

Live Well At Home Rapid Screen® – Family Caregiver

Older Person Name: _____ Family Caregiver Name: _____ Screen Date: _____

1.	<p>Does <name of older person (NOP)> need help from someone else to do the following?</p> <p>a) Walking b) Getting out of bed/chair c) Going to the bathroom d) Bathing e) Dressing f) Eating</p> <p>If 2 or more circled → SCORE = 2</p>	<input type="checkbox"/>
2.	<p>During the last 6 months, has <NOP> had a fall that caused injuries <i>or</i> engaged in behavior problems such as wandering, verbal or physical disruption, or other behaviors that require supervision? Yes No</p> <p>NOTE: “Injuries” means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization OR 3 or more of any falls</p> <p>IF YES circled → SCORE = 2</p>	<input type="checkbox"/>
3.	<p>Does <NOP> have a family member/friend give help when she/he needs it? Yes No</p> <p>If NO circled → SCORE = 2</p>	<input type="checkbox"/>
4.	<p>(if caregiver) Do you feel overwhelmed or stressed because of the care you provide <NOP>? Yes No</p> <p>If YES circled → SCORE = 2</p>	<input type="checkbox"/>
5.	<p>Have you/<NOP> thought about moving <NOP> to other housing? Yes No</p> <p>If YES, where has <NOP> considered moving to? If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2</p>	<input type="checkbox"/>
6.	<p>Does <NOP> live alone? Yes No</p> <p>If YES circled → SCORE = 1</p>	<input type="checkbox"/>
7.	<p>Do you or your family have concerns about <NOP’s> memory, thinking, or ability to make decisions?</p> <p>If YES, are you: Very concerned Somewhat concerned Not concerned?</p> <p>If VERY CONCERNED circled → SCORE = 2 If SOMEWHAT CONCERNED circled → SCORE = 1</p>	<input type="checkbox"/>
TOTAL SCORE (Sum of Scores For Items 1 Through 7) =		<input type="checkbox"/>

Score and Risk Category

0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and higher = High Risk