

GLOBE STAR

“Mentoring a Spirit of Gentleness”



Quality of Life Elements Assessment

Name: _____

Date: _____

Assessor: _____

There are eight lifestyle elements that are investigated: medical, communication, personal safety, mobility and transportation, human awareness and sexuality, financial, mentoring support, and other lifestyle issues.

Complete the following questionnaire. It will help you to determine whether a professional assessment is needed and in what health area. Complete the form before you answer the following questions and before you note any QoLP (Quality of Life Plan) recommendations.

To indicate what type of assessments that the individual may benefit from, answer each question by checking yes or no. If yes, indicate the type of professional consultant that is needed to make the appropriate assessment.

Key to Consultants

DT = Dietician

FS = Feeding Specialist can be the speech therapist or an occupational therapist who has expertise in chewing, swallowing, and feeding.

OT = Occupational Therapist

PT = Physical Therapist

RN = Registered Nurse

PS= Psychiatrist

MD= Medical Doctor

Item	No	Yes	Consultant
Requires assistance for body movement or transfer, or has a diagnosis of Cerebral Palsy, Hemiplegia, Paraplegia, or Quadriplegia			
Has special equipment for mobility or for positioning			
Has severe Scoliosis (visibly affected)			
Is unable to use hands or arms to do activities of daily living			
Is hypersensitive to touch			
Has poor perception of body in space			
Has history of respiratory infections, aspiration, reflux, esophageal stricture,			

poor gag reflex, tube feeding, rapid breathing during meal time or wheezing			
Has history of weight loss or is an adult weighing 70 or less			
Has poor food and fluid intake that leads to dehydration or persistent constipation			
Must be fed and/or chews poorly, coughs, gags, chokes while eating			
Experiences unexplained vomiting or regurgitation			
Drools and/or food falls out of mouth			
Experiences forceful ejection of food during attempts to swallow			
Is slow to eat, reluctant to eat, dislikes or refuses most foods or foods of a certain texture, eats in odd or unusual way (such as head thrown back), swallows large mouthful rapidly, and/or eats only for some staff.			
Has a special diet			
Has multiple physicians and/or medical consultants			
Has multiple medical problems and multiple medications/treatments that routinely require more than one physician contact per month			
Requires medical procedure that must be delegated by an R.N. or requires an R.N. to perform			
Has an "unhappy" physician			
Experienced more than one hospitalization/emergency room visit in the previous year			
Has been subjected to a poor medical judgment by staff, resulting in endangerment to health			
Has chronic degenerative neurological disorder or other chronic illness that requires restriction on work or other activities			
Has intractable or uncontrolled seizures			
Has severe bowel disorders (e.g., constipation causing rectal prolapse, impaction leading to hospitalization or high colonic enema, etc.)			
Has had apnea or cyanotic episodes within past year			
Additional concerns or comments:			

After the questionnaire is completed, answer the following questions:

1. Medical, Dental, and other Health-Related Issues

Who is the person's primary care physician?

Who is the person's dentist?

Is the person currently taking medication or receiving treatment for a medical or dental condition? If yes, consider the following question.

Should any instructional or participation objectives related to self-management of the medical or dental condition be added to the *Quality of Life Plan (QoLP)*?

Does the person need to see his or her primary care physician or dentist this year?

What proactive health care activities should be carried out during this QoLP period in order to identify or prevent health problems? (e.g., flu shot, immunizations, T.B. test, mammogram, pap smear, prostate exam, routine blood work, teeth cleaning, etc.)

If you identify any proactive health care activities, consider the following question.

Should any instructional or participation objectives related to self-management of proactive health care activities be added to the QoLP?

If applicable, who currently is the person's Physical therapist?

Occupational therapist?

Registered nurse?

Dietician?

Feeding specialist?

Psychiatrist?

Other health-related professional?

Does the person currently have a "treatment plan" (or "plan of care") that was developed by a Physical therapist, Occupational therapist, Registered nurse, Dietician, Feeding specialist, or other health related professional (please specify this above).

If yes, consider the following question.

Should any instructional or participation objectives related to self-management of the treatment plan (or plan or care) be added to the QoLP?

Does the person need a professional assessment from a Physical therapist, Occupational

therapist, Registered nurse, Dietician, or feeding specialist during this QoLP period?

Do you plan to consult with a Physical therapist during this QoLP period?

Occupational therapist?

Registered nurse?

Dietician?

Feeding specialist?

b. QoLP Recommendations, if any

2. Communication

a. Assessment Questions to Consider:

Does the person reliably communicate his or her needs, choices, preferences, etc. (e.g., use verbal responses, gestures, eye gaze, augmentative devices, etc.)?

Has the person received a professional evaluation with regard to vision, hearing, language, or other aspects of communication in the last year?

b. QoLP Recommendations, if any

3. Personal Safety

a. Assessment Questions to Consider:

Should any physical aspects of the residence or grounds be altered to improve the person's at-home safety?

Does the person need specific support to safeguard his or her at-home safety (e.g., adjusting water temperature, responding to fire alarms, calling for assistance, etc.)?

Should any instructional or participation objectives related to at-home safety be added to the QoLP?

Does the person need specific support to safeguard his or her safety in the community (e.g., using an I.D. card, street-crossing, using public transportation, etc.)?

Should any instructional or participation objectives related to community safety be added to the QoLP?

In general, how much time can the person spend without direct caregiver supervision:
at home? _____
in the community? _____

b. QoLP Recommendations, if any

4. Mobility and Transportation

a. Assessment Questions to Consider:

Does the person's residence or grounds need any modifications to safeguard his or her mobility (e.g., building a wheelchair ramp or arranging other physical accommodations)?

Does the person need support to travel from his or her residence to a shopping area, recreation area, or the home of a friend?

Should any instructional or participation objectives related to mobility or transportation be added to the QoLP?

b. QoLP Recommendations, if any

5. Human Awareness and Sexuality

a. Assessment Questions to Consider:

Does the person want or need specific support, instruction, counseling, or professional consultation related to developing intimate relationships or expressing himself or herself sexually?

Does the person engage in sexual behavior that infringes on the rights or safety of others?

Does the person need consultation, instruction etc. regarding safe sex?

b. QoLP Recommendations, if any

6. Financial

a. Assessment Questions to Consider

Does the person need specific support to manage his or her personal funds and entitlements (e.g., managing spending money, writing checks, making deposits, obtaining food stamps or a medical card, reporting earnings to Social Security)?

Should any instructional or participation objectives related to financial matters be added to the QoLP?

What restrictions (if any) on spending might be in the person's best interest (e.g., restrictions on purchases over \$50; requirement for co-signer on checking account; etc.)?

b. QoLP Recommendations, if any

7. Mentoring Support

a. Assessment Questions to Consider:

Does the person engage in problem behavior that results in injury to himself or herself, injury to others, or destruction of property?

Has a functional analysis been conducted with regard to the problem behavior(s)?

Is a formal mentoring program in effect for the problem behavior(s)?

Is the formal mentoring program working (i.e., is the frequency or severity of the problem behavior decreasing in accordance with the program's objective)?

Do you believe that caregivers may have to use physical restraint with this person in the future, or has physical restraint been used with this person 3 or more times during any 6-month period over the last year?

If you answered the preceding question with a "yes," have all caregivers who provide direct services to the person been officially certified in using Mandt procedures?

Does the person have a psychiatric diagnosis or receive medications to control problem behavior?

Should the person's physical environment or schedule be modified in some way to decrease the likelihood of problem behaviors?

b. QoLP Recommendations, if any

8. Other lifestyle issues

a. Assessment Questions too Consider:

1.

2.

3.

b. QoLP Recommendations, if any