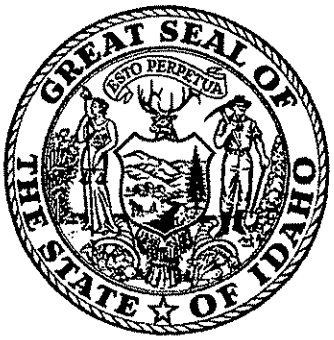
UNIFORM ASSESSMENT INSTRUMENT



Idaho Department of Health & Welfare
and
Idaho Commission on Aging

Directions / Guidelines for the
UNIFORM ASSESSMENT INSTRUMENT

JAI Format. *The UAI is comprised of a limited assessment and a full assessment*:

Limited Assessment (UAI Sections 1 and 2). The limited assessment covers general information and functional abilities and supports. Please note, Adult Protection clients must also complete items 1-3, and 8-13 in Section 4.

Full Assessment (UAI Sections 1 through 4). The full assessment is a multidimensional evaluation of a client's functionality and is to be completed during a face-to-face interview with the client. Any other information from medical records, family members, etc., should be used when available. The preferred source of information is the client.

n some situations (i.e. a cognitively-impaired client), other sources of information may be necessary. Be sure to note on the form when other sources are ısed to gather information. Also, if necessary, obtain a translator for clients who have communication problems and/or other limitations.

Completing the Assessment. Each page of the UAI contains an essential set of data to be recorded in the spaces provided. Some specific points about completing the assessment are: *1) Occasionally, an accurate answer may not fit one of the answer options. In this case, please write in the answer. 2) If the answer to a question is unknown, write "Unknown." Do not leave the question blank and do not mark "No." There is an important difference between "No" and "Unknown." 3) Please use the spaces next to the "Comment" section to specify/describe an answer which does not fit one of the categories listed. 4) Some questions are open-ended. Although these are not intended to be included in a database, they are important for gathering information about the client.*

Some final points about completing the assessment are: *Use a check mark (✓) or an "X" to mark the appropriate response, and make sure every question has the appropriate number of responses recorded.*

Changing Assessment Information. Information on the assessment may be revised in order to change incorrect information. All information collected during the intake process will need to be verified and possibly changed at the time of the on-site assessment.

Assessor Signature/Information. IMPORTANT --- THE INDIVIDUAL(s) COMPLETING EACH SECTION OF THE UAI MUST SIGN ON P. 12.

UAI Directions *(p. 1 - SECTION ONE: General Information)*

Identification/background.

1) Confidentiality: Be sure to obtain a Confidentiality & Consent to Release Information form and discuss it with the consumer. Please have him/her read and sign it prior to the completion of the interview.

2) Social Security Number: Record the number in the box provided.

3) Client Name: Print the client's legal name in the following order: Last name, first name, middle name or initial. *(Note: if the client goes by middle name, print the full middle name.)*

4- 5) Medicaid / Medicare Numbers: Record the numbers in the boxes provided. Check the numbers to make sure the digits are recorded correctly. If there is no number, leave blank.

6) DOB: Enter the birth date with two digits for the month, day, and four digits for the year.

8) Live Alone: Indicate if client currently lives alone.

9) Annual Income: (*To be completed by AAA only.*) Review current poverty guidelines to indicate if client's annual income is above or below poverty level. Note number of people currently living in the household.

10) Client Mailing Address: If the physical address is different than mailing address, indicate physical address and give directions, if necessary, in the text box.

15-16) Sources of Information: Primary information is obtained from the client or an informant when the client clearly is not capable of responding to assessment items. Additional sources of information can be used to supplement the primary source. Information can be verbal and/or written records from other agencies.

17) Assessment Date: Date when the assessment is completed. Assessment Type & Sections Completed: Check the appropriate box for type of assessment. *Initial* is the first UAI completed for the client. *Update* is completed if there has been a recent significant change in the client's functioning. Significant change: Refers to a major change in the client's status that affects more than one area of the client's functional or health status, and requires a review or revision of the care plan or negotiated service agreement. *Annual* refers to the yearly administration of the UAI. Also indicate which sections of the UAI were completed.

18) Place of Assessment: Check the appropriate box to designate the place of assessment. Usual Housing Arrangement: Check the appropriate box to designate the usual place of residence. If the client resides in a custodial living arrangement, please list the date of admission.

UNIFORM ASSESSMENT INSTRUMENT (UAI)

REVISED 11/27/00

SECTION ONE - General Information

1) **Reminder: Be sure to obtain a Confidentiality & Consent to Release Information form and discuss it with the consumer. Please have him/her read and sign it prior to the completion of the interview.**

2) SSN:	3) Client Name (Last, First, MI):	4) Medicaid No:

5) Medicare No:	6) DOB:	7) Sex: ☐ Male ☐ Female	8) Live Alone: ☐ Yes ☐ No

9) (AAA ONLY)
Annual Income: ☐ Above Poverty Level ☐ Below Poverty Level **Number in Household** : _____

10) Client Mailing Address:
_____
_____
City:_____ State:_____
Zip Code: _____ County:_____
Region:_____

Home Telephone No.: _____

Give physical address and directions if necessary:

11) Marital Status:
- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Widowed
- ☐ Divorced
- ☐ Unknown

12) Race / Ethnic Origin:
- ☐ White
- ☐ Native American
- ☐ Asian / Pacific Islander
- ☐ African American
- ☐ Hispanic
- ☐ Other

13) Emergency / Family Contact Name(s):
Relationship: Telephone:

14) Referred by:
Individual: _____
Agency: _____
Telephone: _____
Date: _____

15) Please indicate primary source of information:

☐ Client
☐ Other, Name:_____
Agency:_____
Relationship:_____
Telephone:_____

16) Please indicate secondary source(s) of information:

☐ Medical Record
☐ Physician
Name:_____
Telephone:_____
☐ Other, Name:_____
Agency:_____

Telephone:_____
☐ Other, Name:_____
Agency:_____
Telephone:_____
☐ Other, Name:_____
Agency:_____
Telephone:_____

Comments:

17) Assessment Date:_____
Assessment Type: ☐ Initial ☐ Update *(significant change)* ☐ Annual
Sections Completed: ☐ UAI Sections 1 & 2 (limited) ☐ UAI Sections 1-4 (full)

18) *(Check the appropriate box for both PLACE OF ASSESSMENT and for USUAL HOUSING ARRANGEMENT prior to assessment. One box should be checked under each category.)*

If applicable, please note date of admission: _____

Place of Assessment:	Usual Housing Arrangement:	Choices
☐	☐	Certified Family Home
☐	☐	Nursing Facility
☐	☐	Senior Housing
☐	☐	Client's Residence / Apartment
☐	☐	Other's Residence
☐	☐	No Residence
☐	☐	Room and Board
☐	☐	Semi-Independent
☐	☐	Personal Care Svcs. Home
☐	☐	Residential and Assisted Living Facility
☐	☐	Hospital
☐	☐	Specialized Family Home
☐	☐	ICF/MR
☐	☐	State Institution (Psych)
☐	☐	ID State School / Hospital
☐ *State Office*	☐	*OTHER*_____
☐ *OTHER:* _____		

UAI Directions/Guidelines

(page 2 - SECTION ONE: General Information: Primary Caregiver)

9) Substitute Decision-Maker: Check the appropriate response. nformal decision-maker" means there is not a legal arrangement for ecision- making through a court or administrative agency.

1) Legal Status: Indicate if client is on probation/parole, committed, nd/or involved in any criminal proceedings.

3) Major Problem(s)... Anticipated Changes: Briefly describe the major roblem the client is experiencing at the time of the Uniform Assessment.

4-29) Primary Caregiver Information: This section collects basic nformation about the primary caregiver, if a caregiver exists. After etermining if a caregiver *exists*, check whether the caregiver is paid and ne source of payment if applicable. Note if the caregiver is present during the assessment and whether he/she is readily available. Write the name, address, and telephone number of the caregiver (if available). If the caregiver is not a spouse or relative, check "other" and briefly describe this relationship. Check the appropriate age category of the caregiver and indicate the days and times when he or she is available to the client. Also include the years and months the caregiver has been serving the client and any special training the caregiver has received.

NOTE: If the client resides in a custodial living arrangement, skip to page 3, #31. Similarly, if the client does not have a primary caregiver, skip to page 3, #31. If the client resides in a custodial living arrangment, but intends to move out of the facility, items 25 - 30 should be completed based upon potential (or future) caregivers.

DEFINITIONS OF TERMS ON UAI PAGES 1 & 2

(listed in alphabetical order)

Assessment Type - Means whether a limited assessment (UAI Sections 1 and 2) or a full assessment (UAI Sections 1 through 4) is being completed. An Initial assessment is the first UAI administered to the client. An Annual assessment is a yearly review; an Update is an assessment completed if there has been a recent significant change in the client's functioning. This includes one or more areas of functioning that directly influence a client's ability to care for self.

Certified Family Home - A family home in which an adult is placed to live who is not able to reside in his/her own home and who requires help in daily living, protection, security, and encouragement toward independence.

Custodial Living Arrangement - Includes the following placements and services: ICF/MR, nursing facility, residential and assisted living facility, certified family home, or Idaho State School/Hospital

Guardian/Conservator (Non-DD) - Legal caretaker for a client's affairs.

Guardian/Conservator (DD) - Legal caretaker for a client with a developmental disability.

ICF/MR - Intermediate Care Facility for people with mental retardation.

ID State School / Hospital - State facility for the developmentally disabled.

Informal Decision-Maker - Caretaker who is not legally designated.

Legal Status: Client's situation regarding criminal proceedings / authorities.

Limited Power of Attorney - Designates in writing a person allowed to make decisions on behalf of a client within specified limits.

Living Will - Personal directive to indicate preferences regarding measures used to prolong life support in the event of terminal illness/prognosis as determined by two (2) physicians.

Nursing Facility - Short or long-term care facility providing 24-hour nursing coverage.

Personal Care Services Home - Services that involve personal and medically-oriented tasks dealing with the physical requirements of the client, performed in the provider's home, and accommodating the client's needs for long-term maintenance or supportive care.

Power of Attorney - Designates in writing a person who will be responsible for decision-making for the client if he/she becomes unable to make informed decisions for himself/herself. Power of attorney can be revoked if the client later becomes able to make his/her own decisions.

Power of Attorney for Health Care - Designates in writing a person allowed to make health care decisions on behalf of the client.

Primary Caregiver - Someone who has the major responsibility of caring for the client's daily care needs in the home.

Protective Payee - An individual or person who is authorized to receive benefit payments on behalf of an eligible recipient.

Residential and Assisted Living Facility - Short or long-term care facility providing 24-hour non-medical care for clients who need personal care and supervision.

Semi-Independent - A residential and assisted living facility which encourages self-management and self-support abilities and mutual responsibility among residents, allowing them to remain in the community. This environment allows individuals to care for themselves together and adequately function in a homelike setting, while learning skills necessary for more independent living.

Senior Housing -Housing designed for individuals over 65.

Specialized Family Home - Living situation where a maximum of two waiver clients who do not require a skilled nursing service live with a provider family of residential habilitation services.

State Institution (Psych) - State facility for mentally ill clients.

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION ONE - General Information *(continued)*

19) Substitute Decision-Maker: *(check any number)*

- ☐ None
- ☐ Guardian /Conservator (Non-DD)
- ☐ Guardian /Conservator(DD)
- ☐ Power of Attorney
- ☐ Power of Attorney for Health Care
- ☐ Other_____
- ☐ Informal Decision Maker
- ☐ Living Will
- ☐ Representative or Protective Payee
- ☐ Limited Power of Attorney

Name: _____

Relationship: _____ Telephone: _____

Comments:

20) Primary Language: _____

Requires interpreter: ☐ YES ☐ NO

21) Legal Status:
- ☐ On probation or parole
- ☐ Currently involved in criminal proceedings
- ☐ Commitment to:_____
- ☐ Other:_____
- ☐ N/A

Comments:

22) Preparing for discharge from hospital, nursing facility, or institution: ☐ YES ☐ NO

Planned discharge date: _____

Comments:

23) Major Problem(s) at Time of Assessment & Anticipated Changes:

24) Primary Caregiver information: Is client in a custodial living arrangement? ☐ YES ☐ NO **IF YES, skip to page 3, question 31.**
Is there a primary caregiver? ☐ YES ☐ NO **IF NO, skip to page 3, question 31.**

Is primary caregiver paid? ☐ NO ☐ YES If YES, what is (are) the source(s) of payment? _____

If there is a primary caregiver, answer the following questions *(check the appropriate box)* : ☐ Caregiver not present ☐ Caregiver present at assessment

Name of Primary Caregiver (current or potential):_____ **Telephone:**_____

Address: _____ **City:** _____ **State:** _____

25) Relationship:	26) Age:	27) Hours available to provide care: *(Fill in the hours on the specific days, such as Mon: 8 am - 1 pm. Add any comments below.)*	28) Length of time as client's caregiver:	29) Special Training: *(Check all that apply.)*
☐ Spouse ☐ Relative ☐ Other (please specify) _____ _____	☐ Under 18 ☐ 18-20 ☐ 21-39 ☐ 40-59 ☐ 60-74 ☐ 75-85 ☐ 86+	Mon_____ Tues_____ Wed_____ Thur_____ Fri_____ Sat_____ Sun_____	_____ Years _____ Months	☐ N/A ☐ First Aid ☐ CPR (Cardiopulmonary Resuscitation) ☐ CNA (Certified Nursing Assistant) ☐ *Other* _____ _____

Comments:

UAI Directions/Guidelines *(page 3 - SECTION ONE: General Information, continued)*

What kind of help or additional supports, etc.: Include comments about at kind of assistance the caregiver needs to continue to provide care.

- 32) Additional Caregivers/Supports: List the names of any additional egivers who provide support to the client. Check the appropriate box to icate whether the caregivers are paid or unpaid. Include comments ated to availability, or concerns about specific caregivers/supports ed.

33) Abuse, Neglect, or Exploitation: Evaluate whether or not the client is currently experiencing or at risk for these situations and check one box.

IMPORTANT: The assessor who completes Section 1 should sign his/her name and add agency name, telephone, and date in the appropriate space on p. 12.

DEFINITIONS OF TERMS ON UAI PAGES 3 - 5
(listed in alphabetical order)

buse -The non-accidental infliction of physical pain, injury, or mental injury.

DLs - Bathing, dressing, toileting, transferring, eating, and walking.

vailable Support - Help now being provided that will continue; and/or help that an agency or client has agreed to provide.

Exploitation - An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage.

unctional Abilities and Supports -The degrees of independence with which a client performs the Activities of Daily Living (ADLs), Continence, Mobility, and Instrumental Activities of Daily Living (IADLs).

IADLs - Meal preparation, money management, transportation, shopping, using the telephone, medication management, heavy housework, and light housework.

Neglect - Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide these services for him/herself.

Supervision - Refers to the client's ability to manage his/her own life. Such ability may be diminished due to confusion, forgetfulness, or lack of judgment, and additional support may be necessary to meet needs and manage daily activities.

Unpaid Support - When no reimbursement for the support is provided.

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION ONE - General Information *(continued)*

30) What kind of help or additional supports, if any, does the caregiver need to continue to provide care? *(Obtain the caregiver's opinion about what he/she thinks is required for additional help or support. Attach additional sheet if needed.)*

31) Additional caregivers / supports: *(please list the name and check the box to indicate paid or unpaid status)*

	Paid	Unpaid		Paid	Unpaid
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐
_____	☐	☐	_____	☐	☐

32) Comments about current or future availability, or problems related to these caregiver/supports:
(Attach additional sheet if needed.)

33) Abuse, Neglect, or Exploitation: Is client currently experiencing or at risk for abuse, neglect, or exploitation? Check one box only. (*See instruction page for definitions. Any indication of abuse, neglect, or exploitation REQUIRES referral for assessment/investigation.*)

☐ **No indication** of any abuse, neglect, or exploitation occurring.
☐ **Indication of material abuse, neglect, or exploitation** that involves misuse of funds, property, or resources. The client is not in danger of any physical injury or pain.
☐ **Indication of psychological abuse, neglect, or exploitation** such as verbal assaults, threats, isolation, coercion, etc.
☐ **Indication of physical abuse, neglect, or exploitation and extreme violation of rights** where the client's health and safety are in danger.

UAI Directions/Guidelines *(pages 4 & 5 - SECTION TWO: Functional Abilities, Supports, and Related Information)*

sistance Required Column: Base the selection of the appropriate code on the client's ility to perform each activity on the day of the review. If the client is in a custodial facility, se the selection according to how the client would perform each item if the client lived on /her own. If the client has a temporary problem on the day of the review which interferes h how the activity is usually performed, base selection on the client's most typical rformance. If the client often has wide variations in performance of the activity, base lection on the most dependent performance.

ailable Supports Column: Indicate the degree of existing supports, paid or unpaid, that are t paid by the Department of Health and Welfare or the Idaho Commission on Aging. This support can be from families, friends, neighbors, volunteers, church, and caregivers, etc. "Available" refers to help now being provided that will continue; and/or help that an agency or client has agreed to provide.

Unmet Needs Column: Requires the assessor's decision on the level of unmet need: None, Minimal, Moderate, Extensive, and Total. Check the most appropriate box.

Comments Column: Include any explanatory information related to the rating, as well as the names of any available supports.

Functional Abilities and Supports

easurements of functional abilities and supports are commonly used across the untry as a basis for differentiating among levels of long-term caregiving. unctional abilities and supports are the degrees of independence with which a client erforms Activities of Daily Living (ADLs), Continence, Mobility, and Instrumental ctivities of Daily Living (IADLs).

here are three important points to remember when assessing functional abilities nd supports:

) Functional abilities and supports are measures of the client's impairment level and need for personal assistance. In many cases, impairment level and need for personal assistance are described by the help received, but this could lead to an inaccurate assessment. For example, a disabled client needs help to perform an activity in a safe manner, but he/she lives alone, has no formal supports, and "receives no help." Coding the client's performance as "independent" because no help is received is very misleading in terms of the actual impairment level. In order to avoid this type of distortion, interpret the ADLs in terms of what is usually needed to safely perform the entire activity.

) Second, an assessment of functional abilities and supports are based on what the client is able to do, not what he/she prefers to do. In other words, assess the client's ability to do particular activities, even if he/she doesn't usually do the activity. Lack of capacity should be distinguished from lack of motivation, opportunity, or choice. This is particularly relevant for the IADLs mentioned above. For example, when asking someone if he/she can prepare light meals, the response may be "no", he/she does not prepare meals, even though the client may be able to do so. The client should be coded as not needing help. If a client refuses to perform an activity, thus putting himself/herself at risk, it is important to probe for the reason why the client refuses, in order to code the activity correctly. The emphasis in this section is on assessing whether ability is impaired. Physical health, mental health, cognitive, or functional disability problems may manifest themselves as the inability to perform ADL, Continence, Mobility, and IADL activities. If a client is mentally and physically free of impairment, there is not a safety risk to the client, and the client chooses not to complete an activity due to personal preference or choice, indicate that the client does not need help.

3) The emphasis of the measurement of each of the functional activities should be how the client usually performed the activity over the past two weeks. For example, if a client usually bathes with no help or reminding/cuing, but on the date of the interview requires some assistance with bathing, code the client as not requiring help unless the client's ability to function on the date of the assessment accurately reflects ongoing need.

There are several components to each functional activity, and the coded response is based on the client's ability to perform all the components. For example, when assessing the client's ability to bathe, it is necessary to ask about his/her ability to do all of the bathing activities such as getting in and out of the tub, preparing the bath, washing, and towel drying. Therefore, interviewers will need to probe in detail in order to establish actual functional level.

Some questions in the section are personal and the client may feel somewhat embarrassed to answer (e.g., toileting, bladder and bowel control). Ask these questions in a straightforward manner and without hesitation. If you ask the questions without embarrassment or hesitation, the client will be more likely to feel comfortable. If the client is embarrassed, it is your responsibility to reassure the client that it is O.K. and that you understand how he/she could feel that way. Let the client know that answers to these questions are important because they will help you better understand his/her needs and provide a care plan that is right.

There is a space at the end of each Functional Abilities and Supports section to record comments. Use this space to comment on functioning in the areas of ADLs, Continence, Mobility, and IADLs. Comments should include the type of equipment used/needed to perform the activity and/or information about caregivers.

Use the space provided to record any problems with continued caregiving. These may include, but are not limited to, poor health of the caregiver, employment of caregiver, caregiver's lack of knowledge about ways to appropriately care for the client, or a poor relationship between the client and the caregiver. The space can also be used to record whether the caregiver has a "backup", or someone else who can provide for the client when the caregiver is unavailable or unable.

Informal care refers to services the client's spouse, relative, or other individual(s) are both physically and mentally able and willing to provide, at all the times the services generally are needed.

Descriptions/Examples of Functional Needs

1. Preparing Meals:

Capable of preparing nutritious meals. *(N)*
Capable of eating main meal at meal site or restaurant or receiving home-delivered meals and can fix other meals as required. *(MI)*
Needs assistance to prepare main meal and can fix most other simple meals required. *(MO)*
Needs assistance to prepare all meals. *(E)*
Cannot prepare any meals. *(T)*

2. Eating Meals:

Can feed self, chew, and swallow solid foods without difficulty or can feed self by gastrostomy tube or catheter. *(N)*
Can feed self, chew, and swallow foods but needs reminding/cuing to maintain adequate intake, or may need food cut up. *(MI)*
Can feed self only if food is brought to them. *(MO)*
Can feed self but needs standby assistance or cuing. May have occasional gagging, choking, or swallowing difficulty, or require assistance with feeding appliances. *(E)*
Must be fed by another person by mouth, or gastrostomy tube. *(T)*

(Page 4 Instructions continued on INSTRUCTIONS TO PAGE 5.)

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION TWO - Functional Abilities, Supports, and Related Information

Assistance Required Column **Directions:**
Check one of the following codes in this column: ***N*** = *None,* ***MI*** = *Minimal,* ***MO*** = *Moderate,* ***E*** = *Extensive,* ***T*** = *Total.*
Available Supports Column **Directions:**
Indicate the degree of existing supports received that are not paid by the Department of Health and Welfare or the Idaho Commission on Aging. Include supports received from family, friends, neighbors, volunteers, church, & paid caregivers, etc. Check: ***N*** = *None,* ***MI*** = *Minimal,* ***MO*** = *Moderate,* ***E*** = *Extensive,* ***T*** = *Total.*
Unmet Needs Column **Directions:**
Check the degree of unmet need to be met by the Department of Health and Welfare or the Idaho Commission on Aging. Check: ***N*** = *None,* ***MI*** = *Minimal,* ***MO*** = *Moderate,* ***E*** = *Extensive,* ***T*** = *Total.*

	Assistance Required	Available Supports	Unmet Needs	COMMENTS: *(If an AVAILABLE UNPAID or PAID SUPPORT exists, write the name in this section.)*
1. PREPARING MEALS: Identify the client's ability to prepare own food. Consider safety issues such as whether burners are left on.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
2. EATING MEALS: Identify the level of assistance needed to perform the activity of feeding and eating with special equipment if regularly used or special tray setup.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
3. TOILETING: Identify the client's ability to get to and from the toilet (including commode, bedpan, and urinal), manage colostomy or other devices, to cleanse after eliminating, and to adjust clothing.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
4. MOBILITY: Identify the client's physical ability to get around, both inside and outside, using mechanical aids if needed.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
5. TRANSFERRING: Identify the client's ability to transfer when in bed or wheelchair.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
6. PERSONAL HYGIENE: Identify the client's ability to shave, care for mouth, and comb hair.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
7. DRESSING: Identify the client's ability to dress and undress, including selection of clean clothing or appropriate seasonal clothing.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
8. BATHING: Identify the client's ability to bathe and wash hair.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
9. ACCESS TO TRANSPORTATION Identify the client's ability to get to and from stores, medical facilities, and other community activities, considering the ability both to access and use transportation.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	

Section 4 – Psychological / Social / Cognitive Information

1. Orientation 0. **Oriented** to person, place, time and/or situation. 1. **Occasionally disoriented** to person, place, time or situation, but is sufficiently oriented to function independently if in familiar surroundings. 2. **Frequently disoriented** to person, place, time, or situation, even if in familiar surroundings, and requires supervision and oversight for safety. 3. **Always disoriented** and requires CONSTANT supervision and oversight for safety. Extensive intervention needed to manage behavior.	**8. Wandering** 0. **Does not wander.** 1. **Wanders within the** residence or facility and may wander outside but does not jeopardize health or safety. 2. **Wanders within the residence or facility.** May wander outside; health or safety may be jeopardized, but client is not combative about returning and does not require professional consultation and/or intervention. 3. **Wanders outside and leaves immediate area.** Has consistent history of leaving immediate area, getting lost, or being combative about returning. Requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.
2. Memory 0. **Does not have difficulty remembering** and using information. Does not require directions ore reminding from others. 1. **Occasionally has difficulty remembering** and using information. Requires some direction and reminding from others. May be able to follow written instructions. 2. **Frequently has difficulty remembering** and using information, and requires direction and reminding from others. Cannot follow written instructions. 3. **Cannot remember** or use information. Requires continual verbal prompts.	**9. Disruptive/Socially Inappropriate Behavior** 0. **Is not disruptive, aggressive, or socially inappropriate.** Is not dangerous to self or others. 1. **Is sometimes disruptive/aggressive** or socially inappropriate, either verbally or physically threatening. Is sometimes agitated or anxious. Requires special tolerance or management. 2. **Is frequently disruptive/aggressive** or socially inappropriate, or is extremely agitated or anxious. May require professional consultation for behavioral management program. 3. **Is dangerous or physically threatening** and requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.
3. Judgment 0. **Judgment is good.** Makes appropriate decisions. 1. **Occasionally judgment is poor.** May make inappropriate decisions in complex or unfamiliar situations. Needs monitoring and guidance in decision-making. 2. **Frequently judgment is poor.** Needs protection and supervision because client makes unsafe or inappropriate decisions. 3. **Judgment is always poor.** Cannot make appropriate decisions for self or makes unsafe decisions and needs intense supervision.	**10. Assaultive/Destructive Behavior** 0. **Is not assaultive or dangerous.** 1. **Is sometimes assaultive.** Requires special tolerance or management, but does not require professional consultation and/or intervention. 2. **Is frequently assaultive,** and may require professional consultation for behavioral management program. 3. **Is assaultive** and requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.
4. Hallucinations 0. **No hallucinations** currently. 1. **Occasionally has hallucinations which interfere with functioning,** but currently well controlled; may be taking medication. 2. **Frequently has hallucinations which interfere** with functioning and may require medication and routine monitoring by behavioral health professional. 3. **Presently has hallucinations which significantly impair ability** for self care; may or may not be taking medication.	**11. Danger to Self** 0. **Does not display self-injurious behavior.** 1. **Displays self-injurious behavior** (i.e., self-mutilation, suicidal ideation/plans, and suicide gestures), but can be redirected away from those behaviors. 2. **Displays self-injurious behavior, and behavioral control intervention and/or medication may be required** to manage behavior. 3. **Displays self-injurious behavior and requires constant supervision,** with behavioral control intervention and/or medication. (REQUIRES an assessment and/or referral for help)
5. Delusions 0. **Is not delusional** currently. 1. **Occasionally has delusions which interfere with functioning,** but currently well controlled; may be taking medication. 2. **Frequently has delusions which interfere with functioning** and may require medication and routine monitoring by behavioral health professional. 3. **Presently has delusions which significantly impair ability** for self care; may or may not be taking medication.	**12. Alcohol/Drug Abuse** 0. **Never abuses.** 1. **Infrequently abuses** which may cause some interpersonal and/or health problems but does not significantly impair overall independent functioning. 2. **Sometimes abuses which causes moderate problems** with peers, family members, law officials, etc., and may require some professional intervention. 3. **Frequently abuses** which causes significant problems with others and severely impairs ability to function independently.
6. Anxiety 0. **No anxiety** currently. 1. **Occasionally has anxiety which interferes with functioning,** but currently well controlled; may be taking medication. 2. **Frequently has anxiety which interferes with functioning and** may require medication and routine monitoring by a behavioral health professional. 3. **Presently displays anxiety which significantly impairs ability** for self care; may or may not be taking medication.	**13. Self-Preservation/Victimization** 0. **Is clearly aware** of surroundings and is able to discern and avoid situations in which he/she may be abused, neglected, or exploited. 1. **Is sometimes able to discern** and avoid situations in which he/she may be abused, neglected or exploited. 2. **Is frequently unable to discern** and avoid situations in which he/she may be abused, neglected, or exploited. 3. **Requires constant supervision** due to his/her inability to discern and avoid situations in which he/she may be abused, neglected or exploited.
7. Depression 0. **Does not display symptoms** of depression currently. 1. **Occasionally has depression which interferes with functioning,** but currently well controlled; may be taking medication. 2. **Frequently has depression which interferes with functioning** and may require medication and routine monitoring by a behavioral health professional. 3. **Presently displays depression which significantly impairs ability** for self care; may or may not be taking medication.	

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION TWO - Functional Abilities, Supports, and Related Information *(continued)*

Assistance Required Column **Directions:**
Check one of the following codes in this column: ***N*** = *None,* ***MI*** = *Minimal,* ***MO*** = *Moderate,* ***E*** = *Extensive,* ***T*** = *Total.*
Available Supports Column **Directions:**
Indicate the degree of existing supports received that are not paid by the Department of Health and Welfare or the Idaho Commission on Aging. Include supports received from family, friends, neighbors, volunteers, church, & paid caregivers, etc. Check: ***N*** = *None,* ***MI*** = *Minimal,* ***MO*** = *Moderate,* ***E*** = *Extensive,* ***T*** = *Total.*
Unmet Needs Column **Directions:**
Check the degree of unmet need to be met by the Department of Health and Welfare or the Idaho Commission on Aging. Check: ***N*** = *None,* ***MI*** = *Minimal,* ***MO*** = *Moderate,* ***E*** = *Extensive,* ***T*** = *Total.*

	Assistance Required	Available Supports	Unmet Needs	COMMENTS: *(If an AVAILABLE UNPAID or PAID SUPPORT exists, write the name in this section.)*
10. FINANCES: Identify the client's ability to handle paying bills, managing checking/savings accounts, and overseeing other items which are part of a household budget.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
11. SHOPPING: Identify the client's ability to shop for food and personal items.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
12. LAUNDRY: Identify the client's ability to do own laundry either at home or at laundromat.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
13. HOUSEWORK: Identify the client's ability to clean surfaces and furnishings in his/her living quarters, including dishes, floors, and bathroom fixtures, and disposing of household garbage.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
14. WOOD/COAL SUPPLY: Complete only if primary heating source is fueled by wood or coal.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
15. NIGHT NEEDS: Identify the client's need for assistance during the night.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
16. EMERGENCY RESPONSE: Identify the client's ability to recognize the need for and to seek emergency help.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
17. MEDICATION: Identify the client's ability/willingness to administer his/her own medication.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	
18. SUPERVISION: Identify the client's ability to manage his/her life, including needs and activities.	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	☐ *N* ☐ *MI* ☐ *MO* ☐ *E* ☐ *T*	

1. Preparing Meals

0. None: Possess cognitive and physical abilities to safely prepare all meals.
1. Min: Capable of preparing meals with cueing or supervision.
2. Moderate: Requires physical assist with at least one meal per day and can fix other simple meals. Assist required may be in the form of home delivered meals
3. Extensive: Requires complete physical assistance with all meals but can assist with certain tasks.
4. Total: Requires complete physical or cognitive assist with all meals and is unable to assist with any tasks. Is unable to access a refrigerator or microwave.

2. Eating Meals

0. None: Can feed self, chew, and swallow solid foods without difficulty or can feed self by gastrostomy tube or catheter.
1. Minimal: Can feed self, chew, and swallow foods but needs reminding/cuing to maintain adequate intake, or may need food cut up.
2. Moderate: Can feed self only if food is brought to them.
3. Extensive: Can feed self but needs standby assistance or cuing. May have occasional gagging, choking, or swallowing difficulty, or require assistance with feeding appliances.
4. Total: Must be fed by another person by mouth, or gastrostomy tube.

3. Toileting

0. None: Can toilet self without physical assistance or supervision. May need grab bars/raised toilet seat or can manage own closed drainage system if has a catheter or sheath or uses protective aids.
1. Minimal: Needs standby assistance or cuing for safety or task completion. May need some physical assistance with parts of the task such as clothing adjustment, washing hands, etc.
2. Moderate: Needs physical assistance with parts of the task such as wiping, cleansing, clothing adjustment. May need a protective garment.
3. Extensive:Cannot get to the toilet unassisted. May/may not be aware of need.
4. Total: Physically unable to be toileted. Requires continual observation and total cleansing. Needs someone else to manage care of closed drainage system if they have catheter or sheath.

4. Mobility

0. None: Can get around inside and outside without assistance.
1. Minimal: Can get around inside without assist but needs assistance outside.
2. Moderate: Needs occasional assistance inside and usually needs assist outside.
3. Extensive: Can only get around with regular assistance both inside and out.
4. Total: Cannot move around even with regular assist.

5. Transferring

0. None: Can transfer independently and can manage own position changes.
1. Min: Transfers/change position most of the time but needs assist on occasion.
2. Moderate: Can assist with own transfers and position changes but needs assistance most of the time.
3. Extensive: Can assist with own transfers and positions changes but needs assistance all of the time.
4. Total: Transfers/position changes must be done by one person all of the time.

6. Personal Hygiene

0. None: Can manage own personal hygiene without reminds, assist, or superv.
1. Minimal: Can manage personal hygiene but must be reminded/cued at least some of the time.
2. Moderate:Performs personal hygiene but requires physical assist to complete.
3. Extensive: caregiver performs most personal hygiene but client assists.
4. Total: Dependent on others to provide all personal hygiene.

7. Dressing

0. None: Can dress/undress and select clothing without assist or supervision.
1. Minimal: Can dress/undress and select clothing but may need to be reminded or supervised.
2. Moderate: Can dress/undress and select clothing with assistance.
3. Extensive: Caregiver dresses/undresses and selects clothing but client assists.
4. Total: Dependent upon others to do all dressing/undressing.

8. Bathing

0. None: Can bathe without reminders and without assist or supervision.
1. Minimal: Can bathe without physical assistance but may need reminding or standby assistance.
2. Moderate: Requires assistance or cuing with parts of bathing, (i.e, washing back feet, rinsing hair,etc.) Includes people who cannot get into/out of the tub and may require some other assistance.
3. Extensive: Caregiver bathes the client with client's assistance.
4. Total: Dependent on others to provide complete bath, including shampoo.

9. Transportation

0. None: Can drive safely or is capable of using alternative trans without assist.
1. Minimal: Can use available transportation but needs instruction or physical assistance or cuing to get to or from transportation vehicle.
2. Moderate: Can use available transportation if physical assist or cuing is provided to both get in and out of vehicle, but assist is not needed during the trip
3. Extensive: Is dependent upon being accompanied to access the community.
4. Total: Medical condition is such that an ambulance is required.

10. Finances

0. None: Handles financial business matters.
1. Min: Needs Occasional assist with financial business matters
2. Moderate: Needs help with some financial business matters.
3. Extensive: Needs extensive help to manage financial business.
4. Total: Unable to handle financial business matters.

11. Shopping

0. None: Can shop without assistance.
1. Min: Shops without physical assist but may need reminded/supervised.
2. Mod: Can Shop with physical assist or cuing from caregiver.
3. Extensive: Caregiver shops but client assists
4. Total: Totally dependent upon other for shopping.

12. Laundry

0. None: Is capable of doing laundry.
1. Min: Does without assist but may need to be reminded/ supervised.
2. Mod: Can do laundry but needs physical assist or reminding/cuing from caregiver.
3. Extensive: Caregiver does the laundry but client assists
4. Total: Totally dependent upon other to do laundry within/outside the home.

13. Housework

0. None: performs housecleaning without any assistance.
1. Min: Physically capable of performing all housecleaning but needs to be reminded/ supervised.
2. Moderate: Performs light housecleaning without supervision or cuing and caregiver handles physically difficult housecleaning.
3. Extensive: Performs light housecleaning with supervision or cuing and caregiver handles physically difficult housecleaning.
4. Total: Totally dependent upon others for all housecleaning.

14. Wood/Coal Supply

0. None: Maintains wood/coal supply without assistance.
1. Min: Can maintain wood/coal supply with occasional assist.
2. Mod: Can maintain wood/coal supply but needs reminded/ supervised.
3. Extensive: Can maintain heat if wood/coal is brought into living area, but is physically unable to carry wood/coal and needs assist with chopping and stacking.
4. Total: Totally dependent upon others for assistance.

15. Night Needs.

0. None: Needs no assistance from another person during the night.
1. Minimal: Requires hands on or standby assistance 1-2 times per night.
2. Moderate: Requires hands on or standby assistance 3-4 times per night.
3. Extensive: Requires hands on or standby assistance 5 or more time per night.
4. Total: Requires staff to be up and awake all night.

16. Emergency Response

0. None: Needs no assistance to get outside of present dwelling or get emergency help. Is able to use the phone in emergency situations.
1. Min: Needs supervision and/or verbal cuing to get outside of present dwelling or get emergency help.
2. Moderate: Caregiver must assist to get outside of present dwelling but client can assist.
3. Extensive: Requires some physical assist to get outside of present dwelling.
4. Total: Requires total physical assist to get out of present dwelling.

17. Medication

0. None: Can self-administer medication without assistance.
1. Minimal: Requires minimal assist (i.e. open containers or use a med set); understands medication routine.
2. Moderate: Requires occasional assist or cueing to follow medication routine or timely medication refills.
3. Extensive: Requires daily assist or cueing; must be reminded to take medications; does not know medication routine; may not remember if took meds.
4. Total: Requires licensed nurse to administer and/or assess the amount, frequency, or response to medication or treatment. A treatment is defined as an in home skilled nursing treatment.

18.Supervision

Based on Section 4 assessment of cognitive functioning.

Disorientation	3pts	Wandering	4pts
Memory	2pts	Disruptive	4pts
Judgment	3pts	Assaultive	4pts
Hallucinations	1pt	Danger to Self	4pts
Anxiety	1pt	Alcohol/Drug	1pt
Depression	1pt	Vulnerability	4pts

0. None	0-15pts	4. Total	61-100 pts
1. Minimal	16-30 pts		
2. Moderate	31-45 pt		
3. Extensive	46-60 pts		

1/24/06

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION TWO - Functional Abilities, Supports, and Related Information *(continued)*

IMPORTANT: THIS PAGE TO BE COMPLETED ONLY IF CLIENT IS SEEKING SERVICES IN THE HOME OR FROM AAA.

19) Please note source of information: ☐ Observed through site inspection ☐ Reported by client and/or client's representative

ENVIRONMENT - *Exterior* CHECK ALL THAT APPLY

Areas to Review	Observations	N/A	Areas to Review	Observations	N/A
LIVING ARRANGEMENT	☐ Own ☐ Rent ☐ Apartment ☐ House ☐ Duplex ☐ Trailer ☐ One-Story ☐ Two-Story ☐ Three Story		SIDEWALKS	☐ Adequate ☐ Missing ☐ Uneven ☐ Cracked	
			HANDRAILS	☐ Adequate ☐ Too low ☐ Missing ☐ Loose	
WINDOWS	☐ Adequate ☐ Won't lock ☐ Glass broken ☐ Poor fit ☐ No shade		PORCH	☐ Adequate ☐ No stairs ☐ Unstable ☐ Uneven ☐ Needs ramp	
ROOF	☐ Adequate ☐ Unable to assess ☐ Leaking		DOORS	☐ Adequate ☐ Poor fit ☐ Poor locks ☐ Broken glass	
MAINTENANCE	☐ Adequate ☐ Scattered rubbish ☐ Pet droppings ☐ Unkempt ☐ Snow removal ☐ Lawn mowing		EXTERIOR SURFACE	☐ Adequate ☐ Peeling Paint ☐ Inadequate	
LIGHTING	☐ Adequate ☐ Unable to assess ☐ Exposed wires		HOUSE NUMBER	☐ Adequate ☐ None ☐ Hidden	
NEIGHBORHOOD SAFETY	☐ Adequate ☐ Unable to assess ☐ Client concern		SEWAGE	☐ Adequate ☐ Septic Problems ☐ Odor ☐ Unable to assess	

20) ENVIRONMENT - *Interior* CHECK ALL THAT APPLY

Areas to Review	Observations	N/A	Areas to Review	Observations	N/A
WHEELCHAIR ACCESS	☐ Doorways ☐ Bedroom ☐ Kitchen ☐ Bathroom		LIGHTING	☐ Adequate ☐ Burned out bulbs ☐ Unable to assess ☐ Night lights ☐ Inadequate lighting	
FLOORS	☐ Adequate ☐ Broken ☐ Excessive clutter ☐ Uneven ☐ Loose carpeting		STAIRS	☐ Adequate ☐ Need repair ☐ Need handrail ☐ Cluttered ☐ Narrow ☐ Steep	
TUB / SHOWER	☐ Adequate ☐ Clogged drain ☐ No transfer space ☐ Unsanitary ☐ No handrail		ELECTRICAL SAFETY	☐ Adequate ☐ Unsafe extension cords ☐ Power off ☐ Bare wires ☐ Overloaded ☐ Unable to assess	
TOILET	☐ Adequate ☐ Won't flush ☐ Needs safety bar ☐ Leaks ☐ Outdoors ☐ No transfer space		APPLIANCES	☐ Adequate ☐ Needs Repair *(Please identify appliance and reason for repair.)*	
CLEANLINESS	☐ Adequate ☐ Rubbish/Trash ☐ Excrement / urine in inappropriate receptacle ☐ Odor ☐ Unclean food prep area		HEATING / COOLING	☐ Adequate ☐ Space heaters ☐ Furnace not working ☐ Poor ventilation ☐ Gas fumes ☐ Unable to assess	
OTHER ISSUES	☐ None ☐ Pet droppings ☐ Termites ☐ No hot water ☐ Insects ☐ Rats / Mice ☐ Cockroaches ☐ Fleas		SAFETY FACTORS	☐ Adequate ☐ Inaccessible exits ☐ Limited phone access ☐ Improper chem. storage ☐ No emergency food ☐ No knowledge of emergency access or 911 ☐ No Emergency Response System ☐ *Other*_____ ☐ No smoke alarm ☐ No washer / dryer ☐ No telephone	

21) Are there other things around the home that need care/repair?

UAI Directions/Guidelines *(page 7 - SECTION TWO: Functional Abilities, Supports, and Related Information, continued)*

2) Assistive Devices and Medical Equipment: Check the assistive devices or ıedical equipment that the client has or needs. Also, indicate if an assistive evice/technology assessment is needed. Record any additional needs not ɔvered by the list in the comment box.

3) Additional Nutritional Risk Information: These situations represent ɔssible risk areas. Check any number that apply.

24) Diet Information: Answer the questions by checking the appropriate YES/NO boxes. If the client is on a diet ordered by a physician, select one choice. If none of the choices match the physician order, please specify in the OTHER.

IMPORTANT: The assessor who completes Section 2 should sign his/her name and add agency name, telephone, and date in the appropriate space on p. 12.

DEFINITIONS OF TERMS ON UAI PAGE 7
(listed in alphabetical order)

ʌssistive Device/ Technology Assessment - An assessment to determine the most ıppropriate and cost effective mechanical / manual devices or equipment for meeting a ɔlient's functional needs.

ʌssistive Devices/Medical Equipment - Mechanical or manual devices or equipment ısed to increase, maintain, or improve the functional capacity of individuals.

ɜypass Bipap - Machine to assist a client in breathing.

ɔPAP - Abbreviation for Continuous Positive Airway Pressure.

Diets -

Regular diet with added nutrients: Diet with added nutritional supplements.
Mechanically altered: Diet requiring blended food.
Restricted sodium: Diet restricting sodium intake.
Diabetic: Diet to control effects of diabetes
ADA calorie-calculated: Diet restricting calorie intake under guidelines of American Dietetics Association.
Liquid: Diet of liquid food/food supplements only.
Low fat: Diet requiring low fat intake.
Low cholesterol: Diet requiring low cholesterol intake.

Hoyer Lift - Mechanical support to transfer a client.

Infusion Pump - Device used to introduce fluid, other than blood, into a vein.

Nebulizer - Device used to reduce liquid medication to extremely fine cloud-like particles.

Prosthesis - Fabricated substitute for a diseased or missing part of the body.

Volume Ventilator - Machine which breathes for a client.

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION TWO - Functional Abilities, Supports, and Related Information *(continued)*

22) ASSISTIVE DEVICES AND MEDICAL EQUIPMENT: (Please check all that apply.)

MOBILITY

Has	Needs	
☐	☐	Cane
☐	☐	Crutches
☐	☐	Guide Dog
☐	☐	Hospital Bed
☐	☐	Hoyer Lift
☐	☐	Leg Braces
☐	☐	Prosthesis
☐	☐	Ramp Access
☐	☐	Transfer Board
☐	☐	Walker
☐	☐	Wheelchair (electric)
☐	☐	Wheelchair (manual)
☐	☐	Wheelchair cushion
☐	☐	*Other:*_____

RESPIRATION

☐	☐	Bypass Bipap
☐	☐	CPAP
☐	☐	Nebulizer
☐	☐	Oxygen
☐	☐	Volume Ventilator
☐	☐	*Other:*_____

EATING

Has	Needs	
☐	☐	Dentures
☐	☐	Hand Splint / Braces
☐	☐	Infusion Pump
☐	☐	Special Utensil / Plate
☐	☐	*Other:* _____

SKIN CARE

☐	☐	Special Mattress
☐	☐	Special Mattress Pad
☐	☐	Whirlpool
☐	☐	*Other:* _____

TOILETING

☐	☐	Bed Pan / Urinal
☐	☐	Pads for Incontinence
☐	☐	Commode
☐	☐	Grab Bars
☐	☐	Raised Toilet Seat
☐	☐	*Other:* _____

COMMUNICATION

Has	Needs	
☐	☐	Elec. Comm. Device
☐	☐	Eye Glasses/Corrective Lenses
☐	☐	Hearing Aid
☐	☐	Interpreter (Lang.)
☐	☐	Interpreter (Sign)
☐	☐	Lifeline
☐	☐	Magnifying Glass
☐	☐	Picture Book
☐	☐	Symbol Book
☐	☐	TTY (Teletypewriter)
☐	☐	*Other:* _____

BATHING

☐	☐	Bath Bench
☐	☐	Grab Bar / Tub Rail
☐	☐	Handheld Shower
☐	☐	Hydraulic Lift
☐	☐	*Other:* _____

ENVIRONMENTAL CONTROLS

☐	☐	Heating/Cooling
☐	☐	*Other:* _____

Please list any other medical supplies not covered above:

Is an assistive device / technology assessment needed? ☐ YES ☐ NO

23) ADDITIONAL NUTRITIONAL RISK INFORMATION:

YES	NO	
☐	☐	Do you eat less than two meals a day?
☐	☐	Do you eat less than two servings each of fruits, vegetables, and milk and dairy products a day?
☐	☐	Do you have two to three drinks of beer, liquor, or wine a day?
☐	☐	Do you have tooth or mouth problems that make it hard to chew?
☐	☐	Do you ever run out of money for food?
☐	☐	Do you frequently eat alone?
☐	☐	Do you take three or more different prescribed or over-the-counter drugs?
☐	☐	Have you gained or lost ten pounds in the last six months without wanting to?
☐	☐	Do you have an illness or condition that makes you change the kind of food and/or amount of food you eat?
☐	☐	Are you always physically able to shop, cook, and feed yourself?
☐	☐	Do you have difficulty swallowing?

24) DIET INFORMATION:

Are you currently on a special diet ordered by a physician? ☐ NO IF NO, please proceed to page 8.
☐ YES IF YES, please answer the following:

Are you following the diet? ☐ YES ☐ NO

Please specify which diet(s) from the choices below:

☐ ADA calorie-calculated
☐ Regular diet with added nutrients
☐ Mechanically altered
☐ Restricted sodium
☐ Diabetic
☐ Low cholesterol
☐ Liquid
☐ Low fat
☐ *Other:*_____

UAI Directions/Guidelines *(page 8 - SECTION THREE: Health Information)*

Current Diagnosis (Physical and Mental Health): Check all psychiatric, substance abuse, and immune system disorders diagnoses that have been ONFIRMED AND DOCUMENTED by health/mental health professionals. Note all other medical problems identified by client or family.

Explanation of Diagnoses Categories

coholism/Substance Abuse: Includes alcohol, prescription, illegal, and over-the-unter drug abuse.

ood-Related Problems: Includes Erythenia, Leukemia, Lymphoma, Splenic sorders, Anemias, and Hepatitis.

ıncer: Cancer is not a single disease, but a group of disorders where normal body lls are transformed into malignant ones. If a client reports cancer as a diagnosis, it important to ask what type and ascertain the location of the tumor. Treatments clude radiation and chemotherapy, and there may be side effects such as weight ss, poor appetite, skin irritation, diarrhea, weakness, fatigue, and pain. The sessor may want to ask a significant other about the client's prognosis.

ırdiovascular Problems:

Circulation Problems include disturbance in the circulatory system, such as Peripheral Vascular Disease. These problems may be evident by edema (swelling) of the extremities, ulcers, gangrene, discoloration, absence of pulse in the extremity, and severe pain. This is also the code to give someone who is taking medication for high cholesterol.

Congestive Heart Failure is a condition caused by loss of pumping power of the heart, resulting in fluids collecting in the body.

Heart Trouble includes atherosclerosis (fatty deposits in the arteries), arteriosclerosis, cardiovascular disease, coronary artery disease, and heart attack.

High Blood Pressure, or Hypertension, is persistent elevation of the arterial blood pressure.

ementia:

Alzheimer's Disease is a progressive neurological problem of unknown etiology, characterized by loss of memory, confusion, agitation, loss of motor coordination, decline in the ability to perform routine tasks, personality changes, loss of language skills, and eventual death. Clients often exhibit emotional instability, and problems such as wandering, depression, belligerence, and incontinence may develop.

Non-Alzheimer's includes organic brain syndrome, chronic brain syndrome, and senility.

evelopmental Disabilities:

Mental Retardation is characterized by subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period. Significantly below average is considered to be an IQ of 70 or below.

Autism: Autism is a developmental disability which appears in childhood, resulting from a lack of organization in brain functioning. Symptoms include self-absorption, inaccessibility, aloneness, inability to relate, highly repetitive play, rage reactions when interrupted, predilection for rhythmical movements, and language disturbances.

Cerebral Palsy: A developmental disability caused by damage to the brain in utero or during birth, resulting in various types of paralysis and lack of motor coordination, particularly for muscles used in speech.

Epilepsy/Seizure Disorder: Disorder which results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

Related Conditions include Friedreich's Ataxia, Multiple Sclerosis, Muscular Dystrophy, and Spina Bifida.

igestive, Liver, Gall Bladder: Intestinal problems may include a wide range of gestive tract disorders. Common problems are peptic and duodenal ulcers, colitis, iverticulitis, hiatal hernia, or gall bladder disease. Symptoms include indigestion, eartburn, nausea, belching, bloating, vomiting, diarrhea, weight loss, constipation, nd pain. Other problems in this category include cirrhosis and chronic liver disease.

Endocrine/Gland Problems:

Diabetes results from an insufficiency of insulin production by the pancreas and is characterized by the body's inability to utilize glucose (sugar). Diabetes causes infections or poor healing of legs and other complications. Depending on the type of diabetes, duration, and severity, a special diet, oral medication, and/or insulin injections may be required.

Thyroid Problems include disorders which affect functioning of the thyroid gland, such as hypothyroidism (underactive thyroid) and hyperthyroidism (overactive thyroid).

Other Endocrine Problems include thyroid nodules and thyroiditis (inflammation of the thyroid).

Eye disorders: Include cataracts (age-related change in the transparency of the lens), glaucoma (elevation of pressure of fluid within the eye causing damage to the optic nerve), blindness, conjunctivitis, and corneal ulcers.

Immune System Disorders: Includes Lupus, Acquired Immune Deficiency Syndrome, and HIV Positive clients.

Muscular/Skeletal:

Arthritis is an inflammatory condition involving the joints which ranges in severity from occasional mild pain to constant pain that can cause crippling. Types of arthritis include rheumatoid and osteoarthritis; location may include hands, neck, back, hips, legs, or joints.

Osteoporosis is a bone-thinning process with loss of normal bone density, mass, and strength. Osteoporosis is a major cause of fractures of the spine, hip, wrists, and other bones. Symptoms include loss of height, dowager's hump, and fractures.

Other includes degenerative joint disease, bursitis, and tendinitis.

Neurological:

Brain Trauma/Injury includes brain tumors which are lesions in the brain that cause varied symptoms including headaches, lack of motor coordination, seizures, or tremors. Also includes brain damage due to an accident or incident which significantly affects intellectual or adaptive functioning.

Epilepsy (non-DD related): Disorder which results from a sudden loss of consciousness accompanied sometimes by muscular contractions or spasms.

Spinal Cord Injury is permanent damage to the spinal cord resulting in paralysis (loss of sensation and movement) to all or some limbs and the trunk of the body.

Stroke (Cerebral Vascular Accident - CVA) is an acute episode that exhibits loss of consciousness, confusion, slurred garbled speech or inability to speak, loss of mobility, and either left or right side paralysis due to loss of oxygen to the brain. A stroke may leave permanent effects such as inability to speak or comprehend speech (aphasia), memory loss, confusion, paralysis, and contracture (shortening and tightening of muscles).

Other Neurological Problems includes Parkinson's Disease (a progressive neuromuscular disorder characterized by tremors, shuffling gait, and muscle weakness), polio, and tardive dyskinesia.

Psychiatric Problems:

Anxiety Disorders are characterized by patterns of anxiety and avoidance behavior. While anxiety is a normal part of existence, these disorders cause impairment in social occupational functioning.

Bipolar Disorder includes mixed, manic, depressed, and seasonal. Manic Disorder is characterized by a distinct period of abnormally and persistently elevated, expansive, or irritable mood.

Major Depression see definition for DEPRESSION located on *INSTRUCTIONS FOR PAGE 11.*

(Page 8 Instructions continued on INSTRUCTIONS TO PAGE 9.)

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION THREE - Health Information

1) Primary Physician's Name:

2) Telephone:

3) Current Diagnosis (Physical and Mental Health): *(Check all that apply.)*

☐ **ALCOHOLISM/SUBSTANCE ABUSE**

☐ **BLOOD-RELATED PROBLEMS**

☐ **CANCER** *Type:* _____

CARDIOVASCULAR PROBLEMS
- ☐ Circulation
- ☐ Congestive Heart Failure
- ☐ Heart Trouble
- ☐ High Blood Pressure
- ☐ Other Cardiovascular Problems_____

DEMENTIA
- ☐ Alzheimer's
- ☐ Non-Alzheimer's

DEVELOPMENTAL DISABILITIES
- ☐ Mental Retardation
- ☐ Autism
- ☐ Cerebral Palsy
- ☐ Epilepsy/Seizure Disorder
- ☐ Related Conditions_____

☐ **DIGESTIVE / LIVER / GALL BLADDER**

ENDOCRINE (GLAND) PROBLEMS
- ☐ Diabetes
- ☐ Thyroid
- ☐ Other Endocrine Problems_____

☐ **EYE DISORDERS**

☐ **IMMUNE SYSTEM DISORDERS**

MUSCULAR / SKELETAL
- ☐ Arthritis / Rheumatoid Arthritis
- ☐ Osteoporosis
- ☐ Other Muscular / Skeletal Problems_____

NEUROLOGICAL PROBLEMS
- ☐ Brain Trauma / Injury
- ☐ Epilepsy (non-DD)
- ☐ Spinal Cord Injury
- ☐ Stroke
- ☐ Other Neurological Problems_____

PSYCHIATRIC PROBLEMS
- ☐ Anxiety Disorders
- ☐ Bipolar
- ☐ Major Depression
- ☐ Personality Disorder
- ☐ Schizophrenia
- ☐ Other Psychiatric Problems_____

RESPIRATORY PROBLEMS
- ☐ Black Lung
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Pneumonia
- ☐ Other Respiratory Problems_____

URINARY / REPRODUCTIVE PROBLEMS
- ☐ Renal Failure
- ☐ Other Urinary / Reproductive Problems_____

☐ **ALL OTHER PROBLEMS**_____

4) Pertinent History (Physical and Mental Health):

5) Last Hospitalization (Date and Reason):

6) MEDICATIONS:

☐ Check here if NO PRESCRIBED MEDICATIONS _____ Total number of prescribed medications

Name / Dosage *(list)*	RTE	FRQ	Use These Route Codes:	Use These Frequency Codes:
_____	____	____	01 Oral	01 QD *(once a day)*
_____	____	____	02 IM / subcuta	02 BID *(2X a day)*
_____	____	____	03 NG / gastric	03 TID *(3X a day)*
_____	____	____	04 Topical	04 QID *(4X a day)*
_____	____	____	05 Rectal / vaginal	05 5 or more / 24 hours
_____	____	____	06 Inhalant	06 QOD *(every other day)*
_____	____	____	07 IV / intravenous	07 HS *(at bedtime)*
_____	____	____	08 Other	08 2-3X a week
_____	____	____	09 Unknown	09 4-5X a week
_____	____	____		10 PRN *(as needed)*
_____	____	____		11 Weekly
_____	____	____		12 Monthly
_____	____	____		13 Other

7) Comments regarding medication use: *(Be sure to note whether client requires liquids versus pill form, crushed pills, etc.)*

8) Does the client use any Over-the-Counter (OTC) medications or home remedies? ☐ No ☐ Yes IF YES, please list.

ction Three: Explanation of Diagnoses Categories, p. 8 Instructions - continued)

Personality Disorder includes paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, obsessive compulsive, and passive aggressive. Characteristics include enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are inflexible and maladaptive and cause either significant functional impairment or subjective distress.

Schizophrenia includes disorganized, catatonic, and paranoid types and is characterized by patterns of delusions which are false beliefs, hallucinations, incoherence or marked loosening of associations, flat or grossly inappropriate affect, and disturbances in psychomotor behavior.

spiratory Problems:

Black lung (Pneumoconiosis) is a chronic, disabling lung disease which results from accumulation of coal dust in the lung tissue.

COPD is chronic obstructive pulmonary disease.

Pneumonia is characterized by fluid in the lungs.

Other includes TB, bronchitis, emphysema, asthma, and allergies.

Urinary/Reproductive Problems:

Renal Failure may be acute or chronic.

Other Urinary/Reproductive Problems includes inflammation of the bladder, infection in the kidneys or other parts of the urinary tract, urinary tract infections, urinary retention, urinary incontinence, and disorders of the male genital organs and female genital tract (i.e., irregular menstrual cycles).

All Other Problems: includes anything not coded above.

Pertinent History (Physical and Mental Health): Document history which is relevant to current functioning. Include hospitalizations and mental health atments. Give dates.

-7) Medications: List all currently prescribed medications and their dosage. If the client is preparing for discharge from a hospital, nursing home, or stitution, list only the medications that will be taken after discharge. Use the route and frequency codes listed. Use the "Comments Regarding Medication se" to list medications prescribed but not purchased, prescribed and purchased but not taken, prescribed for someone else but used by the client, etc. Add an ditional page if necessary to document medication usage. Be sure to note whether client requires liquids versus pill form, crushed pills, etc.

UAI Directions/Guidelines *(page 9 - SECTION THREE: Health Information)*

SPECIFIC INSTRUCTIONS & DEFINITIONS

-11) Bladder/ Bowel Control & Skin Problems: Check appropriate answers.

Continence: Continence is the ability to control urination (bladder) and elimination (bowel). Incontinence may have one of several different causes, including specific disease processes and side-effects of medications. Helpful questions include, "Do you get to the bathroom on time?", "How often do you have accidents?", and "Do you use pads or Depends?"

Skin Problems: Include dry areas, rashes, stasis, ulcers, red areas, pressure sores/decubitus ulcers, open sores, open wounds, and/or any open sore that has not healed in the last thirty (30) days.

?) Treatments/Therapies: List all treatments/therapies currently provided, unless eparing for discharge from a hospital, nursing facility, or institution. In this case, eck treatments that must be provided after discharge. List all treatments/therapies hich are physician ordered / referred, or otherwise authorized which are provided / or under the direct supervision of a licensed or certified professional therapist, by her providers, or family. For each treatment or therapy, write in the appropriate equency code from the list.

Behavioral Management Program: A systematic application of learning principles to positively change a client's behavior.

Bladder Control Program: An individualized program designed to restore, improve, or maintain voluntary or automatic bladder function that is appropriate for the client's need.

Bowel Control Program: An individualized program designed to establish voluntary or automatic emptying of the bowel.

Case Management/Care Coordination Assistance: A method of managing the provision of health care to clients to improve the continuity and quality of care, such as coordinated services through the Idaho Commission on Aging, targeted case management for MI/DD clients, etc.

Catheter Care: The management and care of a client who requires an artificial means for emptying the bladder. Catheterization may include indwelling, foley, straight, retention, French, Condom, External, Texas, or suprapubic catheters.

Chemo/Radiation Therapy: Administration of chemical reagents (medication or radiation) in treatment of disease that have specific and toxic effects on the microorganism causing the disease.

Decubitus Care: Measures used to treat open skin conditions that occurred as a result of excessive prolonged pressure over a bony prominence.

Developmental Therapy: Therapy directed toward the rehabilitation/habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living or economic self-sufficiency.

Diabetic Management: Assistance and guidance with developing a comprehensive, multidisciplinary program to control and manage a diabetic client.

Dialysis Treatment: Mechanical elimination of impurities from the blood during kidney failure.

Licensed Nursing Care: Provision of care by a licensed RN or under the supervision of an RN.

Medication Management: Monitoring the needs for and the reactions to medications.

Occupational Therapy: Defined therapy program designed to gain/regain skills that will assist a client to reach a higher level of skills regarding direct personal care and household activities (bathing, dressing, cooking, eating, etc.).

Ostomy/Colostomy Care: Training in the methods of cleaning and maintaining ostomy/colostomy. Cleansing of an opening in the abdomen through which body waste passes to the outside of the body. This includes the skin area around the opening. Reapplication of ostomy bag, if needed.

Physical Therapy: The treatment of disorders with physical agents and methods to assist in rehabilitating clients and restoring normal function following an illness or injury.

Psychotherapy: A therapy program for which the goal is to attain a relatively healthy state of mind (i.e., the client is able to cope with and adjust to the current stresses of every day living in an acceptable way).

Psych / Social Rehabilitation Services: Services designed to meet the psychological and social rehabilitation needs of clients, including such things as behavioral management programs, social skills training, aggression management, and anger control.

Range of Motion/Strengthening (ROM): Passive, active-assertive, active, and resistive exercises involving the extension, flexion, and rotation of a joint. Includes exercises to increase endurance, bed mobility, and self-exercises under supervision.

(Page 9 Instructions continued on INSTRUCTIONS TO PAGE 10.)

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION THREE - Health Information *(continued)*

9) Bladder Control: *(check one)*
- ☐ Continent
- ☐ Occasional incontinence *(2X wk)*
- ☐ Frequent incontinence *(1X day)*
- ☐ Total incontinence
- ☐ Catheter *(Type:_____)*
- ☐ Unknown

10) Bowel Control: *(check one)*
- ☐ Continent
- ☐ Occasional incontinence *(2X wk)*
- ☐ Frequent incontinence *(1X day)*
- ☐ Total incontinence
- ☐ Ostomy
- ☐ Constipation /Impaction ☐ Unknown

11) Skin Problems: ☐YES ☐ NO
If YES, describe problems, including any special wound care, nail care, etc.:

12) Treatments / Therapies: ☐ CHECK HERE IF NONE

(Use these codes to indicate frequency.)

01 QD *(once a day)*	03 TID *(3X a day)*	05 5 or more / 24 hours	07 HS *(at bedtime)*	09 4-5X a week	11 Weekly	13 Other
02 BID *(2X a day)*	04 QID *(4X a day)*	06 QOD *(every other day)*	08 2-3X a week	10 PRN *(as needed)*	12 Monthly	

Treatments/Therapies: Identify physician ordered / referred, or authorized services client currently receives. Check all that apply.	FREQ.	**Treatments/Therapies:** Identify physician ordered / referred, or authorized services client currently receives. Check all that apply.	FREQ.
☐ Behavioral Management Program	____	☐ Ostomy Care	____
☐ Bladder Control Program	____	☐ Physical Therapy	____
☐ Bowel Control Program	____	☐ Psychotherapy	____
☐ Case Management / Care Coordination Assistance	____	☐ Psych / Social Rehabilitation Svs	____
☐ Catheter Care	____	☐ Range of Motion / Strengthening	____
☐ Chemo / Radiation Therapy	____	☐ Recreation Therapy	____
☐ Decubitus Care	____	☐ Respiratory Therapy	____
☐ Developmental Therapy	____	☐ Restorative Therapy Program	____
☐ Diabetic Management	____	☐ Speech Therapy	____
☐ Dialysis Treatment	____	☐ Tracheostomy Suctioning	____
☐ Licensed Nursing Care / Assessment	____	☐ Tube Feeding	____
☐ Medication Management	____	☐ Wound or Skin Care	____
☐ Occupational Therapy	____	☐ *Other:* _____	____
		☐ *Other:* _____	____

13) Identify assistance required to follow through with treatments/therapies:

14) Does a recommendation need to be made that the client see a physician for a medical problem not being addressed? ☐ YES ☐ NO

15) Vision: *(check one)*
- ☐ Sees adequately in all or most situations; can see newsprint, public notices, TV, medication labels.
- ☐ Can see large print, simple pictures, and obstacles, but not details; usually can count fingers held at arm's length.
- ☐ Cannot find way around without feeling or using cane; cannot locate objects without hearing or touching; can tell light from dark.
- ☐ Blind (legally) in left or right eye.
- ☐ Total blindness; cannot tell light from dark.
- ☐ Cannot determine vision.

16) Hearing: *(check one)*
- ☐ No impairment or impairment is compensated for with use of hearing aid.
- ☐ Slight impairment; speaker's voice must be raised slightly even if client uses hearing aid.
- ☐ Hears but cannot understand speech.
- ☐ Substantial hearing loss; speech must be very loud.
- ☐ Unable to hear.
- ☐ Cannot verify because of severe impairment (coma, brain damage, etc.)

17) Receptive Speech: *(check one)*
- ☐ Understands information without difficulty.
- ☐ Understands information with difficulty.
- ☐ Recognizes environmental cues only.
- ☐ Does not understand information conveyed.
- ☐ Cannot determine.

18) Expressive Speech: *(check one)*
- ☐ Communicates information and is understood.
- ☐ Communicates information but is difficult to understand.
- ☐ Does not communicate or convey needs.
- ☐ Cannot determine.

19) Nutrition:

Height: _____ Weight: _____

Weight / Appetite / Nutrition / Eating Disorder Comments:

20) Allergies:

☐ None _____ ☐ Medication _____
☐ Food _____ ☐ Environment _____

Comments:

Treatments/Therapies *(continued)*:

Recreation Therapy: The prescribed use of recreational and other activities as treatment interventions to improve the functional living competence of persons with physical, mental, emotional, and/or social disadvantages.

Respiratory Therapy: A treatment which introduces drug or moist air or vapor into the lungs for therapeutic purposes. Treatment may include oxygen administration, intermittent Positive Pressure Breathing (PPS), steam and/or medication conduction.

Restorative Therapy: A defined therapy program designed to gain/regain skills in motor activity (transfer, ambulation, bowel and bladder training, etc.).

Speech Therapy: An individualized program to increase receptive or expressive exchange of information.

Tracheostomy/Suctioning: The management of surgically created opening in the trachea, the adjacent skin, and associated appliances (e.g., dressing, cannula, topically applied medications). The process by which fluid or gas is withdrawn from the body such as tracheostomy, nasonarygeal, or gastric.

Tube Feeding: The administration of nourishment and fluids via a tube, such as a gastrostomy (stomach tube), nasogastric tube (Naso-oral tube), or intravenous feeding such as hyperalimentation.

Wound or Skin Care: Measures used to treat open skin areas or post-operative incisions to promote healing. Excludes decubitus and tracheostomy.

Other(s): Write in type. Enter comments on potential treatment/therapy referrals in the space provided.

13-14) Comments: Include any pertinent explanatory information on treatment/therapies and identify any additional assistance the client may require to follow through with treatments/therapies. Indicate if a client needs to be referred to a physician.

15-18) Vision, Hearing, Receptive & Expressive Speech: These items are written on a scale. Pick the most appropriate response.

Receptive Speech: Ability to comprehend verbal/spoken language.

Expressive Speech: Ability to communicate with spoken language.

19) Nutrition: Estimate height and weight if not known by client or found in records.

20) Allergies: Includes allergies to medications (e.g. codeine, penicillin); environmental (e.g. dust, pollen); and food (e.g. seafood, milk, etc.).

IMPORTANT: The assessor who completes Section 3 should sign his/her name and add agency name, telephone, and date in the appropriate space on p. 12.

UAI Directions/Guidelines *(page 10 & 11 - SECTION FOUR: Psychological / Social / Cognitive Information)*

13) Complete this section using the definitions provided by each question and from the finition box below. Indicate the degree to which clients have difficulties in the areas of ychological, social, and cognitive functioning. Utilize information provided by the client, nificant others, the caregiver, or medical records (if available). Be sure to check only one x for each question. Use the Comments box to add additional information to clarify the oice, if necessary.

Any other assessments needed, etc.: After completing all 13 questions, be sure to answer the questions at the end of the form related the need for any other assessments, and if a referral has been made.

IMPORTANT: The assessor who completes Section 4 should sign his/her name and add agency name, telephone, and date in the appropriate space on p. 12.

DEFINITIONS OF TERMS ON UAI PAGES 10-11

(listed in order of occurrence.)

1) **Orientation:** In assessing orientation, it is important to determine if the client has an understanding of his/her surroundings and relationships to people around (orientation to person), knows where he/she is (orientation to place), the month and year (orientation to time), and knows why he/she is being interviewed (orientation to situation). Adequate assessment of these areas is an important indicator of a client's ability to function and care for himself/herself with minimal supervision.

2) **Memory:** There are several different types of memory that can be assessed. Short-term verbal memory is probably the most important type of memory to assess because it influences a client's ability to communicate with others and to remember and subsequently follow instructions in a work, home, or care setting. During the interview, determine if the client can remember your name and why you are talking with him/her. You can also ask if the client remembers details of a recent situation, such as, "What did you have for breakfast this morning?". Long-term memory is not as important for daily functioning but does affect the client's quality of life. Written or visual memory, also, is not as important as short-term verbal memory, in terms of daily functioning, but is important for the client in terms of being able to function well in a work situation. Also, visual memory, such as of written instructions, can be used to offset impairments in verbal memory.

3) **Judgment:** Judgment refers to the client's ability to make choices or decisions that are in his/her best interest. Examples include: the types of people the client chooses to be around, the way the client spends resources, and risky situations the client chooses for fun or thrill, but which endanger his/her safety. Often a client's judgment is impaired because he/she cannot see the consequences of certain actions. During the assessment, you could ask questions about his/her situation where the answer would be obvious to most. For example, the assessor could ask, "Where do you plan on living?" in a situation where the client has few options and cannot live alone. Or, "What are you going to do when your savings account is empty?". People with developmental disabilities or mental illness sometimes display poor judgment.

4) **Hallucinations:** Hallucinations are perceptual distortions that people sometimes experience. Loss of sleep, too much caffeine, abuse of drugs, and even alcohol, head injury, and other causes can lead to hallucinations. People with mental retardation or schizophrenia sometimes report hallucinations. This item assesses if the client has hallucinations which impair his/her ability to function. Auditory and visual hallucinations are most distracting to people compared to other types of distorted perceptions. If the client experiences hallucinations, does this cause him/her significant problems in communicating with others, trusting others, making rational day-to-day decisions, concentrating, etc. Most often the best approach during an assessment is to be direct and ask, "Do you hear voices that others do not hear, or experience things others do not experience?". Sometimes people who hallucinate are observed speaking into the air as if somebody were responding to them when nobody is actually there. However, such observations are not as reliable as directly asking the client what he/she is experiencing.

5) **Delusions:** Delusions are false beliefs not based on reality. Sometimes people experience delusions of jealousy, persecution, or grandiosity, where they think they have special abilities others do not have. Sometimes there is a fine line between what is a delusion and an exaggerated opinion. Therefore, delusional thinking is not an all-or-nothing phenomena, but can be viewed as a continuum. This item assesses if delusional thinking is obvious and if these delusional beliefs impair functioning so that more care and/or supervision is needed. Questions that can be asked to assess delusional beliefs could include: "Do you get along with other people pretty well?" and "Do you have special abilities or powers that others do not have?". Often by just talking with a client, the assessor can recognize delusional beliefs without direct questioning. It is often difficult to assess delusional thinking in people with impaired language skills, and caution should be used.

(Page 10 Instructions continued on INSTRUCTIONS TO PAGE 11.)

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION FOUR - Psychological / Social / Cognitive Information

CHECK ONE ANSWER FOR EACH QUESTION BELOW:

1) ORIENTATION: *Ability to relate to person, place, time, and/or situation.* ☐ **Oriented** to person, place, time, and/or situation. ☐ **Occasionally disoriented** to person, place, time, or situation, but is sufficiently oriented to function independently if in familiar surroundings. ☐ **Frequently disoriented** to person, place, time, or situation, even if in familiar surroundings, and requires supervision and oversight for safety. ☐ **Always disoriented** and requires CONSTANT supervision and oversight for safety. Extensive intervention needed to manage behavior.	**Comments:**
2) MEMORY: *Ability to recall and use information.* ☐ **Does not have difficulty remembering** and using information. Does not require directions or reminding from others. ☐ **Occasionally has difficulty remembering** and using information. Requires some direction and reminding from others. May be able to follow written instructions. ☐ **Frequently has difficulty remembering** and using information, and requires direction and reminding from others. Cannot follow written instructions. ☐ **Cannot remember** or use information. Requires continual verbal prompts.	**Comments:**
3) JUDGMENT: *Ability to make appropriate decisions, solve problems, or respond to major life changes.* ☐ **Judgment is good.** Makes appropriate decisions. ☐ **Occasionally, judgment is poor.** May make inappropriate decisions in complex or unfamiliar situations. Needs monitoring and guidance in decision-making. ☐ **Frequently, judgment is poor.** Needs protection and supervision because client makes unsafe or inappropriate decisions. ☐ **Judgment is always poor.** Cannot make appropriate decisions for self or makes unsafe decisions and needs intense supervision.	**Comments:**
4) HALLUCINATIONS: *Visual, auditory, tactile, olfactory, or gustatory perceptions that have no basis in reality.* ☐ **No hallucinations** currently. ☐ **Occasionally has hallucinations which interfere with functioning,** but currently well controlled; may be taking medication. ☐ **Frequently has hallucinations which interfere** with functioning and may require medication and routine monitoring by behavioral health professional. ☐ **Presently has hallucinations which significantly impair ability** for self-care; may or may not be taking medication.	**Comments:**
5) DELUSIONS: *Beliefs not based on fact, such as having special powers, being persecuted, being spied upon.* ☐ **Is not delusional** currently. ☐ **Occasionally has delusions which interfere with functioning,** but currently well controlled; may be taking medication. ☐ **Frequently has delusions which interfere with functioning** and may require medication and routine monitoring by behavioral health professional. ☐ **Presently has delusions which significantly impair ability** for self care; may or may not be taking medication.	**Comments:**
6) ANXIETY: *Indicated by excessive worry, apprehension, fear, nervousness, or agitation.* ☐ **No anxiety** currently. ☐ **Occasionally has anxiety which interferes with functioning,** but currently well controlled; may be taking medication. ☐ **Frequently has anxiety which interferes with functioning and** may require medication and routine monitoring by a behavioral health professional. ☐ **Presently displays anxiety which significantly impairs ability** for self care; may or may not be taking medication.	**Comments:**
7) DEPRESSION: *Indicated by feelings of hopelessness/despair, sleep disturbance, appetite impairment, change in energy level, lack of motivation, thoughts of death.* ☐ **Does not display symptoms** of depression currently. ☐ **Occasionally has depression which interferes with functioning,** but currently well controlled; may be taking medication. ☐ **Frequently has depression which interferes with functioning** and may require medication and routine monitoring by a behavioral health professional. ☐ **Presently displays depression which significantly impairs ability** for self care; may or may not be taking medication.	**Comments:**

DEFINITIONS OF TERMS ON UAI PAGES 10-11 *(continued)*
(listed in order of occurrence)

) **Anxiety:** Anxiety can be very discomforting and debilitating. We all have different levels of anxiety at different times, but here the focus is on anxiety that impairs a client's functioning. Intense anxiety is experienced as worry, apprehension, fear, nervousness or agitation. If a client experiences panic attacks, he/she may have shortness of breath, palpitations, chest pain, choking or smothering sensations, fear of "going crazy", impending doom, etc. Sometimes people experience agoraphobia, where they have intense anxiety and avoid places and situations. They may have a specific anxiety about a specific object or situation, like spiders, or riding in a bus, or anxiety about social situations, and, consequently, avoid these situations to their own detriment. During the assessment, ask the client if anything "bothers" him/her or "makes you uncomfortable." Questions like, "Is there anything that bothers you so much that you try to avoid it", can be helpful. Sometimes questions about physical sensations related to anxiety can be good indicators, such as "Do you have chest pains?", or "Are there times when your heart races?".

) **Depression:** Depression can significantly impair a client's quality of life and ability to function. Most people feel blue or depressed at times. The focus here is the severity and persistence of the depression and how it impairs a client's ability to function. The American Psychiatric Association has published criteria that are helpful in assessing the presence of depression (From the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition):

1. depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful),
2. markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others),
3. significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day,
4. insomnia or hypersomnia nearly every day,
5. psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down),
6. fatigue or loss of energy nearly every day,
7. feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick),
8. diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others), and
9. recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The rater should not arrive at a formal diagnosis of the client, but assess if some of these symptoms are present and if they impair the client's ability to function.

) **Wandering:** Wandering refers to a client's not using good judgment and moving about without purpose or concern for his/her safety. In extreme cases, the client may be disoriented, experiencing delirium and mental confusion. The client may forget where he/she was going, or have an unreasonable idea of where he/she wants to go. The client may get in harm's way by exposing himself/herself to severe weather, to people who would take advantage, or to dangerous situations. A client who wanders, and potentially places himself/herself in danger, most likely would need a more intense level of supervision.

) **Disruptive/Socially Inappropriate Behavior:** Again, because of poor judgment, mental illness, or a character disorder, a client may interact socially with others in an inappropriate fashion and stimulate fear, apprehension, hostility, and even retaliation. Examples include stealing, fighting, threatening gestures, and sexual misbehavior, such as masturbating or exhibiting oneself in public. A client with these behaviors would need a fairly high level of supervision to caution, redirect, or manage his/her behavior. These maladaptive behaviors are displayed by clients in community settings as well as in nursing home and other residential and assisted living facilities and, in either case, would need supervision. Records and observations from others are usually quite important in assessing the degree to which socially disruptive behavior is present.

10) **Assaultive/Destructive Behavior:** Clients sometimes display assaultive/destructive behaviors towards others for various reasons. Sometimes they may become assaultive toward others or destructive of property because of organic disorders related to head trauma, epilepsy, mental illness, etc., and, therefore, may require intense supervision. Obviously, these clients would pose a threat in the community or in a residential and assisted living facility and would require a high level of supervision. Sometimes, these clients require a behavior management program that is designed and supervised by a mental health professional. If residential treatment is required, it can be very difficult finding appropriate settings with the required structure to serve the needs of these clients and maintain safety. Again, records and observations of others are quite important in assessing the degree to which assaultive/destructive behaviors are present.

11) **Danger to Self:** Sometimes clients have specific disorders that contribute to self-destructive behaviors. These behaviors can include self-neglect, suicidal thoughts and actions, and mutilation. For example, a client may be depressed or have a borderline personality disorder that contributes to impulsive and self-destructive behaviors, or be mentally confused. It is important that the client be assessed by a mental health professional and that a professionally supervised intervention be implemented. Again, records, observations of others, and information about successful interventions are all important in assessing the degree to which these behaviors are present and the degree to which the client's level of functioning is impaired. The purpose of the UAI assessment is to determine the level of help and supervision necessary for this client and to determine if the client has been referred to the proper mental health professionals. The level of supervision for these individuals can be quite intense depending upon the severity and persistence of self-destructive behaviors.

12) **Alcohol/Drug Abuse:** It is apparent that alcohol and or drug abuse can significantly interfere with a client's ability to function in families, at work, and in the community. The purpose of this item is not so that the UAI administrator can arrive at a specific diagnosis of alcohol or drug abuse, but to again assess the degree to which alcohol and/or drug abuse impairs the client's ability to function. This item also requires the UAI interviewer to inquire not only about alcohol-related problems, but also other drugs, such as marijuana, cocaine, amphetamines, and over-the-counter products that may be contributing to the client's inability to function well. Besides asking questions about usage of drugs, review of records can be helpful to understand the degree of abuse/dependence and subsequent problems in living.

13) **Potential for Victimization/Exploitation:** The purpose of this section is not to identify any neglect, abuse, or victimization that may be occurring, although the UAI assessor needs to report any identified abuse/victimization to authorities, but to identify if a client has the capacity and judgment to make decisions on his/her own behalf to protect himself/herself from abuse, neglect, and exploitation. For example, perhaps the client does not have the proper judgment and displays inappropriate gullibility toward others so that people may take advantage of him/her financially or sexually. This vulnerability to victimization/exploitation may lead to the client's safety being jeopardized. A client with this vulnerability would need supervision, whether in the community or in a residential setting. Again, records or observations of friends or family members are very helpful in evaluating this potential. Direct questions such as, "Have you been abused by anyone in your life?", may be helpful. However, frequently people will not share this information because of embarrassment, and collateral information is always helpful.

The definitions for the terms are:

Abuse - The non-accidental infliction of physical pain, injury, or mental injury.

Neglect - Failure of a caretaker to provide food, clothing, shelter, or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide these services for him/herself.

Exploitation - An action which may include, but is not limited to, the misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage.

Vulnerable Adult - A person, 18 years of age or older, who is unable to protect him/herself from abuse, neglect, or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he/she lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his/her person.

UNIFORM ASSESSMENT INSTRUMENT (UAI)

SECTION FOUR - Psychological / Social / Cognitive Information

8) WANDERING: *Moving about aimlessly; wandering without purpose or regard to safety.*

☐ **Does not wander.**
☐ **Wanders within the** residence or facility and may wander outside but does not jeopardize health or safety.
☐ **Wanders within the residence or facility**. May wander outside; health or safety may be jeopardized, but client is not combative about returning and does not require professional consultation and/or intervention.
☐ **Wanders outside and leaves immediate area.** Has consistent history of leaving immediate area, getting lost, or being combative about returning. Requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.

Comments:

9) DISRUPTIVE/SOCIALLY INAPPROPRIATE BEHAVIOR: *Inappropriate behavior such as making excessive demands for attention, taking another's possessions, being verbally abusive, disrobing in front of others, and displaying inappropriate sexual behavior.*

☐ **Is not disruptive, aggressive, or socially inappropriate.** Is not dangerous to self or others.
☐ **Is sometimes disruptive/aggressive** or socially inappropriate, either verbally or physically threatening. Is sometimes agitated or anxious. Requires special tolerance or management.
☐ **Is frequently disruptive/aggressive** or socially inappropriate, or is extremely agitated or anxious. May require professional consultation for behavioral management program.
☐ **Is dangerous or physically threatening** and requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.

Comments:

10) ASSAULTIVE/DESTRUCTIVE BEHAVIOR: *Assaultive or combative to others (throws objects, strikes or punches, bites, scratches, kicks, makes dangerous maneuvers with wheelchair, destroys property, sets fires, etc.).*

☐ **Is not assaultive or dangerous.**
☐ **Is sometimes assaultive.** Requires special tolerance or management, but does not require professional consultation and/or intervention.
☐ **Is frequently assaultive,** and may require professional consultation for behavioral management program.
☐ **Is assaultive,** and requires constant supervision, a professionally-authorized behavioral management program, and/or professional consultation and intervention.

Comments:

11) DANGER TO SELF: *Indicated by self-neglect, head banging, suicidal thoughts, self-mutilation, suicide attempts, etc.*

☐ **Does not display self-injurious behavior.**
☐ **Displays self-injurious behavior** (i.e., self-mutilation, suicidal ideation/plans, and suicide gestures), but can be redirected away from those behaviors.
☐ **Displays self-injurious behavior, and behavioral control intervention and/or medication may be required** to manage behavior.
☐ **Displays self-injurious behavior and requires constant supervision**, with behavioral control intervention and/or medication. *(REQUIRES an assessment and/or referral for help.)*

Comments:

12) ALCOHOL/DRUG ABUSE: *Psychoactive substance use to the extent that it interferes with functioning.*

☐ **Never abuses.**
☐ **Infrequently abuses** which may cause some interpersonal and/or health problems but does not significantly impair overall independent functioning.
☐ **Sometimes abuses which causes moderate problems** with peers, family members, law officials, etc., and may require some professional intervention.
☐ **Frequently abuses** which causes significant problems with others and severely impairs ability to function independently.

Comments:

13) SELF-PRESERVATION/VICTIMIZATION: *Ability to avoid situations in which person may be easily taken advantage of, and to protect him/herself and his/her property from others.*

☐ **Is clearly aware** of surroundings and is able to discern and avoid situations in which he/she may be abused, neglected, or exploited.
☐ **Is sometimes able to discern** and avoid situations in which he/she may be abused, neglected, or exploited.
☐ **Is frequently unable to discern** and avoid situations in which he/she may be abused, neglected, or exploited.
☐ **Requires constant supervision** due to his/her inability to discern and avoid situations in which he/she may be abused, neglected, or exploited.

Comments:

Are any other assessments needed? ☐ **YES** ☐ **NO** If YES, what type? _____

Has a referral for an assessment been made? ☐ **YES** ☐ **NO**

UAI Directions/Guidelines *(pages 12 & 13 - UAI SUMMARY SHEET & PLAN OF CARE CONSIDERATIONS)*

ntroduction:

'his is a summary sheet of major findings from the Uniform Assessment Instrument with space for plan of care considerations. Each of the UAI sections vhich help determine care needs is included:

Section Two -- Functional Abilities, Supports, and Related Information Summary
Section Three -- Medical Need Summary
Section Four -- Psychological/Social/Cognitive Information

Scoring Directions for Section Two:

N =0, MI = 1, MO = 2, E = 3, T = 4

Refer to the ASSISTANCE REQUIRED COLUMN (column 1) and the UNMET NEEDS COLUMN (column 3) on pages 4-5 of the form. Using the legend above, write in the number that corresponds with the level of need indicated for each item. For example, if a client has a moderate level of assistance required for preparing meals, and a minimal unmet need for preparing meals, write "2" in the Assistance Required box, and "1" in the Unmet Needs box next to Preparing Meals on page 12.

Directions for Section Three:

Check the key areas of medical concern. Add any relevant comments.

Scoring Directions for Section Four:

First Box = 0, Second Box = 1, Third Box = 2; Fourth Box = 3

Refer to pages 10 - 11 of the form. Using the legend above, write in the number that corresponds with the selection made for each item. For example, for item # 6 Anxiety, if a client "Presently displays anxiety which significantly impairs ability for self - care; may or may not be taking medication," write "3" in the box next to Anxiety on page 12.

Summary of Referrals:

List all referrals, reasons for referral, and referral dates made as a result of this UAI assessment.

Assessor(s) Signature(s):

The individual(s) completing each section of the UAI must sign his/her name and related information here.

Plan of Care Considerations:

In this last section, summarize any needs related to primary caregiver support, exterior/interior environmental issues, assistive devices and medical equipment, functional supports and abilities, psychological/social/cognitive concerns, and any other information necessary to generate a care plan.

Uniform Assessment Instrument Summary Sheet & Care Plan Considerations

Client Name:_____ **Social Security No:**_____

SECTION TWO - Functional Abilities, Supports, and Related Information Summary

(Use instructions to determine scores.)

Functional Area	*Assistance Required*	*Unmet Need*	*Functional Area*	*Assistance Required*	*Unmet Need*	*Functional Area*	*Assistance Required*	*Unmet Need*
1. Preparing meals			7. Dressing			13. Housework		
2. Eating meals			8. Bathing			14. Wood supply		
3. Toileting			9. Access to transportation			15. Night needs		
4. Mobility			10. Managing finances			16. Emergency response		
5. Transferring			11. Shopping			17. Medication		
6. Personal hygiene			12. Laundry			18. Supervision		

SECTION THREE: Medical Need Summary *(Check all that apply.)*

- ☐ Prescribed Medications
- ☐ Bladder Control Needs
- ☐ Bowel Control Needs
- ☐ Skin Problems
- ☐ Speech Comprehension Needs
- ☐ Speech Expression Needs
- ☐ Vision Needs
- ☐ Hearing Needs
- ☐ Special Nutritional (Diet) Needs
- ☐ Ostomy / Colostomy Care Needs
- ☐ Special Assistive Medical Devices Needed

Is there a need for a referral to a physician? ☐ YES ☐ NO Comments: *(add any comments related to Medical Need)* _____

_____

_____

SECTION FOUR: Psychological/Social/Cognitive Information *(Use instructions to determine scores.)*

Area	*Score*	*Area*	*Score*	*Area*	*Score*	*Area*	*Score*
1. Disorientation		*5. Delusions*		*8. Wandering*		*11. Danger to self*	
2. Memory		*6. Anxiety*		*9. Disruptive/socially inappropriate behavior*		*12. Alcohol/drug abuse*	
3. Impaired judgment		*7. Depression*		*10. Assaultive behavior*		*13. Abuse, neglect, or exploitation*	
4. Hallucinations							

SUMMARY OF REFERRALS:

Referral Made to:	Reason for Referral:	Referral Date:

ASSESSOR(S) SIGNATURE(S):

UAI Section 1: Name:_____ Agency:_____ Telephone:_____ Date:_____

UAI Section 2: Name:_____ Agency:_____ Telephone:_____ Date:_____

UAI Section 3: Name:_____ Agency:_____ Telephone:_____ Date:_____

UAI Section 4: Name:_____ Agency:_____ Telephone:_____ Date:_____