

Live Well At Home Rapid Screen[®]

Name: _____

Screen Date: _____

1.	<p>Do you need help 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, have you had a fall that caused injuries? 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 <u>OR 3 or more of any falls.</u></p> <p>If YES circled SCORE = 2</p>	<input type="checkbox"/>
3.	<p>Do you have a family member/friend give you help when you need it? Yes No</p> <p>If NO circled → SCORE = 2</p>	<input type="checkbox"/>
4.	<p>Does your caregiver feel overwhelmed or stressed because of the care they provide you? Yes No</p> <p>If YES circled → SCORE = 2</p>	<input type="checkbox"/>
5.	<p>Have you thought about moving to other housing? Yes No</p> <p>If YES, ask: where have you considered moving to? If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2</p>	<input type="checkbox"/>
6.	<p>Do you 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 your 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"/>
<p><u>Score and Risk Category</u></p> <p>0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and up = High Risk</p>		