

NCI – AD

Background Information

PERSONAL

- BI-1. What is the person's DOB? _____
- BI-2 . What is the person's gender?
 Male Female Don't Know
- BI-3 . Is the person of Hispanic or Latino ethnicity?
 No, not Spanish/Hispanic/Latino
 Yes (Mexican, Mexican American, Chicano, Puerto Rican, Cuban or Other Spanish/Hispanic/Latino)
 Don't Know
- BI-4 . What is the person's race?
 American Indian or Alaska Native
 Asian (Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or Other Asian)
 Black or African-American
 Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)
 White
 Other race not listed
 Don't know
- BI-5 . What is the person's primary language?
 English
 Other _____ (FILL IN)
 Don't know
- BI-6 . What is the highest level of education the person received?
 Does not have High School Diploma/GED
 High School Diploma/GED
 Vocational School
 Some College
 College Degree
 Post-graduate Degree
- BI-7 . What is the person's guardianship status?
 No guardian/own guardian
 Has private guardian

- Has public guardian
- Has a health conservator
- Power of attorney?
- Health Care Proxy
- Other
- Don't know

BI-8 . What is the person's marital status?

- Single, never married
- Divorced
- Separated
- Married or has a legal partner
- Widowed
- Other
- Don't know

RESIDENCE

B I-9. What is the person's current living arrangement?

- Alone
- With spouse or legal partner
- With parents
- With other family
- With friends or boyfriend/girlfriend
- Congregate setting
- Other
- Don't know

BI-10. What type of housing is the person living in?

- Institution(ICF/DD)
- Institution(hospital)
- Nursing Facility
- Residential Care
- Personal Care Home
- Adult Family Care
- Assisted Living
- Host home
- Shared living arrangement
- Foster care
- Own (independent) home
- Homeless
- Correctional facility

- Other
- Don't know

BI-11 . What type of area does the person live in?

- Urban
- Suburban
- Rural
- Other
- Don't know

BI-12 . In the past 6 months, has the person lived in a different type of housing from the current one for a week or longer?

- Yes
- No
- Don't know

If no, skip next question. If yes:

BI-13 . What kind of housing (check all that apply)?

- Institution(ICF/DD)
- Institution(hospital)
- Nursing Facility
- Residential Care
- Personal Care Home
- Adult Family Care
- Assisted Living
- Host home
- Shared living arrangement
- Foster care
- Own (independent) home
- Homeless
- Correctional facility
- Other
- Don't know

SELF-DIRECTION

BI-14. Is this person using self-directed services?

- Yes
- No
- Don't know

HEALTH

BI-15. Does the person have the following diagnoses and conditions?:

	Yes	No	Don't Know
Mental Illness			
Depression			
ID/DD			
Diabetes			
Alzheimer's			
Other dementia			
Asthma			
Arthritis			
Cardiovascular disease			
Physical disability			
Behavioral challenges			
Generally frail			
Stroke			
Cancer			
TBI			
COPD			
Kidney disease			
Other			

B I-16. What is the person's level of hearing impairment?

- None (perfect hearing)
- Mild
- Moderate
- Profound
- Complete
- Unknown

BI-17 . What is the person's level of vision impairment?

- None (perfect vision)
- Mild
- Moderate
- Profound
- Complete
- Unknown

BI-18 . Does the person require complex health care management?

- Yes
- No
- Don't know

BI-19 . Does the person have impaired cognition?

- None
- Mild
- Moderate
- Profound
- Complete
- Unknown

B I-20. Does the person take medications for mental illness or depression?

- Yes
- No
- Don't know

If no or don't know, skip next question

BI-21. How many medications does the person take for mental illness or depression? _____

BI-22. Does this person take medications for behavior challenges?

- Yes
- No
- Don't know

If no or don't know, skip next question

BI-23. How many medications does the person take for behavior challenges? _____

BI-24 . How many times has the person been to the ER in the last 6 months? _____

BI-25. How many times has the person been hospitalized (stayed overnight in the hospital) in the last 6 months? _____

BI-26 . How often does the person require medical care?

- Less frequently than once/month
- At least once/month, but not once a week
- At least once/week, or more frequently
- Don't know

FUNCTIONING

BI-27 . How much help does the person need with the following:

	None	Some	Extensive	Don't Know
Dressing				
Bathing				
Eating				
Toileting				

Transferring				
Walking				
Preparing meals				
Housekeeping				
Managing medications				
Managing finances				
Shopping				
Transportation				
Other				

BI-28 . What is the person's level of mobility?

- Non-ambulatory
- Moves self with wheelchair
- Moves self with other aids
- Moves self without aids
- Don't know

BI-29. Does the person have a history of frequent falls?

- Yes
- No
- Don't know

SERVICES and SUPPORTS

BI-30. What is the person's source of funding for LTC services? (check all that apply)

- Medicaid HCBS Waiver for elderly
- Medicaid HCBS Waiver for person with physical disabilities
- OAA
- Other?

BI-31 . What type of LTC paid supports is the person receiving? (CHECK ALL THAT APPLY)

- Case management
- Adult day care
- Adult Living Facility
- Home management
- Assistance with personal care and/or mobility
- Assistance with medications
- Behavior or cognitive supports
- Nursing services
- Supportive services (managing finances, setting up meetings, arranging transportation, socialization)

- Respite services
- NF
- Foster care
- Residential Support Services
- In Home Support Services
- 24 hour supervision
- Adaptive equipment (home or vehicle modifications)
- Other supplies/equipment (e.g. wheelchair, walker, etc)
- Home Health Services
- Meal assistance
- Hospice
- Personal Care Attendant services or Personal Assistant Services
- Personal emergency response system/device
- Other

BI-32 . What type of medical insurance does the person have?

	Yes	No	Don't Know
Medicare			
Medicaid			
Other State Insurance			
Private Insurance			
Other			

B I-33. How long has the person been receiving supports?

- 1-3 months
- 3-6 mos
- 6 mos-1yr
- 1yr-3yrs
- more than 3 yrs
- don't know

BI-34. Is the person enrolled in managed care?

- Yes, Long Term Managed Care
- Yes Acute Managed Care
- Both Long Term and Acute Managed Care
- Neither
- Don't know

BI-35 . Does the person have a support system of family and friends that s/he regularly sees or hears from?

- Yes

- No
- Don't know

GENERAL

Source of data: list all
