

Rating Form

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)

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

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

- [1] _____ Someone else is always with me to observe or supervise.
[2] _____ Someone else is always around, but they only check on me now and then.
[3] _____ Sometimes I am left alone for an hour or two.
[4] _____ Sometimes I am left alone for most of the day
[5] _____ I have been left alone all day and all night, but someone checks in on me.
[6] _____ I am left alone without anyone checking on me.

3. 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?

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

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

ARE YOU UP AND ABOUT REGULARLY?

4. On a typical day, how many hours are you out of bed? _____ hours
5. In a typical week, how many days do you get out of your house and go somewhere? _____ days
6. In the last year, how many nights have you spent away from your home (excluding hospitalizations?)
[0] _____ none [1] _____ 1-2 [3] _____ 3-4 [5] _____ 5 or more

HOW DO YOU SPEND YOUR TIME?

7. How many hours per week do you spend working in a job for which you get paid? hours _____
(occupation: _____)
8. 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
9. How many hours per week do you spend in active homemaking including parenting, housekeeping, and food preparation? _____ Hours

10. How many hours per week do you spend in home maintenance activities such as gardening, house repairs or home improvement? _____ Hours
11. 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

WITH WHOM DO YOU SPEND TIME?

12. How many people do you live with? _____
13. Is one of them your spouse or significant other? [1]____ Yes [0]____ No [9]____ Not applicable (subject lives alone)
14. Of the people you live with how many are relatives? _____
15. How many business or organizational associates do you visit, phone, or write to at least once a month? _____ associates
16. How many friends (non-relatives contacted outside business or organizational settings) do you visit, phone, or write to at least once a month? _____friends
17. With how many strangers have you initiated a conversation in the last month (for example, to ask information or place an order)?
- [0] ____ none [1]____ 1-2 [3]____ 3-5 [6]____ 6 or more

WHAT FINANCIAL RESOURCES DO YOU HAVE?

18. 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.)
- a. Less than 25,000 - If no ask e; if yes ask b
b. Less than 20,000 - If no code 22500; if yes ask c
c. Less than 15,000 - If no code 17500; if yes ask d
d. Less than 10,000 - If no code 12500; if yes code 5000
e. Less than 35,000 - If no ask f; if yes code 30000
f. Less than 50,000 - If no ask g; if yes code 42500
g. Less than 75,000 - If no code h; if yes code 62500
h. 75,000 or more code 80000
19. 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.)
- "Would you say your unreimbursed medical expenses are...."
- a. Less than 1000 if "no" ask b if "yes" code 500.
b. Less than 2500 if "no" ask c if "yes" code 1750.
c. Less than 5000 if "no" ask d if "yes" code 3750.
d. Less than 10000 if "no" code e if "yes" code 7500.
e. 10000 or more code 15000