

Functional Home Assessment REDCap ID _____ Non-T3 T3 Date _____

Name: _____ Age: _____ DOB: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____ County: _____

Race: Caucasian African American American Indian Asian/Pacific Islander Other Did not answer

Ethnicity: Hispanic Non-Hispanic Did not answer

Marital Status: Married Widowed Divorced Separated Never married Did not answer

Veteran: Yes No **Gender:** Male Female Did not answer

Homeowner/Renter for _____ months/years House/Condo/Apt/Complex

Drives: Y/N Has vehicle: Y/N Uses: Cell/Smart phone Email: _____ Internet

Support Services Utilized:

Family/Friend/Caregiver ERS HDM Transportation Homemaker Other (guardian, yard service, CM)

Physical Function

Height: _____ Weight: _____

Health Hx/Disability: _____

Arthritis Diabetes Heart Disease Pulmonary Disease Kidney Disease/Dialysis Neuropathy

Cancer CVA Dementia Mental Health Issues

Vision: WFL Glasses Min/mod Impairment Legally Blind Last eye Dr. apt: _____

Hearing: WFL Hearing Aids Mild/moderate/severe HOH Last hearing assessment: _____

Cognition: WFL Orientation Memory STM/LTM Attention Safety Awareness

Problem Solving Following Directions Impulsivity

Notes: _____

Pain issues: N/A Pain Scale _____ Primary Location _____ Notes: _____

TUG score: _____ seconds Fall risk **30 Second Chair Stand Score:** _____ full stands BNL/WNL

R/L dominant: R grip: _____ Average: _____ BNL/WNL L grip: _____ Average: _____ BNL/WNL

Durable Medical Equipment (DME) in the home:

W/C Walker/rollator Cane Shower Chair Raised toilet seat (RTS) Other: _____

Endurance/Activity Tolerance

Becomes SOB Limited standing Pain with activity

Observations: _____

Fall history:

in last 3 months: _____ Location of falls: _____ Injuries Y/N _____ Dizziness

Noted fall hazards:

- Clutter Handrail issues Multiple medications Rugs Inappropriate use of DME
- Pets Flooring issues Lighting issues Standing/sitting balance impairment
- Holding on/supporting self on household objects Other: _____

Notes: _____

UE issues: AROM WFL / Impaired at:

- Edema Tremors Pain Fine motor impairment

Notes: _____

LE issues: AROM WFL / Impaired at:

- Edema Pain Reported neuropathy Unable/able to bear weight
- Atypical Gait Pattern: _____

Notes: _____

Ambulation: Able/unable in home Requires device: _____
 Able/unable in community Requires device: _____

Notes: _____

Transfer issues Toilet Tub/shower Bed Seating Vehicle

Notes: _____

Daily Skills Assessment

ADL Score _____ + **IADL Score:** _____ + **Risk Score:** _____ = _____ /53

Lower Score: Requires less help **Higher Score:** Requires more help

ADLs _____

IADLs _____

Notes: _____

Areas impacting optimal nutritional intake: Functional mobility Endurance Weakness Balance
 Pain UE function Cognition Environmental barriers Vision Financial Barriers
 Transportation

Exercise/activity Formal home exercise: regular/occasional/previously, but not currently Community program participation
 Informal, but active Interested Not interested

Notes: _____

Leisure interests: _____

Home Environment

Type of Residence: _____

Most used entrance: _____ Steps # _____ Ramp

Hazards: Handrails Lighting Obstacles Surface

Notes: _____

Door hazards: Width Swing Threshold

Full bathroom Location _____ Door width _____ Swing: in/out

Toilet Round Elongated Ht: _____

Tub External Ht: _____ Bottom width: _____ Tub Material: Fiberglass Other

Step-in Shower Square/rectangle/corner Step Ht: _____ Bottom width: _____

Curtain Door: opens in/out/slides Shower head/hand-held/slide bar R/L entry

Wall material: Fiberglass/acrylic sheet Ceramic Fiberglass surround Drywall

Grab bars: Tub/shower Toilet _____

Sink Vanity/wall-mount/pedestal _____

1/2 bath Location _____ Door width _____ Swing: in/out

Toilet: Round Elongated Ht: _____ Grab bars: _____

Sink Vanity/wall-mount/pedestal _____

Bedroom 1st/2nd floor Do they sleep in their bedroom? Y/N If not, where/why? _____

Door width: _____ Bed: King/queen/full/twin/hospital/recliner Ht: _____

Hazards: Obstacles Pathways Lighting Furniture

Notes: _____

Living area Hazards: Obstacles Pathways Lighting Furniture

Notes: _____

Kitchen Hazards: Obstacles Pathways Lighting Furniture Cabinet Accessibility

Notes: _____

Basement N/A Utilized by client Hazards: Handrails Lighting Obstacles Surfaces

Laundry Location: _____ Accessible to client Y/N

Mail Location: _____ Accessible to client Y/N

Refuse Location: _____ Accessible to client Y/N

Client Goal(s): _____

ASSESSMENT

INTERVENTION

DME Provision N/A Type of Equipment Given: Bathroom Mobility Other: _____

Notes: _____

Home Safety/Adaptations N/A

Notes: _____

Client Education N/A

DME Education Family Education Energy conservation Task analysis Other: _____

Notes: _____

Physical Activity Program N/A Exercises Given Handouts Given

Notes: _____

Referral(s) Made N/A

CHORES VA FCSS HAH MOW Wellness PCP

Community resources Other: _____

Referral details: _____

PLAN

Priority Level for Follow-Up: High/Low

Signature: _____