RESET

MaineHousing
Maine State Housing Authority

Community Aging in Place Grant: **Initial Assessment**

Initial Assessment - General

1. Date

2. ID number:

3. Could not do assessment

- [ ] Received notification participant is deceased
- [ ] Participant moved
- [ ] Phone disconnected
- [ ] Deceased
- [ ] Other (please specify)

4. Would you like to stay in your home as you age?

◯ Yes ◯ No ◯ Unsure

Why or why not?

5. Currently, are there areas in your home that you avoid, consider unsafe, or find difficult to use?

- [ ] Attic
- [ ] Back Entrance
- [ ] Basement
- [ ] Bathroom
- [ ] Bathroom 2nd Floor
- [ ] Bedroom
- [ ] Bedroom 2nd Floor
- [ ] Dining Room
- [ ] Front Entrance
- [ ] Garage
- [ ] Hallway
- [ ] Indoor Stairs
- [ ] Kitchen
- [ ] Laundry Room
- [ ] Living Room
- [ ] None
- [ ] Outdoor Steps
- [ ] Ramp
- [ ] Study/Den
- [ ] Utility/Mud Room

Other/Notes:

6. Are there things you think can be done to make these places or things safer and easier to use?

Initial Assessment - Bathroom

7. Does anyone in the home have difficulty getting on and off of the toilet seat?

- ◯ Yes
- ◯ No

If Yes, how many have difficulty?

8. Does anyone have any difficulty bathing or showering? i.e. getting in and out of the bathtub/shower.

- ◯ Yes
- ◯ No

If Yes, how many people?

8.5 What are some medical problems that you see a primary care provider for? Please check all that apply:

- ☐ Arthritis or Rheumatism
- ☐ Cancer
- ☐ Chronic lung disease or breathing problems
- ☐ Diabetes or high blood sugar
- ☐ Emotional, nervous, or psychiatric problems
- ☐ Eye problems like cataracts, glaucoma, or macular degeneration
- ☐ Heart Problems
- ☐ High blood pressure or hypertension
- ☐ Memory-related issue
- ☐ Neurological problems like stroke TIA, MS or Parkinson's
- ☐ Osteoperosis
- ☐ Don't know/refused
- ☐ Other - if other please specify below:

Initial Assessment - Falls and Hospital

9. In the last 6 months, has anyone in the household had a fall?

- [ ] No
- [ ] Yes
- [ ] Unknown
- [ ] Refused

If Yes, how many members of your household had a fall in the last 6 months? (DO NOT ASK IF A SINGLE HH)

10. Do you remember how many total falls a household members had in the last 6 months? (Enter "Don't Know" or "Refused" if appropriate.)

11. What was/were the main reason(s) you fell in the 6 months?

- [ ] Blacked out or fainted
- [ ] Don't know
- [ ] Drank too much alcohol
- [ ] Had a health condition
- [ ] Had a problem hearing
- [ ] Had nothing to hold onto
- [ ] Had not eaten recently and had low blood sugar
- [ ] Had a problem with medication
- [ ] Had a problem with footwear
- [ ] Had a problem with a walking aid (walker, cane etc.)
- [ ] Had a slow reaction or reflex
- [ ] Had weakness or numbness in one or both legs
- [ ] Had a problem with vision
- [ ] Hurried too much
- [ ] Knocked over by someone or something
- [ ] Lost balance
- [ ] Not paying attention
- [ ] Playing sports
- [ ] Refused
- [ ] Slipped
- [ ] Slipped on ice
- [ ] Some other reason
- [ ] Tripped or stumbled
- [ ] Walking up or down stairs
- [ ] Were getting up after sitting or laying down
- [ ] Don't know/refused

Notes

Initial Assessment - Falls and Hospital

12. Has anyone in your household been admitted to the hospital in the last 6 months?

- [ ] No
- [ ] Yes

13. How many people in your household were admitted to the hospital in the last 6 months?

14. Do you remember how many times you or a member of your household stayed overnight in the hospital?

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6+
- [ ] Don't remember
- [ ] Refused

15. In the last 6 months did you call 911 for any medical, fire, or other emergencies?

- [ ] None
- [ ] Medical
- [ ] Fire

Other (please specify)

16. Do you remember how many times you called 911 in the last 6 months?

Initial Assessment - Fire and Safety

17. In the last 6 months, has there been a fire in your home?

- ◯ No
- ◯ Yes
- ◯ Refused
- ◯ N/A

18. If yes, how many fires?

19. What was/were the causes?

20. In the 6 months, have you had a "close-call" that could have caused a fire in your home? (For example: forgot about a pan or kettle on the stove burning? Dropped burning cigarette ash onto a couch or fabric surface?)

- ◯ No
- ◯ Yes
- ◯ Refused
- ◯ N/A

21. What was/were the cause(s)?

22. Were there any close-calls with fires?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

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