

## COMPREHENSIVE ASSESSMENTS FORM FOR ADULTS

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### GENERAL HEALTH

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Current Weight: \_\_\_\_\_  gain  loss Target weight: \_\_\_\_\_

Diet/Nutrition:  Regular  Low Salt  Puree/Chopped  Diabetic/No Concentrated Sweets  Other \_\_\_\_\_

Fluid:  Unlimited  Restricted  Amount: \_\_\_\_\_

Identify any changes over past month:

Medications  Health Status  Hospitalization  Falls  Incidents  Other \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### RESPIRATORY

Within Normal Limits  
 Cough  Wheezing  Other: \_\_\_\_\_

When is the person noticeably short of breath?

Never short of breath  
 When walking > than 20 ft. or climbing stairs  
 With moderate exertion (e.g. dressing, using commode, walking <20ft.)  
 With minimal exertion (eating, talking)  
 At rest (during day/ night)

Respiratory treatments utilized at home:

Oxygen (intermittent or continuous)  
 Aerosol or nebulizer treatments  
 Ventilator (intermittent or continuous)  
 CPAP or BIPAP  
 None

### PAIN/DISCOMFORT

Pain frequency:

No pain or pain does not interfere with movement  
 Less often than daily  
 Daily, but not constant  
 All the time

Site(s): \_\_\_\_\_

Intensity  High  Medium  Low

Person is experiencing pain that is not easily relieved, occurs at least daily, and effects the ability to sleep, appetite, physical or emotional energy, concentration, personal relationships, emotions, or ability or desire to perform physical activity

Cause (if known): \_\_\_\_\_

Treatment: \_\_\_\_\_

### GENTOURINARY STATUS

Catheter  Content \_\_\_\_\_  
 Urine Frequency \_\_\_\_\_  
 Pain/Burning  Discharge  
 Distention/Retention  
 Hesitancy  Hematuria  
 Other: \_\_\_\_\_  
 Person has been treated for a Urinary Tract Infection over the past month  
 Normal

### CARDIOVASCULAR

BP and Pulse within normal limits  
 Rhythm  Regular  Irregular

Edema:

RUE:  Non-pitting  Pitting  
 LUE:  Non-pitting  Pitting  
 RLE:  Non-pitting  Pitting  
 LLE:  Non-pitting  Pitting

Other: \_\_\_\_\_

### GASTROINTESTINAL STATUS

Bowels: frequency \_\_\_\_\_  
 Diarrhea  Constipation  Nausea  Vomiting  
 Swallowing issues: \_\_\_\_\_  
 Pain: \_\_\_\_\_  abdominal  epigastric  
 Anorexia  
 Other: \_\_\_\_\_

Bowel incontinence frequency:

Very rarely or never incontinent of bowel  
 Less than once per week  
 One to three times per week  
 Four to six times per week  
 On a daily basis  
 More than once daily  
 Person has ostomy for bowel elimination

### NEUROLOGICAL

Cognitive functioning

Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently  
 Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar situations  
 Requires assistance, direction in specific situation, requires low stimulus environment due to distractibility  
 Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall more than half the time.

Totally dependent due to coma or delirium  
 Speech:  Clear and understandable  Slurred  Garbled  Aphasic

Unable to speak

Pupils:  Equal  Unequal

Movements:  Coordinated  Uncoordinated

Extremities:

Right upper  Strong  Weak  Tremors  No movement  
 Left upper  Strong  Weak  Tremors  No movement  
 Right lower  Strong  Weak  Tremors  No movement  
 Left lower  Strong  Weak  Tremors  No movement

**SENSORY***Vision* with corrective lenses if applicable

- Normal vision in most situations; can see medication labels, newsprint
- Partially impaired; can't see medication labels, but can see objects in path; can count fingers at arms length
- Severely impaired; cannot locate objects without hearing or touching or person non-responsive

*Hearing* with corrective device if applicable

- Normal hearing in most situations, can hear normal conversational tone
- Partially impaired; can't hear normal conversational tone
- Severely impaired; cannot hear even with an elevated tone

**PSYCHOSOCIAL***Behaviors reported or observed*

- Indecisiveness
- Diminished interest in most activities
- Sleep disturbances
- Recent change in appetite or weight
- Agitation
- A suicide attempt
- None of the above behaviors observed or reported

*Is this person receiving psychological counseling?*

- Yes
- No

**MUSCULOSKELETAL**

- Within Normal limits
- Unsteady Gait
- Poor endurance
- Altered Balance
- Weakness
- Other
- Deformity
- Contracture
- Impaired ROM
- Poor coordination

**MENTAL HEALTH**

- Angry
- Panic
- Agitated
- Tics Spasms
- Depressed
- Flat affect
- Paranoid
- Mood swings
- Uncooperative
- Anxious
- Obsessive/Compulsive
- Depressive feeling reported or observed
- None of above
- Hostile
- Phobia

**SKIN**

*Color*  Normal  Pale  Red  Irritation  Rash *Skin Intact*  Yes  No  
 (if no, complete next section)

Pressure Ulcer Stages	Number of Pressure Ulcers				
	0	1	2	3	4 or more
Stage 1: Redness of intact skin; warmth, edema, hardness, or discolored skin may be indicators					
Stage 2: Partial thickness skin loss of epidermis and/or dermis. The ulcer is superficial and appears as an abrasion, blister, or shallow crater.					
Stage 3: Full thickness skin loss; damage or necrosis of subcutaneous tissue; deep crater					
Stage 4: Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures					
Location of ulcers:					

Surgical or other types of wounds (describe location, size and nature of wound)

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

Service Date: \_\_\_\_\_

Nurse Monitor - Use the Caregiver Assessment (CA) to observe and evaluate the caregiver's ability to correctly perform Caregiver Service Plan (CSP) tasks. Complete a CA during each visit. If multiple caregivers are used, assess each caregiver according to program requirements. Write "yes" or "no" in the box next to each task observed during the visit. Give detailed information on concerns, findings, or training in the comment section. Attach additional pages as needed. Immediately contact the case manager to report health and safety concerns or recommend Caregiver Service Plan or Plan of Care/Service changes. Immediately report abuse, neglect or exploitation to Adult Protective Services 1-800-917-7383.

	Task	Observed (Yes/No)	Comment
<b>Activities of Daily Living</b>	Bathing		
	Personal Hygiene (i.e. hair, oral, nail, and skin care)		
	Toileting (i.e. bladder, bowel, bed pan routines, etc.)		
	Dressing & Changing Clothes		
	Mobility & Transfers		
	Eating & Drinking		
	Medications (Review MAR - Medication Admin. Report)		

	Task	Observed (Yes/No)	Comment
<b>Instrumental Activities</b>	Meal Preparation		
	Light Housekeeping		
	Grocery Shopping		
	Transportation/Traveling in the Community		
	Laundry		
	Handling Money		
	Using the Telephone		
	Reading of Specific Items		
	Wash Equipment		
	Other		

Nurse Name:	Signature:	Date:
Caregiver Name:	Signature:	Date: