



## Initial Assessment

### Independent Functioning Rating Scale:

- 1: independent – no assistance needed                      2: minor assistance – mostly unaided  
3: moderate assistance – usually needs help              4: consistent need – always needs help  
5: total assistance – unable to do independently

#### Physical Functioning

- Aides – eyeglasses; hearing aides; cane; walker; wheelchair; bedside commode; other
- Vision – cataracts, reading labels, dial telephone; operate appliances, depth perception (curbs, rugs)
- Hearing – TV volume, doorbell, telephone, conversation
- Dental – dentures, other issues / concerns

#### Mobility:

- Driving: yes/no – own car/ at night / distances / destinations - if no who is available to provide reliable transportation for shopping, church, medical and other appointments etc
- Walking / standing; balance; endurance; pain
- Stairs; steps; transitions, hills, un-level ground
- Chair; sofa; bed; commode; shower

#### Activities of Daily Living

- Toileting: toilet seat; bedside commode; access; ability
- Personal Hygiene: bathing, brushing teeth, washing hair, trimming nails, shaving
- Dressing: zippers, buttons, appropriate,
- Nutrition: diet, shopping, preparing, eating – what, how much and how often
- Access and ability to operate basic appliances: refrigerator; stove; microwave; toaster; washer / dryer; telephone; television

#### Household Chores

- House cleaning, kitchen, bathroom, vacuum, dust, garbage
- Laundry, dishes
- Yard work, home maintenance – inside/outside
- Pets: feed, walk, vet, clean litter box etc



## Medical Issues

- Current diagnosis
- Restrictions/ special diet or instructions
- Recent hospitalizations
- Inpatient or Rehab stays, eligible for Home Health or other medical services
- Symptoms / Side Effects
- Weight Gain / loss
- Incontinence / digestive issues
- Joint issues – pain; mobility; swelling; limping; surgeries
- Dental health: current dentist / last visit – purpose (add to provider list)
- Pain: why; where; how often; treatment; provider specialist (add to list)
- Fatigue / Insomnia: frequency; duration; treatment

## Medication (details on Medication Chart)

- Over the Counter: check expiration dates; appropriate dose and potential interactions
- Herbal or home remedies: appropriate dose and potential interactions
- Medications Prescribed by a Medical Doctor
- Purpose / understanding of all OTC, Herbal and prescribed
- Access: in-home system: reminders; refills; pharmacy name (add to provider list)
- Consistency and compliance
- Interactions / side effects
- Special instructions
- Affordability: generic v brand; co pay; cost per month

## Home Safety

- Live alone: day and/or night– how often does someone check in, closest family or support person
- Physical barriers: steps; stairs; narrow doorways; rugs; transitions; hand rails; wheelchair access
- Bathroom: toilet, sink shower, bathtub – access; safety rails; DME used/needed; wheelchair access
- Kitchen: stove; water temperature; microwave – access; ability; distance
- Telephone / doorbell: volume, access, ability
- Emergency Plan: fall, fire; loss of power
- Neighbors / neighborhood: helpful, accessible, safety



- Smoke alarms and CO<sub>2</sub> detectors – Fire department notified
- Cleanliness / clutter / garbage put out / accessible pathways
- Laundry room: access and ability

#### Home Safety (continued)

- Repairs & Maintenance: inside/ outdoors – lawn, shrubs, gutters, walkways, snow, ice etc.
- Fraud Risk: telephone & Internet solicitation, door-to-door scams; high-pressured sales pitches from insurance, cable, telephone, home repair and other needed service providers.

#### Legal Issues

- Will and Estate planning – location of documents and name of current attorney (add to providers)
- Powers of Attorney: Whom and for what purpose, location of documents
- Medical Power of Attorney (DMPOA): whom and location of document
- Divorce/separation/custody/ alimony or any other marriage/family related matter
- Guardian or Conservator ship

#### Financial

- Source of Income / Level of financial independence
- Day to day expenses: groceries; medication etc – who; how often; how much
- Monthly expenses: rent/mortgage; utilities – who; how often; how much
- Medical Coverage: Medicare Part A, B & D? Medicaid? Supplemental or Advantage Plan – Company name and monthly out of pocket costs (copy cards for Journal)
- Name of Bank: Access in case of emergency – account number; authorization limits?
- Eligible for Community Support Services based on income
  - Meal / food assistance – meals on wheels, food stamps
  - In Home services – personal care
  - Transportation
  - Medication assistance
  - Access to Community Volunteer Services – church group, senior services, Area on Aging

#### Other Support

- Companionship: family, friends, visitors, neighbors
- Hobbies and recreational activities
- Church or Faith Community
- Social groups or clubs