Shared Living Assessment Guidebook

These questions are designed to help you determine the level of support required. It is crucial to gather comprehensive information about the individual, including their responses, professional assessments both current and historical, observations, and input from family, guardians, or other involved parties. Ask questions directly of the person being assessed whenever possible. Consider how the answers to the questions impact the individual’s daily life, caregivers, and any operational challenges related to their needs.

1. **What is the level of support the person requires for meal preparation?**
2. Meal Preparation Abilities:
   * Develop a thorough understanding of the person’s skills related to meal preparation, including their ability to select ingredients, follow a recipe, operate kitchen equipment, and understand cooking safety.
   * What meals can the person prepare independently? What cooking tasks do they need help with, and how often?
3. Evaluate Assistance Requirements:
   * Note the specific tasks for which the person requires assistance and the frequency of this support, such as cutting, measuring, stove use, or monitoring cooking times.
4. Adaptive Tools and Techniques Used:
   * Consider any adaptive tools or techniques used to assist the person in meal preparation, such as easy-grip utensils, automatic shut-off appliances, or pre-prepared meal components.
   * What adaptive tools or kitchen modifications are currently used to aid in meal preparation? How effective are these tools in enhancing the person’s independence?
5. Nutritional Planning:
   * Document the person’s ability to plan and prepare nutritionally balanced meals, including any involvement from the caregiver in this process.
   * How does the person participate in meal planning to ensure their nutritional needs are met? Does the caregiver need to provide guidance or make decisions regarding nutrition?
6. Safety Protocols:
   * Review the safety protocols in place during meal preparation, including any supervision or adaptations to prevent accidents.
   * What safety concerns are there when the person is preparing meals, and how are these addressed? How does the person respond to potential hazards in the kitchen?
7. Preference and Choice:
   * Record the person’s meal preferences and dietary requirements, and how these are incorporated into meal planning and preparation.
   * How are the person’s food preferences and choices respected and included in meal prep? Are there dietary restrictions or considerations that need to be considered?
8. Caregiver Involvement:
   * Understand the caregiver’s role during mealtimes, including meal planning, preparation, and cleanup.
   * Describe a typical meal preparation routine and the caregiver’s involvement. Are there specific meal prep activities that require more intensive assistance?
9. Feedback and Adjustments:
   * Include any feedback from the person or caregiver regarding meal preparation, and any recommended adjustments to increase independence or improve safety.
   * What aspects of meal preparation does the person enjoy or find challenging? Are there any suggestions from the person or caregiver to improve the meal preparation process?
10. **How does the person manage financial tasks, and what supportive measures are necessary to facilitate their financial independence?**
11. Detailed Financial Skills Assessment:
    * Document specific financial tasks the person can perform independently, such as making purchases, paying bills, or budgeting.
    * Note any financial concepts or tasks the person struggles with and the context in which difficulties arise.
    * What financial tasks can they manage independently, and in which areas do they seek help? How do they approach budgeting and tracking their expenses?
12. Assessment of Decision-Making in Financial Transactions:
    * Evaluate the person’s decision-making process in financial matters, including how they prioritize spending, respond to financial offers, and protect against overspending or fraud.
    * Ask them to walk through how they decide to make a purchase. What factors do they consider? How do they ensure they are getting a good deal and not overspending?
13. Use of Financial Management Tools and Aids:
    * List any tools or aids the person uses for managing finances (e.g., banking apps, budgeting software, calculators) and assess their effectiveness in supporting financial independence.
    * What tools or technologies do they use to help with their finances? How comfortable are they using them? Have they had any tools or methods that particularly improved their ability to manage money?
14. Support Network and Assistance:
    * Detail the support network in place for assisting with monetary management, including caregivers, family members, financial advisors, or legal guardians.
    * Specify the types of financial tasks for which assistance is provided and how this support is structured.
    * Who assists them with financial tasks, and what does that support look like? Are there financial decisions they wish to be more involved in?
15. Safety Measures and Fraud Prevention:
    * Describe any measures taken to ensure the safety of the person’s finances, including safeguards against fraud, exploitation, or financial mismanagement.
    * What steps do they take to protect their finances from fraud or misuse? Have they ever encountered a situation where they felt their financial security was at risk? How was it managed?
16. Educational Opportunities and Skill-Building:
    * Identify areas where the person could benefit from financial education or skill-building and recommend appropriate resources or programs.
    * Are there aspects of monetary management they would like to learn more about or improve upon? Would they be interested in financial literacy programs or workshops?
17. Long-term Financial Planning:
    * How are they planning for their long-term financial needs, such as savings or investments? Is there a plan in place to manage their finances if they are unable to do so themselves?

**3. Assess the person’s functional ability, willingness, and the need for caregiver and clinical support in a variety of household chores, such as laundry, sweeping, vacuuming, doing dishes, cleaning bathrooms, tidying rooms, and making beds. Evaluate the person’s physical capacity to perform these tasks, their motivation to keep their living space maintained, and the effectiveness of support strategies that assist or enable task completion.**

1. Detail Specific Chores:
   * Document which household chores the person can perform independently and which require assistance.
   * Which chores does the person do consistently well, and which are they unable to perform or lack motivation to complete?
2. Note Variability:
   * Observe and record any day-to-day variability in the person’s abilities or willingness to perform chores.
3. Document Support Strategies:
   * Specify what prompts or tools are currently used to support the person and the effectiveness of these strategies.
   * What type of prompts or assistance have been successful in supporting the person’s engagement in chores?
4. What type of prompts or assistance have been successful in supporting the person’s engagement in chores?
   * Are there any physical or motivational barriers that prevent the person from performing certain tasks?
   * What is the frequency and type of clinical interventions that have been implemented to support the person’s ability to maintain their environment?
   * How does the person’s physical health or cognitive function impact their ability to perform household chores?
5. Can they provide examples of when the person has successfully completed chores with minimal support, and what strategies were in place at that time?
   * What changes, if any, have been observed in the person’s ability or motivation to maintain their living space over time?
6. Are there any specific areas (e.g., tidiness, hygiene, organization) where the person shows strengths or challenges?

**4. What is the level of support the person requires for eating and drinking?**

1. Document Eating and Drinking Abilities:
   * Clearly describe the person’s current abilities related to eating and drinking, including their ability to chew, swallow, handle utensils, and drink from various containers.
   * What steps does the person take to eat and drink independently? Are there specific times of day or types of food that present more of a challenge?
2. Assistance Level Detailing:
   * Specify the type of assistance required, whether it is verbal prompting, physical help like cutting food or guiding hands, or complete feeding assistance.
   * What reminders or aids does the person need to eat and drink effectively? How is hands-on support administered during meals, and what does it involve?
3. Adaptive Aids Utilization:
   * List any adaptive eating or drinking aids the person uses, such as cups with lids, weighted utensils, or plate guards, and the effectiveness of these tools.
   * Which adaptive aids are most beneficial for the person during mealtimes? Have there been any aids that the person has tried and found to be ineffective?
4. Mealtime Setup:
   * Describe the caregiver’s role in setting up meals, including arranging food on the plate, ensuring appropriate food temperature, and providing the necessary eating environment.
   * How does the caregiver prepare the eating area to accommodate the person’s needs? What is involved in meal setup, and how does it facilitate the person’s eating and drinking?
5. Feeding Assistance:
   * If the person requires active feeding, detail the level of support provided by the caregiver, the techniques used, and the person’s response to this support.
6. Safety Considerations:
   * Note any safety concerns related to eating and drinking, such as choking hazards or dietary restrictions, and how these are managed.
   * How are potential safety risks during eating and drinking monitored and prevented? What protocols are in place in case of a choking incident or allergic reaction?
7. Caregiver Training:
   * Document any specialized training caregivers have received for assisting with eating and drinking, such as dysphagia management or responsive feeding strategies.

**5. How does the person engage in recreation and leisure activities, and what level of support enhances their participation and community involvement?**

1. Activity Identification and Participation Level:
   * List all recreational and leisure activities the person is currently involved in or expresses interest in, including community events, hobbies, sports, and social interactions.
   * For each activity, document the frequency of participation (e.g., daily, weekly, monthly) and any seasonal variations in involvement.
   * What is the person’s preferred leisure activities, hobbies, or community events?
2. Support Mechanisms:
   * Detail the types of support the person requires for engaging in each activity, such as physical assistance, reminders, transportation help, or arrangement of activities by others.
   * Note any adaptive equipment or modifications needed to facilitate participation in these activities.
   * What supports or accommodations are currently in place to enable the person’s participation in these activities?
3. Preferences and Interests Evaluation:
   * Assess how the person’s preferences and interests align with their current recreational and leisure activities.
   * Identify any gaps or unmet interests that could enhance their quality of life.
   * Explore potential new activities the person might enjoy, considering their overall preferences, abilities, and the availability of local community resources.
4. Engagement Strategies:
   * Describe strategies used by caregivers or support staff to encourage and support the person’s participation in recreational and leisure activities.
   * How do these recreational and leisure activities contribute to the person’s overall well-being and social integration?
5. Community Involvement:
   * Assess the person’s level of involvement in community activities beyond structured recreational and leisure pursuits.
   * Document any barriers to community involvement and how these are currently addressed.
   * What cues or prompts are effective in assisting the person to initiate or join in activities?
6. Feedback and Adjustment Process:
   * Outline the process for obtaining feedback from the person regarding their satisfaction with current activities and any desired changes.
   * Describe how the support plan for recreational and leisure activities is reviewed and adjusted based on the person’s evolving interests and levels of engagement.
7. Caregiver and Support Staff Training:
   * Note any specific training caregivers or support staff have received to facilitate the person’s participation in recreation and leisure activities.
   * Identify any additional training needs that could enhance the person’s engagement and enjoyment of leisure activities.

**6. How does the person perform self-care tasks, and what level of assistance is required?**

1. Comprehensive Self-Care Assessment:
   * Document each self-care activity, including bathing, grooming, dressing, tooth brushing, and any other personal hygiene tasks.
   * Assess the person’s current ability to perform each task independently, including any strategies they use to facilitate self-care.
   * What self-care activities can the person perform independently, and what strategies do they use to facilitate these tasks? Are there self-care tasks that the person particularly enjoys or excels at?
2. Assistance Requirements Documentation:
   * Detail the type of assistance required for each self-care activity, distinguishing between verbal prompts, physical assistance, or complete dependence.
   * Note any adaptive devices or modifications used to support independence in self-care tasks.
   * Can they describe the type of assistance the person requires for different self-care activities? How does the person respond to assistance from caregivers during self-care routines?
3. Evaluation of Caregiver Support:
   * Record the frequency and effectiveness of caregiver assistance, including any scheduled routines or spontaneous support provided.
   * Assess the caregiver’s approach to supporting self-care activities, emphasizing respect, encouragement, and the promotion of independence.
   * How do caregivers support the person’s self-care activities? Are there established routines or approaches that have proven effective? How do caregivers balance providing necessary assistance with promoting the person’s autonomy in self-care?
4. Opportunities for Skill Enhancement:
   * Identify potential areas for enhancing the person’s self-care skills or increasing their level of independence.
   * Suggest specific interventions, training, or adaptive devices that could support skill development or more autonomous self-care.
   * Are there opportunities identified for enhancing the person’s self-care skills or increasing their independence? What specific interventions or supports have been considered or implemented to support this enhancement?
5. Safety and Comfort Considerations:
   * Assess any safety risks associated with self-care activities and document measures in place to mitigate these risks.
   * Consider the person’s comfort and preferences during self-care routines, ensuring that activities are aligned with their needs and desires.
   * What safety measures are in place during self-care activities, and how are they tailored to the person’s needs? How are the person’s comfort and preferences accounted for during self-care routines?

**7. Evaluate the person’s communication methods, considering their primary language, social and emotional factors, and any trauma-informed or positive behavioral support needs. Assess how these factors influence their ability to express wants and needs and their independence in communication. Examine the effectiveness of their communication across different settings and the support systems in place, including any communicative assistance devices and/or strategies and the involvement of caregivers or clinical staff.**

1. Document Communication Methods:
   * Provide a detailed description of the person’s communication methods, including verbal, non-verbal, or alternative augmentative communication systems.
   * What is the person’s primary language, and are there any secondary languages they use?
2. Emotional and Social Factors:
   * Record any social or emotional factors that may influence communication, such as anxiety in group settings or difficulty interpreting social cues.
   * How does the person manage social interactions, and what challenges do they face in these contexts?
3. Trauma-Informed Supports:
   * Describe any known trauma-informed approaches or behavioral supports that are being utilized to aid communication.
   * What emotional states or trauma-related factors have been observed to impact their communication?
4. Communication Strategies:
   * What types of communicative assistance devices and/or strategies does the person use, and how effective are they?
   * How do caregivers or clinical staff support the person’s communication, particularly in challenging or complex situations?
   * Are there any settings or times when the person’s communication is particularly effective or challenging?
   * What positive behavioral supports have been effective in enhancing the person’s communication skills?
   * How do social and emotional competencies influence the person’s ability to express wants and needs?

**8. What is the level of supervision required for the person at home?**

1. What level of supervision does the person require considering potential risks like wandering or cognitive impairment?
2. How long can the person safely be left unsupervised, and under what conditions?
3. What is the extent of the caregiver’s involvement in monitoring and providing supervision, including overnight responsibilities?
4. Are there any safety protocols or emergency plans established by the caregiver for times when the person is unsupervised?
5. Have any modifications been made to the home environment to support the person’s supervision needs?
6. Are there any specific behavioral patterns observed that may necessitate additional supervision?
7. How can we ensure that the assessment respects the person’s need for independence and privacy?
8. How can we engage both the person and caregiver to gather a comprehensive view of the supervision needed?
9. What environmental safety measures, such as alarms or locks, are necessary for the person during waking hours?
10. How frequently does the person require support throughout the day, and what type of support is needed?
11. What is the intensity and type of support required during waking hours, ranging from periodic check-ins to constant, one-on-one supervision?
12. What is the maximum duration of safe solitude for the person during the day?

**9. What is the required level of supervision for the person in community settings, considering their support and supervision needs?**

1. Unsupervised Experiences:
   * What experiences has the person had with unsupervised time in the community, and what were the outcomes of those instances?
2. Skills Assessment:
   * Which specific skills does the person demonstrate that contribute to their ability to be safe and independent when unsupervised (e.g., crossing streets, managing money, navigating public transport)?
3. Risk Factors:
   * Are there known risk factors or behaviors that necessitate supervision (e.g., difficulty recognizing dangerous situations, previous incidents of becoming lost)?
4. Safety Strategies:
   * What strategies has the person learned to use when they find themselves in challenging situations while unsupervised?
5. Environmental Familiarity:
   * How well does the person know the community environment, and how does this familiarity impact their supervision needs?
6. Social Interaction:
   * How does the person handle social interactions when unsupervised? Are they able to seek help when needed?
7. Response to Emergencies:
   * Can the person appropriately respond to emergencies or unexpected situations when unsupervised?
8. Caregiver Observations:
   * What have caregivers observed about the person’s behavior and decision-making when unsupervised?
9. Improvement Areas:
   * Are there areas where the person is showing improvement that may lead to less supervision needed in the future?
10. Support Preferences:
    * Does the person express a preference for independence, or do they feel more secure with a supervisor present?

**10. Evaluate the person’s ability to understand and respond to safety hazards and emergency situations, as well as the extent of assistance required from the caregiver.**

1. What environmental safety tools and measures does the person require during waking hours?
2. How often does the person need support throughout their waking hours at home?
3. What is the intensity of support required during waking hours, considering both the frequency and the type of support?
4. What is the longest period the person can be safely left alone during the day?
5. What are the person’s support needs during sleeping hours, including any required overnight safety measures?
6. Which environmental safety measures are required during waking hours: door alarm, chair alarm, refrigerator alarm or lock, other environmental monitoring alarm, or none?
7. How frequently does the person need daytime support: less than monthly, one-three times a month, once a week, several times a week, once a day, multiple times a day, or continuous?
8. What level of daytime support does the person require: periodic in-person support, always available support within a family home, support within a larger group setting, small group support, one-to-one support, within arm’s length or line of sight, multiple caregivers needed, independent, or no support needed?
9. How many hours can the person be alone safely during the day?
10. What are the person’s overnight support needs: no overnight support needed, on-call support available, co-resident who can be sleeping, awake overnight supervision? required, constant, line of sight, or arm’s length overnight supervision?
11. What overnight safety measures are in place: bed alarm, rail or enclosed bed, refrigerator lock or alarm, door alarm, other environmental monitoring or alarm, or none?

**11. How effectively can the person manage safety needs and emergency procedures in the community?**

1. What personalized strategies or accommodations are effective for the person in managing safety needs or emergencies?
2. Which community resources or services is the person connected with that enhance their safety and emergency preparedness?
3. Have there been any safety-related training or educational programs the person has participated in or may benefit from?
4. What technological aids or devices does the person use or may require for safety management and emergency alerting?
5. What is the role of caregivers and the support network in assisting the person with safety needs and emergency procedures?
6. How do behavioral factors or environmental conditions impact the person’s safety management?
7. What schedule is set for reviewing and updating the person’s safety needs and emergency procedures plan to ensure ongoing relevance and effectiveness?

**12. What level of assistance does the person require to evacuate the home within 2 1/2 minutes?**

1. Has the person ever had to evacuate the home in an emergency? What was the outcome?
2. How does the person typically respond to smoke alarms or other emergency signals? Are they able to recognize these as cues to evacuate?
3. What is the frequency of evacuation drills, and how does the person perform during these drills? Have they shown improvement over time?
4. Describe the person’s mobility level. Do they require any aids or adaptations to move quickly (e.g., cane, walker, wheelchair)?
5. Are there aspects of the home’s safety that could challenge the person’s ability to evacuate? How have these been addressed?
6. What kind of support does the person typically need during an evacuation? Is it verbal prompting, guidance, or physical assistance?
7. What strategies do caregivers employ to assist with evacuation, and how do these strategies maintain the person’s dignity?
8. Is the person able to use safety equipment, such as a fire extinguisher or an emergency call device?
9. Can the person communicate effectively with emergency responders or others outside of the home in an emergency?
10. Assess any cognitive limitations that might affect the person’s evacuation process. How are these addressed in the evacuation plan?
11. What emergency preparedness training or education has the person received? How effective has it been?
12. Identify areas where the person could potentially become more independent in evacuation situations.

**13. Evaluate the person’s modes of transportation, any required vehicle modifications for safe travel, behavioral and health support needs while traveling, and the level of assistance needed to arrange or schedule transportation.**

1. How does the person typically travel for various activities such as appointments, social engagements, or errands?
2. What specific assistive devices, if any, does the person use when traveling independently?
3. Have any vehicle modifications been made to accommodate the person’s needs? Please detail these modifications. Are there additional modifications that could enhance the person’s transportation experience?
4. Describe any behavioral challenges the person faces while traveling. Are there health concerns that require monitoring or support during transit?
5. Can the person arrange and schedule their transportation without assistance? If not, what specific help do they need? Are there any strategies in place that have been successful in aiding the person’s transportation planning?
6. What safety or security measures are required when the person is using transportation services? How do caregivers or support staff ensure these measures are consistently applied?
7. Has the person received any travel training to improve their independence? If so, describe the training and any observed outcomes.
8. What are the person’s preferred modes of transportation, and why? Are there modes of transportation that the person avoids, and what are the reasons for this?
9. How does the ability or inability to travel independently affect the person’s daily life and participation in desired activities?
10. Is the person aware of what to do in case of a transportation emergency? Have emergency procedures been practiced, and how does the person respond?

**14. What level of support does the person require for medicine management?**

1. Describe the specific medications the person is responsible for, including dosages and schedules. How does the person demonstrate understanding and adherence to their medication regimen?
2. What type of supervision or assistance is currently provided to ensure medication adherence? How does the person respond to this supervision or assistance?
3. Who prepares the person’s medication, and how often is this support needed? Is the person cooperative during medication preparation and administration?
4. What established routines or systems (e.g., pill organizers, alarms) are in place to support medication management? How effective are these routines or systems in assisting the person?
5. Are there behavioral factors that impact the person’s medication management? How are these factors addressed to ensure medication adherence?
6. Describe the strategies caregivers use to integrate medication management into the person’s daily life. How do caregivers adapt their approach to the person’s varying levels of cooperation?
7. Does the person use any technological aids (e.g., apps, automatic dispensers) to manage medications? How do these tools contribute to their independence and adherence?
8. In what ways are the person’s dignity and desire for independence respected and supported in relation to medication management?
9. What are the most significant challenges the person faces with medication adherence? What steps have been taken to overcome these challenges?
10. Have there been any health complications or hospitalizations related to medication management issues? What preventive measures or follow-up actions were taken as a result?
11. What feedback does the person provide about their medication management experience? Are there any preferences or requests from the person to improve their medication management process?

**15. What is the degree of the person’s vision impairment and the level of assistance needed?**

1. What is the specific nature of the person’s vision impairment? How effectively do corrective lenses or other visual aids improve the person’s functional vision?
2. How does vision impairment affect the person’s daily activities, such as reading, navigating spaces, or recognizing people?
3. Describe how the person navigates familiar and unfamiliar environments. What orientation and mobility training has the person received, and how effective has it been?
4. What adaptive strategies or assistive technologies does the person use to compensate for vision impairment? How have these strategies and technologies been integrated into their daily routine?
5. What role do caregivers play in supporting the person’s navigation and task completion? How do caregivers communicate with the person to assist them in visual tasks?
6. What safety measures are in place in the person’s living and working environments to accommodate their level of vision?
7. Detail any regular consultations with vision specialists and the outcomes of these sessions. How do healthcare professionals contribute to the person’s vision care and support plan?
8. In what ways is the person independent despite their vision impairment, and what further support could enhance their autonomy?
9. How does the person manage social interactions and communication given their level of vision?
10. What are the person’s preferences regarding vision support, and how do they express their needs and comfort with different strategies?
11. Are there any psychological or emotional supports in place to assist with the person’s adjustment to vision impairment?

**16. What is the extent of the person’s hearing impairment and what level of assistance is required?**

1. Can they provide specifics regarding the person’s hearing range and any medical diagnosis of their hearing condition?
2. How does the person use their hearing aid, and what routine maintenance is required? Describe the person’s proficiency with the hearing aid and any support they require for optimal use.
3. What alternative communication methods does the person use, such as sign language, lip-reading, or written communication? How effective are these methods in daily interactions?
4. Detail the role of the caregiver in supporting the person’s communication, including the use of hearing aids. How does the caregiver facilitate interactions between the person and others?
5. What adaptations are in place to accommodate the person’s hearing impairment within their living environment to ensure safety?
6. Describe any ongoing engagement with audiologists or hearing specialists. What recommendations have they provided?
7. How does the person engage in social interactions and community activities given their hearing impairment? What support systems are effective in these settings?
8. In what areas is the person independent regarding their hearing impairment, and what strategies have empowered them?
9. Has the person received any training related to hearing aid use or communication strategies? What additional training or resources might benefit them?
10. How does the person’s hearing impairment affect daily routines, work, or leisure activities?
11. What feedback does the person have about their hearing aids and communication methods? Are there any preferences or requests from the person to improve their hearing or communication experience?

**17. What is the level of urinary continence of the person and what support do they need?**

1. Can they describe the person’s typical patterns of urinary continence and any known triggers of incontinence?
2. How does following a toileting schedule affect the person’s urinary continence? What strategies are in place to remind or assist the person with the schedule?
3. Are there specific emotional states that contribute to the person’s urinary incontinence? How are these situations typically managed? What interventions have been successful in managing urinary incontinence related to emotional triggers?
4. What is the frequency of nighttime urinary incontinence, and what products or strategies are used to manage it? How do nighttime incontinence events impact the person’s sleep quality and caregiver routines?
5. Describe the full-time urinary continence care provided to the person, including the use of products and the frequency of changes or assistance. What measures are taken to maintain skin integrity and prevent discomfort or complications?
6. Detail the caregiver’s role in urinary continence care. What specific strategies or routines have they established? How do caregivers ensure the person’s dignity during urinary continence care?
7. What efforts are made to ensure the person’s comfort and dignity in managing urinary incontinence? Are there any preferences or requests from the person regarding their urinary continence care?
8. How does the person communicate their needs or discomfort related to urinary incontinence? Has the person provided feedback on the urinary continence products or support they receive?
9. Has the person been evaluated by healthcare professionals for their urinary incontinence? If so, what recommendations were made?
10. Has the person or caregiver received any training or education regarding urinary continence management? What additional resources or training could further support the person’s continence care?

**18. What is the level of fecal continence of the person and what support do they need?**

1. Can they describe the person’s typical patterns of fecal continence and any specific routines that assist with bowel management?
2. How does the person respond to a structured toileting schedule? Are there times when the schedule is not followed, and what is the outcome?
3. What emotional triggers have been observed to affect the person’s fecal continence? How are these triggers and the resulting incontinence episodes managed?
4. How often does nighttime fecal incontinence occur, and what measures are taken to manage it? What is the impact of nighttime incontinence on the person’s sleep and well-being?
5. Detail the comprehensive care required for the person with full-time fecal incontinence, including the frequency and types of products used. How do caregivers assist with hygiene and comfort following incontinence episodes?
6. What strategies do caregivers use to manage fecal continence care, and how do these strategies promote the person’s dignity? How are caregivers trained and supported in providing continence care?
7. Describe the hygiene practices in place to ensure the person’s comfort and prevent skin issues related to fecal incontinence. Are there any additional hygiene measures that could improve the person’s comfort or health?
8. Has the person been assessed by healthcare professionals for their fecal continence needs? What recommendations have been made, and how have they been implemented?
9. How does the person communicate their needs or discomfort related to fecal continence? What feedback have they provided about their continence care, and how has this been addressed?
10. What aspects of fecal continence care can the person participate in independently, and how is this encouraged?
11. How are incidents of fecal incontinence documented, and what patterns have been observed over time?

**19. Evaluate the person’s sleep patterns and the implications for their overall well-being and support needs, considering the duration, quality, and impact of their sleep on daily activities.**

1. Can the person describe the room where they sleep? Is it dark, quiet, and comfortable? What kind of bedding do they use, and do they find it comfortable? Are there any disturbances that might affect their sleep, such as noise, light, or interruptions from others?
2. What is their routine before going to bed? Do they engage in any activities that might stimulate alertness close to bedtime, such as watching TV or using electronic devices? How do they relax and prepare for sleep?
3. How does the person feel upon waking up in the morning? Do they experience drowsiness or fatigue during the day? How does their sleep pattern affect their mood, energy levels, and interactions with others?
4. Have they tried any strategies to improve their sleep? What were they, and were they effective? Have they consulted with any healthcare providers about their sleep? What recommendations were made? Are they currently using any medications or supplements to help with sleep?
5. Have they ever been evaluated for sleep disorders such as insomnia, sleep apnea, or restless leg syndrome? Are there any known health conditions that might be affecting their sleep, such as pain, breathing difficulties, or mental health concerns?
6. How do caregivers or family members assist them with their sleep routine? Is there a plan in place for when they have trouble sleeping at night? What training or support do caregivers need to help manage their sleep disturbances effectively?
7. What parts of their current sleep support plan do they find most helpful? Are there aspects of their sleep that are still challenging despite the current plan? What changes, if any, would they suggest improving their sleep quality?
8. Would they be open to trying specialized interventions, such as cognitive-behavioral therapy for insomnia (CBT-I) or sleep hygiene education? Are there any non-traditional therapies or aids they are interested in exploring, such as meditation, aromatherapy, or the use of weighted blankets?

**20. Evaluate the person’s healthcare support needs by assessing the size and involvement of their healthcare team, the person’s ability to cooperate and interact with healthcare providers during appointments, and the level of assistance required from caregivers and operational team members, including nurses, clinicians, and care managers.**

1. Healthcare Team Composition Checklist:
   * Who are the members of the healthcare team involved in the person’s care? Could they specify their roles and the frequency of their involvement?
     + Primary Care Provider (PCP): What is their name and specialty?
     + Specialists: Can they list each specialist, their field, and how often appointments are scheduled with them?
     + Nurses: How are nurses involved in the person’s care, such as medication management or health monitoring?
     + Clinicians: What role do clinicians play in the person’s care, such as mental health support or therapy sessions?
     + Care Managers: How do care managers contribute to coordinating and managing overall care?
     + Are there any additional notes about the roles and involvement of other healthcare team members?
2. Assistance and Operational Support Overview:
   * How is assistance provided during healthcare appointments? Could they specify which operational team members may be involved, their roles, and the necessity of their involvement?
     + Caregiver Support: What kind of support do caregivers provide during appointments?
     + Nurse Support: What specific tasks or coordination responsibilities do nurses handle?
     + Clinical Support: How are clinicians involved in preparing for or debriefing after appointments?
     + Care Manager Support: What role do care managers play in coordinating healthcare appointments and follow-ups?
     + e. Are there any additional notes about the operational support provided during appointments?
3. Person Cooperation and Communication Needs:
   * What are the details regarding the person’s cooperation and communication abilities during healthcare interactions? Are there any cognitive or behavioral challenges that affect these abilities?
     + Cognitive Abilities: How well does the person understand health-related information and instructions?
     + Communication Abilities: Can the person express health concerns and understand provider instructions effectively?
     + Behavioral Challenges: Are there any behavioral issues that may impact healthcare appointments, such as anxiety or non-compliance?
     + Are there any additional notes about the person’s ability to cooperate and communicate during healthcare interactions?
4. Strategies for Enhanced Support:
   * What strategies are currently in place to support healthcare appointments?
   * What improvements could be made to enhance support, such as additional training or involving new team members?
   * Are there any long-term considerations for future healthcare support needs as conditions change?
   * Are there any additional recommendations for improving healthcare appointment support and coordination?

**21. Quantify the annual number of healthcare appointments the person attends, including mental health consultations, medical check-ups, behavioral health sessions, preventative screenings, therapies, treatments, and required follow-up for conditions, and assess the level of support needed to manage these.**

1. Healthcare Appointments Attendance:
   * How many healthcare appointments has the person attended in the past year? Could they categorize these appointments by type, such as mental health consultations or medical check-ups?
2. Support System Assessment:
   * What support systems are in place to assist the person with scheduling healthcare appointments? Who is primarily responsible for this task?
3. Transportation and Accompaniment Details:
   * Describe the transportation arrangements used for getting to and from healthcare appointments. Is there any special accommodation required for the person’s mobility needs?
4. Accompaniment Requirement:
   * Does the person require accompaniment during healthcare appointments? If so, who usually accompanies them, and what type of support do they provide, such as communication assistance or advocacy?
5. Communication and Coordination Effectiveness:
   * How effective is communication and coordination among the person’s healthcare providers? Have there been instances of missed information or duplicated services?
6. Challenges Encountered:
   * What challenges, if any, have been encountered in managing the person’s healthcare appointments, such as scheduling conflicts or transportation issues?
7. Orientation or Mobility Training:
   * Has the person received any orientation or mobility training to assist with navigating to appointments independently? If so, could they describe the training and its effectiveness?
8. Emotional or Behavioral Triggers:
   * Are there specific emotional or behavioral triggers that affect the person’s ability to attend healthcare appointments? If so, how are these triggers managed?
9. Feedback and Desires:
   * What feedback has the person provided about their experience with healthcare appointments and the support received? Are there any areas where they desire more independence or different support?
10. Recommendations for Adjustments:
    * Based on the person’s healthcare engagement over the past year, what adjustments, if any, are recommended to better support their healthcare appointment management needs?

**22. Assess the number of medications a person is prescribed, and the level of support required to manage them, considering the severity of health conditions treated, the person’s acceptance and ability to comply with the medication regimen, and the potential risks involved with medication errors or non-compliance.**

1. Medication Management Assessment:
   * Can they document each medication, including details such as dosage, timing, and method of administration, to reflect the person’s current medication management needs?
2. Emergency Response Protocols:
   * Could they outline procedures for handling medication errors, adverse reactions, or non-compliance, ensuring quick and effective responses to incidents? Please include contact information for healthcare providers and steps for immediate response.
3. Support System Overview:
   * Specify the support system in place for medication management, detailing the roles of caregivers, nurses, and any medication management technologies used.
4. Training and Education Provided:
   * Have caregivers or the person received any training or education regarding medication management? If so, could they provide details, including how to recognize signs of adverse reactions or overdose?
5. Follow-Up and Monitoring Procedures:
   * Describe the follow-up procedures and monitoring implemented to assess the effectiveness of the medication regimen and adherence to it.
6. Organizational Support Provisions:
   * Could they detail the provisions provided by the organization to support medication management, such as offering medication organizers, facilitating pharmacy consultations, or arranging medication delivery services?

**23. Evaluate the person’s skin integrity, potential for skin breakdown such as pressure ulcers, and the associated care needs based on the presence of risk factors.**

1. Assessment of Risk Factors:
   * Which of the listed risk factors for skin breakdown are currently applicable to the person, and how are they being managed in the person’s current care plan?
2. History and Current Condition:
   * Has the person experienced any episodes of skin breakdown in the past? If so, what were the circumstances? Additionally, what are the person’s specific needs regarding mobility, nutrition, and skin care to prevent potential skin integrity issues?
3. Skin Integrity Evaluation:
   * Could they conduct a skin integrity assessment, including reviewing the person’s medical history related to skin integrity issues, describing the current condition of their skin, and identifying intrinsic and extrinsic risk factors for skin breakdown in their living situation?
4. Preventative Measures and Daily Routine:
   * Describe the preventative measures currently in place for the person to mitigate the risk of skin breakdown and their daily skin care routine. How does their routine address specific needs related to skin integrity?
5. Monitoring and Caregiver Training:
   * How are changes in skin integrity monitored and responded to? Is there a protocol for addressing potential skin integrity issues before they become severe? Additionally, what training have caregivers received regarding the maintenance of skin integrity and the prevention of pressure ulcers?
6. Nutrition, Mobility, and Support Systems:
   * Is there a dietary plan in place supporting skin health, and how do the person’s mobility and activity levels affect their skin integrity? Furthermore, how are support systems involved in skin care management, and are they effectively coordinated to address the person’s skin care needs?
7. Recommendations and Follow-Up:
   * Based on the assessment, what interventions are recommended to address identified risk factors and prevent future skin breakdown? Additionally, could they recommend a schedule for regular follow-up and reassessment of the person’s skin condition to ensure that the care plan remains effective and adjusted as needed?

**24. Assess the number of special medical treatments a person receives —such as occupational therapy (OT), physical therapy (PT), oxygen therapy, psychological services, wound care, g-tube management, podiatry, and glucose monitoring— and their impact on the person’s overall support needs.**

1. Treatment and Support Integration:
   * Could they describe the specific ways in which each specialized treatment affects the person’s daily life and overall care plan? Additionally, what are the most significant challenges in incorporating these treatments into the person’s routine and overall support needs?
2. Caregiver’s Role and Support Needs:
   * How does the caregiver manage the coordination and administration of multiple specialized treatments? What additional support or training would enable the caregiver to more effectively support the person’s complex care needs?
3. Optimizing Care and Treatment Integration:
   * How can the care and treatment plan be optimized to minimize disruption to the person’s quality of life and maximize treatment effectiveness? Are there opportunities to streamline treatment schedules or integrate supportive therapies that could enhance the person’s well-being?

**25. Evaluate the number of supportive and protective devices the person uses and assess the associated support and maintenance requirements.**

1. Devices and Usage Overview:
   * What supportive and protective devices does the person use (e.g., wheelchair, cane, Hoyer lift)? Additionally, how often is each device used, and what is the person’s reliance on these devices for daily activities?
2. Maintenance and Support Requirements:
   * Detail each device, including its purpose, frequency of use, and the maintenance and support required to ensure its proper functioning and safety. What maintenance is required for each device, and how often must it be performed?
3. Challenges and Responsibility:
   * Are there any challenges associated with the devices, such as difficulties with use or frequent need for repairs? Furthermore, who is responsible for the maintenance of the devices, and are they adequately trained to do so?
4. Independence and Support:
   * Note any abilities the person must have to manage their devices independently and areas where support is necessary. Moreover, how do these devices enhance the person’s quality of life, and what support is needed to maximize their benefits?

**26. Evaluate the person’s level of physical mobility and determine the necessary support and adaptive equipment to facilitate mobility.**

1. Mobility and Equipment Management:
   * What types of mobility aids or equipment does the person use, and how often are they used? How does the person manage their mobility equipment, and what challenges do they face?
2. Caregiver Support and Training Needs:
   * What level of assistance do caregivers or organizational team members provide to support the person’s mobility? Are there any training or resources that caregivers need to better support the person’s mobility?
3. Impact on Daily Life and Adjustments:
   * How do mobility limitations and support needs affect the person’s daily activities and overall quality of life? What adjustments can be made to the living environment or care routines to enhance the person’s mobility and independence?

**27. Mental Health Support and Management Score the person’s mental health support and management needs based on the intensity of caregiver, clinical, nursing, and organizational assistance required.**

1. Clinical and Nursing Interventions:
   * What specific clinical or nursing interventions are currently in place to support the person’s mental health needs?
2. Frequency and Nature of Support:
   * How frequently does the person require support from caregivers or healthcare professionals for their mental health, and what is the nature of this support?
3. Daily Nursing Support and Medication Management:
   * Describe the level of daily nursing support required for the person, including aspects such as medication management and monitoring of side effects.
4. Organizational Support and Contributions:
   * What organizational support is currently in place, and how do they contribute to the management of the person’s mental health?
5. Caregiver Involvement and Support Needs:
   * How involved are caregivers in the daily management of the person’s mental health, and what specific training or support do they require to fulfill this role effectively?
6. Changes in Behavior and Treatment:
   * Have there been any recent changes in the person’s behavior or treatment that could affect their mental health support needs?
7. Identifying Barriers and Solutions:
   * What are the potential barriers to providing consistent and effective mental health support, and how can these barriers be addressed?

**28. Does the person have substance use diagnoses or challenges?**

Include Current SUD, Historical Context and Risk Assessment:

1. Substance Use Treatment History:
   * Can they provide a brief history of the person’s substance use treatment, including any programs attended or therapies utilized?
2. Current Medication and Treatment Adherence:
   * How consistent is the person with their medication and treatment plan? Are there any barriers to adherence that they face?
3. Support Systems:
   * What support systems are currently in place for the person, including family, community programs, peer support groups, or professional care providers?
4. Impact on Daily Living:
   * How do the person’s substance use challenges impact their daily activities and responsibilities? Please detail any observed effects on work, relationships, or self-care.
5. Coping Strategies:
   * What coping strategies or interventions have been effective or ineffective for the person in managing their substance use challenges?
6. Refusal of Treatment:
   * If the person has refused treatment or medication, can they provide insights into their reasons? How have they expressed their needs or concerns?
7. Organizational and Caregiver Support:
   * Describe the level of support the person requires from caregivers or organizational staff. What specific assistance do they need related to their substance use challenges?
8. Risk Factors:
   * Are there any current risk factors or triggers present in the person’s environment that may exacerbate their substance use challenges?
9. Recovery Goals:
   * What are the person’s goals in terms of recovery or managing their substance use? How do they define success, and what steps are they willing to take to achieve it?
10. Engagement with Support Services:
    * How engaged is the person when offered support services? Are they actively participating in recommended programs or activities?

**29. Please evaluate the person’s behavior support needs, considering their typical behavior patterns and how they respond to various environments and scenarios. Indicate the level of support required to promote positive behaviors, the frequency of professional intervention needed, and the complexity of any planned interventions.**

1. Specific Behavioral Patterns:
   * Can they describe any specific behaviors that require additional support, including the context or triggers for these behaviors?
2. Response to Interventions:
   * How has the person responded to current support strategies and interventions? Are there any gaps in the effectiveness of these interventions?
3. Professional Involvement:
   * What professional support does the person currently receive, and how frequently? Are there recommendations for additional professional support that have not yet been implemented?
4. Impact on Daily Life:
   * How do these behaviors affect the person’s daily activities, social interactions, and community participation?
5. Caregiver and Operational Impact:
   * What challenges do caregivers face in managing these behaviors, and what additional support do they need? How do these behaviors impact the operational aspects of maintaining a supportive living environment?
6. Progress Monitoring:
   * What methods are used to monitor the person’s progress, and how is the support plan adapted based on this monitoring?
7. Living Environment and Dynamics:
   * How do the living environment and household dynamics influence or mitigate the person’s behaviors?

Behavioral Patterns:

1. Preference for Autonomy:
   * Can they provide examples of when the person expresses a desire for independence or needs space?
2. Unique Self-Expression:
   * Are there behaviors that might be considered unusual but are harmless and indicate unmet needs or preferences?
3. Selective Participation:
   * In which activities does the person show reluctance or refusal to engage, and what might this suggest about their preferences?
4. Expressive Communication:
   * How does the person communicate strong emotions or needs, and what strategies are effective in addressing these expressions?
5. Assertive Gestures or Statements:
   * Can they describe instances of assertive communication by the person and how others respond to these?
6. Physical Expressiveness:
   * Are there non-injurious physical interactions exhibited by the person, and what alternative communication strategies have been explored?
7. Intense Physical Communication:
   * Have there been serious physical interactions where injury could occur, and what immediate support or interventions were provided?
8. Digital and Media Engagement Preferences:
   * How does the person interact with digital media, and are there specific preferences or areas requiring guidance?
9. Interaction with the Environment:
   * Can they give examples of how the person alters the physical environment, and what might this communicate?
10. Seeking New Environments:
    * Have there been times when the person left a supervised area, and what does this indicate about their needs?
11. Self-Regulation Challenges:
    * Are there behaviors indicating self-harm, and what strategies are in place to address internal distress?
12. Exploratory Ingestive Behavior:
    * Does the person ingest non-nutritive items, and what alternative sensory experiences or dietary explorations have been considered?
13. Urgent Ingestive Needs:
    * Is rapid consumption of food or liquid observed, and what support is provided to manage meal pacing or address nutritional needs?
14. Rest Patterns:
    * How are the person’s sleep patterns monitored, and what interventions support restful sleep?
15. Support for Healthy Sexual Expression:
    * What education or support is provided for socially appropriate sexual behavior and understanding consent?

**30. Evaluate and assess the person’s risk management needs based on the type of risk and the intensity of clinical, nursing, and caregiver support required.**

1. How do conditions or the person’s risky behaviors impact what caregivers must do every day?
2. What precise kinds of assistance and training do caregivers require to manage risks or conditions effectively, considering various levels of risk?
3. Are professional support and resources readily available and easy to access for caregivers dealing with high-risk behaviors or conditions?
4. How resilient and emotionally well are caregivers who manage significant risks or conditions, and are there enough respite opportunities and support networks in place for them?

**31. How do the person’s risk conditions necessitate varying levels of support from caregivers, clinicians, and RNs, and what is the intensity of this support within their living environment?**

1. What specific risk conditions has the person been identified with, and how do these conditions manifest in their daily life?
2. What level of support intensity is required for each of the person’s risk conditions, and which healthcare professionals participate in managing these conditions?
3. How is daily support structured for the person in relation to their risk conditions, and what protocols are in place for emergency interventions?
4. What training have caregivers and team members undergone to effectively manage the person’s risk conditions, and are there any knowledge gaps that need to be addressed?
5. How are the person’s risk conditions monitored and managed over the long term, and are there plans for periodic reevaluation of their conditions and support needs?
6. How is the person’s care plan coordinated among caregivers, clinicians, and registered nurses?
7. What communication methods are utilized to ensure all team members are informed about the person’s condition and any updates to their care plan?

**32. Determine the depth and impact of a person’s trauma history—including experiences of abuse, neglect, serious accidents, and repeated hospitalizations—and to assess the intensity of support required from caregivers, clinicians, RNs, and other team members to address these needs within a shared living environment.**

1. Can they provide a detailed account of the person’s trauma history, including the frequency and type of incidents, and how are these experiences documented and verified in their records?
2. What observable behaviors or emotional responses suggest the impact of the person’s trauma history on their daily life and interactions? How does this history influence their care requirements?
3. What specific support mechanisms are currently in place to assist the person in managing the effects of their trauma history? Who provides these supports, and how frequently are they delivered?
4. What training in trauma-informed care have the caregivers and clinical team received? Are there any identified needs for further training or support in this area?
5. How does the current care plan incorporate a multidisciplinary approach to address the person’s trauma-related needs? Are there additional specialists or resources that should be included in the care team?
6. How effective are the current interventions and support strategies in addressing the person’s trauma-related needs? What changes or additional interventions could enhance their well-being and support?
7. What long-term plans are in place to support the person’s ongoing needs related to their trauma history, and how is the care plan adjusted over time to reflect changes in their condition or responses to interventions?

**33. Determine the person’s ability to transition between activities or tasks independently and the level of support required from caregivers or other team members during transitions, which are often critical moments for persons with cognitive, developmental, or physical challenges.**

1. Detail the person’s typical response to ending an activity or task and beginning another.
2. Note the frequency at which difficulties in transitioning occur and the conditions under which they are most pronounced.
3. Describe the specific support strategies in place to assist with transitions and the effectiveness of these strategies.
4. Indicate any changes in the person’s transitioning ability over time or with diverse types of activities.
5. Recommend potential modifications to improve transition support, if necessary.

**34. Determine the person’s capacity to adapt to new environments—including medical facilities, hospital stays, and family homes—and quantify the level of support required from caregivers, clinicians, RNs, and other team members during these transitions.**

1. Can they provide insights into the person’s past experiences when encountering new environments and the support they required during those times?
2. What are the expected needs for upcoming transitions, and how do various team members contribute to facilitating these transitions?
3. Could they discuss strategies that have proven successful in previous transitions or ones that could be implemented in future transitions?
4. Are there indications of a potential need for additional resources or training for the care team to enhance their ability to provide effective support during transitions?

**35. Evaluate the person’s interaction with family and natural supports and the implications for support needs based on the frequency and quality of these interactions.**

1. How effective are current clinical interventions, such as therapy or medication, in managing the person’s needs within the context of their family dynamics?
2. What operational support systems are currently in place to foster positive interactions or address challenges within the family dynamic, such as coordinated care meetings or family therapy?
3. Can they evaluate the person’s ability to navigate relationships independently versus their reliance on caregiver support, including any specific training or strategies needed?
4. Recommendations for Future Support:
   * Based on the assessment, what targeted interventions would they recommend addressing both relational and clinical needs, such as family therapy or caregiver training in conflict resolution?
   * How can care management strategies be implemented to better coordinate support services while considering the dynamics within the family?
   * Why is continuous assessment of family dynamics and the person’s relationship navigation capacity important, and how should support plans be adjusted accordingly?