interRAI Functional Supplement to CHA*©

[CODE FOR LAST 3 DAYS, UNLESS OTHERWISE SPECIFIED]

SECTION A. IDENTIFICATION INFORMATION

1. NAME

a. (First) **b.** (Middle Initial) **c.** (Last) **d.** (Jr/Sr)

2. NATIONAL NUMERIC IDENTIFIER [EXAMPLE - USA]

a. Social Security number

___ — ___ — ____

b. Medicare number (or comparable railroad insurance number)

____

c. Medicaid number

[Note: "+" if pending, "N" if not a Medicaid recipient]

____

3. FACILITY / AGENCY PROVIDER NUMBER

____

4. ASSESSMENT REFERENCE DATE

2 0 ___ ___ — ___ ___ — ___ ___

Year Month Day

5. LIVING ARRANGEMENT

a. **As compared to 90 DAYS AGO (or since last assessment), person now lives with someone new—e.g., moved in with another person, other moved in**

0. No 1. Yes

b. **Person or relative feels that the person would be better off living elsewhere**

0. No
1. Yes, other community residence
2. Yes, institution

6. TIME SINCE LAST HOSPITAL STAY

Code for most recent instance in LAST 90 DAYS

0. No hospitalization within 90 days
1. 31 to 90 days ago
2. 15 to 30 days ago
3. 8 to 14 days ago
4. In the last 7 days
5. Now in hospital

SECTION B. COGNITION

1. MEMORY / RECALL ABILITY

Code for recall of what was learned or known

0. Yes, memory OK 1. Memory problem

a. **Procedural memory OK**—Can perform all or almost all steps in a multitask sequence without cues

b. **Situational memory OK**—Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited (e.g., bedroom, dining room)

2. PERIODIC DISORDERED THINKING / AWARENESS

[Note: Accurate assessment requires conversations with staff, family or others who have direct knowledge of the person's behavior over this time]

0. Behavior not present
1. Behavior present, consistent with usual functioning
2. Behavior present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

a. **Easily distracted**—e.g., episodes of difficulty paying attention; gets sidetracked

b. **Episodes of disorganized speech**—e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought

c. **Mental function varies over the course of the day**—e.g., sometimes better, sometimes worse

3. ACUTE CHANGE IN MENTAL STATUS FROM PERSON'S USUAL FUNCTIONING—*e.g., restlessness, lethargy, difficult to arouse, altered environmental perception*

0. No 1. Yes

SECTION C. MOOD AND BEHAVIOR

1. INDICATORS OF POSSIBLE DEPRESSED, ANXIOUS, OR SAD MOOD

Code *for indicators observed in last 3 days, irrespective of the assumed cause [Note: Whenever possible, ask person]*

0. Not present
1. Present but not exhibited in last 3 days
2. Exhibited on 1-2 of last 3 days
3. Exhibited daily in last 3 days

a. **Recurrent statements that something terrible is about to happen**--e.g., believes he or she is about to die, have a heart attack

b. **Expressions (including non-verbal) of a lack of pleasure in life (anhedonia)**—e.g.,*"I don't enjoy anything anymore"*

2. BEHAVIOR SYMPTOMS

Code for indicators observed in last 3 days, irrespective of the assumed cause

0. Not present
1. Present but not exhibited in last 3 days
2. Exhibited on 1-2 of last 3 days
3. Exhibited daily in last 3 days

a. **Wandering**—moved with no rational purpose, seemingly oblivious to needs or safety

b. **Verbal abuse**—e.g., others were threatened, screamed at, cursed at

c. **Physical abuse**—e.g., others were hit, shoved, scratched, sexually abused

d. **Socially inappropriate or disruptive behavior**—e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarding, rummaged through other's belongings

e. **Inappropriate public sexual behavior or public disrobing**

f. **Resists care**—e.g., taking medications / injections, ADL assistance, eating

SECTION D. FUNCTIONAL STATUS

1. ADL SELF-PERFORMANCE

Consider all episodes over 3-day period.

*If **all** episodes are performed at the same level, score ADL at that level. If **any** episodes at level 6, and others less dependent, score ADL as a 5.*

Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2-5.

0. ***Independent***—No physical assistance, setup, or supervision in any episode
1. ***Independent, setup help only***—Article or device provided or placed within reach, no physical assistance or supervision in any episode
2. ***Supervision***—Oversight / cuing
3. ***Limited assistance***—Guided maneuvering of limbs, physical guidance without taking weight
4. ***Extensive assistance***—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
5. ***Maximal assistance***—Weight-bearing support (including lifting limbs) by 2+ helpers —OR— Weight-bearing support for more than 50% of subtasks
6. ***Total dependence***—Full performance by others during all episodes
8. ***Activity did not occur during entire period***

a. **Transfer toilet**—How moves on and off toilet or commode

b. **Toilet use**—How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes - EXCLUDE TRANSFER ON AND OFF TOILET

c. **Bed mobility**—How moves to and from lying position, turns from side to side, and positions body while in bed

d. **Eating**—How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)

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2. LOCOMOTION / WALKING

a. **Timed 4-meter (13 foot) walk**

[Lay out a straight unobstructed course. Have person stand in still position, feet just touching start line]
Then say: "When I tell you begin to walk at a normal pace (with cane/walker if used). This is not a test of how fast you can walk. Stop when I tell you to stop. Is this clear?" Assessor may demonstrate test.
Then say: "Begin to walk now" Start stopwatch (or can count seconds) when first foot falls. End count when foot falls beyond 4-meter mark.
Then say: "You may stop now"
Enter time in seconds, up to 30 seconds.
30. 30 or more seconds to walk 4-meters
77. Stopped before test complete
88. Refused to do the test
99. Not tested—e.g., does not walk on own

b. **Distance walked**–Farthest distance walked at one time without sitting down in the LAST 3 DAYS (with support as needed)
0. Did not walk
1. Less than 15 feet (under 5 meters)
2. 15-149 feet (5-49 meters)
3. 150-299 feet (50-99 meters)
4. 300+ feet (100+ meters)
5. 1/2 mile or more (1+ kilometers)

c. **Distance wheeled self**–Farthest distance wheeled self at one time in the LAST 3 DAYS (includes independent use of motorized wheelchair)
0. Wheeled by others
1. Used motorized wheelchair / scooter
2. Wheeled self less than 15 feet (under 5 meters)
3. Wheeled self 15-149 feet (5-49 meters)
4. Wheeled self 150-299 feet (50-99 meters)
5. Wheeled self 300+ feet (100+ meters)
8. Did not use wheelchair

3. PHYSICAL FUNCTION IMPROVEMENT POTENTIAL
0. No 1. Yes

a. **Person believes he / she is capable of improved performance in physical function**

b. **Care professional believes person is capable of improved performance in physical function**

SECTION E. CONTINENCE

1. URINARY COLLECTION DEVICE (Exclude pads/briefs)
0. None
1. Condom catheter
2. Indwelling catheter
3. Cystostomy, nephrostomy, ureterostomy

2. PADS OR BRIEFS WORN
0. No 1. Yes

3. BOWEL CONTINENCE
0. ***Continent***—Complete control; DOES NOT USE any type of ostomy device
1. ***Control with ostomy***—Control with ostomy device for all hours over last 3 days
2. ***Infrequently incontinent***—Not incontinent over last 3 days, but does have incontinent episodes
3. ***Occasionally incontinent***—Less than daily
4. ***Frequently incontinent***—Daily, but some control present
5. ***Incontinent***—No control present
8. ***Did not occur***—No bowel movement in the last 3 days

SECTION F. DISEASE DIAGNOSES

Disease code
0. Not present
1. Primary diagnosis / diagnoses for current stay
2. Diagnosis present, receiving active treatment
3. Diagnosis present, monitored but no active treatment

1. DISEASE DIAGNOSES
NEUROLOGICAL
a. **Hemiplegia**
b. **Multiple sclerosis**
c. **Paraplegia**
d. **Parkinson's**
e. **Quadriplegia**

INFECTIONS
f. **Pneumonia**
g. **Urinary tract infection in last 30 days**

SECTION G. HEALTH CONDITIONS

1. PROBLEM FREQUENCY
Code for presence in last 3 days
0. Not present
1. Present but not exhibited in last 3 days
2. Exhibited on 1 of last 3 days
3. Exhibited on 2 of last 3 days
4. Exhibited daily in last 3 days

BALANCE
a. **Difficult / unable to move to standing position unassisted**
b. **Difficult / unable to turn around and face the opposite direction when standing**
CARDIAC OR PULMONARY
c. **Difficulty clearing airway secretions**
NEUROLOGICAL
d. **Aphasia**
OTHER
e. **Aspiration**
f. **Fever**
g. **GI or GU bleeding**
h. **Hygiene**—Unusually poor hygiene, unkempt, dishevelled
i. **Peripheral edema**

2. INSTABILITY OF CONDITIONS
0. No 1. Yes
a. **End-stage disease; 6 or fewer months to live**

SECTION H. ORAL AND NUTRITIONAL STATUS

1. HEIGHT AND WEIGHT [INCHES AND POUNDS-- COUNTRY SPECIFIC]
Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in LAST 30 DAYS
a. **HT (in.)** b. **WT (lb.)**

2. MODE OF NUTRITIONAL INTAKE
0. ***Normal***—Swallows all types of foods
1. ***Modified independent***—e.g., liquid is sipped, takes limited solid food, need for modification may be unknown
2. ***Requires diet modification to swallow solid food***—e.g., mechanical diet (puree, minced, etc.) or only able to ingest specific foods)
3. ***Requires modification to swallow liquids***—e.g., thickened liquids
4. ***Can swallow only pureed solids —AND— thickened liquids***
5. ***Combined oral and parenteral/tube feeding***
6. ***Nasogastric tube feeding only***
7. ***Abdominal feeding tube***—e.g., PEG tube
8. ***Parenteral feeding only***—Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)
9. **Activity did not occur**—During entire period

3. DENTAL OR ORAL
0. No 1. Yes
a. **Wears a denture (removable prosthesis)**
b. **Has broken, fragmented, loose, or otherwise non-intact natural teeth**
c. **Reports having dry mouth**
d. **Reports difficulty chewing**

SECTION I. SKIN CONDITION

1. MOST SEVERE PRESSURE ULCER
0. No pressure ulcer
1. Any area of persistent skin redness
2. Partial loss of skin layers
3. Deep craters in the skin
4. Breaks in skin exposing muscle or bone
5. Not codeable, e.g., necrotic eschar predominant

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2. PRIOR PRESSURE ULCER
0. No 1. Yes

3. PRESENCE OF SKIN ULCER OTHER THAN PRESSURE ULCER—e.g., venous ulcer, arterial ulcer, mixed venous-arterial ulcer, diabetic foot ulcer
0. No 1. Yes

4. MAJOR SKIN PROBLEMS—e.g., lesions, 2nd or 3rd degree burns, healing surgical wounds
0. No 1. Yes

5. SKIN TEARS OR CUTS—Other than surgery
0. No 1. Yes

6. OTHER SKIN CONDITIONS OR CHANGES IN SKIN CONDITION—e.g., bruises, rashes, itching, mottling, herpes zoster, intertrigo, eczema
0. No 1. Yes

7. FOOT PROBLEMS—e.g., bunions, hammer toes, overlapping toes, structural problems, infections, ulcers
0. No foot problems
1. Foot problems, no limitation in walking
2. Foot problems limit walking
3. Foot problems prevent walking
4. Foot problems, does not walk for other reasons

SECTION J. MEDICATIONS

1. ADHERENT WITH MEDICATIONS PRESCRIBED BY PHYSICIAN
0. Always adherent
1. Adherent 80% of time or more
2. Adherent less than 80% of time, including failure to purchase prescribed medications
8. No medications prescribed

SECTION K. TREATMENTS AND PROCEDURES

1. TREATMENTS AND PROGRAMS RECEIVED OR SCHEDULED IN THE LAST 3 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 3 DAYS)
0. Not ordered AND did not occur
1. Ordered, not implemented
2. 1-2 of last 3 days
3. Daily in last 3 days

TREATMENTS
a. **Chemotherapy**
b. **Dialysis**
c. **Infection control**—e.g., isolation, quarantine
d. **IV medication**
e. **Oxygen therapy**
f. **Radiation**
g. **Suctioning**
h. **Tracheostomy care**
i. **Transfusion**
j. **Ventilator or respirator**
k. **Wound care**

PROGRAMS
l. **Scheduled toileting program**
m. **Palliative care program**
n. **Turning / repositioning program**

2. FORMAL CARE
Days (A) and Total minutes (B) of care in last week

Extent of care/treatment in LAST 7 DAYS (or since last assessment or admission, if less than 7 days) involving :

	(A) # of Days	(B) Total Minutes in last week
a. **Home health aides**		
b. **Home nurse**		
c. **Homemaking services**		
d. **Meals**		
e. **Physical therapy**		
f. **Occupational therapy**		
g. **Speech-language pathology and audiology services**		
h. **Psychological therapy (by any licensed mental health professional)**		

3. PHYSICALLY RESTRAINED—*Limbs restrained, used bed rails, restrained to chair when sitting*
0. No 1. Yes

SECTION L. RESPONSIBILITY

1. LEGAL GUARDIAN [EXAMPLE-- USA]
0. No 1. Yes

SECTION M. SOCIAL SUPPORTS

1. TWO KEY INFORMAL HELPERS
a. **Relationship to person**
1. Child or child-in-law
2. Spouse
3. Partner / significant other
4. Parent / guardian
5. Sibling
6. Other relative
7. Friend
8. Neighbor
9. No informal helper

Helper 1 2

b. **Lives with person**
0. No
1. Yes, 6 months or less
2. Yes, more than 6 months
8. No informal helper

Helper 1 2

AREAS OF INFORMAL HELP DURING LAST 3 DAYS
0. No 1. Yes 8. No informal helper

Helper 1 2

c. **IADL help**
d. **ADL help**

2. INFORMAL HELPER STATUS
0. No 1. Yes

a. **Informal helper(s) is unable to continue in caring activities**—e.g., decline in health of helper makes it difficult to continue
b. **Primary informal helper expresses feelings of distress, anger, or depression**
c. **Family or close friends report feeling overwhelmed by person's illness**

3. HOURS OF INFORMAL CARE AND ACTIVE MONITORING DURING LAST 3 DAYS
For instrumental and personal activities of daily living in the LAST 3 DAYS, indicate the total number of hours of help received from ALL family, friends, and neighbors

SECTION N. ENVIRONMENTAL ASSESSMENT

1. HOME ENVIRONMENT
Code for any of following that make home environment hazardous or uninhabitable (if temporarily in institution, base assessment on home visit)
0. No 1. Yes

a. **Disrepair of the home**—e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes
b. **Squalid condition**—e.g., extremely dirty, infestation by rats or bugs
c. **Inadequate heating or cooling**—e.g., too hot in summer, too cold in winter
d. **Lack of personal safety**—e.g., fear of violence, safety problem in going to mailbox or visiting neighbors, heavy traffic in street
e. **Limited access to home or rooms in house**—e.g., difficulty entering or leaving home, unable to climb stairs, difficulty maneuvering, no rails although needed

2. LIVES IN AN APARTMENT OR HOUSE RE-ENGINEERED FOR PERSONS WITH DISABILITIES
0. No 1. Yes

3. OUTSIDE ENVIRONMENT
0. No 1. Yes

a. **Availability of emergency assistance**—e.g., telephone, alarm response system
b. **Accessibility to grocery store without assistance**
c. **Availability of home delivery of groceries**

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SECTION O. DISCHARGE POTENTIAL AND OVERALL STATUS

1. ONE OR MORE CARE GOALS MET IN THE LAST 90 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS)

0. No 1. Yes ☐

2. OVERALL SELF-SUFFICIENCY HAS CHANGED SIGNIFICANTLY AS COMPARED TO STATUS OF 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS)

0. Improved [Skip to Section P]
1. No change [Skip to Section P]
2. Deteriorated ☐

CODE FOLLOWING THREE ITEMS IF "DETERIORATED" IN LAST 90 DAYS - OTHERWISE SKIP TO SECTION P

3. NUMBER OF 10 ADL AREAS IN WHICH PERSON WAS INDEPENDENT PRIOR TO DETERIORATION ☐☐

4. NUMBER OF 8 IADL PERFORMANCE AREAS IN WHICH PERSON WAS INDEPENDENT PRIOR TO DETERIORATION ☐

5. TIME OF ONSET OF THE PRECIPITATING EVENT OR PROBLEM RELATED TO DETERIORATION

0. Within last 7 days
1. 8 to 14 days ago
2. 15 to 30 days ago
3. 31 to 60 days
4. More than 60 days ago
8. No clear precipitating event ☐

SECTION P. ASSESSMENT INFORMATION

SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT:

1. **Signature (sign on above line)**

2. **Date assessment signed as complete**

2 0 ☐☐ — ☐☐ — ☐☐
Year Month Day

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