

Scoring assessment for Program of Comprehensive Assistance for Family Caregivers as of October 1, 2020 as designed by VA.

Veteran is scored on the veteran's functioning ability, not preference, willingness, or motivation to perform.

Functioning levels:

- Independent: Person completes the activity by him/herself with no assistance from a helper.
- Setup or Clean-up Assistance: Helper SETS UP or CLEANS UP; person completes activity. Helper assists only prior to or following the activity.
- 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. This does NOT include general reminders to perform the activity (e.g., would need to involve supervision or touching during bathing, not just the need for a reminder to bathe daily).
- 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.
- Substantial/Maximal Assistance: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 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.
- Person refused: Person chooses to not respond to a question for any reason. While getting answers to as many questions as possible is better for obtaining an accurate assessment, a person's right to not answer a question must be respected.
- Not attempted: The person did not attempt this particular activity or task because there is a current short-term medical condition that precludes the person from performing and is not a long-term condition but per physician or medical professional orders cannot perform currently. OR, due to safety concerns the person did not attempt to complete that activity due to the likelihood of a negative health outcome resulting.
- Not applicable: This specific activity or task is not something that the person typically completes. This is not because the person cannot perform.

Selecting the response that best describes the person's functional ability EACH TIME the activity occurs.

Instrument Part A - ADLs:

<p><u>EATING</u> (1) 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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p><u>GROOMING</u> (2) (a) 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.]</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(2) (b) Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p><u>BATHING</u> (3) Shower/bathe self: The ability to bathe self, including washing, rinsing,</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance

<p>and drying self. Does not include transferring in/out of tub/shower.</p>	<ul style="list-style-type: none"> ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p><u>DRESSING</u> (4) (a) Upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(4)(b) Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(4)(c) 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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns

<p><u>TOILETING</u></p> <p>(5) 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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p><u>PROSTHETICS (USE OF ASSISTIVE DEVICES)</u></p> <p>Please note: This does not include assistive devices used to support ambulation, e.g., a walker. This question specifically addresses any prosthetic or orthopedic devices that the person must don on and/or off that replaces or supports a body part or function of a body part.</p> <p>(6) Prosthetics (Use of Assistive Devices): Ability to adjust special prosthetic or orthopedic appliances. The adjustment of appliances that any person (with or without a disability) would need assistance with should not be considered (for example, supports, belts, lacing at back, etc.).</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p><u>Mobility</u></p> <p><u>Positioning/Transfers: Positioning/Transfers must be answered for all assessments.</u></p> <p>(2) (a) Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(7)(b) Sit to lying: The ability to move from sitting on the side of the bed to lying flay on the bed</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance

	<ul style="list-style-type: none"> ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(7)(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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(7)(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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(7)(e)Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns

<p>(7)(f) Toilet transfer The ability to get on and off a toilet or commode.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p><u>Mobility (Walking, Manual Wheelchair, Motorized Wheelchair/Scooter):</u> <u>Please note:</u> When answering Walking, Manual Wheelchair, and Motorized Wheelchair/Scooter Questions 9-11, answer the only question that represents the person’s PRIMARY mode of ambulation and consider use of assistive devices. (For example, if person walks most of the time but only uses a wheelchair sometimes for long distances, answer the Walking question.) Select one of the following :</p> <ul style="list-style-type: none"> ○ Person walks (Yes. If yes, continue to next question 9a.) ○ Person uses manual wheelchair (Yes. If yes, continue to question 10a.) ○ Person uses motorized wheelchair/scooter (Yes. If yes, continue to question 11a.) ○ Person does not walk nor use a manual/motorized wheelchair/scooter (Yes. If yes, continue to Part B: Supervision, Protection, or Instruction.) <p>Please provide additional information:</p>	
<p><u>Walking</u> (9) (a) Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor or similar space.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent

<p><u>If response is Person refused, Not applicable or Not attempted, skip to question 9(e).</u></p>	<ul style="list-style-type: none"> ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (b)Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (c)Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (d)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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (e) 1 step (curb): The ability to go up and down a curb and/or up and down one step.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance

	<ul style="list-style-type: none"> ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9)(f) 4 steps: The ability to go up and down four steps with or without a rail.</p> <p>If response is Person refused, Not applicable or Not attempted, skip to question 9(h).</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9)(g) 12 steps: The ability to go up and down 12 steps with or without a rail.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (h) 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.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity

	<ul style="list-style-type: none"> ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (i) Walk indoors: The ability to walk from room to room, around furniture and other obstacles.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (j) Carries something in both hands: The ability to carry something in both hands while talking indoors (e.g. several dishes, light laundry basket, tray with food).</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9) (k) Walk for 15 minutes: The ability to walk without stopping or resting (e.g. through a department store, supermarket.)</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>(9)(l) Walk across a street: The ability to cross street before light turns red.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance

	<ul style="list-style-type: none"> ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>10 MANUAL WHEEL CHAIR 10(a) Wheel 50 feet with two turns: Once seated in wheelchair, the ability to wheel at least 50 feet and make two turns. If response is Person refused, Not applicable or Not attempted, skip to question 10(d).</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>10(b) Wheel 150 feet Once seated in wheelchair, the ability to wheel at least 150 feet in a corridor or similar space</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>10(c) Wheel for 15 minutes: Once seated in wheelchair, the ability to wheel without stopping or resting (e.g. through a department store, supermarket)</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns

<p>10(d) Wheel across a street: Once seated in a wheelchair, the ability to cross a street before light turns red.</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>11 motorized Wheelchair/Scooter 11(a) Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. If response is Person refused, Not applicable or Not attempted, skip to question 10(d).</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>11(b) Wheel 150 feet Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
<p>11(c) Wheel for 15 minutes: Once seated in wheelchair/scooter, the ability to wheel without stopping or resting (e.g. through a department store, supermarket)</p>	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused

	<ul style="list-style-type: none"> ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns
11(d) Wheel across a street: Once seated in a wheelchair/scooter, the ability to cross a street before light turns red.	<ul style="list-style-type: none"> ○ Independent ○ Setup or cleanup assistance ○ Supervision or touching assistance ○ Partial/moderate assistance ○ Substantial/maximal assistance ○ Dependent ○ Person refused ○ Not applicable – Person does not usually do this activity ○ Not attempted due to short-term medical condition or safety concerns

Instrument Part B - Supervision, Protection, Instruction

Veteran is scored on the veteran’s functioning ability, not preference, willingness, or motivation to perform.

Selecting the response that best describes the person’s need for supervision, protection, or instruction that is necessary in order to maintain personal safety on a **DAILY** basis.

Does the person take any medication(s)?	<ul style="list-style-type: none"> ○ Yes ○ No ○ Choose not to answer
Does the person need assistance with medication management?	<ul style="list-style-type: none"> ○ Needs no help or supervision ○ Needs medication setup ○ Needs visual or verbal reminders ○ Needs medication administration
Self-Preservation 2- Does the person have the judgement and physical ability to cope, make appropriate decisions and take action in a changing environment or a potential harmful situation?	<ul style="list-style-type: none"> ○ Independent ○ Minimal (verbal/physical prompts for preservation) ○ Mentally unable ○ Physically unable ○ Both mentally and physically unable
3- Is this person at risk of self-neglect?	<ul style="list-style-type: none"> ○ Yes ○ No

<p>4- Veteran has the following risk factors (Check all that apply)</p>	<ul style="list-style-type: none"> ○ Not applicable ○ Alcohol and/or other drug use leading to health or safety concerns ○ Behaviors that pose a threat of harm to self or others ○ Dehydration or malnutrition ○ Hygiene that may compromise health ○ Impairment of orientation, memory, reasoning and/or judgment ○ Inability to manage medications or to seek medical treatment that may threaten health or safety. ○ Unsafe/unhealthy living conditions ○ Other
<p>5- Is this person at risk of neglect, abuse or exploitation by another person?</p>	<ul style="list-style-type: none"> ○ Yes ○ No
<p>6- What type of support does the person need in the home to remain safe, such as assistance with activities that require remembering, decision-making, or judgment?</p>	<ul style="list-style-type: none"> ○ Someone else needs to be with the person always, to observe or provide supervision. ○ Someone else needs to be around always, but they only need to check on the person now and then. ○ Sometimes the person can be left alone for an hour or two ○ Sometimes the person can be left alone for most of the day ○ The person can be left alone all day and all night, but someone needs to check in on the person every day. ○ The person can be left alone without anyone checking in.
<p>7- What type of support does the person need away from home to remain safe, such as assistance with activities that require remembering, decision-making, or judgment?</p>	<ul style="list-style-type: none"> ○ The person requires intense support when leaving home because of behavioral difficulties (becomes very confused or agitated during outings, engages in inappropriate behavior, becomes aggressive etc.) ○ Someone always needs to be with the person to help with remembering, decision making or judgment when away from home. ○ The person can go places alone as long as they are familiar places ○ The person does not need help going anywhere
<p>Safety Please note: When answering the following question, if the answer to the first question (8)</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable

<p>(a) is No or Not applicable, please skip to question 9.</p> <p>8(a) Delusion/hallucinations: Person engages in markedly inappropriate behavior that affects a person’s daily functioning and social interactions. Behavior characterized by a radical change in personality and a distorted or diminished sense of reality.</p>	
<p>8(b) – If the answer to question 8a is Yes, please select the type(s) of psychotic behaviors displayed (select all that apply):</p>	<ul style="list-style-type: none"> <input type="radio"/> Catatonic behavior <input type="radio"/> Delusions <input type="radio"/> Disorganized speech <input type="radio"/> Hallucinations <input type="radio"/> Thought disorder <input type="radio"/> Other
<p>8(c) – If the answer to question 8a is Yes, please select the type of intervention needed.</p> <p>Intervention: Support and/or services provided by staff and/or caregiver</p>	<ul style="list-style-type: none"> <input type="radio"/> Requires no intervention <input type="radio"/> Needs intervention in the form of cues – responds to cues <input type="radio"/> Needs redirection – responds to redirection <input type="radio"/> Needs behavior management or instruction – resists intervention <input type="radio"/> Needs behavior management or instruction – physically resists intervention
<p>8(d) – If the answer to question 8a is Yes, please select the frequency of intervention needed.</p> <p>How often on a weekly basis is intervention needed?</p>	<ul style="list-style-type: none"> <input type="radio"/> Less than weekly <input type="radio"/> One time per week <input type="radio"/> Two times per week <input type="radio"/> Three times per week <input type="radio"/> 4 or more times per week but not daily <input type="radio"/> Daily
<p>Please note: When answering the following question, if the answer to the first question 9a is No or Not applicable, please skip to question 10.</p> <p>9(a) Agitation: Person has a tendency, or would without intervention, to suddenly or quickly become upset or violent.</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
<p>9(b) – If the answer to question 9a is Yes, please select the type(s) of agitation behaviors displayed (select all that apply):</p>	<ul style="list-style-type: none"> <input type="radio"/> Easily agitated <input type="radio"/> Easily angered <input type="radio"/> Easily frustrated <input type="radio"/> Other
<p>9(c) – If the answer to question 9a is Yes, please select the type of intervention needed.</p> <p>Intervention: Support and/or services provided by staff and/or caregiver.</p>	<ul style="list-style-type: none"> <input type="radio"/> Requires no intervention <input type="radio"/> Needs intervention in the form of cues – responds to cues <input type="radio"/> Needs redirection – responds to redirection

	<ul style="list-style-type: none"> ○ Needs behavior management or instruction – resists intervention ○ Needs behavior management or instruction – physically resists intervention
<p>9(d) – If the answer to question 9a is Yes, please select the frequency of intervention needed.</p> <p>How often on a weekly basis is intervention needed?</p>	<ul style="list-style-type: none"> ○ Less than weekly ○ One time per week ○ Two times per week ○ Three times per week ○ 4 or more times per week but not daily ○ Daily
<p>Please note: When answering the following questions, if the answer to the first question (10) (a) is No or Not applicable, please skip to question 11.</p> <p>10 (a) Impulsivity: Person has a propensity, or would without an intervention, for sudden or spontaneous decisions or actions.</p>	<ul style="list-style-type: none"> ○ Yes ○ No ○ Not applicable
<p>10 (b) – If the answer to question 10a is Yes, please select the type(s) of impulsive behaviors displayed (select all that apply):</p>	<ul style="list-style-type: none"> ○ Disregard for personal safety ○ Easily influenced by others ○ Financial ○ High risk behaviors ○ Thoughtless about boundaries ○ Other
<p>10(c) – If the answer to question 10a is Yes, please select the type of intervention needed.</p> <p>Intervention: Support and/or services provided by staff and/or caregiver.</p>	<ul style="list-style-type: none"> ○ Requires intervention ○ Needs intervention in the form of cues – responds to cues ○ Needs redirection – responds to redirection ○ Needs behavior management or instruction – resists intervention ○ Needs behavior management or instruction – physically resists intervention
<p>10 (d) – If the answer to question 10a is Yes, please select the frequency of intervention needed.</p> <p>How often on a weekly basis is intervention needed?</p>	<ul style="list-style-type: none"> ○ Less than weekly ○ One time per week ○ Two times per week ○ Three times per week ○ 4 or more times per week but not daily ○ Daily
<p>Self- Direction</p> <p>Based upon the person’s functional needs as answered in Part B, Supervision, Protection, or Instruction as answered above, please answer the following two questions.</p>	<ul style="list-style-type: none"> ○ Yes ○ No

Please note this is not a question about legal capacity to make healthcare decisions.	
11 – Can this person identify their own needs?	
12 – Can this person provide and/or arrange for their health and safety?	<input type="radio"/> Yes <input type="radio"/> No