Resident Name

Date of Birth

Date Completed

**Assisted Living Manager’s Assessment**

This form is to be completed by the Assisted Living Manager or their designee. Questions noted with an asterisk are “triggers” for awake overnight staff.

*Instructions: Record score in the blank next to each question.*

**Activities of Daily Living**

13.\*       **Resident Eats**

0 Independently

1 With supervision, or set-up, or cuing and coaching

2 With physical assistance or use of adaptive devices, such as built up utensil, plate guard, or Geri-cup, to feed self

\*3 Must be fed or needs tube feeding

14.\*       **Resident’s Mobility** (moves from place to place)

0 Independently

1 With supervision, or stand-by, or cuing and coaching

\*2 One-person physical assistance

\*3 Two-person physical assistance, or needs complete mechanical assistance (e.g., Hoyer Lift)

15.\*       **Resident Transfer to Bed, Chair, or Toilet**

0 Independently (or with assistive device)

1 With supervision, or stand-by or set-up, or cuing and coaching

\*2 One-person physical assistance

\*3 Two-person physical assistance, needs complete assistance

16.\*       **Bed Mobility** (how resident moves to and from lying position, turns side to side, and positions body while in bed)

0 Independently (or with assistive device)

1 With supervision, or stand-by or set-up, or cuing and coaching

\*2 One-person physical assistance

\*3 Two-person physical assistance, needs complete assistance

17.\*       **Resident Use of Stairs**

0 Independently (or with assistive device)

1 With supervision, or stand-by, or cuing and coaching

2 One-person physical assistance

3 Two-person physical assistance, or unable to use stairs

18.\*       **Resident Continence**

0 Independently

\*1 With supervision, or stand-by or set-up, or cuing and coaching

\*2 Needs physical assistance from one other person

\*3 Incontinent, needs complete assistance

19.       **Resident Completes Bathing**

0 Independently

1 With supervision, or stand-by or set-up, or cuing and coaching

2 Needs physical assistance (e.g., help in and out of tub, washing hair)

3 Must be bathed, needs complete assistance or mechanical assistance (e.g., Hoyer Lift)

20.       **Resident Completes Grooming (teeth, make-up, shaving, hair)**

0 Independently

1 With supervision, or stand-by or set-up, or cuing and coaching

2 Needs physical assistance

3 Must be groomed, needs complete assistance

Resident Name

Date of Birth

Date Completed

21.       **Resident Gets Dressed/Changes Clothes**

0 Independently

1 With supervision, or stand-by or set-up, or cuing and coaching

2 With physical assistance

3 Must be dressed, needs complete assistance

21(a)       Add scores for Items 13 - 21. Enter total in blank space at left.

**Instrumental Activities of Daily Living**

Note: Incapacities identified in this section do not imply services will be provided.

*Instructions: Check the letter that most closely reflects the resident’s capabilities.*

22. **Resident Can Prepare Light Meal**

A – Independent, plans and prepares adequate meals

B – With supervision, set-up, or cuing and coaching

C – One-person physical assistance

D – Unable to prepare meals

23. **Resident Can Do Light Chores**

A – Independent

B – With supervision, set-up, or cuing and coaching

C – One-person physical assistance

D – Unable to do light chores

24. **Resident Can Do Shopping**

A – Independent

B – With supervision or cuing and coaching (e.g., choosing items)

C – With one-person physical assistance/someone to go with them

D – Unable to do shopping

25. **Ability to Manage Finances**

A – Family or resident manages all financial matters independently, writes checks, pays bills/rent, goes to bank

B – With supervision, writes checks, pays bills/rent, goes to bank

C – Manages day-to-day purchases, but needs help with purchases and banking

D – Unable to manage finances or handle money

26. **Transportation**

A – Travels by self, all modes of transportation

B – Needs some assistance/escort

C – Complete assistance/needs specialized vehicle

27. **Resident Can Use Telephone**

A – Independent

B – With assistance dialing/using directory

C – Unable to use telephone

Resident Name

Date of Birth

Date Completed

**Behaviors/Communication**

*Does the resident exhibit any of the following behaviors? Check the appropriate box to indicate frequency of each behavior. For scoring purposes use the highest frequency noted. See the User’s Guide for definitions of frequency.*

28. **Withdrawn**: Frequency of behavior(s) (check appropriate response):

A. Refuses to leave room  Never  Occasional  Regular  Continuous

B. Refuses to socialize with others  Never  Occasional  Regular  Continuous

Explain

29.\* **Wanders**: Frequency of behavior(s) (check appropriate response):

A. Persistent moving/walking about without purpose  Never  Occasional  Regular  Continuous

B. Looks for non-existent place (former house/apartment/bus)  Never  Occasional  Regular  Continuous

\*C. Actively tries to leave facility  Never  Occasional  Regular\*  Continuous\* D. Wanders during day  Never  Occasional  Regular  Continuous

\*E. Wanders in evening and/or at night  Never  Occasional  Regular\*  Continuous\*

Explain

30.\* **Sleep disturbance**: Frequency of behavior(s) (check appropriate response):

\*A. Unable to sleep or agitated at night  Never  Occasional  Regular\*  Continuous\*

B. Frequently falls asleep during day  Never  Occasional  Regular  Continuous

Explain

31.\* **Verbally inappropriate**: Frequency of behavior(s) (check appropriate response):

A. Uses foul language  Never  Occasional  Regular  Continuous

\*B. Sounds angry and threatens others  Never  Occasional  Regular\*  Continuous\*

Explain

32.\* **Disruptive behaviors**: Frequency of behavior(s) (check appropriate response):

A. Yells  Never  Occasional  Regular  Continuous

B. Demands attention without regard to others  Never  Occasional  Regular  Continuous

\*C. Takes other’s possessions  Never  Occasional  Regular\*  Continuous\*

\*D. Socially inappropriate behaviors (e.g., disrobes, urinates,

or defecates in public)  Never  Occasional  Regular\*  Continuous\*

\*E. Sexually inappropriate behaviors (e.g., unwanted

touching, public masturbation)  Never  Occasional  Regular\*  Continuous\*

Explain

33.\* **Combative behaviors**: Frequency of behavior(s) (check appropriate response):

\*A. Throws objects indiscriminately  Never  Occasional  Regular\*  Continuous\*

\*B. Strikes out, kicks, or punches at others  Never  Occasional  Regular\*  Continuous\* \*C. Pinches, bites, spits at others, scratches, or pulls hair  Never  Occasional  Regular\*  Continuous\*

Explain

Resident Name

Date of Birth

Date Completed

34.\* **Resistive/uncooperative behaviors**: Frequency of behavior(s) (check appropriate response):

A. Refuses to wash  Never  Occasional  Regular  Continuous

B. Refuses to eat  Never  Occasional  Regular  Continuous

C. Refuses to drink  Never  Occasional  Regular  Continuous

\*D. Refuses to care for self  Never  Occasional  Regular\*  Continuous\*

E. Refuses to allow others to assist  Never  Occasional  Regular  Continuous

F. Refuses medications  Never  Occasional  Regular  Continuous

\*G. Refuses to comply with safety advice  Never  Occasional  Regular\*  Continuous\*

Explain

35.\* **Communication** (check and/or explain appropriate response):

A. Communicates needs, ideas, & wishes  Unable\*  Sometimes Able\*  Usually  Always

\*B. Unwilling to communicate needs/wishes  Never  Occasional  Regular\*  Continuous\*

Explain

36. **Eating patterns** and food preferences (check all that apply):

Eats full meals  Eats only two meals  Eats small portions  Finger foods

Eats only what they want, but maintains weight

Eats only when they want  Supplements (type ordered)

Prefers:  Fruit  Vegetables   Meats  Snacks or snack foods

Explain

**Daily Social and Recreational Needs**

37. **Resident Support System** (check all that apply):

Resident has  Legal representative for health care decisions  Surrogate decision maker (family member/significant other)

Family is local  Involved  Not involved

Family lives out of area  Involved  Not involved

Problems with family circumstances  Yes  No

Problems with personal relationships  Yes  No

Explain

38. **Spiritual needs and status**

39. **Education/Work History** (check/complete all that apply):

Did not complete high school

Completed high school or GED

College

Lifetime or last occupation

40. **Interests/Hobbies**:

Resident Name

Date of Birth

Date Completed

41. **Activity Status** (interest and ability to participate in, check and explain):

A. Structured and group activities  Yes   No   Varies

Explain

B. Self-directed activities  Yes  No  Varies

Explain

42. **Current Daily Routine** (e.g., up in the morning, bedtime, normal sleep cycle prior to move in, meal time preferences)

43. **Interest/participation in programs away from** **facility** (e.g., Senior Centers, Adult Day Care, or Rehabilitation Programs)

Print Name of Person Completing Assessment:

Position of Person Completing Assessment:

Date Completed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Completing Assessment