

**Annex 2:**  
**Resource Use Measure**  
**(RUM)**

**CLIENT DETAILS** (Subject to further development in consultation with development sites)

**Date of Completion :**

**RUM Grouping :**

# Resource Use Measure (RUM)

## **General guidelines for completion of the Resource Use Measure (RUM) questionnaire**

- The “Client Details” box above is to allow you to enter appropriate identifiers for the person who is the subject of the RUM questionnaire and score.
- Answer the questions based on your most recent assessment of the person’s health and social care needs.
- If a person’s needs fluctuate between two categories, select the higher of the two codes, e.g., if the person’s needs fluctuate between options 3 and 4 for a particular question, select 4.
- **Answer all questions.**

## GUIDELINES FOR QUESTIONS 1-3

Activities of daily living are often affected by the individual's associated mental health problems. In responding to these questions please draw on the person's mental health needs as well as their physical needs. This may be most relevant to the response related to 'requires encouragement, prompting and supervision'.

### **Q1: When eating a meal, the person...**

This question relates to a person's ability to obtain adequate nutrition. This question does not concern the person's ability to cook or prepare meals.

Select 1: if the person eats using ordinary utensils without help, prompting or supervision, even if the meal must be prepared by someone else.

Select 2: if the person eats without help, prompting or supervision, but uses special or adapted utensils.

Select 3: if the person requires food to be cut up or its consistency to be modified in order to eat.

Select 4: if the person lacks the desire or motivation to eat, but is able to do so when prompted or encouraged; or if the person requires supervision in order to eat an adequate amount of food, but does not require physical assistance.

Select 5: if the person requires physical assistance from another person in bringing utensils to the mouth.

Select 6: if, because of injury, disability or illness, the person must receive nutrition intravenously, by gastrostomy or by syringe.

### **Q2: When transferring from bed to a chair or wheelchair, the person...**

This question relates to a person's ability to transfer from a position of lying down to a position of sitting in a nearby chair.

Select 1: if the person is able to transfer independently and safely without the use of any equipment or adaptations, e.g. bedrail, specially adapted chair.

Select 2: if the person is able to transfer independently but only with the use of equipment or adaptations e.g. bedrail, specially adapted chair.

Select 3: if the person requires physical assistance from one person, irrespective of whether equipment is required.

Select 4: if the person requires encouragement, prompting or supervision, but does not require physical assistance; OR if the person uses any equipment or adaptation that requires one person to set it up or to supervise its use; OR if the person requires observation because of a risk or fear of falling.

Select 5: if the person requires the physical assistance of two people, irrespective of whether equipment is required.

Select 6: if the person is confined to bed and/or does not sit in a chair because of illness, injury or physical disability.

### **Q3: When using the toilet or commode, the person...**

This question relates to a person's ability to use the toilet / commode, that is to transfer on and off the toilet / commode, adjust clothing and maintain perineal hygiene. This question does **not** concern continence, bowel function or stoma care (covered by question 12). It also does not concern a person's ability to get to the toilet / commode, only the ability to use it once they are there.

Select 1: if the person is able to use the toilet or commode independently without the use of any equipment or adaptations, e.g., raised toilet seat, hand rails, etc.

Select 2: if the person is able to use the toilet or commode independently, but only with the use of equipment or adaptations, e.g., raised toilet seat, hand rails, etc.

Select 3: if the person requires minimal physical assistance from one person to use the toilet or commode, but performs the majority of the tasks himself / herself, e.g., if the person needs a small amount of assistance in transferring on and off the toilet, or in adjusting clothing.

Select 4: if the person requires encouragement, prompting or supervision to use the toilet or commode because of a lack of motivation, fear of falling, confusion or memory loss, but does not require physical assistance; OR if the person uses any equipment or adaptation that requires one person either to set it up or to supervise its use.

Select 5: if the person requires assistance with all aspects of using the toilet.

Select 6: if the person does not use the toilet or alternative receptacle because of physical disability or injury, or because he / she has a catheter or colostomy.

# Activities of Daily Living and Mobility

**1. When eating a meal, the person ...** **ADL Score**

- 1 Eats without assistance ..... 1
- 2 Eats without assistance using equipment ..... 1
- 3 Eats with help, e.g., cutting up or puréeing food ..... 2
- 4 Eats with encouragement, prompting or supervision ..... 2
- 5 Requires complete assistance ..... 3
- 6 Receives nutrition by tube or infusion ..... 3

**2. When transferring from bed to a chair or wheelchair, the person ...** **ADL Score**

- 1 Transfers independently ..... 1
- 2 Transfers independently using equipment or adaptations ..... 1
- 3 Needs the assistance of one person ..... 2
- 4 Requires the encouragement, prompting or supervision of one person ..... 2
- 5 Needs the assistance of two or more people (with or without equipment) ..... 3
- 6 Does not transfer from bed to chair (e.g., confined to bed, etc.) ..... 3

**3. When using the toilet, the person ....** **ADL Score**

- 1 Is independent ..... 1
- 2 Is independent with equipment or adaptations ..... 1
- 3 Needs assistance ..... 2
- 4 Requires encouragement, prompting or supervision ..... 2
- 5 Requires complete assistance ..... 3
- 6 Does not use the toilet ..... 3

**ADL Score**

Q 1 - Eating	Scor	-	
Q 2 – Transferring	Scor	-	
Q 3 – Toileting	Scor	-	
Total ADL Score (Q1 + Q2 + Q3)	Scor	=	

## GUIDELINES FOR QUESTIONS 4-7

Personal care tasks are often affected by the individual's associated mental health problems. In responding to these questions please draw on the person's mental health needs as well as their physical needs. This may be most relevant to the response related to 'requires encouragement, prompting and supervision'.

### Q4: Is the person able to wash his / her own hair?

This question relates to a person's ability to wash his / her own hair, using soap or shampoo, irrespective of whether they do so in the shower / bath or over a sink. (See below for guidance on each option.)

### Q5: Is the person able to wash his / her face and hands?

This question relates to a person's ability to maintain good personal hygiene by washing his / her face and hands. It includes the ability to turn taps on and off, and adjust water temperature to avoid scalding. (See below for guidance on each option.)

### Q6: Is the person able to give himself / herself a complete wash, bath or a shower?

This question relates to a person's ability to wash in a bath or shower (including getting into or out of the bath or shower) or give himself / herself a complete wash by other means. It includes the ability to turn taps on, adjust water temperature to avoid scalding, and turn taps off again to prevent flooding. (See below for guidance on each option.)

### Q7: Is the person able to dress / undress himself / herself?

This question relates to a person's ability to put on, take off, secure and unfasten all garments in a manner appropriate for the weather. It also includes, the ability to adjust and fasten garments following use of the toilet, and as appropriate, the ability to put on and take off any braces, artificial limbs or other surgical appliances. (See below for guidance on each option.)

### For all questions 4-7 :

Select 1: if the person requires no help, prompting or supervision from another person to perform the task AND does not require equipment or adaptations to do so.

Select 2: if the person requires no help, prompting or supervision from another person to perform the task, but uses equipment or adaptations to do so.

Select 3: if the person *is able* to perform the task, but because of frailty, disability or recent injury, finds it difficult to do so, even when using equipment or adaptations; OR if the person has difficulty with one aspect of the task (e.g., putting on socks and shoes, getting into a bath), even if they have no difficulty with another aspect (e.g., putting on trousers or shirt, washing themselves once in the bath).

Select 4: if the person:

- lacks confidence or motivation to perform the task, but is able to do so when prompted or encouraged. This includes, for example, someone who requires clothing to be laid out for them, but is able to dress themselves once this has been done; OR
- will not perform the task without someone present because of a fear of falling, a phobia or other anxiety disorder; OR
- has forgotten how to perform the task, or is unable to perform it *safely* because of cognitive impairment or confusion. This includes, for example, someone who may leave the bath water running if they are not reminded to turn off the tap.

Choose this option if the person generally does not require *physical* assistance with the task, but nevertheless (for whatever reason) often requires someone to be present in order to perform it themselves.

Select 5: if the person:

- requires physical assistance or support from others (for whatever reason), even if it is minimal; OR
- requires physical assistance for one aspect of the task (e.g., putting on socks and shoes, getting into a bath), even if they require no assistance for another aspect (e.g., putting on trousers or shirt, washing themselves once in the bath); OR
- does not perform the task because of disability.

# Personal care

4. Is the person able to wash his / her own hair?

Personal Care Score

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

**5. Is the person able to wash his / her hands and face? Personal Care Score**

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

**6. Is the person able to give himself / herself a complete wash, a bath or a shower? Personal Care Score**

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

**7. Is the person able to dress / undress himself / herself? Personal Care Score**

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

**GUIDELINES FOR QUESTIONS 8 - 10**

Food / drink preparation tasks are often affected by the individual's associated mental health problems. In responding to these questions please consider and draw on the person's mental health needs as well as their physical needs. This may be most relevant to the response related to 'requires encouragement, prompting and supervision'.

**Q8: Is the person able to prepare, cook and serve himself / herself a main meal?**

This question relates to a person's ability to prepare a hot meal for himself / herself. It includes the ability to operate any appliances required (microwave, cooker, oven), and to obtain *appropriate* nutrition. (See below for guidance on each option.)

**Q9: Is the person able to prepare himself / herself a light snack (e.g., cheese on toast)?**

This question relates to a person's ability to prepare himself / herself a snack between mealtimes. (See below for guidance on each option.)

**Q10: Is the person able to prepare himself / herself a hot drink (e.g., cup of tea)?**

This question relates to a person's ability to boil a kettle, and pour the water into a teapot or coffee pot and cup, without injury or scalding. (See below for guidance on each option.)

**For all questions 8-10:**

Select 1: if the person requires no assistance, prompting or supervision from another person to perform the task AND does not require equipment or adaptations to do so.

Select 2: if the person requires no assistance, prompting or supervision from another person to perform the task, but uses equipment or adaptations to do so.

Select 3: if the person *is able* to perform the task, but because of frailty, disability or recent injury, finds it difficult to do so, even when using equipment or adaptations.

Select 4: if the person:

- lacks confidence or motivation to perform the task, but is able to do so when prompted or encouraged; OR
- has forgotten how to perform the task, or is unable to perform it *safely* or *appropriately* without supervision because of cognitive impairment or confusion. (This includes, for example, a person who may be physically able to cook, but who might leave a pot on a lit burner and walk away from it, or who might eat out-of-date food. It also includes someone who is physically able to shop, but who cannot do so appropriately without supervision) OR
- is physically able to perform the task, but usually neglects himself / herself because of a mental health need or cognitive impairment.

Select this option if the person generally does not require *physical* assistance with the task, but nevertheless (for whatever reason) often requires someone to be present in order to perform it themselves.

Select 5: if the person:

- requires physical assistance from others to perform the task (for whatever reason); OR
- requires physical support from others to perform the task (for whatever reason), even if it is minimal; OR
- can not perform the task without assistance because of a lack of training (e.g., someone who needs prepared meals to be provided because they do not know how to cook, but who is able to reheat the meals once provided); OR
- does not perform the task because of disability.

# Food / Drink Preparation

**8. Is the person able to prepare, cook and serve himself / herself a main meal? Food / Drink Score**

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

**9. Is the person able to prepare himself / herself a light snack (e.g., cheese on toast)? Food / Drink Score**

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

**10. Is the person able to prepare himself / herself a hot drink (e.g., cup of tea)? Food / Drink Score**

- 1 Without difficulty ..... 1
- 2 Without difficulty using equipment or an adaptation ..... 2
- 3 Has difficulty even when using equipment or an adaptation ..... 3
- 4 Requires prompting, guidance, supervision or encouragement ..... 4
- 5 Cannot do without assistance from others ..... 5

<b><u>Personal Care / Food / Drink Score</u></b>	
Q 4 – Washing Hair	Score <input type="text"/>
Q5 – Washing Hands / Face	Score <input type="text"/>
Q6 – Complete Wash	Score <input type="text"/>
Q7 – Dress / Undress	Score <input type="text"/>
Q8 – Main Meal	Score <input type="text"/>
Q9 – Light Snack	Score <input type="text"/>
Q10 – Hot Drink	Score <input type="text"/>
Total Personal Care / Food / Drink Score (Q4+Q5+Q6+Q7+Q8+Q9+Q10)	Score <input type="text"/>

## GUIDELINES FOR QUESTION 11

### Q11: Has the person exhibited any of the following behaviours in the last four weeks?

When answering question 11, please consider the possible impact of any of these behaviours on the person's activities of daily living, personal care and food/drink preparation needs. This is to ensure the person's needs as a whole are reflected in each section, and a recognition that there may be overlaps across sections.

This question relates to the behavioural signs and symptoms of mental health problems such as dementia (or other forms of cognitive impairment), anxiety, depression, schizophrenia, etc. It also covers behavioural problems which may result from alcohol or drug dependencies, or a head injury. Tick one box for each behaviour to indicate how often the behaviour has occurred in the last four weeks. *Focus only on the last four weeks, even if the person has displayed a certain behaviour frequently in the past, but not in the last four weeks.* It is recognised that the successful treatment and management of certain mental illnesses may result in a reduction in the frequency of some behavioural problems.

For each behaviour **A-C**, indicate how often it has occurred in the last four weeks. If it has not occurred or has hardly ever occurred, select **option 1** — 'never or rarely'. If option 1 selected, when assigning score, score 1. Choose **option 2** — 'occasionally or more often' — even if the behaviour has occurred infrequently in the last four weeks, or if it has occurred only in certain contexts. If option 2 selected, when assigning score, score 2

For each behaviour **D-F**, indicate whether or not it has occurred at all in the last four weeks. Choose **option 1** — 'No' , if it has not occurred at all in the last four weeks. If option 1 selected, when assigning score, score 1. Choose **option 2**, 'Yes' — even if the behaviour has occurred infrequently in the last four weeks, or if it has occurred only in certain contexts. If option 2 selected, when assigning score, score 2.

Answer the questions exactly as they are stated. The responses to the questions will clearly be subjective in nature. However, in all cases, they should be based on the professional assessment of the assessing practitioner. If a person presents a particular behaviour, please indicate this by ticking the appropriate box. In some cases, the presentation of a behaviour may not particularly pose a problem to the person or others; indicate the frequency with which the behaviour is presented, *irrespective of whether it poses a problem to the person or to others.*

The following examples are provided to reduce any ambiguity in the questions.

Qstn **C**: **Verbal aggression** — Verbal aggression may be directed towards other people, animals or objects.

Qstn **D**: **Resistiveness** — Resistiveness may include not only a person's active refusal to co-operate with their care, but also to situations where a person apparently agrees to receive care, but then is consistently out when the care worker arrives, etc.

Qstn **E**: **Relationships** — Key relationships are considered to be those which are significant to the person, or which are necessary for their care. They may include individuals such as a spouse, a daughter or son, a carer, a member of the social work services team, a nurse or a doctor, for example. A person may also have difficulties in relationships with certain key service providers, for example, Social Work, or may have a problem with people wearing uniforms.

Qstn **F**: **Risk** — Risk of harm might include, for example, dangers relating to accidental explosion, fire, poisoning (including food or carbon monoxide poisoning), disorientation in traffic, etc.

# Mental Health and Behaviour

11. Has the person exhibited any of the following behaviours in the last four weeks? (Please tick one box for each behaviour.)

**Mental Health/ Behaviour Score**

	1 Never or rarely	2 Occasionally or more often
<b>A. Agitation/Restlessness</b> Is the person agitated or restless?	Score 1 <input type="checkbox"/>	or 2 <input type="checkbox"/>
<b>B. Disturbance/Disruption</b> Does the person disturb or disrupt other people?	1 <input type="checkbox"/>	or 2 <input type="checkbox"/>
<b>C. Verbal aggression</b> Is the person verbally aggressive?	1 <input type="checkbox"/>	or 2 <input type="checkbox"/>
<b>Sub Total Score (QA + QB + QC)</b>	<input style="width: 50px; height: 25px;" type="text"/>	

**Mental Health / Behaviour Score**

	1 No	2 Yes
<b>D. Resistiveness</b> Is the person unco-operative or resistant to help with their care?	Score 1 <input type="checkbox"/>	or 2 <input type="checkbox"/>
<b>E. Relationships</b> Does the person have difficulty with key relationships?	1 <input type="checkbox"/>	or 2 <input type="checkbox"/>
<b>F. Risk</b> Does the person's behaviour constitute a risk of harm to themselves or to others?	1 <input type="checkbox"/>	or 2 <input type="checkbox"/>
<b>Sub Total Score (QD + QE + QF)</b>	<input style="width: 50px; height: 25px;" type="text"/>	

**Mental Health Score**

Sub Total Score (QA+QB+QC) plus Sub Total Score (QD+QE+QF) Score

**GUIDELINES FOR QUESTION 12**

**Q12: Does the person require any of the following interventions or treatments relating to bowel management?**

These questions relate to the person's need for assistance with bowel management. Please tick one box. If the person requires no intervention or treatments for bowel management, select 1 (Never or rarely).

Question 12 relates to a person's ability to maintain a healthy bowel function. It includes the care required to prevent both constipation and faecal incontinence. If a person is incontinent only in certain situations or circumstances, indicate how often this occurs. If the person's needs fluctuate between two options, select the higher of the two.

Select 1: if the person is fully continent, does not require, or rarely requires assistance from another person OR if the person is independent with pads or other continence aids, equipment or adaptations.

Select 2: if the person requires prompting, supervision or assistance to maintain a healthy bowel function or to manage problems relating to faecal incontinence, but on average, less than once a week.

Select 3: if the person requires prompting, supervision or assistance to maintain a healthy bowel function or to manage problems relating to faecal incontinence, on average, more than once a week, but not every day.,

Select 4: if the person requires prompting, supervision or assistance, on average, once a day or once a night, to maintain a healthy bowel function, or to manage problems relating to faecal incontinence, OR if the person requires assistance at least once a day or once a night for stoma care.

Select 5: if the person requires prompting, supervision or assistance, several times throughout the day or night, to maintain a healthy bowel function, or to manage problems relating to faecal incontinence, OR if the person requires assistance several times throughout the day or night for stoma care.

# Bowel management

12. Does the person require any of the following interventions or treatments relating to bowel management?  
(Please tick one box)

	1	2	3	4	5
	Never or rarely	Less than once a week, on average	Once a week or more, but not daily	Once every 24 hours, on average	More than once in 24 hours

Provision of assistance, guidance, prompting or supervision to maintain bowel function

1

2

3

4

5

**Assigning Client to RUM Grouping**

The purpose of the completing the RUM is to allow practitioners to assign their client to a RUM grouping.

Please refer to the diagram on **page 13** when allocating RUM grouping.

**Step 1**

To allocate client to a low, medium or high ADL group, please refer to the total ADL score calculated on **page 3**.

- Low ADL** = total score of 3 - Go to Step 2 a)
- Medium ADL** = total score of 4 - Go to Step 2 b)
- High ADL** = total score of 5 to 9 - Go to Step 2 c)

**Step 2**

**a) For Low ADL Group** – refer to total personal care / food/ drink score calculated on **page 7**.

- Low Personal Care Food / Drink Prep. = total score of 7 to 14 **RUM GROUP A**
- Medium Personal Care Food / Drink Prep. = total score of 15 to 27 **RUM GROUP B**
- High Personal Care Food / Drink Prep. = total score of 28 to 35 **RUM GROUP D**

**b) For Medium ADL Group** – refer to total mental health score calculated on **page 9**.

- Low Mental Health = total score of 6 **RUM GROUP C**
- Medium Mental Health = total score of 7 to 9 **RUM GROUP E**
- High Mental Health = total score of 10 to 12 **RUM GROUP G**

**c) For High ADL Group** – refer to bowel management response on **page 11**.

No / Low Bowel Management = if answered option 1 or 2 for Q12

Refer to Mental Health Score calculated on **page 9**

- No / Low Mental Health = total score of 6 or 7 **RUM GROUP F**
- High Mental Health = total score of 8 to 12 **RUM GROUP H**

High Bowel Management = if answered option 3 or 4 or 5 for Q 12 **RUM GROUP I**

**Please record client RUM grouping in box below.**

**RUM GROUPING DIAGRAM**

