

Craig Handicap Assessment and Reporting Technique Scoring Short Form

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)

A. Total the hours of paid and unpaid care, multiply by 4, and subtract that number from 100.

**PHYSICAL
INDEPENDENCE**

100
minus

=

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.

A. Assign points as follows: response #1 = 0 points; response #2 = 1 point; response #3 = 2 points; response #4 = 3 points; response #5 = 4 points; and response #6 = 5 points.

**COGNITIVE
INDEPENDENCE**

x11
=

B. Multiply points in "A" by 11.

+

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.

C. Assign points as follows: response #1 = 0 points; response #2 = 1 point; response #3 = 2 points; and response #4 = 3 points.

x15
=

D. Multiply points in "C" by 15.

=

Add the sums of "B" and "D". If the total sum is greater than 100, enter 100.

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?)
_____ none _____ 1-2 _____ 3-4 _____ 5 or more

- A. Multiply the number of hours out of bed by 3.
- B. Multiply the number of days per week out of the house by 7.
- C. Assign points as follows: no nights out = 0; 1-2 nights out = 10; 3-4 nights out = 15; 5 or more nights = 20. If the total sum is greater than 100, enter 100.

MOBILITY

+

+

=

Add the sums of "A", "B", and "C". If the total sum is greater than 100, enter 100.

7. How many hours per week do you spend working in a job for which you get paid? hours _____
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

- A. Multiply the number of hours working by 2.5.
- B. Multiply the number of hours in school by 2.5.
- C. Multiply the number of hours in active homemaking by 2.5.
- D. Multiply the number of hours in home maintenance by 2.5.
- E. Multiply the number of recreational activities by 1.25

OCCUPATION

+

+

+

+

=

Add the sums of "A", "B", "C", "D", and "E". If the total sum is greater than 100, enter 100.

**SOCIAL
INTEGRATION**

12. How many people do you live with?

13. Is one of them your spouse or significant other?

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)?

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

A. Assign 38 points if living with spouse/partner OR assign 25 points if living with unrelated roommate and/or an attendant.

Add an additional six points for every relative that lives in the household.

B. Multiply number of business associates by 2.5. A maximum score for this component is 25 points.

C. If living with more than one roommate, add extra roommate to number of friends contacted monthly. Multiply by 13. A Maximum score for this component is 65 points.

D. Assign points as follows: none = 0 points; 1-2 = 15 points; 3-5 = 23 points; 6 or more = 30 points.

_____.

+

_____.

+

_____.

+

_____.

+

_____.

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Add the sums from "A", "B", "C", and "D". If the total sum is greater than 100, enter 100.

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**ECONOMIC
SELF
SUFFICIENCY**

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.)

- 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

A. Calculate family size by adding respondent, plus partner (if living with respondent), plus other relatives in household.

_____.
Family size

_____.
(#19)
minus

B. Subtract the unreimbursed medical expenses from the annual income (amount in question #19 minus amount in question #20).

_____.
(#20)

=

C. Determine poverty level from family size calculated in "A".

divided by

D. Divide the value from "B" by the poverty level from "C".

_____.
Poverty level

*50
=

E. Multiply by 50

_____.
=

If the total sum is greater than 100, enter 100.