

# Sample CM Assessment Questions

It can be difficult to ask personal questions that are necessary to complete the comments in CA/PS assessment. Asking open-ended questions that allow for detailed answers is an important strategy and you will notice that many of the questions below utilize this technique. Questions that clarify **why there is a need, the frequency of a need, and how assistance is being received** will ensure that CA/PS comments are accurate.

The provided questions are examples; however, you are not limited to these questions when completing an assessment. We encourage the conversation to happen naturally rather than asking a list of questions.

## ADLs

### Ambulation

- What does it look like when you move around your home?
- If help is being provided, how often do you need help to get around your home? What does this help look like? Tell me how your care provider helps you.
- Do you use any assistive devices to get around? Cane, wheelchair, walker?
- Are you able to use the stairs? How often do you use them?
- Can you move around on uneven surfaces such as lawns, ramps, or steep driveways?
- Tell me about any trips or falls in the last few months. When did this happen? Were you injured? Were you able to get up?
- Tell me how you get around outside your home? What do you do when no one is around?

### Transfers

- Explain to me how you get in and out of bed.
- Tell me about the places you normally sit when you're awake.
- What other places do you sit or lay? How often do you need help getting on and off those surfaces?

- If someone helps you stand, who is it and how do they help?
- How often does your caregiver help you get up and down?
- I know this is very personal, but can you tell me how you get on and off the toilet (or commode)?

## **Eating**

- Tell me what mealtime looks like for you.
- Can you feed yourself if food is in front of you? Do you have any concerns about eating on your own? If yes, can you explain or describe that to me?
- Do you use special eating utensils? Does someone help set these utensils up for you?
- Does someone need to stay nearby when you're eating? If yes, explain why. Do they intervene if you begin to choke and what does this help look like? (Not just coughing and resolving it yourself) How often does this occur and when did it last happen?
- If consumer has a g tube or other specialized food, ask questions regarding how this is set up and consumed.

## **Bladder:**

- Do you use any kind of medical equipment or supplies to manage your bladder care? How often and what does that look like? What parts are you able to do or not? Why?

## **Bowel:**

- Do you need any assistance to have a bowel movement? (Enemas, suppositories, or digital stimulation)
- Do you use any kind of medical equipment or supplies to manage your colostomy care? How often and what does that look like? What parts are you able to do or not?

## Toileting

- Do you wear incontinence products such as pull-up briefs or pads to protect clothing? Does someone help you manage them, or can you change them yourself?
- Can you adjust your clothing yourself when using the restroom?
- Can you clean yourself after using the toilet? Are there times you cannot or that you struggle to cleanse completely after using the toilet? Have you experienced UTIs, rashes, skin breakdown, etc. related not cleansing sufficiently?
- How often do you use a bedside commode or a urinal? Can you clean the commode or urinal on your own? If not, who helps you do this and why?

## Cognition

When determining cognition, consider all information before determining need level including specific diagnosis, the symptoms related to the diagnosis and reason help is needed. Keep in mind that certain conditions will impact the brain differently. Your determination should be based on the information you gathered throughout the assessment, though you may also use details gathered when completing waived contacts, screening, and the risk assessment. Your determination shouldn't be solely based on cognition questions, nor should the decision be based on the diagnosis. However, the diagnosis can shed some light on how the consumer is acting/reacting and help clarify what the need is in the component. Often sequencing questions can illustrate cognition needs and assist in 'painting the picture' of the situation. When individuals have or report to have impaired cognition you may need to ask questions of natural supports or care providers though there are some questions that you may ask the consumer directly to get a full understanding of cognition needs. (There are a mixture of question types below.)

## Self-Preservation

- Tell me about the concerns or changes you've noticed in the consumer's ability to keep themselves safe. Are there specific circumstances you can

remember that indicated to you that the consumer could no longer care for themselves?

- Are they aware of physical needs that require seeing a doctor?
- If they were injured or bleeding, could they respond to that emergency?
- Are they properly storing food and getting rid of spoiled food?
- If they were going outdoors in the cold, could they dress appropriately?
- Would they know if someone was taking advantage of them financially? Can they pay their own bills on time and manage a bank account? Have they had any late fees or unpaid bills in the last 6 months? Why?
- Would they know what to do with a household problem such as leaking roof, broken window, door lock not working, clogged toilet, leaking pipes?
- Could they manage taking medications without forgetting or mixing up the instructions?
- How do you know when a medical appointment is needed? What are the steps you take to see the doctor?

## **Decision Making**

- Describe how the consumer does everyday tasks that require several steps and how they decide what to do step-by-step. For example, the steps needed to order medical supplies, or steps needed to decide what to buy to make a meal?
- Have they attempted something dangerous or did something that had a negative outcome? Are they aware this was a possibility? Can they weigh the outcome?
- Are they aware of the consequences of their decisions? Why? Examples?

## **Make Self Understood**

- How does the consumer express their wants and needs?

- Can they express urgent problems? Example: “I’m sick; I have pain” or pointing to the bathroom if they need to use the bathroom.
- Tell me about a time that the consumer was unable to communicate their care needs.
- If they can’t find the right words, does that result in you not knowing what they want or need? (Note: Losing train of thought or forgetting a name or word is common and usually does not result in needs not being met).

## **Challenging Behaviors**

- Tell me about the consumer’s behaviors that –
  - Disrupt others?
  - Are verbally and physically aggressive?
  - Are inappropriate?
- Do caregivers need to monitor actions for safety reasons? Examples?
- Do their actions negatively impact their health and safety?
- Tell me how the consumer is able to self-regulate their behaviors.
- Has a doctor prescribed medication for behaviors?
- Does the consumer wander aimlessly?

## **Bathing**

- Can you clean yourself without help?
- How often you take showers or bed baths?
- Tell me what your care provider does and what you can do during the shower.
- If you need help bathing, how is that help given? Please describe your usual bathing routine.

- Can you wash your body? Do you need help washing any part of your body?
- Can you shampoo your hair? If not, is your hair washed at every shower/bath?

### **Personal Hygiene**

- Do you have any shaving needs? What parts of shaving are you unable to complete on your own?
- Do you have your own teeth or do you have dentures? Can you take your dentures in and out and clean them? Can you care for your gums on your own?
- Do you have menstruation needs? Can you use products on your own?

### **Dressing**

- Walk me through the steps you take to get dressed. What steps do you take to get undressed? Does someone help you with any part?
- How often do you change clothing?
- What do you wear on a 'normal' day?
- What kind of shoes do you wear around the house?
- Do you wear something different if you're going to an appointment or to the store or to church?
- Do you wear something different at night?
- What is your process for putting on and taking off socks and shoes?
- Do you wear compression hose (or stockings)? Can you put them on yourself?
- Do you need help with buttons, zippers, or clasps?

### **Grooming**

- Explain to me how your caregiver helps you with your hair and nailcare.

- Do you prefer your hair styled or maintained in some way? Can you do this on your own?
- Do you blow dry your hair? Can you do this on your own?
- Can you care for your fingernails and toenails? How often?

## **IADLs**

### **Meal Prep – Breakfast /Lunch/Dinner**

- What do you typically eat for (breakfast, lunch, dinner)? Can you prepare meals on your own? If not, why do you need help preparing food and who prepares meals for you?
- How often to do you eat meals?
- What part of preparing each meal are you able to manage on your own? What prevents you from being able to prepare the meals on your own?

### **Transportation**

- If you want to go somewhere, what are the steps you take to get a ride?
- Tell me how you get in and out of a vehicle. Do you need help with the seat belt? Do you need other help during a ride?

### **Shopping**

- How often do you go shopping for food, clothing, or to get medications? Do you go on your own?
- What part of shopping are you able to manage on your own? If someone helps you, how do they help and why?

### **Housekeeping**

- What housekeeping tasks are you able to manage on your own? What tasks do you need help with and why? Are there are some housekeeping tasks not getting done?
  - Can you wipe surfaces, counter tops, or sinks?
  - Can you clean floors or vacuum carpet?
  - Can you make your bed or change linens on your own?
  - Can you clean dishes or use the dishwasher?
  - Can you gather/take out the garbage?

## **Laundry**

- What steps do you take to wash and dry your laundry? What parts are you able to complete on your own? What do you need help with and why?

## **Medication Management:**

- How do you get prescription medications to your home? Can you order them on your own?
- Do you keep meds in bottles or in an organizer?
- Do you need injections (what & how)?
- Do you have prescription ointments or creams that you need help with?
- Do you use oxygen? Can you manage that on your own?
- Tell me your process for taking medication. How do you know how often they should be taken?
- Describe to me how you set up, order, and remember to take your medications?
- What part of managing your medications are you able to manage on your own?



- What prevents you from being able to manage your medications on your own?

**Follow-up Questions/Reminders:**

- Are your current HCW hours meeting your needs? If not, what is not getting done?
- Do you have a back-up plan in mind if there was a time your HCW was gone for a few days?