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		SCORE: 1	
		Asian		SCORE: 1	
		Black/African American		SCORE: 1	
		Native Hawaiian/Other Pacific Islander		SCORE: 1	
		White Hispanic		SCORE: 1	
		Other		SCORE: 1	
		What is the service recipient's ethnicity?		Yes	Yes
		Hispanic or Latino		SCORE: 1	

LEVEL		QUESTION	SCORING	REQUIRED
		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
			Number of questions in Level 2 =17	
			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	
		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	

LEVEL		QUESTION	SCORING	REQUIRED
		Without wanting to, I have lost or gained 10 pounds in the last 6 months	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	
		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	

LEVEL		QUESTION	SCORING	REQUIRED
		Unable to perform	SCORE: 3	
LEVEL		**QUESTION**	**SCORING**	**REQUIRED**
		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 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	Yes	Yes
		Frequently	SCORE: 1	
		Sometimes	SCORE: 2	
		Never	SCORE: 3	
		Does the caregiver feel stressed between caring for an individual and	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

LEVEL		QUESTION	SCORING	REQUIRED
		Always	SCORE: 3	
		Frequently	SCORE: 2	
		Sometimes	SCORE: 1	
		Does the caregiver have other people/programs to help provide care	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	
		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