Behavioral Assessment (During) Diagnostic Interview

- Appearance and Behavior
- Speech
- Mood and Affect
- Thought Process
- Thought Content
- Judgment and Insight
- Non-Verbal Behavior
Senses

**Hearing Decrease**
- Higher pitched sounds
- Muffled

**Sight Decrease**
- Can’t see objects close test
- Need more light
- Adapt poorly to glare. Need multiple light sources
- Avoid greens, blues, and violets. Reds, yellow, and orange are good.

**Touch Decrease**
- Less sensitive, but love it!
- Lips, fingers, rear end

**Taste Decrease**
- Sweet and salty go first (i.e., “Kisses”).
- Bitter and sour linger
- Brush tongue and gums

**Smell Decrease**
- Affect the way foods taste
- Unaware of unpleasant odors – own or household

**Proprioception and Fall**
# Five Minute Hearing Test

**Directions:** Mark the column that best describes the frequency with which you experience each situation or feeling below.

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>Half the time</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have problems hearing over the phone</td>
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<tr>
<td>I have trouble following the conversation when two or more people are talking at the same time.</td>
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<tr>
<td>People complain that I turn the TV volume too high</td>
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<tr>
<td>I have to strain to understand conversations</td>
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<tr>
<td>I miss hearing some common sounds like the phone or doorbell ringing</td>
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<tr>
<td>I have trouble hearing conversations in a noisy background such as a party</td>
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</tbody>
</table>
Five Minute Hearing Test
(Continued)

<table>
<thead>
<tr>
<th>Almost Always</th>
<th>Half the time</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
</table>

I get confused about where sounds come from

I misunderstand some words in a sentence and need to ask people to repeat themselves

I especially have trouble understanding the speech of women and children

I have worked in noisy environments (assembly lines, jet engines, jackhammers, emergency services, etc.)

I hear fine – if people just speak clearly

People get annoyed because I misunderstand what they say.

I misunderstand what others are saying and make inappropriate responses
Almost Always  |  Half the time  |  Occasionally  |  Never

I avoid social activities because I cannot hear well and fear I’ll reply improperly

(To be answered by family member or a friend)
Do you think this person has a hearing loss?

Total answers this column:
Factor

Multiply factor times answers:
Total

If you have relatives with hearing loss add 3 points:
Grand Total: ________
**Five Minute Hearing Test**  
(Continued)

**Recommendations:** The AAO-NHA recommends these actions for the following scores:

- **-5** your hearing is fine. No action required;
- **-9** suggest that you see an Audiologist or ENT (Ear, Nose & Throat) Physician;
- **0+** Strongly recommend you see an Audiologist or ENT.

Copyright 1989 by the American Academy of Otolaryngology – Head and Neck Surgery, Inc. The AAO-NHS field-tested this quiz in five cities with 71 patients who had audiograms. Results showed that those whose quiz scores indicated the need to see a physician had audiograms that confirmed a hearing loss.
Fluid Intake Guide

- 8 x 8 oz Glasses
- 2000 Calories and 2000 Milliliter of Fluid
- Remember: 30 + % of water (fluid) comes from food

1. Person’s Weight ÷ 2 = Call Pounds Fluid Ounces
2. Ounces for #1 x .7 = Fluid Ounces Needed
3. Adjustments
   - Sedentary Person = #2 x 1.0
   - Average Level of Activity = #2 x 1.2
   - Moderate Level of Activity = #2 x 1.5
   - High Level of Activity = #2 x Ongoing

Example
- 160 lb. person ÷ 2 = 80 oz.
- 80 oz x .7 = 56 oz.
- Average level of activity = 56 x 1.2 = 67.2 oz
Appetite Questionnaire*

1. My appetite is
   A. very poor.
   B. poor.
   C. average.
   D. good.
   E. very good.

2. When I eat, I feel full after
   A. eating only a few mouthfuls.
   B. eating about a third of a plate/meal.
   C. eating over a half of a plate/meal.
   D. Eating most of the food.
   E. Hardly ever.

3. I feel hungry
   A. never.
   B. occasionally.
   C. some of the time.
   D. most of the time.
   E. all of the time.

4. Food tastes
   A. very bad.
   B. bad.
   C. average.
   D. good.
   E. very good.

5. Compared to when I was 50
   food tastes
   A. much worse.
   B. worse.
   C. just as good.
   D. better.
   E. much better.

6. Normally, I eat
   A. less than one regular meal a day
   B. one meal a day.
   C. two meals a day.
   D. three meals a day.
   E. more than three meals a day
   (including snacks).
Appetite Questionnaire*
(Continued)

7. I feel sick or nauseated when I eat
   A. most times.
   B. often.
   C. sometimes.
   D. rarely.
   E. never.

8. Most of the time my mood is
   A. very sad.
   B. sad.
   C. neither sad nor happy.
   D. happy.
   E. very happy.

SCORING: Total the score by adding the numbers associated with the patient’s response, A = 1, B = 2, C = 3, D = 4, E = 5. A score of less than 24 is cause for concern.

If the total is:
8-16 The patient is at risk for anorexia and needs nutrition counseling.
17-24 The patient needs frequent reassessment.
24 The patient is not at risk at this time.

* Council on Nutrition
Simplified Nutrition Assessment Questionnaire (SNAQ)

Instructions: Complete the questionnaire by circling the correct answers and then tally the results based upon the following numerical scale: A=1, B=2, C=3, D=4, E=5. Scoring: If the mini-CNAQ is less than 14, there is a significant risk of weight loss.

1. My appetite is
   A. very poor.
   B. poor.
   C. average.
   D. good.
   E. very good.

2. When I eat
   A. I feel full after eating only a few mouthfuls.
   B. I feel full after eating about a third of a meal.
   C. I feel full after eating over half a meal.
   D. I feel full after eating most of the meal.
   E. I hardly ever feel full.

3. Food tastes
   A. very bad.
   B. bad
   C. average.
   D. good.
   E. very good.

4. Normally I eat
   A. less than one meal a day.
   B. one meal a day.
   C. two meals a day.
   D. three meals a day.
   E. more than 3 meals a day.
Dental Screen

Screening assessment for dental conditions that may interfere with proper nutritional intake and possibly dispose a person to involuntary weight loss.

- Dry mouth (2 points)
- Eating difficulty (1 point)
- No recent dental care (1 point) (within 2 years)
- Tooth or mouth pain (2 points)
- Alterations or change in food selection (1 point)
- Lesions, sores or lumps in mouth (2 points)

A score of $\geq 3$ points could indicate dental problems.
## Epworth Sleepiness Questionnaire
### (Screening for Sleep Disorders)

How likely are you to doze off or to fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times.

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

<table>
<thead>
<tr>
<th>Situation</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting and reading</td>
<td></td>
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<tr>
<td>Watching TV</td>
<td></td>
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<tr>
<td>Sitting inactive in a public place</td>
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<tr>
<td>As a passenger in a car for an hour</td>
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<tr>
<td>Lying down to rest in the afternoon</td>
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<tr>
<td>Sitting and talking to someone</td>
<td></td>
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<tr>
<td>Sitting quietly after lunch without alcohol</td>
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<tr>
<td>In a car while stopped for a few minutes</td>
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</tbody>
</table>

### Total: | _____ |

**SCORING:** Out of 24, the higher the number, the more likely the person has a sleeping disorder.
Areas for Cognitive Assessment (Not all Inclusive)

- Language
- Attention
- Memory
- Visual-spatial
- Conceptualization
DIRECTIONS: I’m going to say some numbers. Listen carefully and when I am through say them right after me.”

5 – 8 – 2
6 – 4 – 3 – 9
4 – 2 – 7 – 3 – 1
6 – 1 – 9 – 4 – 7 – 3
5 – 9 – 1 7 – 4 – 28

“Now I’m going to say some numbers, but this time when I stop, I want you to say them backwards. For example, I’ll say 7 – 1 – 9. What would you say?

2 – 4
6 – 2 – 9
3 – 2 – 7 – 9
1 – 5 – 2 – 8 – 6
5 – 3 – 9 – 4 – 1 – 8

SCORING: Score 1 point for each correct answer. Mark OK if total points are ≥ 6.
Clock Drawing

DIRECTIONS: “Draw the face of a clock, put in all the numbers, and set the clock hands to read ten after eleven”

SCORING: 0-4 point method* is brief, sensitive, and easy to apply

1. Draws closed circle Score 1 point
2. Places numbers in correct positions Score 1 point
3. Includes all 12 correct numbers Score 1 point
4. Places hands in correct positions Score 1 point

Thinking and Doing

What? Purse, $1 bill, a quarter, two dimes, a nickel and three pennies.

Directions: “Open purse, take out all the money, count it and tell me the total”

Scoring: Amount of time it takes to correctly count the money

≤ 45” - OK
≥ 45” - revisit
Mini-Mental State Examination (MMSE)\(^{1,2*}\)

Make the patient comfortable and establish rapport. Ask questions in the order listed. *Total possible score is 30*

<table>
<thead>
<tr>
<th>Maximum Score</th>
<th>Score</th>
<th>ORIENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>(     ) What is the (year) (season) (date) (day) (month)?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>(     ) Where are we (state) (country) (town or city) (hospital) (floor)?</td>
<td></td>
</tr>
</tbody>
</table>

**REGISTRATION**

3 ( ) Name 3 common objects (e.g., “apple”, “table”, “penny”). Take 1 second to say each. Then ask the patient to repeat all 3. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record. Trials: ____

**ATTENTION AND CALCULATION**

5 ( ) Serial 7’s backwards. Stop after 5 answers. Alternatively, spell “WORLD” backwards. The score is the number of letters in correct order (D___L___R___O___W___)

**RECALL**

3 ( ) Ask for the 3 common objects named during registration above. Give 1 point for each correct answer. {Note: recall cannot be rested if all 3 objects were not remembered during registration.}
**Mini-Mental State Examination (MMSE)**

(Continued)

<table>
<thead>
<tr>
<th>Maximum Score</th>
<th>Score</th>
<th>LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>(     )</td>
<td>Name a “pencil” and “watch” (2 points)</td>
</tr>
<tr>
<td>1</td>
<td>(     )</td>
<td>Repeat the following: “No ifs, ands, or buts.” (1 point)</td>
</tr>
<tr>
<td>3</td>
<td>(     )</td>
<td>Follow a 3-stage command: “Take a paper in your right hand, Fold it in half, and put it on the floor.” (3 points)</td>
</tr>
<tr>
<td>1</td>
<td>(     )</td>
<td>Read and obey the following: CLOSE YOUR EYES. (1 point)</td>
</tr>
<tr>
<td>1</td>
<td>(     )</td>
<td>Write a sentence (1 point)</td>
</tr>
<tr>
<td>1</td>
<td>(     )</td>
<td>Copy the following design:</td>
</tr>
</tbody>
</table>

Expected decline in MMSE scores in untreated mild to moderate Alzheimer’s patient is 2 to 3 points per year.  

**Suggested guideline for determining the severity of cognitive**  

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Total Score</th>
<th>Total Score</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>30</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>Mild:</td>
<td>MMSE ≥ 21</td>
<td>Moderate:</td>
<td>MMSE 10-20</td>
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<tr>
<td>Severe:</td>
<td>MMSE ≤ 9</td>
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<td>SD</td>
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<td>Lower quartile</td>
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<td>21</td>
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<tr>
<td>Median</td>
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<td>n</td>
<td>3223</td>
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<td></td>
</tr>
<tr>
<td>Mean</td>
<td>27</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>SD</td>
<td>2.7</td>
<td>2.7</td>
<td>2.7</td>
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<tr>
<td>Upper quartile</td>
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<tr>
<td>Mean</td>
<td>29</td>
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<td>SD</td>
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<tr>
<td>Median</td>
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<tr>
<td>Upper quartile</td>
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<tr>
<td>Mean</td>
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<td>SD</td>
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<td>Lower quartile</td>
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<td>Upper quartile</td>
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<tr>
<td>Total</td>
<td>18056</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. What day of the week is it?
2. What is the year?
3. What state are we in?
4. Please remember these five objects. I will ask you what they are later.
   Apple       Pen       Tie       House       Car
5. You have $100 and you go to the store and buy a dozen apples for $3 and a tricycle for $20.
   How much did you spend?
   How much do you have left?
6. Please name as many animals as you can in one minute.
   0  0-4 animals       1  5-9 animals       2  10-14 animals       3  15+ animals
7. What were the five objects I asked you to remember? 1 point for each one correct.
8. I am going to give you a series of numbers and I would like you to give them to me backwards.
   For example, if I say 42, you would say 24.
   0  87       1  648       2  8537
9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o’clock.
   Hour markers okay
   Time correct
10. Please place an X in the triangle.
1. Which of the above figures is largest?

11. I am going to tell you a story. Please listen carefully because afterwards, I’m going to ask you some questions about it.
   
   Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.

2. What was the female’s name?
2. What work did she do?
2. When did she go back to work?
2. What state did she live in?
Behavioral Assessment (During) Diagnostic Interview

- Appearance and Behavior
- Speech
- Mood and Affect
- Thought Process
- Thought Content
- Judgment and Insight
- Non-Verbal Behavior
Study – Over 60 and Mentally Healthy

• Adapting to Physical Change
• Social Network
• Good Self-Esteem
• Sense of Self-Control
• Sense of Meaning in Life
• Ability to Ask for Help Appropriately
• Belief in a Power Larger than Self
Mini-GDS

DIRECTIONS: Please indicate how you feel generally about each of the following questions.

1. Are you basically satisfied with your life? Yes __________ No __________
2. Do you often feel helpless? Yes __________ No __________
3. Do you often get bored? Yes __________ No __________
4. Do you feel pretty worthless the way you are now? Yes __________ No __________
5. Do you prefer to stay at home rather than going out and doing new things? Yes __________ No __________

SCORING: Give one (1) point for each of the following answers: 


Mark “OK” if person has 3 to 5 points total. Otherwise consider “Revisit”.
Funny Bone Screen

DIRECTIONS: Have the person respond to each question, and write down a single word or short phrase for each answer. They are to say the first thing that comes to mind. Please indicate how you feel generally (past two weeks) about each of the following questions:

1. When was the last time you had a good laugh? _______________
2. What kinds of things make you laugh? ______________________
3. How often do you laugh? ________________________________
4. What could you do today that would make you laugh? _________
5. Do you find humor a source of relaxation? _____________
6. What makes you happy? ________________________________
7. Are you still hoping yesterday will get better? _____________

SCORING: Score one point if the answers approximate the following for each item.

_____ 1. Within the past two days
_____ 2. Any answer
_____ 3. At least once a day
_____ 4. Any answer that would be a positive initiative
_____ 5. “Yes”
_____ 6. Any answer other than “nothing” or something similar
_____ 7. “No” or any other comment or body language (e.g., a smile) that would indicate that a person thinks that it’s silly, funny, etc.

______ TOTAL (7 points maximum)
Spiritual Assessment Guide

1. **Concept of God or Deity**
   - Is religion or God significant to you? If yes, can you describe how?
   - Is prayer helpful to you? What happens when you pray?
   - Does God or a deity function in your personal life? If yes, can you describe how?
   - How would you describe your God or what you worship?
2. **Sources of Hope and Strength**

- Who is the most important person to you?
- To whom do you turn when you need help? Are they available?
- In what ways do they help?
- What is your source of hope and strength?
- What helps you the most when you feel afraid or need special help?
3. Religious Practices

• Do you feel your faith (or religion) is helpful to you? If yes, would you tell me how?
• Are there any religious practices that are important to you?
• Has being sick made any difference in your practice of praying? Your religious practices?
• What religious books or symbols are helpful to you?
4. Relation Between Spiritual Beliefs and Health

- What has bothered you the most about being sick (or about what has happened to you)?
- What do you think is going to happen to you?
- Has being sick (or what has happened to you) made any difference in your feelings about God or the practicing of your faith?
- Is there anything especially frightful or meaningful to you now?
Inner-Circle Support System
An Example of an Inner-Circle Support System
Diagram Your Own Inner Support System

Cage Questions

1. Have you ever felt you should Cut down on your drinking?

2. Have people Annoyed you by criticizing your drinking?

3. Have you ever felt Guilty about your drinking?

4. Do you take a drink first thing in the morning? (Eye opener)

Two affirmative answers may be suggestive of alcoholism.
## Instrumental Activities of Daily Living Scale

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Without help</th>
<th>With some help</th>
<th>Are you completely unable to do any?</th>
<th>1 / 2 / 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Can you use the telephone?</td>
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<td>3</td>
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<td>2</td>
<td>Can you get to places beyond walking distance?</td>
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<td>3</td>
<td>Can you go shopping for groceries?</td>
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<td>3</td>
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<tr>
<td>4</td>
<td>Can you prepare your own meals?</td>
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<td>3</td>
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<tr>
<td>5</td>
<td>Can you do your own housework?</td>
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<td></td>
<td>Instrumental Activities of Daily Living Scale (Continued)</td>
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<tr>
<td>6.</td>
<td>Can you do your own handyman work?</td>
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<tr>
<td></td>
<td>Without help, With some help, or Are you completely unable to do any handyman work?</td>
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<tr>
<td></td>
<td>Without help, With some help, or Are you completely unable to do any laundry at all?</td>
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<tr>
<td></td>
<td>Without help (in the right doses at the right time) With some help (take medicine if someone prepares it for you and/or reminds you to take it, or are you or would you be completely unable to take your own medicine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Without help, With some help, or Are you completely unable to manage money?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Can you do your own laundry?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Do you or could you take medicine?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Can you manage your own money?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL SCORE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCORING:
For each question, the first answer indicates independence; the second, capability with assistance; and the third, dependence. The maximum score is 27, although scores have meaning only for a particular patient, as when declining scores over time reveal deterioration. Questions 4 through 7 tend to be gender-specific; they can be modified by the interviewer.

*M. Powell Lawton, Ph.D. (1987).*
# Activities of Daily Living Scale

<table>
<thead>
<tr>
<th>1. Bathing</th>
<th>Receives no assistance or assistance in bathing only one part of body.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(sponge bath, tub bath, or shower)</td>
<td>Yes          No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Dressing</th>
<th>Gets clothes and dresses without any assistance except for tying shoes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes          No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Toileting</th>
<th>Goes to toilet room, uses toilet, arranges clothes, and returns without any assistance (may use cane or walker for support and may use bedpan or urinal at night)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes          No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Transferring</th>
<th>Moves in and out of bed and chair without assistance (may use cane or walker)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes             No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Continence</th>
<th>Controls bowel and bladder completely by self (without occasional accidents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes            No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Feeding</th>
<th>Feeds self without assistance (except for help with cutting meat or buttering bread)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes            No</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ADL SCORE** (Number of “yes” answers, out of possible 6)     _______

**SCORING**: A score of 6 indicates full function; a score of 4, moderate impairment; and a score of 2, severe impairment.

# Assessment of Living Skills and Resources (ALSAR)

<table>
<thead>
<tr>
<th>ALSAR TASKS</th>
<th>Skills (Individual Accomplishes or procures task)</th>
<th>Task Risk Score</th>
<th>Resources (Support for task completion extrinsic to individual)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 = Independent</td>
<td>Combine Number in Skills Column with Resources Column</td>
<td>0 = Consistently Available 1 = Inconsistently Available 2 = Not Available or in Use</td>
</tr>
<tr>
<td></td>
<td>1 = Partially Independent</td>
<td>3 or 4 = High</td>
<td>2 = Moderate 0 or 1 = low</td>
</tr>
<tr>
<td></td>
<td>2 = Dependent</td>
<td>0 or 1 = low</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Record Skill Level on line after statement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Task Risk Score</th>
<th>Resources for telephoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephoning</td>
<td>Locates phone numbers, dials, sends and receives</td>
<td>Total Score: ___</td>
<td>Resources for telephoning</td>
</tr>
<tr>
<td></td>
<td>information. ____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading</td>
<td>Reads and uses written information. ____</td>
<td>Total Score: ___</td>
<td>Resources for reading</td>
</tr>
<tr>
<td>Leisure</td>
<td>Plans and performs satisfying leisure activities. ____</td>
<td>Total Score: ___</td>
<td>Resources for satisfying leisure activities</td>
</tr>
<tr>
<td>Medication</td>
<td>Procedures and takes medicine as ordered _____</td>
<td>Total Score: ___</td>
<td>Resources for managing medications</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Assessment of Living Skills and Resources (ALSAR) (Continued)

<table>
<thead>
<tr>
<th>ALSAR TASKS</th>
<th>Skills (Individual Accomplishes or procures task))</th>
<th>Task Risk Score Combine Number in Skills Column with Resources Column</th>
<th>Resources (Support for task completion extrinsic to individual)</th>
<th>Total Score:</th>
<th>Resources for managing finances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money Management</td>
<td>Manages finances or procures financial services.</td>
<td>Total Score:</td>
<td>Resources for managing finances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Walks, drives, or procures rides.</td>
<td>Total Score:</td>
<td>Resources for transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td>Lists selects, buys, orders, stores, goods,</td>
<td>Total Score:</td>
<td>Resources for shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meal Preparation</td>
<td>Performs all aspects of meal preparation or procures meals</td>
<td>Total Score:</td>
<td>Resources for meal preparation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0 = Consistently Available
1 = Inconsistently Available
2 = Not Available or in Use

Record Skill Level on line after statement.
# Assessment of Living Skills and Resources (ALSAR)

(Continued)

<table>
<thead>
<tr>
<th>ALSAR TASKS</th>
<th>Skills (Individual Accomplishes or procures task))</th>
<th>Task Risk Score</th>
<th>Resources (Support for task completion extrinsic to individual)</th>
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<tr>
<td></td>
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<td>Combine Number</td>
<td>0 = Consistently Available</td>
</tr>
<tr>
<td></td>
<td>1 = Partially Independent</td>
<td>in Skills Column</td>
<td>1 = Inconsistently Available</td>
</tr>
<tr>
<td></td>
<td>2 = Dependent</td>
<td>with Resources</td>
<td>2 = Not Available or in Use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colum</td>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Record Skill Level on line after statement</strong></td>
<td></td>
<td><strong>Record Skill Level on line after statement</strong></td>
</tr>
<tr>
<td>Laundering</td>
<td>Performs or procures all aspects of doing laundering.</td>
<td><strong>Total Score: ___</strong></td>
<td>Resources for laundering</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Cleans own living space or procures housekeeping service.</td>
<td><strong>Total Score: ___</strong></td>
<td>Resources for transportation</td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>Performs or procures home maintenance.,</td>
<td><strong>Total Score: ___</strong></td>
<td>Resources for home maintenance</td>
</tr>
<tr>
<td></td>
<td><strong>Total Score: ___</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“R” SCORE (sum of 11 TASK RISK SCORES)
Quick Screen

Vision
• “Read” 12 pt and from local paper, 20/40

Hearing
• Finger rub

Taste
• Sweet, salty, sour, bitter

Touch
• Paint brush bristle

Smell
• 3-odor sniff

Upper Extremity
• Hands touch back of head
• Put-on and take-off coat, jacket, or sweater
Quick Screen
(Continued)

Lower Extremity
• Balance on one foot
• Rise from chair, walk ten feet, turn, sit down

Grip Strength
• Squeeze fingers

Recent Short-Term Memory
• Digits
• Name three objects

Visual Spatial
• Clock

Incontinence
• Ask
Quick Screen
(Continued)

Depression
• What makes you happy?
• How is life?

Polypharmacy
• How many drugs do you use (≥ 5)?

Nutrition
• “Have you lost weight or taken in your clothes over the past three (3) months? (Arbitrarily, about 5 Pounds is a cut-off).

Home Environment – Stairs and Hazards
• Ask
Quick Screen
(Continued)

ADL and IADL
• Can you get out of bed?
• Can you dress yourself?
• Can you make your meals?
• Can you shop?

Social Support
• Do you need . . .?
• Who is available . . .?
• Are you getting . . .?