

**Live Well At Home Rapid Screen<sup>®</sup>**

Name: \_\_\_\_\_

Screen Date: \_\_\_\_\_

1.	<p><b>Do you need help to do the following?</b></p> <p>a) Walking    b) Getting out of bed/chair    c) Going to the bathroom            d) Bathing    e) Dressing    f) Eating</p> <p><b>If 2 or more circled → SCORE = 2</b></p>	<input type="checkbox"/>
2.	<p><b>During the last 6 months, have you had a fall that caused injuries? Yes No</b></p> <p>NOTE: "Injuries" means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization <u>OR 3 or more of any falls.</u></p> <p><b>If YES circled SCORE = 2</b></p>	<input type="checkbox"/>
3.	<p><b>Do you have a family member/friend give you help when you need it? Yes No</b></p> <p><b>If NO circled → SCORE = 2</b></p>	<input type="checkbox"/>
4.	<p><b>Does your caregiver feel overwhelmed or stressed because of the care they provide you? Yes No</b></p> <p><b>If YES circled → SCORE = 2</b></p>	<input type="checkbox"/>
5.	<p><b>Have you thought about moving to other housing? Yes No</b></p> <p><b>If YES, ask: where have you considered moving to?</b>  <b>If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2</b></p>	<input type="checkbox"/>
6.	<p><b>Do you live alone? Yes No</b></p> <p><b>If YES circled → SCORE = 1</b></p>	<input type="checkbox"/>
7.	<p><b>Do you or your family have concerns about your memory, thinking, or ability to make decisions?</b></p> <p><b>If YES, are you: Very concerned    Somewhat concerned    Not concerned?</b></p> <p><b>If VERY CONCERNED circled → SCORE = 2</b>  <b>If SOMEWHAT CONCERNED circled → SCORE = 1</b></p>	<input type="checkbox"/>
<b>TOTAL SCORE (Sum of Scores For Items 1 Through 7) =</b>		<input type="checkbox"/>
<p><b><u>Score and Risk Category</u></b></p> <p><b>0 = No Risk    1 = Low Risk    2 = Moderate Risk    3 and up = High Risk</b></p>		



Please indicate if any referrals were made for the services below by checking the appropriate box.

Services for Older Adults	✓
Adult Day Services	
Alzheimer's Association	
Assistive Technology	
Care Coordination/Management Services	
Caregiver consultation	
Caregiver Support Program or Service	
Chore Services	
Chronic Disease Self-Management Program	
Community integration/socialization	
Companion Services	
Counseling and/or planning support	
Falls prevention program	
Family Memory Care Program	
Fiscal support entity services	
Grocery shopping/delivery	
Health status checks	
Hearing loss services	
Home care	
Homemaker Services	
Home Modification/Repair Services	
Home safety	
Housekeeping	
Incontinence support	
Live Well at Home provider / risk support	

Services for Older Adults	✓
Live Well at Home Website (mnlivewellathome.org)	
Long Term Care Consultation	
Meals	
Medical supplies/equipment	
Medication Management Program	
Memory Care services/support and resources	
Medication support	
MNHelp.info	
Personal care	
Personal Emergency Response Systems	
Physician	
Powerful Tools for Caregivers	
Private purchasing of in-home support/help without FSE	
Rehabilitation therapies	
Respite services	
Self-Directed Services with Fiscal Support Entity (FSE)	
Senior LinkAge Line	
TCARE(R) caregiver assessment	
Transportation	
Vision loss services	
Wellness program	
Other	