

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

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

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

1.	<b>&lt;For Screener Only&gt;</b>	<p>Did you observe any of the <i>10 warning signs of Alzheimer's disease</i> with the older person? ___ No ___ Yes</p> <p>If yes, what is your level of concern? ___ Somewhat concerned ___ Very concerned</p>
2.	<b>&lt;Ask person being screened&gt;</b>	What is your (<NOP's>) gross income? (Circle monthly or annual income.)

**Gross Income (2016)**

Federal Poverty Income Guideline	1-person Household		2-person Household		Possible Funding Source
	MONTHLY	ANNUAL	MONTHLY	ANNUAL	
Up to 200%	\$1,980	\$23,760	\$2,670	\$32,040	Medical Assistance, Elderly Waiver, Alternative Care Program, Title III, Veterans
200 - 250%	\$1,981 – 2,475	\$23,761 – 29,700	\$2,671 - 3,338	\$32,041 - 40,050	Title III, <i>private pay</i> , Veterans
>250%	\$2,476	\$29,701	\$3,339	\$40,051	<i>Private Pay</i> , Veterans

**SCORES**

SCREENER NAME/INITIALS	INITIAL SCREEN		RE-SCREEN	
	DATE	SCORE	DATE	SCORE