

## Consumer Needs Evaluation

### Part I – Assessment Information

Consumer Name:	
SPURS ID No.:	
Assessment Date:	

### Part II - Daily Living Impairment Assessment

<b>Texas Impairment Scoring</b> <b>0</b> = None <b>1</b> = Mild <b>2</b> = Severe <b>3</b> = Total Impairment	<b>ADL:</b> Activity of Daily Living <b>IADL:</b> Instrumental Activity of Daily Living	<b>State Program Report (SPR) Count =</b> <b># of Questions Scored <math>\geq</math> 1</b> <b>ADLs</b> questions 1-3 and 5-7 <b>IADLs</b> questions 9-13 and 17-19	<b>Service Arrangement</b> <b>C</b> = Caregiver <b>P</b> = Service - Will be purchased by AAA. <b>A</b> = Other agency – Non-AAA vendor is providing the service. <b>N</b> = Not applicable to this consumer. <b>S</b> = Self
---	--	---	--

Question	Texas Score	ADL/ IADL	SPR Count	Service Arrangement (Select only one.)
1. Do you have any problems taking a bath or shower?		ADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
2. Can you dress yourself?		ADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
3. Can you feed yourself?		ADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
4. Can you groom yourself (shave, brush your teeth, shampoo and comb your hair)?				<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
5. Do you have problems with incontinence (getting to the bathroom in time)?		ADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
6. Do you have problems getting on or off the toilet or cleaning yourself after using the bathroom?		ADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
7. Can you get in and out of your bed or chair?		ADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
8. Are you able to walk without help?				<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
9. Can you clean your house (sweep, dust, wash dishes, vacuum)?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
10. Can you do your own laundry?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
11. Can you fix your meals?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
12. Can you do your own shopping?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
13. Can you take your own medicine?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
14. Can you trim your nails?				<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
15. Do you have any problems keeping your balance?				<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
16. Can you open jars, cans, bottles?				<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S

Question	Texas Score*	ADL/ IADL	SPR Count	Service Arrangement (Select only one.)
17. Can you use the phone?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
18. Are you able to perform transportation on your own?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S
19. Do you have any trouble managing your money?		IADL		<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> S

### Part III - Mental Health Screening and Assessment

Question	Scoring	Texas Score
20. During the last month, have you been bothered by having little interest or pleasure in doing things, or have you often felt down, depressed or hopeless?	<b>0</b> = No. Go to Part IV. <b>1</b> = If "Yes" to Question 20 <i>and</i> "No" to Questions 21-24. <b>2</b> = If "Yes" to Question 20 <i>and</i> "Yes" to only one of Questions 21-24. <b>3</b> = If "Yes" to Question 20 <i>and</i> "Yes" to two or more of Questions 21-24.	

If "Yes" to Question 20, continue. If "No", skip to Part IV.

In the last two weeks, most of the day, nearly every day: (Based on Consumer's perception of self)	Answer
21. ...have you had problems sleeping?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. ...have you lost the ability to enjoy things that once were fun?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. ...do you feel that you have little value as a person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. ...have you had a significant change in your appetite?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Part IV - Cognition

Self-Evaluation	Scoring	Texas Score
25. During the last two weeks, on how many days have you had trouble concentrating or making decisions? (Based on Consumer's perception of self.)	<b>0</b> = Not at all. <b>1</b> = Occasionally. A couple of times. <b>2</b> = Frequently. More than a couple of times, but not every day. <b>3</b> = Every day.	
Third Party Observation	Scoring	Texas Score
26. Can the consumer make decisions independently? (Based on someone's observation of the Consumer.)	<b>0</b> = Makes consistent and reasonable decisions independently. <b>1</b> = Makes simple decisions without assistance. <b>2</b> = Makes poor decisions, needs cues or supervision for most decisions. <b>3</b> = Severely impaired, rarely makes own decisions.	

Third Party Observation	Scoring	Texas Score
27. Does the consumer appear to have short-term memory impairment? <i>(Based on someone's observation of the Consumer.)</i>	<b>0</b> = No <b>1</b> = Has some short-term memory problems and can perform task for self with occasional reminders. <b>2</b> = Has lapses resulting in frequently not performing task even with reminders. <b>3</b> = Has memory lapses resulting in an inability to perform routine tasks on a daily basis.	

**Part V - Assessment Scores**

Assessment	Texas Score	SPR Count
<b>Total CNE Impairment Score (out of 60)</b> <input type="checkbox"/> <b>Low (Score 0-19)</b> <input type="checkbox"/> <b>Moderate (Score 20-39)*</b> <input type="checkbox"/> <b>Severe (Score 40 and above)</b>		
<b>SPR ADL Count (Score 0-6)</b>		
<b>SPR IADL Count (Score 0-8)</b>		

\*A score of 20 (moderate impairment) or greater is required for home-delivered meals.

\_\_\_\_\_  
Signature of AAA or Provider Staff Assessor

\_\_\_\_\_  
Date