

1. Aspiration	
RIT	ONA
a. Diagnosis of Dysphagia, or has been identified to be at risk for Aspiration by a qualified medical professional	44b. Has condition- Dysphagia
b. Ingests non-edible objects, places non-edible objects in mouth or has diagnosis of pica	26a. Yes- PICA (ingestions of non-nutritive substances) and/or placing non-edible objects in mouth
c. Has a feeding tube	6a. Feeding tube-nasogastric or abdominal, Parenteral/IV feeding
d. Diagnosed with Gastroesophageal Reflux (GER) <u>and</u> the physician has identified the person is at risk of aspiration * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	44c. Has condition- Gastroesophageal Reflux Disorder (GERD)
e. Complains of chest pain, heartburn, or have small frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet) and the physician has identified that the person is at risk of aspiration.	6i. Does the individual complain of chest pain, heartburn or have small frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet)
f. Someone else puts food, fluids, or medications into this person's mouth * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	6b. Eating- coded substantial/maximal or dependent 47c. Medication management, oral medication – coded dependent
g. Food or fluid regularly falls out of this person's mouth	6f. Holding food in mouth/cheeks or residual food in mouth after meals, Loss of liquids/solids from mouth when eating/drinking
h. Coughs or chokes while eating or drinking (more than occasionally)	6f. Coughing or choking during meals or when swallowing medications
i. Drools excessively	6h. Does the individual drool excessively- Yes
j. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication	44a. Chronic Chest Congestion 44d. Persistent Cough 44e. Pneumonia (in last year) 44f. Rattling when breathing
k. Regularly refuses food or liquid (or refuses certain food/liquid textures)	6g. Does the individual refuse food or liquids because of food preferences or sensory issues, such as texture or taste?
l. Needs his/her fluids thickened and/or food texture modified	6a. Nutritional Approaches- Mechanically altered food/fluid require change in texture of food or liquids (e.g., pureed food, thickened liquids)

m. Eats or drinks too rapidly	29a. Yes- Rapid ingestion of food or liquids that presents a health or safety risk to the individual.
2. Dehydration	
a. Asks or routinely requires assistance to get something to drink	2d. No- Is the individual able to ask for something to drink or indicate he or she is thirsty?
b. Receives food or fluid through a tube	6a. Feeding tube-nasogastric or abdominal, Parenteral/IV feeding
c. Required intravenous(IV) fluids due to dehydration in the past year	6j. Yes- Has the individual required intravenous (IV) fluids due to dehydration in the past year?
d. Takes medication known to cause dehydration and this person would not recognize or communicate if he/she were dehydrated	47b. Does the individual take medication known to cause dehydration
e. Coughs or chokes while eating or drinking (more than occasionally)	6f. Coughing or choking during meals or when swallowing medications
f. Drools excessively	6h. Does the individual drool excessively?
g. Chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication	44a. Chronic Chest Congestion 44d. Persistent Cough 44e. Pneumonia (in last year) 44f. Rattling when breathing
h. Regularly refuses food or liquid (or refuses certain food/liquid textures)	6g. Does the individual refuse food or liquids because of food preferences or sensory issues, such as texture or taste?
i. Needs his/her fluids thickened and/or food textures modified	6a. Nutritional Approaches- Mechanically altered food/fluid require change in texture of food or liquids (e.g., pureed food, thickened liquids)
3. Choking	
a. Ingests non-edible objects, places non-edible objects in mouth or has diagnosis of pica	26a. Yes- PICA (ingestions of non-nutritive substances) and/or placing non-edible objects in mouth
b. Eats or drinks too rapidly	29a. Yes- Rapid ingestion of food or liquids that presents a health or safety risk to the individual.
c. Stuffs food into his/her mouth * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	6f. Holding food in mouth/cheeks or residual food in mouth after meals 6b. Eating- If Support is needed around this
d. Coughs or chokes while eating or drinking (more than occasionally)	6f. Coughing or choking during meals or when swallowing medication
4. Constipation	
a. Takes routine bowel medication for constipation or has taken "as needed" (prn) medications for	7f. Yes-Does the individual take routine bowel medication for constipation or has taken "as needed"

constipation fore than two times a month within the past year (do not include fiber)	(prn) medications for constipation fore than two times a month within the past year (do not include fiber)
b. Required a suppository or enema for constipation within the past year	7h. Yes-Has the individual required a suppository or enema for constipation within the past year
c. Has had more than one episode in the past year of complaining of pain when moving his/her bowels	7j. Yes-Has the individual had more than one episode in the past year of complaining of pain when having a bowl movement?
d. Had more than one known episode of hard stool in the past year	7k. Yes- Has the individual had more than one known episode of hard stool in the past year.
e. Takes a medication that causes constipation and this person would not recognize or communicate if he/she were constipated	7l. Yes- Does the individual takes a medication that causes constipation and would not recognize or communicate if he/she was constipated
5. Seizures	
a. Has diagnosis of seizures or epilepsy and/or had a seizure within the past five (5) years	45a. Yes- Does the individual have a diagnosis of seizures or epilepsy and/or had a seizure within the past five (5) years
b. Takes medication to control seizures and/or has taken medication to control seizures within the past five (5) years.	45b. Has taken medication to control seizures within the past year
c. Has had a seizure in the past year	45b. Has had a seizure in the past year
6. Unsafe medication management * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	42b. Self-Neglect- Inability to manage medications or seek medical treatment that may threaten health or safety 47c-i. Medication
7. Complications of diabetes	45d. Yes- does the individual have a diagnosis of diabetes or pre-diabetes
8. Complications associated with (list type of tube or ostomy)	46b. Current Need- Tracheostomy / Colostomy, Urostomy and/or other ostomy care/ Insertion of catheter (intermittent catheterization) / Indwelling or suprapubic catheter monitoring
9. Unreported Pain or illness	43d. No- Is the individual able to report or describe pain and/or signs of illness and where it is located?
10. Lack of access to medical care	43b. Yes- Does the individual currently experience a lack of access to medical care including mental health care, because of transportation, geographical, financial, cultural, or other non-behavioral reasons?
11. Injury due to falling * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	5g. Yes- Has the individual had two or more fall in the past year

	<p>5h. Yes- Has the individual ever had a fall(s) that resulted in major injury (fracture, sprain, head injury, or on-going pain)</p> <p>4a-b. Transferring and positioning – physical support</p> <p>5b-d. Mobility – physical support</p>
<p>12. Other serious health or medical issue?</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>46b. Treatments and Therapies notes</p>
<p>Safety</p>	
<p>13. Water temperature safety</p>	<p>8c. If Can adjust water temperature and/or can judge water temperature is not checked</p>
<p>14. Fire evacuation safety</p>	<p>40c. Yes- Does the individual need support to evacuate when a fire or smoke alarm sounds?</p>
<p>15. Household chemical safety</p>	<p>41a. Yes- Is the individual at risk of serious injury from household chemicals if the chemicals are not secured</p>
<p>16. Vehicle safety</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>40b. Does the individual need support to remain safe around traffic?</p> <p>15b. Car transfer- the ability to transfer in and out of a car or van</p>
<p>17. Court mandated protection</p>	<p>37b. Yes- Does the individual have a current court mandated restriction in place against anyone</p>
<p>18. Significant risk of exploitation</p>	<p>42a. Yes- Is this individual at significantly increased risk, beyond the typical risk for an individual with I/DD, for neglect, abuse or exploitation by another person</p>
<p>19. Enters into contracts that he/she may not be able to complete</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>32a Susceptibility to victimization- other</p> <p>16a. Money Management</p> <p>42a. Yes- Is this individual at significantly increased risk beyond the typical risk for an individual with I/DD for neglect, abuse, or exploitation by another person</p> <p>42b. Yes- Inability to manage funds that may result in negative consequences</p>
<p>20. Safety and cleanliness of the residence</p>	<p>41b. Yes- Are there currently any conditions in the residence that may lead to injury or illness</p> <p>41c. Yes- Is the individual at risk of eviction because of conditions within the residence?</p>
<p>21. Other safety issues</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>40a. No- Does the individual have the judgement and/or physical ability to cope, make appropriate decisions (e.g., selecting clothing appropriate for weather), and take action in a changing environment or a potentially harmful situation (assessor's judgement)?</p>

	42a. Yes- Is this individual at significantly increased risk, beyond the typical risk for an individual with I/DD, for neglect, abuse or exploitation by another person
22. Potential for financial abuse * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	42a. Is this individual at significantly increased risk, beyond the typical risk for an individual with I/DD, for neglect, abuse or exploitation by another person 16a. Money management -Support need marked partial/moderate assistance or above 32a. Susceptibility to victimization- other 42b. Yes- Inability to manage fund that may result in negative consequences
Mental Health	
23. Mental Health	46b. Behavioral Health therapies, including mental health Psychiatric therapies/services
24. Suicide	18. Injurious to Self- with presenting behavior of history of suicides attempts
25. Other Mental Health issues * No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.	46b. Treatments and Therapies- notes 44. Conditions and diagnoses- notes
Behavior	
26. Physical Aggression	19a. Yes- Aggressive or combative
27. Self-Injury	18. Yes- Self-Injury
28. Property Destruction	24a. Yes- Property Destruction
29. Leaving Supervised Settings	25a. Yes-Leaving supervised Area
30. Unsafe use of flammable materials	24a. Yes-Property Destruction- With presenting behavior- sets fires 18a. Yes- with presenting behaviors self-burning
31. Substance Abuse	38a. Yes- Is there a concern about abuse of substances, including illegal drugs, marijuana, prescription medication, or alcohol?
32. Illegal Behavior	33a. Yes- Legal Involvement
33. Court-mandated Restrictions	37a. Yes- Is a court mandated restriction currently in place against the individual?
34. Ingesting non-edible objects	26a. Yes- PICA (ingestions of non-nutritive substances) and/or placing non-edible objects in mouth
35. Non-edible objects in mouth	26a. Yes- PICA (ingestions of non-nutritive substances) and/or placing non-edible objects in mouth

<p>36. Refusing Medical Care</p>	<p>28a. Yes- Refusing ADL/IADL and Medical Care 43a. Individual unwilling to seek attention for issue(s)</p>
<p>37. Extreme Food or liquid seeking behavior</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>34a. Yes- Other Behavioral issue</p>
<p>38. Illegal or high risk sexual behavior</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>23a. Yes- Sexual Aggression/Assault 33a. Yes- Presenting Behavior- Prostitution, Sexual Crimes 32a. Yes- Presenting Behavior- Promiscuity, Other</p>
<p>39. Undesirable sexual behavior</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>22a. Yes- Socially unacceptable behavior (inappropriately touches others (unlikely to lead to address), masturbates in public, unwanted touching of others. Other inappropriate sexual activity</p>
<p>40. Harm to animals</p>	<p>20a. Yes- Injurious of animals</p>
<p>41. Use of objects as weapons</p>	<p>19a. Yes- Aggressive or combative – uses object to hurt others</p>
<p>42. Unsafe Social Behavior</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>22a. Yes-Socially unacceptable behavior 32a. Yes- Susceptibility to victimization</p>
<p>43. Other Behavior Issues</p> <p>* No direct relation- may need to ask questions outside of ONA, however these ONA responses could help answer this.</p>	<p>21a. Yes- Aggressive towards others, verbal 27a. Yes- Difficulties regulating emotions 30a. Yes- Withdrawal 31a. Yes-Intrusiveness 34a. Yes-Other Behavior Issue</p>