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# TAXONOMY FOR USE

# IN

# MEDICAL REHABILITATION

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January, 1975

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# INTRODUCTION

# RATIONALE FOR USING FUNCTIONAL ASSESSMENT CATEGORIES

C. V. Granger, M.D.
February, 1975

In order to know the kinds and qualities of services required by a handicapped individual it is necessary to determine both the areas of functional dependency and the severity of handicap. The information obtained from medical history, physical examination and laboratory data which lead to derivation of medical diagnoses is not sufficient. Additionally, it is necessary to know how independent the individual is in performing certain daily tasks and how well he copes with certain daily psychological and social requirements.

By using a system of functional assessments as a measuring tool it is possible to describe severity of handicap, to describe change over time and to make comparisons of groups of handicapped individuals. To some degree it is possible to predict outcomes of care and probable future requirements for services.

For the system of measurements to be effective in clinical settings, it must be generally applicable to all or at least most handicapped individuals. It must be usable by and ultimately useful to clinical practitioners and others treating the individual. It must be adaptable to the various settings and it must be based upon objective and well defined criteria.

Management of complex data is easier if conceptually the assessments are placed on ordinal scales and if profiles can be drawn from certain levels of these scales. The strength of the system is in its comprehensiveness with inclusion of the several important functional areas -- in other words, problem areas are highlighted against areas of strength of the individual. Some clinicians may feel dissatisfied with the level of detail. However, there is allowance for inclusion of free text for more specific descriptions when indicated.

The functional systems evaluated include:

1) Active motion of limbs
2) Verbal communication
3) Hearing ability
4) Visual ability
5) Self care ability
6) Mobility
7) Intellectual and emotional adaptability
8) Ability in home
9) Support from family unit
10) Financial ability
11) Educational or vocational ability

Barthel Index measures independence in self care and mobility activities in more detail than PULSES.

PULSES is a profile to reflect independence in certain daily personal care requirements.

ESCROW is a profile to reflect independence in certain daily psychological and social requirements.

Together PULSES and ESCROW comprise an expanded version of the Activities of Daily Living (ADL), while the Barthel Index reflects self care and mobility.

## FUNCTIONAL ASSESSMENTS FORMATS

### The Long-Range Evaluation Summary (LRES)

Revised

The LRES has four examination formats:

1) Admission to inpatient rehabilitation care: (A) The front of the sheet collects basic intake information at the time of admission to the inpatient facility. "Intake Date" is the date of the first time the patient was admitted to the facility for the present handicapping condition. "Admission Date" is the date of the current admission. The front of the sheet is normally filled out by the Admissions Office of the facility. (B) The back of the sheet is to be filled out by the nurse responsible for day-to-day care of the patient and is designed to describe observed behavior in performing the activities of daily living. This should be completed within 3 days of admission. Thus, a baseline is established for documenting any changes that occur in ADL function through hospitalization.

2) Discharge from inpatient rehabilitation care: This provides a comprehensive summary of the status of the patient at the time of discharge.

3) Outpatient/Followup care: This format is suitable for comprehensive outpatient evaluation at any time or else for followup evaluation in an outpatient, home or long-term care setting. For purposes of followup after inpatient discharge, we recommend 6 months after discharge and at yearly intervals thereafter, unless a new illness or disability has intervened in which case the interval should be shorter.

4) Inpatient long-term care facility: The format is suitable for evaluation in a nursing home, chronic hospital, etc.

### The RT-7 Functional Status Review

This format is used to survey individuals in populations with actual or potential handicaps.

Other special purpose assessment formats have been developed but are not discussed here.

### Criteria for Assessment

The criteria classify observations of the various functional areas in an objective manner. For each area assessed there are either four choices (two levels of independence and two levels of dependence) or else -- for more simplified recording -- three choices (one level of independence and two levels of dependence). Where it

may make little difference as to level of independence, it is simpler to use the three-level scale rather than the four-level scale -- for example, in a nursing home or in a population survey of either institutionalized or non-institutionalized individuals to determine causes and degrees of disability.

Individuals most severely handicapped are characterized by need for significant degrees of assistance from another person in one or more of the following areas:

1) Unstable health status with favorable long-term prognosis (2 or more years)
2) Self care
3) Mobility
4) Verbal and hearing communication and sight
5) Sphincter control
6) Psychological and/or emotional support

Associated with considerable requirement for health, personal care, attendant/guardian, household, psychological or social services from the family group or others or else associated with reasonable probability for long-term institutionalization.

Goals of treatment include:

1) Self sufficiency in self care, mobility and communication (independent living or attendant-free)
2) Activities purposive to self enrichment beyond performance of activities of daily living
3) Activity supportive of another person(s)
4) Engagement in economically gainful employment

## SCORING FOR LIMB MOTION

Good/Fair or Adequate = 2 Means at least ordinary use of limb
Poor or Partial = 1 Means at least some motion of limb
Null = 0 Means no motion of limb

| LIMB MOTION EQUIVALENT | TOTAL | UPPER/LOWER | RIGHT/LEFT | EXCLUSIVE |
|---|---|---|---|---|
| Normal | 8 | 4/4 | 4/4 | 8 |
| Monoparesis/plegia--Upper | 6-7 | 3/4<br>2/4 | 3/4 or 4/3<br>2/4 or 4/2 | 7 |
| Monoparesis/plegia--Lower | 6-7 | 4/3<br>4/2 | 3/4 or 4/3<br>2/4 or 4/2 | 7 |
| Biparesis--Upper | 5-6 | 2/4<br>1/4 | 3/3<br>2/3 or 3/2 | |
| Biparesis--Lower | 5-6 | 4/2<br>4/1 | 3/3<br>2/3 or 3/2 | |
| Hemiparesis/plegia--Right | 4-6 | 3/3<br>2/3 or 3/2<br>2/2 | 2/4<br>1/4<br>0/4 | |
| Hemiparesis/plegia--Left | 4-6 | 3/3<br>2/3 or 3/2<br>2/2 | 4/2<br>4/1<br>4/0 | |
| Biplegia--Upper | 4 | 0/4 | 2/2 | |
| Biplegia--Lower | 4 | 4/0 | 2/2 | |
| Tetraparesis/plegia | 0-4 | 2/2<br>1/2 or 2/1<br>1/1<br>1/0 or 0/1 | 2/2<br>1/2 or 2/1<br>1/1<br>1/0 or 0/1 | 0-3 |

SCALES FOR SEVERITY IN PHYSICALLY HANDICAPPING CONDITIONS

PULSES

| | |
|---|---|
| 6 - 7 | No Disability (as medically determined) |
| 8 - 11 | Mild to Moderate Disability |
| 12 - 15 | Moderate to Severe Disability |
| 16 - 20 | Severe Disability |
| 21 - 24 | Extreme Disability |

BARTHEL INDEX

| | |
|---|---|
| 100 | Independent in Self Care and Mobility |
| 91 - 99 | Slightly Dependent in Self Care and Mobility |
| 61 - 90 | Slightly to Moderately Dependent in Self Care and Mobility |
| 21 - 60 | Moderately to Markedly Dependent in Self Care and Mobility |
| 0 - 20 | Totally Dependent in Self Care and Mobility |

Maximum Self Care Score - 53
Maximum Mobility Score - 47

In the PULSES system subscores of 3 or 4 indicate assistance from another person is either frequent or else is necessary on a daily basis. It is possible to have a total score of 12 by having all subscores of 2's without any 3's or 4's. It is also possible for an individual to be significantly impaired by a mental, emotional or social disorder or maladjustment and have a score no higher than 8.

In the BARTHEL INDEX the individual who is independent from a wheelchair but is unable to walk 50 yards or go up and down one flight of stairs cannot score higher than 80. An individual who can accomplish all the listed tasks except transferring to a tub or shower will score 99.

# CRITERIA FOR PROGRAMMED SUMMARY OF FUNCTIONAL STATUS

# AND

# LONG RANGE EVALUATION SUMMARY - FOUR LEVELS

CRITERIA for PROGRAMMED SUMMARY OF FUNCTIONAL STATUS - PSFS

and LONG-RANGE EVALUATION SUMMARY - LRES

ACTIVE MOTION OF LIMBS

Good-All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, diminished sensibility, etc.

Fair-All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.

Poor-Some active motion in the limb or it is used as a helper, includes amputation with functional prosthesis.

Null-No motion and/or usefulness, includes amputation without functional prosthesis.

INDEPENDENT

Intact--Activity completed under ordinary circumstances, without modification, and within reasonable time.

Limited-Activity completed with prior preparation or under special or modified circumstances, or with assistive devices or aids, or beyond a reasonable time.

DEPENDENT

Helper--Activity completed only with partial help or assistance or under supervision for safety or by cuing. ANOTHER HUMAN IS INVOLVED IN ACTIVITY

Null----Patient unable to assist, or totally dependent, or activity is not performed.

SELF CARE

Drink from Cup

Intact--Able to drink from a cup at a tray or table as customarily prepared; able to pour liquids and open a milk carton.

Limited-Requires prior preparation such as liquid being poured, or an adaptive or assistive device such as a straw, or takes more than a reasonable time.

Feed from Dish

Intact--Able to feed from a dish on a tray or table as customarily prepared; able to cut meat and to butter bread.

Limited-Requires prior preparation such as meat being cut or bread buttered, or an adaptive or assistive device such as a spork, rocking knife, etc., or takes more than a reasonable time.

Dress Upper Body

Intact--Able to dress and undress upper body including obtaining clothes from their customary places such as drawers and closets; able to handle bra, slip, pullover garment and front-opening garment as well as manage zippers, buttons, and snaps.

Limited-Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, or takes more than a reasonable time.

Helper--Patient performs at least half the effort himself.

C. V. Granger, M.D. Dec, 1974

Intact--Able to dress and undress lower body including obtaining clothes from their customary places such as drawers and closets; able to handle underpants, slacks, skirt, belt, stockings (if elastic), and shoes with laces; able to manage zippers, buttons, snaps and garters.
Limited-Requires prior retrieval or arrangement of clothes, or able to dress presentably in spite of omission of some of above, or through use of special closures, suspenders, or loafer shoes; or takes more than a reasonable time.
Helper--Patient performs at least half the effort himself.

## Don Brace or Prosthesis

Intact--Able to don prescribed sling, splint, brace, corset or prosthesis with reasonable ease.
Limited-Able to don prescribed sling, splint, brace, corset or prosthesis but with difficulty, or over more than a reasonable time.
Helper--Needs assistance to don brace or prosthesis.

## Grooming

Intact--Able to clean teeth or dentures, comb and brush hair, shave, apply make-up including all preparations.
Limited-As above but requires adaptive or assistive device or takes more than a reasonable time.

## Wash or Bathe

Intact--Able to wash and dry face and entire body (except shampoo hair) including all preparations such as obtaining water if bath is taken away from the sink or tub.
Limited-As above but requires an adaptive or assistive device or takes more than a reasonable time.

## Bladder Continence

Intact--Complete voluntary and elective control of the bladder (never incontinent).
Limited-Has catheter, urinary collecting device or urinary diversion; able to instill or irrigate catheter without assistance; able to clean, sterilize and set up the equipment for irrigation without assistance; able to assemble and apply condom drainage or an ileal appliance without assistance; able to empty, put on, remove, and clean leg bag, or empty and clean ileal appliance bag; no accidents. May have bladder urgency.
Helper--Needs assistance with external device, or has occasional accidents, or cannot wait to get bed pan or to the toilet in time.
Null----Frequent wetting due to incontinence despite aids or assistance.

## Bowel Continence

Intact--Complete voluntary and elective control of the bowels (never incontinent).
Limited-Regularly requires stool softeners, digital stimulation, suppository, laxative or enema but does not require assistance; has colostomy but does not require assistance; no accidents. May have bowel urgency.
Helper--Needs assistance using suppository or taking an enema or has occasional accidents.
Null----Frequent soiling due to incontinence despite aids or assistance.

Intact--Able to cleanse self after voiding or bowel evacuation; able to adjust clothing after using toilet; able to put on/insert sanitary napkins/tampons.
Limited-Able to perform above with some difficulty, with adaptive equipment, or takes more than a reasonable time but without assistance.
Helper--Needs assistance in adjusting clothes, or in using toilet paper, or in personal hygiene.

### Other Hand Skills

Intact--Able to write name, turn a doorknob, turn a key in a lock, handle money, manipulate lamp and wall light switches, dial a telephone, turn a radio or TV on and off and turn a faucet handle.
Limited-As above but requires adaptive or assistive devices, or has difficulty, or takes more than a reasonable time but does not need assistance.

## MOBILITY

### Transfer, Chair

Intact--Able to approach, sit down or get up from a regular chair safely; if in wheelchair, able to approach a bed or another chair, lock brakes, lift foot rest, and safely perform either a standing pivot or sliding transfer; able to return safely, changing the position of the wheelchair if necessary; able to remove and replace arm rest if necessary.
Limited-As above but requires adaptive or assistive devices such as a sliding board or a lift, or takes more than a reasonable time but does not require assistance.
Helper--Minimal assistance or lifting is required.

### Transfer, Toilet

Intact--Able to perform as in transferring to and from a chair with safety.
Limited-As above but requires adaptive or assistive devices such as grab bars, or takes more than a reasonable time but does not need assistance.
Helper--Needs assistance for balancing as in adjusting clothes.

### Transfer, Tub or Shower

Intact--Able to enter and leave a tub or shower stall safely.
Limited-As above but requires adaptive or assistive devices such as grab bars or special seat or a lift, or takes more than a reasonable time but no assistance.

### Transfer, Automobile

Intact--Able to enter and leave an automobile safely.
Limited-As above but requires adaptive or assistive devices such as a sliding board or lift, or takes more than a reasonable time but does not require assistance.

### Walk on Level/50 Yards

Intact--Able to walk at least 50 yards; does not have brace or prosthesis on leg or special adaptation of shoes; does not use a cane, crutches, or walkerette.
Limited-Able to walk 50 yards but uses a brace or prosthesis on leg; or uses a cane, crutches, walkerette, or special shoes; if there are locks these are manageable; no assistance, supervision for safety or guarding is needed.
Helper--Able to walk at least 50 yards with assistance or supervision for safety.

Intact--Able to go up and down at least one flight of stairs without using any type of support and with safety; does not have a brace or prosthesis on leg.
Limited-Able to go up and down at least one flight of stairs with the use of side support or hand rail, or by using a cane or portable supports which must be managed without assistance.
Helper--Able to go up and down at least one flight of stairs but needs assistance or supervision for safety.

Walk Outdoors/50 Yards

Intact--Able to walk outdoors at least 50 yards; does not have a brace or prosthesis on leg or special adaptation of shoes; does not use a cane, or crutches or walkerette; can manage rough terrain, curbs, or ramps.
Limited-Able to walk outdoors at least 50 yards but uses a brace or prosthesis on leg. or a cane, or crutches, or walkerette, or special shoes; if there are locks these are manageable; no assistance or supervision is needed except possibly for rough terrain, high curbs or steep ramps.
Helper--Able to walk at least 50 yards with assistance or supervision for safety.

Wheelchair/50 Yards--Only if Not Walking

Intact--Able to propel wheelchair independently for at least 50 yards; must be able to go around corners, turn around, maneuver the chair to a table, bed, toilet, etc.; able to negotiate up to a 3% grade, maneuver on rugs, over doorsills, etc.
Limited-As above but requires a powered wheelchair, or takes more than a reasonable time.
Helper--Needs assistance in propelling or maneuvering wheelchair.

CRITERIA FOR COMMUNICATION

Intact--No language barrier; no difficulty in reading, writing or verbal communication.
Limited-Slight to moderate limitation in communication due to a language barrier or else due to reading, writing or verbal communication disorder.
Helper--A structured setting or interpreter is needed in order to facilitate communication.
Null----Communication not consistently feasible even in a structured setting.

CRITERIA FOR VISION

Intact--Visual fields and visual acuity intact without need for medication or eyeglasses.
Limited-Mild to moderate impairment of visual field or visual acuity and/or need for medication or eyeglasses (including contact lenses).
Helper--Severe visual impairment requiring assistance on an intermittent or constant basis.
Null----Legally blind.

FINANCIAL ABILITY

Intact--The family is able to absorb the costs of the disability without increased indebtedness.
Limited-The family is required to incur debts to handle costs of the disability.
Helper--The family requires some form of public assistance to cover medically related costs (Medicaid).
Null----The family requires public assistance to cover medical and subsistence costs (Welfare or SSI).
DATA BASE--ADEQUACY OF FINANCES (present and potential)----a) Method of payment for hospital services, b) Method of payment for additional needed services or equipment, c) Method of payment for continuing care, d) Whether receiving state assistance for medical expenses and/or subsistence.

Intact--The family unit consists of at least one member beside the patient related by marriage, kinship or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under foreseeable circumstances.
Limited-The family unit is as above but under particular conditions of stress may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
Helper--Another person other than a regular family member is needed to provide some service to the patient or family.
Null----The family is unable to cope with the patient or else the patient lives(d) alone.
DATA BASE--ADEQUACY OF SUPPORT FROM FAMILY UNIT (present and potential)----a) Number, relationship and ages of members of household, b) State of health (physical and mental) of members, c) Interpersonal relationships, d) Adequacy of living quarters, e) Monitoring of family group and its sense of adaptation to the patient's handicap, f) Identification of needs to support appropriate discharge planning

## ABILITY IN HOME

Intact--Able in self care and mobility and able to fulfill the customary and usual role(s) and perform customary and usual chores.
Limited-Able in self care and mobility but limited in ability to fulfill the customary and usual roles(s) or limited in ability to perform customary and usual chores.
Helper--Assistance needed in self care or mobility due to structural barriers; or cannot be left alone due to severe communication or mental problem; or else assistance is needed from outside the home to perform household tasks, if a homemaker.
Null----Would be totally dependent at home.
DATA BASE--ADEQUACY OF ABILITY AT HOME (present and potential)----a) Ability to resume usual role(s), b) Availability of other supporting agencies, c) Need for and willingness of family to accept outside assistance, d) Architectural barriers in living quarters

## EDUCATIONAL OR VOCATIONAL ABILITY

Intact--Able to be vocationally independent or attend school without limitation at work or school or in transportation to and from.
Limited-Able to be vocationally independent or attend school but with some limitation either at work or school or in transportation to and from.
Helper--Is receiving assistance by way of counseling, training, or fiscal sponsorship for work or education or assistance is received in transportation to and from.
Null----No ability at present for work or education outside of the home; or else retired.

## ARCHITECTURAL BARRIERS

Absent--Has access into and out of home, to all levels if multi-story, and to all rooms without safety hazard or requiring assistance.
Minor---Has access into and out of home and to all essential levels if multi-story and to all rooms essental to well-being and participation in family activities. Some non-essential rooms may not be accessible or else inconvenience may be imposed by threshold, narrow passages or awkward arrangement of furniture. However, able to manage without assistance.
Major---Not able to manage without assistance in getting into or out of home or in gaining accesss to rooms essential to well-being and/or participation in family activities.

INDEPENDENT--(Intact or Limited)--Patient functions independently without impairment (Intact) or mild impairment (Limited).

DEPENDENT--(Helper or Null)--Patient is observed to function appreciably better with assistance, supervision, cuing, coaxing or structured environment (Helper) or is not able to be benefitted by assistance (Null).

Intellectual Ability / Problem-Solving

Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.

Emotional Stability / Regard for Others

Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.

Perceptual-Motor Ability / Gnosis-Praxis

Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.

Judgment-Reliability / Insight (Realistic)

Aware of and understands limitations and disability problems. Able to plan or work out compensations or substitutions incorporating appropriate assistance.

Self Esteem / Regard for Self (Hopeful)

Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochondriasis, or misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.

CRITERIA FOR HAND FUNCTION TESTING (Jebsen)

| | | |
|---|---|---|
| I | 7/7 | All values of subtests are within normal limits. |
| II | 4-6/7 | Majority of values of subtests are within normal limits. |
| III | 0-3/7 | Majority of values of subtests exceed normal limits. |
| IV | Incompl. | Unable to complete one or more subtests. |

REHABILITATION GOAL ACHIEVEMENT:
Goals have been identified, level of achievement has been recorded and achievement has met the goals.

FURTHER REHABILITATION POTENTIAL:
Goals have been identified and level of achievement has been recorded. Further achievement can be expected with prescribed treatment and care.

NEED FOR MAINTENANCE CARE SERVICES: (In-Patient or Out-Patient)
Functional status has been recorded. Whether or not rehabilitation potential exists, an unstable medical condition and/or need for personal assistance require prescribed treatment and care to prevent loss of functional status or unnecessary medical deterioration.

EDUCATIONAL OR VOCATIONAL NEEDS:
Unmet educational or vocational needs are present.

Physical condition including diseases of the viscera (cardiovascular, gastro-intestinal, urologic, and endocrine) and neurologic disorders:

1. Medical problems sufficiently stable that medical or nursing monitoring is not required more often than 3 month intervals.
2. Medical or nurse monitoring is needed more often than 3 month intervals but not each week.
3. Medical problems are sufficiently unstable as to require regular medical and/or nursing attention at least weekly.
4. Medical problems require intensive medical and/or nursing attention at least daily (excluding personal care assistance only).

Self care activities (drink/feed, dress upper/lower, brace/prosthesis, groom, wash/bathe, perineal care) dependent mainly upon upper limb function:

1. Independent in self care without impairment of upper limbs.
2. Independent in self care with some impairment of upper limbs.
3. Dependent upon assistance or supervision in self care with or without impairment of upper limbs.
4. Dependent totally in self care with marked impairment of upper limbs.

Mobility activities (transfer chair/toilet/tub or shower, walk, stairs, wheelchair) dependent mainly upon lower limb function:

1. Independent in mobility without impairment of lower limbs.
2. Independent in mobility with some impairment in lower limbs; such as needing ambulatory aids, a brace or prosthesis, or else fully independent in a wheelchair without significant architectural or environmental barriers.
3. Dependent upon assistance or supervision in mobility with or without impairment of lower limbs, or else partly independent in a wheelchair or else there are significant architectural or environmental barriers.
4. Dependent totally in mobility with marked impairment of lower limbs.

Sensory components relating to communication (speech and hearing) and vision:

1. Independent in communication and vision without impairment.
2. Independent in communication and vision with some impairment such as mild dysarthria, mild aphasia, or need for eyeglasses or hearing aid, or needing regular medication.
3. Dependent upon assistance, an interpreter or supervision in communication or vision.
4. Dependent totally in communication or vision.

Excretory functions (bladder and bowel):

1. Complete voluntary control of bladder and bowel sphincters.
2. Control of sphincters allows normal social activities despite urgency or need for catheter, appliance, suppositories, etc. Able to care for needs without assistance.
3. Dependent upon assistance in sphincter management or else has accidents occasionally.
4. Frequent wetting or soiling from incontinence of bladder or bowel sphincters.

Consider intellectual and emotional adaptability, support from family unit, and financial ability:

1. Able to fulfill usual role(s) and perform customary tasks.
2. Must make some modification in usual role(s) or performance of customary tasks.
3. Dependent upon assistance, supervision, encouragement or assistance from a public or private agency due to any of the above considerations.
4. Dependent upon long-term institutional care (chronic hospital, nursing home, etc.) excluding time-limited hospitalization for specific evaluation, treatment or active rehabilitation.

PULSES TOTAL -- BEST SCORE IS 6/6. WORST SCORE IS 6/24. C. V. Granger, M.D. March, 1975

om Moskowitz, E., and McCann, C.: Classification of disability in the chronically ill and aging. J. Chr. Dis., 5:342-346, 1957.

| | | |
|---|---|---|
| Stroke, Hemiplegia; Parkinsonism; Aphasia; CP | 011 | Neurological--Cerebral (focal) |
| Paraplegia; Quadriplegia; Poliomyelitis | 012 | " --Spinal Cord |
| Peripheral neuropathies; Guillain-Barre | 013 | " --Peripheral Nerve |
| Multiple Sclerosis | 014 | " --General CNS |
| Dementia, Seizures, etc. without focal deficit | 015 | " --Cerebral (general) |
| Fracture; Disc disease; Ortho | 021 | Musculoskeletal--Cervical |
| " ; " ; Scoliosis " | 022 | " --Thoracic |
| " ; " ; Low back pain " | 023 | " --Lumbo-sacral-Pelvis |
| " ; " : " | 024 | " --Upper Limb |
| " ; " ; " | 025 | " --Lower Limb |
| Muscular dystrophy; Polymyositis | 030 | Myopathy |
| Rheumatoid Arthritis | 041 | Arthropathy--Rheumatoid |
| Osteoarthritis | 042 | " --Degenerative |
| | 043 | " --Other |
| All limb amputations | 051 | Amputation--Single--Upper AE |
| | 052 | " -- " --Upper BE |
| | 053 | " -- " --Lower AK |
| | 054 | " -- " --Lower BK |
| | 055 | " --Double--AK/AK |
| | 056 | " -- " --AK/BK |
| | 057 | " -- " --BK/BK |
| | 058 | " --Other combinations |
| | 061 | Skin--Burn |
| | 062 | " --Ulceration |
| Psoriasis; Chronic skin condition | 063 | " --Dermatosis |
| All cardiac conditions | 070 | Cardiac |
| Pneumonia; Pulmonary embolism; Pre/Post-operative | 081 | Pulmonary--Acute |
| Asthma; Chronic bronchitis; Emphysema; COLD | 082 | " --Chronic |
| Diabetes mellitus; Obesity; Deficiency states | 090 | Endocrine/Metabolic |
| Arterial or venous insufficiency | 100 | Peripheral Vascular |
| Birth defects; Developmental anomalies | 110 | Growth/Development |
| Cancer | 120 | Malignancy |
| Chronic neurosis; Psychosis; Conversion reaction | 130 | Psychiatric |
| Deafness | 140 | Hearing |
| | 150 | Gastrointestinal |
| | 160 | Genito-urinary |
| Blindness | 170 | Vision |
| | 180 | Oral-Dental |
| | 190 | Hematological |
| | 200 | Other |

AN oxic
BA cterial
CO mplications of Treatment
DE generative
EM bolic
GE netic or Congenital
HE matologic or Hemorrhage or Hematoma
IN flammatory or Granulomatous
MA lformation
ME tabolic or Endorinologic or Nutritional
NE oplastic, malignant
PS ychiatric or Psychogenic
SE nescence
SK eletal
TH ermal Injury
TO xic
TR aumatic
TU mor, benign
VA scular or Circulatory
VI ral

## BARTHEL INDEX

| | CATEGORIES | INDEPENDENT | WITH HELP |
|---|---|---|---|
| i. | Feeding (if food needs to be cut up = help) | 10 | 5 |
| ii. | Moving from wheelchair to bed and return (includes sitting up in bed) | 15 | 10-5 |
| iii. | Personal toilet (wash face, comb hair, shave, clean teeth) | 5 | 0 |
| iv. | Getting on and off toilet (handling clothes, wipe, flush) | 10 | 5 |
| v. | Bathing self | 5 | 0 |
| vi. | Walking on level surface (or if unable to walk, propel wheelchair) | 15 | 10 |
| | *score only if unable to walk | *5 | *0 |
| vii. | Ascend and descend stairs | 10 | 5 |
| viii. | Dressing (includes tying shoes, fastening fasteners) | 10 | 5 |
| ix. | Controlling bowels | 10 | 5 |
| x. | Controlling bladder | 10 | 5 |

A patient scoring 100 Barthel Index is continent, feeds himself, dresses himself, gets up out of bed and chairs, bathes himself, walks at least a block, and can ascend and descend stairs. This does not mean that he is able to live alone; he may not be able to cook, keep house, and meet the public, but he is able to get along without attendant care.

From: Mahoney, F. I., and Barthel, D. W.: Functional Evaluation: The Barthel Index. Maryland Medical Journal 14:61-65, 1965.

The following items are most frequently misunderstood and therefore incorrectly coded:

1) Drinking and Feeding

INDEDENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- The individual takes full meals by mouth (ie, chews, and swallows) but requires the presence or help from someone else during the activity of drinking or feeding. The individual does not rely on alimentation through other routes such as parenteral or gastrostomy feedings.
Null -- The individual cannot take full meals by mouth but must rely at least in part on alimentation through other routes such as parenteral or gastrostomy feedings.

2) Bladder and Bowel Continence

INDEPENDENT
Intact -- Refer to Criteria
Limited -- Refer to Criteria

DEPENDENT
Helper or Assistance -- Refer to Criteria. This means that another person is required to help in maintaing a voiding or excretion pattern or else the individual has occasional sphincter accidents but not on a daily basis.
Null -- Refer to Criteria. This means that despite aids or help from another person the individual is wet or soiled on a frequent or almost daily basis. This might necessitate the wearing of diapers or other absorbtive pads. This does not include the simple presence of a catheter or ostomy device provided that it is well maintained such that wetting or soiling of skin, clothing or bedding does not occur.

3) Walking versus Wheelchair

Refer to Criteria. This means that if an individual walks 50 yards independently or with assistance from another person, always mark "None" for wheelchair or else leave it blank (despite a circumstance in which the individual might use a wheelchair for particular travelling needs -- ie, extra long distances). However, if an individual is rated "Null" on walking, then check the appropriate category for wheelchair.

In other works, rate "Walking" first. Then only rate "Wheelchair" if "Walking 50 Yards" is rated as "Null".

LONG RANGE EVALUATION SUMMARY FORMS

T-NEMC REHABILITATION INSTITUTE (X)G01( )
LONG-RANGE EVALUATION SUMMARY (X)G02
Facility:_____ (X)G15
IN-PATIENT ADMISSION (X)G20

*Intake Date (1st Adm):__ __/ __ __/ __ __( )G49

*Admission Date: __ __ / __ __ / __ __ (X)G50

Name: _____ (X)G53
(see stamp)

No. & Street: _____ (X)G54
(see stamp)

Town & State: _____ (X)G55
(see stamp)

ZIP Code: __ __ __ __ __ (X)G56
(see stamp)

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. __ __--__ __--__ __ (X)G58
(see stamp)

*D O B: __ __ / __ __ / __ __ (X)G59

*SS#: __ __ __--__ __--__ __ __ __ (X)G60

Male( )G64 Female( )G65
(see stamp)

*Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

*Major Handicapping Condition (X)G71

R T 7 Code: __ __ __

Physician:_____ Code:__ __(X)G72
(see stamp)

TYPIST--GO TO REVERSE SIDE AND RETURN

*Source of Referral:
Living in LTCF (nursing home/chron. hosp)( )K24
Rehab In-pt.( )K26
In-House Acute Care( )K27
In-House OPD( )K28
Other hospital _____ ( )K29
Other physician _____ ( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

*Community Agency Involved:
VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____ ( )K37

*Source of Payment:
Self/Family( )K38
Insurance/Plan( )K39
Workmen's Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____ ( )K45

*Vocational Status:
Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-compet. employment( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52
Has motivation problem for work( )K53

IF A REVISIT:
Less than 2 years( )K93
More than 2 years( )K94

Evaluator:_____ Code:__ __ (X)L42

G52(X)Today's Date: __/__/__ Name:_____

| G79(X) Good | Fair | Poor | Null | ACTIVE MOTION OF LIMBS |
|---|---|---|---|---|
| G80( ) | G81( ) | G82( ) | G83( ) | Right upper limb |
| G84( ) | G85( ) | G86( ) | G87( ) | Left upper limb |
| G88( ) | G89( ) | G90( ) | G91( ) | Right lower limb |
| G92( ) | G93( ) | G94( ) | G95( ) | Left lower limb |

G96( ) Remarks on active motion:

| H17(X) INDEPENDENT | | DEPENDENT | | |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | SELF CARE |
| H18( ) | H19( ) | H20( ) | H21( ) | Drink from cup |
| H22( ) | H23( ) | H24( ) | H25( ) | Feed from dish |
| H26( ) | H27( ) | H28( ) | H29( ) | Dress upper body |
| H30( ) | H31( ) | H32( ) | H33( ) | Dress lower body |
| H34( ) | H35( ) | H36( ) | None( ) | Don brace or prosthesis |
| H37( ) | H38( ) | H39( ) | H40( ) | Grooming |
| H41( ) | H42( ) | H43( ) | H44( ) | Wash or bathe |
| H45( ) | H46( ) | H47( )Acc. | H48( )Inc. | Bladder continence |
| H49( ) | H50( ) | H51( )Acc. | H52( )Inc. | Bowel continence |
| H53( ) | H54( ) | H55( ) | H56( ) | Care of perineum/clothing at toilet |
| H57( ) | H58( ) | H59( ) | H60( ) | Other hand skills |

H61(X) Barthel sub-score __/53. Remarks on self care:

| Intact | Limited | Helper | Null | MOBILITY |
|---|---|---|---|---|
| H62( ) | H63( ) | H64( ) | H65( ) | Transfer, chair |
| H66( ) | H67( ) | H68( ) | H69( ) | Transfer, toilet |
| H70( ) | H71( ) | H72( ) | H73( ) | Transfer, tub or shower |
| H74( ) | H75( ) | H76( ) | H77( ) | Transfer, automobile |
| H78( ) | H79( ) | H80( ) | H81( ) | Walk on level 50 yards or more |
| H82( ) | H83( ) | H84( ) | H85( ) | Up and down stairs for 1 flight or more |
| H86( ) | H87( ) | H88( ) | H89( ) | Walk outdoors 50 yards or more |
| H90( ) | H91( ) | H92( ) | None( ) | Wheelchair/50 yds-Only if <u>not</u> <u>walking</u> |

H93(X) Barthel sub-score __/47. Remarks on mobility:

H94(X) Barthel Total Score ___/100.

| INDEPENDENT | | DEPENDENT | | |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | |
| I68( ) | I69( ) | I70( ) | I71( ) | VERBAL COMMUNICATION |
| I72( ) | I73( ) | I74( ) | I75( ) | HEARING COMMUNICATION |
| I76( ) | I77( ) | I78( ) | I79( ) | VISION |

I80( ) Remarks on communication and vision:

REPORTED BY:(Sign on reverse side at L42)

T-NEMC REHABILITATION INSTITUTE (X)G01( )
LONG-RANGE EVALUATION SUMMARY (X)G02
Facility:_____ (X)G15
IN-PATIENT DISCHARGE (X)G21

Discharge Date: __ __ / __ __ / __ __ ( )G51

Name:_____ (X)G53
(see stamp)

No. & Street: _____ (X)G54
(if different from stamp)

Town & State: _____ (X)G55
(if different from stamp)

ZIP Code: __ __ __ __ __ (X)G56
(if different from stamp)

Telephone No. __ __ __ -- __ __ __ __ (X)G57
(if different from stamp)

Hosp. No. __ __ -- __ __ -- __ __ (X)G58
(see stamp)

Active Motion of Limbs (X)G79

| Good | Fair | Poor | Null | |
|---|---|---|---|---|
| ( )G80 | ( )G81 | ( )G82 | ( )G83 | R Upper |
| ( )G84 | ( )G85 | ( )G86 | ( )G87 | L Upper |
| ( )G88 | ( )G89 | ( )G90 | ( )G91 | R Lower |
| ( )G92 | ( )G93 | ( )G94 | ( )G95 | L Lower |

INDEPENDENT DEPENDENT SELF-CARE & MOBILITY (X)H17

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )H18 | ( )H19 | ( )H20 | ( )H21 | Drink from cup |
| ( )H22 | ( )H23 | ( )H24 | ( )H25 | Feed from dish |
| ( )H26 | ( )H27 | ( )H28 | ( )H29 | Dress upper body |
| ( )H30 | ( )H31 | ( )H32 | ( )H33 | Dress lower body |
| ( )H34 | ( )H35 | ( )H36 | ( )None | Brace/Prosthesis |
| ( )H37 | ( )H38 | ( )H39 | ( )H40 | Groom |
| ( )H41 | ( )H42 | ( )H43 | ( )H44 | Wash/bathe |
| ( )H45 | ( )H46 | ( )H47 | ( )H48 | Bladder continence |
| ( )H49 | ( )H50 | ( )H51 | ( )H52 | Bowel continence |
| ( )H53 | ( )H54 | ( )H55 | ( )H56 | Perineal care |
| ( )H57 | ( )H58 | ( )H59 | ( )H60 | Hand skills |

(X)H61--Self care subscore __/53. Remarks:

| | | | | |
|---|---|---|---|---|
| ( )H62 | ( )H63 | ( )H64 | ( )H65 | T/Chair |
| ( )H66 | ( )H67 | ( )H68 | ( )H69 | T/Toilet |
| ( )H70 | ( )H71 | ( )H72 | ( )H73 | T/Tub or shower |
| ( )H74 | ( )H75 | ( )H76 | ( )H77 | T/Automobile |
| ( )H78 | ( )H79 | ( )H80 | ( )H81 | Walk 50 yards |
| ( )H82 | ( )H83 | ( )H84 | ( )H85 | Stairs 1 flight |
| ( )H86 | ( )H87 | ( )H88 | ( )H89 | Outdoors |
| ( )H90 | ( )H91 | ( )H92 | ( )None | Wheelchair |

(X)H93--Mobility subscore __/47. Remarks:
(X)H94--Barthel total score ___/100.

Communication

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )I68 | ( )I69 | ( )I70 | ( )I71 | Verbal |
| ( )I72 | ( )I73 | ( )I74 | ( )I75 | Hearing |
| ( )I76 | ( )I77 | ( )I78 | ( )I79 | Vision |

Intellectual and Emotional Adaptability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J39 | ( )J40 | ( )J41 | ( )J42 |

Support from Family Unit

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J43 | ( )J44 | ( )J45 | ( )J46 |

Ability in Home

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J47 | ( )J48 | ( )J49 | ( )J50 |

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other_____( )K25

Vocational Status:

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-compet. employment( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52
Has motivation problem for work( )K53

Vocational Ability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )K59 | ( )K60 | ( )K61 | ( )K62 |

New Medical or Disability Problems or Complications:

Present( )K63 Absent( )K64

Remarks:_____ ( )K65

_____

_____

_____

_____

_____

_____

New Action Taken (Referrals made):

VNA( )K77

MRC or Other State Voc. Agency( )K78

Welfare/Medicaid( )K79

Private physician( )K80

Other hospital_____( )K81

Other_____( )K82

Financial Ability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )K83 | ( )K84 | ( )K85 | ( )K86 |

List proven or suspected complications (other than the major handicapping condition) that significantly interfered with the rehabilitation effort or delayed discharge. Prefix number (1) if it was present before admission or number (2) if it occurred after admission:

#1 __ __ __ ( )K87

#2 __ __ __ ( )K88

#3 __ __ __ ( )K89

#4 __ __ __ ( )K90

Physician:_____ Code: __ __(X)K92

If the patient was transferred to in-house acute care and returned prior to discharge:

Record number of days: __ __ __ ( )L01

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Reason for this admission for this major handicapping condition:

First comprehensive effort( )L28

A subsequent or continuing effort( )L29

For limited evaluation/problem/other( )L30

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

Medical Diagnoses (International Code) (X)L3

#1 __ __ __ __ (X)L3

#2 __ __ __ __ (X)L3

#3 __ __ __ __ ( )L3

#4 __ __ __ __ ( )L3

#5 __ __ __ __ ( )L3

#6 __ __ __ __ ( )L4

#7 __ __ __ __ ( )L4

Discharged to:

Home( )L4

Acute hospital_____( )L4

Chronic hospital_____( )L4

Nursing home( )L4

Other_____( )L4

Onset of disability:__ __/ __ __/ __ __(X)L4

T-NEMC REHABILITATION INSTITUTE (X)G01( )
LONG-RANGE EVALUATION SUMMARY (X)G02
Facility:_____ (X)G15

OUT-PATIENT/FOLLOWUP (X)G22

ıtake Date (1st Adm): __ __/ __ __/ __ __( )G49

ɔday's Date: __ __ / __ __ / __ __ ( )G52

ıme: _____ (X)G53

ɔ. & Street: _____ (X)G54

ɔwn & State: _____ (X)G55

IP Code: __ __ __ __ __ (X)G56

lephone No. __ __ __--__ __ __ __ (X)G57

sp. No. __ __--__ __--__ __ (X)G58

O B: __ __ / __ __ / __ __ (X)G59

#: __ __ __--__ __--__ __ __ __ ( )G60

Male( )G64 Female( )G65

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Mode of Evaluation

D visit( )G73 Rehab home visit( )G74

le. w/pt( )G75 VNA home visit( )G76

le. with _____ ( )G77

Active motion of Limbs (X)G79

| ɔd | Fair | Poor | Null | |
|---|---|---|---|---|
| )G80 | ( )G81 | ( )G82 | ( )G83 | R Upper |
| )G84 | ( )G85 | ( )G86 | ( )G87 | L Upper |
| )G88 | ( )G89 | ( )G90 | ( )G91 | R Lower |
| )G92 | ( )G93 | ( )G94 | ( )G95 | L Lower |

| | INDEPENDENT | | DEPENDENT | SELF-CARE & MOBILITY (X)H17 | |
|---|---|---|---|---|---|
| | Intact | Limited | Helper | Null | |
| | ( )H18 | ( )H19 | ( )H20 | ( )H21 | Drink/cup |
| | ( )H22 | ( )H23 | ( )H24 | ( )H25 | Feed/dish |
| | ( )H26 | ( )H27 | ( )H28 | ( )H29 | Dress upper |
| | ( )H30 | ( )H31 | ( )H32 | ( )H33 | Dress lower |
| | ( )H34 | ( )H35 | ( )H36 | ( )None | Brace/Pros |
| | ( )H37 | ( )H38 | ( )H39 | ( )H40 | Groom |
| | ( )H41 | ( )H42 | ( )H43 | ( )H44 | Wash/bathe |
| | ( )H45 | ( )H46 | ( )H47 | ( )H48 | Bladder |
| | ( )H49 | ( )H50 | ( )H51 | ( )H52 | Bowel |
| | ( )H53 | ( )H54 | ( )H55 | ( )H56 | Perineum |
| | ( )H57 | ( )H58 | ( )H59 | ( )H60 | Hand skills |

(X)H61--Self care subscore __/53. Remarks:

| | | | | |
|---|---|---|---|---|
| ( )H62 | ( )H63 | ( )H64 | ( )H65 | T/Chair |
| ( )H66 | ( )H67 | ( )H68 | ( )H69 | T/Toilet |
| ( )H70 | ( )H71 | ( )H72 | ( )H73 | T/Tub-shower |
| ( )H74 | ( )H75 | ( )H76 | ( )H77 | T/Automobile |
| ( )H78 | ( )H79 | ( )H80 | ( )H81 | Walk 50 yd |
| ( )H82 | ( )H83 | ( )H84 | ( )H85 | Stairs 1 fl |
| ( )H86 | ( )h87 | ( )H88 | ( )H89 | Outdoors |
| ( )H90 | ( )H91 | ( )H92 | ( )None | Wheelchair |

(X)H93--Mobility subscore __/47. Remarks:

(X)H94--Barthel total score ___/100.

Communication

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )I68 | ( )I69 | ( )I70 | ( )I71 | Verbal |
| ( )I72 | ( )I73 | ( )I74 | ( )I75 | Hearing |
| ( )I76 | ( )I77 | ( )I78 | ( )I79 | Vision |

Intellectual and Emotional Adaptability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J39 | ( )J40 | ( )J41 | ( )J42 |

Support from Family Unit

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J43 | ( )J44 | ( )J45 | ( )J46 |

Ability in Home

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J47 | ( )J48 | ( )J49 | ( )J50 |

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Vocational Ability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J55 | ( )J56 | ( )J57 | ( )J58 |

Financial Ability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J59 | ( )J60 | ( )J61 | ( )J62 |

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other _____ ( )K25

Source of Referral:

Rehab In-pt.( )K26
NEMCH IN-pt. or non-rehab OPD( )K27
NEMCH Rehab OPD( )K28
Other hospital _____( )K29
Other physician _____( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

Community Agency Involved:

VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____( )K37

Source of Payment:

Self/Family( )K38
Insurance/Plan( )K39
Workmen's Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____( )K45

Vocational Status:

Homemaker( )K4
Student( )K4
Competitive employment( )K4
Non-compet. employment( )K4
Unemployed/employable cannot find work( )K5
Retired due to age( )K5
Too disabled to work/homemaker/student( )K5
Has motivation problem for work( )K5

Sources of Health Care:

Private MD( )K54 Rehab OPD( )K55

NEMCH OPD( )K56 Other _____( )K

Other hospital _____( )K

New Medical or Disability Problems or Complications:
Present( )K63 Absent( )K64

Remarks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

_____

_____

New Service Needs

Medical( )K68 Financial( )K69

Psycho-social( )K70 Housing( )K71

Vocational( )K72 Educational( )K73

Recreational( )K74 PT/OT/Speech/Hearing( )K75

Remarks: _____( )K76

_____

New Action Taken (Referrals made)

VNA( )K77
MRC or Other State Voc. Agency( )K78
Welfare/Medicaid( )K79
Private Physician( )K80
Other hospital_____( )K81
Other _____( )K82

IF A REVISIT: Less than 2 years( )L84
More than 2 years( )L85

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __
Etiology: __, __, __

Medical Diagnoses (International Code) (X)L34

#1 __ __ __ __ ( )L35
#2 __ __ __ __ ( )L36
#3 __ __ __ __ ( )L37
#4 __ __ __ __ ( )L38
#5 __ __ __ __ ( )L39
#6 __ __ __ __ ( )L40
#7 __ __ __ __ ( )L41

Evaluator: _____Code:__ __(X)L42

Onset of disability--Month:__ Year:__ (X)L48

T-NEMC REHABILITATION INSTITUTE (X)G01( )Name:_____(X)G53
LONG-RANGE EVALUATION SUMMARY (X)G02

Hosp. No. __ __-__ __-__ __ (X)G58

C INST:_____(X)G44 D O B: __ __/__ __/__ __ (X)G59

take Date (1st Adm): __ __/__ __/__ __( )G49 SS#: __ __ __-__ __-__ __ __ __ (X)G60

day's Date: __ __/__ __/__ __ ( )G52 Male( )G64 Female( )G65

| H01(X)ACTIVE MOTION OF LIMBS | ADEQUATE FUNCTION Range of motion, Strength, Sensory | or | PARTIAL FUNCTION Includes amputation with prosthesis | or | NULL FUNCTION Includes amputation without prosthesis |
|---|---|---|---|---|---|
| Right Upper Limb | H02( ) | | H03( ) | | H04( ) |
| Left Upper Limb | H05( ) | | H06( ) | | H07( ) |
| Right Lower Limb | H08( ) | | H09( ) | | H10( ) |
| Left Lower Limb | H11( ) | | H12( ) | | H13( ) |

| I03(X)ACTIVITIES OF DAILY LIVING (ADL) | INDEPENDENT with or without prior preparation, some modification, or assistive device | or | HUMAN ASSISTANCE needed or needs supervision for safety or cuing ANOTHER HUMAN IS INVOLVED IN ACTIVITY | or | NULL dependent totally / or not done |
|---|---|---|---|---|---|
| Drink from cup | I04( ) | | I05( ) | | I06( ) |
| Feed from dish | I07( ) | | I08( ) | | I09( ) |
| Dress upper body | I10( ) | | I11( ) | | I12( ) |
| Dress lower body | I13( ) | | I14( ) | | I15( ) |
| Don brace or prosthesis | I16( ) | | I17( ) | | ( )None |
| Groom | I18( ) | | I19( ) | | I20( ) |
| Wash or bathe | I21( ) | | I22( ) | | I23( ) |
| Bladder continence | I24( ) | | I25( )Accidents | | I26( )Incont. |
| Bowel continence | I27( ) | | I28( )Accidents | | I29( )Incont. |
| Perineal care (at toilet) | I30( ) | | I31( ) | | I32( ) |
| I33(X)SELF CARE SCORE: __/53. | | | | | |
| Transfer, chair | I34( ) | | I35( ) | | I36( ) |
| Transfer, toilet | I37( ) | | I38( ) | | I39( ) |
| Transfer, tub or shower | I40( ) | | I41( ) | | I42( ) |
| Walk 50 yards on level | I43( ) | | I44( ) | | I45( ) |
| Stairs, up/down 1 flight | I46( ) | | I47( ) | | I48( ) |
| Wheelchair, if not walking | I49( ) | | I50( ) | | ( )None |

I51(X) MOBILITY SCORE: __/47. TOTAL SCORE: ___/100.

I52(X)ORTHOSES, PROSTHESES OR EQUIPMENT USED, CONDITION OF SKIN AND REMARKS:

| I55(X)COMMUNICATION ABILITY | GOOD | or | FAIR | or | POOR |
|---|---|---|---|---|---|
| Speaking | I56( ) | | I57( ) | | I58( ) |
| Hearing | I59( ) | | I60( ) | | I61( ) |
| VISUAL ABILITY | I62( ) | | I63( ) | | I64( ) |

| I83(X)LIMITING CONDITIONS | RIGHT LIMBS | | LEFT LIMBS | |
|---|---|---|---|---|
| | Upper | Lower | Upper | Lower |
| Weakness | I84( ) | I85( ) | I86( ) | I87( ) |
| Pain | I88( ) | I89( ) | I90( ) | I91( ) |
| Inflammation | I92( ) | I93( ) | I94( ) | I95( ) |
| Contracture | I96( ) | I97( ) | I98( ) | J03( ) |
| Skin ulcer | J04( ) | J05( ) | J06( ) | J07( ) |
| Ataxia | J08( ) | J09( ) | J10( ) | J11( ) |
| Spasticity | J12( ) | J13( ) | J14( ) | J15( ) |
| Rigidity | J16( ) | J17( ) | J18( ) | J19( ) |
| Sensory loss | J20( ) | J21( ) | J22( ) | J23( ) |
| Abnormal length | J24( ) | J25( ) | J26( ) | J27( ) |

J65(X) (Choose one) INTELLECTUAL AND EMOTIONAL ADAPTABILITY

J66( )Able to cope with the usual problems and stresses of daily life.

J67( )Needs assistance, coaxing, supervision, or structured environment to function.

J68( )Not able to be benefitted by assistance or supervision.

J70(X) (Choose one) PERSONAL ADJUSTMENT (Choose one)

J71( )Is hopeful about situation.

J72( )Is indifferent to situation.

J73( )Is depressed about situation.

J74( )Has reasonable insight into problems.

J75( )Has limited insight into problems.

J76( )Insight and/or judgment are poor.

J78(X) (Choose one) SUPPORT FROM FAMILY UNIT

J79( )Able to support patient at home both physically and mentally.

J80( )Able to support patient at home if provided with assistance from an outside agency.

J81( )Patient lives(d) alone or else family is unable to cope.

J84(X) (Choose one) ABILITY IN LONG-TERM CARE FACILITY

J85( )Able in self care and mobility without architectural barriers.

J86( )Assistance needed in self care or mobility.

J87( )Totally dependent in self care or mobility.

(Choose any if applicable)

J88( )Architectural barriers cause need for assistance.

J89( )Communication or visual problems cause need for assistance.

J90( )Intellectual or emotional problems cause need for assistance.

J94(X)SPECIFIC GOALS OF TREATMENT; DURATION OF TREATMENT; PLANS FOR THE FUTURE:

Household constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relative(s)( )K22
Friend(s)( )K23
Institution( )K24
Other_____( )K25

Community Agency Involved:

Visiting Nurse Association( )K34
MRC or Other State Vocational Agency( )K35
Welfare( )K36
Other_____( )K37

Source of Payment:

Self/Family( )K38
Insurance Plan/BS-BC/etc.( )K39
Workmen's Compensation( )K40
State Vocational Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Association or Fund( )K44
Other_____( )K45

w Medical or Disability Problems or Complications:
Present( )K63 Absent( )K64

marks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

_____

New Service Needs

ical( )K68 Financial( )K69

cho-social( )K70 Housing( )K71

ational( )K72 Educational( )K73

reational( )K74 PT/OT/Speech/Hearing( )K75

arks: _____( )K76

_____

Action Taken (Referrals made)
VNA( )K77
MRC or Other State Voc. Agency( )K78
Welfare/Medicaid( )K79
Private Physician( )K80
er hospital_____( )K81
er _____( )K82

A REVISIT: Less than 2 years( )L84
More than 2 years( )L85

Rehabilitation Goals:
Fully achieved( )K95
Partially achieved( )K96
Not achieved( )K97

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Further Rehabilitation Potential:

Yes( )L28 ?( )L29 No( )L30

Maintenance Care Needs:

Yes( )L31 No( )L32

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __
Etiology: __, __, __

Medical Diagnoses (International Code) (X)L34

#1 __ __ __ __ ( )L35

#2 __ __ __ __ ( )L36

#3 __ __ __ __ ( )L37

#4 __ __ __ __ ( )L38

#5 __ __ __ __ ( )L39

#6 __ __ __ __ ( )L40

#7 __ __ __ __ ( )L41

Evaluator: _____Code:__ __(X)L42

Onset of disability--Month:__ Year:__ (X)L48

2(X) RT-7 LONG-TERM CARE (Maintenance) SERVICES RECEIVED

303(X)FACILITY:_____ 304(X)DATE: __ __ / __ __ / __ __

305(X)NAME:_____ 306(X)Number: __ __ - __ __ - __ __

| NURSING CARE | | DAY | WEEK | MONTH |
|---|---|---|---|---|
| Vital Signs | __ times per | 307( ) | 308( ) | 309( ) |
| Tube Feeding | __ times per | 310( ) | 311( ) | 312( ) |
| Oral Medication | __ times per | 313( ) | 314( ) | 315( ) |
| Intramuscular Medication | __ times per | 316( ) | 317( ) | 318( ) |
| Hypodermoclysis | __ times per | 319( ) | 320( ) | 321( ) |
| Intravenous--Intermittent | __ times per | 322( ) | 323( ) | 324( ) |
| Intravenous--Continuous | __ times per | 325( ) | 326( ) | 327( ) |
| Oxygen Therapy | __ times per | 328( ) | 329( ) | 330( ) |
| Inhalation Therapy--Supervision | __ times per | 331( ) | 332( ) | 333( ) |
| Inhalation Therapy--Assistance | __ times per | 334( ) | 335( ) | 336( ) |
| Suction and/or Tracheostomy Care | __ times per | 337( ) | 338( ) | 339( ) |
| Decubitus Care or Prevention | __ times per | 340( ) | 341( ) | 342( ) |
| Dressings or Local Treatments | __ times per | 343( ) | 344( ) | 345( ) |
| Enema or Suppositories | __ times per | 346( ) | 347( ) | 348( ) |
| Ostomy--Supervision | __ times per | 349( ) | 350( ) | 351( ) |
| Ostomy--Assistance | __ times per | 352( ) | 353( ) | 354( ) |
| Catheter Irrigation | __ times per | 355( ) | 356( ) | 357( ) |
| Catheter Continuous Drip | __ times per | 358( ) | 359( ) | 360( ) |
| Restorative Nursing (ROJM, Positioning, Skin care, Gait/Sphincter training) | __ times per | 361( ) | 362( ) | 363( ) |
| PHYSICAL THERAPY | __ times per | 364( ) | 365( ) | 366( ) |
| OCCUPATIONAL THERAPY | __ times per | 367( ) | 368( ) | 369( ) |
| SPEECH or HEARING THERAPY | __ times per | 370( ) | 371( ) | 372( ) |
| SOCIAL SERVICE | __ times per | 373( ) | 374( ) | 375( ) |
| _____ | __ times per | 376( ) | 377( ) | 378( ) |
| _____ | __ times per | 379( ) | 380( ) | 381( ) |
| _____ | __ times per | 382( ) | 383( ) | 384( ) |

385( )Describe degree of need for restraints.
386( )Describe degree of need for precaustions and/or environmental protection.
387( )Describe any frequently required laboratory examinations.
388( )Describe any hazards associated with specific medical diagnoses that require skilled observation to prevent complications or rapid deterioration in condition.
389( )REMARKS:

| PERSONAL CARE | | DAY | WEEK | MONTH |
|---|---|---|---|---|
| Feeding | __ times per | 407( ) | 408( ) | 409( ) |
| Dressing | __ times per | 410( ) | 411( ) | 412( ) |
| Bathing | __ times per | 413( ) | 414( ) | 415( ) |
| Toileting | __ times per | 416( ) | 417( ) | 418( ) |
| Transferring | __ times per | 419( ) | 420( ) | 421( ) |
| Walking | __ times per | 422( ) | 423( ) | 424( ) |
| Climbing Stairs | __ times per | 425( ) | 426( ) | 427( ) |
| HOUSEHOLD TASKS | | | | |
| Light house cleaning | __ times per | 428( ) | 429( ) | 430( ) |
| Heavy house cleaning | __ times per | 431( ) | 432( ) | 433( ) |
| Laundry | __ times per | 434( ) | 435( ) | 436( ) |
| Cooking or Meal Service | __ times per | 437( ) | 438( ) | 439( ) |
| Shopping | __ times per | 440( ) | 441( ) | 442( ) |
| Sewing or Mending | __ times per | 443( ) | 444( ) | 445( ) |
| CHILD CARE | __ times per | 446( ) | 447( ) | 448( ) |
| ESCORT SERVICES | | | | |
| For Medically Related Needs | __ times per | 449( ) | 450( ) | 451( ) |
| For Personal/Household Needs | __ times per | 452( ) | 453( ) | 454( ) |
| EMOTIONAL SUPPORT/COUNSELLING | __ times per | 455( ) | 456( ) | 457( ) |
| LEISURE | | | | |
| Social Activities, Outings, Drives, etc. | __ times per | 458( ) | 459( ) | 460( ) |
| _____ | __ times per | 461( ) | 462( ) | 463( ) |
| _____ | __ times per | 464( ) | 465( ) | 466( ) |
| _____ | __ times per | 467( ) | 468( ) | 469( ) |

470( )Precautions or particular obstacles to be recognized in providing services:

471( )Other services not prescribed but found to be needed:

472( )Notes identifying service providers:

473( )REMARKS:

474(X)REPORTED BY:_____

# RT-7 FUNCTIONAL STATUS REVIEW

(X)001 RT-7 FUNCTIONAL STATUS REVIEW

(X)002 (__ __) Facility: _____

(X)009 LOCATION: _____

_____

(X)016 Today's Date: __ __ / __ __ / __ __

(X)017 Name: _____

(X)018 Case No. __ __-__ __-__ __-__ __

(X)019 D O B: __ __ / __ __ / __ __

( )020 Patient resides in an institution

Male( )021 Female( )022

Single( )023 Married( )024 Other: _____( )025

Medical Diagnoses (International Code) (X)029

#1 __ __ __ __ ( )030

#2 __ __ __ __ ( )031

#3 __ __ __ __ ( )032

#4 __ __ __ __ ( )033

#5 __ __ __ __ ( )034

#6 __ __ __ __ ( )035

Major Handicapping Condition: RT-7 _____ (X)036

Onset of disability--Month:___ Year:___ (X)037

Overall Status of Limitation:

Stable( )038
Worsening( )039
Improving( )040
Fluctuating( )041

(X)042 Significant events or complications: _____

_____

_____

_____

)043 HOSPITALIZATIONS (Begin with most recent):

| DATES | HOSPITAL--CITY | REASON |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(X)044 COMMUNICATION ABILITY

| | ADEQUATE | or | PARTIAL | or | NULL |
|---|---|---|---|---|---|
| Speaking | 045( ) | | 046( ) | | 047( ) |
| Hearing | 048( ) | | 049( ) | | 050( ) |
| VISUAL ABILITY | 051( ) | | 052( ) | | 053( ) |

| X)054 ACTIVE MOTION OF LIMBS | ADEQUATE FUNCTION Range of motion, Strength, Sensory | or | PARTIAL FUNCTION Includes amputation with prosthesis | or | NULL FUNCTION Includes amputation without prosthesis |
|---|---|---|---|---|---|
| Right Upper Limb | 055( ) | | 056( ) | | 057( ) |
| Left Upper Limb | 058( ) | | 059( ) | | 060( ) |
| Right Lower Limb | 061( ) | | 062( ) | | 063( ) |
| Left Lower Limb | 064( ) | | 065( ) | | 066( ) |

| X)067 LIMITING CONDITIONS | RIGHT LIMBS Upper | Lower | LEFT LIMBS Upper | Lower | |
|---|---|---|---|---|---|
| Weakness | 068( ) | 069( ) | 070( ) | 071( ) | |
| Pain | 072( ) | 073( ) | 074( ) | 075( ) | |
| Inflammation | 076( ) | 077( ) | 078( ) | 079( ) | |
| Contracture | 080( ) | 081( ) | 082( ) | 083( ) | |
| Skin Ulcer | 084( ) | 085( ) | 086( ) | 087( ) | |
| Ataxia | 088( ) | 089( ) | 090( ) | 091( ) | |
| Spasticity | 092( ) | 093( ) | 094( ) | 095( ) | |
| Rigidity | 096( ) | 097( ) | 098( ) | 101( ) | |
| Sensory Loss | 102( ) | 103( ) | 104( ) | 105( ) | |
| Abnormal Length | 106( ) | 107( ) | 108( ) | 109( ) | (Amputation, etc |

| X)110 ACTIVITIES OF SELF CARE AND MOBILITY | INDEPENDENT with or without prior preparation, some modification, or assistive device | or | HUMAN ASSISTANCE needed or needs supermision for safety or cuing ANOTHER HUMAN IS INVOLVED IN ACTIVITY | or | NULL dependent totally / or not done | |
|---|---|---|---|---|---|---|
| Drink from cup | 111( ) | | 112( ) | | 113( ) | |
| Feed from dish | 114( ) | | 115( ) | | 116( ) | |
| Dress upper body | 117( ) | | 118( ) | | 119( ) | |
| Dress lower body | 120( ) | | 121( ) | | 122( ) | |
| Don brace or prosthesis | 123( ) | | 124( ) | | 125( ) | None |
| Groom | 126( ) | | 127( ) | | 128( ) | |
| Wash or bathe | 129( ) | | 130( ) | | 131( ) | |
| Bladder continence | 132( ) | | 133( ) | Accidents | 134( ) | Incontinent |
| Bowel continence | 135( ) | | 136( ) | Accidents | 137( ) | Incontinent |
| X)138 SELF CARE SCORE (53) | | | | | | |
| Transfer, chair | 139( ) | | 140( ) | | 141( ) | |
| Transfer, toilet | 142( ) | | 143( ) | | 144( ) | |
| Transfer, tub or shower | 145( ) | | 146( ) | | 147( ) | |
| Walk 50 yards on level | 148( ) | | 149( ) | | 150( ) | |
| Stairs, up/down 1 flight | 151( ) | | 152( ) | | 153( ) | |
| Wheelchair, if not walking | 154( ) | | 155( ) | | 156( ) | None |

X)157 MOBILITY SCORE (47)

X)158 TOTAL BARTHEL SCORE (100)

NOTE ANY OF THE FOLLOWING:

)159 Uses any orthosis or prosthesis
)160 Has any kind of ostomy
)161 Uses any kind of bladder catheter
)162 Uses a wheelchair
)163 Uses cane, crutch or walker
)164 Has skin breakdown
)165 Uses hearing aid
)166 Uses dentures
)167 Remarks: _____

FUNCTIONAL PROFILE:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )170 | ( )171 | ( )172 | ( )173 |
| U | ( )174 | ( )175 | ( )176 | ( )177 |
| L | ( )178 | ( )179 | ( )180 | ( )181 |
| S | ( )182 | ( )183 | ( )184 | ( )185 |
| E | ( )186 | ( )187 | ( )188 | ( )189 |
| S | ( )190 | ( )191 | ( )192 | ( )193 |

(X)194 TOTAL SCORE (6/6 to 6/24)

(X)195REPORTER: _____

# ESCROW FUNCTIONAL SCALE (RT7)

| | NO DATA | NO PROBLEM | PROBLEM PRESENT MINOR | PROBLEM PRESENT MAJOR | |
|---|---|---|---|---|---|
| **ENVIRONMENT** | | | | | E ____ |
| TYPE OF HOUSING | ( ) | ( ) | ( ) | ( ) | |
| NUMBER OF ROOMS | ( ) | ( ) | ( ) | ( ) | |
| HOUSING PROBLEMS | ( ) | ( ) | ( ) | ( ) | |
| INTERIOR BARRIERS | ( ) | ( ) | ( ) | ( ) | |
| EXTERNAL BARRIERS | ( ) | ( ) | ( ) | ( ) | |
| TRANSPORTATION | ( ) | ( ) | ( ) | ( ) | |
| **SOCIAL SUPPORTS** | | | | | S ____ |
| TELEPHONE CONTACTS | ( ) | ( ) | ( ) | ( ) | |
| INTERESTS AND HOBBIES | ( ) | ( ) | ( ) | ( ) | |
| COMMUNITY AGENCIES | ( ) | ( ) | ( ) | ( ) | |
| **CLUSTER OF HOUSHOLD MEMBERS** | | | | | C ____ |
| NUMBER AND FUNCTIONS | ( ) | ( ) | ( ) | ( ) | |
| IMPACT OF DISABILITY | ( ) | ( ) | ( ) | ( ) | |
| **RESOURCES** | | | | | R ____ |
| ADEQUACY OF FINANCES | ( ) | ( ) | ( ) | ( ) | |
| EARNINGS LEVEL | ( ) | ( ) | ( ) | ( ) | |
| COSTS OF SERVICES | ( ) | ( ) | ( ) | ( ) | |
| COSTS OF EQUIPMENT | ( ) | ( ) | ( ) | ( ) | |
| **OUTLOOK** | | | | | O ____ |
| SATISFACTION LEVEL | ( ) | ( ) | ( ) | ( ) | |
| BECK DEPRESSION INDEX (BDI) | ( ) | ( ) | ( ) | ( ) | |
| VALUES AND GOALS | ( ) | ( ) | ( ) | ( ) | |
| INTELLECTUAL/EMOTIONAL ADAPTABILITY | ( ) | ( ) | ( ) | ( ) | |
| PERSONAL ADJUSTMENT | ( ) | ( ) | ( ) | ( ) | |
| PROBLEM AREAS | ( ) | ( ) | ( ) | ( ) | |
| ORIENTATION | ( ) | ( ) | ( ) | ( ) | |
| SET TEST (Isaacs and Kennie) | ( ) | ( ) | ( ) | ( ) | |
| **WORK STATUS** | | | | | W ____ |
| YEARS OF SCHOOLING | ( ) | ( ) | ( ) | ( ) | |
| REASON IF NOT WORKING | ( ) | ( ) | ( ) | ( ) | |
| VOCATIONAL LEVEL IF WORKING | ( ) | ( ) | ( ) | ( ) | |
| WORK TOLERANCE | ( ) | ( ) | ( ) | ( ) | |
| TIME LOST FROM PRODUCTIVE ACTIVITY | ( ) | ( ) | ( ) | ( ) | |
| TASK PERFORMANCE IN HOUSEHOLD | ( ) | ( ) | ( ) | ( ) | |
| **OTHER** | | | | | |
| PHYSIOLOGIC FACTORS | | | | | |
| WEIGHT STATUS | ( ) | ( ) | ( ) | ( ) | |
| HEALTH SERVICES USED | ( ) | ( ) | ( ) | ( ) | |
| MEDICATIONS TAKEN | ( ) | ( ) | ( ) | ( ) | |
| FREQUENCY OF FALLS | ( ) | ( ) | ( ) | ( ) | |
| FURTHER NEEDED SERVICES | ( ) | ( ) | ( ) | ( ) | |

TOTAL SCORE: 6/____

C. V. Granger, M. D. Sept '74

01(X)ESCROW FUNCTIONAL SCALE (RT-7)

02(X)Name:_____

03(X)Case No.: _ _ _ _ _ _ _ _ _

04(X)Date: _ _ / _ _ / _ _

05(X)Ethnicity:_____

08(X)ENVIRONMENT

09(X)LIVING ACCOMMODATIONS
10( )Own home
11( )Rental home
12( )Private apartment
13( )Condominium or cooperative
14( )Public apartment
15( )Private rooming
16( )Public rooming
17( )With others (non-institutional)
18( )Nursing home
19( )Hospital
20( )Other:_____

21( )____Number of full rooms for use of household members

22( )____Number of toilet facilities

23( )Accommodation is adapted for handicapped or elderly

24(X)PRESENT HOUSING PROBLEMS
25( )Not compatible with own handicap
26( )Not compatible with handicap of member
27( )Too difficult to maintain
28( )Need more space
29( )Unavailability of social contacts
30( )Lack of protection in neighborhood
31( )Bad neighbors
32( )Deteriorated neighborhood
33( )Inaccessible to medical facilities
34( )Inaccessible to grocery shopping
35( )Inaccessible to other shopping
36( )Unable to live alone
37( )Incompatible with other members
38( )Crucial member may move away
39( )Other:_____

40(X)ARCHITECTURAL BARRIERS WITHIN HOME (Steps, doorways, threshold, furniture placement, carpeting, etc)
41( )Major, cannot compensate
42( )Minor, can compensate
43( )Human assistance available
44( )No significant barriers
45( )Other:_____

46(X)ARCHITECTURAL BARRIERS OUTSIDE HOME (Steps, slopes, rough pavement, etc.)
47( )Remarks:_____



250(X)MODIFICATIONS OF BARRIERS
251( )Modifications required
252( )Required to change residence
253( )Other:_____

254(X)OUTSIDE TRANSPORTATION USED REGULARLY
255( )Drives own automobile
256( )Uses public transportation (bus, subway)
257( )Rides as auto passenger (family, friend)
258( )Rides taxis
259( )Other:_____

Restrictions on use of transportation
260( )Distance from home
261( )Inconvenient
262( )Not readily accessible
263( )Cost
264( )Other:_____

267(X)SOCIAL SUPPORTS

268(X)TELEPHONE CALLS

269( )____Number per month for social reasons

270( )____Number per month for non-social reasons

271(X)SOCIAL INTERESTS OR HOBBIES ENGAGED IN

272( )____Sessions per month inside the home

273( )____Session per month outside the home

274( )COMMUNITY AGENCIES INVOLVED
275( )Visiting nurse association
276( )Vocational counseling
277( )Home care
278( )Psychological counseling
279( )Voluntary visiting service
280( )Other:_____

283(X)CLUSTER OF HOUSEHOLD MEMBERS

284(X)PERSONS IN HOUSEHOLD
285( )Alone
286( )Spouse
287( )Children
288( )Parent(s)
289( )Other relative(s)
290( )Friend(s)
291( )Institution
292( )Other:_____

293(X)FUNCTION AND NUMBER OF HOUSHOLD MEMBERS
Helper or Helped or Neither

294( ) ____ ____ _____ Children 0-17

295( ) ____ ____ _____ Adults 18-64

296( ) ____ ____ _____ Adults 65+

297(X) _____ TOTAL NUMBER

01(X)IMPACT OF DISABILITY ON HOUSEHOLD MEMBERS
(Increased, Decreased, None)

02( )Work effort:_____

03( )Socialization:_____

04( )Interests/Hobbies:_____

06(X)RESOURCES

07(X)INCOME STATUS — ALL IN ALL (for family)
08( )Enough to live on without worry
09( )Just enough to get by
10( )Not enough to make ends meet

11(X)WEEKLY EARNINGS (personal take home pay)
12( )$200 and more
13( )$100 - 199
14( )$70 - 99
15( )$50 - 69
16( )$10 - 49
17( )Below $10 per week

18(X)SOURCES OF FINANCIAL SUPPORT (family)
19( )Completely independent on own earnings
20( )0-25% income from other than earnings
21( )26-50% income from other than earnings
22( )51-75% income from other than earnings
23( )Totally dependent on other than earnings

24(X)DISTRIBUTION OF FINANCIAL SUPPORT (family)
25( )____% job-related income (salary, wages)
26( )____% dividends, interest, rent, savings
27( )____% from family and friends
28( )____% from non-disability insurance (annuity, retirement, survivors, etc)
29( )____% from disability and sickness insurance (SSDI, Wkmn comp, civil service, etc)
30( )____% from public assistance, private relief, living in public institution

31(X)COST OF SERVICES FOR HANDICAP
32( )Specify:_____
_____
33( ) $_____ Total dollars in past year
34( )_____ % paid by self or family

35(X)COST OF EQUIPMENT FOR HANDICAP
36( )Specify:_____
_____
37( ) $_____ Total dollars in past year
38( ) _____ % paid by self or family

40(X)OUTLOOK

41(X)HOW SATISFIED ARE YOU WITH YOUR LIFE TODAY?
42( )Very satisfied
43( )Fairly well satisfied
44( )More satisfied than not satisfied
45( )Not satisfied

350(X)BECK DEPRESSION INDEX (BDI)

| | |
|---|---|
| A. Sadness | ( )351 |
| | ( )352 |
| | ( )353 |
| B. Pessimism | ( )355 |
| | ( )356 |
| | ( )357 |
| C. Sense of failure | ( )359 |
| | ( )360 |
| | ( )361 |
| D. Dissatisfaction | ( )363 |
| | ( )364 |
| | ( )365 |
| E. Guilt | ( )367 |
| | ( )368 |
| | ( )369 |
| F. Self-dislike | ( )371 |
| | ( )372 |
| | ( )373 |
| G. Self-harm | ( )375 |
| | ( )376 |
| | ( )377 |
| H. Social withdrawal | ( )379 |
| | ( )380 |
| | ( )381 |
| I. Indecisiveness | ( )383 |
| | ( )384 |
| | ( )385 |
| J. Self-image change | ( )387 |
| | ( )388 |
| | ( )389 |
| K. Work difficulty | ( )391 |
| | ( )392 |
| | ( )393 |
| L. Fatigability | ( )395 |
| | ( )396 |
| | ( )397 |

. Anorexia ( )401
( )402
( )403

ES or NO __ __ __ (X)405

07(X)VALUES AND GOALS

. Living quarters ( )408
( )409
( )410

. Friendships ( )411
( )412
( )413

. Solving problems ( )414
( )415
( )416

. Family ( )417
( )418
( )419

. Love ( )420
( )421
( )422

. Income ( )423
( )424
( )425

Happiness ( )426
( )427
( )428

Hobbies/Interests ( )429
( )430
( )431

Realism ( )432
( )433
( )434

Religious faith ( )435
( )436
( )437

Tranquility ( )438
( )439
( )440

Respectability ( )441
( )442
( )443

Feelings of usefulness ( )444
( )445
( )446

Job security ( )447
( )448
( )449

W. Successful at work ( )450_____
( )451_____
( )452_____

W. Competition ( )453
( )454
( )455

W. Safety at work ( )456
( )457
( )458

Other: Health ( )459
( )460
( )461

464(X)INTELLECTUAL AND EMOTIONAL ADAPTABILITY
465( )Able to cope with the usual problems and stresses of daily life.
466( )Needs assistance, coaxing, supervision or structured environment to function.
467( )Not able to be benefitted by assistance or supervision.

468(X)PERSONAL ADJUSTMENT
(Choose one)
469( )Is hopeful about situation.
470( )Is indifferent to situation.
471( )Is depressed about situation.
(Choose one)
472( )Has reasonable insight into problems.
473( )Has limited insight into problems.
474( )Insight and/or judgment are poor.

475(X)INTELLECTUAL AND EMOTIONAL PROBLEM AREAS
476( )Poor memory
477( )Short attention span or is distractable
478( )Poor sequencing after instructions
479( )Non self-correcting of errors
480( )Poor use of learned information
481( )Uncooperative
482( )Too demanding
483( )Overly dependent
484( )Strong denial of disability
485( )Overly anxious
486( )Hypochondriacal
487( )Overly sad
488( )Very indifferent
489( )Overly dramatizing
490( )Disregards safety and necessary precautions
491( )Overly impulsive
492( )Does not anticipate probable problems
493( )Does not recognize own realistic limitations
494( )Does not use help or assistance wisely
495( )Does not plan appropriate compensations

496( )Stream of thought_____
_____
_____

497( )Mood content_____
_____
_____

)1(X)ORIENTATION Check correct responses
)2( )Year
)3( )Month
)4( )Date
)5( )Day of week
)6( )President's name
)7( )Governor of state
)8( )Name of city
)9( )Name of state

w are ears and nose alike?
0( )Non-descriptive response
1( )Concrete description (on the face)
2( )Abstract description (sensory organs)

w are automobiles and boats alike?
3( )Non-descriptive response
4( )Concrete description (move, ride, etc)
5( )Abstract description (transportation)

6(X)SET TEST (Isaacs and Kennie) 1 pt each
7( )Name up to 10 colors ____
8( )Name up to 10 animals ____
9( )Name up to 10 fruits ____
0( )Name up to 10 towns ____
1(X)TOTAL POINTS ____

2(X)REMARKS:

530(X)WORK STATUS



531(X)EDUCATIONAL LEVEL
532( )_____Years of academic schooling
533( )_____Months of trade/vocational school
534( )_____Months of on-the-job training
535( )_____Months of adjustment training
536( )Other:_____

537(X)REASON IF NOT WORKING
538( )Health
539( )Disability
540( )Lack of employable skills
541( )No jobs available
542( )Lack of confidence
543( )Retired due to age
544( )Other:_____

545(X)VOCATIONAL LEVEL IF WORKING
546( )Professional, technical and managerial
547( )Licensed/certified trade/craft (skilled)
548( )Office work
549( )Semi-skilled
550( )Unskilled
551( )Student
552( )Other:_____

553(X)WORK TOLERANCE
554( )Minimal restrictions
555( )Light-work -- full-time
556( )Sedentary, low stress -- full-time
557( )Part-time because of mental or physical condition
558( )Current disability precludes employment

559( )____Number of hours per week at job/school

560(X)TIME LOST FROM PRODUCTIVE ACTIVITY

561( )____Number of days during past 3 months
562( )____Number of days during past 6 months
563( )____Number of days during past 12 months

564(X)PERFORMANCE OF USUAL HOUSEHOLD TASKS
565( )Performs all without assistive devices
566( )Performs all with assistive devices
567( )Participates in part
568( )Does not perform
569( )Other:_____

570( )____Number of hours per usual day

80(X)OTHER — PHYSIOLOGIC FACTORS

WEIGHT STATUS

81( )Normal
82( )Underweight
83( )Slightly to moderately overweight
84( )Significantly overweight

85(X)HEALTH SERVICES WITHIN PAST YEAR
86( )Physician
87( )Nursing
88( )Physical therapy
89( )Occupational therapy
90( )Speech therapy
91( )Dental
92( )Other:_____
93( )Frequency:_____
_____
_____

94( )None

95(X)MEDICATIONS
96( )Analgesics
97( )Antacids
98( )Anti-arthritics
01( )Antibiotics
02( )Anti-coagulants
03( )Anti-convulsants
04( )Anti-hypertensives
05( )Cardiac glycosides
06( )Diuretics
07( )Energizers
08( )Insulin or Hypoglycemics
09( )Narcotics
10( )Night sedation
11( )Steroid hormones
12( )Thyroid replacement
13( )Tranquilizers
14( )Urinary tract suppressants
15( )Vasodilators
16( )Vitamins
17( )Other:_____
_____
_____

18( )Self-taken
19( )Assistance given
20( )Prepared and given by someone else
21( )Other:_____

22(X)FALLS WITHIN PAST YEAR
23( )None
24( )One to Three
25( )Four to Seven
26( )Eight or more

27(X)APPARENT CAUSES OF FALLS
28( )Environmental conditions (trauma, etc)
29( )Physiologic disturbances (dizziness, etc)
30( )Other:_____

635(X)OTHER — FURTHER SERVICES NEEDED
636( )Medical/Physician
637( )Psychosocial
638( )Physical therapy
639( )Occupational therapy
640( )Speech and hearing
641( )Vocational
641( )Recreational
642( )Financial
643( )Dietary
644( )Housing
645( )Educational
646( )Inhalation
647( )Motivational
648( )Other:_____

649( )REMARKS:

FUNCTIONAL PROFILE

| | One | Two | Three | Four |
|---|---|---|---|---|
| E | ( )655 | ( )656 | ( )657 | ( )658 |
| S | ( )659 | ( )660 | ( )661 | ( )662 |
| C | ( )663 | ( )664 | ( )665 | ( )666 |
| R | ( )667 | ( )668 | ( )669 | ( )670 |
| O | ( )671 | ( )672 | ( )673 | ( )674 |
| W | ( )675 | ( )676 | ( )677 | ( )678 |

679(X) TOTAL ESCROW SCORE: 6/____

SOURCE OF INFORMATION
680( )Self
681( )Other:_____

682(X)REPORTED BY:_____

202(X)Name:_____ 203(X)No.:_____ 204(X)Date:_____

250(X) INVENTORY OF FEELINGS AND MOOD (BDI, Short Form)

251( )I am so sad or unhappy that I can't stand it.
252( )I am blue or sad all the time and I can't snap out of it.
253( )I feel sad or blue.
( )I do not feel sad.

255( )I feel that the future is hopeless and that things cannot improve.
256( )I feel that I have nothing to look forward to.
257( )I feel discouraged about the future.
( )I am not particularly pessimistic or discouraged about the future.

259( )I feel I am a complete failure as a person, (parent, spouse or other).
260( )As I look back on my life, all I can see is a lot of failures.
261( )I feel I have failed more than the average person.
( )I do not feel like a failure.

263( )I am dissatisfied with everything.
264( )I don't get satisfaction out of anything anymore.
265( )I don't enjoy things the way I used to.
( )I am not particularly dissatisfied.

267( )I feel as though I am very bad or worthless.
268( )I feel quite guilty.
269( )I feel bad or unworthy a good part of the time.
( )I don't feel particularly guilty.

271( )I hate myself.
272( )I am disgusted with myself.
273( )I am disappointed in myself.
( )I don't feel disappointed in myself.

275( )I would kill myself if I had the chance.
276( )I have definite plans about committing suicide.
277( )I feel I would be better off dead.
( )I don't have any thoughts of harming myself.

H
379( )I have lost all or my interest in other people and don't care about them at all.
380( )I have lost most of my interest in other people and have little feeling for them.
381( )I am less interested in other people than I used to be.
( )I have not lost interst in other people.

I
383( )I can't make any decisions at all anymore.
384( )I have great difficulty in making decisions.
385( )I try to put off making decisions.
( )I make decisions about as well as ever.

J
387( )I feel that I am ugly or repulsive-looking.
388( )I feel that there are permanent changes in my appearance and they make me look unattractive.
389( )I am worried that I am looking old or unattractive.
( )I don't feel that I look any worse than I used to.

K
391( )I can't do any work at all.
392( )I have to push myself very hard to do anything.
393( )It takes extra effort to get started at doing anything.
( )I can work about as well as before.

L
395( )I get too tired to do anything.
396( )I get tired from doing anything.
397( )I get tired more easily than I used to.
( )I don't get any more tired than usual.

M
401( )I have no appetite at all anymore.
402( )My appetite is much worse now.
403( )My appetite is not as good as it used to be.
( )My appetite is not worse than usual.

405(X)
Are there any topics that you had not thought about before? __YES __NO
Are there any topics that you have been pre-occupied with? __YES __NO
Are there any topics that you found difficult or disturbing? __YES __NO

202(X)Name:_____ 203(X)No.:_____ 204(X)Date:_____

207(X) INVENTORY OF VALUES AND GOALS

IN YOUR LIFE TODAY WHAT THINGS ---

| SATISFY MOST or are IMPORTANT | SATISFY LEAST or are NOT IMPORTANT | CAUSE FRUSTRATION or REPRESENT LOSSES | |
|---|---|---|---|
| 408( ) | 409( ) | 410( ) | Living in private, roomy quarters |
| 411( ) | 412( ) | 413( ) | Having close and dependable friendships |
| 414( ) | 415( ) | 416( ) | Solving your own problems without seeking advice or help |
| 417( ) | 418( ) | 419( ) | Having a family with children |
| 420( ) | 421( ) | 422( ) | Being loved by some one person or persons |
| 423( ) | 424( ) | 425( ) | Enough income to meet needs |
| 426( ) | 427( ) | 428( ) | Being happy and having peace-of-mind |
| 429( ) | 430( ) | 431( ) | Having an interesting hobby or other interests |
| 432( ) | 433( ) | 434( ) | Knowing what your realistic possibilities are and what you can expect in the future |
| 435( ) | 436( ) | 437( ) | Maintaining a religious faith in a wiser intelligence than ours |
| 438( ) | 439( ) | 440( ) | Not getting angry or upset with people or problems |
| 441( ) | 442( ) | 443( ) | Being respected and appreciated as a good and honest person |
| 444( ) | 445( ) | 446( ) | A feeling of being useful to others |
| 447( ) | 448( ) | 449( ) | Being sure of a good job to go to |
| 450( ) | 451( ) | 452( ) | Being confident and successful in some field of work _____ |
| 453( ) | 454( ) | 455( ) | Being involved in competitive activity |
| 456( ) | 457( ) | 458( ) | Safe surroundings at work |
| 459( ) | 460( ) | 461( ) | Good health |

ICDA-8 CODES

A - ETIOLOGIC MECHANISM OF HANDICAPPING CONDITION

B - ASSOCIATED CONDITIONS

C - SOMATIC IMPAIRMENT UNDERLYING HANDICAP

| RT-7 CODE | | ICDA-8 CODE |
|---|---|---|
| A | | |
| 011 | Cerebral Thrombosis | 433.9 |
| 011 | Epidural Hematoma | 852.0 |
| 011 | Stroke | 436.9 |
| 011 | Acute Ataxia | 780.4 |
| 011 | Friedrich's Ataxia | 332.0 |
| 011 | Marie's Ataxia | 332.1 |
| 011 | Subarachnoid Hemorrhage | 430.9 |
| 011 | Cerebral Hemorrhage | 431.9 |
| 011 | Parkinsonism | 432.0 |
| 011 | Post-traumatic Encephalopathy | 850.9 |
| 011 | Subdural Hematoma | 852.0 |
| 011 | Brain Stem Contusion | 851.9 |
| 011 | Cerebellar Ataxia | 347.9 |
| 011 | Cerebellar Astrocytoma | 238.1 |
| 011 | S/P Cranioplasty | 002.0 |
| 011 | Glioblastoma | 238.1 |
| 011 | S/P Craniotomy | 001.0 |
| 011 | Brain Abscess, Late Effect | 324.0 |
| 011 | Viral Encephalopathy, Late Effect | 324.0 |
| 011 | Brain Tumor, Direct Effect | 238.3 |
| 011 | Metabolic Encephalopathy | 279.0 |
| 011 | Chronic Meningoencephalitis | 094.1 |
| 011 | Cerebral Palsy | 343.9 |
| 011 | Post-anoxic Encephalopathy | 347.9 |
| 011 | Skull Fracture (Multiple) | 803.0 |
| 011 | Cerebral Embolism | 434.9 |
| 011 | Intracranial injury of other & unspecified nature, late effect | 854.9 |
| 011 | S/P transphenoidal hypophysectomy | 001.7 |
| B | | |
| 011 | Prefrontal Lobotomy | 001.4 |
| 011 | Cerebral spinal fluid leak, Rhinorrhea | 347.9 |
| C | | |
| 011 | Hemiparesis; Hemiplegia | 344.1 |
| 011 | Aphasia; Apraxia | 781.5 |
| 011 | Homonomous Hemianopsia | 781.0 |
| 011 | Dysarthria | 781.5 |
| 011 | Pseudobulbar Palsy | 344.9 |
| 011 | Facial Bone Fracture | 802.4 |

| | | |
|---|---|---|
| A | | |
| 012 | Paraplegia, Traumatic | 344.2 |
| 012 | Quadriplegia, Traumatic | 344.3 |
| 012 | Primary or Amyotrophic Lateral Sclerosis | 348.0 |
| 012 | Transverse Myelitis | 323.0 |
| 012 | Conus Tumor | 239.9 |
| 012 | Myelomeningocele (Spina Bifida) | 741.9 |
| 012 | Poliomyelitis, Late Effect | 044.0 |
| 012 | Neuronitis | 355.9 |
| 012 | Chronic Meningitis | 094.1 |
| 012 | Syringomyelia | 349.0 |
| B | | |
| 012 | Spinal Cordotomy | 003.2 |
| 012 | Arachnoiditis | 320.9 |
| 012 | Autonomic dysreflexia (hypertension) | 401.0 |
| C | | |
| 012 | Paraplegia, Non-traumatic | 349.3 |
| 012 | Spastic Paraparesis | 343.1 |
| 012 | Quadriplegia, Non-traumatic | 349.4 |
| 012 | Quadriparesis | 344.3 |
| A | | |
| 013 | Guillain Barre | 354.0 |
| 013 | Amyotrophy, Any Type | 733.1 |
| 013 | Root Compression; Radiculitis | 728.9 |
| 013 | Cervical Radiculopathy | 728.4 |
| 013 | Lumbar Radiculopathy | 728.8 |
| 013 | Polyneuropathy | 354.0 |
| 013 | Diabetic Polyneuropathy | 250.9 |
| 013 | Mononeuropathy, Neuropathy | 357.9 |
| 013 | Brachial Plexus | 357.0 |
| 013 | Sciatic, Sciatica | 353.0 |
| B | | |
| 013 | Long Thoracic, Disorder Of | 357.9 |
| 013 | Median, Disorder Of | 357.2 |
| 013 | Ulnar, Disorder Of | 357.3 |
| 013 | Radial, Disorder Of | 357.9 |
| 013 | Peroneal, Disorder Of | 357.9 |
| 013 | Tibial, Disorder Of | 357.9 |
| 013 | Facial, Disorder Of | 350.0 |
| 013 | Neurorrhaphy | 004.4 |
| 013 | Diaphragm Paralysis, Flaccid | 519.9 |
| 013 | Diaphragm Paralysis, Secondary to section of Phrenic Nerve | 998.9 |
| 013 | Neurofibromatosis | 743.4 |
| 013 | Cranial Nerve Palsy (III, VI) | 373.9 |
| 013 | Bell's Palsy | 094.9 |
| A | | |
| 014 | Multiple Sclerosis | 340.0 |
| 014 | Motor System Disease | 348.9 |
| 014 | Demyelinating Disorder, De Vic's | 341.0 |

| | | |
|---|---|---|
| A | | |
| 015 | Diffuse CNS Disease, Unknown Etiology | 347.9 |
| 015 | Huntington's Chorea | 331.0 |
| 015 | Senile Brain Disease | 309.6 |
| 015 | Senile Dementia | 290.0 |
| 015 | Chronic Brain Syndrome | 309.9 |
| 015 | Hydrocephalus, Late Effect | 347.9 |
| 015 | Mental Retardation | 315.0 |
| 015 | Anoxic Encephalopathy | 347.9 |
| B | | |
| 015 | Cerebral Arteriosclerosis | 437.9 |
| 015 | Ventricular Shunt | 002.2 |
| 015 | Intellectual Insufficiency | 315.9 |
| C | | |
| 015 | Seizure; Convulsion | 345.9 |
| 015 | Memory Loss | 780.7 |
| 015 | Speech Impediment, Organic Cause | 781.5 |
| 015 | Speech Impediment, Mental Cause | 306.9 |
| 015 | Diplopia | 781.1 |
| 015 | Syncope | 782.5 |
| A | | |
| 021 | Cervical Dislocated Disc (HNP) | 725.0 |
| 021 | Cervical Herniated Nucleus Pulposis | 725.0 |
| 021 | Cervical Fracture Late Effect | 805.9 |
| 021 | Cervical Spondylosis | 713.1 |
| C | | |
| 021 | Pain, Neck or Shoulder | 728.0 |
| 021 | Reattached extremity, complication | 997.8 |
| A | | |
| 022 | Thoracic Fracture, Late Effect | 805.9 |
| 022 | Fracture of Spine | 805.9 |
| 022 | Scoliosis, Acquired | 735.0 |
| 022 | Scoliosis, Congenital | 756.2 |
| B | | |
| 022 | S/P Thoracic Laminectomy | 003.0 |
| A | | |
| 023 | Lumbar Dislocated Disc (HNP) | 725.1 |
| 023 | Lumbar Herniated Nucleus Pulposis | 725.1 |
| 023 | Spondylolisthesis; Congenital, Lumbosacral, traumatic | 756.1 |
| 023 | Compression fracture T-12, L-1 | 805.2 |
| 023 | Lumbar Fracture, Late Effect | 805.9 |
| 023 | Fracture of Pelvis, Late Effect | 808.9 |
| 023 | Paget's Disease | 721.0 |

| | | |
|---|---|---|
| B | | |
| 023 | Sacral Fracture, Late Effect | 805.9 |
| 023 | S/P Lumbar Laminectomy | 086.4 |
| 023 | S/P Fusion of Spine | 087.4 |
| 023 | Fusion of Any Joint | 087.6 |
| 023 | Fusion, Spinal or Lumbar Joints | 087.4 |
| 023 | S/P Cervical Laminectomy | 003.0 |
| 023 | S/P Excision of HNP | 086.4 |
| 023 | Osteomyelitis | 720.2 |
| C | | |
| 023 | Low Back Pain | 728.7 |
| 023 | Back Pain | 728.9 |
| A | | |
| 024 | Dislocated Shoulder | 831.0 |
| B | | |
| 024 | Fractured Humerus, Late Effect | 812.9 |
| 024 | Fractured Forearm; Radius or Ulna, Late Effect | 813.9 |
| 024 | Sudeck's Atrophy | 723.0 |
| 024 | Any Tendon Transplant, Tenotomy | 088.5 |
| C | | |
| 024 | Any Sprain | 848.0 |
| 024 | Tendinitis | 731.9 |
| 024 | Fractured Clavicle | 810.0 |
| 024 | Tendon Rupture | 733.9 |
| 024 | Bursitis | 731.9 |
| 024 | Contracture of Joint | 729.9 |
| 024 | Contracture of Muscle | 733.9 |
| A | | |
| 025 | Arthroplasty of Hip | 087.1 |
| 025 | Fractured Hip | 820.0 |
| 025 | Old Fractured Hip | 820.9 |
| 025 | Dislocated Hip | 835.0 |
| 025 | Osteogenesis Imperfecta | 756.6 |
| B | | |
| 025 | Short Lower Limb, Acquired | 738.5 |
| 025 | Short Lower Limb, Congenital | 755.3 |
| C | | |
| 025 | Medial Meniscectomy | 086.5 |
| 025 | Fracture, Ankle, Late Effect | 824.9 |
| 025 | Fracutre, Femur, shaft or unspecified part, closed | 821.0 |
| 025 | Fracture, Pelvis, closed | 808.0 |
| 025 | Arthrotomy | 086.0 |
| 025 | Muscle Cramps | 787.1 |
| 025 | Any Sprain | 848.0 |
| 025 | Tendinitis | 731.9 |
| 025 | Fractured Fibula, Late Effect | 823.9 |
| 025 | Dislocated Patella | 836.9 |
| 025 | Fractured Femur, Late Effect | 821.9 |
| 025 | Fractured Tibia, Late Effect | 823.9 |
| 025 | Fractured Ankle | 824.0 |
| 025 | Fractured Patella | 822.0 |
| 025 | Contracture of Joint | 729.9 |
| 025 | Contracture of Muscle | 733.9 |

| | | |
|---|---|---|
| A | | |
| 030 | Polymyositis | 716.1 |
| 030 | Progressive Muscular Dystrophy | 330.3 |
| 030 | Muscular Dystrophy | 330.4 |
| 030 | Myopathy, Unspecified | 733.9 |
| C | | |
| 030 | Myositis Ossificans | 733.2 |
| A | | |
| 041 | Rheumatoid Arthritis | 712.3 |
| 041 | Juvenile Arthritis | 712.0 |
| 041 | Rheumatoid Spondylitis | 712.4 |
| B | | |
| 042 | Degenerative or Osteoarthritis | 713.0 |
| 042 | Degenerative Spinal Arthritis | 713.1 |
| A | | |
| 043 | Gout with Arthritis | 274.0 |
| 043 | Arthrogryposis | 729.9 |
| 043 | Arthropathy, Unspecified | 729.9 |
| 043 | Relapsing Polychondritis | 729.9 |
| 043 | Polymyalgia Rheumatica | 717.9 |
| A | | |
| 051-058 | Amputation | 738.9 |
| 058 | Amputation, All Types | 738.9 |
| 058 | Amputation, Arm, Congenital | 755.2 |
| 058 | Amputation, Arm, Acquired | 738.8 |
| 058 | Amputation, Leg, Congenital | 755.3 |
| 058 | Amputation, Leg, Acquired | 738.5 |
| B | | |
| 051-058 | Late Amputation, Stump Complication | 997.2 |
| A | | |
| 061 | Skin Burn, nec | 949.0 |
| C | | |
| 062 | Skin Ulcer, Pressure or Decubitus | 707.0 |
| 062 | Skin Ulcer with Gangrene | 445.9 |
| 062 | Pemphigus Lesions | 694.0 |
| 062 | Eczema or Dermatitis, Unspecified | 692.9 |
| A | | |
| 063 | Scleroderma | 734.0 |
| C | | |
| 064 | Skin Graft | 093.3 |
| A | | |
| 070 | Cardiac Arrest | 427.2 |
| 070 | Congenital Heart Disease; Any Type | 746.9 |
| 070 | Subacute Bacterial Endocarditis, SBE | 421.0 |

| | | |
|---|---|---|
| B | | |
| 070 | Coronary By-pass | 027.5 |
| 070 | Rheumatic Heart Disease, Old | 398.0 |
| 070 | Rheumatic Heart Disease, Active | 391.9 |
| 070 | Arteriosclerotic Heart Disease (ASHD) | 412.9 |
| 070 | Hypertensive Cardiovascular Disease (HCVD) | 412.0 |
| 070 | Acute Myocardial Infarction (MI) | 410.9 |
| 070 | Old Myocardial Infarction | 412.9 |
| 070 | Hypertension | 401.0 |
| 070 | Congestive Heart Failure | 427.0 |
| 070 | Myocardial Insufficiency | 428.0 |
| 070 | Cardiac Pacemaker | 030.4 |
| C | | |
| 070 | Pericarditis | 423.0 |
| 070 | Arrythmia | 427.9 |
| 070 | Cardiac Murmur | 424.9 |
| 070 | Valvuplasty | 029.2 |
| 070 | Atrial Fibrillation | 427.4 |
| 070 | Bundle Branch Block | 427.3 |
| 070 | Angina Pectoris | 413.9 |
| 070 | Cardiac Arteriosclerosis | 412.9 |
| 070 | Orthostatic Hypotension | 458.0 |
| B | | |
| 081 | Pulmonary Embolus | 450.0 |
| 081 | Pneumothorax | 512.0 |
| A | | |
| 082 | Respiratory Failure, non-specific | 796.0 |
| 082 | Cystic Fibrosis | 273.0 |
| B | | |
| 082 | Atelectasis | 519.0 |
| 082 | Laryngectomy; Complete | 020.2 |
| 082 | Pulmonary Disorder, Emphysema | 492.0 |
| 082 | Pulmonary Disorder, Asthma | 493.0 |
| 082 | Pulmonary Congestion; Hypostasis | 514.0 |
| 082 | Chest Deformity; Acquired, wall | 738.8 |
| 082 | Chest Deformity; Congenital | 756.4 |
| 082 | Pulmonary TB | 011.0 |
| 082 | Bronchiectasis | 518.0 |
| 082 | Pneumonia, Non-specific | 486.0 |
| 082 | Active Bronchitis | 489.0 |
| C | | |
| 082 | Chronic Bronchitis | 491.0 |
| 082 | Tracheostomy, Permanent | 020.6 |
| 082 | Tracheostomy, Temporary | 020.5 |
| 082 | Pleural Effusion | 911.2 |

| | | |
|---|---|---|
| B | | |
| 090 | Panhypopituitarism | 253.1 |
| 090 | hyperthyroidism, active (only) | 242.2 |
| 090 | Endocrinopathy, Unspecified | 258.1 |
| 090 | Acromegaly | 253.0 |
| 090 | Diabetes Mellitus | 250.9 |
| 090 | Diabetes Incipidus | 253.9 |
| 090 | Paget's Disease of Bone | 721.0 |
| 090 | Gout | 274.0 |
| 090 | Obesity | 277.0 |
| 090 | Malnutrition | 269.9 |
| 090 | Hypothyroidism | 244.0 |
| 090 | Inappropriate ADH or Hyponatremia | 788.0 |
| 090 | Uremia; Renal Failure | 792.0 |
| 090 | Osteoporosis | 723.0 |
| 090 | General Metabolic Insufficiency | 279.0 |
| 090 | Acidosis | 788.0 |
| C | | |
| 090 | Gynecomastia | 611.1 |
| 090 | Estrogen Therapy | 962.2 |
| 090 | Hyperlipoproteinemia | 272.0 |
| A | | |
| 100 | Systemic Lupus Erythematosis | 734.1 |
| 100 | Disseminated Vasculitis | 447.0 |
| 100 | Polyarteritis | 446.0 |
| 100 | Arteriovenous Malformation | 747.6 |
| 100 | Ruptured or Dissecting Aortic Aneurysm | 441.1 |
| B | | |
| 100 | Abdominal Aorta Graft | 027.5 |
| 100 | Embolectomy; Peripheral vessles | 024.0 |
| 100 | Embolectomy; Pulmonary | 028.0 |
| 100 | Intermittent Claudication | 443.9 |
| 100 | Thrombosis | 453.0 |
| 100 | Aneurysm of Aortic Arch | 441.1 |
| 100 | Gangrene | 445.9 |
| 100 | Sympathectomy | 005.1 |
| 100 | Reflex Sympathetic Dystrophy | 358.0 |
| 100 | Femoral-Popliteal Graft | 024.7 |
| 100 | Vascular Disease | 458.9 |
| 100 | Arteriosclerosis | 440.9 |
| 100 | Thrombophlebitis | 451.9 |
| 100 | Thrombophlebitis of Lower Limb | 451.0 |
| 100 | Peripheral Vascular Insufficiency | 443.9 |
| 100 | Cerebrovascular Insufficiency | 437.9 |
| 100 | S/P Vena Cava Clipping | 027.9 |
| C | | |
| 100 | Elephantiasis | 457.0 |
| 100 | Reynauds Disease | 443.0 |
| 100 | Edema of Leg | 782.6 |
| 100 | S/P Endarterectomy of Peripheral Vessles | 024.1 |
| 100 | S/P Endarterectomy of Head, Neck & Base of Brain | 027.1 |
| 100 | Milroy's Disease (Congenital Elephantiasis) | 757.0 |
| 100 | Varicose Veins | 454.0 |
| A | | |
| 110 | Congenital defect (anomaly) | 759.9 |

| A | | |
|---|---|---|
| 120 | Neoplasm, Benign | 228.0 |
| 120 | Neoplasm, Malignant | 199.1 |
| | Of Lip | 140.0 |
| | Of Tongue | 141.0 |
| | Of Salivary Gland | 142.0 |
| | Of Gum | 143.0 |
| | Of Floor of Mouth | 144.0 |
| | Of Other and Unspecified Parts of Mouth | 145.0 |
| | Of Oropharynx | 146.0 |
| | Of Nasopharynx | 147.0 |
| | Of Hypopharynx | 148.0 |
| | Of Pharynx, Unspecified | 149.0 |
| | Of Esophagus | 150.0 |
| | Of Stomach | 151.0 |
| | Of Small Intestine, Including Duodenum | 152.0 |
| | Of Large Intestine, Except Rectum | 153.0 |
| | Of Rectum and Rectosigmoid Junction | 154.0 |
| | Of Liver and Intrahepatic Bile Ducts Specified As Primary | 155.0 |
| | Of Gallbaldder and Bile Ducts | 156.0 |
| | Of Pancreas | 157.0 |
| | Of Peritoneum and Retroperitoneal Tissue | 158.0 |
| | Of Unspecified Digestive Organs | 159.0 |
| | Of Nose, Nasal Cavities, Middle Ear and Accessory Sinuses | 160.0 |
| | Of Larynx | 161.0 |
| | Of Trachea, Bronchus, and Lung | 162.0 |
| | Of Other and Unspecified Respiratory Organs | 163.0 |
| | Of Bone | 170.0 |
| | Of Connective and Other Soft Tissue | 171.0 |
| | Of Skin, Melanoma | 172.0 |
| | Of Skin, Other and Unspecified | 173.0 |
| | Of Breast | 174.0 |
| | Of Cervix Uteri | 180.0 |
| | Of Chorionepithelioma | 181.0 |
| | Of Uterus | 182.0 |
| | Of Ovary, Fallopian Tube and Broad Ligament | 183.0 |
| | Of Other and Unspecified Female Genital Organs | 184.0 |
| | Of Prostate | 185.0 |
| | Of Testis | 186.0 |
| | Of Other and Unspecified Male Genital Organs | 187.0 |
| | Of Bladder | 188.0 |
| | Of Other and Unspecified Urinary Organs | 189.0 |
| | Of Eye | 190.0 |
| | Of Brain | 191.0 |
| | Of Other Parts of Nervous System | 192.0 |
| | Of Thyroid Gland | 193.0 |
| | Of Other Endocrine Glands | 194.0 |
| | Of Ill-Defined Sites | 195.0 |
| | Of Lymph Nodes, Secondary and Unspecified | 196.0 |
| | Of Respiratory and Digestive Systems, Secondary | 197.0 |
| | Other Secondary Malignant Neoplasm | 198.0 |
| | Malignant Neoplasm without Specification of Site | 199.0 |
| | Lymphosarcoma and Reticulum-Cell Sarcoma | 200.0 |
| | Hodgkin's Disease | 201.0 |
| | Other Neoplasms of Lymphoid Tissue | 202.0 |
| | Multiple Myeloma | 203.0 |
| | Lymphatic Leukemia | 204.0 |
| | Myeloid Leukemia | 205.0 |

| | | |
|---|---|---|
| | Monocytic Leukemia | 206.0 |
| | Other and Unspecified Leukemia | 207.0 |
| | Polycythemia Vera | 208.0 |
| | Myelofibrosis | 209.0 |
| 120 | Neoplasm, nec | 239.9 |
| | Of Digestive Organs | 230.0 |
| | Of Respiratory Organs | 231.0 |
| | Of skin and Musculoskeletal System | 232.0 |
| | Of Breast | 233.0 |
| | Of Uterus | 234.0 |
| | Of Ovary | 235.0 |
| | Of Other Female Genital Organs | 236.0 |
| | Of Other Genitourinary Organs | 237.0 |
| | Of Eye, Brain and Other Parts of Nervous System | 238.0 |
| | Of Other and Unspecified Organs | 239.0 |
| B | | |
| 120 | S/P Mastectomy (Complete) | 065.3 |
| 120 | Prostate Carcinoma | 185.0 |
| A | | |
| 130 | Psychosis | 299.0 |
| 130 | Conversion Reaction | 300.1 |
| B | | |
| 130 | Chronic Alcoholism | 303.2 |
| 130 | Personality Disorder, Other, Immature | 301.8 |
| 130 | Schizophrenia, Paranoid | 295.3 |
| 130 | Schizophrenia, Unspecified | 295.9 |
| 130 | Anxiety | 300.0 |
| 130 | Suicidal Risk | 300.9 |
| 130 | Depression | 300.4 |
| 130 | Behavior Disorder, NEC | 306.9 |
| 130 | Behavior Disorder; Childhood; Primary | 308.0 |
| B | | |
| 140 | Deafness | 389.9 |
| B | | |
| 150 | Duodenal Ulcer | 532.9 |
| 150 | Stomach Ulcer | 531.9 |
| 150 | Small Bowel Obstruction | 560.9 |
| 150 | Acute Appendicitis | 540.0 |
| 150 | Hemorrhoidectomy | 051.3 |
| 150 | Local Excision and Destruction of Lesion of Rectum | 050.2 |
| 150 | Hepatitis | 573.0 |
| 150 | Ulcerative Colitis | 563.1 |
| 150 | Hemorrhoids | 455.0 |
| 150 | Anal Fissure and Fistula | 565.0 |
| 150 | Diarrhea | 009.1 |
| 150 | Non-infectious Diarrhea | 561.0 |
| 150 | Pancreatitis, Essential, Idiopathic | 789.3 |
| 150 | Gastrostomy | 046.0 |
| 150 | S/P Gastrostomy for Tube Feeding | 046.4 |
| 150 | Inguinal Hernia | 550.0 |
| 150 | Hepatic Insufficiency | 573.9 |
| 150 | Chronic Gastritis | 535.0 |
| 150 | Gastrointestinal Bleeding | 569.9 |
| 150 | S/P Laparotomy | 039.1 |

| | | |
|---|---|---|
| C | | |
| 150 | S/P Cholecystectomy | 043.5 |
| 150 | Incontinence of Feces | 785.6 |
| 150 | Partial Colectomy | 047.5 |
| 150 | Partial Gastrectomy | 046.2 |
| 150 | Cholelithiasis | 547.9 |
| 150 | Hiatus Hernia | 551.3 |
| 150 | Colostomy | 047.8 |
| 150 | Bowel Incontinence | 785.6 |
| B | | |
| 160 | S/P Cystectomy | 056.3 |
| 160 | Chronic Pyelonephritis | 590.0 |
| 160 | Catheter Device Complication | 997.4 |
| 160 | Urethral Fistula | 599.1 |
| 160 | Ileal Conduit (Ureteroileostomy) | 055.2 |
| 160 | S/P Suprapubic Cystotomy | 056.0 |
| 160 | Urinary Tract Infection | 599.0 |
| 160 | Urinary Tract Calculi; Unspecified | 594.0 |
| 160 | Renal Calculus | 592.0 |
| 160 | S/P Nephrectomy | 054.5 |
| 160 | Renal Insufficiency; Nephropathy | 593.2 |
| 160 | Cirrhosis | 571.9 |
| 160 | Endometriosis | 625.3 |
| 160 | Prostatectomy; TUR | 058.2 |
| C | | |
| 160 | Gross Hematuria | 789.3 |
| 160 | Ovarian Cyst | 220.1 |
| 160 | Benign Prostatic Hypertrophy | 600.0 |
| 160 | Amputation of Penis | 061.3 |
| 160 | Incontinence of Urine | 786.2 |
| 160 | Neurogenic Bladder | 596.9 |
| 160 | Hysterectomy | 069.2 |
| B | | |
| 170 | S/P Enucleation of Eyeball | 010.1 |
| 170 | Blindness, One Eye (amaurosis) | 379.2 |
| 170 | Blindness, Both Eyes (amaurosis) | 379.0 |
| 170 | Diabetic Retinopathy | 250.9 |
| 170 | Macula Degeneration | 377.1 |
| 170 | Optic Atrophy | 377.6 |
| 170 | Cataract | 374.9 |
| 170 | Glaucoma | 375.9 |
| C | | |
| 170 | Impairment of Vision | 378.9 |
| 170 | Visual Field Defect | 781.0 |
| C | | |
| 180 | Laryngitis | 464.0 |
| 180 | S/P Dental Extractions | 040.3 |
| A | | |
| 190 | Hemophilia | 286.0 |

| | | |
|---|---|---|
| B | | |
| 190 | Hemochromatosis | 273.2 |
| 190 | Anemia, Unspecified | 285.9 |
| 190 | Aplastic Anemia | 284.0 |
| 190 | Pernicious Anemia | 281.0 |
| 190 | Iron Deficiency Anemia | 280.0 |
| 190 | Idiopathic Thrombocytopenic Purpura | 287.0 |
| 190 | Disseminated Intravascular Coagulopathy | 286.9 |
| A | | |
| 200 | Lupus Erythematous Disseminata | 734.1 |
| 200 | Gunshot Wound | 922.9 |
| B | | |
| 200 | Complication of Internal Implant | 997.5 |
| 200 | Complication of Surgical Procedure | 998.9 |
| 200 | Mutism | 388.0 |
| 200 | S/P Septicemia | 038.9 |
| 200 | Wound; Open, Complicated | 907.1 |
| 200 | Wound Infection, Late Effect | 907.9 |
| 200 | Sarcoidosis | 135.0 |
| 200 | Fever of Unknown Origin (FUO) | 788.6 |
| 200 | Steroid Treatment, Complication Of | 962.0 |
| 200 | Drug Dependence or Addiction | 304.9 |
| 200 | Chronic Granulomatous Condition | 686.1 |
| 200 | Syphilis, Arrested | 003.9 |
| 200 | S/P Repair Inguinal Hernia | 057.0 |
| 200 | Delivery Without Complications | 650.0 |
| 200 | Spasticity | 780.3 |
| 200 | Peripheral Nerve Root Block | 004.8 |
| 200 | Deep Radiation Therapy | 0R1.1 |
| 200 | Radiation Implantation | 0R1.4 |
| 200 | Radioisotope Treatment | 0R1.5 |
| 200 | Drugs, Unspecified; Adverse Effects | 977.9 |
| 200 | Hay Fever, Any Cause | 507.0 |
| C | | |
| 200 | Upper Respiratory Infection | 465.0 |
| 200 | S/P Tonsillectomy and Adenoidectomy | 023.2 |
| 200 | Disorders of Menstruation or Metarrhagia | 626.0 |
| 200 | Pilonidal Cyst | 685.0 |
| 200 | Shunt or Internal Prosthetic Device or Fixation Device and Implant | 997.6 |
| 200 | Calcinosis | 279.0 |

NOTE: In Case of Death enter 9999 at L41 Space.

LIST OF COMPLICATIONS (OTHER THAN THE MAJOR HANDICAPPING CONDITION) THAT MIGHT SIGNIFICANTLY INTERFER WITH THE REHABILITATION EFFORT OR DELAY DISCHARGE BEYOND EXPECTED TIME BY ONE WEEK OR MORE

USE PREFIX NUMBER (1) IF IT WAS PRESENT BEFORE ADMISSION OR NUMBER (2) IF IT OCCURRED AFTER ADMISSION

201 Myocardial infarction

202 Cardiac arrest

03 Cardiac decompensation

04 Cardiac arrhythmia

05 Pulmonary decompensation

206 Pneumothorax

07 Pneumonia or Atelectasis

08 Pulmonary embolism

209 Extension of original lesion

210 Significant infection/Febrile illness

11 Autonomic dysreflexia

12 Wound infection

13 Skin ulcer

14 Renal decompensation

15 Electrolyte imbalance

16 Bladder or Urinary stones

17 Thrombophlebitis

18 Urinary tract problem

19 Fistula

20 Gastrointestinal problem

21 Complex pharmacologic treatment

22 Radiation therapy

23 Seizures

24 Dizziness

225 Surgical procedure

26 Contractures

27 Ectopic calcification

28 Muscle spasms

29 Pain

30 Blindness

31 Deafness

32 Language problem

33 Sphincter incontinence

34 Fractured bone

35 Poor endurance

36 Psychological problem

37 Poor motivation

38 Personality problem

39 Proprioceptive loss

40 Family maladjustments

41 Social maladjustments

42 Housing problem

43 Legal/Political problem

44 Ununited fracture

145 Pre-existing disability

46 Delayed discharge placement

47 Drug intoxication or reaction

48 Burn

49 Metabolic derangement (ie, diabetic control)

50 Liver disease

51 Dental problem

CRITERIA FOR REGISTERING THE EFFECTS OF MALIGNANCY AND ITS TREATMENT ON THE OUTCOMES OF PATIENT CARE

DEGREE OF ACTIVITY OF MALIGNANCY (first digit)

9) No evidence of progression at primary and/or metastatic sites within past two months

8) Primary and/or metastatic sites have newly occurred, been newly diagnosed and/or demonstrated progression within past 2 months

RATE OF PROGRESSION: IF MALIGNANCY ACTIVE IN PAST 2 MONTHS (second digit)

0) If #9 is used as first digit

7) Rate of progression has been negligible

6) Rate of progression has been slow

5) Rate of progression has been rapid

DEGREE OF TOXICITY FROM CHEMOTHERAPY AND/OR RADIOTHERAPY IN PAST 2 MONTHS (third digit)

0) If not receiving chemotherapy or radiotherapy

4) Symptoms or signs have been absent or negligible

3) Symptoms or signs have been mild

2) Symptoms or signs have been moderate

1) Symptoms or signs have been marked

EXAMPLES:

900 = No evidence of progression in past 2 months. No active treatment.

870 = Recent progression at a negligible rate. No active treatment.

862 = Recent progression has been slow. Treatment toxicity is moderate.

903 = No evidence of recent progression. Treatment toxicity is mild.

REHABILITATION MEDICINE DIAGNOSES
ICDA-8 CODES

| RT-7 CODE | MEDICAL DIAGNOSTIC TERMS | ICDA-8 CODE |
|---|---|---|
| 011 | S/P Craniotomy | 001.0 |
| 011 | Prefrontal Lobotomy | 001.4 |
| 011 | S/P Transphenoidal Hypophysectomy | 001.7 |
| 011 | S/P Cranioplasty | 002.0 |
| 015 | Ventricular Shunt | 002.2 |
| 023 | S/P Cervical Laminectomy | 003.0 |
| 022 | S/P Thoracic Laminectomy | 003.0 |
| 012 | Spinal Cordotomy | 003.2 |
| 200 | Syphilis, Arrested | 003.9 |
| 013 | Neurorrhaphy | 004.4 |
| 200 | Peripheral Nerve Root Block | 004.8 |
| 100 | Sympathectomy | 005.1 |
| 150 | Diarrhea | 009.1 |
| 170 | S/P Enucleation of Eyeball | 010.1 |
| 082 | Pulmonary TB | 011.0 |
| 082 | Laryngectomy; Complete | 020.2 |
| 082 | Tracheostomy, Temporary | 020.5 |
| 082 | Tracheostomy, Permanent | 020.6 |
| 200 | S/P Tonsillectomy and Adenoidectomy | 023.2 |
| 100 | Embolectomy, Peripheral Vessles | 024.0 |
| 100 | S/P endarterectomy of Peripheral Vessles | 024.1 |
| 100 | Femoral-Popliteal Graft | 024.7 |
| 100 | S/P Endarterectomy of Head, Neck and Base of Brain | 027.1 |
| 100 | Abdominal Aorta Graft | 027.5 |
| 070 | Coronary By-Pass | 027.5 |
| 100 | S/P Vena Cava Clipping | 027.9 |
| 100 | Embolectomy, Pulmonary | 028.0 |
| 070 | Valvuplasty | 029.2 |
| 070 | Cardiac Pacemaker | 030.4 |
| 200 | S/P Septicemia | 038.9 |
| 150 | S/P Laparotomy | 039.1 |
| 180 | S/P Dental Extractions | 040.3 |
| 150 | S/P Cholecystectomy | 043.5 |
| 012 | Poliomyelitis, Late Effect | 044.0 |
| 150 | Gastrostomy | 046.0 |
| 150 | Partial Gastrectomy | 046.2 |
| 150 | S/P Gastrostomy for Tube Feeding | 046.4 |
| 150 | Partial Colectomy | 047.5 |
| 150 | Colostomy | 047.8 |
| 150 | Local Excision & Destruction of Lesion of Rectum | 050.2 |
| 200 | Hemorrhoidectomy | 051.3 |
| 160 | S/P Nephrectomy | 054.5 |
| 160 | Ileal Conduit (Ureteroileostomy) | 055.2 |
| 160 | S/P Suprapubic Cystotomy | 056.0 |
| 160 | S/P Cystectomy | 056.3 |
| 200 | S/P Repair Inguinal Hernia | 057.0 |
| 160 | Prostatectomy; TUR | 058.2 |

| | | |
|---|---|---|
| 160 | Amputation of Penis | 061.3 |
| 120 | S/P Mastectomy (Complete) | 065.3 |
| 160 | Hysterectomy | 069.2 |
| 025 | Arthrotomy | 086.0 |
| 023 | S/P Lumbar Laminectomy | 086.4 |
| 023 | S/P Excision of HNP | 086.4 |
| 043 | Medial Meniscectomy | 086.5 |
| 025 | Arthroplasty of Hip | 087.1 |
| 023 | S/P Fusion of Spine | 087.4 |
| 023 | Fusion, Spinal or Lumbar Joints | 087.4 |
| 023 | Fusion of Any Joint | 087.6 |
| 024 | Any Tendon Transplant | 088.5 |
| 064 | Skin Graft | 093.3 |
| 011 | Chronic Meningoencephalitis | 094.1 |
| 012 | Chronic Meningitis | 094.1 |
| 013 | Bell's Palsy | 094.9 |
| 200 | Deep Radiation Therapy | OR1.1 |
| 200 | Radiation Implantation | OR1.4 |
| 200 | Radioisotope Treatment | OR1.5 |
| | | |
| 200 | Sarcoidosis | 135.0 |
| 120 | Malignant Neoplasm of Lip | 140.0 |
| 120 | Malignant Neoplasm of Tongue | 141.0 |
| 120 | Malignant Neoplasm of Salivary Gland | 142.0 |
| 120 | Malignant Neoplasm of Gum | 143.0 |
| 120 | Malignant Neoplasm of Floor of Mouth | 144.0 |
| 120 | Malignant Neoplasm of Other and Unspecified Parts of Mouth | 145.0 |
| 120 | Malignant Neoplasm of Oropharynx | 146.0 |
| 120 | Malignant Neoplasm of Nasopharynx | 147.0 |
| 120 | Malignant Neoplasm of Hypopharynx | 148.0 |
| 120 | Malignant Neoplasm of Pharynx, Unspecified | 149.0 |
| 120 | Malignant Neoplasm of Esophagus | 150.0 |
| 120 | Malignant Neoplasm of Stomach | 151.0 |
| 120 | Malignant Neoplasm of Small Intestine, Including Duodenum | 152.0 |
| 120 | Malignant Neoplasm of Large Intestine, Except Rectum | 153.0 |
| 120 | Malignant Neoplasm of Rectum and Rectosigmoid Junction | 154.0 |
| 120 | Malignant Neoplasm of Liver and Intrahepatic Bile Ducts Specified as Primary | 155.0 |
| 120 | Malignant Neoplasm of Gallbladder and Bile Ducts | 156.0 |
| 120 | Malignant Neoplasm of Pancreas | 157.0 |
| 120 | Malignant Neoplasm of Peritoneum and Retroperitoneal Tissue | 158.0 |
| 120 | Malignant Neoplasm of Unspecified Digestive Organs | 159.0 |
| 120 | Malignant Neoplasm of Nose, Nasal Cavities, Middle Ear and Accessory Sinuses | 160.0 |
| 120 | Malignant Neoplasm of Larynx | 161.0 |
| 120 | Malignant Neoplasm of Trachea, Bronchus & Lung | 162.0 |
| 120 | Malignant Neoplasm of Other and Unspecified Respiratory Organs | 163.0 |
| 120 | Malignant Neoplasm of Bone | 170.0 |

| | | |
|---|---|---|
| 120 | Malignant Neoplasm of Connective & Other Soft Tissue | 171.0 |
| 120 | Malignant Melanoma of Skin | 172.0 |
| 120 | Other Malignant Neoplasm of Skin | 173.0 |
| 120 | Malignant Neoplasm of Breast | 174.0 |
| 120 | Malignant Neoplasm of Cervix Uteri | 180.0 |
| 120 | Chorionepithelioma | 181.0 |
| 120 | Other Malignant Neoplasm of Uterus | 182.0 |
| 120 | Malignant Neoplasm of Ovary, Fallopian Tube & Broad Ligament | 183.0 |
| 120 | Malignant Neoplasm of Other & Unspecified Female Genital Organs | 184.0 |
| 120 | Prostate Carcinoma | 185.0 |
| 120 | Malignant Neoplasm of Testis | 186.0 |
| 120 | Malignant Neoplasm of Other & Unspecified Male Genital Organs | 187.0 |
| 120 | Malignant Neoplasm of Bladder | 188.0 |
| 120 | Malignant Neoplasm of Other & Unspecified Urinary Organs | 189.0 |
| 120 | Malignant Neoplasm of Eye | 190.0 |
| 120 | Malignant Neoplasm of Brain | 191.0 |
| 120 | Malignant Neoplasm of Other Parts of Nervous System | 192.0 |
| 120 | Malignant Neoplasm of Thyroid Gland | 193.0 |
| 120 | Malignant Neoplasm of Other Endocrine Glands | 194.0 |
| 120 | Malignant Neoplasm of Ill-Defined Sites | 195.0 |
| 120 | Secondary & Unspecified Malignant Neoplasm of Lymph Nodes | 196.0 |
| 120 | Secondary Malignant Neoplasm of Respiratory & Digestive Systems | 197.0 |
| 120 | Other Secondary Malignant Neoplasm | 198.0 |
| 120 | Malignant Neoplasm Without Specification of Site | 199.0 |
| 120 | Neoplasm, Malignant | 199.1 |
| 120 | Lymphosarcoma and Reticulum-Cell Sarcoma | 200.0 |
| 120 | Hodgkin's Disease | 201.0 |
| 120 | Other Neoplasms of Lymphoid Tissue | 202.0 |
| 120 | Multiple Myeloma | 203.0 |
| 120 | Lymphatic Leukemia | 204.0 |
| 120 | Myeloid Leukemia | 205.0 |
| 120 | Monocytic Leukemia | 206.0 |
| 120 | Other and Unspecified Leukemia | 207.0 |
| 120 | Polycythemia Vera | 208.0 |
| 120 | Myelofibrosis | 209.0 |
| 160 | Ovarian Cyst | 220.1 |
| 120 | Neoplasm, Benign | 228.0 |
| 120 | Neoplasm of Unspecified Nature of Digestive Organs | 230.0 |
| 120 | Neoplasm of Unspecified Nature of Respiratory Organs | 231.0 |
| 120 | Neoplasm of Unspecified Nature of Skin and Musculoskeletal System | 232.0 |
| 120 | Neoplasm of Unspecified Nature of Breast | 233.0 |
| 120 | Neoplasm of Unspecified Nature of Uterus | 234.0 |
| 120 | Neoplasm of Unspecified Nature of Ovary | 235.0 |
| 120 | Neoplasm of Unspecified Nature of Other Female Genital Organs | 236.0 |
| 120 | Neoplasm of Unspecified Nature of Other Genitourinary Organs | 237.0 |

| | | |
|---|---|---|
| 120 | Neoplasm of Unspecified Nature of Eye, Brain and Other Parts of Nervous System | 238.0 |
| 011 | Cerebellar Astrocytoma | 238.1 |
| 011 | Glioblastoma | 238.1 |
| 011 | Brain Tumor, Direct Effect | 238.3 |
| 120 | Neoplasm of Unspecified Nature of Other and Unspecified Organs | 239.0 |
| 012 | Conus Tumor | 239.9 |
| 120 | Neoplasm, nec | 239.9 |
| 090 | Hyperthyroidism; Active (Only) | 242.2 |
| 090 | Hypothyroidism | 244.0 |
| 013 | Diabetic Polyneuropathy | 250.9 |
| 090 | Diabetes Mellitus | 250.9 |
| 170 | Diabetic Retinopathy | 250.9 |
| 090 | Acromegaly | 253.0 |
| 090 | Panhypopituitarism | 253.1 |
| 090 | Diabetes Incipidus | 253.9 |
| 090 | Endocrinopathy, Unspecified | 258.1 |
| 090 | Malnutrition | 269.9 |
| 090 | Hyperlipoproteinemia | 272.0 |
| 082 | Cystic Fibrosis | 273.0 |
| 190 | Hemochromatosis | 273.2 |
| 043 | Gout with Arthritis | 274.0 |
| 090 | Gout | 274.0 |
| 090 | Obesity | 277.0 |
| 011 | Metabolic Encephalopathy | 279.0 |
| 200 | Calcinosis | 279.0 |
| 090 | General Metabolic Insufficiency | 279.0 |
| 190 | Iron Deficiency Anemia | 280.0 |
| 190 | Pernicious Anemia | 281.0 |
| 190 | Aplastic Anemia | 284.0 |
| 190 | Anemia, Unspecified | 285.9 |
| 190 | Hemophilia | 286.0 |
| 190 | Disseminated Intravascular Coagulopathy | 286.9 |
| 190 | Idiopathic Thrombocytopenic Purpura | 287.0 |
| 015 | Senile Dementia | 290.0 |
| 130 | Schizophrenia, Paranoid | 295.3 |
| 130 | Schizophrenia, Unspecified | 295.9 |
| 130 | Psychosis | 299.0 |
| 130 | Anxiety | 300.0 |
| 130 | Conversion Reaction | 300.1 |
| 130 | Depression | 300.4 |
| 130 | Suicidal Risk | 300.9 |
| 130 | Personality Disorder; Other, Immature | 301.8 |
| 200 | Chronic Alcoholism | 303.2 |
| 200 | Drug Dependence or Addiction | 304.9 |
| 015 | Speech Impediment, Mental Cause | 306.9 |
| 130 | Behavior Disorder; NEC | 306.9 |
| 130 | Behavior Disorder; Childhood, Primary | 308.0 |
| 015 | Senile Brain Disease | 309.6 |
| 015 | Chronic Brain Syndrome | 309.9 |

| | | |
|---|---|---|
| 015 | Mental Retardation | 315.0 |
| 015 | Intellectual Insufficiency | 315.9 |
| 012 | Arachnoiditis | 320.9 |
| 011 | Meningitis | 320.9 |
| 012 | Transverse Myelitis | 323.0 |
| 011 | Brain Abscess, Late Effect | 324.0 |
| 011 | Viral Encephalopathy, Late Effect | 324.0 |
| 030 | Progressive Muscular Dystrophy | 330.3 |
| 030 | Muscular Dystrophy | 330.4 |
| 015 | Huntington's Chorea | 331.0 |
| 011 | Friedrich's Ataxia | 332.0 |
| 011 | Marie's Ataxia | 332.1 |
| 014 | Multiple Sclerosis | 340.0 |
| 014 | Demyelinating Disorder, De Vic's | 341.0 |
| 012 | Spastic Paraparesis | 343.1 |
| 011 | Cerebral Palsy | 343.9 |
| 011 | Hemiparesis; Hemiplegia | 344.1 |
| 012 | Paraplegia, Traumatic | 344.2 |
| 012 | Quadriplegia, Traumatic | 344.3 |
| 012 | Quadriparesis | 344.3 |
| 011 | Pseudobulbar Palsy | 344.9 |
| 015 | Seizure; Convulsion | 345.9 |
| 011 | Cerebellar Ataxia | 347.9 |
| 011 | Post-anoxic Encephalopathy | 347.9 |
| 015 | Diffuse CNS Disease, Unknown Etiology | 347.9 |
| 015 | Hydrocephalus, Late Effect | 347.9 |
| 015 | Anoxic Encephalopathy | 347.9 |
| 011 | Cerebral Spinal Fluid Leak; Rhinorrhea | 347.9 |
| 012 | Primary or Amyotrophic Lateral Sclerosis | 348.0 |
| 014 | Motor System Disease | 348.9 |
| 012 | Syringomyelia | 349.0 |
| 012 | Paraplegia, Non-traumatic | 349.3 |
| 012 | Quadriplegia, Non-traumatic | 349.4 |
| 013 | Facial, Disorder Of | 350.0 |
| 013 | Sciatic, Sciatica | 353.0 |
| 013 | Guillain Barre | 354.0 |
| 013 | Polyneuropathy | 354.0 |
| 012 | Neuronitis | 355.9 |
| 013 | Brachial Plexus | 357.0 |
| 013 | Median, Disorder Of | 357.2 |
| 013 | Ulnar, Disorder Of | 357.3 |
| 013 | Mononeuropathy, Neuropathy | 357.9 |
| 013 | Long Thoracic, Disorder Of | 357.9 |
| 013 | Radial, Disorder Of | 357.9 |
| 013 | Peroneal, Disorder Of | 357.9 |
| 013 | Tibial, Disorder Of | 357.9 |
| 100 | Reflex Sympathetic Dystrophy | 358.0 |
| 013 | Cranial Nerve Palsy (III, VI) | 373.9 |
| 170 | Cataract | 374.9 |
| 170 | Glaucoma | 375.9 |
| 170 | Macula Degeneration | 377.1 |
| 170 | Optic Atrophy | 377.6 |
| 170 | Impairment of Vision | 378.9 |

| | | |
|---|---|---|
| 170 | Blindness, Both Eyes (Amaurosis) | 379.0 |
| 170 | Blindness, One Eye (Amaurosis) | 379.2 |
| 200 | Mutism | 388.0 |
| 140 | Deafness | 389.9 |
| 070 | Rheumatic Heart Disease, Active | 391.9 |
| 070 | Rheumatic Heart Disease, Old | 398.0 |
| 070 | Hypertension | 401.0 |
| 012 | Autonomic Dysreflexia (Hypertension) | 401.0 |
| 070 | Acute Myocardial Infarction (MI) | 410.9 |
| 070 | Hypertensive Cardiovascular Disease (HCVD) | 412.0 |
| 070 | Arteriosclerotic Heart Disease (ASHD) | 412.9 |
| 070 | Old Myocardial Infarction | 412.9 |
| 070 | Cardiac Arteriosclerosis | 412.9 |
| 070 | Angina Pectoris | 413.9 |
| 070 | Subacute Bacterial Endocarditis; SBE | 421.0 |
| 070 | Pericarditis | 423.0 |
| 070 | Cardiac Murmur | 424.9 |
| 070 | Congestive Heart Failure | 427.0 |
| 070 | Cardiac Arrest | 427.2 |
| 070 | Bundle Branch Block | 427.3 |
| 070 | Atrial Fibrillation | 427.4 |
| 070 | Arrythmia | 427.9 |
| 070 | Myocardial Insufficiency | 428.0 |
| 011 | Subarachnoid Hemorrhage | 430.9 |
| 011 | Cerebral Hemorrhage | 431.9 |
| 011 | Parkinsonism | 432.0 |
| 011 | Cerebral Thrombosis | 433.9 |
| 011 | Cerebral Embolism | 434.9 |
| 011 | Stroke | 436.9 |
| 015 | Cerebral Arteriosclerosis | 437.9 |
| 100 | Cerebrovascular Insufficiency | 437.9 |
| 100 | Arteriosclerosis | 440.9 |
| 100 | Ruptured or Dissecting Aortic Aneurysm | 441.1 |
| 100 | Aneurysm of Aortic Arch | 441.1 |
| 100 | Reynaud's Disease | 443.0 |
| 100 | Intermittent Claudication | 443.9 |
| 100 | Peripheral Vascular Insufficiency | 443.9 |
| 062 | Skin Ulcer with Gangrene | 445.9 |
| 100 | Gangrene | 445.9 |
| 100 | Polyarteritis | 446.0 |
| 100 | Disseminated Vasculitis | 447.0 |
| 081 | Pulmonary Embolus | 450.0 |
| 100 | Thrombophlebitis of Lower Limb | 451.0 |
| 100 | Thrombophlebitis | 451.9 |
| 100 | Thrombosis | 453.0 |
| 100 | Varicose Veins | 454.0 |
| 150 | Hemorrhoids | 455.0 |
| 100 | Elephantiasis | 457.0 |
| 070 | Orthostatic Hypotension | 458.0 |
| 100 | Vascular Disease | 458.9 |
| 180 | Laryngitis | 464.0 |
| 200 | Upper Respiratory Infection | 465.0 |
| 082 | Pneumonia, Non-specific | 486.0 |

| | | |
|---|---|---|
| 082 | Active Bronchitis | 489.0 |
| 082 | Chronic Bronchitis | 491.0 |
| 082 | Pulmonary Disorder, Emphysema | 492.0 |
| 082 | Pulmonary Disorder, Asthma | 493.0 |
| 200 | Hay Fever, Any Cause | 507.0 |
| 081 | Pneumothorax | 512.0 |
| 082 | Pulmonary Congestion; Hypostasis | 514.0 |
| 082 | Bronchiectasis | 518.0 |
| 082 | Atelectasis | 519.0 |
| 013 | Diaphragm Paralysis, Flaccid | 519.9 |
| 150 | Stomach Ulcer | 531.9 |
| 150 | Duodenal Ulcer | 532.9 |
| 150 | Chronic Gastritis | 535.0 |
| 160 | Acute Appendicitis | 540.0 |
| 150 | Cholelithiasis | 547.9 |
| 150 | Inguinal Hernia | 550.0 |
| 150 | Hiatus Hernia | 551.3 |
| 150 | Small Bowel Obstruction | 560.9 |
| 150 | Non-Infectious Diarrhea | 561.0 |
| 150 | Ulcerative Colitis | 563.1 |
| 150 | Anal Fissure and Fistula | 565.0 |
| 150 | Gastrointestinal Bleeding | 569.9 |
| 160 | Cirrhosis | 571.9 |
| 150 | Hepatitis | 573.0 |
| 150 | Hepatic Insufficiency | 573.9 |
| 160 | Chronic Pyelonephritis | 590.0 |
| 160 | Renal Calculus | 592.0 |
| 160 | Renal Insufficiency; Nephropathy | 593.2 |
| 160 | Urinary Tract Calculi, Unspecified | 594.0 |
| 160 | Neurogenic Bladder | 596.9 |
| 160 | Urinary Tract Infection | 599.0 |
| 160 | Urethral Fistula | 599.1 |
| 160 | Benign Prostatic Hypertrophy | 600.0 |
| 090 | Gynecomastia | 611.1 |
| 160 | Endometriosis | 625.3 |
| 200 | Disorders of Menstruation or Metarrhagia | 626.0 |
| 200 | Delivery Without Complications | 650.0 |
| 200 | Pilonidal Cyst | 685.0 |
| 200 | Chronic Granulomatous Condition | 686.1 |
| 062 | Eczema or Dermatitis, Unspecified | 692.9 |
| 062 | Pemphigus Lesions | 694.0 |
| 062 | Skin Ulcer, Pressure or Decubitus | 707.0 |
| 041 | Juvenile Arthritis | 712.0 |
| 041 | Rheumatoid Arthritis | 712.3 |
| 041 | Rheumatoid Spondylitis | 712.4 |
| 042 | Degenerative or Osteoarthritis | 713.0 |
| 021 | Cervical Spondylosis | 713.1 |
| 042 | Degenerative Spinal Arthritis | 713.1 |
| 030 | Polymyositis | 716.1 |
| 043 | Polymyalgia Rheumatica | 717.9 |
| 023 | Osteomyelitis | 720.2 |

| | | |
|---|---|---|
| 090 | Paget's Disease of Bone | 721.0 |
| 023 | Paget's Disease | 721.0 |
| 090 | Osteoporosis | 723.0 |
| 024 | Sudeck's Atrophy | 723.0 |
| 021 | Cervical Dislocated Disc (HNP) | 725.0 |
| 021 | Cervical Herniated Nucleus Pulposis | 725.0 |
| 023 | Lumbar Dislocated Disc (HNP) | 725.1 |
| 023 | Lumbar Herniated Nucleus Pulposis | 725.1 |
| 021 | Pain, Neck or Shoulder | 728.0 |
| 013 | Cervical Radiculopathy | 728.4 |
| 023 | Low Back Pain | 728.7 |
| 013 | Lumbar Radiculopathy | 728.8 |
| 013 | Root Compression; Radiculitis | 728.9 |
| 023 | Back Pain | 728.9 |
| 043 | Arthropathy, Unspecified | 729.9 |
| 024 | Contracture of Joint | 729.9 |
| 025 | Contracture of Joint | 729.9 |
| 043 | Arthrogryposis | 729.9 |
| 043 | Relapsing Polychondritis | 729.9 |
| 024 | Tendinitis | 731.9 |
| 024 | Bursitis | 731.9 |
| 025 | Tendinitis | 731.9 |
| 013 | Amyotrophy, Any Type | 733.1 |
| 030 | Myositis Ossificans | 733.2 |
| 030 | Myopathy, Unspecified | 733.9 |
| 024 | Tendon Rupture | 733.9 |
| 024 | Contracture of Muscle | 733.9 |
| 025 | Contracture of Muscle | 733.9 |
| 063 | Scleroderma | 734.0 |
| 100 | Systemic Lupus Erythematosis | 734.1 |
| 200 | Lupus Erythematous Disseminata | 734.1 |
| 022 | Scoliosis, Acquired | 735.0 |
| 058 | Amputation, Leg, Acquired | 738.5 |
| 025 | Short Lower Limb, Acquired | 738.5 |
| 058 | Amputation, Arm, Acquired | 738.8 |
| 082 | Chest Deformity; Acquired, Wall | 738.8 |
| 051-058 | Amputation | 738.9 |
| 058 | Amputation, All Types | 738.9 |
| 012 | Myelomeningocele | 741.9 |
| 013 | Neurofibromatosis | 743.4 |
| 070 | Congenital Heart Disease, Any Type | 746.9 |
| 100 | Arteriovenous Malformation | 747.6 |
| 058 | Amputation, Arm, Congenital | 755.2 |
| 058 | Amputation, Leg, Congenital | 755.3 |
| 025 | Short Lower Limb, Congenital | 755.3 |
| 023 | Spondylolisthesis; Congenital, Lumbosacral, Traumatic | 756.1 |
| 022 | Scoliosis, Congenital | 756.2 |
| 082 | Chest Deformity; Congenital | 756.4 |
| 025 | Osteogenesis Imperfecta | 756.6 |
| 100 | Milroy's Disease (Congenital Elephantiasis) | 757.0 |
| 110 | Congenital Defect (Anomaly) | 759.9 |
| 200 | Spasticity | 780.3 |
| 011 | Acute Ataxia | 780.4 |
| 015 | Memory Loss | 780.7 |

| | | |
|---|---|---|
| 011 | Homonomous Hemianopsia | 781.0 |
| 170 | Visual Field Defect | 781.0 |
| 015 | Diplopia | 781.1 |
| 011 | Aphasia; Apraxia | 781.5 |
| 011 | Dysarthria | 781.5 |
| 015 | Speech Impediment, Organic Cause | 781.5 |
| 015 | Syncope | 782.5 |
| 100 | Edema of Leg | 782.6 |
| 150 | Incontinence of Feces | 785.6 |
| 150 | Bowel Incontinence | 785.6 |
| 160 | Incontinence of Urine | 786.2 |
| 025 | Muscle Cramps | 787.1 |
| 090 | Inappropriate ADH or Hyponatremia | 788.0 |
| 090 | Acidosis | 788.0 |
| 200 | Fever of Unknown Origin (FUO) | 788.6 |
| 160 | Gross Hematuria | 789.3 |
| 150 | Pancreatitis, Essential, Idiopathic | 789.3 |
| 090 | Uremia; Renal Failure | 792.0 |
| 082 | Respiratory Failure, Non-specific | 796.0 |
| | | |
| 011 | Facial Bone Fracture | 802.4 |
| 011 | Skull Fracture (Multiple) | 803.0 |
| 023 | Compression fracture T-12, L-1 | 805.2 |
| 021 | Cervical Fracture Late Effect | 805.9 |
| 022 | Thoracic Fracture, Late Effect | 805.9 |
| 022 | Fracture of Spine | 805.9 |
| 023 | Lumbar Fracture, Late Effect | 805.9 |
| 023 | Sacral Fracture, Late Effect | 805.9 |
| 025 | Fracture of Pelvis, Closed | 808.0 |
| 023 | Fracture of Pelvis, Late Effect | 808.9 |
| 024 | Fractured Clavicle | 810.0 |
| 024 | Fractured Humerus, Late Effect | 812.9 |
| 024 | Fractured Forearm; Radius or Ulna, Late Effect | 813.9 |
| 025 | Fractured Hip | 820.0 |
| 025 | Old Fractured Hip | 820.9 |
| 025 | Fracture of Femur; Shaft or Unspecified Part, Closed | 821.0 |
| 025 | Fractured Femur, Late Effect | 821.9 |
| 025 | Fractured Patella | 822.0 |
| 025 | Fractured Fibula, Late Effect | 823.9 |
| 025 | Fractured Tibia, Late Effect | 823.9 |
| 025 | Fractured Ankle | 824.0 |
| 025 | Fractured Ankle, Late Effect | 824.9 |
| 026 | Fracture, All Limb Combinations | 829.0 |
| 024 | Dislocated Shoulder | 831.0 |
| 025 | Dislocated Hip | 835.0 |
| 025 | Dislocated Patella | 836.9 |
| 024 | Any Sprain | 848.0 |
| 025 | Any Sprain | 848.0 |
| 011 | Post-traumatic Encephalopathy | 850.9 |
| 011 | Brain Stem Contusion | 851.9 |
| 011 | Subdural Hematoma | 852.0 |
| 011 | Epidural Hematoma | 852.0 |
| 011 | Intracranial Injury of Other & Unspecified Nature; Late Effect | 854.9 |

| | | |
|---|---|---|
| 200 | Wound; Open, Complicated | 907.1 |
| 200 | Wound Infection, Late Effect | 907.9 |
| 082 | Pleural Effusion | 911.2 |
| 200 | Gunshot Wound | 922.9 |
| 061 | Skin Burn, nec | 949.0 |
| 200 | Steroid Treatment, Complication Of | 962.0 |
| 090 | Estrogen Therapy | 962.2 |
| 200 | Drugs, Unspecified, Adverse Effects | 977.9 |
| 051-8 | Late Amputation, Stump Complication | 997.2 |
| 160 | Catheter Device Complication | 997.4 |
| 200 | Complication of Internal Implant | 997.5 |
| 200 | Shunt or Internal Prosthetic Device or Fixation Device and Implant | 997.6 |
| 021 | Reattached Extremity, Complication | 997.8 |
| 200 | Complication of Surgical Procedure | 998.9 |
| 013 | Diaphragm Paralysis, secondary to section of Phrenic Nerve | 998.9 |

2(X)Today's Date: __ __/__ __/__ __ Name:_____

| Good | Fair | Poor | Null | ACTIVE MOTION OF LIMBS |
|---|---|---|---|---|
| G80( ) | G81( ) | G82( ) | G83( ) | Right upper limb |
| G84( ) | G85( ) | G86( ) | G87( ) | Left upper limb |
| G88( ) | G89( ) | G90( ) | G91( ) | Right lower limb |
| G92( ) | G93( ) | G94( ) | G95( ) | Left lower limb |

G96( ) Remarks on active motion:

| INDEPENDENT | | DEPENDENT | | |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | SELF CARE |
| H18( ) | H19( ) | H20( ) | H21( ) | Drink from cup |
| H22( ) | H23( ) | H24( ) | H25( ) | Feed from dish |
| H26( ) | H27( ) | H28( ) | H29( ) | Dress upper body |
| H30( ) | H31( ) | H32( ) | H33( ) | Dress lower body |
| H34( ) | H35( ) | H36( ) | None( ) | Don brace or prosthesis |
| H37( ) | H38( ) | H39( ) | H40( ) | Grooming |
| H41( ) | H42( ) | H43( ) | H44( ) | Wash or bathe |
| H45( ) | H46( ) | H47( )Acc. | H48( )Inc. | Bladder continence |
| H49( ) | H50( ) | H51( )Acc. | H52( )Inc. | Bowel continence |
| H53( ) | H54( ) | H55( ) | H56( ) | Care of perineum/clothing at toilet |
| H57( ) | H58( ) | H59( ) | H60( ) | Other hand skills |

H61( ) Remarks on self care:

| Intact | Limited | Helper | Null | MOBILITY |
|---|---|---|---|---|
| H62( ) | H63( ) | H64( ) | H65( ) | Transfer, chair |
| H66( ) | H67( ) | H68( ) | H69( ) | Transfer, toilet |
| H70( ) | H71( ) | H72( ) | H73( ) | Transfer, tub or shower |
| H74( ) | H75( ) | H76( ) | H77( ) | Transfer, automobile |
| H78( ) | H79( ) | H80( ) | H81( ) | Walk on level 50 yards or more |
| H82( ) | H83( ) | H84( ) | H85( ) | Up and down stairs for 1 flight or more |
| H86( ) | H87( ) | H88( ) | H89( ) | Walk outdoors 50 yards or more |
| H90( ) | H91( ) | H92( ) | None( ) | Wheelchair/50 yds-Only if <u>not</u> <u>walking</u> |

H93( ) Remarks on mobility:

| INDEPENDENT | | DEPENDENT | | |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | |
| I68( ) | I69( ) | I70( ) | I71( ) | VERBAL COMMUNICATION |
| I72( ) | I73( ) | I74( ) | I75( ) | HEARING COMMUNICATION |
| I76( ) | I77( ) | I78( ) | I79( ) | VISION |

I80( ) Remarks on communication and vision:

REPORTED BY:(Sign on reverse side at L42)

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY
Facility:_____
IN-PATIENT ADMISSION

(1)

Intake Date :__ __ / __ __ / __ __ (X)G49

Admission Date: __ __ / __ __ / __ __

Name: _____

Hosp. No.:_____ _____

D O B: __ __ / __ __ / __ __

SS#: __ __ __--__ __--__ __ __ __ ( )G60

Male( ) Female( )

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Major Handicapping Condition (X)G71

R T 7 Code: __ __ __

Physician:_____ Code:__ __(X)G72

TYPIST--GO TO REVERSE SIDE AND RETURN

Source of Referral:
Living in LTCF (nursing home/chron. hosp)( )K
Rehab In-pt.( )K
In-House Acute Care( )K
In-House OPD( )K
Other hospital _____ ( )K
Other physician _____ ( )K
MRC or State Vocational Agency( )K
Welfare( )K
Community Agency not MRC/Welfare( )K

Community Agency Involved:
VNA( )K
MRC or Other State Voc. Agency( )K
Welfare( )K
Other _____ ( )K

Source of Payment (choose one):
Self/Family( )K
Insurance plan (BC/BS, etc)( )K
Workers' Compensation( )K
State Voc. Agency( )K
Welfare/Medicaid( )K
Medicare( )K
Assoc/Fund( )K
Other _____ ( )K

Vocational Status (choose one):
Homemaker( )K
Student( )K
Competitive employment( )K
Non-competitive employment (sheltered)( )K
Unemployed/employable cannot find work( )K
Retired due to age( )K
Too disabled to work/homemaker/student( )K

IF A REVISIT:
Less than 2 years( )K
More than 2 years( )K

Evaluator:_____ Code:__ __ (X)L

## CRITERIA FOR INTELLECTUAL AND EMOTIONAL ADAPTABILITY

INDEPENDENT--Patient functions independently without impairment (Intact) or mild impairment (Limited). DEPENDENT--Patient is observed to function appreciably better with benefit of assistance, supervision, cuing, coaxing or structured environment (Helper) or is not able to be benefitted by assistance (Null).

### Intellectual Ability / Problem-Solving

Able to comprehend meaning, retain instructions and follow through a sequence of steps particularly in a novel situation. Makes use of previously learned information. Able to self correct if errors are made. Sustains attention until task is completed.

### Emotional Stability / Regard for Others

Able to remain cooperative without being demanding or overly dependent upon others. Evidence of satisfying interactions with staff, other patients and family members.

### Perceptual-Motor Ability / Gnosis-Praxis

Able to discriminate between differences in the environment by hearing, sight, touch and visuo-spatial orientation. Able to reproduce a requested motion or activity.

### Judgment-Reliability / Insight (Realistic)

Aware of and understands limitations and disability problems. Able to plan or workout compensations or substitutions incorporating appropriate assistance.

### Self Esteem / Regard for Self (Hopeful)

Able to feel hopeful about situation with sense of purpose and worthwhileness preserved. No evidence of inappropriate discouragement or anxiety, hypochondriasis, or misuse of drugs or alcohol. Able to go through grief reaction to real loss without undue denial, indifference or hysteria.

| L49(X) | Intact | Limited | Helper | Null | INTELLECTUAL AND EMOTIONAL ADAPTABILIT |
|---|---|---|---|---|---|
| | L50( ) | L51( ) | L52( ) | L53( ) | Intellectual ability (problem-solving |
| | L54( ) | L55( ) | L56( ) | L57( ) | Emotional stability (regard for other |
| | L58( ) | L59( ) | L60( ) | L61( ) | Perceptual-motor ability (gnosis-prax |
| | L62( ) | L63( ) | L64( ) | L65( ) | Judgment-reliability (insight) |
| | L66( ) | L67( ) | L68( ) | L69( ) | Self esteem (regard for self) |

L74( )Remarks on intellectual and emotional adaptability:

L75( ) GENERAL REMARKS:

REPORTED BY:_____

LONG-RANGE EVALUATION SUMMARY - LRES
(Occupational Therapy)

2a

Name and #:_____ Date: _____

SELF CARE

I INTACT-Activity completed under ordinary circumstances, without modification, and within reasonable time.

II LIMITED-Activity completed with prior preparation or under special circumstances, or with assistive devices or aids, or beyond a reasonable time.

III HELPER-Activity completed only with partial help or assistance or under supervision for safety or by cuing; or sphincter accidents.
ANOTHER HUMAN IS INVOLVED IN ACTIVITY

IV NULL-Patient unable to assist, or totally dependent, or activity is not performed; or frequent wetting or soiling due to incontinence despite aids or assistance.

H17 (X)

| INDEPENDENT | | DEPENDENT | | |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | SELF CARE |
| H18( ) | H19( ) | H20( ) | H21( ) | Drink from cup |
| H22( ) | H23( ) | H24( ) | H25( ) | Feed from dish |
| H26( ) | H27( ) | H28( ) | H29( ) | Dress upper body |
| H30( ) | H31( ) | H32( ) | H33( ) | Dress lower body |
| H34( ) | H35( ) | H36( ) | None( ) | Don brace or prosthesis |
| H37( ) | H38( ) | H39( ) | H40( ) | Grooming |
| H41( ) | H42( ) | H43( ) | H44( ) | Wash or bathe |
| H45( ) | H46( ) | H47( )Acc | H48( )Inc | Bladder continence |
| H49( ) | H50( ) | H51( )Acc | H52( )Inc | Bowel continence |
| H53( ) | H54( ) | H55( ) | H56( ) | Care of perineum/clothing at toil |
| H57( ) | H58( ) | H59( ) | H60( ) | Other hand skills |

H61 (X) Subscore on self care __/47. Remarks:

ABILITY IN HOME

J47( ) Intact J48( ) Limited J49( ) Helper J50( ) Null

Intact--Able in self care and mobility and able to fulfill the customary and usual role and perform customary and usual chores.

Limited-Able in self care and mobility but limited in ability to fulfill the customary and usual role or limited in ability to perform customary and usual chores.

Helper--Assistance needed in self care or mobility due to structural barriers; or cannot be left alone due to severe communication or mental problems; or else assistance is needed from outside the home to perform household tasks, if a homemaker.

Null----Would be totally dependent at home.

J91( ) Remarks on ability in home:

LIST OF COMPLICATIONS (OTHER THAN THE MAJOR HANDICAPPING CONDITION) THAT MIGHT SIGNIFICANTLY INTERFER WITH THE REHABILITATION EFFORT OR DELAY DISCHARGE BEYOND EXPECTED TIME BY ONE WEEK OR MORE.
USE PREFIX NUMBER (1) IF IT WAS PRESENT BEFORE ADMISSION OR NUMBER (2) IF IT OCCURRED AFTER ADMISSION.

201 Myocardial infarction
202 Cardiac arrest
03 Cardiac decompensation
04 Cardiac arrhythmia
05 Pulmonary decompensation
206 Pneumothorax
07 Pneumonia or Atelectasis
08 Pulmonary embolism
209 Extension of original lesion
210 Significant infection/Febrile illness
11 Autonomic dysreflexia
12 Wound infection
13 Skin ulcer
14 Renal decompensation
15 Electrolyte imbalance
16 Bladder or Urinary stones
17 Thrombophlebitis
18 Urinary tract problem
19 Fistula
20 Gastrointestinal problem
21 Complex pharmacologic treatment
22 Radiation therapy
23 Seizures
24 Dizziness
225 Surgical procedure
26 Contractures
27 Ectopic calcification
28 Muscle spasms
29 Pain
30 Blindness
31 Deafness
32 Language problem
33 Sphincter incontinence
34 Fractured bone
35 Poor endurance
36 Psychological problem
37 Poor motivation
38 Personality problem
39 Proprioceptive loss
40 Family maladjustments
41 Social maladjustments
42 Housing problem
43 Legal/Political problem
44 Ununited fracture
145 Pre-existing disability
46 Delayed discharge placement (extra-mural)
47 Drug intoxication or reaction
48 Burn
49 Metabolic derangement (ie, diabetic control)
50 Liver disease
51 Dental problem
252 Delayed discharge placement (intra-mural)

CRITERIA FOR REGISTERING THE EFFECTS OF MALIGNANCY AND ITS TREATMENT ON THE OUTCOMES OF PATIENT CARE

DEGREE OF ACTIVITY OF MALIGNANCY (first digit)

9) No evidence of progression at primary and/or metastatic sites within past two months

8) Primary and/or metastatic sites have newly occurred, been newly diagnosed and/or demonstrated progression within past two months

RATE OF PROGRESSION: IF MALIGNANCY ACTIVE IN PAST TWO MONTHS (second digit)

0) If #9 is used as first digit

7) Rate of progression has been negligible

6) Rate of progression has been slow

5) Rate of progression has been rapid

DEGREE OF TOXICITY FROM CHEMOTHERAPY AND/OR RADIOTHERAPY IN PAST TWO MONTHS (third digit)

0) If not receiving chemotherapy or radiotherapy

4) Symptoms or signs have been absent or negligible

3) Symptoms or signs have been mild

2) Symptoms or signs have been moderate

1) Symptoms or signs have been marked

EXAMPLES: 900 = No evidence of progression in past 2 months. No active treatment.

870 = Recent progression at a negligible rate. No active treatment.

862 = Recent progression has been slow. Treatment toxicity is moderate.

903 = No evidence of recent progression. Treatment toxicity is mild.

GROUPING OF RT-7 DIAGNOSTIC CODES

Central and Peripheral Neuromuscular Disorders 011-014
Consist of neurological disorder which, if they result in functional limitation, do so by impairing motor, sensory, or some other modality of limbs or trunk, also language skills.

Diffuse Brain Disorders 015
Consist of central nervous system disorders which are characterized by integrative deficiencies, e. g., senility, mental retardation, etc.

Special Sensory Disorders 140, 170
Consist of disorders characterized by deficiencies of sight or hearing.

Amputations 051-58
Consist of congenital or acquired amputations of limbs.

Cardiorespiratory and Vascular Disorders 070, 081-082, 100
Consist of cardiorespiratory and vascular disorders which, if they result in functional impairment, do so by impairing stamina, exercise tolerance, general vigor or peripheral vascular supply.

Hematological and Metabolic Disorders 090, 190, 200
Consist of hematological, metabolic and other disorders which, if they result in functional limitation, do so by virtue of their general toxicity and/or disturbance of biochemical equilibrium; this type of impairment is generally not localized, focal or specific.

Tumors (including Cancer) 120
Consist of malignant or benign growths.

Psychiatric and Psychosocial Problems 130
Consist of psychiatric and psychosocial problems in which the individual may be distressed in his/her personal or social role(s) or possibly a dange to society or oneself (in the legal as well as the clinical sense of that phrase).

Gastrointestinal Disorders 150
Consist of gastrointestinal problems, such as cirrhosis, which may impair function in variable and often non-specific fashion.

Genitourinary Disorders 160
Consist of renal and genitourinary tract problems which may, but not necessarily, be associated with sphincter incontinence, but more usually, if they impair function, do so in variable and often non-specific fashion.

Musculoskeletal Disorders 022-025, 030, 041-043
Consist of musculoskeletal disorders which, if they result in functional limitation, do so by misalignment of bones, restriction of joints or poor control of muscles, either mechanically or because of inflammation and/or pain.

Skin Disorders 061-063
Consist of chronic dermatoses or scarring (as from body burns) that restrict mobility by constraining joint movement, or cause cosmetic disfigurement, or else threaten health because of the presence of or tendency for infection.

Growth and Development Disorders 110
Consist of the various developmental disorders of birth or early childhood that impair the normal sequence of physical, psychological and emotional maturation and limit the options for necessary experiences of growth and development.

Oral-Dental-Facial Disorders 130
Consist of disorders resulting in facial disfigurement, or impairment of the masticatory apparatus or articulatory apparatus for speech.

E -- ENVIRONMENT

1. Lives in privately supported living quarters that are adequate for size of family unit, without major architectural barriers, accessible to convenient forms of transportation and other necessary facilities, in a safe neighborhood and free of significant or major proble
2. Lives in privately supported living quarters that are either inadequate for size of family unit, with minor architectural barriers, inaccessible to convenient forms of transportatio or necessary facilities, in a marginal neighborhood or else has other minor problems.
3. Lives in privately supported housing with major problems.
4. Lives in publicly supported housing.

S -- SOCIAL SUPPORTS

1. Maintains a balance of social contacts by way of visiting, telephone calls, hobbies and interests, etc. Able to solve problems without undue reliance on others outside the family unit. Has one or more close or dependable friendships.
2. Social contacts are restrictive. May frequently rely on others outside the family unit to solve problems. Does not readily identify a close or dependable friendship.
3. Someone in the family unit occasionally requires assistance from a person or agency from the outside such as the visiting nurse association, home care, counseling services, etc.
4. Someone in the family unit is consistently dependent upon assistance from a community agency at least weekly.

C -- CLUSTER OF FAMILY MEMBERS

1. The family unit consists of at least one member beside the patient related by marriage, kinship, or else a close personal companion; as a unit the family is sufficiently competent physically and mentally to provide adequate support to the patient at home at this time and under forseeable circumstances.
2. The family unit is as above but under particular conditions of stress they may not be able to support the patient either physically or mentally or else particular circumstances such as a job require a crucial family member to be away from the home part of the day.
3. The impact of the disability has been such to change either the work effort, pattern of socialization, interests and hobbies or other important activities of some family member.
4. The impact of the disability has been such as to produce severe strain or produce disruptions of relationships between family members or else the patient lives alone.

R -- RESOURCES

1. The family is able to absorb the costs of the disability without increased indebtedness.
2. The family is required to incur debts to handle costs of the disability.
3. The family requires some form of public assistance to cover medically related costs (Medicaid).
4. The family requires public assistance to cover medical and subsistence costs (Welfare or SSI).

O -- OUTLOOK

1. The individual functions independently without impairment in the following areas: problem solving, regard for others, perceptual motor ability, judgment, reliability, and self-este The individual feels very satisfied with life today or else feels able to make decisions easily.
2. The individual functions independently with mild impairment in some area(s) mentioned above or else is fairly well satisfied with life today or else has moderate difficulty making decisions.
3. The individual is observed to function appreciably better with assistance, supervision, cueing, coaxing or structured environment due to one or more of the problems mentioned above or else has a feeling of more satisfaction than dissatisfaction with life today or else has great difficulty making decisions.
4. The individual is not particularly benefitted by assistance with problems mentioned above or else he is not satisfied with life today or else actually makes very few, if any, decis

# CRITERIA FOR ESCROW FUNCTIONAL SCALE (RT-7)

W -- WORK/SCHOOL STATUS

1. Educational and vocational levels are compatible. There are no work or educational restrictions. The individual is working full-time in the free job market or as a full-time student. Time lost from work does not exceed one day per month on the average. If retired, the individual fulfills usual and customary tasks and roles in the household and/or the community.
2. The individual desires more education or training or work but it may not be readily available. If working or attending school there may be some modification such as part-time, light work, etc. Time lost from work/school averages no more than 2 to 5 days per month. If retired, the individual fulfills the usual and customary tasks and roles in the household and/or the community in a limited way.
3. The individual works or attends school in a special facility adapted for the handicapped or else loses more than an average of one week per month at a full-time or part-time job.
4. The individual is too disabled for employment or schooling or, if retired, is not able to fulfill usual and customary roles and tasks in the household or the community.

C. V. Granger, M. D.
March, 1976

Vocational Ability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )K59 | ( )K60 | ( )K61 | ( )K62 |

Remarks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

_____

New Action Taken (Referrals made):

VNA( )K77
MRC or Other State Voc. Agency( )K78
Welfare/Medicaid( )K79
Private physician( )K80
Other hospital_____( )K81
Other_____( )K82

Financial Ability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )K83 | ( )K84 | ( )K85 | ( )K86 |

List proven or suspected complications (other than the major handicapping condition) that significantly interfered with the rehabilitation effort or delayed discharge. Prefix number (1) if it was present before admission or number (2) if it occurred after admission:

#1 __ __ __ ( )K87

#2 __ __ __ ( )K88

#3 __ __ __ ( )K89

#4 __ __ __ ( )K90

Physician:_____ Code: __ __(X)K92

If the patient was transferred to in-house acute care and returned prior to discharge
Record number of days: __ __ __ ( )L0

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Reason for this admission for this major handicapping condition:

First comprehensive effort( )L2
A subsequent or continuing effort( )L2
For limited evaluation/problem/other( )L3

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

| Diagnostic Code / | PULSES P | (X) |
|---|---|---|
| #1 __ __ __ __ / | __ | ( ) |
| #2 __ __ __ __ / | __ | ( ) |
| #3 __ __ __ __ / | __ | ( ) |
| #4 __ __ __ __ / | __ | ( ) |
| #5 __ __ __ __ / | __ | ( ) |
| #6 __ __ __ __ / | __ | ( ) |
| #7 __ __ __ __ / | __ | ( ) |

Discharged to:

Home( )
Acute hospital_____( )
Chronic hospital_____( )
Nursing home( )
Other_____( )

Onset of disability:__ __/ __ __/ __ __(X)

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY
Facility:_____
IN-PATIENT DISCHARGE

(2)

Discharge Date: __ __ / __ __ / __ __

Name:_____

No. & Street: _____ (X)G54

Town & State: _____ (X)G55

ZIP Code: __ __ __ __ __ (X)G56

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. _____ ____

Active Motion of Limbs

| Good | Fair | Poor | Null | |
|---|---|---|---|---|
| ( )G80 | ( )G81 | ( )G82 | ( )G83 | R Upper |
| ( )G84 | ( )G85 | ( )G86 | ( )G87 | L Upper |
| ( )G88 | ( )G89 | ( )G90 | ( )G91 | R Lower |
| ( )G92 | ( )G93 | ( )G94 | ( )G95 | L Lower |

INDEPENDENT DEPENDENT SELF-CARE & MOBILITY

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )H18 | ( )H19 | ( )H20 | ( )H21 | Drink from cup |
| ( )H22 | ( )H23 | ( )H24 | ( )H25 | Feed from dish |
| ( )H26 | ( )H27 | ( )H28 | ( )H29 | Dress upper body |
| ( )H30 | ( )H31 | ( )H32 | ( )H33 | Dress lower body |
| ( )H34 | ( )H35 | ( )H36 | ( )None | Brace/Prosthesis |
| ( )H37 | ( )H38 | ( )H39 | ( )H40 | Groom |
| ( )H41 | ( )H42 | ( )H43 | ( )H44 | Wash/bathe |
| ( )H45 | ( )H46 | ( )H47 | ( )H48 | Bladder continence |
| ( )H49 | ( )H50 | ( )H51 | ( )H52 | Bowel continence |
| ( )H53 | ( )H54 | ( )H55 | ( )H56 | Perineal care |
| ( )H57 | ( )H58 | ( )H59 | ( )H60 | Hand skills |

( )H61 Remarks:

| | | | | |
|---|---|---|---|---|
| ( )H62 | ( )H63 | ( )H64 | ( )H65 | T/Chair |
| ( )H66 | ( )H67 | ( )H68 | ( )H69 | T/Toilet |
| ( )H70 | ( )H71 | ( )H72 | ( )H73 | T/Tub or shower |
| ( )H74 | ( )H75 | ( )H76 | ( )H77 | T/Automobile |
| ( )H78 | ( )H79 | ( )H80 | ( )H81 | Walk 50 yards |
| ( )H82 | ( )H83 | ( )H84 | ( )H85 | Stairs 1 flight |
| ( )H86 | ( )H87 | ( )H88 | ( )H89 | Outdoors |
| ( )H90 | ( )H91 | ( )H92 | ( )None | Wheelchair |

( )H93 Remarks:

Communication

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )I68 | ( )I69 | ( )I70 | ( )I71 | Verbal |
| ( )I72 | ( )I73 | ( )I74 | ( )I75 | Hearing |
| ( )I76 | ( )I77 | ( )I78 | ( )I79 | Vision |

Intellectual and Emotional Adaptability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J39 | ( )J40 | ( )J41 | ( )J42 |

Support from Family Unit

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J43 | ( )J44 | ( )J45 | ( )J46 |

Ability in Home

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J47 | ( )J48 | ( )J49 | ( )J50 |

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other_____( )K25

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

ABILITY IN HOME

J47( ) Intact J48( ) Limited J49( ) Helper J50( ) Null

Intact--Able in self care and mobility and able to fulfill the customary and usual role and perform customary and usual chores.

Limited-Able in self care and mobility but limited in ability to fulfill the customary and usual role or limited in ability to perform customary and usual chores.

Helper--Assistance needed in self care or mobility due to structural barriers; or cannot be left alone due to severe communication or mental problems; or else assistance is needed from outside the home to perform household tasks, if a homemaker.

Null----Would be totally dependent at home.

J91( ) Remarks on ability in home:

J70(X) (Choose one) PERSONAL ADJUSTMENT (Choose one)

J71( )Is hopeful about situation. J74( )Has reasonable insight into problems.

J72( )Is indifferent to situation. J75( )Has limited insight into problems.

J73( )Is depressed about situation. J76( )Insight and/or judgment are poor.

J77( )Remarks on personal adjustment:

K12( ) GENERAL REMARKS:

REPORTED BY:_____

LONG-RANGE EVALUATION SUMMARY - LRES
(Physical Therapy)

(26)

Name and #:_____ Date: _____

ACTIVE MOTION OF LIMBS

I GOOD-All muscle groups of the limb complete full range of motion of the joints against moderate or greater resistance. No limitation due to contracture, pain, spasticity, etc.

II FAIR-All muscle groups of the limb complete available range of motion against gravity. Any limitation due to contracture, pain, spasticity, etc. still permits ordinary use of the limb.

III POOR-Some active motion or used as helper or includes amputation with prosthesis.

IV NULL-No motion and/or usefulness, or includes amputation without functional prosthesis.

| G79 (X) Good | Fair | Poor | Null | ACTIVE MOTION OF LIMBS |
|---|---|---|---|---|
| G80( ) | G81( ) | G82( ) | G83( ) | Right upper limb |
| G84( ) | G85( ) | G86( ) | G87( ) | Left upper limb |
| G88( ) | G89( ) | G90( ) | G91( ) | Right lower limb |
| G92( ) | G93( ) | G94( ) | G95( ) | Left lower limb |

G965 ( ) Remarks on active motion:

MOBILITY

I INTACT-Activity completed under ordinary circumstances, without modification, and within reasonable time.

II LIMITED-Activity completed with prior preparation or under special circumstances, or with assistive devices or aids, or beyond a reasonable time.

III HELPER-Activity completed only with partial help or assistance or under supervision for safety or by cuing.
ANOTHER HUMAN IS INVOLVED IN ACTIVITY

IV NULL-Patient unable to assist, or totally dependent, or activity is not performed.

| INDEPENDENT | | DEPENDENT | | |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | MOBILITY |
| H62( ) | H63( ) | H64( ) | H65( ) | Transfer, chair |
| H66( ) | H67( ) | H68( ) | H69( ) | Transfer, toilet |
| H70( ) | H71( ) | H72( ) | H73( ) | Transfer, tub or shower |
| H74( ) | H75( ) | H76( ) | H77( ) | Transfer, automobile |
| H78( ) | H79( ) | H80( ) | H81( ) | Walk on level/50 yards |
| H82( ) | H83( ) | H84( ) | H85( ) | Up and down stairs/1 flight |
| H86( ) | H87( ) | H88( ) | H89( ) | Walk outdoors |
| H90( ) | H91( ) | H92( ) | None( ) | Wheelchair/50 yds-Only if not walking |

H93 (X) Subscore on mobility __/53. Remarks:

NEW OPTIONS TRANSITIONAL PROJECT
TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH

# INSTRUCTIONS FOR COUNSELOR'S REFERRAL FORM

In the New Options transitional project the participant's TRC counselor or social worker will play an important role, both before the client enters the program and after he or she leaves. This form will hopefully initiate an on-going relationship between New Options staff members and the TRC counselors or social workers of project participants.

The referral form is intended to

convey important background information to the project staff about the applicant.

help you in assessing the appropriateness of the referral of your client to this project.

prompt your thinking about follow-up possibilities for the participant after he or she leaves the program.

Project staff members will be glad to provide additional information and to answer any questions you have about the project. For further information on New Options, please contact the Project Director. Questions concerning TRC involvement in the project can be answered by the New Options Courtesy Counselor or by the Program Specialist for the Severely Disabled.

Jean Cole, Ph.D.
New Options Project Director
TIRR Annex
105 Drew Street
Houston, Texas 77006
713-797-1440

Ms. Rebecca Langley
New Options Courtesy Counselor
Texas Rehabilitation Commission
1964 West Grey
Houston, Texas 77019
713-526-8511

Mr. Ted Thayer
Program Specialist for the Severely Disabled
Texas Rehabilitation Commission
7745 Chevy Chase Drive
Austin, Texas 78752
512-452-8192

NEW OPTIONS TRANSITIONAL PROJECT
TEXAS INSTITUTE FOR REHABILITATION & RESEARCH

COUNSELOR'S REFERRAL FORM

Program applicant: _____

Person making referral: _____

Mailing address of
person making referral: _____ Telephone: _____

_____

Position: _____

Briefly describe the applicant's living situation.

Briefly describe the applicant's family relationships.

Briefly describe the applicant's community and the resources there for housing, employment, etc.

Do you now have any ideas about possible educational or vocational options for the applicant? Please list any options that seem reasonable.

What housing options might be reasonable for the applicant after he or she leaves the transitional project?

What possible sources of support and reinforcement might be available to the individual when he or she leaves the transitional project? (on-going relationship with you, family members, other agency personnel, etc.)

What do you see as the applicant's major strengths or assets?

What do you see as the applicant's major weaknesses? Exclude reference to physical disability.

What goals do you feel are important to the individual?

Do you think these goals are reasonable?

Would you be willing to participate in a follow-up program for this applicant (to include some on-going counseling support for the invididual plus some feedback information to the project)?

Please give reasons for your recommendation of this person for participation in the transitional project.

Date: _____ Signature of person making referral: _____

PLEASE MAIL THIS FORM DIRECTLY TO:

NEW OPTIONS TRANSITIONAL PROJECT
TIRR ANNEX
105 DREW STREET
HOUSTON, TEXAS 77006

NEW OPTIONS TRANSITIONAL PROJECT

DATE _____

DAILY RECORD/ STAFF AND ASSOCIATES

FORM COMPLETED BY _____

| | TIME | ACTIVITIES | ASSESSMENTS |
|---|---|---|---|
| MORNING | | | |
| AFTERNOON | | | |
| EVENING | | | |

FIELD TRIP RECORD/NEW OPTIONS TRANSITIONAL PROJECT

NAME _____ DATE _____

DESTINATION _____

TYPE OF TRIP _____

What did you gain from the trip, if anything? _____

_____

Why did you go? _____

_____

SOCIAL INTERACTION

| PERSONS YOU MET | PROBLEMS, IF ANY | HOW DID YOU FEEL ABOUT THE INTER-ACTION? |
|---|---|---|
| | | |

MOBILITY EXPERIENCE

| BARRIERS YOU MET | DID YOU GET PAST THESE? HOW? | HOW DID YOU FEEL? |
|---|---|---|
| | | |

Project # R172

Date approved: 2/27/76

Texas Institute for Rehabilitation and Research

RESEARCH PROJECT PROPOSAL

Date:

A. TITLE OF PROJECT: Transitional Living: A Program Fostering Community Integration of Severely Physically Disabled Persons

B: NAME OF INVESTIGATOR: Jean A. Cole, Ph.D.

C: STUDENT PARTICIPATION: Lex Frieden, University of Houston, 4th year Ph.D. student

D: STATEMENT OF THE PROBLEM:

Recent developments in rehabilitation have placed an increased emphasis on creating opportunities for special housing, education, and employment for severely physically handicapped persons. The Rehabilitation Act of 1973 recognizes the special and unique needs of the severely disabled. The provision of opportunities offered by the Act has permitted some individuals who were formerly isolated in institutions such as nursing homes or in dependent home situations to begin lives of independence and productivity. These efforts, though important, have been slow to evolve, they lack comprehensiveness, and too few persons have been offered maximum options and opportunities. There are countless other individuals who find it overwhelmingly difficult to assume the responsibilities that these new opportunities afford. Many of these persons have the basic untapped capabilities necessary to become independent and develop a lifestyle of personal satisfaction and productivity. However, due to a fragmented approach of limited scope and the absence of a model of transition, many severely physically handicapped persons cannot bridge the gap between a protected institutional existence or an isolated and confining home situation to the management and assumption of an independent lifestyle.

Present national programming does not offer any evidence of a prototype that prepares the severely physically handicapped to move from a dependent setting into an independent setting. Structured programs which place an emphasis on offering maximum opportunities at cost-effective levels are essentially non-existent. In existing programs, emphasis is not placed on allowing the severely physically handicapped person to assume the multiple stresses of independent living and employment in a gradual manner.

TIRR is currently developing a model transitional program designed to foster the integration of severely physically handicapped individuals into their communities. Goals of integration may include the establishment of independent living, involvement in educational and vocational opportunities, active social participation in the mainstream of society, the enhancement of personal skills important in daily problem solving, and the stabilization of goals and objectives required to maintain a satisfying quality of life.

Three years of experience in a previous R&D residential project (SRS R&D 13-P-55487/6-01; RT-4, Projects R-157, R-158) have provided valuable background information to project personnel on the process of reintegration of severely physically handicapped persons into the community. Forty severely disabled young adults have lived in the Cooperative Living Project since it opened in January of 1972. This project provided a first independent living experience for all residents, and for many it offered their first opportunity to begin involvement in education, vocational training, or employment. Twenty-six persons who have moved away from Cooperative Living have gone on to more independent living situations in apartment clusters or in various individual arrangements. Ten persons have secured full-time employment, and many others have worked part-time. Eight persons have married. Almost all of the Cooperative Living residents made important gains in independence during their stay in the project. The program removed many constraints that existed in residents' former living environments, but contained no elements of structured transitional programming. Gains in independence thus occurred largely as a result of residents' own individual efforts over a relatively long period of time. (As of September, 1975, mean length of stay in the project was 15 months.)

The proposed demonstration project will build upon the valuable background experience of the Cooperative Living Project, explicitly incorporating into a planned and structured transitional program many of the features fostering independence that operated implicitly in the earlier program. This structured transition will offer a number of advantages: (a) the acquisition of important skills can be made in much less time (an expected mean of 2 months in contrast to 15 months), (b) the new program will be able to serve a number of persons with marginal potential for independence who would have been unable to benefit from the earlier program that demanded greater personal resources, (c) the new program will provide more information and experience than residents of Cooperative Living gained in spite of their longer stay in the project because of important added project resources, (d) the proposed project will permit the development and careful comparative evaluation of alternative transitional learning experiences. In essence, detailed studies can be made of controlled and directed transitional processes that in the Cooperative Living Project were left largely to chance.

Two primary types of research will be conducted in this study of the transitional living project. The first will examine the development and evoluation of the project from a holistic anthropological perspective. It is intended to provide a description of internal processes of development, to trace the changing relationships of the project to its host rehabilitation hospital and to the state vocational rehabilitation agency, and to provide background information on the program as a context for viewing outcome data. A major goal of this portion of the study is to provide a structured overview of the project to facilitate replication of the transitional living program. The second type of research will employ a longitudinal multi-measure design with control groups to evaluate the effects of the program on participants' behavior, attitudes, and information base. The hypothesis to be tested in this portion of the study is that the TIRR transitional living program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. These two portions of the study are discussed separately below.

## SUB-STUDY I: AN ANTHROPOLOGICAL STUDY OF PROGRAM DEVELOPMENT

### E. OBJECTIVES:

1. To trace internal processes of development in the transitional living program, focusing on changes in goals and methods of planning, in program content, and in other areas.

2. To analyze the project as a social system, examining roles, interpersonal relationships, and patterns of interaction among staff members and participants.

3. To examine external relationships between the transitional living project and other organizations with particular emphasis on relationships with the host rehabilitation hospital and the state vocational rehabilitation agency.

### F. METHODOLOGY:

Respondents in this portion of the study will include project participants, members of the attendant staff, professional staff members, and personnel of other organizations who interact regularly with the project. Participants in the transitional living program will include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission will be important sources of referrals. Initially the participants will be single persons with spinal cord injuries who are between the ages of 16 and 35, though the population will be systematically diversified as the project progresses. The live-in project will provide a program of transitional training and experience for 10 to 12 persons at a time with the program to last an estimated 6 to 8 weeks for each participant. Some persons may feel they are prepared to move on in less time, and others may stay longer if circumstances warrant. It is expected that a total of approximately 150 persons will participate in the transitional program during three years of operation.

Previous research that provides an overview of an entire therapeutic environment can be found in the literature on the concept of the therapeutic community (see for example Caudill, 1958; Cumming & Cumming , 1962; Rapoport, 1960). Literature on the development of community-based programs in the area of emotional or psychiatric disability is relevant to this study also (Fairweather et al., 1969; Rausch & Rausch, 1968; Moos, 1974). Some methods of data collection will be borrowed from these studies.

The major method of data collection will be observations made by the project director from an anthropological perspective and recorded in the form of field notes (Pelto, 1970). These observations will be directed toward the objectives listed above as well as toward other areas that may emerge as significant during the evolution of the project. They

will focus on informal day-to-day interaction, on planned program activities, on organizational activities such as staff meetings, and on interaction between personnel of the project and outside organizations.

Observational data will be supplemented by other types of information. A comprehensive record of project activities will be maintained using detailed weekly calendars, logs kept by the attendants and driver, and diaries kept by professional staff members.

Information on personal perceptions of the transitional program will be gathered from participants, staff members, and personnel of outside organizations who interact with the project. Professional staff members will record brief summary assessments of their daily activities in staff diaries. Participants will complete a brief assessment of the project on a weekly basis during regularly scheduled self-evaluation and assessment sessions. Once during each six-to-eight week program cycle, staff members and participants will record their views of the program environment using a measure developed by Moos (1974) in studying community-based programs for persons with psychiatric disabilities (Community Oriented Program Evaluation Scale). In addition to the above measures, interviews will be conducted periodically with participants, staff members, and persons from outside organizations to explore their feelings about various aspects of the program. If time and resources permit, a projective format similar to the Thematic Apperception Test using pictures of typical project situations may also be employed to elicit views of the project (Caudill, 1958).

G. ANALYSIS OF DATA:

The purpose of descriptive reports produced in this portion of the study will be to convey a general view of the evolution of the transitional project over time and to analyze processes of development. Appropriate analyses will be made of all measures. This portion of the study will be used to document the nature of the program itself and will thus serve as a measure of the independent variable (program) in the portion of the research dealing with program effects and outcomes.

SUB-STUDY II: A STUDY OF PROGRAM EFFECTS AND OUTCOMES

E. OBJECTIVES:

1. To determine the behavioral effects of the transitional program.

2. To determine the informational effects of the transitional program.

3. To determine the attitudinal effects of the transitional program.

4. To determine what specific effects the program will have on certain types of individuals and to develop a means of predicting relative outcomes.

F. METHODOLOGY:

Design: A longitudinal multi-measure design with control groups will be employed in this study. A series of indicated measures will systematically be made before, during, and after the subject participates in the program to determine the effect of the independent variable (program) on the subjects' behavior, attitudes, and information base.

Subjects: Subjects in this portion of the study will be all participants in the transitional living project as well as selected control subjects. (See description of participant population in preceding section.)

Control Groups: Since subjects will be rotated through the program on a continuous basis, those individuals who are just coming into the program will serve as a control group for those who are leaving (see Campbell & Stanley, 1963, Institutional Cycle Design). In order to insure comparable control groups, the program will be kept as stable as possible with planned changes to occur only on even cycles. Also, subjects from the complete pool of applicants will be matched and paired on the basis of intake and referral data. Individuals from each pair will then be randomly assigned to consecutive treatment or program cycles. Additionally, depending on available resources, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

Measures:

A. Independent Variables: The primary independent variable (program) will be constantly monitored and documented with staff and subject diaries and checklists. The anthropological study of program development will be a major source of this information. Subject variables related to objective 4 will be discovered by intake documents (medical and personal histories) and referral forms.

B. Dependent Variables: The dependent variable related to objective 1 (behavioral effects) will be measured at regular intervals of two to four weeks by several instruments. These include behavioral logs (Willems, RT-4, Project R-136), wheelchair odometers (Halstead, A Cooperative Rehabilitation Engineering Center, TIRR, BCM, and TAMU), and functional activity and performance scales (Tufts Longs Range Evaluation Summary, RT-7).

The dependent variable related to objective 2 (informational effects) will be measured by a series of quizzes to be constructed to relate to the informational content of specific training modules and seminars.

The dependent variable related to objective 3 (attitudinal effects) will be measured by such standardized instruments as the Siller Semantic Differential, Yuker Attitudes Toward Disabled Persons Test, Tennessee Self Concept Scale, etc. The determination of appropriate instruments will be based on research and practice in the ongoing program.

The dependent variable related to objective 4 (outcome) will be measured by the instruments described above. Depending on available resources, measurements to be used in this determination will be obtained from four to six months after the subject participates in the program.

Note: The scope and specific kinds of data obtained will depend on whether or not the currently available RT-4 funds are augmented by an R&D grant which has been approved but not yet funded. It is anticipated that by coordinating this research with studies of functional independence and rehabilitation outcome which are presently underway at RT-7 (Tufts New England Medical Center), RT-1 (Institute of Rehabilitation Medicine, New York), the American Spinal Injury Association, and RT-4, the validity of the impending results will be enhanced.

G. ANALYSIS OF DATA:

Results of the behavioral data obtained in relationship to objective 1 will be used to determine the range and level of subject activity, function, and mobility with respect to the program.

Results of the informational data obtained in relationship to objective 2 will be evaluated to determine what information is transmitted to and retained by the subjects. This data will also be used to determine how changes in the subjects' knowledge base relate to behavioral changes.

Results of the attitudinal data obtained in relationship to objective 3 will be evaluated to see if there are any significant attitudinal changes with respect to the program, and how these changes relate to behavioral changes.

With reference to objective 4, program intake data will be compared to outcome data (follow-up measures) to determine how certain types of persons react to the program. This evaluation may be used also to identify appropriate subject selection criteria.

Appropriate descriptive, correlational, and factoral analyses will be made in each of the preceding cases.

H. BIBLIOGRAPHY:

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Caudill, William. The psychiatric hospital as a small society. Cambridge, Mass.: Harvard University Press, 1958.

Cumming, J., and Cumming, Elaine. Ego and millieu: Theory and practice of environmental therapy. N.Y.: Atherton Press, 1962.

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Fischman, P. Adaptive housing for the handicapped. Boston: Tufts New England Medical Center, 1972.

Laurie, G. Housing and home services for the disabled in the U.S. Rehabilitation Gazette, 1973, 16, 38-45.

Moos, R. H. Evaluating treatment environments: A social ecological approach. New York: John Wiley and Sons, 1974.

Pelto, P. J. Anthropological research: The structure of inquiry. New York: Harper & Row, 1970.

Rausch, H. L., and Rausch, Charlotte. The halfway house movement: A search for sanity. New York: Appleton Century Crofts, 1968.

Rapoport, R. N. Community as doctor: New perspectives on a therapeutic community. London: Tavistock Publications, 1960.

Stock, D. D., and Cole, Jean A. Adaptive housing for the severely physically handicapped. Rehabilitation Counseling Bulletin, June, 1975.

Tufts Long Range Evaluation Summary. In G. Eggert et al. Community based maintenance care for the long-term patient, unpublished manuscript, Tufts New England Medical Center, Boston, 1975.

I. BIOMEDICAL ENGINEERING REQUIREMENTS: None.

J. PROTECTION OF PATIENT'S WELFARE:

1. Not applicable.

2. There are no anticipated discomforts associated with the proposed investigation.

3. There are no anticipated risks associated with the proposed investigation.

4. All discussions of this research and the results obtained from it will be made without reference by name to individual subjects. Code names or numbers will be assigned to the individual subjects for reference in this research.

5. Individuals will be completely informed about this research project when they make application to enter the Transitional Living Program. An agreement to participate (see attached copy of Informed Consent Form) will be included in every application packet. Admittance into the Transitional Living Program will be conditional upon receipt of a signed Informed Consent Form.

6. The Transitional Living demonstration project is expected to benefit participants in a number of ways. These may include the establishment of independent living, involvement in educational or vocational activities, active social participation in the mainstream of society, the enhancement of personal skills important in problem-solving, and the stabilization of goals and objectives required to maintain a satisfying quality of life.

The results of this research may benefit rehabilitation in a number of ways. First, it should be possible to determine whether any significant behavioral, informational or attitudinal changes result from individuals' participation in the Transitional Living Program. Second, it should be possible to determine from this research whether benefits resulting to subjects who participate in this program are of a short or long term nature. Third, it should be possible to determine from this study whether certain types of individuals may benefit from the Transitional Living Program more than others.

7. The risk-benefit ratio for this project should be very near zero.

_____

Principal Investigator

K. BUDGET: (Estimated duration of project _____ years).

1. Investigator's time (hours)

2. Personnel $

3. Equipment

4. Supplies

5. Hospitalization costs

Inpatient_____patients X_____days X $_____per day

Outpatient_____patients X $_____per patient visit

6. Data processing cost

7. Duplication and publication

8. Photography

TOTAL $

Sources of funds

L. DOCTOR'S ORDERS:

Not Applicable.

# AGREEMENT TO PARTICIPATE

I, _____, agree to participate in a study of individuals involved in the New Options Transitional Living Program at the Texas Institute for Rehabilitation and Research. New Options is a six-week live-in program designed to help severely physically disabled persons acquire adaptive skills.

As a participant, I understand that my invovlement in the Transitional Living Program at TIRR will be coincident with my participation in this research project.

I understand that periodically I will be expected to complete a number of forms, check-lists, and questionnaires relating to my knowledge, attitudes, and behavior. These instruments may include behavioral logs or diaries, attitudinal surveys, activity checklists, and informational quizzes. In addition, I have been told that I may be asked to participate further in this research for a short time several months after my involvement in the Transitional Living Program.

I have been informed that any information obtained in this study will be coded so as to protect my privacy and confidentiality. Under this condition, I agree that any information obtained from this research may be used in any way thought best for publication or education.

I understand that there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time.

_____ _____

(Date) (Signature of Transitional Living participant)

_____ _____

(Date) (Witness)

_____ _____

(Date) (Witness)

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY
Facility: _____

APPENDIX 5

OUT-PATIENT/FOLLOWUP

Today's Date: __ __/__ __/__ __

Name: _____

No. & Street: _____ (X)G54

Town & State: _____ (X)G55

ZIP Code: __ __ __ __ __ (X)G56

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. _____ ____

D O B: __ __/__ __/__ __

SS #: __ __ __--__ __--__ __ __ __ ( )G60

Male( ) Female( )

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Mode of Evaluation

OPD visit( )G73 Rehab home visit( )G74

Tele. w/pt( )G75 VNA home visit( )G76

Tele. with _____ ( )G77

Active motion of Limbs

| Good | Fair | Poor | Null | |
|---|---|---|---|---|
| ( )G80 | ( )G81 | ( )G82 | ( )G83 | R Upper |
| ( )G84 | ( )G85 | ( )G86 | ( )G87 | L Upper |
| ( )G88 | ( )G89 | ( )G90 | ( )G91 | R Lower |
| ( )G92 | ( )G93 | ( )G94 | ( )G95 | L Lower |

| | INDEPENDENT | | DEPENDENT | | SELF-CARE & MOBILITY |
|---|---|---|---|---|---|
| | Intact | Limited | Helper | Null | |
| | ( )H18 | ( )H19 | ( )H20 | ( )H21 | Drink/cup |
| | ( )H22 | ( )H23 | ( )H24 | ( )H25 | Feed/dish |
| | ( )H26 | ( )H27 | ( )H28 | ( )H29 | Dress upper |
| | ( )H30 | ( )H31 | ( )H32 | ( )H33 | Dress lower |
| | ( )H34 | ( )H35 | ( )H36 | ( )None | Brace/Pros |
| | ( )H37 | ( )H38 | ( )H39 | ( )H40 | Groom |
| | ( )H41 | ( )H42 | ( )H43 | ( )H44 | Wash/bathe |
| | ( )H45 | ( )H46 | ( )H47 | ( )H48 | Bladder |
| | ( )H49 | ( )H50 | ( )H51 | ( )H52 | Bowel |
| | ( )H53 | ( )H54 | ( )H55 | ( )H56 | Perineum |
| | ( )H57 | ( )H58 | ( )H59 | ( )H60 | Hand skills |
| ( )H61 | Remarks: | | | | |
| | ( )H62 | ( )H63 | ( )H64 | ( )H65 | T/Chair |
| | ( )H66 | ( )H67 | ( )H68 | ( )H69 | T/Toilet |
| | ( )H70 | ( )H71 | ( )H72 | ( )H73 | T/Tub-shower |
| | ( )H74 | ( )H75 | ( )H76 | ( )H77 | T/automobile |
| | ( )H78 | ( )H79 | ( )H80 | ( )H81 | Walk 50 yd |
| | ( )H82 | ( )H83 | ( )H84 | ( )H85 | Stairs 1 fl |
| | ( )H86 | ( )h87 | ( )H88 | ( )H89 | Outdoors |
| | ( )H90 | ( )H91 | ( )H92 | ( )None | Wheelchair |
| ( )H93 | Remarks: | | | | |

Communication

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )I68 | ( )I69 | ( )I70 | ( )I71 | Verbal |
| ( )I72 | ( )I73 | ( )I74 | ( )I75 | Hearing |
| ( )I76 | ( )I77 | ( )I78 | ( )I79 | Vision |

Intellectual and Emotional Adaptability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J39 | ( )J40 | ( )J41 | ( )J42 |

Support from Family Unit

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J43 | ( )J44 | ( )J45 | ( )J46 |

Ability in Home

Intact Limited Helper Null

( )J47 ( )J48 ( )J49 ( )J50

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Vocational Ability

Intact Limited Helper Null

( )J55 ( )J56 ( )J57 ( )J58

Financial Ability

Intact Limited Helper Null

( )J59 ( )J60 ( )J61 ( )J62

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other _____ ( )K25

Source of Referral (choose one):

Rehab In-pt.( )K26
In-House Acute Care( )K27
In-House OPD( )K28
Other hospital _____( )K29
Other physician _____( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

Community Agency Involved:

VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____( )K37

Source of Payment (choose one):

Self/Family( )K38
Insurance plan (BC/BS, etc)( )K39
Workers' Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____( )K45

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

Sources of Health Care:

Private MD( )K54 Rehab OPD( )K55

NEMCH OPD( )K56 Other _____( )K57

Other hospital _____( )K58

Remarks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

_____

New Service Needs

Medical( )K68 Financial( )K69

Psycho-social( )K70 Housing( )K71

Vocational( )K72 Educational( )K73

Recreational( )K74 PT/OT/Speech/Hearing( )K75

Remarks: _____( )K76

_____

New Action Taken (Referrals made)

VNA( )K77

MRC or Other State Voc. Agency( )K78

Welfare/Medicaid( )K79

Private Physician( )K80

Other hospital_____( )K81

Other _____( )K82

IF A REVISIT: Less than 2 years( )K93

More than 2 years( )K94

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

Diagnostic Code / PULSES P (X)L34

#1 __ __ __ __ / __ ( )L35

#2 __ __ __ __ / __ ( )L36

#3 __ __ __ __ / __ ( )L37

#4 __ __ __ __ / __ ( )L38

#5 __ __ __ __ / __ ( )L39

#6 __ __ __ __ / __ ( )L40

#7 __ __ __ __ / __ ( )L41

Evaluator: _____Code:__ __(X)L42

Onset of Disability:__ __/ __ __/ __ __(X)L48

Functional Profile (if not in an institution)

| | One | Two | Three | Four |
|---|---|---|---|---|
| E | ( )L76 | ( )L77 | ( )L78 | ( )L79 |
| S | ( )L80 | ( )L81 | ( )L82 | ( )L83 |
| C | ( )L84 | ( )L85 | ( )L86 | ( )L87 |
| R | ( )L88 | ( )L89 | ( )L90 | ( )L91 |
| O | ( )L92 | ( )L93 | ( )L94 | ( )L95 |
| W | ( )L96 | ( )L97 | ( )L98 | ( )L99 |

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY

APPENDIX 5

Facility: _____

OUT-PATIENT/FOLLOWUP

Today's Date: __ __/__ __/__ __

Name: _____

No. & Street: _____ (X)G54

Town & State: _____ (X)G55

ZIP Code: __ __ __ __ __ (X)G56

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. _____ ____

D O B: __ __/__ __/__ __

SS #: __ __ __--__ __--__ __ __ __ ( )G60

Male( ) Female( )

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Mode of Evaluation

OPD visit( )G73 Rehab home visit( )G74

Tele. w/pt( )G75 VNA home visit( )G76

Tele. with _____ ( )G77

| INDEPENDENT | | DEPENDENT | | SELF-CARE & MOBILITY |
|---|---|---|---|---|
| Intact | Limited | Helper | Null | |
| ( )H18 | ( )H19 | ( )H20 | ( )H21 | Drink/cup |
| ( )H22 | ( )H23 | ( )H24 | ( )H25 | Feed/dish |
| ( )H26 | ( )H27 | ( )H28 | ( )H29 | Dress upper |
| ( )H30 | ( )H31 | ( )H32 | ( )H33 | Dress lower |
| ( )H34 | ( )H35 | ( )H36 | ( )None | Brace/Pros |
| ( )H37 | ( )H38 | ( )H39 | ( )H40 | Groom |
| ( )H41 | ( )H42 | ( )H43 | ( )H44 | Wash/bathe |
| ( )H45 | ( )H46 | ( )H47 | ( )H48 | Bladder |
| ( )H49 | ( )H50 | ( )H51 | ( )H52 | Bowel |
| ( )H53 | ( )H54 | ( )H55 | ( )H56 | Perineum |
| ( )H57 | ( )H58 | ( )H59 | ( )H60 | Hand skills |

( )H61 Remarks:

| | | | | |
|---|---|---|---|---|
| ( )H62 | ( )H63 | ( )H64 | ( )H65 | T/Chair |
| ( )H66 | ( )H67 | ( )H68 | ( )H69 | T/Toilet |
| ( )H70 | ( )H71 | ( )H72 | ( )H73 | T/Tub-shower |
| ( )H74 | ( )H75 | ( )H76 | ( )H77 | T/automobile |
| ( )H78 | ( )H79 | ( )H80 | ( )H81 | Walk 50 yd |
| ( )H82 | ( )H83 | ( )H84 | ( )H85 | Stairs 1 fl |
| ( )H86 | ( )h87 | ( )H88 | ( )H89 | Outdoors |
| ( )H90 | ( )H91 | ( )H92 | ( )None | Wheelchair |

( )H93 Remarks:

Communication

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )I68 | ( )I69 | ( )I70 | ( )I71 | Verbal |
| ( )I72 | ( )I73 | ( )I74 | ( )I75 | Hearing |
| ( )I76 | ( )I77 | ( )I78 | ( )I79 | Vision |

Active motion of Limbs

| Good | Fair | Poor | Null | |
|---|---|---|---|---|
| ( )G80 | ( )G81 | ( )G82 | ( )G83 | R Upper |
| ( )G84 | ( )G85 | ( )G86 | ( )G87 | L Upper |
| ( )G88 | ( )G89 | ( )G90 | ( )G91 | R Lower |
| ( )G92 | ( )G93 | ( )G94 | ( )G95 | L Lower |

Intellectual and Emotional Adaptability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J39 | ( )J40 | ( )J41 | ( )J42 |

Support from Family Unit

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J43 | ( )J44 | ( )J45 | ( )J46 |

Ability in Home

Intact ( )J47 | Limited ( )J48 | Helper ( )J49 | Null ( )J50

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Vocational Ability

Intact ( )J55 | Limited ( )J56 | Helper ( )J57 | Null ( )J58

Financial Ability

Intact ( )J59 | Limited ( )J60 | Helper ( )J61 | Null ( )J62

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other _____ ( )K25

Source of Referral (choose one):

Rehab In-pt.( )K26
In-House Acute Care( )K27
In-House OPD( )K28
Other hospital _____( )K29
Other physician _____( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

Community Agency Involved:

VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____( )K37

Source of Payment (choose one):

Self/Family( )K38
Insurance plan (BC/BS, etc)( )K39
Workers' Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____( )K45

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

Sources of Health Care:

Private MD( )K54 Rehab OPD( )K55

NEMCH OPD( )K56 Other _____( )K57

Other hospital _____( )K58

Remarks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

_____

New Service Needs

Medical( )K68 Financial( )K69

Psycho-social( )K70 Housing( )K71

Vocational( )K72 Educational( )K73

Recreational( )K74 PT/OT/Speech/Hearing( )K75

Remarks: _____( )K76

_____

New Action Taken (Referrals made)

VNA( )K77
MRC or Other State Voc. Agency( )K78
Welfare/Medicaid( )K79
Private Physician( )K80
Other hospital_____( )K81
Other _____( )K82

IF A REVISIT: Less than 2 years( )K93
More than 2 years( )K94

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

Diagnostic Code / PULSES P (X)L34

#1 __ __ __ __ / __ ( )L35
#2 __ __ __ __ / __ ( )L36
#3 __ __ __ __ / __ ( )L37
#4 __ __ __ __ / __ ( )L38
#5 __ __ __ __ / __ ( )L39
#6 __ __ __ __ / __ ( )L40
#7 __ __ __ __ / __ ( )L41

Evaluator: _____Code:__ __(X)L42

Onset of Disability:__ __/ __ __/ __ __(X)L48

Functional Profile (if not in an institution)

| | One | Two | Three | Four |
|---|---|---|---|---|
| E | ( )L76 | ( )L77 | ( )L78 | ( )L79 |
| S | ( )L80 | ( )L81 | ( )L82 | ( )L83 |
| C | ( )L84 | ( )L85 | ( )L86 | ( )L87 |
| R | ( )L88 | ( )L89 | ( )L90 | ( )L91 |
| O | ( )L92 | ( )L93 | ( )L94 | ( )L95 |
| W | ( )L96 | ( )L97 | ( )L98 | ( )L99 |

T-NEMC REHABILITATION INSTITUTE
LONG-RANGE EVALUATION SUMMARY
Facility: _____

OUT-PATIENT/FOLLOWUP

Today's Date: __ __ / __ __ / __ __

Name: _____

No. & Street: _____ (X)G54

Town & State: _____ (X)G55

ZIP Code: __ __ __ __ __ (X)G56

Telephone No. __ __ __--__ __ __ __ (X)G57

Hosp. No. _____ ____

D O B: __ __ / __ __ / __ __

SS #: __ __ __--__ __--__ __ __ __ ( )G60

Male( ) Female( )

Single( )G66 Married( )G67 Widowed( )G68

Divorced( )G69 Separated( )G70

Mode of Evaluation

OPD visit( )G73 Rehab home visit( )G74

Tele. w/pt( )G75 VNA home visit( )G76

Tele. with _____ ( )G77

Active motion of Limbs

| Good | Fair | Poor | Null | |
|---|---|---|---|---|
| ( )G80 | ( )G81 | ( )G82 | ( )G83 | R Upper |
| ( )G84 | ( )G85 | ( )G86 | ( )G87 | L Upper |
| ( )G88 | ( )G89 | ( )G90 | ( )G91 | R Lower |
| ( )G92 | ( )G93 | ( )G94 | ( )G95 | L Lower |

INDEPENDENT DEPENDENT SELF-CARE & MOBILITY

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )H18 | ( )H19 | ( )H20 | ( )H21 | Drink/cup |
| ( )H22 | ( )H23 | ( )H24 | ( )H25 | Feed/dish |
| ( )H26 | ( )H27 | ( )H28 | ( )H29 | Dress upper |
| ( )H30 | ( )H31 | ( )H32 | ( )H33 | Dress lower |
| ( )H34 | ( )H35 | ( )H36 | ( )None | Brace/Pros |
| ( )H37 | ( )H38 | ( )H39 | ( )H40 | Groom |
| ( )H41 | ( )H42 | ( )H43 | ( )H44 | Wash/bathe |
| ( )H45 | ( )H46 | ( )H47 | ( )H48 | Bladder |
| ( )H49 | ( )H50 | ( )H51 | ( )H52 | Bowel |
| ( )H53 | ( )H54 | ( )H55 | ( )H56 | Perineum |
| ( )H57 | ( )H58 | ( )H59 | ( )H60 | Hand skills |

( )H61 Remarks:

| | | | | |
|---|---|---|---|---|
| ( )H62 | ( )H63 | ( )H64 | ( )H65 | T/Chair |
| ( )H66 | ( )H67 | ( )H68 | ( )H69 | T/Toilet |
| ( )H70 | ( )H71 | ( )H72 | ( )H73 | T/Tub-shower |
| ( )H74 | ( )H75 | ( )H76 | ( )H77 | T/automobile |
| ( )H78 | ( )H79 | ( )H80 | ( )H81 | Walk 50 yd |
| ( )H82 | ( )H83 | ( )H84 | ( )H85 | Stairs 1 fl |
| ( )H86 | ( )h87 | ( )H88 | ( )H89 | Outdoors |
| ( )H90 | ( )H91 | ( )H92 | ( )None | Wheelchair |

( )H93 Remarks:

Communication

| Intact | Limited | Helper | Null | |
|---|---|---|---|---|
| ( )I68 | ( )I69 | ( )I70 | ( )I71 | Verbal |
| ( )I72 | ( )I73 | ( )I74 | ( )I75 | Hearing |
| ( )I76 | ( )I77 | ( )I78 | ( )I79 | Vision |

Intellectual and Emotional Adaptability

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J39 | ( )J40 | ( )J41 | ( )J42 |

Support from Family Unit

| Intact | Limited | Helper | Null |
|---|---|---|---|
| ( )J43 | ( )J44 | ( )J45 | ( )J46 |

Ability in Home

Intact Limited Helper Null

( )J47 ( )J48 ( )J49 ( )J50

Architectural Barriers

Absent( )J51 Minor( )J52 Major( )J53

Describe if present: ( )J54

_____

Vocational Ability

Intact Limited Helper Null

( )J55 ( )J56 ( )J57 ( )J58

Financial Ability

Intact Limited Helper Null

( )J59 ( )J60 ( )J61 ( )J62

Household Constellation:

Alone( )K17
Spouse( )K18
Children( )K19
Spouse and children( )K20
Parent(s)( )K21
Other relatives( )K22
Friends( )K23
Institution( )K24
Other _____ ( )K25

Source of Referral (choose one):

Rehab In-pt.( )K26
In-House Acute Care( )K27
In-House OPD( )K28
Other hospital _____ ( )K29
Other physician _____ ( )K30
MRC or State Vocational Agency( )K31
Welfare( )K32
Community Agency not MRC/Welfare( )K33

Community Agency Involved:

VNA( )K34
MRC or Other State Voc. Agency( )K35
Welfare( )K36
Other _____ ( )K37

Source of Payment (choose one):

Self/Family( )K38
Insurance plan (BC/BS, etc)( )K39
Workers' Compensation( )K40
State Voc. Agency( )K41
Welfare/Medicaid( )K42
Medicare( )K43
Assoc/Fund( )K44
Other _____ ( )K45

Vocational Status (choose one):

Homemaker( )K46
Student( )K47
Competitive employment( )K48
Non-competitive employment (sheltered)( )K49
Unemployed/employable cannot find work( )K50
Retired due to age( )K51
Too disabled to work/homemaker/student( )K52

Sources of Health Care:

Private MD( )K54 Rehab OPD( )K55

NEMCH OPD( )K56 Other _____ ( )K5

Other hospital _____ ( )K5

Remarks: _____ ( )K65

_____

_____

_____

_____

_____

_____

_____

_____

_____

Functional Profile:

| | One | Two | Three | Four |
|---|---|---|---|---|
| P | ( )L03 | ( )L04 | ( )L05 | ( )L06 |
| U | ( )L07 | ( )L08 | ( )L09 | ( )L10 |
| L | ( )L11 | ( )L12 | ( )L13 | ( )L14 |
| S | ( )L15 | ( )L16 | ( )L17 | ( )L18 |
| E | ( )L19 | ( )L20 | ( )L21 | ( )L22 |
| S | ( )L23 | ( )L24 | ( )L25 | ( )L26 |

Major Handicapping Condition (X)L33

R T 7 Code: __ __ __

Diagnostic Code / PULSES P (X)L3

#1 __ __ __ __ / __ ( )L3

#2 __ __ __ __ / __ ( )L3

#3 __ __ __ __ / __ ( )L3

#4 __ __ __ __ / __ ( )L3

#5 __ __ __ __ / __ ( )L3

#6 __ __ __ __ / __ ( )L4

#7 __ __ __ __ / __ ( )L4

New Service Needs

Medical( )K68 Financial( )K69

Psycho-social( )K70 Housing( )K71

Vocational( )K72 Educational( )K73

Recreational( )K74 PT/OT/Speech/Hearing( )K75

Remarks: _____( )K76

_____

Evaluator: _____Code:__ __(X)L4

Onset of Disability:__ __/ __ __/ __ __(X)L4

New Action Taken (Referrals made)

VNA( )K77

MRC or Other State Voc. Agency( )K78

Welfare/Medicaid( )K79

Private Physician( )K80

Other hospital_____( )K81

Other _____( )K82

Functional Profile (if not in an institution)

| | One | Two | Three | Four |
|---|---|---|---|---|
| E | ( )L76 | ( )L77 | ( )L78 | ( )L79 |
| S | ( )L80 | ( )L81 | ( )L82 | ( )L83 |
| C | ( )L84 | ( )L85 | ( )L86 | ( )L87 |
| R | ( )L88 | ( )L89 | ( )L90 | ( )L91 |
| O | ( )L92 | ( )L93 | ( )L94 | ( )L95 |
| W | ( )L96 | ( )L97 | ( )L98 | ( )L99 |

IF A REVISIT:

Less than 2 years( )K93

More than 2 years( )K94

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOURSUND AVENUE
HOUSTON, TEXAS 77025

P. O. Box 20095

Telephone
Area Code 713, 526-4281

CYCLE 3: Research Report

Due to the fact that New Options is a research and demonstration project, the participants have taken an active role in generating data, answering research questions, and providing input for further program development. Specific objectives of this research are:

1. To determine the behavioral effects of the transitional program.
2. To determine the informational effects of the transitional program.
3. To determine the attitudinal effects of the transitional program.
4. To determine what specific effects the program will have on certain types of individuals and to develop a means of predicting relative outcomes.

In order to reach these objectives, each Cycle 3 participant had an odometer attached to his/her wheelchair to measure daily mileage. This measure is an indicator of gross behavioral activity. Each participant completed extensive application and discharge questionnaires relating to personal goals and functional abilities. Each participant completed Functional Assessment Inventories. Categories covered in this inventory are:

1. limb motion
2. ability in self care
3. mobility
4. communication and visual skills
5. intellectual and emotional adaptability
6. educational and vocational status
7. home and community relations
8. financial capability

Finally, each participant completed comprehensive program ratings and experience evaluations.

All of the data from these instruments will be compiled and compared to data obtained from other groups of handicapped people and from future New Options participants. Also, follow-up questionnaires will be sent to all New Options participants and their counselors approximately three months after discharge from the transitional program. Follow-up data will be used to determine whether or not attitude or behavioral changes which occured at New Options continue to be evident. Also, follow-up data may be used to detect delayed reactions to the New Options experience.

Suggestions relating to ways of improving the New Options program and experience are welcome at any time and from anyone. Observations about New Options and the participants, their attitudes, behavior, and information base, are also welcome. Any such observations or reactions will be held in strictest confidence, as is all information obtained in this research.

Lex Frieden
New Options Research Director

LF/asm

RESEARCH PROJECT REPORT

PROJECT NO. proposed

1. TITLE: Transitional Living: A Program Fostering Community Integration of Severely Physically Disabled Persons

2. PROJECT STATUS (Check):

Proposed [X] New [ ] Continuing [ ] Completed [ ] Discontinued [ ] Transferred [ ] Other [ ]

3. BEGINNING: 4/76 (Mo./Yr.) EXPECTED COMPLETION: 3/79 (Mo./Yr.) COMPLETED: _____ (Mo./Yr.)

4. PERSONNEL: (List Principal Investigator First)

| NAME OF PERSONNEL AND DEGREE | DISCIPLINE | % TIME ON PROJECT (based on 8-hour days/year) |
|---|---|---|
| J. A. Cole, Ph.D. | Anthropology | 100% |
| L. M. Frieden, Ph.D. candidate | Psychology | 100% |
| D. D. Stock, M.S.W. | Medical Social Work | 10% |
| Medical Social Worker | Medical Social Work | 100% |
| Functional Skills Trainer | P.T. or O.T. | 100% |
| RN | Nursing | 20% |
| Vocational Counselor | Vocational Counseling | 20% |
| Research Assistant-Documentarian | | 100% |

Handicapped Resource Persons - variable
Residential Manager - 100%; Attendant Staff- 100%.

5. FINANCIAL DATA:

ESTIMATED COST FROM BEGINNING TO END OF PROJECT: $705,780

| ITEM | ANNUAL COST IN DOLLARS | | | |
|---|---|---|---|---|
| | RT-FUNDS | UNIV. FUNDS | OTHERS* | TOTAL |
| Personnel Costs | 50,850 | | 78,000 | 128,850 |
| Supplies and Other Expenses | 1,400 | | 55,340 | 56,740 |
| Travel | | | 2,500 | 2,500 |
| Equipment | 300 | | | 300 |
| Indirect Costs Allowed by HEW | 7,838 | | 27,300 | 35,138 |
| TOTAL | 60,388 | | 163,140 | 223,528 |
| PERCENT | 27% | | 73% | 100% |

* LIST OTHERS: R&D grant application pending
Perdiem revenue

## 6. STATEMENT OF THE PROBLEM:

Recent developments in rehabilitation have placed an increased emphasis on creating opportunities for special housing, education, and employment for severely physically handicapped persons. The Rehabilitation Act of 1973 recognizes the special and unique needs of the severely disabled. The provision of opportunities offered by the Act has permitted some individuals who were formerly isolated in institutions such as nursing homes or in dependent home situations to begin lives of independence and productivity. These efforts, though important, have been slow to evolve, they lack comprehensiveness, and too few persons have been offered maximum options and opportunities. There are countless other individuals who find it overwhelmingly difficult to assume the responsibilities that these new opportunities afford. Many of these persons have the basic untapped capabilities necessary to become independent and develop a lifestyle of personal satisfaction and productivity. However, due to a fragmented approach of limited scope and the absence of a model of transition, many severely physically handicapped persons cannot bridge the gap between a protected institutional existence or an isolated and confining home situation to the management and assumption of an independent lifestyle.

Present national programming does not offer any evidence of a prototype that prepares the severely physically handicapped to move from a dependent setting into an independent setting. Structured programs which place an emphasis on offering maximum opportunities at cost-effective levels are essentially non-existent. In existing programs, emphasis is not placed on allowing the severely physically handicapped person to assume the multiple stresses of independent living and employment in a gradual manner.

TIRR is currently developing a model transitional program designed to foster the integration of severely physically handicapped individuals into their communities. Goals of integration may include the establishment of independent living, involvement in educational and vocational opportunities, active social participation in the mainstream of society, the enhancement of personal skills important in daily problem solving, and the stabilization of goals and objectives required to maintain a satisfying quality of life. The extensiveness of program development efforts and the comprehensiveness of research on this project will depend upon whether service reimbursement revenues and currently available RT-4 funds are supplemented by a federal R&D grant which has been approved but not yet funded.

Three years of experience in a previous R&D residential project (SRS R&D 13-P-55487/6-01); RT-4, Projects R-157 and R-158) have provided valuable background information to project personnel on the process of reintegration of severely physically handicapped persons into the community. Forty severely disabled young adults have lived in the Cooperative Living Project since it opened in January of 1972. This project provided a first independent living experience for all residents, and for many it offered their first opportunity to begin involvement in education, vocational training, or employment. Twenty-six persons who have moved away from Cooperative Living have gone on to more independent living situations in apartment clusters or in various individual arrangements. Ten persons have secured full-time

employment, and many others have worked part-time. Eight persons have married. Almost all of the Cooperative Living residents made important gains in independence during their stay in the project. The program removed many constraints that existed in residents' former living environments, but contained no elements of structured transitional programming. Gains in independence thus occurred largely as a result of residents' own individual efforts over a relatively long period of time. (As of September, 1975, mean length of stay in the project was 15 months.)

The proposed demonstration project will build upon the valuable background experience of the Cooperative Living Project, explicitly incorporating into a planned and structured transitional program many of the features fostering independence that operated implicitly in the earlier program. This structured transition will offer a number of advantages: (a) the acquisition of important skills can be made in much less time (an expected mean of 2 months in contrast to 15 months), (b) the new program will be able to serve a number of persons with marginal potential for independence who would have been unable to benefit from the earlier program that demanded greater personal resources, (c) the new program will provide more information and experience than residents of Cooperative Living gained in spite of their longer stay in the project because of important added project resources, (d) the proposed project will permit the development and careful comparative evaluation of alternative transitional learning experiences. In essence, detailed studies can be made of controlled and directed transitional processes that in the Cooperative Living Project were left largely to chance.

Two primary types of research will be conducted in this study of the transitional living project. The first will examine the development and evolution of the project from a holistic anthropological perspective. It is intended to provide a description of internal processes of development, to trace the changing relationships of the project to its host rehabilitation hospital and to the state vocational rehabilitation agency, and to provide background information on the program as a context for viewing outcome data. A major goal of this portion of the study is to provide a structured overview of the Transitional Living Program to facilitate replication. The second type of research will employ a longitudinal multimeasure design with control groups to evaluate the effects of the program on participants' behavior, attitudes, and information base. The hypothesis to be tested in this portion of the study is that the TIRR transitional living program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. These two portions of the study are discussed separately below.

## SUB-STUDY I: AN ANTHROPOLOGICAL STUDY OF PROGRAM DEVELOPMENT

### 7. OBJECTIVES:

1. To trace internal processes of development in the transitional living program, focusing on changes in goals, methods of planning, program content, and in other areas.

2. To analyze the project as a social system, examining roles, interpersonal relationships, and patterns of interaction among staff members and participants.

3. To examine external relationships between the transitional living project and other organizations with particular emphasis on relationships with the host rehabilitation hospital and the state vocational rehabilitation agency.

8. METHODOLOGY:

Respondents in this portion of the study will include project participants, members of the attendant staff, professional staff members, and personnel of other organizations who interact regularly with the project. Participants in the transitional living program will include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission will be important sources of referrals. Initially the participants will be single persons with spinal cord injuries who are between the ages of 18 and 35, though the population will be systematically diversified as the project progresses. The live-in project will provide a program of transitional training and experience for 10 persons at a time with the program to last an estimated 6 to 8 weeks for each participant. Some persons may feel they are prepared to move on in less time, and others may stay longer if circumstances warrant. It is expected that a total of approximately 150 persons will participate in the transitional program during three years of operation.

Previous research that provides an overview of an entire therapeutic environment can be found in the literature on the concept of the therapeutic community (see for example Caudill, 1958; Cumming & Cumming, 1962; Rapoport, 1960). Literature on the development of community-based programs in the area of emotional or psychiatric disability is relevant to this study also (Fairweather et al., 1969; Rausch & Rausch, 1968; Moos, 1974). Some methods of data collection will be borrowed from these studies.

The major method of data collection will be observations made by the project director from an anthropological perspective and recorded in the form of field notes (Pelto, 1970). These observations will be directed toward the objectives listed above as well as toward other areas that may emerge as significant during the evolution of the project. They will focus on informal day-to-day interaction, on planned program activities, on organizational activities such as staff meetings, and on interaction between personnel of the project and outside organizations.

Observational data will be supplemented by other types of information. A comprehensive record of project activities will be maintained using detailed weekly calendars, logs kept by the attendants and driver, and diaries kept by professional staff members.

Information on personal perceptions of the transitional program will be gathered from participants, staff members, and personnel of outside organizations who interact with the project. Professional staff members will record brief summary assessments of their daily activities in staff diaries. Participants will complete a brief assessment of the project on a weekly basis during regularly scheduled self-evaluation and assessment sessions. Once during each six-to-eight week program cycle, staff members and participants will record their views of the program environment using a measure developed by Moos (1974) in studying community-based programs for persons with psychiatric disabilities (Community Oriented Program Evaluation Scale). In addition to the above measures, interviews will be conducted periodically with participants, staff members, and persons from outside organizations to explore their feelings about various aspects of the program. If time and resources permit, a projective format similar to the Thematic Apperception Test using pictures of typical project situations may also be employed to elicit views of the project (Caudill, 1958).

The purpose of descriptive reports produced in this portion of the study will be to convey a general view of the evolution of the transitional project over time and to analyze processes of development. Appropriate analyses will be made of all measures. This portion of the study will be used to document the nature of the program itself and will thus serve as a measure of the independent variable (program) in the portion of the research dealing with program effects and outcomes.

## SUB-STUDY II: A STUDY OF PROGRAM EFFECTS AND OUTCOMES

### 7. OBJECTIVES:

1. To determine the behavioral effects of the transitional program.

2. To determine the informational effects of the transitional program.

3. To determine the attitudinal effects of the transitional program.

4. To determine what specific effects the program will have on certain types of individuals and to develop a means of predicting relative outcomes.

### 8. METHODOLOGY:

Design: A longitudinal multimeasure design with control groups will be employed in this study. A series of indicated measures will systematically be made before, during, and after the subject participates in the program to determine the effect of the independent variable (program) on the subjects' behavior, attitudes, and information base.

Subjects: Subjects in this portion of the study will be all participants in the transitional living project as well as selected control subjects. (See description of participant population in preceding section.)

Control Groups: Since subjects will be rotated through the program on a continuous basis, those individuals who are just coming into the program will serve as a control group for those who are leaving (see Campbell & Stanley, 1963, Institutional Cycle Design). In order to insure comparable control groups, the program will be kept as stable as possible with planned changes to occur only on even cycles. Also, subjects from the complete pool of applicants will be matched and paired on the basis of intake and referral data. Individuals from each pair will then be randomly assigned to consecutive treatment or program cycles. Additionally, depending upon available resources, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

Measures:

A. Independent Variables: The primary independent variable (program) will be constantly monitored and documented with staff and subject diaries and checklists. The anthropological study of program development will be a major source of this information. Subject variables related to objective 4 will be discovered by intake documents (medical and personal histories) and referral forms.

B. Dependent Variables: The dependent variable related to objective 1 (behavioral effects) will be measured at regular intervals of two to four weeks by several instruments. These include behavioral logs (Willems, RT-4, Project R-136), wheelchair odometers (Halstead, A Cooperative Rehabilitation Engineering Center, TIRR, BCM, and TAMU), and functional activity and performance scales (Tufts Long Range Evaluation Summary, RT-7).

The dependent variable related to objective 2 (informational effects) will be measured by a series of quizzes to be constructed to relate to the informational content of specific training modules and seminars.

The dependent variable related to objective 3 (attitudinal effects) will be measured by such standardized instruments as the Siller Semantic Differential, Yuker Attitudes Toward Disabled Persons Test, Tennessee Self Concept Scale, etc. The determination of appropriate instruments will be based on research and practice in the ongoing program.

The dependent variable related to objective 4 (coutome) will be measured by the instruments described above. Depending on available resources, measurements to be used in this determination will be obtained from four to six months after the subject participates in the program.

Note: The scope and specific kinds of data obtained will depend upon whether or not the currently available RT-4 funds are augmented by an R&D grant which has been approved but not yet funded. It is anticipated that by coordinating this research with studies of functional independence and rehabilitation outcome which are presently underway at RT-7 (Tufts New England Medical Center), RT-1 (Institute of Rehabilitation Medicine, New York), the American Spinal Injury Association, and RT-4, the validity of the impending results will be enhanced.

Results of the behavioral data obtained in relationship to objective 1 will be used to determine the range and level of subject activity, function, and mobility with respect to the program.

Results of the information data obtained in relationship to objective 2 will be evaluated to determine what information is transmitted to and retained by the subjects. This data will be used also to determine how changes in the subjects' knowledge base relate to behavioral changes.

Results of the attitudinal data obtained in relationship to objective 3 will be evaluated to see if there are any significant attitudinal changes with respect to the program, and how these changes relate to behavioral changes.

With reference to objective 4, program intake data will be compared to outcome data (follow-up measures) to determine how certain types of persons react to the program. This evaluation may be used also to identify appropriate subject selection criteria.

Appropriate descriptive, correlational, and factoral analyses will be made in each of the preceding cases.

9. RELEVANCE OF THE PROBLEM(S) TO REHABILITATION:

Many of the functional skills and the psychological and social coping abilities that serve well within a rehabilitation hospital are inadequate resources as severely physically handicapped individuals leave this specialized protected environment and return to the larger society. Some persons manage to bridge the gap successfully between the institutional environment and the community, but these are usually persons with exceptional capabilities and resources. Current rehabilitation programs are largely lacking in methods to assist persons in making this transition. For many handicapped persons, the demands of independent living and of educational or vocational productivity are more than can be managed simultaneously. Consequently, many potentially productive persons never have a chance to become independent, and they either retreat or are pushed into isolated environments. The proposed project will develop and evaluate transitional programming designed to bridge this serious gap in rehabilitation services. Community integration and an active lifestyle can become feasible goals for many handicapped persons if they are taught and can practice new adaptive skills and if they are allowed to deal with stresses and assume responsibilities in a segmented sequence.

10. PATIENTS:

Not applicable at this time.

11. CURRENT YEAR'S ACTIVITY, PROGRESS, AND FINDINGS TO DATE:

Not applicable at this time.

12. DISSEMINATION OF FINDINGS:

Results of this research will be reported at appropriate national, state, and local conferences and will be published in appropriate journals. Information from the project will be used in various RT-4 training activities.

13. UTILIZATION OF FINDINGS:

The proposed project is intended to develop a model transitional living program so that replicability will be a continuing concern. The evolution of the project will be documented with this goal in mind. Specific training modules will be devised as self-contained units that can be used in a variety of learning contexts. It is expected that materials and techniques developed in this project may be incorporated into initial comprehensive rehabilitation and into follow-up efforts.

14. POLICY, PROGRAM, OR PRACTICE CHANGES:

Not applicable at this time.

1. comp. bkr. interview
(typical job)
range of acts
pre, during (2), post

2. Bartel – PI

3. robbers – mileage indic.
bad test mon.

4. Transp – records
Truck records

– time line?
employer

5. critical incidents

get proposed
research plan
from Jen

Pt odometers/protocol
bed pads $50/mo.
copy (study Suffs Staff
(applic.) design followup
guiffes - do - associates
altitude survey - Dennis
(Lopes)
(beg calendar) - weekly staff
pt up sheets) redesign
drivers sheet.
(staff trains) participant diary?
Dodge - copy

Ethic

Research Data

admission and day 1 >

wk 1

daily —

wk 2

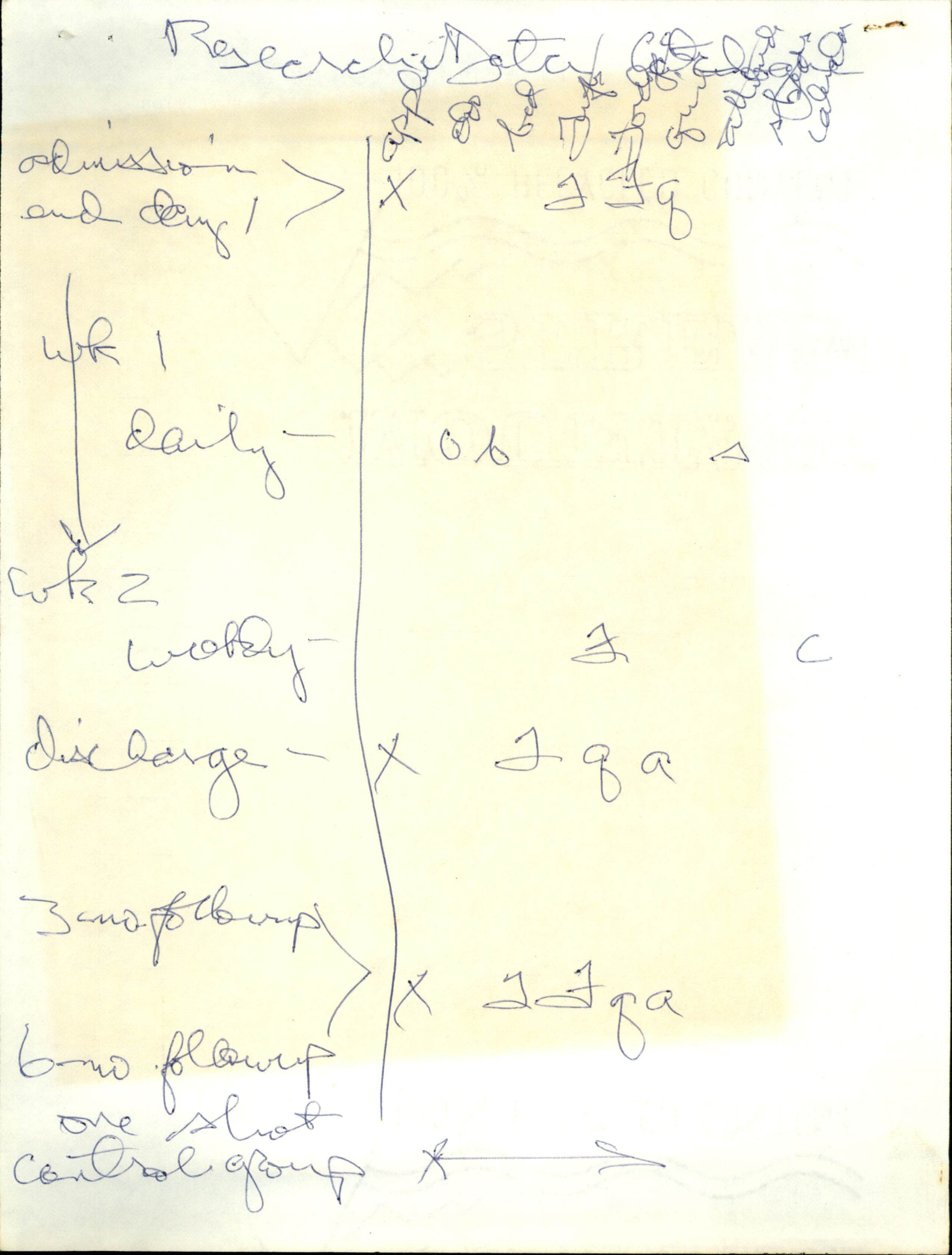
weekly —

discharge —

3 mo. follow up

6 mo. follow up

one shot control group



| DELEGATE | YES | NO | ABSTENTION |
|---|---|---|---|
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |
| 26. | | | |
| 27. | | | |
| 28. | | | |
| 29. | | | |
| 30. | | | |
| TOTAL: | | | |

make quilt
sheets
etc, bed sheets

Copy Joyce Info

AMERICAN COALITION OF CITIZENS WITH DISABILITIES
DELEGATE ASSEMBLY
TALLY SHEET

DATE _____

SUBJECT:

| DELEGATE | YES | NO | ABSTENTION |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |

Staff Research

Jan's diary — staff always participate

(interviews, Jean)

COPES

once each cycle

on staff + participant

Dad, + Dad

all staff

attendant "diaries"

get up sheets and

sheets + system of

accountability. ADL

calendars

for Program Activ.

scheduled

guide for staff-mtg.

code for initiation

self a program
2 kinds RESEARCH (Williamson) eval.
~~T.R.~~; construct
Attitudes — find sensitive
instrument w lots of
items (self report)
info. — T.R. make up quizzes
Validate nationally

Beh. — bad pals — using key
informators
→ (later) broaden

Image change — before, during, after
T.R. Brandeis Care form T.R.
Duplic. LRES — T.R.
applic. form info.

good [illegible] — R.A. [illegible]
Jan; Barb
~~Call~~ write Williamson — self report?
write [illegible] Anderson [illegible]
from Bendit

RESEARCH

project outcome

criteria

explain judgment

criteria (document

appl. forms

diary — model.

Barth, Eli - first week

get admission from Jean

Wed Fred Zeg

get forms

Dr. Silver

Wed Chuck Moffett WKO 15

get pads for EE

London from Jim

reform asylum. Rat

# REHABILITATION PROGRAM ASSESSMENT SCALES

Shalom Vineberg, Ph.D.
Dennis G. Stuart, M.A.
TIRR

1975

## PATIENT FORM

Agreement to Participate in a
Staff and Patient Evaluation
of TIRR

In this study we would like to find out what you think about TIRR and the way things are done here. Both staff members and patients will be asked to participate and we hope to learn from you both what is going well in the hospital and where there are problems.

Your participation will consist of answering the items on a questionnaire. This takes about one hour. The answers will then be combined into averages for the different groups in the hospital, such as patients, physicians etc. The responses from individuals will be collected using code numbers and will not be reported or released to anyone. The group results will be presented to all interested staff and patients for their discussion. It is hoped the information will be useful in improving communication and services within the hospital.

Participation in this study is strictly voluntary. Your decision to take part or not will have no effect on any other aspect of your relationship with the hospital. We hope that you will find this an interesting and worthwhile activity. It is only with your cooperation that the results can be made useful in making TIRR a better hospital.

I have read the above statement and agree to participate in the described study. I understand that my participation is completely voluntary and I may withdraw at any time without prejudice.

Signature _____

Date _____

Witness _____

## GENERAL INFORMATION

SEX: M____ F____ AGE: _____

MARITAL STATUS:

married ____
single ____
divorced ____
separated ____
widowed ____

RACE:

Caucasian ____
Black ____
Oriental ____
Latin-American ____
Other ____

EDUCATION: (mark highest level completed, or present level if still in school)

Elementary ____
Junior High ____
High School ____
Some College ____
College Graduate ____
Graduate School ____

OCCUPATION:

Before injury _____
Currently: _____

AVERAGE ANNUAL FAMILY INCOME (before injury)

$ 0 - 5,000 ____
$ 5,000 - 10,000 ____
$10,000 - 20,000 ____
Above $20,000 ____

AVERAGE ANNUAL FAMILY INCOME (currently)

$ 0 - 5,000 ____
$ 5,000 - 10,000 ____
$10,000 - 20,000 ____
Above $20,000 ____

DATE OF INJURY: _____ DATE FIRST ADMITTED TO TIRR _____

DATE OF MOST RECENT ADMISSION TO TIRR _____ TOTAL TIME AT TIRR____

Were you ever in another rehabilitation hospital? YES____ NO____
If YES, where and for how long? _____

NATURE OF DISABILITY:

Spinal cord injury ____ Level ____
Stroke ____
Other ____

MOBILITY STATUS:

Normal ambulation ____
Cane ____
Braces & crutches ____
Standard wheelchair ____
Electric wheelchair ____
Other ____

MARK THE CIRCLE WHICH BEST SHOWS THE AMOUNT OF CONTACT YOU HAVE WITH EACH OF THE GROUPS OR SERVICES LISTED BELOW: (INCLUDE CONTACT YOU HAVE WITH YOUR OWN GROUP)

| | ALMOST EVERY DAY | ABOUT ONCE A WEEK | ABOUT ONCE A MONTH | SELDOM |
|---|---|---|---|---|
| Housekeeping | 0 | 0 | 0 | 0 |
| Volunteers | 0 | 0 | 0 | 0 |
| Physicians | 0 | 0 | 0 | 0 |
| Vocational Counseling | 0 | 0 | 0 | 0 |
| Occupational Therapy | 0 | 0 | 0 | 0 |
| Recreation Therapy | 0 | 0 | 0 | 0 |
| Lab & Technical Services (X-Ray, Pharmacy, etc.) | 0 | 0 | 0 | 0 |
| Maintenance (Engineering) | 0 | 0 | 0 | 0 |
| Psychology | 0 | 0 | 0 | 0 |
| Patients | 0 | 0 | 0 | 0 |
| Nursing (RNs, LVNs) | 0 | 0 | 0 | 0 |
| Respiratory | 0 | 0 | 0 | 0 |
| Physical Therapy | 0 | 0 | 0 | 0 |
| Nursing Aides | 0 | 0 | 0 | 0 |
| Orthotics | 0 | 0 | 0 | 0 |
| Transportation | 0 | 0 | 0 | 0 |
| Social Work | 0 | 0 | 0 | 0 |
| Patients' Families | 0 | 0 | 0 | 0 |

CIRCLE THE NUMBER THAT BEST SHOWS YOUR FEELINGS ABOUT HOW TRUE EACH STATEMENT IS OF PATIENTS AT THIS HOSPITAL.

| | true of very few | | | | | | true of most |
|---|---|---|---|---|---|---|---|
| Bossy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Helpful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Friendly | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Trusting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Obedient | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Touchy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Angry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Selfish | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Respected | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Considerate | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Warm | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Grateful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Passive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Gloomy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Impatient | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Impersonal | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Admired | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Reassuring | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cooperative | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Respectful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Quiet | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Bitter | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Firm | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Independent | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

MARK THE CIRCLE WHICH BEST SHOWS YOUR OPINION OF THE NUMBER OF PEOPLE IN EACH OF THE GROUPS OR SERVICES LISTED BELOW:

| | NOT ENOUGH | ABOUT RIGHT | MORE THAN NEEDED |
|---|---|---|---|
| Psychology | 0 | 0 | 0 |
| Physicians | 0 | 0 | 0 |
| Nursing (RNs, LVNs) | 0 | 0 | 0 |
| Recreation Therapy | 0 | 0 | 0 |
| Patients | 0 | 0 | 0 |
| Nursing Aides | 0 | 0 | 0 |
| Occupational Therapy | 0 | 0 | 0 |
| Social Work | 0 | 0 | 0 |
| Maintenance (Engineering) | 0 | 0 | 0 |
| Respiratory | 0 | 0 | 0 |
| Volunteers | 0 | 0 | 0 |
| Physical Therapy | 0 | 0 | 0 |
| Transportation | 0 | 0 | 0 |
| Vocational Counseling | 0 | 0 | 0 |
| Labs & Technical Services (X-Ray, Pharmacy, etc.) | 0 | 0 | 0 |
| Orthotics | 0 | 0 | 0 |
| Housekeeping | 0 | 0 | 0 |
| Research | 0 | 0 | 0 |

The following descriptions might apply to your experience at this hospital.

For each item, circle the number that best describes your experience here, from (1) SELDOM TRUE to (7) USUALLY TRUE.

| | SELDOM TRUE | | | | | | USUALLY TRUE |
|---|---|---|---|---|---|---|---|
| Satisfying | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Discouraging | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Easy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Lonely | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Desirable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Boring | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Important | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Depressing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Enjoyable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Waste of time | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Interesting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Hopeless | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Frightening | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Useful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Helpful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Friendly | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

(cont.)

| | SELDOM TRUE | | | | | | USUALLY TRUE |
|---|---|---|---|---|---|---|---|
| Disappointing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Confusing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Inspiring | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Frustrating | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Embarrassing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Exciting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Pleasant | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Tiring | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disgusting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

CIRCLE THE NUMBER THAT BEST SHOWS YOUR IMPRESSION OF HOW WELL TIRR DOES THE FOLLOWING THINGS FOR PATIENTS. PLEASE ANSWER EVERY ITEM EVEN IF YOU'RE NOT SURE ABOUT SOME OF THEM. When you have completed this task, then select the 5 items that are the most important to you. In the space on the left, place a "1" by the most important, a "2" by the next most important, and so on, through "5".

| | | Poorly | | | | | | Very Well |
|---|---|---|---|---|---|---|---|---|
| _____ | Involves patient in responsibility for self-care ... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides routine nursing care ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides critical nursing care (life-threatening situations) ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides routine medical care ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides critical medical care (life-threatening situations) ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides maximum physical rehabilitation ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Produces maximum social rehabilitation ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides psychological support ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides recreation ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides necessary equipment (orthoses, cushions, etc.) ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Teaches skills needed for daily living ..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

(cont.)

| | | Poorly | | | | | | Very Well |
|---|---|---|---|---|---|---|---|---|
| _____ | Prepares patient to return home | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Prepares family for return of patient | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Increases patient independence | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides pleasant environment | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides information about disability | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Understands patient's needs | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Understands needs of patient's family | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Treats patients as adults | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Cares about patient's needs | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides enough privacy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Moves patients safely | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| _____ | Provides vocational services | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Now go back and select the 5 items you think are most important.

Give your opinion of the amount of strain, tension, or misunderstanding that now exists between you and each of the following groups or services. Include your own group. If you have almost no contact with a group, mark the "NO CONTACT" column instead.

Show your opinion by circling the number that best represents the strength of your feelings between "NO STRAIN AT ALL" and "A GREAT DEAL OF STRAIN".

| | NO CONTACT | STRAIN, TENSION OR MISUNDERSTANDING<br>NONE AT ALL | | | | | | A GREAT DEAL |
|---|---|---|---|---|---|---|---|---|
| Physicians | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Respiratory Therapy | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Transportation | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Occupational Therapy | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Nursing Aides | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Housekeeping | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Social Work | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Volunteers | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Nursing (RNs, LVNs) | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Vocational Services | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Lab & Technical Services (X-Ray, Pharmacy, etc.) | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Psychology | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Physical Therapy | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Recreation Therapy | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Patients | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Maintenance (Engineering) | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Orthotics | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Patient's Family | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Visitors | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Research Personnel | ( ) | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

CIRCLE THE NUMBER THAT BEST SHOWS YOUR FEELINGS ABOUT HOW TRUE EACH STATEMENT IS OF THE STAFF AT THIS HOSPITAL:

| | true of very few | | | | | | true of most |
|---|---|---|---|---|---|---|---|
| Bossy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Helpful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Friendly | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Trusting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Obedient | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Touchy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Angry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Selfish | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Respected | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Considerate | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Warm | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Grateful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Passive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Gloomy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Impatient | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Impersonal | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Admired | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Reassuring | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Cooperative | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Respectful | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Quiet | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Bitter | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Firm | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Independent | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

For each of the following statements, circle the number which best shows the amount of agreement or disagreement you have with the statement. You may be unsure of some items but make the best judgment you can. Mark all items.

| | DISAGREE | | | | | | AGREE |
|---|---|---|---|---|---|---|---|
| 1. The staff here encourage and support patients | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Treatments are not explained to patients | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Patients here seldom discuss their personal feelings with staff | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Staff frequently don't hear about decisions affecting their patients in time to plan effectively | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Patients don't know what to expect as they go through program here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Staff sometimes make patients really angry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Staff are willing to answer patients' questions about their condition | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Patients are seldom kept waiting | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Staff conflicts take up a lot of time here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. The proper equipment is usually available when the patient needs it | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. The ideas of all staff levels are considered in making changes here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Staff here are too impersonal | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. Patients can openly express their feelings here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. The program here lacks direction | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. Patients here are treated more as objects than as people | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. Some staff members here have been treated unfairly by the hospital | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. Staff here go out of their way to help patients | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | DISAGREE | | | | | | AGREE |
|---|---|---|---|---|---|---|---|
| 18. Patients are not told enough about their condition | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. Staff are provided with opportunities to use their own judgment here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Staff are interested in what happens to patients after they leave the hospital | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. Staff needs more feedback from supervisors | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. Patients receive little help in planning for discharge | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 23. Patients know how to get what they need from the hospital | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. Staff don't explain things so patients can understand | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. It's easy for staff to talk to supervisors when necessary | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. Staff are bossy and unfriendly towards patients | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 27. This hospital provides opportunities for staff to improve their skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 28. Staff here help build patients' self-confidence | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 29. Patients here are unfriendly towards staff | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 30. There is little wasted time in this program | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 31. Staff are interested in the patients as people | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 32. Information is passed from shift to shift pretty well | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 33. Patients here are afraid of some staff members | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 34. Patients generally get to their appointments on time | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 35. Patients don't know whom to talk to when a problem comes up | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 36. Sometimes staff don't seem to know what they are doing | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | DISAGREE | | | | | | AGREE |
|---|---|---|---|---|---|---|---|
| 37. Some services schedule patients without regard for the needs and problems of others | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 38. Equipment is frequently misplaced here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 39. New patients are helped to get acquainted with the hospital | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 40. Good work by staff members is rewarded by the hospital | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 41. If a patient's treatments or medications are changed a staff member tells him why | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 42. Patients know what is expected of them here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 43. It's not safe for patients to criticize the staff here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 44. Staff are impatient about answering patients' questions | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 45. Some patients have been threatened by the staff | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 46. The wards here seem cluttered and messy | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 47. Staff are interested in patients' feelings | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 48. A lot of time is lost due to scheduling problems here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 49. This hospital doesn't provide adequate training for new staff members | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 50. Patients sometimes make staff really angry | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 51. Changes in a patient's treatment are fully explained to the staff responsible for carrying them out | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 52. Staff have opportunities to use all their skills here | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

How often, on the average, do the following things occur at this hospital? Mark the circle that best shows your feelings.

| | almost every day | once a week | once a month | a few times a year | never | no contact |
|---|---|---|---|---|---|---|
| A patient shows appreciation for something you've done | 0 | 0 | 0 | 0 | 0 | 0 |
| A patient complains about something you've done | 0 | 0 | 0 | 0 | 0 | 0 |
| A patient says something nice to you | 0 | 0 | 0 | 0 | 0 | 0 |
| A patient gets angry with you | 0 | 0 | 0 | 0 | 0 | 0 |
| You have a friendly conversation with a patient | 0 | 0 | 0 | 0 | 0 | 0 |
| A staff member shows appreciation for something you've done | 0 | 0 | 0 | 0 | 0 | 0 |
| A staff member complains about something you've done | 0 | 0 | 0 | 0 | 0 | 0 |
| A staff member says something nice to you | 0 | 0 | 0 | 0 | 0 | 0 |
| You have a friendly conversation with a staff member | 0 | 0 | 0 | 0 | 0 | 0 |
| There are arguments between staff members | 0 | 0 | 0 | 0 | 0 | 0 |
| There are arguments between patients | 0 | 0 | 0 | 0 | 0 | 0 |
| There are arguments between staff and patients | 0 | 0 | 0 | 0 | 0 | 0 |
| A staff member does something extra to help you | 0 | 0 | 0 | 0 | 0 | 0 |
| A staff member gets angry with you | 0 | 0 | 0 | 0 | 0 | 0 |
| You do something extra for a patient | 0 | 0 | 0 | 0 | 0 | 0 |
| You do something extra for a staff member | 0 | 0 | 0 | 0 | 0 | 0 |

## SATISFACTION WITH ENVIRONMENTAL CONTROL

### PATIENT

Circle the number which best shows how satisfied or dissatisfied you are with the amount of control you have over each item below. Control means that you have some say on when and how things are to occur even if you must have help. If others decide without consulting you, then you have no control. If an item doesn't apply to you (if you have no TV, for instance), mark the "Does Not Apply" space.

| | AMOUNT OF CONTROL | | | | | | | DOES NOT APPLY |
|---|---|---|---|---|---|---|---|---|
| | SATISFIED | | | | | | DISSATISFIED | |
| Mealtimes | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Choice of food | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| TV | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Radio | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Telephone | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Lights | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Noise | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Temperature | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Personal items | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Clothing | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Ward rules | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Who visits you | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| When people visit | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Therapy hours | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Physicians' visits | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Nursing routines | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Recreation time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Recreation activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |

(cont.)

| | AMOUNT OF CONTROL | | | | | | | DOES NOT APPLY |
|---|---|---|---|---|---|---|---|---|
| | SATISFIED | | | | | | DISSATISFIED | |
| Sleeping time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Medications | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Use of equipment (wheelchair, etc.) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Rehabilitation planning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Discharge date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Choice of equipment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Behavior of staff | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Behavior of other patients | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Bedside area | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Decoration of ward | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |
| Time away from hospital | 1 | 2 | 3 | 4 | 5 | 6 | 7 | _____ |

IF YOU HAD $100,000 TO DIVIDE AMONG THE FOLLOWING SERVICES, HOW MUCH WOULD YOU GIVE TO EACH SERVICE? ASSUME THE MONEY WILL BE USED TO EXPAND OR IMPROVE SERVICES RELATED TO PATIENT CARE. YOU MAY GIVE ALL THE MONEY TO ONE SERVICE OR DIVIDE IT UP ANY WAY YOU CHOOSE.

| | AMOUNT |
|---|---|
| Physical Therapy | _____ |
| Nursing Service | _____ |
| Transportation Service | _____ |
| Research Activities | _____ |
| Food Service | _____ |
| Vocational Services | _____ |
| Housekeeping | _____ |
| Respiratory Therapy | _____ |
| Medical Services (Physicians) | _____ |
| Maintenance (Engineering) | _____ |
| Recreational Activities | _____ |
| Social Services | _____ |
| Technical Services (X-Ray, Pharmacy, Orthotics, Laboratory) | _____ |
| Occupational Therapy | _____ |
| Psychological Services | _____ |
| Physical Plant (More space, equipment, etc.) | _____ |
| OTHER (Please add any other services you think are important) | _____ |

PLEASE INDICATE WHY YOU MADE THE CHOICES YOU DID BY CIRCLING ONE OF THE FOLLOWING:

A. The services I selected need more money to do a good job.

B. The services I selected are already doing a good job and I want to expand them.

Write down the ten things that have been most important to you in your rehabilitation. These may be people, activities, events or personal characteristics - anything you feel has been helpful or important in adjusting to your disability.

VERY IMPORTANT
Please be sure to write down at least ten things. You may put down more than ten if you wish.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.