

ID _____

Date of birth (mm / yyyy) _____

Sex (M/F) _____

Resource Use Measure
based on

SCRUGS

(Scottish Care Resource Utilisation Groups)

August 16, 2001

GUIDELINES FOR QUESTIONS 1-4

Answer the questions based on your most recent assessment of the person's physical and mental health needs. Tick only one box for each question. If a person's ability fluctuates between two categories, select the higher of the two codes, e.g., if the person's ability fluctuates between 3 and 4, choose 4.

Q1. EATING

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 assistance, but uses specially 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: COOKING

This question relates to a person's ability to prepare himself / herself a main meal in whatever manner that is appropriate for him / her. At its most basic level, this question concerns a person's ability to heat a frozen meal, and open boxes, tins or packets containing food. It also includes the ability to use a knife, spoon, cooker, oven or microwave for the purposes of preparing a meal.

- Select 1: if the person is able to prepare himself / herself a main meal without assistance, guidance or supervision.
- Select 2: if the person requires minimal assistance in preparing a main meal, e.g., the person himself / herself may be able to boil or cook potatoes, but someone else needs to peel them.
- Select 3: if the person is able to prepare himself / herself a main meal, but because of frailty, risk or fear of falling, risk of explosion or fire, or lack of motivation, requires encouragement, prompting or supervision.
- Select 4: if the person is not able to prepare a main meal, because of physical disability, frailty, ill-health, or because of a mental health problem which makes it unsafe for him / her to do so. This would include a person for whom meals must be prepared and delivered.

Q3. DRINKING

This question relates to a person's ability to obtain adequate fluid intake (hydration).

- Select 1: if the person is able to prepare and consume a drink from a cup, glass or other vessel without help, prompting or supervision.
- Select 2: if the person is able to drink without assistance, but uses specially adapted vessels, or a straw.
- Select 3: if the person is able to drink without assistance, supervision or prompting but requires that the drink be prepared by someone else.
- Select 4: if the person lacks the desire or motivation to maintain hydration, but is able to do so when prompted or encouraged; or if the person requires supervision to drink, but does not require physical assistance.
- Select 5: if the person requires physical assistance from another person in bringing a drinking vessel to the mouth.
- Select 6: if, because of injury, disability or illness, the person must receive fluid intravenously, by gastrostomy or by syringe.

Q4. TRANSFERRING FROM BED TO A CHAIR

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, spring loaded chair.
- Select 3: if the person requires physical assistance from one person.
- 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 but does not require the use of a hoist.
- Select 6: if the person requires the physical assistance of two people using a hoist.
- Select 7: if the person is bed bound and does not sit because of injury or physical disability. Where possible give the reason why.

1. EATING

When eating a meal, the person ...

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

Please specify equipment and adaptations used at present (if any) _____

2. COOKING

When cooking a main meal, the person....

- 1. copes independently
- 2. cooks with some assistance
- 3. requires encouragement, prompting or supervision
- 4. requires meals to be completely prepared

Please specify equipment and adaptations used at present (if any) _____

3. DRINKING

When having a drink, the person ...

- 1. drinks without assistance
- 2. drinks without assistance using equipment or adaptations
- 3. drinks without assistance, but requires help in preparation
- 4. drinks with encouragement, prompting or supervision
- 5. requires complete assistance
- 6. receives hydration by tube or infusion

Please specify equipment and adaptations used at present (if any) _____

4. TRANSFERRING FROM BED TO A CHAIR

When transferring from bed to a chair or wheelchair, the person ...

- 1. copes independently
- 2. copes independently using equipment or adaptations
- 3. needs the assistance of one person
- 4. requires the encouragement, prompting or supervision of one person
- 5. needs the assistance of two or more people
- 6. needs the assistance of two people using a hoist
- 7. does not transfer from bed to chair. Reason: _____

Please specify equipment and adaptations used at present (if any) _____

GUIDELINES FOR QUESTIONS 5-7

Answer the questions based on your most recent assessment of the person's physical and mental health needs. Tick only one box for each question. If a person's ability fluctuates between two categories, select the higher of the two codes, e.g., if the person's ability fluctuates between 3 and 4, choose 4.

Q5: TRANSFERRING FROM A CHAIR TO STANDING

This question relates to a person's ability to transfer from a position of sitting to a position of standing.

- Select 1: if the person is able to transfer independently and safely without the use of any equipment or adaptations, e.g. zimmer, specially adapted chair.
- Select 2: if the person is able to transfer independently but only with the aid of equipment or adaptations e.g. zimmer, spring loaded chair.
- Select 3: if the person requires physical assistance from one person.
- Select 4: if the person requires encouragement, prompting or supervision from one person, 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 but does not require the use of a hoist
- Select 6: if the person requires the physical assistance of two people using a hoist.
- Select 7: if the person is bed-bound or chair-bound and does not stand because of injury or physical disability. Where possible give the reason why.

Q6: MOVING FROM ONE LOCATION TO ANOTHER INSIDE THE HOME

This question relates to a person's ability to move from one room to another *on a level surface* inside his / her own home. It does not relate to his / her ability to climb stairs within the own home.

- Select 1: if the person is able to move independently and safely without the use of any equipment or adaptations, e.g. zimmer, wheelchair.
- Select 2: if the person is able to move independently but only with the aid of equipment or adaptations e.g. zimmer, wheelchair
- Select 3: if the person requires physical assistance from one person.
- Select 4: if the person requires encouragement, prompting or supervision because of fear of falling or a risk of confusion due to a mental health need, 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 physical assistance from two people.
- Select 6: if the person is bed-bound or chair-bound and is not mobile because of injury or physical disability. Where possible give the reason why.

Q7: MOVING FROM ONE LOCATION TO ANOTHER OUTSIDE THE HOME

This question relates to a person's ability to leave the boundaries of his / her own home, garden or other familiar area, and move from one location to another on a level surface.

- Select 1: if the person is able to move independently and safely without the use of any equipment or adaptations, e.g. zimmer, wheelchair.
- Select 2: if the person is able to move independently but only with the use of equipment or adaptations, e.g. zimmer, wheelchair
- Select 3: if the person requires physical assistance from one person.
- Select 4: if the person requires encouragement, prompting or supervision because of a lack of motivation, fear of falling, agoraphobia, or a risk of confusion due to a mental health need, 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 physical assistance from two people.
- Select 6: if the person is bed-bound or chair-bound and is not mobile because of injury or physical disability. Where possible give the reason why.

5. TRANSFERRING FROM A CHAIR TO STANDING

When transferring from a chair to standing, the person...

- 1. copes independently
- 2. copes independently using equipment or adaptations
- 3. needs the assistance of one person
- 4. requires the encouragement, prompting or supervision of one person
- 5. needs the assistance of two or more people
- 6. needs the assistance of two people using a hoist
- 7. does not transfer from chair to standing. Reason: _____

Please specify equipment and adaptations used at present (if any) _____

6. MOVING FROM ONE LOCATION TO ANOTHER INSIDE THE HOME

When moving from one location to another on a level surface within the home, the person....

- 1. copes independently
- 2. copes independently using equipment or adaptations
- 3. needs the assistance of one person
- 4. requires the encouragement, prompting or supervision of one person
- 5. needs the assistance of two or more people
- 6. does not move location within the home. Reason: _____

Please specify equipment and adaptations used at present (if any) _____

7. MOVING FROM ONE LOCATION TO ANOTHER OUTSIDE THE HOME

When moving from one location to another on a level surface outside the home, the person

- 1. copes independently
- 2. copes independently using equipment or adaptations
- 3. needs the assistance of one person
- 4. requires the encouragement, prompting or supervision of one person
- 5. needs the assistance of two or more people
- 6. does not move outside the home. Reason: _____

Please specify equipment and adaptations used at present (if any) _____

GUIDELINES FOR QUESTIONS 8-9

Answer the questions based on your most recent assessment of the person's physical and mental health needs. Tick only one box for each question. If a person's ability fluctuates between two categories, select the higher of the two codes, e.g., if the person's ability fluctuates between 3 and 4, choose 4.

Q8A: WASHING (Part 1)

This question relates to the method most often used by the person to give themselves a complete wash, in order to maintain good hygiene.

Select 1: if the person washes at the sink/basin.

Select 2: if the person washes in the shower.

Select 3: if the person washes in the bath.

Q8B: WASHING (Part 2)

This question relates to a person's ability to give himself / herself a complete wash all over using their preferred method of washing, in order to maintain good hygiene. It includes the ability to get in and out of the bath, turn taps on and off, and adjust the water temperature appropriately. It does not include the person's ability to get dressed and undressed. If the person is bed bound, and must be washed in bed, indicate how many people are needed to do this.

Select 1: if the person is able to give himself / herself a complete wash independently without the use of any equipment or adaptations, e.g., bath seat, hand rails, etc.

Select 2: if the person is able to give himself / herself a complete wash independently, but only with the use of equipment or adaptations, bath seat, hand rails, etc.

Select 3: if the person requires physical assistance from one person to wash all over.

Select 4: if the person requires encouragement, prompting or supervision 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 physical assistance from two people.

Select 6: if the person requires physical assistance from two people using a hoist.

Q9: TOILETING

This question relates to a person's ability to use the toilet (including a commode), that is to transfer on and off the toilet, adjust clothing and maintain perineal hygiene. This question does not concern continence, bowel function, catheter or stoma care. It also does not concern a person's ability to get to the lavatory, only the ability to use the toilet once they are there. If the person's ability fluctuates between two categories, choose the higher of the two.

Select 1: if the person is able to use the toilet 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 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, but performs the majority of the toileting 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 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 toileting.

Select 6: if the person does not use the toilet because of physical disability or injury, or because he / she has a catheter or colostomy. Where possible give the reason why.

8A. WASHING (Part 1)

When giving himself / herself a complete wash, the person usually washes

- 1. at the sink/basin
- 2. in the shower
- 3. in the bath

8B. WASHING (Part 2)

When giving himself / herself a complete wash at the sink or in the shower or bath, the person

- 1. copes independently
- 2. copes independently using equipment or adaptations
- 3. needs the assistance of one person
- 4. requires the encouragement, prompting or supervision of one person
- 5. needs the assistance of two or more people
- 6. needs the assistance of two people using a hoist

Please specify equipment and adaptations used at present (if any) _____

9. TOILETING

When using the lavatory, the person

- 1. copes independently
- 2. copes independently with equipment or adaptations
- 3. needs help
- 4. requires encouragement, prompting or supervision
- 5. requires complete assistance
- 6. does not use the toilet. Reason: _____

Please specify equipment and adaptations used at present (if any) _____

GUIDELINES FOR QUESTIONS 10 - 11

Answer the questions based on your most recent assessment of the person's physical and mental health needs. Tick only one box for each question. If a person's ability fluctuates between two categories, select the higher of the two codes, e.g., if the person's ability fluctuates between 3 and 4, choose 4.

Q10A, Q11A: BLADDER MANAGEMENT and BOWEL MANAGEMENT

These questions relate to a person's need for assistance, during the day and during the night, in maintaining urinary continence, managing urinary incontinence and maintaining healthy bowel function. Q11 also concerns the person's needs for assistance to prevent both constipation and faecal incontinence. Tick the box in each column (day and night) which best describes the person's level of need. If the person's needs fluctuate between two categories, select the higher of the two. However, if a person is incontinent only in certain situations or circumstances (for example, never when they are in their own home, but only when they are outside their home) indicate how often this occurs.

- Select 1: if the person is able to maintain urinary continence or healthy bowel function or, manage urinary incontinence independently, without the use of any equipment or adaptations, e.g., pads, catheter or colostomy.
- Select 2: if the person is able to maintain urinary continence or healthy bowel function or, manage urinary incontinence independently, but only with the use of equipment or adaptations, e.g., pads, catheter or colostomy.
- Select 3: if the person is able to maintain urinary continence or healthy bowel function or, manage urinary incontinence independently, but requires encouragement, prompting or supervision in order to do so, irrespective of whether they also use any equipment or adaptations, e.g., pads, catheter or colostomy.
- Select 4: if the person regularly requires assistance less than once a day / night to prevent or deal with problems relating to urinary or faecal incontinence or constipation.
- Select 5: if the person regularly requires assistance once or more every day / night to prevent or deal with problems relating to urinary or faecal incontinence or constipation.
- Select 6: if the person requires assistance at irregular or unpredictable times, for example, due to illness, dementia, malfunctioning catheter, or urinary tract infection.

Q10B, Q11B: REHABILITATION of BLADDER and BOWEL MANAGEMENT

These questions ask whether the person is currently following a rehabilitation programme to improve independence in bladder and/or bowel management.

- Select 1: if the person is not currently in a rehabilitation programme
- Select 2: if the person is currently in a rehabilitation programme

10A. BLADDER MANAGEMENT

Does the person need help with bladder management during the day and / or during the night?
(Tick one box from each column below.)

	D	N	
	ay	ight	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The person requires no help/assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The person is independent with a catheter or the use of equipment (e.g., pads, bottle, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The person is able to manage independently with encouragement, prompting or supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The person requires assistance, regularly less than once a day / night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The person requires assistance, regularly once or more a day / night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. The person requires assistance unpredictably

Please specify equipment used at present (if any): _____

10B. REHABILITATION OF BLADDER MANAGEMENT

Is the person currently following a rehabilitation programme to improve independence relating to bladder management?

1. No
 2. Yes

11A. BOWEL MANAGEMENT

Does the person need help with bowel management during the day and / or night?
(Tick one box from each column below.)

	D	N	
	ay	ight	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The person requires no help/assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The person is independent with a colostomy or the use of equipment (e.g., pads, bottle, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. The person is able to manage independently with encouragement, prompting or supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The person requires assistance, regularly less than once a day / night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. The person requires assistance, regularly once or more a day / night
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. The person requires assistance unpredictably

Please specify equipment used at present (if any): _____

11B. REHABILITATION OF BOWEL MANAGEMENT

Is the person currently following a rehabilitation programme to improve independence relating to bowel management?

1. No
 2. Yes

GUIDELINES FOR QUESTIONS 12-14

Answer the questions based on your most recent assessment of the person's physical and mental health needs. If a person's ability fluctuates between two categories, select the higher of the two codes, e.g., if the person's ability fluctuates between 3 and 4, choose 4.

Q12: FINANCIAL MATTERS

This question relates to a person's ability to manage his / her own finances independently. It includes the ability to pay bills on time and to handle cash or debit / credit cards in shops.

- Select 1: if the person is able to manage his / her own finances without assistance from another person.
- Select 2: if the person requires assistance from another person with, for example, determining benefits allowances or collecting pension, but is otherwise able to pay bills, and handle cash or debit / credit cards.
- Select 3: if the person requires encouragement or prompting because of a lack of motivation or forgetfulness, or requires supervision when handling cash (including coins) or debit / credit cards because of frailty, poor eyesight, or a mental health difficulty, but does not require physical assistance with managing finances.
- Select 4: if the person requires assistance with all aspects of financial management, or if the person does not manage his / her own finances, for whatever reason.

Q13: COMMUNICATING NEEDS

This question relates to a person's ability to communicate their needs to other people when necessary. The focus of this question is on whether the person is able to communicate his / her needs (pain, thirst, hunger, need to use the toilet), and not whether he / she is able to hold a conversation. If a person is able to speak, but won't, or if a person only speaks when spoken to, select the option which best describes his / her ability to communicate his / her needs.

- Select 1: if the person is able to communicate verbally (in person or by phone), and is understood by most people who are involved in providing for his / her needs
- Select 2: if the person is able to communicate verbally (in person or by phone), but is understood only by those who know him / her well.
- Select 3: if the person is unable to communicate verbally because of injury, stroke, or memory loss, but is able to communicate his / her needs with signs, gestures, a letter chart, voice synthesiser or in writing, and is understood by most people who are involved in providing for his / her needs
- Select 4: if the person is unable to communicate verbally, but is able to communicate his / her needs with signs, gestures, a letter chart, voice synthesiser or in writing, but is understood only by those who know him / her well.
- Select 5: if the person is unable to communicate either verbally or non-verbally.

Q14: SKIN CARE

This question relates to the person's need for assistance with skin conditions e.g. preventing sores developing, checking/changing dressings and application of skin preparations. It is assumed that the information to answer this question will be provided by an appropriate health professional.

- Select 1: if the person requires no assistance relating to a skin condition.
- Select 2: if the person is at risk of developing a wound or sore, and requires preventative measures to be taken, or monitoring of their skin condition. This would include people with Stage 1 skin problems — redness or tenderness of skin
- Select 3: if the person has one or more ulcers, wounds or other superficial skin problems requiring a change of a simple dressing every 2-3 days. This would include people with Stage 2 skin problems — skin breakdown limited to the dermis.
- Select 4: if the person has one or more ulcers, wounds, or other skin problems which may be oozing or weeping, thus requiring frequent change of dressings, or the application of a specialised dressing which requires frequent monitoring. This would include people with Stage 3 skin problems — skin breakdown at the level of subcutaneous tissue.
- Select 5: if the person has one or more ulcers, wounds or other skin problems extending the full depth of the skin into muscle or bone. This would include people with Stage 4 skin problems — people who are at high risk of infection, and who may require surgical treatment such as skin grafting, etc.

12. FINANCIAL MATTERS

Is the person able to manage his / her own finances independently?

- 1. Yes
- 2. No, requires help
- 3. No, but is capable with encouragement, prompting or supervision
- 4. No, requires complete assistance

13. COMMUNICATING NEEDS

Does the person communicate his / her needs

- 1. Yes, verbally, and is understood by most people
- 2. Yes, verbally, but is understood only by those who know him / her well
- 3. Yes, non-verbally
- 4. Yes, non-verbally, but is only understood by those who know him / her well
- 5. No

14. SKIN CARE

Does the person require help/assistance with skin care?

- 1. No
- 2. Yes, the person requires preventative measures to be taken (including application of skin creams, regular monitoring, turning to relieve pressure points, assistance with diet)
- 3. Yes, the person requires a simple dressing to be changed every 2-3 days and monitoring to prevent worsening of a superficial wound
- 4. Yes, the person requires changing of a simple or absorbent dressing at least once a day, or the application of a specialised dressing and frequent monitoring
- 5. Yes, the person requires surgical intervention related to necrotic tissue or infection

GUIDELINES FOR QUESTIONS 15A and 15B

Answer the questions based on your most recent assessment of the person's physical and mental health needs. It is assumed that the information to answer this question has been provided by an appropriate health professional.

Q15A: CLINICAL NEEDS

This question relates to medical condition(s), which require frequent intervention *and* careful monitoring *and* review and co-ordination of tasks by health care professionals. A person with such a medical condition might need, for example, regular blood testing, chest physiotherapy or intravenous delivery of medication. This question also relates to a person's need for rehabilitation, for example, following a stroke, fall, or injury. This question does *not* relate to a person's need for clinical intervention relating to skin care. (See Q14).

Select 1: if the person has no medical conditions and is not undergoing a rehabilitation programme

Select 2: if the person has a medical condition which requires frequent intervention, monitoring, review and co-ordination of tasks, or is undergoing a rehabilitation programme

Q15B: CLINICAL RESOURCE INPUTS

This question asks about the type of intervention or other inputs that are required to address the clinical needs of the person. Denote which resources are required and how frequently that resource is needed, i.e., number of hours per week.

If the person requires weekly input from a social care worker, or an unpaid carer *specifically* to address his / her clinical needs, enter those weekly inputs here in the box labelled "Other". If a health care worker such as a district nurse is providing input for needs which are *not* related to a medical condition, do *not* enter that input here.

If the person requires assistance from a particular person less often than once a week, calculate the average *weekly* input required. Three examples are shown below:

Staff person	Actual input	Calculation of weekly input in hours
Community Psychiatric Nurse	30 minutes once every four weeks	$0.50 \text{ hrs} / 4 \text{ weeks} = 0.125 \text{ hrs} / \text{week}$
Physiotherapist	1 hour once every two weeks	$1.0 \text{ hrs} / 2 \text{ weeks} = 0.50 \text{ hrs} / \text{week}$
District Nurse	45 minutes twice a week	$0.75 \text{ hrs} \times 2 \text{ weeks} = 1.50 \text{ hrs} / \text{week}$
Unpaid Carer	30 minutes / day	$0.50 \text{ hrs} \times 7 \text{ days} = 3.5 \text{ hrs} / \text{week}$

15A. CLINICAL NEEDS

Does the person have a medical condition (apart from a skin condition), which requires frequent intervention *and* careful monitoring *and* review and co-ordination of tasks by health care professionals?

1. No [Go to question 16A]
 2. Yes [Go to Question 15B]

15B. CLINICAL RESOURCE INPUTS

Enter in the boxes below the number of hours per week of staff input required to address the person's clinical needs.

Staff inputs	Number of hours input per week	Conversion Key mins → hrs
Community Psychiatric Nurse		5 mins = 0.08 hrs
Dentist		10 mins = 0.17 hrs
Dietician		15 mins = 0.25 hrs
District Nurse		20 mins = 0.33 hrs
GP		25 mins = 0.42 hrs
Occupational Therapist		30 mins = 0.50 hrs
Physiotherapist		35 mins = 0.58 hrs
Podiatrist		40 mins = 0.67 hrs
Speech/Language Therapist		45 mins = 0.75 hrs
Other (please specify)		50 mins = 0.83 hrs
		55 mins = 0.92 hrs
		60 mins = 1.00 hrs

GUIDELINES FOR QUESTIONS 16 - 17

Answer these questions based on your most recent assessment of the person's physical and mental health needs. If a person's ability fluctuates between two categories, select the higher of the two codes, e.g., if the person's ability fluctuates between 3 and 4, choose 4.

Q16A: EMOTIONAL AND PSYCHOLOGICAL NEEDS

This question relates to a person's needs for emotional and psychological support.

Select 1: if the person does not have a need for emotional or psychological support.

Select 2: if the person has a need for support relating to, among other things, isolation, alienation, anxiety, bereavement, or following an injury, stroke, fall or other trauma.

Q16B: SUPPORT FOR EMOTIONAL AND PSYCHOLOGICAL NEEDS

This question asks for information relating to the frequency of intervention required to meet a person's needs for emotional and psychological support. Intervention may take place in the form of particular services, such as, for example, counselling, befriending, group therapy, etc., but is not necessarily limited to these services.

Q17A: MENTAL HEALTH

This question relates to person's need for support, assistance, supervision or intervention related to a mental health need.

Select 1: if the person does not have a mental health need.

Select 2: if the person has a mental health need including, but not limited to any of the following:

- a diagnosed mental health condition, for example, depression, schizophrenia, a form of dementia, etc.
- a mental health condition which is stable or which has recently improved as a result of taking prescribed medication, or if the person must continue to take medication in order to prevent worsening of the condition.
- a need for socialisation or re-socialisation, advocacy, counselling (including bereavement counselling) or therapy.
- a need relating to an addiction, e.g., drugs or alcohol.
- behaviour which is socially inappropriate or challenging *in the context in which the person lives*. Such behaviours might include, among other things, physical or verbal aggression, wandering or getting lost, disturbed sleep patterns, self-neglect, etc.
- cognitive problems relating to a head injury, learning disability or a form of dementia.
- the person has expressed suicidal thoughts, or has recently attempted to harm himself/herself.

Q17B: SUPPORT FOR MENTAL HEALTH NEEDS

This question asks for information relating to the frequency of intervention required to meet a person's mental health needs. Intervention may take place in the form of particular services, such as, for example, day hospital or day care services. It may also take place in the form of monitoring or supervision required due to, for example, unpredictable or challenging behaviour or risk of self-harm.

16A. EMOTIONAL AND PSYCHOLOGICAL SUPPORT

Does the person have a need for emotional or psychological support, for example, relating to isolation, anxiety or bereavement, or following a fall, injury or other trauma?

- 1. No [Go to question 17A]
- 2. Yes [Go to question 16B]

16B. FREQUENCY OF EMOTIONAL AND PSYCHOLOGICAL SUPPORT

How often is support or intervention required to meet the person's need for emotional and psychological support?

- 1. Once a week
- 2. More than once a week, but not daily
- 3. Once a day (on average)
- 4. More than once a day
- 5. Constantly

17A. MENTAL HEALTH NEEDS

Does the person have a mental health need (including a need relating to cognitive impairment or behavioural difficulties)? *(Please read the guidelines carefully before answering this question.)*

- 1. No [End]
- 2. Yes [Go to question 17B]

17B. FREQUENCY OF SUPPORT FOR MENTAL HEALTH NEEDS

How often is support or intervention required to meet the person's mental health need?

- 1. Once a week
- 2. More than once a week, but not daily
- 3. Once a day (on average)
- 4. More than once a day
- 5. Constantly