

LONG TERM CARE SCREENING TOOL

It can be tough to see your parent or other loved ones age. Sometimes it seems like all of a sudden they “got old!” When you see it, your immediate reaction is that you’ve got to do something; you’ve got to get them some outside help. This very helpful screening tool will help you to create an objective inventory of your loved one’s strengths and weaknesses. This objective listing will help you to provide an accurate list of your loved one’s needs.

As you work your way through this screening tool, keep in mind your loved ones history. Is there a change in their behavior or habits? For example, say they do not like to use the phone at all anymore. This situation may need to be looked at differently if they never really liked using the phone very much than it would be for someone who has enjoyed talking on the

phone over the years and now does not like using the phone at all. For the person who has never really enjoyed using the phone, not using it now is not really a drastic change of behavior. But for the person who loved talking on the phone, this change of behavior may need to be looked at more closely.

Also, if someone is having trouble with any of the items below think about the reason they are having trouble & note it in the comment section. For example, if someone no longer is able to do something, is it because their vision has failed, or they are having problems moving around, or are they confused, etc. The reason for the difficulty can make a big difference in how to help them.

Please also keep in mind the following points:

- For the most part, the process of declining abilities is a gradual one. People tend to adapt themselves as the decline progresses. They may perform much slower, but as long as they can do a particular task, they do not think they need help with that task;
- Please remember that as long as someone can perform a task, it is best that they continue to do it! Taking someone’s independence away can be very counterproductive.
- Remember that you may be dealing with someone who has taken care of themselves all their lives and may tend to have a stubborn streak. *Unless it is a situation where someone is a danger to themselves or others*, they still have the right to self-determination and they will make the decision whether to accept help or not. Be patient with this; put yourself in their shoes, not yours. Putting pressure on someone to accept help they do not think they need will usually only cause problems between you. After objectively reviewing their strengths and weaknesses in the listing below, prioritize what is most important. Work with your loved one; what do they think they need help with? Start there! Accepting help is usually a difficult thing for people. It’s ok; that’s just the reality you will be working with.
- You will also need to be realistic about the kinds and levels of assistance that are available from community agencies. There are a considerable amount of services designed to help, such as Meals-on-Wheels or help with errands, housecleaning or a bath. You will not find 24/7 caregiving assistance unless you are willing to pay for it privately.

The needs assessment below outlines activities we all perform in the normal course of everyday living. Please select the appropriate

ability level for each activity. Also, if your loved one is having trouble with any of the items in the assessment think about the reason

they are having trouble & note it in the comment section. For example, if they no longer are able to do something, is it because their vision has failed, or they are having problems moving around, or are they confused, etc. The reason for the difficulty can

make a big difference in how to help them. Remember to be as objective as possible in order to provide a realistic perspective on the current strengths and weaknesses of your loved one.

Activities of Daily Living (ADL's)

Activities of daily living are basic things we do each day. When we get up in the morning, we get out of bed, walk to and go to the bathroom, get cleaned up, dress ourselves and eat. (FYI: Long term care insurance payments are usually based on ADL's.)

How would you rate their ability to perform **TRANSFER from the bed to chair, chair to bed?**

- Independent, moves in & out of bed or chair unassisted; may use mechanical transferring aides i.e. lift chair, but can maneuver on their own
- Needs help in moving from bed to chair
- Unable to transfer self but is able to bear weight or pivot
- Unable to transfer self and is unable to bear weight or pivot
- Bedfast but able to turn/position self
- Bedfast and unable to turn/position self

Comment on their ability to get in and out of bed/chairs _____

How would you rate their ability to **WALK AROUND IN THEIR HOME?**

- May use a device such as cane or walker, but can move about independently
- Needs limited hands-on assistance
- Needs extensive hands-on assistance
- There is a history of falls that is cause for concern
- They can walk around the house, but have difficulty with stairs and they need to use stairs for bathroom, bedroom, etc.

Comment on their ability to get around inside the home. _____

How would you rate their ability to perform **TOILET USE?**

- Independent, totally continent, goes to toilet, gets on & off, arranges clothes, cleans self without help
- Totally continent, but has trouble getting on &/or off toilet, otherwise independent

- Totally continent but needs help transferring to toilet &/or cleaning self
- Incontinent and wears incontinence briefs or pads
- Incontinent and refuses to wear incontinence briefs or pads
- Toilet is on the second floor of home and stairs are an issue

Comment on their ability to use the toilet. _____

How would you rate their **BATHING** ability (include shower, full tub or sponge bath, exclude washing back or hair)?

- Independent, bathes self completely with no assistance
- Requires assistance with bathing more than one part of the body, or getting in or out of the tub or shower
- Requires total bathing
- Tub/shower is on the second floor of home and stairs are an issue

Comment on their ability to bathe him/herself _____

How would you rate their ability to take care of their **PERSONAL HYGIENE, including cleaning teeth, combing hair, shaving, grooming, etc.?**

- Independent, can perform all activities safely and completely
- Is fully capable, but lacks motivation to properly maintain good hygiene
- Requires assistance sometimes
- Regularly needs limited assistance
- Needs extensive assistance
- Grooming utensils must be placed within reach
- Total dependence

Comment on their ability to groom him/herself _____

How would you rate their ability to **DRESS THEMSELVES?**

- Independent gets clothes from closets & drawers, puts on clothes & outer garments complete with fasteners.
- Needs limited assistance
- Needs extensive assistance

Comment on their ability to dress him/herself. _____

How would you rate their ability to **EAT?**

- Independent gets food from plate to mouth without help
- Needs some assistance
- Needs extensive assistance
- Takes nutrients orally and through tube or gastrostomy
- Unable to take nutrients orally – tube fed

Comment on their ability to eat. _____

Instrumental Activities of Daily Living (IADL's)

IADL's are other activities we do in the normal course of everyday normal living.

How well can they handle **LIGHT HOUSEWORK?**

- Independent, able to maintain their home unassisted or with occasional assistance with heavy work
- Performs light daily tasks such as dishwashing, bed making, and light cleaning
- Performs light daily tasks but cannot maintain acceptable level of cleanliness
- Needs help with all housework
- Unwilling to perform tasks

Comment on their ability to do ordinary housework. _____

How well can they take care of **SHOPPING?**

- Independent takes care of all shopping needs on their own or has delivery services in place to provide for shopping needs
- Shops independently for small purchases
- Needs someone to go with them for all shopping
- Completely done by others

Comment on their ability to do shopping _____

Describe their ability to do their own **LAUNDRY.**

- Independent does personal laundry completely and effectively
- Manages light laundry only

- Unable to do laundry
- Unwilling to do laundry
- Would be capable & willing but has no accessible facilities to do laundry
- Washer & dryer are not on main living area and stairs are an issue

Comment on their ability to do laundry. _____

How well can they perform **TRANSPORTATION**?

- Independent, drives own car safely (this can include knowing limitations such as not driving at night.)
- Independently drives self, but there are concerns about safety and driving ability
- Transportation provided by others
- Does not travel at all
- Requires ambulance

Comment on their ability to use transportation. _____

How would you rate their **MEAL PREPARATION** ability?

- Independent, does planning, preparing and serving of adequate meals
- Prepares adequate meals if someone goes shopping to supply ingredients
- Prepares meals but does not maintain adequate diet
- Needs to have meals prepared

Comment on their ability to prepare meals. _____

What is their ability to **MANAGE MONEY**?

- Completely independent, manages financial matters (writes checks, balances checkbook, pays bills on time, etc.)
- Manages day-to-day purchases, but needs help with banking, major purchases, etc.
- Completely dependent, incapable of handling money and related paperwork

Comment on their ability to manage money. _____

How would you rate their ability to **MANAGE THEIR MEDICATIONS**?

- Independent, is responsible for taking meds in correct dosages at correct time
- Capable, but resistant about taking necessary medications
- Is responsible if meds are prepared in advance in separate dosages
- Is not capable of dispensing own meds
- Is not on any medications, so is not an issue

Comment on their ability to take his/her medication. _____

How would you rate their ability to use the TELEPHONE?

- Independent, operates phone on own initiative, looks up numbers, dials, etc.
- Dials a few well-known numbers
- Answers phone but does not make outgoing calls
- Does not use the phone at all
- Does not have a phone (why? Income related? Needs TTY?)

Comment on their ability to use the telephone. _____

Strengths Assessment – check all that apply

Social Supports:

- Supportive family
- Supportive friends
- Caring neighbors
- Other _____

Participation in Activities

- Church/spiritual activities
- Creative activities
- Community activities
- Clubs, groups, planned meetings
- Volunteer service
- Other _____

Health & Wellness

- Adequate physical health
- Balanced mental health

- Self-care ability or resources
- Commitment to health
- Knowledge about how choices impact health

Personal Assets

- Positive self-image
- Positive view of other people
- Adequate communication skills
- Sense of purpose
- Ability to ask for and accept help
- Ability to accept personal responsibility



Now, review the results and call the helpful staff at NY Connects to discuss your findings and what resources are available to assist. We can help connect you with the services you need.