

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
	<b>6</b>	<b>Nutritional Health</b>
		<u>Order code id code: description</u>
2	1	<b>Illness or condition that made me change kind/amount of food I eat?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
4	2	<b>Eat fewer than 2 meals per day?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
6	3	<b>Eat few fruits, vegetables or milk products?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
8	4	<b>Have 3 or more drinks of beer, liquor or wine almost everyday?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
10	5	<b>Have tooth or mouth problems that make it hard to eat?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
12	6	<b>Don't always have enough money to buy the food I need?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
14	7	<b>Eat alone most of the time?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
16	8	<b>Take 3 or more different prescribed or over-the-counter drugs a day?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
18	9	<b>Without wanting to, I have lost or gained 10 lbs in the last 6 months?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
20	10	<b>Not physically able to shop, cook, and/or feed myself?</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes

Order	Id	<u>Ass Category: Description</u>
	<b>27</b>	<b>Outcome</b>
		<u>Order code id code: description</u>
	1	<b>What was the reason for Discharge?</b>
		<u>Order level id choice: description</u>
		1 1 Client Institutionalized (NH or ACH)
		2 2 Client No Longer Meets CM Criteria (2ADL's/2 unmet needs)
		4 3 Care Plan Complete
		6 4 Client/Family Withdrew from Service
		8 5 Client Left the Area
		10 6 Client Died
		12 7 Agency Terminated Services
		14 8 All Unmet Needs Addressed to Extent Possible

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

## 27 Outcome

Order code id code: description

1 2 **Place at time of Discharge**

Order level id choice: description

	8	Hospital
0	1	House
2	2	Apartment
4	3	Rented Room
6	4	Adult Care Residence
8	5	Adult Foster Home
10	6	Nursing Facility
12	7	Mental Health/Mental Retardation Facility
14	9	Homeless/Emergency Shelter

Order Id Ass Category: Description

## 1230000 Emergency Support List

Order code id code: description

9900034 **Emergency Support Required?**

Order level id choice: description

	63	No
2	64	Yes

Order Id Ass Category: Description

## 9900022 Quick Form or Federal Poverty / Sliding Fee Form

Order code id code: description

25 **I live with someone**

Order level id choice: description

	44	No
	45	Yes

9900029 **In Federal Poverty ?**

Order level id choice: description

	54	Yes
	55	No

9900030 **Sliding Fee Scale Level ?**

Order level id choice: description

	56	Level A (No Charge)
	57	Level B (10% Charge)
	58	Level C (25% Charge)
	59	Level D (50% Charge)
	60	Level E (75% Charge)
	61	Level F (95% Charge)
	62	Level G (100% Charge)

9900035 **Would Not Provide Income**

Order level id choice: description

	65	Yes
--	----	-----

Order Id Ass Category: Description

## 1 26 Demographics

Order code id code: description

1 **Education**

Order level id choice: description

	2	1	Less than High School
	4	2	Some High School
	6	3	High School Graduate
	8	4	Some College
	10	5	College Graduate

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

**1 26 Demographics**

Order code id code: description

**1 Education**

Order level id choice: description

12 6 Unknown

**2 2 Communication of Needs**

Order level id choice: description

6 1 Verbally, English

8 2 Verbally, Other Language

10 3 Sign Language/Gestures/Device

12 4 Does Not Communicate

Order Id Ass Category: Description

**5 23 Current Formal Services**

Order code id code: description

**1 1 Adult Day Care**

Order level id choice: description

1 Yes

2 No

**2 2 Adult Protective**

Order level id choice: description

1 Yes

2 No

**3 3 Case Management**

Order level id choice: description

1 Yes

2 No

**4 4 Chore/Companion/Homemaker**

Order level id choice: description

1 Yes

2 No

**5 5 Congregate Meals/Senior Center**

Order level id choice: description

1 Yes

2 No

**6 6 Financial Management/Counseling**

Order level id choice: description

1 Yes

2 No

**7 7 Friendly Visitor/Telephone Reassurance**

Order level id choice: description

1 Yes

2 No

**9 8 Habilitation/Supported Employment**

Order level id choice: description

1 Yes

2 No

**9 9 Home Delivered Meals**

Order level id choice: description

1 Yes

2 No

**10 10 Home Health Rehabilitation**

Order level id choice: description

1 Yes

2 No

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
<b>5</b>	<b>23</b>	<b>Current Formal Services</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>11</b>	<b>11</b> <b>Home Repairs/Weatherization</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>12</b>	<b>12</b> <b>Housing</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>13</b>	<b>13</b> <b>Legal</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>14</b>	<b>14</b> <b>Mental Health (Inpatient/Outpatient)</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>15</b>	<b>15</b> <b>Mental Retardation</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>16</b>	<b>16</b> <b>Personal Care</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>17</b>	<b>17</b> <b>Respite</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>18</b>	<b>18</b> <b>Substance Abuse</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>19</b>	<b>19</b> <b>Transportation</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No
	<b>20</b>	<b>20</b> <b>Vocational Rehab/Job Counseling</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 Yes
		2 No

Order	Id	<u>Ass Category: Description</u>
<b>10</b>	<b>16</b>	<b>Financial Resources</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>1</b>	<b>24</b> <b>What income bracket are you in?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 1 \$20,000 or more
		2 2 \$15,000 - \$ 19,999
		3 3 \$11,000 - \$ 14,999
		4 4 \$9,500 - \$ 10,999
		5 5 \$7,000 - \$ 9,499
		6 6 \$5,500 - \$ 6,999
		7 7 \$5,499 or less
		8 8 Unknown

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order  
10

Id  
16

Ass Category: Description

## Financial Resources

<u>Order</u>	<u>code</u>	<u>id</u> <u>code: description</u>
2	12	<b>Do you receive income from black lung</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
3	13	<b>Do you receive income from pension</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
4	14	<b>Do you receive income from social security</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
5	15	<b>Do you receive income from SSI/SSDI</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
6	16	<b>Do you receive income from VA benefits</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
7	17	<b>Do you receive income from wages/salary</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
8	18	<b>Do you receive income from other</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
9	1	<b>Does Legal Guardian Cash your check</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
10	2	<b>Does Power of Attorney Cash your check</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
11	3	<b>Does a Representative Payee Cash your check</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
12	4	<b>Does another manager Cash your check</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
13	5	<b>Do you receive an auxiliary grant</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
14	6	<b>Do you receive food stamps</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
10	16	<b>Financial Resources</b>
		<u>Order code id code: description</u>
15	7	<b>Do you receive fuel assistance</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
16	8	<b>Do you receive general relief</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
17	9	<b>Do you receive State and local hospitalization</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
18	10	<b>Do you receive subsidized housing</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
19	11	<b>Do you receive tax relief</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
20	19	<b>Do you have Medicare</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
21	20	<b>Do you have Medicaid</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
22	21	<b>Do you have Medicaid pending</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
23	22	<b>Do you have QMB/SLMB</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
24	23	<b>Do you have any other public/private health insurance</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes

Order	Id	<u>Ass Category: Description</u>
15	17	<b>Physical Environment</b>
		<u>Order code id code: description</u>
2	16	<b>What is your living arrangements</b>
		<u>Order level id choice: description</u>
		2 1 Own house, live alone
		4 2 Own house, live with spouse
		6 3 Own house, live with other
		8 4 Rent house, live alone
		10 5 Rent house, live with spouse
		12 6 Rent house, live with other
		14 7 Other house, live alone
		16 8 Other house, live with spouse
		18 9 Other house, live with other

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	Ass Category: Description
15	17	<b>Physical Environment</b>
		<u>Order</u> <u>code</u> <u>id</u> <u>code: description</u>
	<b>2</b>	<b>16</b> <b>What is your living arrangements</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		20 10 Apartment, live alone
		22 11 Apartment, live with spouse
		24 12 Apartment, live with other
		26 13 Rented room, live alone
		28 14 Rented room, live with spouse
		30 15 Rented room, live with other
		32 16 Adult Care Residence
		34 17 Adult Foster
		36 18 Nursing Facility
		38 19 Mental Health/Retardation Facility
		40 20 Other
	<b>4</b>	<b>1</b> <b>Barriers to Access</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>6</b>	<b>2</b> <b>Electrical Hazards</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>8</b>	<b>3</b> <b>Fire Hazards/No Smoke Alarm</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>10</b>	<b>4</b> <b>Insufficient Heat/Air Conditioning</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>12</b>	<b>15</b> <b>Insufficient hot water/water</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>14</b>	<b>5</b> <b>Lack of/Poor Toilet Facilities (Inside/Outside)</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>16</b>	<b>6</b> <b>Lack of/Defective Stove, Referigerator, Freezer</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>18</b>	<b>7</b> <b>Lack of/Defective Washer/Dryer</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>20</b>	<b>8</b> <b>Lack of /Poor Bathing Facilities</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>22</b>	<b>9</b> <b>Structural Problems</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>24</b>	<b>10</b> <b>Telephone Not Accessible</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
15	17	<b>Physical Environment</b>
		<u>Order code id code: description</u>
	24	<b>10 Telephone Not Accessible</b>
		<u>Order level id choice: description</u>
		2 Yes
	26	<b>11 Unsafe Neighborhood</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
	28	<b>12 Unsafe/Poor Lighting</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
	30	<b>13 Unsanitary Conditions</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
	32	<b>14 Other</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes

Order	Id	<u>Ass Category: Description</u>
21	18	<b>ADL</b>
		<u>Order code id code: description</u>
	2	<b>1 Needs Help - Bathing?</b>
		<u>Order level id choice: description</u>
		7 No (Does not need help)
		2 1 Mechanical Help
		4 2 Human Help (Supervision)
		6 3 Human Help (Physical Assistance)
		8 4 MH & HH (Supervision)
		10 5 MH & HH (Physical Assistance)
		12 6 Performed by Others
	4	<b>2 Needs Help - Dressing?</b>
		<u>Order level id choice: description</u>
		8 No (Does not need Help)
		2 1 Mechanical Help
		4 2 Human Help (Supervision)
		6 3 Human Help (Physical Assistance)
		8 4 MH & HH (Supervision)
		10 5 MH & HH (Physical Assistance)
		12 6 Performed by Others
		14 7 Is Not Performed
	6	<b>3 Needs Help - Toileting?</b>
		<u>Order level id choice: description</u>
		8 No (Does not need Help)
		2 1 Mechanical Help
		4 2 Human Help (Supervision)
		6 3 Human Help (Physical Assistance)
		8 4 MH & HH (Supervision)
		10 5 MH & HH (Physical Assistance)
		12 6 Performed by Others
		14 7 Is Not Performed
	8	<b>4 Needs Help - Transferring?</b>
		<u>Order level id choice: description</u>
		8 No (Does not need Help)
		2 1 Mechanical Help

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

21 18 **ADL**

Order code id code: description

8 4 **Needs Help - Transferring?**

Order level id choice: description

4 2 Human Help (Supervision)  
6 3 Human Help (Physical Assistance)  
8 4 MH & HH (Supervision)  
10 5 MH & HH (Physical Assistance)  
12 6 Performed by Others  
14 7 Is Not Performed

10 5 **Needs Help - Eating/Feeding?**

Order level id choice: description

10 No (Does not need Help)  
2 1 Mechanical Help  
4 2 Human Help (Supervision)  
6 3 Human Help (Physical Assistance)  
8 4 MH & HH (Supervision)  
10 5 MH & HH (Physical Assistance)  
12 6 Performed by Others (Spoon fed)  
14 8 Performed by Others (Syringe/tube fed)  
16 9 Performed by Others (Fed by IV)

12 6 **Needs Help - Bowel?**

Order level id choice: description

7 No (Does not need Help)  
2 1 Incontinent (Less than weekly)  
4 2 External Device/Indwelling/Ostomy (Self care)  
6 3 Incontinent (Weekly or more)  
8 6 Ostomy (Not self care)

14 7 **Needs Help - Bladder?**

Order level id choice: description

7 No (Does not need help)  
2 1 Incontinent (Less than weekly)  
4 2 External Device/Indwelling/Ostomy (Self care)  
6 3 Incontinent (Weekly or more)  
8 4 External Device (Not self care)  
10 5 Indwelling Catheter (Not self care)  
12 6 Ostomy (Not self care)

Order Id Ass Category: Description

22 20 **Ambulation**

Order code id code: description

2 1 **Walking**

Order level id choice: description

8 No (Does not need Help)  
2 1 Mechanical Help  
4 2 Human Help (Supervision)  
6 3 Human Help (Physical Assistance)  
8 4 MH & HH (Supervision)  
10 5 MH & HH (Physical Assistance)  
12 7 Is Not Performed

4 2 **Wheeling**

Order level id choice: description

8 No (Does not need Help)  
2 1 Mechanical Help Only  
4 2 Human Help Only (Supervision)  
6 3 Human Help Only (Physical Assistance)  
8 4 MH & HH (Supervision)  
10 5 MH & HH (Physical Assistance)  
12 6 Performed by Others  
14 7 Is not Performed

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**22 20 Ambulation**

Order code id code: description

**6 3 Stairclimbing**

Order level id choice: description

8 No (Does not need Help)  
 2 1 Mechanical Help Only  
 4 2 Human Help Only (Supervision)  
 6 3 Human Help Only (Physical Assistance)  
 8 4 MH & HH (Supervision)  
 10 5 MH & HH (Physical Assistance)  
 12 7 Is not Performed

**8 4 Mobility**

Order level id choice: description

8 No (Does not need Help)  
 2 1 Mechanical Help Only  
 4 2 Human Help Only (Supervision)  
 6 3 Human Help Only (Physical Assistance)  
 8 4 MH & HH (Supervision)  
 10 5 MH & HH (Physical Assistance)  
 12 6 Confined Moves About  
 14 7 Confined Does Not Move About

Order Id Ass Category: Description  
**23 19 IADL**

Order code id code: description

**2 1 Meal Preparation**

Order level id choice: description

1 No  
 2 Yes  
 3 Unable to Assess

**4 2 Housekeeping**

Order level id choice: description

1 No  
 2 Yes  
 3 Unable to Assess

**6 3 Laundry**

Order level id choice: description

1 No  
 2 Yes  
 3 Unable to Assess

**8 4 Money Management**

Order level id choice: description

1 No  
 2 Yes  
 3 Unable to Assess

**10 5 Transportation**

Order level id choice: description

1 No  
 2 Yes  
 3 Unable to Assess

**12 6 Shopping**

Order level id choice: description

1 No  
 2 Yes  
 3 Unable to Assess

**14 7 Using Phone**

Order level id choice: description

1 No

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
<b>23</b>	<b>19</b>	<b>IADL</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>14</b>	<b>7</b> <b>Using Phone</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		2 Yes
		3 Unable to Assess
	<b>16</b>	<b>8</b> <b>Home Maintenance</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess

Order	Id	<u>Ass Category: Description</u>
<b>24</b>	<b>1</b>	<b>Functional Status</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>1</b>	<b>Is this a short assessment?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		2 1 No, Continue
		4 2 Yes, Service Referrals
		6 3 Yes, No Service Referrals

Order	Id	<u>Ass Category: Description</u>
<b>25</b>	<b>14</b>	<b>Professional Visits/Medical Admissions</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>2</b>	<b>1</b> <b>In last 12 months, Have you been in a Hospital?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess
	<b>4</b>	<b>2</b> <b>In last 12 months, Have you been in a Nursing Facility?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess
	<b>6</b>	<b>3</b> <b>In last 12 months, Have you been in an Adult Care Residence?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess
	<b>8</b>	<b>4</b> <b>Do you have a Living Will?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess
	<b>10</b>	<b>5</b> <b>Do you have a Durable Power of Attorney?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess
	<b>12</b>	<b>6</b> <b>Do you have any other Advanced Directive?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
		3 Unable to Assess

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**30 21 Diagnosis**

Order code id code: description

**0 1 1st Major Diagnosis**

- | <u>Order</u> | <u>level</u> | <u>id choice: description</u>       |
|--------------|--------------|-------------------------------------|
|              | 43           | None                                |
| 2            | 1            | Alcoholism/Substance Abuse          |
| 4            | 2            | Blood Related Problem               |
| 6            | 3            | Cancer                              |
| 8            | 4            | Circulation                         |
| 10           | 5            | Heart Trouble                       |
| 11           | 6            | High Blood Pressure                 |
| 12           | 7            | Other Cardiovascular                |
| 14           | 8            | Alzheimers                          |
| 16           | 9            | Non-Alzheimers Dementia             |
| 18           | 10           | Mental Retardation                  |
| 20           | 11           | Autism                              |
| 22           | 12           | Cerebral Palsy                      |
| 24           | 13           | Epilepsy                            |
| 26           | 14           | Friedreich's Ataxia                 |
| 28           | 15           | Multiple Sclerosis                  |
| 30           | 16           | Muscular Dystrophy                  |
| 32           | 17           | Spina Bifida                        |
| 34           | 18           | Digestive/Liver/Gall Bladder        |
| 36           | 19           | Diabetes                            |
| 38           | 20           | Other Endocrine Problem             |
| 40           | 21           | Eye Disorder                        |
| 42           | 22           | Immune System Disorder              |
| 44           | 23           | Arthritis/Rheumatoid Arthritis      |
| 46           | 24           | Osteoporosis                        |
| 48           | 25           | Other Muscular/Skeletal Problem     |
| 50           | 26           | Brain Trauma/Injury                 |
| 52           | 27           | Spinal Cord Injury                  |
| 54           | 28           | Stroke                              |
| 56           | 29           | Other Neurological Problems         |
| 58           | 30           | Anxiety Disorders                   |
| 60           | 31           | Bipolar                             |
| 62           | 32           | Major Depression                    |
| 64           | 33           | Personality Disorder                |
| 66           | 34           | Schizophrenia                       |
| 68           | 35           | Other Psychiatric Problems          |
| 70           | 36           | Black Lung                          |
| 72           | 37           | COPD                                |
| 74           | 38           | Pneumonia                           |
| 76           | 39           | Other Respiratory Problems          |
| 78           | 40           | Renal Failure                       |
| 80           | 41           | Other Urinary/Reproductive Problems |
| 82           | 42           | All Other Problems                  |

**2 2 2nd Major Diagnosis**

- | <u>Order</u> | <u>level</u> | <u>id choice: description</u> |
|--------------|--------------|-------------------------------|
|              | 43           | None                          |
| 2            | 1            | Alcoholism/Substance Abuse    |
| 4            | 2            | Blood Related Problem         |
| 6            | 3            | Cancer                        |
| 8            | 4            | Circulation                   |
| 10           | 5            | Heart Trouble                 |
| 11           | 6            | High Blood Pressure           |
| 12           | 7            | Other Cardiovascular          |
| 14           | 8            | Alzheimers                    |
| 16           | 9            | Non-Alzheimers Dementia       |
| 18           | 10           | Mental Retardation            |
| 20           | 11           | Autism                        |
| 22           | 12           | Cerebral Palsy                |
| 24           | 13           | Epilepsy                      |

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**30 21 Diagnosis**

Order code id code: description

**2 2 2nd Major Diagnosis**

Order level id choice: description

26 14 Friedreich's Ataxia  
 28 15 Multiple Sclerosis  
 30 16 Muscular Dystrophy  
 32 17 Spina Bifida  
 34 18 Digestive/Liver/Gall Bladder  
 36 19 Diabetes  
 38 20 Other Endocrine Problem  
 40 21 Eye Disorder  
 42 22 Immune System Disorder  
 44 23 Arthritis/Rheumatoid Arthritis  
 46 24 Osteoporosis  
 48 25 Other Muscular/Skeletal Problem  
 50 26 Brain Trauma/Injury  
 52 27 Spinal Cord Injury  
 54 28 Stroke  
 56 29 Other Neurological Problems  
 58 30 Anxiety Disorders  
 60 31 Bipolar  
 62 32 Major Depression  
 64 33 Personality Disorder  
 66 34 Schizophrenia  
 68 35 Other Psychiatric Problems  
 70 36 Black Lung  
 72 37 COPD  
 74 38 Pneumonia  
 76 39 Other Respiratory Problems  
 78 40 Renal Failure  
 80 41 Other Urinary/Reproductive Problems  
 82 42 All Other Problems

**4 3 3rd Major Diagnosis**

Order level id choice: description

43 None  
 2 1 Alcoholism/Substance Abuse  
 4 2 Blood Related Problem  
 6 3 Cancer  
 8 4 Circulation  
 10 5 Heart Trouble  
 11 6 High Blood Pressure  
 12 7 Other Cardiovascular  
 14 8 Alzheimers  
 16 9 Non-Alzheimers Dementia  
 18 10 Mental Retardation  
 20 11 Autism  
 22 12 Cerebral Palsy  
 24 13 Epilepsy  
 26 14 Friedreich's Ataxia  
 28 15 Multiple Sclerosis  
 30 16 Muscular Dystrophy  
 32 17 Spina Bifida  
 34 18 Digestive/Liver/Gall Bladder  
 36 19 Diabetes  
 38 20 Other Endocrine Problem  
 40 21 Eye Disorder  
 42 22 Immune System Disorder  
 44 23 Arthritis/Rheumatoid Arthritis  
 46 24 Osteoporosis  
 48 25 Other Muscular/Skeletal Problem  
 50 26 Brain Trauma/Injury  
 52 27 Spinal Cord Injury

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**30 21 Diagnosis**

Order code id code: description

**4 3 3rd Major Diagnosis**

Order level id choice: description

54 28 Stroke  
 56 29 Other Neurological Problems  
 58 30 Anxiety Disorders  
 60 31 Bipolar  
 62 32 Major Depression  
 64 33 Personality Disorder  
 66 34 Schizophrenia  
 68 35 Other Psychiatric Problems  
 70 36 Black Lung  
 72 37 COPD  
 74 38 Pneumonia  
 76 39 Other Respiratory Problems  
 78 40 Renal Failure  
 80 41 Other Urinary/Reproductive Problems  
 82 42 All Other Problems

**6 4 Total # of Medicines**

Order level id choice: description

21 None  
 1 1 1  
 2 2 2  
 3 3 3  
 4 4 4  
 5 5 5  
 6 6 6  
 7 7 7  
 8 8 8  
 9 9 9  
 10 10 10  
 11 11 11  
 12 12 12  
 13 13 13  
 14 14 14  
 15 15 15  
 16 16 16  
 17 17 17  
 18 18 18  
 19 19 19  
 20 20 20

**7 5 Total # of Tranquilizer/Psychotropic Drugs**

Order level id choice: description

21 None  
 1 1 1  
 2 2 2  
 3 3 3  
 4 4 4  
 5 5 5  
 6 6 6  
 7 7 7  
 8 8 8  
 9 9 9  
 10 10 10  
 11 11 11  
 12 12 12  
 13 13 13  
 14 14 14  
 15 15 15  
 16 16 16  
 17 17 17  
 18 18 18

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
30	21	<b>Diagnosis</b>
		<u>Order code id code: description</u>
7	5	<b>Total # of Tranquilizer/Psychotropic Drugs</b>
		<u>Order level id choice: description</u>
		19 19 19
		20 20 20
8	6	<b>Problems with adverse reactions/allergies</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
10	7	<b>Problems with cost of medication</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
12	8	<b>Problems with getting to pharmacy</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
14	9	<b>Problems with taking medicine as instructed / prescribed</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
16	10	<b>Problems with understanding directions / schedule</b>
		<u>Order level id choice: description</u>
		1 No
		2 Yes
18	11	<b>How do you take your medicine(s)</b>
		<u>Order level id choice: description</u>
		2 1 Without Assistance
		4 2 Administered/monitored by lay person
		6 3 Administered/monitored by professional

Order	Id	<u>Ass Category: Description</u>
35	2	<b>Sensory Functions</b>
		<u>Order code id code: description</u>
2	1	<b>Vision</b>
		<u>Order level id choice: description</u>
		2 1 No Impairment
		4 2 Impairment with compensation
		6 3 Impairment without compensation
		8 4 Complete loss
4	2	<b>Hearing</b>
		<u>Order level id choice: description</u>
		2 1 No Impairment
		4 2 Impairment with compensation
		6 3 Impairment without compensation
		8 4 Complete loss
6	3	<b>Speech</b>
		<u>Order level id choice: description</u>
		2 1 No Impairment
		4 2 Impairment with compensation
		6 3 Impairment without compensation
		8 4 Complete loss

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

## 40 3 Physical Status

Order code id code: description

2 1 **How is your ability to move your arms, fingers, and legs?**

Order level id choice: description

2 1 Within Normal limits or instability has

4 2 Limited motion

6 3 Instability uncorrected or immobile

4 2 **Have you ever broken or dislocated any bones?**

Order level id choice: description

2 1 None

4 2 Hip Fracture

6 3 Other Broken Bone(s)

8 4 Dislocations

10 5 Combination

6 9 **Have you ever been in a previous rehab program for fractures/dislocations?**

Order level id choice: description

1 No/Not Completed

2 Yes

8 6 **What is the date of fracture or dislocation?**

Order level id choice: description

1 1 Year or Less

2 More than 1 Year

10 3 **Have you ever had an amputation or lost any limbs?**

Order level id choice: description

2 1 None

4 2 Finger(s)/Toe(s)

6 3 Arm(s)

8 4 Leg(s)

10 5 Combination

12 7 **Have you ever been in a previous rehab program for losing any limbs?**

Order level id choice: description

1 No/Not Completed

2 Yes

14 8 **What was your date of amputation?**

Order level id choice: description

1 1 Year or Less

2 More than 1 Year

16 4 **Have you ever lost voluntary movement of any part of your body?**

Order level id choice: description

2 1 None

4 2 Partial

6 3 Total

18 5 **Have you ever been in a previous rehab program for lost voluntary movement?**

Order level id choice: description

1 No/Not Completed

2 Yes

20 10 **When was your onset of paralysis?**

Order level id choice: description

1 1 Year or Less

2 More than 1 Year

Order Id Ass Category: Description

## 45 24 Nutrition

Order code id code: description

1 1 **Recent Weight Loss/Gain**

Order level id choice: description

1 No

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order  
45

Id  
24

Ass Category: Description

## Nutrition

<u>Order</u>	<u>code</u>	<u>id_code: description</u>
1	1	<b>Recent Weight Loss/Gain</b>
		<u>Order level id_choice: description</u>
		2 Yes
2	2	<b>Are you on any special diet(s) for medical reasons?</b>
		<u>Order level id_choice: description</u>
		2 1 None
		4 2 Low Fat/Cholesterol
		6 3 No/Low Salt
		8 4 No/Low Sugar
		10 5 Combination/Other
4	3	<b>Do you take Dietary Supplements?</b>
		<u>Order level id_choice: description</u>
		2 1 None
		4 2 Occasionally
		6 3 Daily, Not Primary Source
		8 4 Daily, Primary Source
		10 5 Daily, Sole Source
6	4	<b>Do you have food allergies?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
8	5	<b>Do you have inadequate food/fluid intake?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
10	6	<b>Do you have nausea/vomiting/diarrhea?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
12	7	<b>Do you have problems eating certain foods?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
14	8	<b>Do you have problems following special diets?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
16	9	<b>Do you have problems swallowing?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
18	10	<b>Do you have taste problems?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
20	11	<b>Do you have tooth or mouth problems?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
22	12	<b>Do you have any other problems?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order  
50

Id  
4

Ass Category: Description

## Current Medical Services

<u>Order</u>	<u>code</u>	<u>id</u> <u>code: description</u>
2	1	<b>Do you get Occupational therapy prescribed by a doctor?</b> <u>Order level id choice: description</u> 1 No 2 Yes
4	2	<b>Do you get Physical therapy prescribed by a doctor?</b> <u>Order level id choice: description</u> 1 No 2 Yes
6	3	<b>Do you get Reality/Remotivation therapy?</b> <u>Order level id choice: description</u> 1 No 2 Yes
8	4	<b>Do you get Respiratory therapy prescribed by a doctor?</b> <u>Order level id choice: description</u> 1 No 2 Yes
10	5	<b>Do you get Speech therapy prescribed by a doctor?</b> <u>Order level id choice: description</u> 1 No 2 Yes
12	6	<b>Other Therapy?</b> <u>Order level id choice: description</u> 1 No 2 Yes
14	7	<b>Do you have any pressure ulcers?</b> <u>Order level id choice: description</u> 1 None 2 Stage I 3 Stage II 4 Stage III 5 Stage IV
16	8	<b>Do you receive bowel/bladder training?</b> <u>Order level id choice: description</u> 1 No 2 Yes
18	9	<b>Do you receive dialysis?</b> <u>Order level id choice: description</u> 1 No 2 Yes
20	10	<b>Do you receive dressing/wound care?</b> <u>Order level id choice: description</u> 1 No 2 Yes
22	11	<b>Do you receive eyecare?</b> <u>Order level id choice: description</u> 1 No 2 Yes
24	12	<b>Do you receive glucose/blood sugar?</b> <u>Order level id choice: description</u> 1 No 2 Yes
26	13	<b>Do you receive injections/IV therapy?</b> <u>Order level id choice: description</u> 1 No 2 Yes

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**50 4 Current Medical Services**

<u>Order</u>	<u>code</u>	<u>id</u> <u>code: description</u>
28	14	<b>Do you receive Oxygen?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
30	15	<b>Do you receive Radiation/Chemotherapy?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
32	16	<b>Do you receive Restraints (Physical/Chemical)</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
34	17	<b>Do you receive ROM Exercise?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
36	18	<b>Do you receive Trach Care/Suctioning?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
38	19	<b>Do you receive Ventilator?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes
40	20	<b>Other services?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes

Order Id Ass Category: Description  
**55 5 Medical/Nursing Needs**

<u>Order</u>	<u>code</u>	<u>id</u> <u>code: description</u>
	1	<b>Are there ongoing medical/nursing needs?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes

Order Id Ass Category: Description  
**60 7 Cognitive Function**

<u>Order</u>	<u>code</u>	<u>id</u> <u>code: description</u>
2	1	<b>What is the orientation of the client?</b>
		<u>Order level id_choice: description</u>
		2 1 Oriented
		4 2 Disoriented - Some spheres, some of the time
		6 3 Disoriented - Some spheres, all of the time
		8 4 Disoriented - All spheres, some of the time
		10 5 Disoriented - All spheres, all of the time
		12 6 Comatose
4	2	<b>Does the client have short-term memory loss?</b>
		<u>Order level id_choice: description</u>
		1 No
		2 Yes

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**60 7 Cognitive Function**

- | <u>Order</u> | <u>code</u> | <u>id code: description</u>                        |
|--------------|-------------|--|
| 6            | 3           | <b>Does the client have long-term memory loss?</b> |
|              |             | <u>Order level id choice: description</u>          |
|              |             | 1 No   |
|              |             | 2 Yes  |
| 8            | 4           | <b>Does the client have a judgement problem?</b>   |
|              |             | <u>Order level id choice: description</u>          |
|              |             | 1 No   |
|              |             | 2 Yes  |

Order Id Ass Category: Description  
**65 8 Behavior Pattern**

- | <u>Order</u> | <u>code</u> | <u>id code: description</u>  |
|--------------|-------------|--|
| 1            |             | <b>Does the client ever wander without purpose or become agitated and abusive?</b> |
|              |             | <u>Order level id choice: description</u>  |
|              |             | 2 1 Appropriate  |
|              |             | 4 2 Wandering/Passive - Less than weekly   |
|              |             | 6 3 Wandering/Passive - Weekly or more   |
|              |             | 8 4 Abusive/Aggressive/Disruptive - Less than weekly                               |
|              |             | 10 5 Abusive/Aggressive/Disruptive - Weekly or more                                |
|              |             | 12 6 Comatose  |

Order Id Ass Category: Description  
**70 9 Life Stressors**

- | <u>Order</u> | <u>code</u> | <u>id code: description</u>                               |
|--------------|-------------|---|
| 2            | 1           | <b>Have you had a change in work/employment</b>           |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |
| 4            | 2           | <b>Has there been a death of someone close?</b>           |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |
| 6            | 3           | <b>Is there a family conflict?</b>                        |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |
| 8            | 4           | <b>Do you have financial problems?</b>                    |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |
| 10           | 5           | <b>Has there been a major illness of a family/friend?</b> |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |
| 12           | 6           | <b>Have you had a recent move/relocation?</b>             |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |
| 14           | 7           | <b>Have you been the victim of a crime?</b>               |
|              |             | <u>Order level id choice: description</u>                 |
|              |             | 1 No  |
|              |             | 2 Yes   |

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

## 70 9 Life Stressors

Order code id code: description

16 8 **Do you have failing health?**

Order level id choice: description

1 No

2 Yes

18 9 **Do you have any other stressful event that currently affects your life?**

Order level id choice: description

1 No

2 Yes

Order Id Ass Category: Description

## 75 10 Emotional Status

Order code id code: description

2 1 **past month how often did you feel anxious or worry constantly about things?**

Order level id choice: description

2 1 Rarely/Never

4 2 Some of the time

6 3 Often

8 4 Most of the time

10 5 Unable to assess

4 2 **past month how often did you feel irritable, have crying spells or get upset?**

Order level id choice: description

2 1 Rarely/Never

4 2 Some of the time

6 3 Often

8 4 Most of the time

10 5 Unable to Assess

6 3 **past month how often did you feel alone and didn't have anyone to talk to?**

Order level id choice: description

2 1 Rarely/Never

4 2 Some of the time

6 3 Often

8 4 Most of the time

10 5 Unable to Assess

8 4 **past month how often did you feel like you didn't want to be around other people?**

Order level id choice: description

2 1 Rarely/Never

4 2 Some of the time

6 3 Often

8 4 Most of the time

10 5 Unable to Assess

10 5 **past month how often did you feel afraid that something bad was going to happen?**

Order level id choice: description

2 1 Rarely/Never

4 2 Some of the time

6 3 Often

8 4 Most of the time

10 5 Unable to Assess

12 6 **past month how often did you feel sad or hopeless?**

Order level id choice: description

2 1 Rarely/Never

4 2 Some of the time

6 3 Often

8 4 Most of the time

10 5 Unable to Assess

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

## 75 10 Emotional Status

Order code id\_code: description

14 7 **past month how often did you feel life is not worth living?**

Order level id\_choice: description

2 1 Rarely/Never  
4 2 Some of the time  
6 3 Often  
8 4 Most of the time  
10 5 Unable to Assess

16 8 **past month how often did you see or hear things that other people didn't?**

Order level id\_choice: description

2 1 Rarely/Never  
4 2 Some of the time  
6 3 Often  
8 4 Most of the time  
10 5 Unable to Assess

18 9 **past month how often did you believe you have special powers that others do?**

Order level id\_choice: description

2 1 Rarely/Never  
4 2 Some of the time  
6 3 Often  
8 4 Most of the time  
10 5 Unable to Assess

20 10 **past month how often did you have problems falling asleep or staying asleep?**

Order level id\_choice: description

2 1 Rarely/Never  
4 2 Some of the time  
6 3 Often  
8 4 Most of the time  
10 5 Unable to Assess

22 11 **past month how often did you have problems with your appetite?**

Order level id\_choice: description

2 1 Rarely/Never  
4 2 Some of the time  
6 3 Often  
8 4 Most of the time  
10 5 Unable to Assess

Order Id Ass Category: Description

## 80 11 Social Status

Order code id\_code: description

2 1 **Do you enjoy solitary activities?**

Order level id\_choice: description

1 No  
2 Yes

4 2 **Do you enjoy activities with friends/family?**

Order level id\_choice: description

1 No  
2 Yes

6 3 **Do you enjoy activities with groups/clubs?**

Order level id\_choice: description

1 No  
2 Yes

8 4 **Do you enjoy religious activities?**

Order level id\_choice: description

1 No  
2 Yes

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description

## 80 11 Social Status

Order code id code: description

10 5 **How often do you talk to your children?**

Order level id choice: description

2 1 No Children

4 2 Daily

6 3 Weekly

8 4 Monthly

10 5 Less than monthly

12 6 Never

12 6 **How often do you talk to other family members?**

Order level id choice: description

2 1 No Other Family

4 2 Daily

6 3 Weekly

8 4 Monthly

10 5 Less than monthly

12 6 Never

14 7 **How often do you talk to friends/neighbors?**

Order level id choice: description

2 1 No Friends/Neighbors

4 2 Daily

6 3 Weekly

8 4 Monthly

10 5 Less than monthly

12 6 Never

18 8 **Are you satisfied with how often you see or hear from your family and/or friends?**

Order level id choice: description

1 No

2 Yes

Order Id Ass Category: Description

## 85 12 Hospitalization/Alcohol - Drug Use

Order code id code: description

2 1 **Hospitalized or received treatment for nerves, mental, alcohol, or substance?**

Order level id choice: description

1 No

2 Yes

4 2 **Do/did you ever drink alcoholic beverages?**

Order level id choice: description

2 1 Never

4 2 At one time, but no longer

6 3 Currently

6 3 **Do/did you ever use non-prescription, mood altering substances?**

Order level id choice: description

2 1 Never

4 2 At one time, but no longer

6 3 Currently

8 4 **Have you or someone close, ever been concerned about use of alcohol or substances?**

Order level id choice: description

1 No

2 Yes

10 5 **Do/did you ever use alcohol/other mood substances with prescription drugs?**

Order level id choice: description

1 No

2 Yes

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order Id Ass Category: Description  
**85 12 Hospitalization/Alcohol - Drug Use**

- | <u>Order</u> | <u>code</u> | <u>id</u>    | <u>code: description</u>   |
|--------------|-------------|--------------|--|
| 12           | 6           |              | <b>Do/did you ever use alcohol/other mood substances with OTC medicine?</b>        |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 14           | 7           |              | <b>Do/did you ever use alcohol/other mood substances with other substances?</b>    |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 16           | 8           |              | <b>Do/did you ever use alcohol/other mood substances to help sleep?</b>            |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 18           | 9           |              | <b>Do/did you ever use alcohol/other mood substances to help relax?</b>            |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 20           | 10          |              | <b>Do/did you ever use alcohol/other mood substances to get more energy?</b>       |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 22           | 11          |              | <b>Do/did you ever use alcohol/other mood substances to relieve worries?</b>       |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 24           | 12          |              | <b>Do/did you ever use alcohol/other mood substances to relieve physical pain?</b> |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 26           | 13          |              | <b>Do/did you ever smoke or use tobacco products?</b>                              |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                                  |
|              |             | 2            | 1 Never  |
|              |             | 4            | 2 At one time, but no longer   |
|              |             | 6            | 3 Currently  |

Order Id Ass Category: Description  
**90 13 Caregiver Assessment**

- | <u>Order</u> | <u>code</u> | <u>id</u>    | <u>code: description</u>   |
|--------------|-------------|--------------|--|
| 2            | 1           |              | <b>Does the client have an informal caregiver?</b>                         |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                          |
|              |             | 1            | No   |
|              |             | 2            | Yes  |
| 4            | 2           |              | <b>Where does the caregiver live?</b>                                      |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                          |
|              |             | 2            | 1 With Client  |
|              |             | 4            | 2 Separate residence, close proximity                                      |
|              |             | 6            | 3 Separate residence, over 1 hour away                                     |
| 6            | 3           |              | <b>Is the caregiver's help</b>   |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                          |
|              |             | 2            | 1 Adequate to meet the client's needs?                                     |
|              |             | 4            | 2 Not Adequate to meet the client's needs?                                 |
| 8            | 4           |              | <b>Has providing care to the client become a burden for the caregiver?</b> |
|              |             | <u>Order</u> | <u>level</u> <u>id</u> <u>choice: description</u>                          |
|              |             | 2            | 1 Not at all   |
|              |             | 4            | 2 Somewhat   |

# VDA AIM Assessment Categories / Questions/ Answer Listing

Order	Id	<u>Ass Category: Description</u>
<b>90</b>	<b>13</b>	<b>Caregiver Assessment</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>8</b>	<b>4</b> <b>Has providing care to the client become a burden for the caregiver?</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		6 3 Very Much

Order	Id	<u>Ass Category: Description</u>
<b>95</b>	<b>25</b>	<b>Unmet Needs</b>
	<u>Order</u>	<u>code</u> <u>id</u> <u>code: description</u>
	<b>2</b>	<b>1</b> <b>Finances</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>4</b>	<b>2</b> <b>Home/Physical Environment</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>6</b>	<b>3</b> <b>ADLS</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>8</b>	<b>4</b> <b>IADLS</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>10</b>	<b>5</b> <b>Assistive Devices/Medical Equipment</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>12</b>	<b>6</b> <b>Medical Care/Health</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>14</b>	<b>7</b> <b>Nutrition</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>16</b>	<b>8</b> <b>Cognitive/Emotional</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes
	<b>18</b>	<b>9</b> <b>Caregiver Support</b>
		<u>Order</u> <u>level</u> <u>id</u> <u>choice: description</u>
		1 No
		2 Yes