

Senior Needs Assessment

When Should Elderly Person Move From Home?

A Format for Decision Making

Objective criteria, that can be used for assessment.

Topic

Transportation

- Drives with no difficulty, nighttime as well as daytime
- Drives only during the day, or only in certain areas
- Has Family member or staff drive
- Requires assistance to enter/leave vehicle

Total Score _____

- 0
- 10
- 30
- 50

Mobility

- Ambulates independently
- Uses cane/walker
- Frequent Falls
- Requires wheelchair or personal assistance

Total Score _____

- 0
- 10
- 30
- 50

Social/Emotional

- Has active group of friends, initiates contact
- Has limited number of social contacts
- Needs coaching to maintain social contacts
- Has almost no acquaintances or friends

Total Score _____

- 0
- 10
- 30
- 50

Mental Status

- Alert, oriented, engaged intellectually
- Withdrawn, needs prompting
- Forgetful, often confused
- Displays sign of Dementia/Alzheimer's

Total Score _____

- 0
- 10
- 30
- 50

Hearing, Vision, Senses

	Total Score	_____
-No impairment, no assistance, except prescription eyeglasses	-	0
-Wears hearing aid	-	10
-Requires large type for reading or listens with hearing device	-	30
-Can not read or hear only with great difficulty	-	50

Housing

	Total Score	_____
-Able to maintain house, including repairs	-	0
-Needs some assistance in managing house	-	10
-Needs substantial assistance in managing house	-	30
-Unable to understand or pay for house upkeep	-	50

Medication

	Total Score	_____
-No medication or reminders needed	-	0
-Requires reminder for medication e.g. planner	-	10
-Requires staff person to supervise self medication	-	30
-Requires LPN or RN to administer medication	-	50

Bathing, Grooming

	Total Score	_____
-No assistance needed, independent	-	0
-Needs clothes, grooming, articles to be laid out	-	10
-Staff must standby, cue to dress, groom, bath	-	30
-Staff assistance required	-	50

Nutrition

	Total Score	_____
-Independent, plans, cooks meals and cleans up	-	0
-Eats most meals in dining room, restaurants	-	10
-Eats all meals in group dining	-	30
-Must be fed	-	50

Toileting

	Total Score	_____
-Independent	-	0
-Occasional accidents, diarrhea	-	10
-Requires assistance with toileting	-	30
-Incontinent	-	50

Treatments

	Total Score	_____
-No treatments	-	0
-Monitor vital signs, no prescriptive products	-	10
-Licensed nurse required to treat	-	30
-Oxygen, catheter, feeding tube required	-	50

Cumulative Points	Overall Total Score	_____
000 – 080	Stay at home	
080 – 180	Senior Independent/Congregate Housing	
180 – 380	Assisted Living	
380 –	Skilled Nursing or Dementia Care Assisted Living	