

Rating Form

CHART

Revised July, 1996

WHAT ASSISTANCE DO YOU NEED?

People with disabilities often need assistance. We would like to differentiate between personal care for physical disabilities and supervision for cognitive problems. First, focus on physical "hands on" assistance: This includes help with eating, grooming, bathing, dressing, management of a ventilator or other equipment, transfers etc. Keeping in mind these daily activities...

1. How many hours in a typical 24-hour day do you have someone with you to provide physical assistance for personal care activities such as eating, bathing, dressing, toileting and mobility?

_____ hours paid assistance _____ hours unpaid (family, others)

2. Not including any regular care as reported above, how many hours in a typical month do you occasionally have assistance with such things as grocery shopping, laundry, housekeeping, or infrequent medical needs because of the disability?

_____ hours per month

3. Who takes responsibility for instructing and directing your attendants and/or caregivers?

_____ Self
_____ Someone Else
_____ Not applicable, does not use attendant care

Now, focus on supervision for cognitive problems instead of physical assistance. This includes remembering, decision making, judgment, etc..

4. How much time is someone with you in your home to assist you with activities that require remembering, decision making, or judgment?

_____ Someone else is always with me to observe or supervise.

_____ Someone else is always around, but they only check on me now and then.

_____ Sometimes I am left alone for an hour or two.

- _____ Sometimes I am left alone for most of the day
- _____ I have been left alone all day and all night, but someone checks in on me.
- _____ I am left alone without anyone checking on me.

5. How much of the time is someone with you to help you with remembering, decision making, or judgment when you go away from your home?

- _____ I am restricted from leaving, even with someone else.
- _____ Someone is always with me to help with remembering, decision making or judgment when I go anywhere.
- _____ I go to places on my own as long as they are familiar.
- _____ I do not need help going anywhere.

6. How often do you have difficulty communicating with other people?

- _____ I almost always have difficulty.
- _____ I sometimes have difficulty.
- _____ I almost never have difficulty.

7. How often do you have difficulty remembering important things that you must do?

- _____ I almost always have difficulty.
- _____ Sometimes I have difficulty.
- _____ I almost never have difficulty.

8. How much of your money do you control?

- _____ None, someone makes all money decisions for me.
- _____ A small amount of spending money is given to me periodically.
- _____ Most of my money, but someone does help me make major decisions.
- _____ I make all my own money decisions (or if married, in joint participation with my partner).

Now, I have a series of questions about your typical activities.

ARE YOU UP AND ABOUT REGULARLY?

9. On a typical day, how many hours are you out of bed? _____ hours
10. In a typical week, how many days do you get out of your house and go somewhere?
_____ days
11. In the last year, how many nights have you spent away from your home (excluding hospitalizations?) _____ none _____ 1-2 _____ 3-4 _____ 5 or more
12. Can you enter and exit your home without any assistance from someone?
yes _____ no _____
13. In your home, do you have independent access to your sleeping area, kitchen, bathroom, telephone, and TV (or radio)? _____ yes _____ no

IS YOUR TRANSPORTATION ADEQUATE?

14. Can you use your transportation independently?
_____ yes _____ no
15. Does your transportation allow you to get to all the places you would like to go?
_____ yes _____ no
16. Does your transportation let you get out whenever you want?
_____ yes _____ no
17. Can you use your transportation with little or no advance notice?
_____ yes _____ no

HOW DO YOU SPEND YOUR TIME?

18. How many hours per week do you spend working in a job for which you get paid?
hours _____ (occupation: _____)
19. How many hours per week do you spend in school working toward a degree or in an accredited technical training program (including hours in class and studying)?
_____ hours

20. How many hours per week do you spend in active homemaking including parenting, housekeeping, and food preparation? _____ hours
21. How many hours per week do you spend in home maintenance activities such as gardening, house repairs or home improvement? _____ hours
22. How many hours per week do you spend in ongoing volunteer work for an organization? _____ hours
23. How many hours per week do you spend in recreational activities such as sports, exercise, playing cards, or going to movies? Please do not include time spent watching TV or listening to the radio. _____ hours
24. How many hours per week do you spend in other self-improvement activities such as hobbies or leisure reading? Please do not include time spent watching TV or listening to the radio. _____ hours

WITH WHOM DO YOU SPEND TIME?

25. Do you live alone? ___Yes ___No (If yes, skip to question 26.)
 - 25a. (If you don't live alone) do you live with a spouse or significant other? ___Yes ___No
 - 25b. How many children do you live with? _____
 - 25c. How many other relatives do you live with? _____
 - 25d. How many roommates do you live with? _____
 - 25e. How many attendants do you live with? _____
26. (If you don't live with a spouse or significant other) are you involved in a romantic relationship? ___ Yes ___ No ___ N/A (Subject lives with spouse or significant other)
27. How many relatives (not in your household) do you visit, phone, or write to at least once a month? _____ relatives
28. How many business or organizational associates do you visit, phone, or write to at least once a month? _____ associates

29. How many friends (non-relatives contacted outside business or organizational settings) do you visit, phone, or write to at least once a month? _____friends

30. With how many strangers have you initiated a conversation in the last month (for example, to ask information or place an order)?

___ none ___ 1-2 ___ 3-5 ___ 6 or more

WHAT FINANCIAL RESOURCES DO YOU HAVE?

31. Approximately what was the combined annual income, in the last year, of **all family members in your household**? (consider all sources including wages and earnings, disability benefits, pensions and retirement income, income from court settlements, investments and trust funds, child support and alimony, contributions from relatives, and any other source.)

\$ _____ .

32. Approximately how much did you pay last year for medical care expenses? (Consider any amounts paid by yourself or the family members in your household and **not reimbursed** by insurance or benefits.)

\$ _____ .