

Care Provider Name: _____
Est. Form Completion Time: _____

PROJECT TO DEVELOP AN OUTCOME-BASED CONTINUOUS
QUALITY IMPROVEMENT SYSTEM AND CORE OUTCOME AND
COMPREHENSIVE ASSESSMENT DATA SET FOR PACE

**DRAFT COCOA DATA SET
REHABILITATION THERAPY FORM**

Conducted by:
The Center for Health Services Research

for:

Department of Health and Human Services
Centers for Medicare and Medicaid Services

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Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment. Responses to the collection of the information are voluntary.

DRAFT COCOA DATA SET REHABILITATION THERAPY FORM OVERVIEW/PROTOCOL

PURPOSE: The information is being collected as part of a two-site feasibility test for the purpose of testing the feasibility of data collection with the draft core outcome and comprehensive assessment (COCOA) data set for PACE. Proposed data collection protocols will also be tested. The two-site feasibility test will result in the refinement of data items and protocols as appropriate. Findings from this project are intended to guide the anticipated implementation of a national approach for core comprehensive assessment of participants and outcome-based continuous quality improvement (OBCQI), in which PACE sites will collect data that will be used to determine and profile participant outcomes for their site.

HOW COLLECTED: This form will be completed by rehabilitation therapists (either OT or PT) providing direct care to the participant.

WHEN COLLECTED: This form will be completed for each participant at one time point during the two-site feasibility test.

Completion of the form should occur within 24 hours of the provider's assessment of the participant (ideally, the form will be completed as part of the participant's routine assessment).

INSTRUCTIONS: This form contains items to be completed by the OT or PT (this includes direct response to items and administering items to PACE participants). The OT or PT will complete the form and will record responses directly on the form. The OT or PT should mark the correct response as appropriate or print numbers/answers where requested. All items should be completed unless specifically directed to skip items based on a previous response. The Data Collection Coordinator (DCC) assigned at the site will receive the completed form from the OT or PT. The DCC will submit completed forms to the Research Center.

Note: Some data items in this form are also included in other COCOA forms. The forms in which the item appears are noted in brackets next to each item. For example, item 5 in this form is included both in this form and the Social Work and Recreational Therapy forms, as indicated by [REHAB, SW, RT] next to the question stem for item 5. The abbreviations for each of the COCOA forms are listed below for quick reference.

Intake = Intake Form; HEA = Home Environment Assessment Form; PCP = Primary Care Provider Form; RN = Nursing Form; REHAB = Rehabilitation Therapy Form; SW = Social Work Form; RT = Recreational Therapy Form; RD = Dietitian Form; PSQ = Participant Satisfaction Form; CSQ = Caregiver Satisfaction Form; EOL = End of Life Form; UTIL = Utilization Form.

Two-Site Feasibility Test

DRAFT REHABILITATION THERAPY FORM

Site ID _____ Participant ID _____

1. **Participant Name:** [ALL]

(Last) (First) (MI) (Suffix)

2. **Reason for Assessment:** [HEA, PCP, RN, REHAB, SW, RT, RD, PSQ, CSQ]

- ☐ 1 - Initial assessment
☐ 2 - Reassessment
☐ 3 - Annual reassessment

3. **Date Assessment Completed:** ____ / ____ / ____ [INTAKE, HEA, PCP, RN, REHAB, SW, RT, RD, EOL, UTIL]
month day year

4. **Participant Goals:** (Ask participant.) What would you like to change or accomplish over the next few months that we can help you with? [PCP, RN, REHAB, SW, RT, RD]

- ☐ UA - This information could not be obtained due to participant's cognitive impairment

5. **Ability to Sustain Attention:** Assess the participant's ability to sustain attention during structured and unstructured activity. [REHAB, SW, RT]

a. Structured Activity (recreation, self-care, daily household activities)

- ☐ 0 - Independent – requires no cues or redirection to task
☐ 1 - Supervised – requires occasional verbal cues to redirect attention to task appropriately
☐ 2 - Assisted – requires consistent verbal and/or tactile cues to maintain attention to task
☐ 3 - Unable – unable to sustain attention sufficiently to be productive in most minimal sense

b. Unstructured Activity (free conversation, free time)

- ☐ 0 - Independent – requires no cues or redirection to task
☐ 1 - Supervised – requires occasional verbal cues to redirect attention to task appropriately
☐ 2 - Assisted – requires consistent verbal and/or tactile cues to maintain attention to task
☐ 3 - Unable – unable to sustain attention sufficiently to be productive in most minimal sense

6. **Judgment** (Puts Self At Risk): Identify the participant's ability to use judgment and make decisions that affect his/her ability to function independently. [RN, REHAB, SW, RT]

- ☐ 1 - Judgment is good. Makes appropriate decisions.
☐ 2 - Judgment is occasionally poor. May make inappropriate decisions in complex or unfamiliar situations; needs monitoring and guidance in decision making.
☐ 3 - Judgment is frequently poor; needs oversight and supervision because person makes unsafe or inappropriate decisions.
☐ 4 - Judgment is always poor; cannot make any appropriate decisions for self. Makes judgments that constantly put self at risk.

7. **Tinetti Balance and Gait Evaluation:** [REHAB]

Balance (Instructions: Participant is seated in hard, armless chair. The following maneuvers are tested.)

****NOTE IF DONE WITH OR WITHOUT WALKING AID****

1. Sitting Balance
 - Leans or slides in chair = 0
 - Steady, safe = 1
2. Attempts to arise
 - Unable without help = 0
 - Able, but requires more than 1 attempt = 1
 - Able to arise with 1 attempt = 2
3. Arises (score of 1 if slides forward in chair to edge of seat)
 - Unable without help = 0
 - Able, but uses arms to help = 1
 - Able without use of arms = 2
4. Immediate Standing Balance (First 5 seconds) (make sure participant is not leaning against chair)
 - Unsteady (staggers, moves feet, marked trunk sway) = 0
 - Steady, but uses walker or cane or grabs objects for support = 1
 - Steady without walker, cane or other support = 2
5. Standing Balance (ask participant if they can put feet together; score of 1 if they cannot put feet together)
 - Unsteady = 0
 - Steady, but wide stance (Medial heels more than four inches apart) or uses cane, walker, or other support = 1
 - Narrow stance without support = 2
6. Nudged (participant at maximum position with feet as close together as possible, examiner pushes lightly on participant's sternum with palm of hand three times) (score of 1 if participant moves feet)
 - Begins to fall = 0
 - Staggers, grabs but catches self = 1
 - Steady = 2
7. Eyes Closed (at maximum position #6) (score of 0 if participant sways)
 - Unsteady = 0
 - Steady = 1
8. Turning 360 Degrees (score of 0 if participant uses walker)
 - Discontinuous steps = 0
 - Continuous = 1
 - Unsteady (grabs, staggers) = 0
 - Steady = 1
9. Sitting down (ask if they can sit without using arms)
 - Unsafe (misjudged distance, falls into chair) = 0
 - Uses arms or not a smooth motion = 1
 - Safe, smooth motion = 2

BALANCE SCORE = _____/16

Gait (Instructions: Participant stands with examiner; walks down hallway or across room, first at his/her "usual" pace, then back at "rapid, but safe" pace [using usual walking aid such as cane, walker])

10. Initiation of Gait (immediately after told to "go")
 - Any hesitancy or multiple attempts to start = 0
 - No hesitancy = 1
11. Step Length and Height (disregard first and last few steps - heel of swing foot must pass toe of stance foot; foot must clear floor but not more than two inches)
 - a. Right Swing Foot
 - Does not pass left stance foot with step = 0
 - Passes left stance foot = 1
 - Right foot does not clear floor completely with step = 0
 - Right foot completely clears floor = 1
 - b. Left Swing Foot
 - Does not pass right stance foot with step = 0
 - Passes right stance foot = 1
 - Left foot does not clear floor completely with step = 0
 - Left foot completely clears floor = 1
12. Step Symmetry
 - Right and left step not equal (est) = 0
 - Right and left step length appear equal = 1

13. Step Continuity Stopping or discontinuity between steps = 0
Steps appear continuous = 1 _____
14. Path (estimate in relation to floor tiles, 12-inch diameter; observe excursion of one foot over about 10 ft. of the course) (score of 1 if participant moves side to side)
Marked deviation = 0
Mild/Moderate deviation or uses walking aid = 1
Straight without walking aid = 2 _____
15. Trunk Marked sway or uses walking aid = 0
No sway, but flexion of knees or back or spread arms out while walking = 1
No sway, no flexion, no use of arms, no walking aid = 2 _____
16. Walking Stance Heels apart = 0
Heels almost touching when walking = 1 _____
- GAIT SCORE = _____/12
TOTAL SCORE _____/28
- Score:** Below 19: high risk for falls
19-24: at risk for falls

8. **Posture:** [PCP, REHAB]

	WFL	Significant Impairment	Describe Impairment
Cervical spine			
Thoracic spine			
Lumbar spine			

9a. **Upper Extremity Strength:** [REHAB]

	Grade	
	R	L
<u>Shoulder</u>		
Flexion		
Abduction		
<u>Elbow</u>		
Flexion		
Extension		
<u>Wrist</u>		
Flexion		
Extension		
<u>Grip</u>		
Strong =0		
Weak =1		

Lower Extremity Strength

	Grade	
	R	L
<u>Hip</u>		
Flexion		
Abduction		
Extension		
Adduction		
<u>Knee</u>		
Flexion		
Extension		
<u>Ankle</u>		
Plantar Flexion		
Dorsiflexion		

Use grading scale below for Upper and Lower Extremity Strength.

Grade	Description	Percent Normal	Assessment
5	Full ROM against gravity, full resistance	100	Normal
4	Full ROM against gravity, some resistance	75	Good
3	Full ROM with gravity	50	Fair
2	Full ROM with gravity eliminated (passive motion)	25	Poor
1	Slight contraction	10	Trace
0	No contraction	0	Zero

ROM = range of motion.

- b. **Range of Motion:** Indicate whether the participant has **Full Range of Motion (0)** or **Limited Range of Motion (1)** for each area below. [REHAB]

Upper Extremities	AROM		PROM		Comments
	R	L	R	L	
Cervical					
Shoulder					
Elbow					
Wrist					
Fingers					
Thumb					

Lower Extremities	AROM		PROM		Comments
	L	R	L	R	
Lumbar					
Hip					
Int. Rotators					
Ext. Rotators					
Knee					
Ankle					
Toe					

Notes (optional): _____

10. **Joint Deformity and Stiffness:** Check if present for each joint (right and left) and describe if present. [PCP, REHAB]

Joint	R	Describe	L	Describe
Shoulder				
Neck				
Elbow				
Wrist				
Fingers				
Back				
Hip				
Knee				
Ankle				
Toes				

11. **Fine Motor Skills:** Indicate the level of deficit for right and left hand and describe any deficit. [REHAB, RT]

	R	Describe	L	Describe
0 - No deficit				
1 - Minimal deficit				
2 - Moderate deficit				
3 - Severe deficit				

Adaptive Devices used or needed: _____

12. **Exercise/Activity Level:** Describe participant's usual level of activity or exercise. For example, does he/she walk often, do household tasks, participate in swimming or exercise class, or do other activities that require physical exertion? [RN, REHAB, RT]

13. **Endurance:** Identify the participant's ability to complete activity of daily living tasks because of limitations of stamina, endurance, shortness of breath or pain. [REHAB, RT]

- ☐ 0 - Has adequate stamina/endurance to complete tasks within reasonable time frame. Does not need to take rest breaks and does not become extraordinarily weakened or tired after completing tasks.
- ☐ 1 - Has slightly limited stamina/endurance to complete tasks but is able to do so within a reasonable time frame. Needs rest periods and becomes slightly tired or weakened when tasks completed.
- ☐ 2 - Has limited physical stamina/endurance to complete tasks and may take considerably longer periods of time to complete tasks. Even with frequent rest breaks becomes very tired or weakened when tasks are completed. Must rest for long periods after any exertion.
- ☐ 3 - Does not have the physical stamina to complete tasks. Even with frequent rest cannot complete tasks.

14. **Dyspnea:** In the past week, when has the participant been dyspneic or noticeably **Short of Breath**? [PCP, RN, REHAB]

- ☐ 0 - Never, participant is not short of breath
- ☐ 1 - When walking more than 20 feet, climbing stairs
- ☐ 2 - With moderate exertion (e.g., while dressing, using commode or bedpan, walking distances less than 20 feet)
- ☐ 3 - With minimal exertion (e.g., while eating, talking, or performing other ADLs) or with agitation
- ☐ 4 - At rest (during day or night)

15. **Pain Description:** [PCP, RN, REHAB] ☐ NA - No pain [Go to Item 16]

a. Location: _____

Type: _____

Positions/activities that aggravate pain: _____

Position/activities that alleviate pain: _____

Controlled/Uncontrolled by pain medication (*circle one*) Pain medication: _____

Notes: _____

b. Location: _____

Type: _____

Positions/activities that aggravate pain: _____

Position/activities that alleviate pain: _____

Controlled/Uncontrolled by pain medication (*circle one*) Pain medication: _____

Notes: _____

16a. **Falls:** [PCP, RN, REHAB] Record the total number of falls since the last assessment: _____

- b. **Injuries Due to Falls:** Record the **number of injuries due to falls that resulted in medical intervention/treatment by a primary care provider** (e.g., skin tears, fracture, head trauma, other physical injury) since the last assessment. (NOTE: If no injuries due to falls, please record "0.")

Number of injuries due to falls: _____

- c. **Fall Risk:** (Mark all factors that apply to participant.)

- ☐ 0 - None
- ☐ 1 - History of falls
- ☐ 2 - Confusion
- ☐ 3 - Impaired judgment
- ☐ 4 - Sensory deficit
- ☐ 5 - Unable to ambulate independently
- ☐ 6 - Unable to transfer independently
- ☐ 7 - Increased anxiety/emotional lability
- ☐ 8 - Incontinence/urgency
- ☐ 9 - CV/respiratory disease affecting perfusion and oxygenation
- ☐ 10 - Postural hypotension with dizziness

17. **Restraints:** Have physical restraints been used on the participant since the last assessment? [PCP, RN, REHAB, RT]

- ☐ 0 - No ☐ 1 - Yes

If yes, specify frequency, type, and reason:

Frequency of use: _____

Type: _____

Reason: _____

Notes (optional): _____

Ask the participant to respond to Item 18 below.

18. **Activities Limited by Health:** The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? [REHAB]

	Not at all	A little	A lot	Participant does not do activity (for reasons other than health limitations such as lack of interest or opportunity)	This information could not be obtained due to participant's <u>cognitive</u> <u>impairment</u>
a. Going shopping, such as food or clothing shopping.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA	<input type="checkbox"/> UA [If unable, go to Item 19]
b. Going to social activities.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA	
c. Spending time with your family and friends.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA	
d. Going to church or synagogue.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA	
e. Doing light housekeeping.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA	
f. Walking around your home/apartment/room.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> NA	

ADLs

The ADL and IADL items should be answered based on the past week. Mark one box for performance and one box for ability.

19. **Ambulation/Locomotion:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces. [RN, REHAB]

Performance	Ability		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - <u>Walks</u> independently	<ul style="list-style-type: none"> Walks on even and uneven surfaces, inside or outside, and climbs stairs (with or without railings) without any human assistance or assistive device.
<input type="checkbox"/>	<input type="checkbox"/>	1 - <u>Walks</u> , but needs <u>some</u> assistance	<ul style="list-style-type: none"> Walks alone but requires use of a device (e.g., cane, walker). Walks without assistance some of the time and receives assistance at other times. <p>Examples: (a) Participant walks independently at home, but requires assistance or supervision when walking at the day health center. (b) Participant needs help negotiating stairs or steps or uneven surfaces.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Walks</u> , but needs <u>constant</u> assistance	<ul style="list-style-type: none"> Walks only with the supervision or assistance of another person at all times. Uses wheelchair some of the time but walks with continuous physical support.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Does not walk but uses <u>wheelchair</u> independently	<ul style="list-style-type: none"> Does not walk but does wheel self independently (includes manual wheeling and electronic wheeling).
<input type="checkbox"/>	<input type="checkbox"/>	4 - Does not walk but uses <u>wheelchair with assistance</u>	<ul style="list-style-type: none"> Does not walk; confined to a wheelchair and does not wheel self (needs human assistance).
<input type="checkbox"/>	<input type="checkbox"/>	5 - <u>Bedfast</u>	<ul style="list-style-type: none"> Does not walk, does not sit up in a chair.

Notes (optional): _____

- 20a. **Transferring:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to move from bed to chair, on and off toilet or commode, into and out of tub and shower, and to turn and position self in bed if participant is bedfast. [RN, REHAB]

Performance	Ability		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - <u>Transfers</u> independently	<ul style="list-style-type: none"> Transfers self to and from bed, chair, toilet, tub/shower <u>without any</u> assistance, all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - <u>Transfers</u> , but needs <u>some</u> assistance	<ul style="list-style-type: none"> Transfers with minimal human assistance or use of an assistive device. Participant transfers independently from bed to chair, but requires assistance to transfer to and from toilet or tub.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Does not transfer but <u>bears weight</u> and <u>pivots</u>	<ul style="list-style-type: none"> Participant needs assistance to stand but pivots and sits down without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Does not transfer and <u>does not</u> bear weight or pivot	<ul style="list-style-type: none"> Transferred by another person or persons at all times but <u>is not bedfast</u>.
<input type="checkbox"/>	<input type="checkbox"/>	4 - <u>Bedfast</u> , but turns and positions self in bed	<ul style="list-style-type: none"> Unable to transfer, is bedfast but turns and repositions self in bed.
<input type="checkbox"/>	<input type="checkbox"/>	5 - <u>Bedfast</u>	<ul style="list-style-type: none"> Unable to transfer, is bedfast, does not turn or reposition self in bed. Is transferred by mechanical lift.

Notes (optional): _____

b. If participant requires human **Assistance with Transferring**, indicate assistance needed.

- ☐ 1 - One person assist
☐ 2 - Two person assist
☐ NA - Participant transfers independently or does not transfer

21. **Bathing:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to wash entire body. (**Excludes grooming, washing only face and hands.**) [RN, REHAB]

<u>Performance</u>	<u>Ability</u>		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - <u>Bathes</u> independently in shower or tub	<ul style="list-style-type: none"> Bathes self in <u>shower or tub</u> independently, <u>without any</u> human assistance, supervision, or assistive device, all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - <u>Bathes</u> self in shower or tub but needs <u>assistive device</u>	<ul style="list-style-type: none"> With the use of devices (e.g., shower or tub seat, grab bars, hand-held sprayer, long-handled bathing brush), bathes self in shower or tub independently.
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Bathes</u> self in shower or tub but needs <u>some human assistance/supervision</u>	<ul style="list-style-type: none"> Bathes in shower or tub with the assistance of another person: (a) for intermittent supervision or encouragement or reminders, <u>OR</u> (b) to get in and out of the shower or tub, <u>OR</u> (c) for washing difficult to reach areas. Bathes independently some of the time and receives assistance at other times (e.g., in the shower at the day health center).
<input type="checkbox"/>	<input type="checkbox"/>	3 - <u>Bathes</u> self in shower or tub but needs <u>constant human assistance/supervision</u>	<ul style="list-style-type: none"> Participates in bathing self in shower or tub, <u>but</u> requires presence of another person throughout the bath for assistance or supervision.
<input type="checkbox"/>	<input type="checkbox"/>	4 - Must be bathed in bed or bedside chair	<ul style="list-style-type: none"> Does not use shower or tub and is bathed in bed or bedside chair. Does part of bathing activity (e.g., sponges self in easy to reach areas).
<input type="checkbox"/>	<input type="checkbox"/>	5 - Completely dependent	<ul style="list-style-type: none"> Is completely bathed by another person all of the time. Receives physical assistance for the entire activity, i.e., does not do any part independently any of the time.

Notes (optional): _____

22. **Grooming:** Performance (what participant actually does) and ability (what participant is capable of doing) to tend to personal hygiene needs (e.g., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care). [RN, REHAB]

<u>Performance</u>	<u>Ability</u>		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - <u>Grooms</u> independently	<ul style="list-style-type: none"> Does all grooming activities independently, without assistance or supervision, all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - <u>Grooms</u> self but needs <u>some</u> assistance	<ul style="list-style-type: none"> Grooms self, but requires assistive device. Does some (but not all) grooming activities independently and receives assistance from others (e.g., shampooing). Grooming utensils (e.g., comb, toothbrush, razor) must be placed within reach to complete grooming activities.
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Grooms</u> self but needs <u>constant</u> human assistance	<ul style="list-style-type: none"> Participant grooms self if constantly receiving human assistance.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Completely dependent	<ul style="list-style-type: none"> All grooming activities are done by another person all of the time.

Notes (optional): _____

23. **Dressing Upper Body:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to dress upper body including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - <u>Dresses</u> independently	<ul style="list-style-type: none"> Gets clothes out of closets and drawers, puts them on and removes them from the upper body without assistance or supervision, all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - <u>Dresses</u> self but needs assistive device or <u>some</u> human assistance	<ul style="list-style-type: none"> Dresses self with assistive devices (e.g., velcro fasteners on clothing, adaptive clothing and special equipment such as a reacher). Dresses upper body without assistance if clothing is laid out or handed to the participant. Does part of dressing, but receives assistance for other parts of the activity, e.g., to put on or take off some items of clothing, manage fasteners. Dresses or undresses some of the time and receives assistance at other times.
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Dresses</u> self but needs <u>constant</u> human assistance	<ul style="list-style-type: none"> Receives stand-by supervision for safety. Someone must help the participant put on upper body clothing.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Completely dependent	<ul style="list-style-type: none"> Participant depends entirely upon another person to dress the upper body. Is completely dressed by another person all of the time. Receives physical assistance for the entire activity, i.e., does not do any part of the activity independently any of the time.

Notes (optional): _____

24. **Dressing Lower Body:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to dress lower body including undergarments, slacks, socks or nylons, shoes. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - <u>Dresses</u> independently	<ul style="list-style-type: none"> Obtains, puts on, and removes clothing and shoes without assistance or supervision, all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - <u>Dresses</u> self but needs assistive device or <u>some</u> human assistance	<ul style="list-style-type: none"> Dresses self with assistive devices (e.g., velcro fasteners on shoes, adaptive clothing, and special equipment such as a reacher). Dresses lower body without assistance if clothing and shoes are laid out or handed to the participant. Does part of dressing, but receives assistance for other parts of the activity, e.g., to put on or take off some items of clothing, manage fasteners. Dresses or undresses some of the time and receives assistance at other times.
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Dresses</u> self but needs <u>constant</u> human assistance	<ul style="list-style-type: none"> Receives stand-by supervision for safety. Someone must help the participant put on undergarments, slacks, socks or nylons, and shoes.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Completely dependent	<ul style="list-style-type: none"> Participant depends entirely upon another person to dress lower body. Is completely dressed by another person all of the time. Receives physical assistance for the entire activity, i.e., does not do any part of the activity independently any of the time.

Notes (optional): _____

25. **Toileting:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to get to and from the toilet or bedside commode, get on and off toilet, clean self and adjust clothes. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - Toilets independently	<ul style="list-style-type: none"> Gets to and from toilet independently, toilets self without assistance or supervision, all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Toilets with some assistance	<ul style="list-style-type: none"> Gets to and from toilet when reminded, assisted, or supervised by another person. Does part of the toileting, but receives assistance for other parts of the activity (e.g., to get to the toilet room, clean self). Toilets self independently some of the time and receives assistance at other times (e.g., at the day health center).
<input type="checkbox"/>	<input type="checkbox"/>	2 - Uses bedside commode	<ul style="list-style-type: none"> Does not go to and from toilet but uses a bedside commode (with or without assistance).
<input type="checkbox"/>	<input type="checkbox"/>	3 - Uses bedpan/urinal	<ul style="list-style-type: none"> Does not go to and from toilet but uses a bedpan/urinal independently.
<input type="checkbox"/>	<input type="checkbox"/>	4 - Completely dependent	<ul style="list-style-type: none"> Receives physical assistance for all toileting activities, i.e., does not do any of the toileting activities independently any of the time.

Notes (optional): _____

26. **Feeding or Eating:** Performance (what participant actually does) and ability (what participant is capable of doing) to feed self meals and snacks. Note: This refers only to the process of eating, chewing, and swallowing, NOT preparing the food to be eaten. [RN, REHAB, RD]

<u>Performance</u>	<u>Ability</u>		Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - Feeds/eats independently	<ul style="list-style-type: none"> Feeds self/eats without any assistance or supervision all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Feeds/eats independently but needs <u>some</u> assistance	<ul style="list-style-type: none"> Feeds self independently but requires: <ul style="list-style-type: none"> (a) meal set-up; <u>OR</u> (b) intermittent assistance or supervision (e.g., cueing) from another person; <u>OR</u> (c) an assistive device (e.g., utensil with built-up handle, plate guard, or cup with spout to prevent spilling); <u>OR</u> (d) a liquid, pureed or ground meat diet.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Does not feed/eat independently and <u>needs assistance</u>	<ul style="list-style-type: none"> Must be assisted or supervised throughout meal/snack.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Takes in nutrients orally and by tube feeding	<ul style="list-style-type: none"> Takes in nutrients orally <u>and</u> receives supplemental nutrients through a nasogastric tube or gastrostomy.
<input type="checkbox"/>	<input type="checkbox"/>	4 - Completely dependent on nasogastric tube or gastrostomy	<ul style="list-style-type: none"> Does not take nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.
<input type="checkbox"/>	<input type="checkbox"/>	5 - Does not take in nutrients orally or by tube feeding	<ul style="list-style-type: none"> Receives total parenteral nutrition (TPN).

Notes (optional): _____

IADLs

27. **Planning and Preparing Light Meals:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to plan and prepare light meals such as cereal, sandwich or reheat delivered meals. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>	Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - (a) Independently plans and prepares all light meals for self or reheats delivered meals; <u>OR</u> (b) Is physically, cognitively, and mentally able to prepare light meals on a regular basis but has not routinely performed light meal preparation in the past.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Does not prepare light meals on a regular basis due to physical, cognitive, or mental limitations.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Does not prepare any light meals or reheat any delivered meals due to physical, cognitive, or mental limitations.

Notes (optional): _____

28. **Heavy Chores:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to **SAFELY** do heavy tasks such as washing windows, home repairs, yard work, lawn mowing and shoveling snow. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>	Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - Does heavy chores <u>independently</u> <ul style="list-style-type: none"> Does all heavy chores without assistance all of the time.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Does heavy chores with <u>some assistance</u> This rating is used for any of the following circumstances: <ul style="list-style-type: none"> Does heavy chores independently some (but not all) of the time; another person does heavy chores some of the time. Does some (but not all) heavy chores independently and other chores are done by another person. <u>Example:</u> Participant does yard work independently and other heavy chores are done by another person.
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Does not do</u> heavy chores <ul style="list-style-type: none"> All heavy chores are done by another person all of the time.

Notes (optional): _____

29. **Shopping:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to plan for, select, and purchase items in a store and carry them home or arrange delivery. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>	Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - (a) Plans for shopping needs and independently performs shopping tasks, including carrying packages; <u>OR</u> (b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Shops, but needs some assistance: (a) By self does only light shopping and carries small packages, but needs someone to do occasional major shopping; <u>OR</u> (b) <u>Does not</u> go shopping alone, but goes with someone to assist.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Does not go shopping, but identifies items needed, places orders, and arranges home delivery.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Needs someone to do all shopping due to physical, cognitive, or mental limitations.

Notes (optional): _____

30. **Housekeeping:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to safely and effectively perform light housekeeping (e.g., dusting, wiping kitchen counters) and heavier cleaning tasks (e.g., dishwashing, vacuuming, sweeping). [RN, REHAB]

<u>Performance</u>	<u>Ability</u>	Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - (a) Independently performs all housekeeping tasks; <u>OR</u> (b) Physically, cognitively, and mentally able to perform <u>all</u> housekeeping tasks but has not routinely participated in housekeeping tasks in the past.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Performs only <u>light</u> housekeeping tasks independently.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Performs housekeeping tasks with intermittent assistance or supervision from another person.
<input type="checkbox"/>	<input type="checkbox"/>	3 - <u>Does not</u> consistently perform any housekeeping tasks unless assisted by another person throughout the process.
<input type="checkbox"/>	<input type="checkbox"/>	4 - <u>Does not</u> effectively participate in any housekeeping tasks due to physical, cognitive, or mental limitations.

Notes (optional): _____

31. **Laundry:** Performance (what the participant actually does) and ability (what the participant is capable of doing) to do own laundry such as carry laundry to and from washing machine, use washer and dryer, wash small items by hand. [RN, REHAB]

<u>Performance</u>	<u>Ability</u>	Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - (a) Independently takes care of all laundry tasks; <u>OR</u> (b) Physically, cognitively, and mentally able to do laundry and access facilities, <u>but</u> has not routinely participate in laundry tasks in the past.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Does only light laundry, such as minor hand wash or light washer loads. Due to physical, cognitive, or mental limitations, needs assistance with heavy laundry such as carrying large loads of laundry.
<input type="checkbox"/>	<input type="checkbox"/>	2 - <u>Does not</u> do any laundry due to physical limitation or needs continual supervision and assistance due to cognitive or mental limitation.

Notes (optional): _____

32. **Telephone Use:** Performance (what participant actually does) and ability (what participant is capable of doing) to answer the phone, dial numbers, and effectively use the telephone to communicate. [RN, REHAB, SW]

<u>Performance</u>	<u>Ability</u>	Definitions and illustrative circumstances:
<input type="checkbox"/>	<input type="checkbox"/>	0 - Dials numbers and answers calls appropriately and as desired.
<input type="checkbox"/>	<input type="checkbox"/>	1 - Uses a specially adapted telephone (e.g., large numbers on the dial, teletype phone for the deaf) and calls essential numbers.
<input type="checkbox"/>	<input type="checkbox"/>	2 - Answers the telephone and carries on a normal conversation but has difficulty with placing calls.
<input type="checkbox"/>	<input type="checkbox"/>	3 - Answers the telephone only some of the time or carries on only a limited conversation.
<input type="checkbox"/>	<input type="checkbox"/>	4 - Does not answer the telephone at all but listens if assisted with equipment.
<input type="checkbox"/>	<input type="checkbox"/>	5 - Does not use the telephone at all.
<input type="checkbox"/>	<input type="checkbox"/>	NA - Participant does not have a telephone.

33. **Special Equipment/Assistive Devices:** Does participant have or need any of the following special equipment or aids? (Mark all that apply.) [HEA, REHAB]

	Has and uses	Has, but does not use	Needs and does not have	Needs training	Ownership		
					Client	Rental	PACE Site
Prosthesis (type: _____)							
Cane, crutches							
Walker (type: _____)							
Wheelchair							
Brace (leg/back)							
Hearing aid							
Glasses							
Contact lenses							
Dentures							
Lifeline							
Hospital bed							
Bedside commode							
Bathing equipment							
Toilet equipment							
Transfer equipment							
Adaptive eating equipment							
Dressing/grooming aids							
Grab bars							
Side rails							
Trapeze							
Pressure relief devices							
Specialized mattress							
Oxygen equipment							
Orthotic positioning device							
Disposable medical supplies							
Other (specify: _____)							
Other (specify: _____)							

☐ NA - Participant does not have or need any special equipment/assistive devices.

Notes (optional): _____

PROVIDER: Respond to Item 34 below.

34. **Provider Suspicion of Participant Abuse:** Based on your experience and interactions with the participant, is there reason to suspect any of the following? (Mark all that apply.) [PCP, RN, REHAB, SW, RT, RD]

- ☐ 1 - Physical Abuse: beating, over-medication, restraining, etc.
☐ 2 - Denial of Basic Needs: withholding of food, clothing, hygiene, lack of supervision, abandonment
☐ 3 - Psychological Abuse: verbal assaults, insults, threats, and isolation
☐ 4 - Material Abuse: thefts, misuse of funds, fraud, etc.
☐ 5 - Violation of Rights: coercion, locking in, etc.
☐ 6 - Self-Neglect: substandard housing, failure to obtain adequate medical care, food, or protection
☐ 7 - None

Notes (optional): _____

Please respond to the evaluation questions and return completed materials to the Data Collection Coordinator for your site.

Thank you for your participation.

Center for Health Services Research, UCHSC, Denver, CO
 COCOA Draft Rehabilitation Therapy Form (8/01)
 Two-Site Feasibility Test
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