Questions	*Responses*	*Discoveries*
1. Do you have any health concerns? (Select one)	o Yes, I do and needs are not being met.	o Individual has health concerns to be addressed.
1. Do you have any health concerns? (Select one)	o Maybe, I am not sure	o Individual has health concerns to be addressed.
2. Do you need additional assistance in any of the following areas to meet your health care needs? (Select all applicable)	o transportation to medical appointments	o Individual feels a need for assistance to obtain/understand transportation to medical appointments.
2. Do you need additional assistance in any of the following areas to meet your health care needs? (Select all applicable)	o health insurance	o Individual feels a need for assistance to obtain/understand health insurance.
2. Do you need additional assistance in any of the following areas to meet your health care needs? (Select all applicable)	o Medical or Specialist appointments	o Individual feels a need for assistance to obtain/understand Medical or Specialist appointments.
2. Do you need additional assistance in any of the following areas to meet your health care needs? (Select all applicable)	o medications	o Individual feels a need for assistance to obtain/understand medications.
2. Do you need additional assistance in any of the following areas to meet your health care needs? (Select all applicable)	o therapies	o Individual feels a need for assistance to obtain/understand therapies.
4. Have Reactive Strategies under 65G-8 been used due to behavioral concerns in the past twelve (12) months? (Select one)	o Yes	o Individual has had Reactive Strategies used due to behavioral concerns in the past twelve (12) months.
5. Has the Abuse Hotline been contacted by you or others to report abuse , neglect, or exploitation in the past twelve (12) months? (Select one)	o Yes	o The Abuse Registry has been contacted to report an incident regarding the individual in the past twelve (12) months.
6. Have you been Baker Acted in the past twelve (12) months? (Select one)	o Yes	o Individual has been Baker Acted in the past twelve (12) months.
7. Have you been to an Urgent Care Center in the past twelve (12) months? (Select one)	o Yes	o Individual has been to an Urgent Care Center in the past twelve (12) months.
8. Have you been to an Emergency Room in the past twelve (12) months? (Select one)	o Yes	o Individual has been to an Emergency Room in the past twelve (12) months.
9. Have you been admitted to the hospital in the past twelve (12) months? (Select one)	o Yes	o Individual has been admitted to the hospital in the past twelve (12) months.
10. Have you had any instances of medication errors in the past twelve (12) months? (Select one)	o Yes	o Individual has had instances of medication errors in the past twelve (12) months.
11. Have you been a patient in a same day surgery center in the past twelve (12) months? (Select one)	o Yes	o Individual has been in a same day surgery center in the past twelve (12) months.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Physical Exam (Annually)	o Annual Physical Exam has not been conducted in past 12 months.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Flu Vaccine (Annually in the Fall)	o Annual Flu Vaccine has not been administered.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Pneumonia Vaccine (Age 60+)	o Pneumonia Vaccine has not been administered.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Zoster (Shingles) Vaccine (Age 60+-given once)	o Zoster (Shingles) Vaccine has not been administered.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Tetanus-Diphtheria Booster (Every 10 years)	o Tetanus-Diphtheria booster has not been administered.

Questions	*Responses*	*Discoveries*
12. Have you received any of the following preventive health? (Select all applicable)	o If no,Colorectal Cancer Screening (Age 50+)	o Colorectal cancer screening has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Female preventive health care: mammogram (Age 40+)	o Mammogram has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Female preventive health care: pap smear or other exams	o Pap smear has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Bone Density Scan (Age 40+)	o Bone Density Scan has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Vision Exam (Every 2 years)	o Vision exam has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Hearing Exam (Annually)	o Hearing exam has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o If no, Dental Exam (Annually)	o Dental exam has not been completed.
12. Have you received any of the following preventive health? (Select all applicable)	o Unable to determine	o Unable to determine if any preventive health has occured based on documentation and interview.
13. Have you had any of the following in the last twelve (12) months? (Select one)	o Unplanned weight gain of 10 or more lbs.	o Individual has experienced an unplanned weight gain of more than 10 lbs. over the past twelve months.
13. Have you had any of the following in the last twelve (12) months? (Select one)	o Unplanned weight loss of 10 or more lbs.	o Individual has experienced an unplanned loss of more than 10 lbs. over the past twelve months.
13. Have you had any of the following in the last twelve (12) months? (Select one)	o Two (2) or more falls	o Individual has experienced two (2) or more falls over the past twelve months.
13. Have you had any of the following in the last twelve (12) months? (Select one)	o Problems with skin breakdown	o Individual has experienced problems with skin breakdown over the past twelve months.
14. What Prescription medications do you currently take? (Select all currently applicable)	o ^Ativan (Lorazepam)	Individual takes controlled medication(s).
14. What Prescription medications do you currently take? (Select all currently applicable)	o ^Concerta (Methylphenidate)	Individual takes controlled medication(s).
14. What Prescription medications do you currently take? (Select all currently applicable)	o *Haldol (Haloperidol)	Individual takes medication associated with Tardive Dyskinesia (TD).
14. What Prescription medications do you currently take? (Select all currently applicable)	o ^Klonopin (Clonazepam)	Individual takes controlled medication(s).
14. What Prescription medications do you currently take? (Select all currently applicable)	o *Mellaril (Thioridazine)	Individual takes medication associated with Tardive Dyskinesia (TD).
14. What Prescription medications do you currently take? (Select all currently applicable)	o *Risperdal (Risperidone)	Individual takes medication associated with Tardive Dyskinesia (TD).
14. What Prescription medications do you currently take? (Select all currently applicable)	o ^Ritalin (Methylphenidate)	Individual takes controlled medication(s).
14. What Prescription medications do you currently take? (Select all currently applicable)	o *Seroquel (Quetiapine)	Individual takes medication associated with Tardive Dyskinesia (TD).

Questions	*Responses*	*Discoveries*
14. What Prescription medications do you currently take? (Select all currently applicable)	o *Thorazine (Chlorpromazine)	Individual takes medication associated with Tardive Dyskinesia (TD).
14. What Prescription medications do you currently take? (Select all currently applicable)	o ^Valium (Diazepam)	Individual takes controlled medication(s).
14. What Prescription medications do you currently take? (Select all currently applicable)	o *Zyprexa (Olanzapine)	Individual takes medication associated with Tardive Dyskinesia (TD).
17. Do you want education about any of the following? (Select all applicable)	o Medications and Side Effects	o Individual would like education about medication and side effects.
17. Do you want education about any of the following? (Select all applicable)	o Safe Sex	o Individual would like education about safe sex practices.
17. Do you want education about any of the following? (Select all applicable)	o Alcohol Cessation Programs	oIndividual would like education about alcohol abuse programs.
17. Do you want education about any of the following? (Select all applicable)	o Smoking Cessation Programs	o Individual would like education about smoking cessation programs.
17. Do you want education about any of the following? (Select all applicable)	o Preventive Health	o Individual would like education about preventive health areas.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Occupational Therapy	o Individual may need Occupational Therapy.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Speech Therapy	o Individual may need Speech Therapy.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Physical Therapy	o Individual may need Physical Therapy.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Massage Therapy	o Individual may need Massage Therapy.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Nutritional Support	o Individual may need Nutritional Supports.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Respiratory Therapy	o Individual may need Respiratory Therapy.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Adaptive Equipment Evaluation	o Individual may need Adaptive Equipment Evaluation.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Oral Motor Evaluation	o Individual may need Oral-motor Evaluation.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Swallow Study	o Individual may need a Swallow Study.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Nursing Evaluation	o Individual may need a Nursing Evaluation.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Environmental Accessibility Assessment	o Individual may need Environmental Accessibility Assessment.
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Specialized Mental Health Assessment	o Individual may need Specialized Mental Health Assessment.

Questions	*Responses*	*Discoveries*
18. Does the individual report a need any of the following therapies not currently being rendered? (Select all applicable)	o Behavior Assessment	o Individual may need Behavior Assessment.
19. Is adaptive equipment in good working condition? (Select one)	o No	o Adaptive equipment is not in good working condition.
20. Do you need any special supports or equipment to assist in mobility, drinking liquids or eating food? (Select all applicable)	o Yes, for mobility	o Individual may need additional supports for mobility.
20. Do you need any special supports or equipment to assist in mobility, drinking liquids or eating food? (Select all applicable)	o Yes, for drinking	o Individual may need additional supports for drinking.
20. Do you need any special supports or equipment to assist in mobility, drinking liquids or eating food? (Select all applicable)	o Yes, for eating	o Individual may need additional supports for eating.
21. Have you registered with a special need shelter or do you have an emergency evacuation plan in place? (Select one)	o No	o Individual has not registered with a special need shelter or the individual does not have an evacuation plan in place.
22. Do you currently have Medicare (in addition to Medicaid)? (Select one)	o Yes	o Individual has Medicare coverage.
23. Do you currently have Private Insurance? (Select one)	o Yes Carrier: ____________	o Individual has Private Insurance coverage.
24. Did you Private Pay for any of your health care services in the past twelve (12) months? (Select one)	o Yes	o Individual privately paid for services.
25. Did the reviewer contact:	o Delmarva RN reviewer?	o The Delmarva RN reviewer was contacted.
25. Did the reviewer contact:	o Region/Area Medical Case Manager?	o The Region/Area Medical Case Manager was contacted.
25. Did the reviewer contact:	o Region/Area APD Staff?	o The Region/Area APD staff was contacted.