

STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

OLDER AMERICAN ACT ASSESSMENT

PART II. IN-HOME SERVICES: To be completed with Form AG-2-A, Part I for the following services:

Home-delivered meals, homemaker, personal care, chore, and Area Agency on Aging (AAA) case management.

Consumer's full name as shown on Form AG-2-A, Part I:

Last	First	Middle	Date
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Is the assistance of another person required for the consumer to leave home (homebound)?

Yes

No

ACTIVITIES OF DAILY LIVING (ADL)



Would you say that you need assistance with:	No assistance	Some assistance or supervision	Can't do at all	Comments
Dressing: Includes getting out clothes, putting them on, fastening them, and putting on shoes.	0 	2 	3 	
Bathing: Includes running the water, taking the bath or shower, and washing all parts of the body, including hair.	0 	2 	3 	
Eating: Includes eating, drinking from a cup, and cutting food.	0 	2 	3 	
Transferring: Includes getting in and out of a bed or chair.	0 	2 	3 	
Toileting: How well can you manage using the toilet? Using the toilet independently includes adjusting clothing, getting to and on/off the toilet, and cleaning self if accidents occur. If person manages alone, count as no assistance. If reminders are needed to use the toilet count as some assistance/supervision.	0 	2 	3 	
Walking. Includes the ability to move around inside the home, walking, and stairs.	0 	2 	3 	























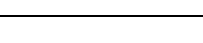
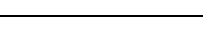
ADL total score: Add the numbers circled from Some assistance/supervision and Can't do it at all.

ADL total score

ADL impairment count: Count one impairment each time the consumer needs some assistance/supervisor or can't do it at all.

ADL impairment count

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

Would you say that you need assistance with:	No assistance	Some assistance or supervision	Can't do at all	Comments
Transportation ability. Includes using local transportation or driving to places beyond walking distances.	0 	2 	3 	
Preparing meals. Includes preparing meals for yourself including sandwiches, cooked meals, and TV dinners.	0 	2 	3 	
Light housekeeping. Includes dusting, vacuuming, sweeping, etc., but does not include laundry.	0 	2 	3 	
Shopping. Includes shopping for food and other things you need.	0 	2 	3 	
Medication management. Includes taking your own medications, and keeping track of when and how much of each to take.	0 	2 	3 	
Managing money. Includes handling your own money, keeping track of bills, and handling cash.	0 	2 	3 	
Using telephone. Includes answering the telephone and making a telephone call.	0 	2 	3 	
Heavy housekeeping. Includes heavy housekeeping, yard work, and doing your own laundry.	0 	2 	3 	
IADL total score				
IADL impairment count				

Scoring matrix.

Does consumer live alone? (Form AG-2-A, Part I) _____ Yes (1 pt.)

Does consumer require the assistance of another person to leave home? (Form AG-2-A, Part II) _____ Yes (1 pt.)

Activities of daily living and instrumental activities of daily living.

ADL enter count: _____ Enter score

IADL enter count: _____ Enter score

Consumer support. Does the consumer receive any assistance/services, formal or informal, in ADL or IADL areas? _____ No assistance (3 pts.)

_____ Assistance is available, but inadequate, fragile, etc. (2 pts.)

_____ Assistance is adequate overall (0 pts.)

Total score: _____Risk category. Check one. Low (0 - 3) Moderate (4 - 13) High (14+)

Screener's signature: _____ Date: _____