

**DHS 1147 Form - Functional Status related to Health Conditions:**

Sections III – XII are scored. These sections primarily provide information about the individual's functional status as related to his/her health conditions. A critical component to assist with planning the best environment for a person with medical and/or physical disabilities is an assessment of these areas.

The following provides a description of each item per category.

Score	Status	Description
30	Comatose	Unable to be aroused by external stimuli.

**Vision/Hearing/Speech:**

Score	Status	Description
0	Has normal or minimally impaired vision/hearing/speech with or without a device.	May wear a hearing aid, glasses, or may have minimal speech impairment.
1	Individual has impairment with vision/hearing/speech with/without corrective device.	Requires some help of another because of vision/hearing/speech impairment.
2	Individual has complete absence or hearing, vision, and/or speech.	Requires help of another, individual is deaf, is legally blind, and/or has complete absence of speech.

**Communication:**

Score	Status	Description
0	Adequately communicates needs/wants.	Adequately communicates needs/wants with or without the assistance of communication enhancing devices or techniques (i.e. sign board; sign language). May wear glasses or hearing aids, and/or use communication devices, but impairment does not restrict self-care of communication.
1	Has difficulty communicating needs/wants.	Needs some assistance to communicate needs and wants. Requires some help of another because of communication impairment.
2	Unable to communicate needs/wants.	Unable to communicate without help of another person. Requires complete assistance in areas of communication.

## Memory:

Score	Status	Description
0	Normal or minimal impairment of memory.	Able to recall recent and long-term situations with cueing.
1	Problem with long term or short term memory	Unable to recall long term situations or unable to recall recent situations.
2	Individual has problems with both long term and short-term memory.	Unable to recall long term and recent situation.

Mental/Behavior (circle all that apply). Make only one selection for orientation – score 0 through 2. Aggressive and/or abusive, wandering, and/or in danger of self-inflicted harm or self-neglect may also be checked with the appropriate orientation:

Score	Status	Description
0	Oriented (mentally alert and aware of surroundings).	Oriented to person, place, time; understands and if needed, can direct needs that must be met to maintain self-care. Does not exhibit behavior that is disruptive, aggressive or dangerous to self/others.
1	Disoriented (partially or intermittently; requires supervision).	Intermittently confused and/or agitated. Behavior is sporadic with an unpredictable pattern. Need occasional reminders as to person, place, or time. May have difficulty understanding needs that must be met but will cooperate when given direction or explanation. No major safety concerns.
2	Disoriented and/or disruptive.	Recurrent episodes (1-3 times per day) of being confused, forgetful, agitated, disruptive or aggressive (either physically or verbally). Needs special tolerance/management and assistance with reorientation. Has difficulty understanding needs that must be met but will cooperate when given direction or explanation. Past history or present problem of substance abuse, including alcohol or prescription drugs, alone or combined. No major safety concerns.
3	Aggressive, abusive or disruptive.	Recurrent episodes (1-3 times per day). Requires intensive supervision and physical/mechanical/medication intervention because of behavior. <b><u>Caregiver judgment is required to determine appropriate intervention, based on MD order (e.g. when to apply restraints).</u></b> Episodes documented daily. with MD intervention(s) documented monthly.

4	Wanders day, night, or both and/or in danger of self-inflicted harm or self-neglect.	Recurrent episodes (1-3 times per day). Serious safety concerns because of forgetfulness and/or wandering. Causes harm to self because of physical or mental condition i.e. repetitively hits self. Judgment is poor and requires environmental/physical/mechanical/medication intervention. <b><u>Needs constant caregiver protection and intensive supervision because of unsafe or inappropriate behavior.</u></b> Episodes documented daily with MD intervention(s) documented quarterly. Non-ambulatory individuals who wandered in the past will be given consideration if the individual has documented elopement(s) off caregiver's site within one year from assessment date.
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Scenarios for aggressive, abusive or disruptive

Requirement: Recurrent episodes (1-3 times per day). Requires intensive supervision and physical/mechanical/medication intervention because of behavior. Caregiver judgment is required to determine appropriate intervention, based on MD order (e.g. when to apply restraints). Episodes documented daily with MD intervention(s) documented monthly.

Scenario #1: Recipient can ambulate and is physically aggressive, abusive and/or disruptive to others during all hours of the day. Caregiver is constantly at the side of the recipient when he/she is ambulating to ensure that the recipient does not harm others. Restraints may be needed to ensure safety of others.

Scenario #2: Recipient pushes his wheelchair into others, throws objects in order to hit others, throws human waste at others during all hours of the day. Caregiver has to provide constant supervision ensuring the safety of others. Restraints may be needed to ensure safety of others.

Scenarios for wanders and/or in danger of self-inflicted harm or self-neglect

Requirement: Recurrent episodes (1-3 times per day). Serious safety concerns because of forgetfulness and/or wandering. Causes harm to self because of physical or mental condition i.e. restively hits self. Judgment is poor and requires environmental/physical/mechanical/medication intervention. Recipient requires constant caregiver protection and intensive supervision because of unsafe of inappropriate behavior. Episodes documented daily with MD intervention(s) documented quarterly.

Scenario #1: Recipient wanders either during the day, evening, and/or night. There is a risk for serious safety concerns due to the recipient wandering off a caregiver's location/site. Constant caregiver protection needed to ensure safety of the recipient.

Scenario #2: Recipient ambulates and will drink and/or eat inappropriate items, i.e. Drano, gasoline, small jacks, marbles, etc. all hours of the day. Caregiver must consistently provide supervision to ensure that the recipient does not ingest any harmful items. Constant caregiver protection needed to ensure safety of the recipient.

Scenario #3: Recipient constantly hurts self by punching his/her head. Recipient requires a helmet and mitten for self-protection, but constantly takes the helmet and mitten off. Caregiver must constantly tend to recipient all hours of the day to ensure that the recipient does not hurt himself/herself. Constant caregiver protection needed to ensure safety of the recipient.

Feeding. Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Independent with or without an assistive device.	Independently feeds self. Needs no intervention.
1	Needs supervision or assistance with feeding	Unable to plan and prepare meals. May need constant encouragement and prompting to eat.
2	Is spoon/syringe/tube fed, does not participate.	Cannot or will not feed self. Requires constant attention and hand feeding by assistant. Tube feeding prepared and administered by another person.

Transferring (How a person moves between surfaces – to/from: bed, chair, wheelchair, car standing position, excludes to and from bath). Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Independent with or without a device.	Independently able to transfer with or without a device. Does not require assistance of another person.
2	Transfers with minimal/stand by help or another person.	Able to transfer with minimal or stand by assistance due to occasional loss of balance on transferring. Individual is able to assume most of his/her body weight. The helper supports by touching/steadying and providing at least 25 percent of the work during transfers.
3	Transfer with physical/moderate assistance of another person.	Requires the presence of another and physical, moderate assistance when transferring because of unsteadiness and/or weakness. Individual is able to assume part of his/her body weight. The helper lifts, holds, and provides support during transfers, providing at least 50 percent of the work during transfers.

4	Does not assist in transfer / requires maximum assist / or is bedfast.	Completely dependent due to physical or mental condition. Frequent transfer and/or positioning. May require 2-person transfer or lifting equipment because of person's size or disability. Individual is able to assume little to none of his/her weight. Helper(s) lift, hold, provides maximum assistance of at least 75 percent of the work during transfers.
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Mobility/Ambulation. Check a maximum of 2 for score 1 through 4. If an individual is either mobile or unable to walk, no other selections can be made. Activity observed and documented to occur at least daily:

Score	Status	Description
0	Independently mobile with or without device / self-propels wheelchair.	May use cane, crutches, walker or wheelchair and does not require assistance of another person. Able to self-propel wheelchair; may need assistance at tight corners or spaces.
1	Ambulates with/without device / stand-by assist / unsteady / risk for falls.	Can walk/be mobile but requires stand-by assistance or a person to be close by for safety and/or is unsteady and risk for falls.
2	Able to walk/be mobile with minimal assistance.	Can walk/be mobile, but requires the presence of another person for minimal assistance. Individual is able to assume most of his/her body weight. The helper supports by touching/steadying and providing at least 25 percent of the work during ambulation.
3	Able to walk/be mobile with one-person hands-on/moderate assistance.	Can walk/be mobile but requires another person for physical assistance. Individual is able to assume part of his/her body weight. The helper lifts, holds, and provides support to trunk or limbs during ambulation, providing at least 50 percent of the work.
4	Able to walk/be mobile with more than one-person hands-on assistance.	Can walk/be mobile, but requires <u>more</u> than one person for physical assistance. Individual is able to assume little of his/her weight. Helpers lift, hold, and provide support to trunk or limbs during ambulation, providing maximum assistance of at least 75 percent of the work.
5	Unable to walk / immobile.	Unable to walk/be mobile.

Bowel Function/Continence: Observation of activity is daily.

Score	Status	Description
0	Continent / able to independently perform bowel care.	Individual is able to perform bowel care/needs, including ileostomy/colostomy (i.e. emptying bag and stoma care) without the assistance of

		<p>another person.</p> <p>May need assistance with changing the ileostomy/colostomy bag, which is not done daily.</p>
1	Continent with cues / requires reminders to perform bowel care.	Individual only requires cues/reminders to perform bowel care/needs, including ileostomy/colostomy (i.e. emptying bag and stoma care).
2	Incontinent (at least once daily) / requires help with bowel care on a regular basis	Occasional incontinence requires toileting or reminders by another person and needs help to clean self on a regular basis to maintain bowel cleanliness. Individual is able to empty ileostomy or colostomy bag but needs help with stoma care.
3	Incontinent (more than once daily) / dependent for all bowel care.	Frequent to total incontinence; unable to participate in a training program; completely dependent upon another for bowel care, including emptying ileostomy/colostomy bag, changing bag, and stoma care.

**Bladder Function/Continence: Observation of activity is daily.**

Score	Status	Description
0	Continent / able to independently perform bladder care.	<p>Individual is able to perform bladder care/needs, including changing incontinence briefs, cleaning self, urostomy or indwelling catheter care (i.e. emptying bag, changing bag, stoma care, cleaning skin around catheter site) without the assistance of another person.</p> <p>May need assistance with changing the urostomy or indwelling catheter bag, which is not done daily.</p>
1	Continent with cues / requires reminders to perform bladder care.	Individual only requires cues/reminders to perform bladder care/needs, including changing incontinence brief, cleaning self, urostomy or indwelling catheter care (i.e. emptying bag, changing bag, stoma care, cleaning skin around catheter site).
2	Incontinent (at least once daily) / requires help with bladder care on a regular basis.	Occasional or stress incontinence requires toileting or reminders by another person; needs help to clean self on a regular basis to maintain bladder cleanliness. Individual is able to empty urostomy and indwelling catheter bag but needs help with stoma care or cleaning skin around catheter.

3	Incontinent (more than once daily) / dependent for all bladder care.	Frequent to total incontinence; unable to participate in a training program; completely dependent upon another for bladder care, including emptying of urostomy and indwelling catheter and stoma care or cleaning skin around catheter.
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Bathing. Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Independent bathing	Individual is able to bathe full body and hair independently. May require someone to prepare bathroom and/or help get in and out of the bathtub or shower. May need cueing or reminders to bathe. May need supervision for safety.
1	Unable to safely bathe without minimal assistance and supervision.	Needs supervision while bathing to ensure safety and minimal assistance to maintain cleanliness. Helper needs to bathe partial body (i.e. back, hair, and/or feet).
2	Unable to safely bathe without moderate assistance.	Needs supervision while bathing to ensure safety and needs moderate assistance to maintain cleanliness. Helper needs to bathe most of the body and individual can only wash face and front part of the upper body.
3	Cannot bathe without total assistance (tub, shower, whirlpool or bed bath).	Totally dependent for bathing because of physical or mental disability. Individual is not able to wash any parts of body.

Dressing and Personal Grooming. Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Appropriate and independent dressing, undressing, and grooming.	Can perform dressing and personal grooming activities with little or no assistance.
1	Can groom/dress self with cueing (can dress, but unable to choose or lay out clothes).	Can dress, but unable to choose or lay out clothes or manipulated fasteners. Can brush teeth, wash face, comb/brush hair with some assistance.
2	Physical assistance needed on a regular basis.	Always requires help in most areas of dressing and grooming. Can do small tasks alone.
3	Requires total help in dressing, undressing, and grooming.	Cannot dress or undress or groom without help or another.

Complete for At-Risk only:

Housecleaning:

Score	Status	Description
0	Independent	Member able to do and does not require assistance.
2	Needs Assistance	Member able to complete some tasks with some assistance, includes oversight/cueing.
3	Unable to safely clean the home	Member unable to complete task on own and needs assistance to complete task.

Shopping:

Score	Status	Description
0	Independent	Member able to do and does not require assistance.
2	Needs Assistance	Member able to complete but needs assistance to complete task.
3	Unable to safely go shopping	Member unable to complete task on own and needs assistance to complete task.

Laundry:

Score	Status	Description
0	Independent	Member able to do and does not require assistance.
1	Needs Assistance	Member able to complete but needs assistance to complete task.
2	Unable to safely do the laundry	Member unable to complete task on own and needs assistance to complete task.

Meal Preparation:

Score	Status	Description
0	Independent	Member able to do and does not require assistance.
1	Needs Assistance	Member able to complete but needs assistance to complete task.
2	Unable to safely prepare a meal	Member unable to complete task on own and needs assistance to complete task.