

## DHS 1147 Form - Functional Status Instructions and Examples

Functional Status Related to Health Conditions, sections I – XII are scored. These sections primarily provide information about the individual's functional status as related to his/her health conditions. A critical component to assist with planning the best environment for a person with medical and/or physical disabilities is an assessment of these areas.

The following provides a description of each item per category.

Score	Status	Description
30	Comatose	Unable to be aroused by external stimuli.

Vision/Hearing/Speech:

Score	Status	Description
0	Individual has normal or minimal impairment with vision, hearing, and/or speech with or without corrective device.	May wear a hearing aid, glasses, or may have minimal speech impairment.
1	Individual has impairment with vision, hearing, and/or speech with or without corrective device.	Requires some help of another because of vision/hearing/speech impairment.
2	Individual has complete absence of hearing, vision, and/or speech.	Requires help of another, individual is deaf, legally blind, and/or has complete absence of speech.

Communication:

Score	Status	Description
0	Adequately communicates needs/wants.	Adequately communicates needs and/or wants with or without the assistance of communication enhancing devices or techniques (i.e., sign board, sign language). May wear glasses or hearing aids, and/or use communication devices; but impairment does not restrict self-care or communication.
1	Has difficulty communicating needs/wants.	Needs some assistance to communicate needs and/or wants. Requires some help of another because of communication impairment.
2	Unable to communicate needs/wants.	Unable to communicate without help of another person. Requires complete assistance in areas of communication.

## Memory:

Score	Status	Description
0	Normal or minimal impairment of memory.	Able to recall long-term and recent situations with cueing.
1	Problem with long-term or short-term memory.	Unable to recall long-term situations or unable to recall recent situations.
2	Individual has problems with both long-term and short-term memory.	Unable to recall long-term and recent situations.

Mental/Behavior (circle all that apply). Make only one selection for orientation – score 0 through 2. Aggressive and/or abusive, wandering, and/or in danger of self-inflicted harm or self-neglect may also be checked with the appropriate orientation:

Score	Status	Description
0	Oriented (mentally alert and aware of surroundings).	Oriented to person, place, time; able to understand and direct needs to maintain self-care. Does not exhibit behavior that is disruptive, aggressive, or dangerous to self and/or others.
1	Disoriented (partially or intermittently; requires supervision).	Intermittently confused and/or agitated. Behavior is sporadic with an unpredictable pattern. Requires occasional reorientation to person, place, time, and situation. May have difficulty understanding needs to maintain self-care but will cooperate when given direction or explanation. No major safety concerns.
2	Disoriented and/or disruptive.	Recurrent episodes (1-3 times per day) of being confused, forgetful, agitated, disruptive and/or aggressive (either physically or verbally). Needs special tolerance/management and assistance with reorientation. Has difficulty understanding needs to maintain self-care and will not cooperate when given direction or explanation. Past history or present problem of substance abuse, including alcohol or prescription drugs, alone or combined. No major safety concerns.
3	Aggressive and/or abusive.	Recurrent episodes (1-3 times per day) requiring intensive supervision and physical, mechanical, and/or medication intervention due to behaviors. <b><u>Caregiver judgment is required to determine appropriate intervention, based on MD order (e.g. when</u></b>

Score	Status	Description
		<b><u>to apply restraints).</u></b> Episodes of behaviors must be documented daily with MD intervention(s) documented monthly.
4	Wanders day, night, or both and/or in danger of self-inflicted harm or self-neglect.	Recurrent episodes (1-3 times per day) involving serious safety concerns due to forgetfulness and/or wandering. Causes self-harm due to physical or mental condition (i.e., repetitively hits self). Judgment is poor and requires environmental, physical, mechanical, and/or medication intervention. <b><u>Needs constant caregiver protection and intensive supervision because of unsafe or inappropriate behavior.</u></b> Episodes of behaviors must be documented daily with MD intervention(s) documented quarterly. Non-ambulatory individuals who wandered in the past will be given consideration if the individual has documented elopement(s) off caregiver's site within one year from assessment date.

#### Scenarios for aggressive and/or abusive behaviors:

Requirement: Recurrent episodes (1-3 times per day) requiring intensive supervision and physical, mechanical, and/or medication interventions due to behaviors. Caregiver judgment is required to determine appropriate intervention, based on MD order (e.g. when to apply restraints). Episodes of behaviors must be documented daily with MD intervention(s) documented monthly.

Scenario #1: The individual can ambulate and physically strikes out (i.e., hitting, biting, kicking, and other forms of violence), and/or damages property multiple times per day. The caregiver is required to provide constant supervision, and restraints may be needed to ensure the safety of others.

Scenario #2: The individual propels their wheelchair into others, throws objects to strike them, and throws human waste at others throughout the day. The caregiver must provide constant supervision to ensure the safety of others. Restraints may be needed to maintain the safety of others.

#### Scenarios for wanders and/or in danger of self-inflicted harm or self-neglect

Requirement: Recurrent episodes (1-3 times per day). Serious safety concerns due to forgetfulness and/or wandering. The individual causes self-harm due to physical or mental condition (i.e., repetitively hits self). Judgment is poor and requires environmental, physical, mechanical, and/or medication intervention. The individual requires constant caregiver

protection and intensive supervision because of unsafe and/or inappropriate behavior. Episodes of behaviors must be documented daily with MD intervention(s) documented quarterly.

Scenario #1: The individual wanders aimlessly without a clear purpose or destination during the day, evening, and/or night. Has been found outside the home or facility while wandering. The individual's wandering behavior poses a risk of serious safety concerns. The caregiver must provide constant supervision to ensure the individual's safety.

Scenario #2: The individual attempts to drink and/or eat inappropriate and dangerous items, (i.e., drain cleaner, gasoline, small jacks, marbles, etc.) at all hours of the day. The caregiver must provide constant supervision to prevent the individual from ingesting any harmful items. Constant caregiver protection is needed to ensure the individual's safety.

Scenario #3: The individual repeatedly harms themselves by punching their head. A helmet and mittens are required for self-protection, but the individual frequently removes them. The caregiver must provide constant supervision to prevent self-injury. Constant caregiver protection is needed to ensure the individual's safety.

Feeding. Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Independent with or without an assistive device for feeding and with meal preparation.	Independently feeds self. Does not require assistance with planning and/or preparing meals. The individual is able to microwave home delivered meals. Requires no intervention.
1	Needs supervision or assistance with feeding and/or meal preparation.	Requires assistance with planning and/or preparing meals. May need constant encouragement and prompting to eat.
2	Is spoon/syringe/tube fed, does not participate.	Cannot or will not feed self. Requires constant attention and hand feeding by assistant. Tube feeding is prepared and administered by another person.

Transferring. Describe how a person moves between surfaces to and from the bed, chair, wheelchair, car, and standing position (excluding to and from the bath). Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Independent with or without a device.	Independently able to transfer with or without a device. Does not require assistance of another person.

Score	Status	Description
2	Transfers with minimal/stand-by help or another person, helper provides 25% or less of the work.	Able to transfer with minimal or stand-by assistance due to occasional loss of balance when transferring. Individual is able to support most of his/her own body weight. The helper supports by touching and/or steadyng and provides 25% or less of the work during transfers.
3	Transfers with physical/moderate assistance of another person, helper provides more than 25% up to 50% of the work.	Requires the presence of another person to provide physical and moderate assistance when transferring because of unsteadiness and/or weakness. Individual is able to support part of his/her own body weight. The helper lifts, holds, and supports the individual during transfers, providing more than 25% up to 50% of the work.
4	Does not assist in transfer / requires maximum assistance / or is bedfast, helper provides more than 50% of the work.	Completely dependent with transferring and/or positioning. May require 2-person transfer or lifting equipment because of person's size or disability. Individual is unable to support little to none of his/her own body weight. The helper lifts, holds, and supports the individual during transfers, providing more than 50% of the work.

**Mobility/Ambulation.** Select the level of assistance the individual requires for mobility. Check a maximum of 2 for score 1-4 (score 1 can be selected in addition to 2, 3, or 4). For example, if the individual requires minimal, moderate, or two persons assist with mobility (score 2, 3, or 4) and uses a device, you may select 1 in an addition to 2, 3, or 4. If an individual is either independently mobile or unable to walk, no other selections can be made. Observation of this activity must occur daily.

Score	Status	Description
0	Independently mobile with or without device / self-propel wheelchair.	May use cane, crutches, walker, or wheelchair. Individual does not require assistance of another person. Able to self-propel wheelchair; may require assistance at tight corners or spaces.
1	Ambulates with/without device / stand-by assist / unsteady / risk for falls.	Can walk and/or be mobile with/without a device, requiring stand-by assistance for safety. Individual is unsteady and at risk for falls.
2	Able to walk/be mobile with minimal assistance, helper provides 25% or less of the work.	Can walk/be mobile but requires the presence of another person for minimal assistance. Individual is able to support most of his/her own body weight. Individual is unsteady and at risk for falls. The helper supports by touching and/or steadyng during ambulation and

Score	Status	Description
		<p>provides 25% or less of the work.</p> <p>If individual uses a device for mobility, also select score 1.</p>
3	Able to walk/be mobile with one-person hands-on/moderate assistance, helper provides more than 25% up to 50% of the work.	<p>Can walk and/or be mobile but requires one person for physical, moderate assistance. Individual is able to support part of his/her own body weight. Individual is unsteady and at risk for falls. The helper lifts, holds, and supports the individual's trunk or limbs during ambulation, providing more than 25% up to 50% of the work.</p> <p>The individual primarily uses a wheelchair in the home or in the facility unit and requires assistance from one person for wheelchair use (the individual is unable to self-propel the wheelchair).</p> <p>If individual uses a device for mobility, also select score 1.</p>
4	Able to walk/be mobile with more than one-person hands-on assistance, helpers provide more than 50% of the work.	<p>Can walk and/or be mobile but requires <u>more</u> than one person for physical assistance. Individual is able to support little of his/her own body weight. Individual is unsteady and at risk for falls. Individual requires two helpers to lift, hold, and provide support to trunk or limbs during ambulation, providing more than 50 percent of the work.</p> <p>If individual uses a device for mobility, also select score 1.</p>
5	Unable to walk / immobile.	Unable to walk or be mobile. Individual is bedbound.

Bowel Function/Continence: Observation of activity occurred daily.

Score	Status	Description
0	Continent or incontinent / able to independently perform bowel care.	Individual is continent or incontinent and able to perform bowel care, including ileostomy/colostomy (i.e., emptying bag and stoma care) without the assistance of another person.
1	Continent or incontinent / requires cues / reminders to perform bowel care.	Individual is continent or incontinent, requiring cues and/or reminders to perform bowel care, including ileostomy/colostomy (i.e., emptying bag and stoma care).

Score	Status	Description
2	Continent or incontinent (at least once daily) / requires help with bowel care on a regular basis.	Individual is continent or incontinent (at least once daily), requiring help with bowel care on a regular basis to maintain bowel cleanliness. Individual is able to empty ileostomy or colostomy bag but requires help with stoma care.
3	Continent or incontinent (more than once daily) / dependent for all bowel care.	Individual is continent or incontinent (more than once daily) and is unable to participate in a training program; completely dependent upon another for bowel care, including emptying ileostomy/colostomy bag, changing bag, and stoma care.

Bladder Function/Continence: Observation of activity occurred daily.

Score	Status	Description
0	Continent or incontinent / able to independently perform bladder care.	Individual is continent or incontinent and able to perform bladder care, including changing incontinence briefs, cleaning self, urostomy or indwelling catheter care (i.e., emptying bag, changing bag, stoma care, cleaning skin around catheter site) without the assistance of another person.
1	Continent or incontinent / requires cues / reminders to perform bladder care.	Individual is continent or incontinent, requiring cues and/or reminders to perform bladder care, including changing incontinence briefs, cleaning self, urostomy or indwelling catheter care (i.e., emptying bag, changing bag, stoma care, cleaning skin around catheter site).
2	Continent or incontinent (at least once daily) / requires help with bladder care on a regular basis.	Individual is continent or incontinent (at least once daily), requiring help with bladder care on a regular basis to maintain bladder cleanliness, including occasional or stress incontinence. Individual is able to empty urostomy and indwelling catheter bag but requires help with stoma care and/or cleaning skin around catheter.
3	Continent or incontinent (more than once daily) / dependent for all bladder care.	Individual is continent or incontinent (more than once daily) and is unable to participate in a training program. Individual is completely dependent upon another person for bladder care, including emptying of urostomy and indwelling catheter bag, stoma care, and cleaning skin around catheter.

Bathing. Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Independent bathing.	Individual is able to bathe full body and hair independently. May require someone to prepare bathroom and/or help get in and out of the bathtub or shower for safety. May require cueing or reminders to bathe.
1	Unable to safely bathe without minimal assistance and supervision.	Requires supervision while bathing to ensure safety and minimal assistance to maintain cleanliness. Helper needs to bathe partial body (i.e., back, hair, and/or feet).
2	Unable to safely bathe without moderate assistance.	Requires supervision while bathing to ensure safety and needs moderate assistance to maintain cleanliness. Helper needs to bathe most of the body and individual is able to wash face and front part of the upper body.
3	Cannot bathe without total assistance (tub, shower, whirlpool or bed bath).	Requires total assist with bathing. Individual is unable to wash any parts of his/her body.

Dressing and Personal Grooming. Observation of this activity occurred at least five out of seven days:

Score	Status	Description
0	Appropriate and independent dressing, undressing, and grooming.	Can perform dressing and personal grooming activities with little or no assistance.
1	Can groom/dress self with cueing (can dress, but unable to choose or lay out clothes).	Can dress but unable to choose or lay out clothes or manipulated fasteners. Can brush teeth, wash face, comb/brush hair with some assistance.
2	Physical assistance needed on a regular basis.	Requires assistance in most areas of dressing and grooming. Can do small tasks alone.
3	Requires total help in dressing, undressing, and grooming.	Cannot dress, undress, or groom without assistance.

Complete for At-Risk only:

Housecleaning:

Score	Status	Description
0	Independent	Individual is able to complete independently.
2	Needs Assistance	Individual is able to complete tasks with some assistance or cueing.
3	Unable to safely clean the home	Individual is unable to complete task on own and requires assistance to complete task.

Shopping:

Score	Status	Description
0	Independent	Individual is able to complete independently.
2	Needs Assistance	Individual is able to complete tasks with some assistance or cueing.
3	Unable to safely go shopping	Individual is unable to complete task on own and requires assistance to complete task.

Laundry:

Score	Status	Description
0	Independent	Individual is able to complete independently.
1	Needs Assistance	Individual is able to complete tasks with some assistance or cueing.
2	Unable to safely do the laundry	Individual is unable to complete task on own and requires assistance to complete task.

Meal Preparation:

Score	Status	Description
0	Independent	Individual is able to complete independently.
1	Needs Assistance	Individual is able to complete tasks with some assistance or cueing.
2	Unable to safely prepare a meal	Individual is unable to complete task on own and requires assistance to complete task.