

Adult Day Services Family-Follow-up Assessment

Last Name: _____ First Name: _____ Date: _____

UNITED WAY INDICATORS-FOLLOW-UP

SOCIAL SUPPORTS

1. How often do you see, visit with, or talk to others family/friends/significant others?

Frequently Sometimes Rarely

2. How often do you participate in social activities away from home?

Frequently Sometimes Rarely

3. If needed, is there a friend, relative, or neighbor who would take care of you for a few days?

Yes No

4. Is your annual income below:

Individual - \$10,068 (\$869/month) Yes No

Couple - \$13,932 (\$1,161/month) Yes No

5. What is your current living arrangement? Do you live...

By yourself With other family members With paid caregiver With Non-relatives

With your spouse In an Assisted Living Residence or Personal Care Home

6. Completed by:

Self Caregiver Staff Other

HEALTH STATUS

7. In general, would you say your health is...?

 5 Excellent
 4 Very Good
 3 Good
 2 Fair
 1 Poor

8. Do you ever feel depressed about your health?

 No, never
 Yes, but rarely
 Yes, sometimes
 Yes, frequently

9. Do you have any of the following conditions?

Check all that apply:

Arthritis High Blood Pressure
 Angina/Heart Condition Cancer
 Diabetes/High Blood Sugar Pain
 Breathing Problems Digestive Problems
 Stress Memory Problems
 Depression

10. Vision-Ability to see close objects in adequate light, using visual appliances if needed.

A) Wears glasses? **1** Yes **2** No

 1 Adequate- Sees fine detail, including regular print in newspapers or books.
 2 Impaired- Sees large print, but not regular print in newspapers or books.
 3 Moderately impaired- Limited vision, not able to see newspaper head lines, but can identify objects.
 4 Highly impaired- object identification in question, but eyes seem to follow objects.
 5 Severely impaired- No vision or sees only light, colors or shapes

Adult Day Services Family Follow-up Assessment

Last Name: _____ First Name: _____ Date: _____

<p>11. Urinary Continence-Control of urinary bladder function during the last week.</p> <p><input type="checkbox"/> 1 <u>Continent</u>- Complete control (includes use of indwelling catheter or ostomy that does not leak urine)</p> <p><input type="checkbox"/> 2 <u>Usually continent</u>- Incontinent episodes that occur once a week or less.</p> <p><input type="checkbox"/> 3 <u>Occasionally incontinent</u>- Incontinent episodes 2 or more times a week, but not daily.</p> <p><input type="checkbox"/> 4 <u>Frequently incontinent</u>- Tended to be incontinent daily, but some control present.</p> <p><input type="checkbox"/> 5 <u>Incontinent</u>- Has inadequate control, multiple daily episodes</p>	<p>12. Bowel Continence- Control of bowel function during the last week.</p> <p><input type="checkbox"/> 1 <u>Continent</u>- Complete control</p> <p><input type="checkbox"/> 2 <u>Usually continent</u>- Incontinent episodes that occur less than weekly.</p> <p><input type="checkbox"/> 3 <u>Occasionally incontinent</u>- Incontinent episodes occur once a week.</p> <p><input type="checkbox"/> 4 <u>Frequently incontinent</u>-Incontinent 2-3 times per week.</p> <p><input type="checkbox"/> 5 <u>Incontinent</u>- Has inadequate control, incontinent all or almost all of the time.</p>
<p>13. MEDICATIONS-List all medications that were prescribed by a physician, include over the counter medications if they were recommended by a physician</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>	<p>14. Are you having trouble paying for your medications?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> At Times</p>

Adult Day Services Family Follow-up Assessment

Last Name: _____ First Name: _____ Date _____

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

15. Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate during the last week.

- 0 Does not have a telephone
- 1 Independently uses telephone.
- 2 Needs limited assistance placing calls but can answer.
- 3 Needs extensive assistance answering the phone.
- 4 Unable to answer but can listen with assistance
- 5 Unable to use the telephone.

16. Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery during the last week.

- 1 Independently performs shopping tasks. **OR** Is able to be independent but has not done shopping in the past.
- 2 Able to do light shopping, but needs assistance for major shopping.
- 3 Involved in planning activity but unable to go shopping.
- 4 Unable to participate in activity.

17. Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks during the last week.

- 1 Independently performs housekeeping tasks **OR** Is able to be independent but has not routinely participated in housekeeping tasks.
- 2 Able to perform only light housekeeping tasks.
- 3 Needs supervision to perform housekeeping tasks.
- 4 Needs assistance of another person to complete tasks.
- 5 Unable to perform housekeeping tasks.

18. Planning and Preparing Light Meals (e.g. cereal, sandwich) or reheat delivered meals during the last week.

- 1 Independently prepares meals **OR** Is able to be independent but has not routinely prepared meals in the past
- 2 Needs assistance with meal preparation
- 3 Unable to prepare any light meals or reheat any delivered meals.

19. Laundry: Ability to do own laundry, to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand during the last week.

- 1 Independently manages laundry tasks **OR** Is able to do laundry and access facilities, but has not routinely performed laundry tasks in the past.
- 2 Needs assistance with laundry tasks.
- 3 Unable to manage laundry tasks.

20. Transportation: ability to safely use a car, taxi or public transportation (bus, train, subway) during the last week.

- 1 Independently drives a regular or adapted car **OR** independently uses regular or handicapped accessible public transportation.
- 2 Needs assistance with transportation needs
- 3 Unable to ride in private or public forms of transportation.

Adult Day Services Family Follow-up Assessment

Last Name: _____ First Name: _____ Date _____

<p>21. Bed Transfer- How (Name) moves from BED TO CHAIR or BED TO STANDING POSITION <u>during the last week.</u></p> <p><input type="checkbox"/> 1 Transfers <u>independently</u>.</p> <p><input type="checkbox"/> 2 Transfers with <u>supervision</u>; oversight, encouragement, cuing provided 1 or more times during the last week.</p> <p><input type="checkbox"/> 3 Transfers with <u>limited assistance</u>; highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight bearing help more than 1 time during the last week.</p> <p><input type="checkbox"/> 4 Transfers with <u>extensive assistance</u>; may have performed part of the activity, weight bearing support provided 1 or more times during the last week.</p> <p><input type="checkbox"/> 5 <u>Totally dependent</u>; dependent on others to transfer from one location or position to another.</p>	<p>22. Dressing: How (Name) puts on, fastens, and takes off all items of street clothing <u>during the last week.</u></p> <p><input type="checkbox"/> 1 Able to dress <u>independently</u>, no assistance provided.</p> <p><input type="checkbox"/> 2 Requires <u>supervision</u>, may require someone to encourage and cue them 1 or more times during the last week.</p> <p><input type="checkbox"/> 3 Requires <u>limited assistance</u>, highly involved in activity but needs help more than 1 time during the last week.</p> <p><input type="checkbox"/> 4 Requires <u>extensive assistance</u>, may perform part of the activity but another person must complete activity 1 or more times during the last week.</p> <p><input type="checkbox"/> 5 <u>Totally dependent</u>, unable to perform dressing tasks</p>
<p>23. Medications: Ability to prepare and take medications reliably and safely, including the correct dosage at the correct time <u>during the last week.</u></p> <p><input type="checkbox"/> 0 No medications prescribed.</p> <p><input type="checkbox"/> 1 <u>Independently</u> manages medications.</p> <p><input type="checkbox"/> 2 Needs <u>assistance</u> to take medications appropriately.</p> <p><input type="checkbox"/> 3 <u>Unable</u> to take medications unless administered by another person.</p>	<p>24. Ability to handle finances <u>during the last week.</u></p> <p><input type="checkbox"/> 1 Manages financial matters <u>independently</u> (budgets, writes checks, pays rent, bills, goes to bank) collects and keeps track of income.</p> <p><input type="checkbox"/> 2 Manages day-to-day purchases, but <u>needs assistance</u> with banking, major purchases, etc.</p> <p><input type="checkbox"/> 3 <u>Unable</u> to handle money.</p>

Comments: _____

UNITED WAY INDICATORS

FAMILY FOLLOW-UP ASSESSMENT

Instructions

This information must be collected on an annual basis to comply with the United Way Outcomes measurement standards. These questions are directed to the client but it is acceptable for family members to answer if the client is unable to answer.

- 1. How often do you see, visit with, or talk to others family/friends/significant others?**
How often does **(Name)** have contact with individuals who have a relationship with him/her? The contact may be on the telephone or in person.
- 2. How often do you participate in social activities away from home?**
How often does **(Name)** participate in activities outside their usual living space, this could include church, Senior Center, events in the multi-purpose room of his/her building, bingo, theatrical or musical events.
- 3. If needed, is there a friend, relative, or neighbor who would take care of you for a few days?**
Emergencies often arise that call for assistance such as a brief illness or minor injury, is there someone **(Name)** can rely on to help out?
- 4. Is your annual income below:**
Estimate **(Name s)** income as accurately for the last calendar year.
- 5. What is your current living arrangements? Do you live...**
Please check the most appropriate box.
- 6. Completed by:**
Please check appropriate box.
- 7. In general, would you say your health is....?**
Please rate how you feel your overall health is.
- 8. Do you ever feel depressed about your health?**
Does **(Name)** ever feel depressed about his/her health? This might include expressions of sadness or hopelessness regarding health issues.
- 9. Do you have any of the following conditions? Please check all that apply:**
Check all conditions that affect you.

10. Vision-Ability to see close objects in adequate light, using visual appliances if needed.

The intent of this section is to evaluate the ability to see in adequate lighting (what is sufficient or comfortable for a person with normal vision), using the individual's customary visual appliances for close vision (e.g. glasses, magnifying glass, contacts.)

Many individuals are unable to tell you what he/she sees or are unable to follow directions due to cognitive impairment. Many are able to track or follow objects with their eyes. For individuals who appear to do this score as 3.

11. Urinary Continence- Control of urinary bladder function during the last week.

An individual is continent if they have complete control (including control achieved by care that involves prompted voiding, habit training, reminders, etc.) If client dribbles urine but it does not soak through underpants consider continent. Score as 1.

An individual is usually continent if episodes occur no more than once a week or requires a small underpad for dribbling. Score as 2.

An individual is occasionally incontinent if episodes occur 2 or more times during the last week but is not incontinent on a daily basis. For example an individual may have an accident on Tuesday, Wednesday and Friday. Score as 3.

An individual is frequently incontinent if he/she tends to be incontinent daily but some control is present. Score as 4.

An individual is incontinent if there are multiple daily episodes and inadequate control is present. Score as 5.

12. Bowel Continence- Control of bowel function during the last week.

_____ An individual is continent if he/she has complete control. Score as 1.

An individual is usually continent if incontinent episodes occur less than once weekly. Score as 2.

An individual is occasionally incontinent if incontinent episodes occur once a week. Score as 3.

An individual is frequently incontinent if incontinent episodes occur 2-3 times per week. Score as 4.

An individual is incontinent if incontinent episodes occur all (or most all) of the time. Score as 5.

- 13. MEDICATIONS- List all medications prescribed for you by a physician, include over the counter medications if they were recommended by a physician.**
List any medications that are currently prescribed for you by a physician, include over the counter medications only if they were recommended by a physician..

- 14. Are you having trouble paying for your medications?**
If you need to take medication, do you have the money to pay for it or do you go without something else to pay for your medication?

- 15. Telephone: Ability to answer the phone, dial numbers, and effectively use the telephone to communicate during the last week.**

An individual may not personally have a telephone or access to a telephone. Score as 0.

Individual is independently able to dial numbers and answer calls appropriately and as desired **OR** may be able to use a specially adapted telephone (i.e. large numbers on dial, a TTY or TDD for people who are deaf) and calls essential numbers independently. Score as 1.

Individual needs limited assistance if he/she is able to answer the phone and carry on a normal conversation but has difficulty with placing calls. Score as 2.

Individual needs extensive assistance if he/she is able to answer the phone only some of the time or is able to carry on only a limited conversation and can not place calls. Score as 3.

Individual is unable to answer the phone or place calls but can listen if assisted with equipment. Score as 4.

Totally unable to use the telephone. Score as 5.

- 16. Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery during the last week.**

Individual is able to independently plan for shopping needs and perform shopping tasks, including carrying packages **OR** is physically, cognitively and mentally able to take care of shopping, but has not routinely done shopping in the past. Score as 1.

Individual is able to do light shopping and carry small packages but needs assistance with major shopping or unable to go alone but can go with someone to assist. He/she may be unable to maneuver a shopping cart or walk long distances. Individual is highly involved in activity. Score as 2.

Individual is unable to go shopping but is able to identify items needed, place orders and arrange home delivery. Score as 3.

Individual is unable to participate in shopping tasks, needs someone to do all shopping and errands. Score as 4

17. Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks during the last week.

Individual is able to independently perform all housekeeping tasks **OR** is physically, cognitively and mentally able to perform housekeeping tasks but has not routinely done housekeeping in the past. Score as 1.

Individual is able to perform only light housekeeping tasks (i.e. dusting, wiping the kitchen counters) independently. Score as 2.

Individual is able to perform housekeeping tasks with intermittent assistance or supervision from another person. Score as 3.

Individual is unable to consistently perform housekeeping tasks unless assisted by another person throughout the process. Score as 4.

Individual is unable to effectively participate in any housekeeping tasks. Score as 5.

18. Planning and Preparing Light Meals (e.g. cereal, sandwich) or reheat delivered meals during the last week.

Individual is able to independently plan and prepare all light meals for self or reheat delivered meals **OR** is physically, cognitively and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past. May include individuals who routinely eat out for meals, such as the Senior Center or local restaurants. Score as 1.

Individual needs assistance to plan and prepare light meals on a routine basis due to cognitive, physical or mental limitations. Score as 2.

Individual is unable to prepare light meals or to reheat delivered meals. Score as 3.

19. Laundry: Ability to do own laundry, to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand during the last week.

Individual is independently able to manage laundry tasks **OR** is physically, cognitively and mentally able to laundry and access facilities, but has not routinely performed laundry tasks in the past. Score as 1.

Individual needs assistance to do laundry, able to do only light laundry such as minor hand wash items or light washer loads. Due to physical, cognitive, or mental limitations needs assistance with heavy laundry such as carrying large loads of laundry. Score as 2.

Unable to do any laundry due to physical limitations or needs continual supervision and

assistance due to cognitive or mental limitations. Score as 3.

20. Transportation: ability to safely use a car, taxi or public transportation (bus, train, subway) during the last week.

Individual is independently able to drive a regular or adapted vehicle **OR** individual independently uses public transportation. Score as 1.

Individual needs assistance such as someone else driving the vehicle **OR** can use public transportation only if accompanied by another person. Score as 2.

Unable to ride in a car, taxi, bus or van and requires transportation by ambulance. Score as 3.

21. Bed Transfer- How (Name) moves from BED TO CHAIR or BED TO STANDING POSITION during the last week.

Individual is physically independent for all transfers. May need someone to position chair but requires no physical assistance. Score as 1.

Individual transfers with supervision: he/she may need encouragement or talked through the process, for example, swing your legs over the side of the bed, or covers need to be removed from the bed. May need encouraged or verbally prompted but no physical assistance with transfer provided. Score as 2.

Individual transfers with limited assistance: he/she will be highly involved in activity, received physical help in guided maneuvering of limbs(the helper placed feet on the floor or swung the individual s legs over the side of the bed) or other non-weight bearing help more than 1 time during the last week. Score as 3

Individual transfers with extensive assistance: if another individual must be present to physically assist with such activities as pulling the individual to his/her feet or supporting weight for chair transfer. Such weight bearing support provided at least once during the past week. Score as 4.

Individual is totally dependent if he/she is unable to transfer without someone physically lifting and moving him/her. Score as 5.

22. Dressing: How (Name) puts on, fastens, and takes off all items of street clothing during the last week.

Individual is able to dress independently, no assistance provided. Score as 1.

Individual requires supervision , may require someone to encourage and cue them such as laying out clothes or reminders to stay on task and putting clothes on it right order, that is

underwear first or the bottom layer then outer garments. Assistance putting on support stockings. Score as 2.

Individual requires limited assistance, highly involved in activity but needs help more than 1 time during the last week. Someone needs to be physically present while dressing or to complete the activity such as doing or undoing buttons and guiding limbs in and out of garments. Score as 3.

Individual requires extensive assistance, may perform part of the activity but another person must complete activity 1 or more times during the last week. May need partial weight bearing assistance to get dressed, might be able to dress upper body and require assistance with lower body. Score as 4

Individual is totally dependent if he/she is not able to participate in dressing. Score as 5.

23. Medications: Ability to prepare and take medications reliably and safely, including the correct dosage at the correct time during the last week.

Individual may take no prescribed or routine medications. Score as 0.

Individual may be able to independently take the correct medications at the correct times. Score as 1.

Individual is able, with assistance, to take the correct medications at the correct time if : individual dosages are prepared in advance by another person; or if daily reminders are given. Score as 2.

Individual is unable to take medications unless administered by another person. Score as 3.

24. Ability to handle finances during the last week.

Individual is able to independently manage financial matters such as budgeting, check writing, paying bills and going to the bank. Is able to collect and keep track of income. Score as 1.

Individual needs assistance with banking matters or major purchases but can manage personal (pocket) money for day-to-day purchases such as groceries or small necessities. Score as 2.

Individual is unable to handle or manage money or financial matters. Score as 3.