, Score 2	2
		Self		
	Frequency:	Daily > 21 Day Duration		
		Daily <= 21 Day Duration	If Performed by Nurse/Medical Professional and Daily Frequency <= 21 Day Duration, Score 1	1

			If Performed by Caregiver/Parent and Daily Frequency >= 21 Day Duration, Score 1	1
		>= 30 Days		
		Weekly		
		Monthly		
	Cardiac Table			
	Treatment/Monitoring	Cardioverter-Defibrillator -wearable	Use all scoring directions above	Score of 2 or 1
		Cardioverter-Defibrillator -implanted	Use all scoring directions above	Score of 2 or 1
		Pacemaker	Use all scoring directions above	Score of 2 or 1
		Vital Signs	Use all scoring directions above	Score of 2 or 1
		Blood Pressure	Use all scoring directions above	Score of 2 or 1
	Elimination			
	Treatment/Monitoring	Bladder Irrigation	Use all scoring directions above	Score of 2 or 1
		Bowel program	Use all scoring directions above	Score of 2 or 1
		Enemas	Use all scoring directions above	Score of 2 or 1
	Catheter Insertion and or Maintenance			

	Treatment/Monitoring	Sterile catheter changes	Use all scoring directions above	Score of 2 or 1
		Clean self-catheterization	Use all scoring directions above	Score of 2 or 1
		Intermittent catheter	Use all scoring directions above	Score of 2 or 1
	Ostomy Care			
	Treatment/Monitoring	Colostomy	Use all scoring directions above	Score of 2 or 1
		Ileostomy	Use all scoring directions above	Score of 2 or 1
		Scheduled Toileting program	Use all scoring directions above	Score of 2 or 1
	Feeding and Nutrition			
	Feeding Tube			
	Treatment/Monitoring	Gastrojejunostomy (GJ tube)	Use all scoring directions above	Score of 2 or 1
		Gastrostomy	Use all scoring directions above	Score of 2 or 1
		Jejunostomy	Use all scoring directions above	Score of 2 or 1
		Nasogastric	Use all scoring directions above	Score of 2 or 1
	Swallowing Disorders			
	Treatment/Monitoring	Oral Stimulation Program	Use all scoring directions above	Score of 2 or 1
		Special Diet	Use all scoring directions above	Score of 2 or 1
		Special Diet Management	Use all scoring directions above	Score of 2 or 1

		Other	Use all scoring directions above	Score of 2 or 1
	Neurological			
	Observation and Assistance for Seizures			
	Treatment/Monitoring	Requires only observation; no physical assistance and or intervention	Use all scoring directions above	Score of 2 or 1
		Requires minimal physical assistance and or intervention	Use all scoring directions above	Score of 2 or 1
		Requires significant physical assistance and or intervention	Use all scoring directions above	Score of 2 or 1
	Respiratory			
	Treatment/Monitoring	Apnea Monitor	Use all scoring directions above	Score of 2 or 1
		CPAP-Via mask	Use all scoring directions above	Score of 2 or 1
		Nebulizer	Use all scoring directions above	Score of 2 or 1
		Oxygen Therapy	Use all scoring directions above	Score of 2 or 1
		Pulse Oximeter	Use all scoring directions above	Score of 2 or 1
		CPAP-Via trach	Use all scoring directions above	Score of 2 or 1
	Bronchial Drainage			

	Treatment/Monitoring	Respiratory Vest	Use all scoring directions above	Score of 2 or 1
		Postural Drainage Pummeling	Use all scoring directions above	Score of 2 or 1
		Bi-Level	Use all scoring directions above	Score of 2 or 1
	Suctioning			
	Treatment/Monitoring	Nasopharyngeal	Use all scoring directions above	Score of 2 or 1
		Oral	Use all scoring directions above	Score of 2 or 1
		Trach	Use all scoring directions above	Score of 2 or 1
		Tracheostomy Care	Use all scoring directions above	Score of 2 or 1
		Tracheostomy Change	Use all scoring directions above	Score of 2 or 1
	Ventilator			
	Treatment/Monitoring	Continuous - expected to be or has been dependent for 3 consecutive days	Use all scoring directions above	Score of 2 or 1
		Intermittent- at least 6 hours per day and expected to has been dependent for 3 consecutive days	Use all scoring directions above	Score of 2 or 1
		Intermittent- not 6 hours per day or not expected to not been dependent for 3 consecutive days.	Use all scoring directions above	Score of 2 or 1
	Vascular			
	Blood Draw			

	Treatment/Monitoring	Blood Glucose	Use all scoring directions above	Score of 2 or 1
		Protimel INR (International normalized ratio)	Use all scoring directions above	Score of 2 or 1
		Dialysis	Use all scoring directions above	Score of 2 or 1
		Other	Use all scoring directions above	Score of 2 or 1
	IV Therapy			
	Treatment/Monitoring	Blood Transfusions	Use all scoring directions above	Score of 2 or 1
		Chemotherapy	Use all scoring directions above	Score of 2 or 1
		Medications	Use all scoring directions above	Score of 2 or 1
		Total Parenteral Nutrition	Use all scoring directions above	Score of 2 or 1
	Wounds			
	Treatment/Monitoring	2 or 3 Degree burns that require specialized treatment	Use all scoring directions above	Score of 2 or 1
		Drainage tubes	Use all scoring directions above	Score of 2 or 1
		Dressing Changes (sterile or clean)	Use all scoring directions above	Score of 2 or 1
		Open Lesions such as fistulas, tube sites, tumors	Use all scoring directions above	Score of 2 or 1

		Open Surgical site	Use all scoring directions above	Score of 2 or 1
		Stage III or IV Decubitus Ulcer	Use all scoring directions above	Score of 2 or 1
		Wound vac	Use all scoring directions above	Score of 2 or 1
	Skin Care			
	Treatment/Monitoring	Application Ointments Lotions	Use all scoring directions above	Score of 2 or 1
		Dry Bandage Change	Use all scoring directions above	Score of 2 or 1
		Pressure Relieving Device	Use all scoring directions above	Score of 2 or 1
		Turning Repositioning Program	Use all scoring directions above	Score of 2 or 1
	Other			
		Scoring for Treatment/Monitoring	Score of 1 or 2 for each Subdomain	1 or 2
	Therapies			
	Is the person receiving any therapies?	No		
		Yes		
		Chose not to answer		
	Comments			
	Performed By:	Caregiver/Parent		
		Nurse/Medical Professional/Direct Care Worker		
		Self		
	Frequency:	Daily		
		Weekly		

		> 21 days		
		>= 30 days		
	Alternative Therapies		Use all scoring directions above	Score of 2 or 1
	Occupational Therapy		Use all scoring directions above	Score of 2 or 1
			Use all scoring directions above	Score of 2 or 1
	Pain Management		Use all scoring directions above	Score of 2 or 1
	Physical Therapy		Use all scoring directions above	Score of 2 or 1
			Use all scoring directions above	Score of 2 or 1
	Range of Motion		Use all scoring directions above	Score of 2 or 1
			Use all scoring directions above	Score of 2 or 1
	Respiratory Therapy		Use all scoring directions above	Score of 2 or 1
			Use all scoring directions above	Score of 2 or 1
	Speech Therapy		Use all scoring directions above	Score of 2 or 1
			Use all scoring directions above	Score of 2 or 1
	Other		Use all scoring directions above	Score of 2 or 1
		Scoring for Therapies	Score of 1 or 2 for each Therapy Response	1 or 2
	Assessment of Pain			
	Is the person currently experiencing pain anywhere on their body?	No		

		Yes		
		Chose not to answer		
	Comments			
	How frequently do they experience pain?	text field		
	What is the location of the pain?	text field		
	Indicate the severity of your pain: (Rate 0 = No Pain, 10 = Worst Pain Imaginable)	0 - 10		
	How does the person manage their pain?	text field		
Psychosocial	Behavior/Emotion/Symptoms			
	Injurious to Self			
	Person engages in, or would without an intervention, behavior that causes physical harm or has significant potential for causing physical harm to their own body. Includes putting self in dangerous situations.	No		
		Yes		
	Does it require an immediate response?	No		
		Yes		
	In what types of physical harm do they engage?	Chemical abuse/misuse		
		Head-banging		
		Pulling out hair		
		Puts self in dangerous situations that causes harm or injury		
		Self-burning		
		Self-biting/cutting/hitting/poking/ or stabbing		

		Self restricts eating		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Injurious to Self	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Aggressive Toward Others, Physical			

	Person engages in, or would without an intervention, behavior that causes physical harm to other people or to animals. A person who causes physical harm due to involuntary movement is not considered to have physical aggression towards others.	No		
		Yes		
	Does it require an immediate response?	No		
		Yes		
	What types of physical aggression toward others do they engage?	Bites		
		Hits/Punches/Kicks		
		Pulls others hair		
		Pushes		
		Scratches		
		Throws objects at others		
		Touches others in a sexual manner against their will		
		Uses objects to hurt others		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2

		Needs behavior management or instruction - resists redirection/intervention	SCORE	3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Aggressive Toward Others, Physical	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Aggressive Toward Others, Verbal/Gestural			
	Person engages in, or would without an intervention, the use language verbally, through written words or symbols, or non-verbally through facial expressions, gestures or signs which threaten psychological, emotional or physical harm towards others.	No		
		Yes		
	What types of verbal/gestural aggression toward others do they display?	Attempts to intimidate through aggressive gestures with no physical contact		
		Goading/Intimidation/Staring		
		Resistive to care		
		Swears/yells/screams at others/verbal threats		

		Taunting/Teasing		
		Writes threatening notes		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Aggressive Toward Others, Verbal/Gestural	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Socially Unacceptable Behavior			

	Person expresses themselves, or would without an intervention, in an inappropriate or unacceptable manner including sexual, offensive or injurious to self with others. Includes behavior that draws negative attention to themselves resulting in increased vulnerability. Behavior can be verbal or non-verbal.	No		
		Yes		
	Type of Socially Unacceptable Behavior Displayed:	Disruptive of other's activities		
		Doesn't understand personal boundaries		
		Spitting		
		Throws food		
		Urinating/Defecating in inappropriate places		
		Other – Socially offensive behavior		
		Exposes private body areas to others		
		Inappropriate touching of others		
		Masturbates in public		
		Other - Inappropriate sexual activities		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2

		Needs behavior management or instruction - resists redirection/intervention	SCORE	3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Socially Unacceptable Behavior	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Property Destruction			
	Person engages in behavior, or would without an intervention, to intentionally disassemble, damage or destroy public or private property or possessions.	No		
		Yes		
	Does it require an immediate response?	No		
		Yes		
	Type of Property Destruction:	Breaks windows, glasses, lamps or furniture		
		Sets fires		
		Uses tools/objects to damage property		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention		0

		Needs interventions in the form of cues - responds to cues	Highest Score included in Total Score	1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Property Destruction	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Wandering/Elopement			
	Person purposefully will, or would without an intervention, leave an area or group without telling others or depart from the supervision staff unexpectedly resulting in increased vulnerability.	No		
		Yes		
	Type of Wandering/Elopement Behaviors Displayed:	Intentionally wanders away from staff while in the community		
		Leaves living area for extended period of time without informing appropriate person		
		Runs away		

		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Wandering/Elopement	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Legal Involvement			
	Person has been arrested and convicted of breaking a law or laws and has been determined to have knowledge of breaking laws.	No		
		Yes		
	Types of Legal Involvement Behaviors Displayed:	Assault		
		Burglary		
		Commits arson		

		Drug related crimes		
		Financial crimes/stealing/compulsive spending		
		Prostitution		
		Public nuisance		
		Sexual crimes		
		Shoplifting		
		Terroristic threats		
		Trespassing		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Legal Involvement	Sum of Highest Scores from Intervention and Frequency	(0-9)
	PICA (Ingestion of Non-Nutritive Substances)			

	Person will ingest, or would without an intervention, inedible items such as paper, strings, dirt or toilet water that may cause physical harm to that person	No		
		Yes		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for PICA	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Difficulties Regulating Emotions			
	Person has instances, or would without an intervention, of emotional behavior that are atypical of others in similar situations	No		

		Yes		
	Check all that apply:	Cries		
		Frequently argues about small things		
		Impulsivity		
		Isolation		
		Over excitement		
		Overzealous social exchanges		
		Screams		
		Shouts angrily		
		Tantrums		
		Throws self on floor		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5

		Scoring for Difficulties Regulating Emotions	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Susceptibility to Victimization			
	Person engages in, or would without an intervention, behaviors that increase or could potentially increase a person's level of risk or harm or exploitation by others such as befriending strangers	No		
		Yes		
	How is person susceptible to victimization?	Caregiver neglect		
		Domestic abuse		
		Financial exploitation		
		Person easily manipulated to their detriment		
		Physical exploitation		
		Physically threatened		
		Puts self in harm's way		
		Sexual exploitation		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3

		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Susceptibility to Victimization	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Withdrawal			
	Person has a tendency, or would without an intervention, to avoid, isolate or retreat from conversation, interaction or activity	No		
		Yes		
	Types of Withdrawal Behaviors Displayed:	Avoidance		
		Isolation		
		Lack of interest in life events		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2

		Needs behavior management or instruction - resists redirection/intervention	SCORE	3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Withdrawal	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Agitation			
	Person has a tendency, or would without an intervention, to suddenly or quickly become upset or violent	No		
		Yes		
	Types of Agitation Behaviors Displayed:	Easily agitated Easily angered		
		Easily frustrated		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2

		Needs behavior management or instruction - resists redirection/intervention	SCORE	3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Agitation	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Impulsivity			
	Person has a propensity, or would without an intervention, for sudden or spontaneous decisions or actions			
		Yes		
	Types of Impulsive Behaviors Displayed:	Disregard for personal safety		
		Easily influenced by others		
		Financial		
		High risk behaviors		
		Thoughtless about boundaries		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention		0
		Needs interventions in the form of cues - responds to cues		1

		Needs redirection - responds to redirection	Highest Score included in Total Score	2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Impulsivity	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Intrusiveness			
	Person has a tendency, or would without an intervention, for entering personal or private space without regard or permission	No		
		Yes		
	Types of Intrusive Behaviors Displayed:	Inappropriate boundaries in public/private areas		
		Physical		
		Verbal		
		Unawareness of interpersonal space		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention		0

		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection	Highest Score included in Total Score	2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly		Highest Score included in Total Score
		One time per week	1	
		Two times per week	2	
		Three times per week	3	
		4 or more times per week but not daily	4	
		Daily	5	
		Scoring for Intrusiveness	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Injury to Others			
	Person engages in behavior, or would without an intervention, that causes actual injury to others that is unintentional; including hitting and punching	No		
		Yes		
	Type of Injury to Others	Unintentional		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention		0
		Needs interventions in the form of cues - responds to cues		1

		Needs redirection - responds to redirection	Highest Score included in Total Score	2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Injury to Others	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Anxiety			
	An overwhelming feeling of apprehension and nervousness characterized by physical symptoms such as sweating and panic attacks. Worry, over-concern or restlessness due to fear that prevents the individual from doing things they want to do and impacts daily functioning	No		
		Yes		
	Type of Anxious Behaviors Displayed:	Avoidance of people/situations		
		Easily triggered due to past trauma		
		Hoarding		

		Hyper-vigilance		
		Inability to concentrate		
		Phobias due to fear		
		Rocking		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Anxiety	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Psychotic Behaviors			

	Markedly inappropriate behavior that affects a person's daily functioning and social interactions. Behavior characterized by a radical change in personality and a distorted or diminished sense of reality	No		
		Yes		
	Type of Psychotic Behaviors Displayed:	Catatonic behavior		
		Delusions		
		Disorganized speech		
		Hallucinations		
		Thought disorder		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3
		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3

		4 or more times per week but not daily		4
		Daily		5
		Scoring for Psychotic Behaviors	Sum of Highest Scores from Intervention and Frequency	(0-9)
	Manic Behaviors			
	Elevated changes in mood states characterized by severe fluctuations in energy and activity level, inappropriate elation and grandiose notions. Manic behavior patterns include hyperactivity, increased energy and heightened mood	No		
		Yes		
	Type of Manic Behaviors Displayed:	Decreased need for sleep		
		Distractibility		
		Grandiosity		
		Inflated self-esteem		
		Rapid/intense speech inappropriate to situation		
		Other		
	Intervention: Support and/or services provided by staff and/or caregiver	Requires no intervention	Highest Score included in Total Score	0
		Needs interventions in the form of cues - responds to cues		1
		Needs redirection - responds to redirection		2
		Needs behavior management or instruction - resists redirection/intervention		3

		Needs behavior management or instruction - physically resists intervention		4
	How often on a weekly basis is intervention needed?	Less than weekly	Highest Score included in Total Score	0
		One time per week		1
		Two times per week		2
		Three times per week		3
		4 or more times per week but not daily		4
		Daily		5
		Scoring for Manic Behaviors		Sum of Highest Scores from Intervention and Frequency
	Patient Health Questionnaire (PHQ-2) (Age 18-64)			
	During the last two weeks, have you often been bothered:			
	By having little interest or pleasure in doing things?	No		
		Yes		
	By feeling down, sad or hopefulness?	No		
		Yes		
	Patient Health Questionnaire (PHQ-9) (Age 18-64)			
	Over the last two weeks, how often have you been bothered by any of the following problems?			
	Little interest or pleasure in doing things		Not at all = score of 0, Several days = score of 1, More than half the days = score of 2, Nearly every day = score of 3	Score of 1,2,3

	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual		Not at all = score of 0, Several days = score of 1, More than half the days = score of 2, Nearly every day = score of 3	Score of 1,2,3
	Thoughts that you would be better off dead, or of hurting yourself in some way		Not at all = score of 0, Several days = score of 1, More than half the days = score of 2, Nearly every day = score of 3	Score of 1,2,3
	Add Columns			Total
	Total Score		Sum of all answers above.	Score of 9-27
	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all		
		Somewhat difficult		
		Very difficult		
		Extremely difficult		
	Interpretation of Score	0 to 4	None	0
		5 to 9	Mild depression	1
		10 to 14	Moderate depression	2
		15 to 19	Moderately severe depression	3
		20 to 27	Severe depression	4
	Geriatric Depression Scale (Age 65+)			
	During the last two weeks, have you often been bothered:			
	By having little interest or pleasure in doing things?	No		

		Yes		
	By feeling down, sad or hopefulness?	No		
		Yes		
	Are you basically satisfied with your life?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Have you dropped many of your activities and interests?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you feel that your life is empty?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you often get bored?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Are you in good spirits most of the time?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Are you afraid that something bad is going to happen to you?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you feel happy most of the time?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you often feel helpless?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you prefer to stay at home, rather than going out and doing new things?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you feel you have more problems with memory than most?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you think it is wonderful to be alive now?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you feel pretty worthless the way you are now?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you feel full of energy?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you feel that your situation is hopeless?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Do you think that most people are better off than you are?	All answers are either Yes or No	Answer of "Yes" = score of 1	
	Total GDS Score		Sum of all answers above.	

		Scoring for Geriatric Depression Scale	Score >=10 = 3	Score of 1-15
	Pediatric Symptom Checklist (PSC-17) (Ages 4-17)			
	Have you or another caregiver ever completed a Pediatric Symptom Checklist form at school or in a physician's office?	Yes		
		No		
		Unsure		
	Fidgety, unable to sit still	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Feels sad, unhappy	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Daydreams too much	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Refuses to share	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Does not understand other people's feelings	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Feels hopeless	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Has trouble concentrating	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Fights with other children	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Is down on him or herself	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Blames others for his/her troubles	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Seems to be having less fun	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Does not listen to rules	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	

	Acts as if driven by a motor	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Teases others	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Worries a lot	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Takes things that do not belong to him/her	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Distracted easily	Responses to all are either Never (0); Sometimes (1); or Often (2)	Never = 0; Sometimes = 1; Often = 2	
	Column Totals		If 1-3 items are left blank, each is scored 0. If 4 or more items are left blank, the PSC-17 is invalid.	
	Total Score			
	Interpretation of Score		Score >=15 = 5	5
	Suicide Screen			
	Have you thought about hurting yourself or taking your life?	No		
		Person unable to respond or refuses to answer	Highest Score included in Total Score	0
		Yes-now		5
		Yes-within past 2 weeks		4
		Yes-within past 2-6 months		3
		Yes-within past 6 months to 1 year		2
		Yes-1 year or more		1
	Do you have a plan?	No		0
		Yes- contact a mental health professional immediately		2

		Person unable to respond or refuses to answer		
	Do you have the means or some way to carry out your plan?	No		0
		Yes- contact a mental health professional immediately		3
		Person unable to respond or refuses to answer		
	Do you have a time planned that you will do this?	No		0
		Yes- contact a mental health professional immediately		4
		Person unable to respond or refuses to answer		
		Scoring of Suicide Screen	Sum of All Scores	(1-14)
	Alcohol/Substance Abuse			
	Alcohol Use (>=12)			
	Do you currently drink alcoholic beverages like beer, wine or liquor?	No		
		Yes		
		Sometimes		
		Chose not to answer		
	How frequently do you drink alcoholic beverages?	Daily		
		1-3 times per week		
		4-6 times per week		
		Once a month or less		
		Rarely		
		Chose not to answer		

	Within the last year, has drinking affected your job, family life and friendships or caused legal problems?	No		0
		Yes		3
		Explain		
		Sometimes		
		Explain		
		Chose not to answer		
		Scoring for Alcohol Use	Score Highest Score	(0-3)
	Alcohol CAGE Questionnaire			
	Have you felt you should Cut down on your drinking?	No		
		Yes		
		Chose not to answer		
	Have people Annoyed you by criticizing your drinking?	No		
		Yes		
		Chose not to answer		
	Have you ever felt bad or Guilty about your drinking?	No		
		Yes		
		Chose not to answer		
	Have you had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?	No		
		Yes		
		Chose not to answer		
	Score			
	Intpretation of Score			
	Substance Abuse (>=12)			

	Does the person currently use any street/illegal drugs (i.e. methamphetamine, speed, marijuana) or misuse/abuse prescription	No		
		Yes		
		Sometimes		
		Chose not to answer		
	Within the last year, has your substance use affected your job, family life and friendships or caused legal problems?	No	Highest Score Included in Total Score	0
		Yes		3
		Explain		
		Sometimes		1
		Explain		
		Chose not to answer		
		Scoring for Substance Use	Score Highest Score	(0-3)
	Substance Abuse CAGE Questionnaire			
	Have you felt you should Cut down on your drug use?	No		
		Yes		
		Chose not to answer		
	Have people Annoyed you by criticizing your drug use?	No		
		Yes		
		Chose not to answer		
	Have you ever felt bad or Guilty about your drug use?	No		
		Yes		
		Chose not to answer		

	Have you gotten high first thing in the morning to steady your nerves or to help you feel better (eye opener)?	No		
		Yes		
		Chose not to answer		
	Intpretation of Score			
Memory & Cognition				
	Functional Memory & Cognition			
	Does the person have a problem with cognitive functioning due to developmental disabilities or related condition, which manifested itself during the developmental period (birth through age 21), by report or by review of psychological testing results?	No		
		Undetermined		
		Yes- Due to developmental disabilities		
	Referral for testing			
		Need referral		
		Referral made-waiting for testing results		
	Does the person have a documented diagnosis of brain injury or related neurological condition that is not congenital?	No		
		Yes		
	Choose one	Acquired or traumatic brain injury		
		Degenerative or genetic disease that became symptomatic on or after the person's 18th birthday		
	What is the diagnosis?	Text field		

	Modified Rancho Los Amigos Level of Cognitive Functioning (Select One)	person is completely unresponsive to stimuli		
		person reacts inconsistently and non-purposefully to stimuli		
		Person responds specifically but inconsistently to stimuli and may follow simple commands		
		Person is in a heightened state of activity with severely decreased ability to process information. Behavior is non-purposeful relative to the immediate environment.		
		Person appears alert and responds to simple commands fairly consistently. Agitation, which is out of proportion (But directly related to stimuli), may be evident.		
		Person shows goal directed behavior but depends on external input for direction		
		Person goes through daily routine automatically, has absent to minimal confusion, but lacks insight.		
		Person is alert and oriented. Independence in the home and community has returned. Social, emotional and cognitive abilities may be decreased.		
	Notes Comments			
	Mental Status Evaluation			

	Now, I'm going to read you a list of questions. These are questions that are often asked in interviews like this and we are asking them the same way to everyone. Some may be easy and some may be difficult. Would this be alright?		Ask person only. Score 1 for each incorrect response. In scoring, a "no response" is treated as incorrect. A correct response is 0. For the memory phrase, have the person repeat the phrase twice before continuing.	
		Yes		
		Refused		
		N/A		
	Let's Start with Today's Date			
			Score 1 for each incorrect response.	
		What year is it now?	Score x 4 = Weighted Score	
		What month is it now?	Score x 3 = Weighted Score	
	Memory Phase: Ask beneficiary to repeat phrase after you TWICE:	John Brown, 42 Market Street, Chicago		
		About what time is it? (within 1 hour)	Score x 3 = Weighted Score	
		Count backwards 20 to 1	Score x 2 = Weighted Score	
		Say the months in reverse order	Score x 2 = Weighted Score	
	Ask beneficiary to repeat memory phrase above.	Repeat the memory phrase (Once)	Score x 2 = Weighted Score	
	Total Weighted Score			
	Interpretation			
	A score of 10 or more is consistent with the presence of dementia, excluding REFUSED or NA		If a score of 0-6, Score a 2, If a score of 7-9, Score a 3, if a score of 10+, Score a 5	2 , 3 or 5

	What type of support does the person need <u>in the home</u> to remain safe, such as assistance with activities that require remembering, decision-making or judgment?	Someone else needs to be with the person always, to observe or provide supervision.	Highest Score included in Total Score	5
		Someone else needs to be around always, but they only need to check on the person now and then.		4
		Sometimes the person can be left along for an hour or two		3
		Sometimes the person can be left alone for most of the day		2
		The person can be left alone all day and all night, but someone needs to check in on the person every day.		1
		The person can be left alone without anyone checking in.		0
		Scoring for Mental Status Evaluation (in the home)	n/a	0
	What type of support does the person need <u>away from home</u> to remain safe, such as assistance with activities that require remembering, decision-making, or judgment?	The person requires intense support when leaving home because of behavioral difficulties (becomes very confused or agitated during outings, engages in inappropriate behavior, becomes aggressive etc.)	Highest Score included in Total Score	3
		Someone always needs to be with the person to help with remembering, decision making or judgment when away from home.		2
		The person can go places alone as long as they are familiar places		1
		The person does not need help going anywhere		0

	Notes Comments			
		Scoring for Mental Status Evaluation (in the community)	n/a	0
		Scoring for Overall Mental Status Evaluation	n/a	0
Sensory & Communication				
	Vision			
	Does the person have any problems with their vision?	No		
		Yes		
		Chose not to answer		
	Describe your vision WITHOUT the use of an assistive device	Adequate: Can read regular print in books or newspapers		
		Minimally Limited: Can read regular print but may have decreased peripheral vision; may not read regular print but can read headlines or large print		
		Moderately Limited: Must have large print to read'; has difficulty identifying small objects; vision has limited usefulness for navigation		
		Severely Limited: Sees primary lights and shadows; has significantly restricted field vision; or no useful vision		
	Does the person use any assistive device to help with their vision?	No		
		Yes		
		Chose not to answer		
	Describe your vision WITH the use of an assistive device	Adequate: Can read regular print in books or newspapers		

		Minimally Limited: Can read regular print but may have decreased peripheral vision; may not read regular print but can read headlines or large print		
		Moderately Limited: Must have large print to read'; has difficulty identifying small objects; vision has limited usefulness for navigation		
		Severely Limited: Sees primary lights and shadows; has significantly restricted field vision; or no useful vision		
	Notes Comments			
	Hearing			
	Does the person have any hearing loss?	No		
		Yes		
		Chose not to answer		
	Describe your hearing WITHOUT use of an assistive device	Normal		
		Minimally impaired: Difficulty in 1:1 conversations with some people and or in noisy environments		
		Moderally impaired: Some useful hearing; using own speech to make needs and wants known		
		Highly impaired: May hear loud sounds; identifying source and location of sound may be difficult; relies on visual means for understanding others (sign language, written language, speech reading, captioning on television)		
		Severely impaired: No useful hearing		
		Unknown		

	Does the person use any assistive devices to help with their hearing?	No		
		No-uses interpreter		
		Yes		
		Chose not to answer		
	Describe your hearing WITH use of an assistive device	Normal		
		Minimally Impaired- difficulty 1:1 conversations with some people and or in noisy environments		
		Moderately Impaired- Overall useful hearing; uses own speech to make needs and wants known		
		Highly Impaired- may not hear loud sounds; identifying source and location of sound may be difficult; relies on visual means for understanding (sign language, written language, speech reading, captioning on television)		
		Severely impaired- no useful hearing		
	Functional Communication			
	Does the person have difficulty communicating with and or making their wants and needs known to others?	No		
		Yes		
		Chose not to answer		
	Describe the nature of the difficulty (check all that apply)	Delayed expressive language		
		No functional communication		
		No functional expressive language		

		Non-Verbal		
		Receptive language impairment (inability to comprehend spoken language)		
		Speech impairment (articulation)		
		Speech impairment (functional expressive language)		
	What is the primary cause of the difficulties you identified?	Cognitive issues (delayed disordered development)		
		Deaf		
		Motor issues (cerebral palsy, act)		
		Neurological issues (e.g., seizures, aphasia, apraxia)		
		Physical medical issues (e.g., after a laryngectomy)		
		Other		
		Explain		
	Expressive Communication Skills			
		No impairment		
		Speech intelligible to familiar listeners		
		Speech difficult to understand		
		Combines signs and or gestures to communicate		
		Uses single signs or gestures to express wants and needs		
		Uses augmentative communication		
		Does not have functional expressive language		
	Receptive Communication Skills			
		Comprehends conversational Speech		
		Comprehends phrases with gestural cues modeling prompts		
		Limited Comprehension - one or two words		

		Comprehends signs gestures modeling prompts		
		Does not comprehend verbal, visual or gestural communication		
	Comments			
	Does the person currently receive speech and language therapy?	No		
		Yes		
		Explain		
		Chose not to answer		
	Does the person use some form of sign language to communicate	No		
		Yes		
		Chose not to answer		
	What types of sign language do you use			
		American sign language		
		Baby sign		
		Emoticon+Bodicon (Facial expression + body language)		
		Home signs, gestures		
		International sign language		
		Limited or Close Vision Signing		
		Manual alphabet (finger spelling)		
		Signed English		
		Tactile (hand in hand) Signing		
		Other		
		Explain		
	Does the person use visual language, other than sign language to communicate?	No		
		Yes		

		Chose not to answer		
	What Type			
		Cued Speech		
		Speech reading		
		Writing or typing		
		other		
		Explain		
	Does the person use facilitated communications?	No		
		Yes		
		Chose not to answer		
	Does the person use any type of augmentative communication device?	No		
		Yes		
		Chose not to answer		
	What type of device(s)?	Alpha Smart		
		Alpha Talker		
		Artificial Larynx		
		Big Mac Switch		
		Braille Screen Communicator		
		Cheap talk		
		Dynamite		
		Dynavox		
		Electric output device		
		Link Assistive Device		
		Mini Message Mate		
		PECS		
		Pocket Talker		
		Speak Easy		
		TTY		
		Voice Photo Album		
		Voice Recognition Software		

		Other Personal Listing Device		
		Other picture systems		
		Other		
	Notes Comments			
		Score for Functional Communication	n/a	0
	Sensory Integration			
	Does the person have a sensory integration disorder diagnosis?	No		
		Yes		
		Explain		
		Chose not to answer		
	Does the person have a Hypersensitivity Diagnosis - are they overly sensitive to sensory stimulation (touch, taste, smell, movement, hearing, vision)?	No		
		Yes		
		Explain		
		Chose not to answer		
	Does the person use assistive devices or other interventions to help with sensory integration?	No		
		Yes		
		Chose not to answer		
	Check all that apply:	Noise canceling headphones		
		Occupational therapy		
		Safety ear plugs		
		Sensory diet / menu for gaining behavioral control		
		Other device		
		Explain		
		Other intervention		
		Explain		

	Does the person experience any of the following issues related to sensory input? (Check all that apply).	Appear to hear adequately, but have a delayed response to sounds / speech		
		Avoid being touched		
		Can't keep hands to self		
		Difficulty keeping tongue in mouth, put hands / fingers in mouth frequently		
		Difficulty making transitions from one situation to another		
		Difficulty screening out sights and sounds (visual/auditory stimuli)		
		Difficulty unwinding or calming self		
		Engage in self-injury		
		Engage in self-stimulation		
		Fearful of activities moving through space, such as using an escalator, climbing stairs, etc.		
		Fearful of new tasks and situations		
		Grind, clench teeth		
		Make repetitive vocal sounds - such as humming, throat-clearing, frequent coughing		
		Misjudge force required to open and close doors, give hugs, etc.		
		More clumsy or careless than peers		
		Overly sensitive to touch, movement, sights, lights, or sounds		
		Poor balance		
		Prefer activities that involve swinging, spinning, rocking		
		Reject textures of food, clothing		
		Respond to loud or unexpected noise by becoming upset		

		Rock self, to sleep, in frustration, in comfort, in excitement					
		Smell objects					
		Under-reactive to touch, movement, sights, or sounds					
		Unusually high activity level					
		Unusually low activity level					
		Unusual reaction to pain - doesn't seem to notice					
		Unusual reaction to pain - particularly noticeable reaction					
		Walk on toes					
		Other					
Self-Preservation		Explain					
	Self-Preservation						
	Does the person require a 24-hour plan of care that includes a back-up plan that reasonably assures their health and safety in the community?	No - Person accesses supports as needed					
		No - Person requires some services; doesn't require a 24-Hour Plan of Care					
		Yes					
		Unknown					
	Which of the following items does the 24-Hour Plan require?	Awake supervision					
		Formal behavior support					
	Does the person have the judgment and physical ability to cope, make appropriate decisions and take action in a changing environment or a potentially harmful situation?	Independent					

		Minimal supervision (verbal/physical prompts for preservation)					
		Mentally unable					
		Physically unable					
		Both mentally and physically unable					
	This person is at risk of self-neglect?	No					
		Yes					
	Check all that apply:	Alcohol and/or other drug use leading to health or safety concerns					
		Behaviors that pose a threat of harm to self or others					
		Dehydration or malnutrition					
		Hygiene that may compromise health					
		Impairment of orientation, memory, reasoning and/or judgment					
		Inability to manage funds that may result in negative consequences					
		Inability to manage medications or to seek medical treatment that may threaten health or safety					
		Unsafe/unhealthy living conditions					
		Other					
	This person is at risk of neglect, abuse or exploitation by another person?	No					
		Yes					
		Score for Self-Preservation	n/a		0		
Caregiver							
	Name						
	Relationship	Parent					
		Child					
		Spouse/Significant Other/Partner					
		Guardian/Legal Representative					

		Subdivision 5 or 6 Intermediate Care Facility					
		Other					
	Do you currently live in the same household as the individual you provide care for?	No					
		Yes					
		Explain					
		Chose not to answer					
	What kind of help do you give this individual:	Arranging Coordinating care, including clinic visits, etc..					
		Housekeeping (such as meal preparation, cleaning & laundry)					
		Managing medications (like helping set up)					
		Money Management					
		Monitoring health (like blood pressure or diabetes)					
		Paperwork like filing insurance claims or handling legal matters					
		Personal care (such as bathing, dressing, toileting, etc.)					
		Shopping and errands					
		Supervision for safety					
		Transportation					
		Other					
	Comments						
	Do you or family have concerns about the individual's memory, thinking or ability to make decisions?	No					
		Yes					
		Chose not to answer					
	Comments						

	Are you very concerned or somewhat concerned?						
		Very concerned					
		Somewhat concerned					
	Are there any safety concerns that you have about this individual or their home environment?						
		No					
		Yes					
		Explain					
		Chose not to answer					
	Given the individual's CURRENT CONDITION, have you ever considered placing him her in a different type of care setting, such as a nursing home or another care facility for long-term placement?						
		Probably not					
		Definitely not					
		Probably would					
		Definitely would					
		Does not apply- individual is in care faculty					
	How would you describe your own health						
		Excellent					
		Good					
		Fair					
		Poor					
		Chose not to answer					
	Do your own health problems ever get in the way of providing care?						
		No					
		Yes					

		Chose not to answer					
	How would you rate your level of stress related to caring for this individual	None					
		Low					
		Medium					
		High					
		Unsure					
		Chose not to answer					
	Do you have difficulty getting a good night's sleep, 3 or more times a week?	No					
		Yes					
		Sometimes					
		Chose not to answer					
	Is the care that you are providing impacting your ability to be employed?	Working Full Time					
		Yes, I can only work Part Time					
		No I can't work at all					
	Do you have anyone to help you with caregiving?	No					
		Yes					
		Chose not to answer					
	Can you depend on this person to help you when you need it?						
		No					
		Explain					
		Yes					
		Unsure					
		Chose not to answer					
		Scoring for Caregiving Capacity/Risk	n/a	0			

	Are you currently receiving any caregiver supports(e.g. respite, training or education, caregiver coaching or counseling or support groups)?	No					
		Yes					
		Chose not to answer					
	Describe the supports services and frequency:	Open text field					
	Are there any issues obstacles that make it more difficult to provide support to the individual?	No					
		Yes					
		Chose not to answer					
	Check all that apply						
		Information					
		Education or training (direct care skills, disease process)					
		Help managing his her memory care or behavior issues					
		Help managing his her care needs (medications, treatments)					
		Help with finances					
		Finding time for myself (respite, breaks from caregivers)					
		One -to-one coaching or counseling					
		Developing an informal network of support					
		Dealing with family relationships and communications					
		Home Safety modifications					
		Technology and assistive devices					
		Hiring my own help					

		Help addressing my own care needs					
		Balancing work, family and caregiving responsibilities					
		Help with chemical or mental health issues for myself					
		Other					
	Comments						
	On an average day, how many hours do you provide care for this individual PER DAY? (If child, ask about variances in schedule for school vs non-school schedule.)	0-4 hours of care					
		4.1 - 8 hours of care					
		8.1 - 16 hours of care					
		16.1 - 23 hours of care					
		24 hours of care					
	On average, how many days per week do you provide care for this individual? Please consider times for work week vs weekend.						
		less than 2 days per week					
		3-4 days per week					
		5-6 days per week					
		7 days per week					
		Scoring for Caregiving/Natural Supports Provided	n/a	0			
Employment							
	Has your school team discussed plans to begin exploring your work, volunteer or post-secondary educational options?						
		No					

		Yes					
		Chose not to answer					
	Do you know referral to Vocational Rehabilitation is an option, even while they attend high school? (ages 13 -21)	No					
		Yes					
		Chose not to answer					
	Describe planning efforts such as employment goals included on IEP, etc.						
	Is the person currently employed						
		No					
		Yes					
		N/A					
		Chose not to answer					
	Which statement best describes your status at this time?						
		Unemployed: looking for work					
		Unemployed: not looking for work					
		Explain:					
		Retired					
	Comments						
	Type of employment:						
	Center-based sheltered employment activity						
	Name of agency; contact:						

	Competitive-with job support coaching						
	Competitive - without job support						
	Name of agency; contact:						
	Educational Program						
	Name of agency; contact:						
	Self -Employment- with job support						
	Self -Employment-without job support						
	Supported work in an enclave group crew setting						
	Name of agency; contact:						
	Other						
		Explain:					
Quality of Life							
	Routines and Preferences						
	What is a typical day like for you?	Open text field					
	What are some things you enjoy doing?	Open text field					
	How do you want to spend your time?	Open text field					
	Do you like where you live (housing, city, county, etc.?)	No					
		Explain					
		Yes					
		Chose not to answer					
	Strengths and Accomplishments						
	What are some of the things you feel you are good at doing?	Open text field					
		Notes/Comments					

	Relationships			
	Supports-Family, Friends and Others			
	Who are some people you enjoy spending time with?	Open text field		
	Future Plans			
	What would you like for yourself in the future?	Open text field		
		Notes/Comments		







