

BASIS QUESTIONNAIRE

Consumer: _____ Staff/Care taker: _____

Date: _____ Service Area: _____ Meeting: _____

3. TYPE OF MEDICAL CONDITION (Check box)	NAME OF CONDITION:
Respiratory (lungs, breathing, asthma, sleep apnea, COPD, Chronic Bronchitis, Sinusitis, etc...)	
Cardiovascular (heart, arteries, hypertension, heart failure, heart murmur – monitored annually, etc...)	
Gastro-Intestinal (digestive system, liver, bowels, GERD, Hiatal hernia, chronic constipation, etc...)	
Genito-Urinary (bladder, kidneys, diabetes, endocrine disorders such as hypothyroidism, etc...)	
Neoplastic Disease (abnormal tissue growth, cancers, cysts, tumors, tuberous sclerosis, etc...)	
Neurological Disease (brain, central nervous system, spinal cord, tourettes, dementia, etc...)	

4. SEIZURE HISTORY		Yes <input type="checkbox"/> No <input type="checkbox"/>	
SEIZURE TYPE (Check all that apply)		SEIZURE FREQUENCY (mark one)	
<input type="checkbox"/> No Seizures this year		<input type="checkbox"/> 1. None during the past 12 months	
<input type="checkbox"/> Simple partial		<input type="checkbox"/> 2. Less than once a month	
<input type="checkbox"/> Complex partial		<input type="checkbox"/> 3. About once a month	
<input type="checkbox"/> Generalized Absence		<input type="checkbox"/> 4. About once a week	
<input type="checkbox"/> Generalized Tonic Clonic		<input type="checkbox"/> 5. Several times a week	
<input type="checkbox"/> Had some type of seizure		<input type="checkbox"/> 6. Once a day or more	

5. CURRENT MEDICATIONS: (please denote any medication taken by injection)

5D. LEVEL OF SUPPORT WHEN TAKING MEDICATIONS (Check box)	
<input type="checkbox"/> No Medications	
<input type="checkbox"/> Total Support	care giver or medical provider must physically administer the medication by such means as injections, drops, mixed into food or drink, the person is physically incapable of taking medication or is often resistive
<input type="checkbox"/> Assistance	The care giver keeps the medication and gives them to the person at the appropriate time for self-administration.
<input type="checkbox"/> Supervision	The individual keeps & takes their own medications at appropriate time. Care giver may have to prompt or confirm that medication has been taken and that doses have not been missed.
<input type="checkbox"/> Independent	The person is totally responsible for their own medications and does not require any assistance with this task.

6. MEDICAL CONSEQUENCES (Yes = Y No = N)	
	Missed more than 14 days of regular activities due to medical conditions in last 12 months?
	Was hospitalized for a medical problem in the last 12 months?
	Presently requires care giver to be trained in special health care procedures?
	Presently requires a Special Diet that is specifically planned by professional?

7. LEVEL OF MOBILITY (mark one)	
	1. Walks Independently
	2. Walks Independently but with difficulty
	3. Walks Independently w/ corrective device
	4. Walks only w/ assistance from another
	5. Can not walk

8. USES WHEELCHAIR?:	
Yes(1) <input type="checkbox"/> No(2) <input type="checkbox"/>	
	1. Can use wheelchair independently
	2. Uses wheelchair independently, w/ some help
	3. Assistance in transferring and moving
	4. No Mobility, must be transferred and moved

QUESTIONS 9, 10, & 11 – Indicate whether or not the individual can perform tasks (Mark **Y** for **YES** or **N** for **NO**)
View these questions as the person is presently capable of doing these. The question does **NOT** address their willingness or unwillingness to engage in these activities.

9. MOTOR CONTROL (Yes=Y No=N)	
	Can roll from back to stomach
	Can pull self to standing
	Can walk up AND down stairs alternating feet
	Can pick up a small object
	Can transfer an object from hand to hand
	Can mark with a pencil, crayon, or chalk
	Can turn pages of a book one at a time
	Can copy a circle from an example
	Can cut with scissors along a straight line

10. COGNITIVE ABILITY (Yes=Y No=N)	
	Sort objects by size
	Correctly spell first & last name
	Tell time to nearest 5 minutes
	Distinguish between right and left
	Count 10 or more objects
	Understand simple functional signs
	Do simple addition and subtraction of figures
	Read and comprehend simple sentences
	Read and comprehend newspaper/magazine

11. COMMUNICATION (Yes=Y No=N)	
	Understands the meaning of "No"
	Understands 1-step directions
	Understands 2-step directions
	Understands a joke or story
	Indicates a "Yes" or "No" response
	Asks simple questions
	Relates experiences when asked
	Tells a story, joke or plot of a TV show
	Describes realistic plans in detail

14. SELF CARE – Indicate the individual’s ability to perform the following activities

This section is not concerned with a person’s willingness to perform these tasks, but rather their ability.

- SCALE:**
- 1. Total Support** The person is completely dependent on others to carry out activities on their behalf.
 - 2. Assistance** (Helping) The person requires physical aid in order to complete tasks.
 - 3. Supervision** (Reminding) The person is able to perform tasks with some verbal direction.
 - 4. Independent** The person requires no prompting or aid in order to complete tasks.

Toileting: Bowels - (Bowel Movement) This question does not address menses cycle	1	2	3	4
Toileting: Bladder - (Urination) This question does not address menses cycle	1	2	3	4
Taking a shower or bath - Ability to participate in washing hair or self and setting water temperature	1	2	3	4
Brushing Teeth / Cleaning Dentures - If no teeth/dentures, do they brush gums?	1	2	3	4
Brushing or Combing Hair - Determine if the person can hold the brush, & level of participation	1	2	3	4
Selecting clothes appropriate to weather - Answer may vary depending on settings (day/res)	1	2	3	4
Putting on Clothes - Do they need help with buttons, zippers, knots, snaps?	1	2	3	4
Undressing Self - Do they need help with buttons, zippers, knots, snaps?	1	2	3	4
Drinking from a cup or glass - The act of drinking out of cup, or glass. (consider straw / sippy cup)	1	2	3	4
Chewing and swallowing food - Prompts to slow down?, food must be modified?	1	2	3	4
Feeding self - The act of getting food from plate to mouth, with utensils (or fingers if appropriate)	1	2	3	4

15. DAILY LIVING SKILLS – Indicate the individual’s ability to perform the following activities

This section is not concerned with a person’s willingness to perform these tasks, but rather their ability.

Making Bed - This includes simply pulling the sheet and/or comforter up to cover the bed. This question does not address changing sheets or washing linens.	1	2	3	4
Cleaning Room - This can include picking up items, and putting them away, dusting, vacuuming, keeping things tidy. This is not necessarily an automatic 1 for individuals using a wheel chair.	1	2	3	4
Doing Laundry - Includes: sorting, adjusting the settings, using the correct amount of detergent, switching loads, folding clothes, hanging up items. This does not address getting to a Laundromat.	1	2	3	4
Using the Telephone - Includes dialing AND talking. If given a number (verbally or written) can they activate the phone and dial the number?	1	2	3	4
Shopping for a simple meal - Person can find the items needed for a simple meal in a grocery store. Does NOT necessarily take into account making a shopping list.	1	2	3	4
Preparing foods that do not require cooking Examples include: Cereal, snack, or sandwich. Putting components together for snack or meal.	1	2	3	4
Using the stove or microwave - Could they read the back of the package and follow the directions correctly in order to prepare the item. Are there any safety issues involved?	1	2	3	4
Crossing the street in a residential neighborhood - Consider if the person looks both ways and also if they have the mobility to cross the street. Safety issues should be taken into account.	1	2	3	4
Using public transportation for a simple direct trip - Person is capable of calling to schedule a ride for taxi, special services, etc. Also consider the persons mobility to get in/out of transport,	1	2	3	4
Managing Own Money - What concept of money does the individual have? Is it simply paper to them? Take into account counting change back, help with balancing checkbook, holding money.	1	2	3	4