

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