SAEF Scoring and Required Questions Guide Sheet

LEVEL	QUESTION	SCORING	REQUIRED
Service Referral			
	This section is the list of services.	No	Yes
Level 1			
	What is the service recipient's last name?	No	Yes
	What is the service recipient's first name?	No	Yes
	What is the service recipient's middle initial?	No	No
	What is the service recipient's "also known as" first name?	No	No
	What is the service recipient's date of birth?	No	Yes
	Service recipient's primary telephone number	No	No
	What is the date of the assessment?	No	Yes
	Name of staff and organization completing the SAEF?	No	Yes
	Type of assessment	No	Yes
	Select the requested action	No	Yes
	Type of contact	No	Yes
	Who is/are the service recipient's emergency contact(s)? (include name and phone number)	No	Yes
		Number of questions in Level 1 = 12	
		Number of required questions in Level 1 = 9	
Level 2			
	If Section trigger is False, would you like to complete the questions in this section anyway? (If Section trigger is True, select Yes)	No	Yes
	What is the service recipient's gender?	No	Yes
	Select the service recipient's current living arrangements	Yes	Yes
	Lives Alone	SCORE: 1	
	No permanent residence (homeless)	SCORE: 1	
	Service recipient's residential street address	No	Yes
	Residential city/town	No	Yes
	Residential state	No	Yes
	Residential zip code	No	Yes
	Does the service recipient reside in a rural area?	Yes	Yes
	Yes	SCORE: 1	
	Service recipient's mailing street address or PO Box (if different than physical address)	No	No
	Mailing City/Town	No	No
	Mailing State	No	No
	Mailing Zip Code	No	No
	Select the service recipient's ethnic race(s)	Yes	Yes
	American Indian/Alaskan Native	No	
	Asian	No	
	Black/African American	No	
	Native Hawaiian/Other Pacific Islander	No	
	White Hispanic	No	
	Other	No	
	What is the service recipient's ethnicity?	Yes	Yes
	Hispanic or Latino	No	

LEVEL	QUESTION	SCORING	REQUIRED
Level 2 (con'd)	Is the service recipient's income level below the national poverty level?	Yes	Yes
	Yes	SCORE: 1	
	Does the Service Recipient need hands-on assistance with transportation?	No	Yes
	Is the Service Recipient a Veteran?	No	No
	Bedbound	SCORE: 1	No
	Unable to vacate	SCORE: 1	No
	Uses oxygen	SCORE: 1	No
	On dialysis	SCORE: 1	No
	Uses wheelchair	SCORE: 1	No
	Terminal illness	SCORE: 1	No
	No phone	SCORE: 1	No
	Difficult access to home (i.e., remote, road conditions)	SCORE: 1	No
	No air conditioning in home	SCORE: 1	No
	No heat source in home	SCORE: 1	No
	No family or informal support	SCORE: 1	No
	Unable to prepare meals	SCORE: 1	No
	Food insecurity	SCORE: 1	No
	No transportation	SCORE: 1	No
	Cognitive deficits (i.e., dementia, Alzheimer's, intellectual or developmental disability, TBI, or other organic dysfunction)	SCORE: 1	No
	Deaf/hard of hearing	SCORE: 1	No
	Blind/low vision	SCORE: 1	No
	Uses walker	SCORE: 1	No
	Language barriers	SCORE: 1	No
	Is this individual on a list or registry maintained by your local emergency management entity, fire department, etc., for individuals at risk during an emergency event?	No	No
		Number of questions in Level 2 =37	
		Number of required questions in Level 2 =12	
Level 3			
	If Section trigger is False, would you like to complete the questions in this section anyway? (If Section trigger is True, select Yes)	No	Yes
	Select the service recipient's current marital status	No	Yes
	Does the service recipient speak English?	Yes	Yes
	No	SCORE: 1	
	Describe the service recipient's language limitations	Yes	Yes
	Reading/writing limited	SCORE: 1	
	Reads only	SCORE: 1	
	Does not read	SCORE: 1	
	Service recipient's primary method of transportation	Yes	Yes
	Caregiver	SCORE: 1	
	Family/Friends	SCORE: 1	
	Public Transportation	SCORE: 1	
	Senior Center Transportation	SCORE: 1	

LEVEL		QUESTION		SCORING	REQUIRED
Level 3 (con'd)		Other		SCORE: 1	
		None		SCORE: 2	
		Does the service recipient demonstrate "greatest social need"?		Yes	Yes
		Yes		SCORE: 1	
		NUTRITIONAL ASSESSMENT			
		I have an illness or condition that made me change the kind of food I eat		Yes	Yes
		Yes		SCORE: 2	
		I eat fewer than 2 meals a day		Yes	Yes
		Yes		SCORE: 3	
		I eat few fruits or vegetables, or milk products		Yes	Yes
		Yes		SCORE: 2	
		I have 3 or more drinks of beer, liquor or wine almost every day		Yes	Yes
		Yes		SCORE: 2	
		I have tooth or mouth problems that make it hard for me to eat		Yes	Yes
		Yes		SCORE: 2	
		I don't always have enough money to buy the food I need		Yes	Yes
		Yes		SCORE: 4	
		I eat alone most of the time		Yes	Yes
		Yes		SCORE: 1	
		I take 3 or more different prescribed or over-the-counter drugs a day		Yes	Yes
		Yes		SCORE: 1	
		Without wanting to, I have lost or gained 10 pounds in the last 6		Yes	Yes
		Yes		SCORE: 2	
		I am not always physically able to shop, cook and/or feed myself		Yes	Yes
		Yes		SCORE: 2	
		ACTIVITIES OF DAILY LIVING (ADL'S)			
		BATHING		Yes	Yes
		Some assistance		SCORE: 1	
		Much assistance		SCORE: 2	
		Unable to perform		SCORE: 3	
		DRESSING		Yes	Yes
		Some assistance		SCORE: 1	
		Much assistance		SCORE: 2	
		Unable to perform		SCORE: 3	
		EATING		Yes	Yes
		Some assistance		SCORE: 1	
		Much assistance		SCORE: 2	
		Unable to perform		SCORE: 3	
		WALKING IN HOME		Yes	Yes
		Some assistance		SCORE: 1	
		Much assistance		SCORE: 2	
		Unable to perform		SCORE: 3	

LEVEL	QUESTION	SCORING	REQUIRED
ADLs (con'd)	**TRANSFERRING**	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	TOILETING	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL'S)		
	TRANSPORTATION	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	MEAL PREPARATION	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	SHOPPING	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	LIGHT HOUSEKEEPING	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	MANAGE MONEY	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	HEAVY HOUSEWORK	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	TELEPHONE	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
	MANAGING MONEY	Yes	Yes
	Some assistance	SCORE: 1	
	Much assistance	SCORE: 2	
	Unable to perform	SCORE: 3	
		Number of questions in Level 3 = 30	
		Number of required questions in Level 3 = 30	

LEVEL		QUESTION		SCORING	REQUIRED
Level 4					
		If Section trigger is False, would you like to complete the questions in this section anyway? (If Section trigger is True, select Yes)		No	Yes
		What is the name of the At Risk, Frail individual, or the individual with Dementia or Alzheimer's?		No	Yes
		What is the date of birth of the At Risk, Frail individual, or the individual with Dementia or Alzheimer's?		No	Yes
		What is the caregiver's relationship to the care receiver?		No	Yes
		Does the caregiver believe s/he is devoting enough time and attention to his/her own well-being?		Yes	Yes
		Frequently		SCORE: 1	
		Sometimes		SCORE: 2	
		Never		SCORE: 3	
		Does the caregiver feel stressed between caring for an individual and trying to meet other responsibilities?		Yes	Yes
		Always		SCORE: 3	
		Frequently		SCORE: 2	
		Sometimes		SCORE: 1	
		Select the following that are causing the caregiver stress		Yes	Yes
		Family relationships		SCORE: 2	
		Care receiver behavior		SCORE: 2	
		Caregiver's own health		SCORE: 2	
		Financial problems		SCORE: 2	
		Job/work issues		SCORE: 2	
		Not enough time for self		SCORE: 2	
		Not understanding how to care for an individual		SCORE: 2	
		Social isolation		SCORE: 2	
		Care receiver's declining health		SCORE: 2	
		Other		SCORE: 2	
		Does the caregiver feel frustrated when s/he is around the individual?		Yes	Yes
		Always		SCORE: 3	
		Frequently		SCORE: 2	
		Sometimes		SCORE: 1	
		Does the caregiver have other people/programs to help provide care for the individual?		Yes	Yes
		Sometimes		SCORE: 1	
		Never		SCORE: 2	
		Caregiver support needs		Yes	Yes
		Finding or working with doctors or specialists		SCORE: 2	
		Home safety and/or home modifications, or equipment		SCORE: 2	
		Care for him/herself while caring for others		SCORE: 3	
		How to get other family members to help		SCORE: 3	
		Providing care to an aging individual		SCORE: 2	
		In-home support services		SCORE: 3	
		Legal and financial issues, advance directives		SCORE: 2	
		More information about individuals disease/condition		SCORE: 2	

LEVEL		QUESTION		SCORING	REQUIRED
Level 4 (con'd)		Short-term respite care in a facility		SCORE: 1	
		Support groups		SCORE: 2	
		Other		SCORE: 1	
				Number of questions in Level 4 =	10
				Number of required questions in Level 4 =	10
		The form has been reviewed with the service recipient		No	Yes