

Functional Assessment Standardized Items (FASI) Set

Please Complete All Items on Each Page

Section A: Administrative Information

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Section GG: Functional Abilities and Goals**GG0130. Self-Care****Form Instructions:**

Code the person's **Usual** performance during the **past 3 days** using the 6-point scale. If the person's performance **changed** during the **past month**, also code their **Most Dependent** performance. If the person's self-care performance was **unchanged** during the **past month**, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a **Not Attempted** code reason. Please complete the Self-Care Priorities section GG0135 at the bottom of this page.

| Performance Level (Enter Codes in Boxes) | | Activity | Coding Safety and Quality of Performance: If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> |
|---------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Usual | 8. Most Dependent | | |
| | | A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the person. | 06. Independent - Person completes the activity by him/herself with no assistance from a helper. 05. Setup or cleanup assistance - Helper sets up or cleans up; person completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity. If activity was not attempted, code reason: 07. Person refused. 11. Not applicable – Person does not usually do this activity. 90. Not attempted due to short-term medical condition or safety concerns. |
| | | B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.] | |
| | | CC. Toileting hygiene: The ability to maintain perineal/menstrual hygiene and adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening, but not managing equipment. | |
| | | D. Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. | |
| | | EE. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. | |
| | | F. Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable. | |
| | | G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. | |
| | | H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. | |

GG0135. Self-Care Priorities:

Please ask the person to describe at least one or two personal priorities in the area of self-care for the next six months. If the person does not express any personal priorities in this area, please note this below.

A. _____

B. _____

Section GG: Functional Abilities and Goals**GG0170: Mobility****Form Instructions:**

Code the person's **Usual** performance during the **past 3 days** using the 6-point scale. If the person's performance **changed** during the **past month**, also code their **Most Dependent** performance. If the person's transfer/bed mobility performance was **unchanged** during the **past month**, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a **Not Attempted** code reason.

| Performance Level (Enter Codes in Boxes) | | Activity | CODING: Safety and Quality of Performance: If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> |
|---------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Usual | 8. Most Dependent | | |
| | | A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back. | 06. Independent - Person completes the activity by him/herself with no assistance from a helper. 05. Setup or cleanup assistance - Helper sets up or cleans up; person completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity. If activity was not attempted, code reason: 07. Person refused. 11. Not applicable – Person does not usually do this activity. 90. Not attempted due to short-term medical condition or safety concerns. |
| | | B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. | |
| | | C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor and with no back support. | |
| | | D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. | |
| | | E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). | |
| | | F. Toilet transfer: The ability to get on and off a toilet or commode. | |
| | | G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. | |

Section GG: Functional Abilities and Goals**GG0170: Mobility****Form Instructions**

Code the person's **Usual** performance during the **past 3 days** using the 6-point scale. If the person's performance **changed** during the **past month**, also code their **Most Dependent** performance. If the person's ambulation mobility performance was **unchanged** during the **past month**, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a **Not Attempted** code reason.

| Enter Code in Box | | Mobility | |
|---------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | HH. Does the person walk? 0. No , and walking goal is not indicated - skip to GG0175A. 1. No , and walking is indicated - skip to GG0175A. 2. Yes – Continue to GG0170I. | |
| Performance Level (Enter Codes in Boxes) | | Activity | CODING: Safety and Quality of Performance - If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> |
| 7. Usual | 8. Most Dependent | | |
| | | I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If usual and most dependent performance are coded 07, 11, or 90 → skip to GG0170M</i> | 06. Independent - Person completes the activity by him/herself with no assistance from a helper. 05. Setup or cleanup assistance - Helper sets up or cleans up; person completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity. If activity was not attempted, code reason: 07. Person refused. 11. Not applicable – Person does not usually do this activity. 90. Not attempted due to short-term medical condition or safety concerns. |
| | | J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. | |
| | | K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. | |
| | | L. Walk 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. | |
| | | M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. | |
| | | N. 4 steps: The ability to go up and down four steps with or without a rail. <i>If usual and most dependent performance are coded 07, 11, or 90 → skip to GG0170P</i> | |
| | | O. 12 steps: The ability to go up and down 12 steps with or without a rail. | |
| | | P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. | |
| | | U. Walk indoors: The ability to walk from room to room, around furniture and other obstacles. | |
| | | V. Carries something in both hands: The ability to carry something in both hands while walking indoors (e.g., several dishes, light laundry basket, tray with food). | |
| | | W. Walk for 15 minutes: The ability to walk without stopping or resting (e.g., through a department store, supermarket.) | |
| | | X. Walk across a street: The ability to cross street before light turns red. | |

Section GG: Functional Abilities and Goals**GG0175. Mobility (Wheelchair)****Form Instructions:**

Code the person's **Usual** performance during the **past 3 days** using the 6-point scale. If the person's performance **changed** during the **past month**, also code their **Most Dependent** performance. If the person's wheelchair mobility performance was **unchanged** during the **past month**, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a **Not Attempted** code reason. Please complete the Mobility Priorities section GG0180 on the next page.

| Enter Code in Box | | Manual Wheelchair | |
|------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | A. Does the person use a manual wheelchair? 0. No —Skip to GG0175F 1. Yes —Continue to GG0175B | |
| Performance Level (Enter Codes in Boxes) | | Activity | CODING: Safety and Quality of Performance - If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> |
| 7. Usual | 8. Most Dependent | | |
| | | B. Wheel 50 feet with two turns: Once seated in wheelchair, the ability to wheel at least 50 feet and make two turns. <i>If usual and most dependent performance are coded 07, 11, or 90 → skip to GG0175E</i> | 06. Independent - Person completes the activity by him/herself with no assistance from a helper. 05. Setup or cleanup assistance - Helper sets up or cleans up; person completes activity. Helper assists only prior to or following the activity. |
| | | C. Wheel 150 feet: Once seated in wheelchair, the ability to wheel at least 150 feet in a corridor or similar space. | 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. |
| | | D. Wheel for 15 minutes: Once seated in wheelchair, the ability to wheel without stopping or resting (e.g., through a department store, supermarket). | 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. |
| | | E. Wheel across a street: Once seated in wheelchair, the ability to wheel across a street before light turns red. | 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. |
| Enter Code in Box | | Motorized Wheelchair/Scooter | |
| | | F. Does the person use a motorized wheelchair and/or scooter? 0. No —Skip to GG0185. 1. Yes —Continue to GG0175G | |
| Performance Level (Enter Codes in Boxes) | | Activity | 01. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity. If activity was not attempted, code reason: 07. Person refused. 11. Not applicable – Person does not usually do this activity. 90. Not attempted due to short-term medical condition or safety concerns. |
| 7. Usual | 8. Most Dependent | | |
| | | G. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. <i>If usual and most dependent performance are coded 07, 11, or 90 → skip to GG0175J</i> | |
| | | H. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. | |
| | | I. Wheel for 15 minutes: Once seated in wheelchair/scooter, the ability to wheel without stopping or resting (e.g., through a department store, supermarket). | |

(Identifier: _____)

| Performance Level (Enter Codes in Boxes) | | Activity | |
|---------------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Usual | 8. Most Dependent | | |
| | | J. Wheel across a street: Once seated in wheelchair/scooter, the ability to wheel across a street before light turns red. | |

GG0180. Mobility Priorities: Please ask the person to describe at least one or two personal priorities in the area of mobility for the next six months. If the person does not express any personal priorities in this area, please note this below.

A. _____

B. _____

Section GG: Functional Abilities and Goals**GG0185. Instrumental Activities of Daily Living (IADL)****Form Instructions:**

Code the person's **Usual** performance during the **past 3 days** using the 6-point scale. If the person's performance **changed** during the **past month**, also code their **Most Dependent** performance. If the person's IADL performance was **unchanged** during the **past month**, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a **Not Attempted** code reason.

| Performance Level (Enter Codes in Boxes) | | Activity | CODING: Safety and Quality of Performance - If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> |
|---------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Usual | 8. Most Dependent | | |
| | | A. Makes a light cold meal: The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink. | 06. Independent - Person completes the activity by him/herself with no assistance from a helper. |
| | | B. Makes a light hot meal: The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup and reheating a prepared meal. | 05. Setup or cleanup assistance - Helper sets up or cleans up; person completes activity. Helper assists only prior to or following the activity. |
| | | C. Light daily housework: The ability to complete light daily housework to maintain a safe home environment such that the person is not at risk for harm within their home. Examples include wiping counter tops or doing dishes. | 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. |
| | | D. Heavier periodic housework: The ability to complete heavier periodic housework to maintain a safe home environment such that person is not at risk for harm within their home. Examples include doing laundry, vacuuming, cleaning bathroom. | 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. |
| | | E. Light shopping: Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction. | 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. |
| | | F. Telephone—answering call: The ability to answer call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone. | 01. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity. |
| | | G. Telephone—placing call: The ability to place call in person's customary manner and maintain for 1 minute or longer. Does not include getting to the phone. | If activity was not attempted, code reason: 07. Person refused. 11. Not applicable – Person does not usually do this activity. 90. Not attempted due to short-term medical condition or safety concerns. |

GG: Functional Abilities and Goals**GG0185. Instrumental Activities of Daily Living (IADL)****Form Instructions:**

Code the person's **Usual** performance during the **past 3 days** using the 6-point scale. If the person's performance **changed** during the **past month**, also code their **Most Dependent** performance. If the person's IADL performance was **unchanged** during the **past month**, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a **Not Attempted** code reason. Please complete the IADL Priorities section GG0190 at the bottom of this page.

| Performance Level (Enter Codes in Boxes) | | Activity | CODING: Safety and Quality of Performance - If helper assistance is required because person's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i> |
|---------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Usual | 8. Most Dependent | | |
| | | H. Medication management—oral medications: The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. | 06. Independent - Person completes the activity by him/herself with no assistance from a helper. |
| | | I. Medication management—inhalant/mist medications: The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. | 05. Setup or cleanup assistance - Helper sets up or cleans up; person completes activity. Helper assists only prior to or following the activity. |
| | | J. Medication management—injectable medications: The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. | 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as person completes activity. Assistance may be provided throughout the activity or intermittently. |
| | | K. Simple financial management: The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping. | 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. |
| | | L. Complex financial management: The ability to complete financial decision-making such as budget and remembering to pay bills. | 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. |
| | | | 01. Dependent - Helper does ALL of the effort. Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the person to complete the activity. |
| | | | If activity was not attempted, code reason: 07. Person refused. 11. Not applicable – Person does not usually do this activity. 90. Not attempted due to short-term medical condition or safety concerns. |

GG0190. IADL Priorities: Please ask the person to describe at least one or two personal priorities in the area of instrumental activities of daily living for the next six months. If the person does not express any personal priorities in this area, please note this below.

A. _____

B. _____

Section GG: Functional Abilities and Goals**GG0125. Assistive Devices for Everyday Activities****Form Instructions:**

Identify the person's need for and availability of each assistive device. If no assistive device is needed to complete self-care, mobility, and/or instrumental activities of daily living, code as Not applicable (11). If device is not used, document using a **Not Used** code reason.

| Enter Codes in Boxes | Activity | CODING: Code the person's usual need for, and availability of, assistive devices to complete self-care, mobility, and/or instrumental activities of daily living. |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | AA. In the past month, has the person used, or expressed or demonstrated a need for an assistive device? 0. No – Skip to F0900. 1. Yes – Continue to GG0125A | 02. Assistive device needed and available - Person needs this device to complete daily activities and has the device in the home. |
| | A. Cane/Crutch | 01. Assistive device needed but current device unsuitable - Device is in home but no longer meets person's needs. |
| | B. Walker | 00. Assistive device needed but not available - Person needs the device but it is not available in the home. |
| | B1. Standard folding walker | |
| | B2. Walker with seat | |
| | B3. Walker with wheels | If device is not used, code reason: 07. Person refused - Person chooses to not use needed device. |
| | C. Wheelchair | 11. Not applicable - Person does not need this device. |
| | C1. Manual wheelchair | |
| | C2. Motorized wheelchair and/or scooter | |
| | D. Limb prosthesis | |
| | E. Specialized seating pad (e.g., air-filled, gel, shaped foam) | |
| | F. Mechanical lift | |
| | G. Reacher/Grabber | |
| | H. Sock aid | |
| | I. Orthotics/Brace | |
| | J. Bed rail | |
| | K. Electronic bed | |
| | L. Grab bars | |
| | M. Transfer board | |
| | N. Shower/Commode chair | |
| | O. Walk/wheel-in shower | |
| | P. Glasses or contact lenses | |
| | Q. Hearing aid | |
| | R. Communication device | |
| | S. Stair rails | |
| | T. Lift chair | |

| Enter Codes in Boxes | Activity | CODING: Code the person's usual need for, and availability of, assistive devices to complete self-care, mobility, and/or instrumental activities of daily living. |
|-------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | U. Ramps | 02. Assistive device needed and available - Person needs this device to complete daily activities and has the device in the home. 01. Assistive device needed but current device unsuitable - Device is in home but no longer meets person's needs. 00. Assistive device needed but not available - Person needs the device but it is not available in the home. If device is not used, code reason: 07. Person refused - Person chooses to not use needed device. 11. Not applicable - Person does not need this device. |
| | V. Raised toilet seat | |
| | W. Glucometer | |
| | X. CPAP | |
| | Y. Oxygen concentrator | |
| | Z. Other (specify): | |
| | ZZ. I have indicated all the devices needed. (Please check box.) | |
| | | |

Section F: Preferences for Customary Routine and Activities**F0900: Living Arrangements****Form Instructions:**

Identify the person's usual living arrangement during the **Past 3 Days** and the **Past Month**. Please complete the Living Arrangements Priorities section FO905 below.

| 1. Past 3 Days | 2. Past Month | CODING: |
|----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 05. Person lives alone - no other residents in the home. 04. Person lives with others in the home - for example, family, friends, or paid caregiver. 03. Person lives in congregate home - for example, assisted living, or residential care home. 02. Person does not have a permanent home or is homeless. 01. Person was in a medical facility. |

F0905. Living Arrangement Priorities: Please ask the person to describe at least one or two personal priorities in the area of living arrangements for the next six months. If the person does not express any personal priorities in this area, please note this below.

A. _____

B. _____

F0910. Availability of Assistance

| Enter Code in Box | A. Does the person have assistance in their home? |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------|
| | 0. No - Do not code availability of assistance - skip to question F0920. 1. Yes - Continue to question F0910B. |

F0910B. Code the level of assistance in the person's home (both Paid and Unpaid) during the past month.

| 1. Paid | 2. Unpaid | CODING: |
|---------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------|
| | | 05. No assistance received 04. Occasional/short term assistance 03. Regular night-time 02. Regular daytime 01. Around the clock |

Section F. Preferences for Customary Routine and Activities**F0920. Availability of Paid and Unpaid Assistance****Form Instructions:**

Code the **Paid and Unpaid** caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days. If the activity was not attempted, code as **Not applicable (11)**. Please complete the Caregiving Priorities section F0925 at the bottom of this page.

| Enter Codes in Boxes | | Activity | CODING: Code safety and quality of BOTH Paid and Unpaid caregiver assistance and their willingness to provide assistance with each of the following activities. |
|----------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Paid | 2. Unpaid | | |
| | | A. Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding). | 05. Assistance not needed - No assistance needed. 04. Caregiver(s) currently provide assistance - Person's usual caregiver(s) willing and able to provide needed assistance. 03. Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 02. Unclear if caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 01. Assistance needed but no caregiver(s) available - Person needs assistance but no caregiver(s) available in the home. 00. Assistance needed but person declines assistance - Person needs caregiving but declines this assistance. 11. Not applicable - Person does not do this activity. |
| | | B. Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling). | |
| | | C. IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances). | |
| | | D. Medication administration (for example, oral, inhaled, or injectable medications). | |
| | | E. Medical procedures/treatments (for example, changing wound dressing, or home exercise program). | |
| | | F. Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies). | |
| | | G. Supervision (for example, due to safety concerns). | |
| | | H. Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments). | |

F0925. Caregiving Priorities: Please ask the person to describe at least one or two personal priorities in the area of caregiving for the next six months. If the person does not express any personal priorities in this area, please note this below.

A. _____

B. _____