



myagedcare



Integrated Assessment Tool (IAT)

User guide

VERSION 2.4 | November 2025

Table of contents

Table of contents	2
Introduction	7
IAT overview.....	7
IAT user guide.....	7
Acknowledgements.....	10
Triage section	12
Triage details.....	12
Reason for assessment.....	15
Current access to services.....	20
Function.....	22
General health.....	35
General wellbeing and safety.....	41
Advice for assessment.....	47
Assessment details section	54
Assessment date.....	54
Participants consulted prior to the assessment.....	54
Mode of assessment.....	55
Assessment setting.....	56
Who assessment information was collected from.....	58
Professions who participated in the client assessment.....	59
Assessor notes.....	60
Reason for assessment section	62
Circumstance triggering contact.....	62
How long has client experienced this circumstance.....	64
Main reason for seeking assistance.....	65
Carer profile section	67
Other people living in the same household.....	67
Carer.....	68
Respite and emergency care.....	78
Client as a carer.....	83

Medical and medications section	89
Medical treatments.....	89
Health conditions	91
Impact on health issues on normal activities during past 4 weeks	93
Advanced medical assessment	95
Medications.....	101
Number of medications	102
Assessor notes on medication details.....	103
Assessor notes on medical domain.....	105
Function section	106
General observations of client	106
Health literacy difficulties	107
Details of health literacy difficulties.....	109
Get to places out of walking distance	110
Ability to drive	114
Undertake light housework.....	116
Undertake housework (heavy or moderate)	120
Go shopping	124
Prepare meals	128
Take medicine	132
Handle money	135
Use the telephone	139
Use of other communication devices	142
Use online services.....	146
Ability to walk.....	149
Wheelchair mobility	154
Ability to climb stairs.....	157
Take a bath or shower.....	160
Ability to dress.....	165
Ability to groom.....	169
Ability to eat.....	172
Transfers.....	176

Upper body strength	180
Toilet use	184
Toileting – bladder	188
Urinary incontinence issues	188
Consent to complete Revised Urinary Incontinence Scale	190
Validated tool: Revised Urinary Incontinence Scale	191
Toileting – bowels	194
Bowel incontinence issues	195
Consent to complete Revised Faecal Incontinence Scale	196
Validated tool: Revised Faecal Incontinence Scale	197
Likely to recommend residential respite care.....	201
Completion of De Morton Mobility Index modified	202
Summary of function notes.....	203
DEMMI modified section	205
Validated tool: De Morton Mobility Index modified	205
Physical, personal health and frailty section	210
Physical health.....	210
Personal health.....	217
General and personal health observations	235
Frailty.....	236
Social section	247
Feeling lonely, down or socially isolated	247
Validated tool: Good Spirit Good Life	248
Validated tool: Duke Social Support Index – Social Interaction Subscale.....	254
Assessor observation about family, community engagement and support	259
Cognition section	260
Confirmed dementia diagnosis from a geriatrician or neurologist.....	260
Suitability to complete the KICA Cog	262
Suitability to complete the KICA Cog regional urban.....	262
Suitability to complete Step 1 GP Cog	263
Informant available to complete Step 2 GP Cog	264
Informant available to complete KICA carer	265

Validated tool: Step 1 GP Cog	265
Validated tool: Step 2 GP Cog	269
Validated tool: KICA Cog	273
Validated tool: KICA Cog Regional Urban.....	277
Extended cognitive assessment	281
Assessor notes on cognition.....	292
Behaviour section	294
Experience feeling aggression, agitated or found wandering	294
Changes in personality	295
Extended behaviour assessment	296
Assessor notes on behaviours.....	303
Psychological section	304
Validated tool: Patient Health Questionnaire-4 (PHQ-4).....	304
Advanced psychological assessment	306
Consent to complete Geriatric Depression Scale.....	319
Validated tool: Geriatric Depression Scale.....	320
Assessor psychological observations	326
Home and personal safety section	327
Home and garden assessment	327
Home and garden general observations.....	328
Home safety equipment.....	329
Characteristics of client's house.....	331
Characteristics of client's garden	332
Home and garden maintenance concerns	333
Details of home and garden maintenance concerns	334
Help for home and garden maintenance	334
Details of help for home and garden maintenance	335
Unstable accommodation	336
Assessor notes on home and personal safety.....	336
Financial or legal section	338
Financial and legal issues	338
Capability of making own decisions	339

Power of attorney	339
Assistance for client in making health decisions.....	340
Assistance for client in making financial decisions	341
Financial resources to meet emergencies	342
Subject to a Mental Health Act order	343
Advance care plan	343
Employment status	344
Assessor observations on financial or legal details.....	345
Support considerations section	347
Health and safety	347
Client diversity.....	353
Assessor notes on support considerations	356
Urgent Service Provision	357
Support plan	359
Identified needs	359
Goals and recommendations	364
Associated people	387
Review	388
Appendix A – list of health conditions	390
Appendix B – pre-population from previous NSAF assessment	398

Introduction

IAT overview

The Integrated Assessment Tool (IAT) is the new assessment tool for older Australians who are seeking to access government subsidised aged care services.

The IAT has been in operation since 1 July 2024.

IAT development

The IAT builds on the previous National Assessment and Screening Form (NSAF) and learnings from the two trials of previous IAT prototypes in 2022 and 2023.

Structure

The IAT has three components:

- Triage – a process to determine priority of assessment needs for senior Australians;
- Assessment – an assessment of aged care needs for senior Australians; and
- Support plan – a summary of assessment findings, goals and recommendations.

Triage	Assessment	Support Plan
1. Triage details	1. Assessment details	• Identified needs
2. Reason for assessment	2. Reason for assessment	• Assessment Summary
3. Current access to services	3. Carer profile	• Goals and recommendations
4. Function	4. Function	• Associated people
5. General health	5. DEMMI modified	• Support plan review
6. General wellbeing and safety	6. Medical and medications	
7. Advice for assessment	7. Physical, personal health and frailty	
	8. Social	
	9. Cognition	
	10. Behaviour	
	11. Psychological	
	12. Home and personal safety	
	13. Financial or legal	
	14. Support considerations	

IAT user guide

Purpose

The IAT user guide outlines what Aged Care Needs Assessors (referred to as assessors in this document) in the My Aged Care assessment workforce are required to consider and record when undertaking a home support assessment or comprehensive assessment using the IAT.

References to ‘non-clinical assessors’ and ‘clinical assessors’ in this document are made to address specific instances relating to clinical questions that require clinical attendance.

Further information on clinical attendance is at section 5.5.1 of the My Aged Care Assessment Manual.

The user guide complements other resources available to assessors on the Department of Health and Aged Care’s website, including:

- The My Aged Care Assessment Manual;
- The Aged Care Quality Assessment Framework;
- My Aged Care fact sheets; and
- My Aged Care quick reference guides.

Viewing the IAT user guide

The IAT user guide has been designed to be viewed on Microsoft Word, as a PDF or as a hard-copy printed version in colour.

Note: it will be difficult to read and accurately follow this guide if printed in black and white.

Navigating the IAT user guide

Guidance information in this user guide on triage questions, assessment questions, and support plan fields is provided in a consistent structure. The below table provides a breakdown of this structure.

Breakdown	Detail
Topic (question or field)	The exact wording of a question or field as it will appear in the My Aged Care Assessor Portal, the Assessor App or elsewhere.
Response options	The option/s available to an assessor to respond to the topic.
Question rules	To indicate if a question is categorised as: <ul style="list-style-type: none"> Base question for all assessors These questions are threshold questions which may prompt the completion of Validated Assessment Tools or question sets that require clinical judgement. If these questions are prompted by an assessor who only holds a non-clinical assessor role in the My Aged Care Assessor Portal they will need to be completed with the involvement of a clinical assessor in accordance with their organisation’s clinical governance framework and standard operating procedures. A supervising clinical assessor can be selected at any point before finalising the IAT.



These questions denote the use of Validated Assessment Tools and question sets that are only available to clinical assessors.

Question for assessors with experience working with First Nations clients¹

The guidance information for the question will also be shaded a colour based on the above categories.

Pre-populated information

If the response is pre-populated from screening or triage, and/or if the response will be used as pre-populated input in the support plan.

Note: this does not cover the option to pre-populate fields in the IAT from a client's previous NSAF assessment. Instead, Appendix B includes a summary of the pre-population of an IAT assessment from a previous NSAF assessment.

Response guidance

Considerations for assessors when responding to the question or field. Response guidance will be broken down into:

- Context of the question or field;
- What assessors should consider and record when addressing the question or field;
- Question prompts and/or observations to assist assessors during assessments (if relevant and appropriate in the situation);
- Any recommendations associated with responses to the question or field (if relevant); and
- Support resources related to the question or field that may assist the assessor during an assessment (if relevant).

¹ For example, assessors who have undertaken cultural safety training recognised by a reputable First Nations organisation, and have extensive experience working with First Nations people of Australia. For clarity, the cultural safety overview and guidance in My Aged Care training on MAClearning does not provide training in the use of relevant validated tools for First Nations clients.

IAT User Guide Table of Key changes

Document Version	Description of Change	Section
Version 2.3 – November 2025		
V2.3	Triage: Triage questions will no longer be mandatory if an assessment is flagged for the End-of-Life Pathway	Page 11
V2.3	Additional Triage question: Does the client require urgent service provision (direct to service)?	Page 51
V2.3	Health conditions: additional guidance relating to coding for progressive conditions	Page 90
V2.3	Vision concerns: option for 'other' is removed	Page 210
V2.3	Vision concerns: Additional guidance on recording information on guide dogs for the AT-HM scheme	Page 211
V2.3	Hearing concerns: option for 'other' is removed	Page 212
V2.3	Somatosensory: option for 'other' is removed	Page 214
V2.3	Swallowing: Do you have any problems with swallowing causing difficulties when you eat or drink: option for 'other' is removed	Page 217
V2.3	Client Diversity: Guidance on recording 'care leavers'	Page 353
V2.3	Additional Support Consideration question: 'Does the client require urgent service provision?'	Page 356
V2.3	Additional Support Plan guidance content	Page 358 onwards
V2.4	Updated IAT outcome guidance	Page 371

Acknowledgements

The Department of Health and Aged Care wishes to thank members of the My Aged Care assessment workforce's Lead Educators' Network (LEN) on IAT training for their advice and input that supported the development of this user guide.

Triage section

The purpose of triage, and the triage section of the IAT, is for an assessment organisation to validate the appropriateness of a received assessment referral and to collect information relevant to assist with the assessment process.

NB: All mandatory triage questions will be optional if it is an End-of-life Pathway.

Triage details

Question: Date of triage	
Response options	Select date of triage from calendar
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Triage is a process undertaken by a team lead role (the role type in My Aged Care) to validate the appropriateness of an assessment referral received. Triage is completed on system by completing triage questions after an assessment referral is accepted. <u>Note that Team Leaders will have the ability to convert the referral from/to a Home Support/Comprehensive Assessment once Triage has been completed.</u> <p><u>Record:</u></p> <ul style="list-style-type: none"> The date that the triage questions were completed with the client or their support person.

Question: Registration screen information collected from	
Response options	<ul style="list-style-type: none"> Client Client's carer, family member and/or other Client's representative Client's general practitioner Representative of service provider Health professional Aboriginal liaison officer Aged care connector and coordinator

Question: Registration screen information collected from	
	<ul style="list-style-type: none"> • Care finder • Via interpreter • Agent • Other – please specify
Question rules	Base question that is mandatory to complete
Pre-populated information	Yes: <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is currently receiving any formal assistance or support)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This refers to the person(s) or organisation(s) information is collected from at the time of triage. • In most instances, it will be the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • In instances that information is not provided by the client, document the name of the person(s) providing the information. • If an interpreter is used. • Ensure you have consent from the client for information to be provided on their behalf. • Consider whether the person(s) should be established as a Representative or Relationship for the client, if they are not already.

Question: Is the client currently an admitted hospital in-patient?	
Response options	<ul style="list-style-type: none"> • No • Yes
Question rules	Base question that is mandatory to complete
Pre-populated information	Yes: <ul style="list-style-type: none"> • If the response is 'yes', the response will pre-populate in reason for assessment section (circumstances triggering contact question)
Response guidance	<u>Context:</u>

Question: Is the client currently an admitted hospital in-patient?

	<ul style="list-style-type: none"> • The triage person should indicate if the client is currently an admitted hospital in-patient when triage is undertaken. • Hospital in-patient settings include: <ul style="list-style-type: none"> ○ Public or private hospital; or ○ Other hospital settings (<u>excluding acute care</u>) where the client is an admitted patient. Examples include: <ul style="list-style-type: none"> ▪ Overnight care; or ▪ Extended care or rehabilitation facilities or other non-acute wards/beds in hospital (including HITH). <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is in an in-hospital setting during triage. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Where are you currently located? • How long are you expected to stay in hospital for?
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Question: Assessor notes

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate in assessment details section of IAT (question on assessor notes)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any notes from the previous questions on the date of the client’s triage and if the client is an admitted hospital in-patient. • This notes field can also be used for information on contact details identified during triage. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is in an in-hospital setting during triage but is expecting to be at home for an assessment. • If there were any difficulties contacting the client for triage.

Question: Assessor notes

	<ul style="list-style-type: none"> • Who triage was undertaken with, if not the client. • Preferred contact details if needed prior to the assessment (for example, if the client is difficult to contact by telephone). • Any communication difficulties, or related challenges, identified during triage that the assessor should be aware of before the assessment. • Complete the question based on information available, information on the inbound referral or information provided by another source such as a representative, carer or friend.
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Reason for assessment**Question: What is the key circumstance that has triggered client/representative making contact?**

Response options	<ul style="list-style-type: none"> • Referral from health professional • Hospital discharge • Fall(s) • Medical condition(s) • Difficulties with activities of daily living • Change in caring arrangements • Change in care needs • Change in living arrangements • Change in cognitive status • Change in mental health status • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate in reason for assessment section of IAT (circumstances triggering contact question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should determine the situation or trigger that has led the client to contact My Aged Care. The assessment type can be changed after triage, but only from Home Support to Comprehensive. • <u>Note that assessors can self-refer a client, however this will be limited to four reasons:</u> <ol style="list-style-type: none"> 1. <u>In-hospital</u>

Question: What is the key circumstance that has triggered client/representative making contact?

2. First Nations
3. Remote Assessment
4. Homeless (or at risk of)
5. Vulnerable groups
6. End-of-Life Pathway

Consider and record:

- Determine the key situation or trigger that has prompted the contact based on any of the following:
 - Information on the inbound referral;
 - Information provided by another source such as a representative, carer or friend; and/or
 - Your judgement based on the conversation with the client.

Prompts:

- Use the below definitions to assist with the response.
 - **Referral from health professional or assessor:** if the client has been referred by a health professional to undertake an assessment and/or to seek aged care services.
 - **Hospital discharge:** If the client has had a recent hospitalisation.
 - **Fall(s):** If the client has had a fall.
 - **Medical condition(s):** If the client has medical conditions that are impacting on their ability to undertake day-to-day tasks.
 - **Difficulties with activities of daily living:** If the client is finding it difficult to undertake day-to-day activities.
 - **Change in care needs:** If the client needs more (or less) assistance to complete everyday tasks.
 - **Change in living arrangements:** If the client has relocated to new accommodation (by choice or forced relocation), is now homeless, has a co-resident carer that moves out of their home or a carer/support person moves into their home.
 - **Change in cognitive status:** If the client or their carer mentions that the client has experienced a change in their memory and cognition. This can include declining memory, short-term memory, poor memory, safety concerns with being left alone or

Question: What is the key circumstance that has triggered client/representative making contact?

	<p>using cooking appliances, forgetting to take medication or taking the wrong medication, getting lost in familiar environments and concerns about safety when driving.</p> <ul style="list-style-type: none"> ○ Change in mental health status: if the client has had a negative impact on their mental health and may need more assistance with managing their mental health. ○ Other: For any responses that are not defined in this guidance. Include relevant information if this response is chosen. <ul style="list-style-type: none"> ● If there is more than one key trigger or situation, select and include details in the other response option.
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Question: Assessors comments about trigger

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● Any relevant notes on why the client has contacted My Aged Care and been referred for an assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● Information that could be included in this response includes: <ul style="list-style-type: none"> ○ Who has made the referral and why? ○ What is concerning the client most about their current situation? ○ How the client has been managing up until now? ○ Opportunities to support the client to remain independent? <p><u>Prompts:</u></p> <ul style="list-style-type: none"> ● What do you want to achieve by having this assessment?

Question: Assessors comments about trigger	
	<ul style="list-style-type: none"> • Is there anything more that you would like to share on challenges leading up to your referral for an assessment? • What was the ‘tipping point’ that led to your referral for an assessment? • What has prompted you to make contact with My Aged Care? • Do you feel you need service right now or in the future?

Question: How long has the client experienced this circumstance?	
Response options	<ul style="list-style-type: none"> • Recent acute illness/event • Gradual increase in needs over time • Long term disability • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify how long the client has been experiencing the circumstance/s which have prompted contact with My Aged Care and the referral for assessment. • The triage person should ascertain whether this is an acute illness that requires medical intervention before the assessment can proceed, or whether it is a chronic deterioration of a disability or a new disability. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Recent acute illness/event: a condition that is from a recent illness or event that has had a sudden onset for the client. ○ Gradual increase in needs over time: the circumstance is the result of increased needs for the client relating to their physical health, emotional wellbeing, home environment and/or support that have gradually increased over time. ○ Long term disability: the circumstance is from a permanent or significant disability that affects the client’s ability to take part in everyday activities.

Question: How long has the client experienced this circumstance?	
	<ul style="list-style-type: none"> ○ Other: For any responses that are not defined in this guidance. Include relevant information if this response is chosen. • If there are multiple circumstances, select and include details in the free text response option. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • How long have you experienced this challenge? • When did you first start experiencing these difficulties? • Is it an ongoing or short term concern? Has it improved or gotten worse? • Have you sought contact with your GP or another health professional? • What interventions and/or services have been used to date? Do you have any follow up appointments on these interventions?

Question: Comments about circumstance	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any relevant notes on the client’s circumstance/s which have prompted contact with My Aged Care and the referral for assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • A summary of the circumstance/s being experienced by the client. • How they are currently managing the circumstance/s, and if this is sustainable. • What are the main concerns for the client relating to the circumstance.

Question: Comments about circumstance	
	<ul style="list-style-type: none"> • If the client is in a suitable situation for an assessment, or are they too unwell. • Any other information about the reason for the referral. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Do you mind sharing some more information on the challenge/s that you are dealing with? • What are you finding most difficult to manage? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • A reablement focus may be appropriate for clients experiencing a condition from a recent acute illness/event.

Current access to services

Question: Are you currently receiving any aged care services?	
Response options	<ul style="list-style-type: none"> • No • Not sure • Yes
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is currently receiving any formal assistance or support)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should determine whether the client is currently receiving any aged care services that is government funded and/or privately funded. • This only relates to funded aged care services, and not support that is provided to the client by a carer (i.e. family member or similar support person). • An aged care service is support provided to older people who need help in their own home or who can no longer live at home. It can include: <ul style="list-style-type: none"> ○ Help with everyday living; ○ Assistive equipment and home modifications; ○ Personal care and health care; and

Question: Are you currently receiving any aged care services?

	<ul style="list-style-type: none"> ○ Accommodation • Support provided to the client by a carer is not considered a funded aged care service even if the carer receives a Carer Payment from Services Australia. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is currently receiving any assistance to deal with any challenges or circumstances flagged in the reason for assessment. • An aged care service is a service that is <u>aimed</u> at older people. It does not include services that are aimed at the general community (i.e. a supermarket’s delivery service). • Select ‘not sure’ if it is not clear if the service is aimed at older people or conflicting information is shared. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Are you currently receiving any help? • What help are you currently getting? • Are your services privately funded or government funded? • Do you have a health care plan with your GP that you are accessing allied health through? • Do you get any other assistance around the house other than what is provided by your carer? • Have you ever received aged care services before? Have you stopped receiving these services?
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Question: What aged care services are you currently receiving?

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • Response will pre-populate from screening instrument if completed (field on details of any formal assistance or support that client is receiving)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any relevant notes on aged care services currently being received by the client.

Question: What aged care services are you currently receiving?

	<ul style="list-style-type: none"> This question aims to collect all information about current formal supports to assist in clarifying the immediate unmet needs of the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the aged care services are privately funded or government funded. If the aged care services are needed because of carer factors (for example, limitations in the support that are carer can provide). The frequency the aged care services are provided. If the client has any service referral codes in place that they are not using. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> Can you share some more details on the formal assistance you are currently receiving? Do you pay for these services out of your own pocket? How often do you receive these services? Are the services short-term or long-term? <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Assistance with ‘finding a provider’ for any service referral codes that are not being used. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> About aged care Australian Government Department of Health and Aged Care Find a non government-funded provider My Aged Care
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Function

Question: Are you able to walk?

Response options	<ul style="list-style-type: none"> Yes No Somewhat
Question rules	Base question that is mandatory to complete

Question: Are you able to walk?	
<p>Pre-populated information</p>	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is able to walk) • The response will pre-populate in function section of IAT (ability to walk question)
<p>Response guidance</p>	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify whether the client can walk. Consider difficulties with indoor, outdoor and community mobility. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider difficulties around the home (indoors and outdoors) or away from home (community mobility). • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client walks with no walking aids or is independent with mobility using a walking stick. ○ No: the client is wheelchair bound and is unable to self-propel, is bed bound or needs assistance of more than one person to mobilise. ○ Somewhat: the client: <ul style="list-style-type: none"> ▪ Uses a walking stick but it is not meeting their needs and the client is at risk of falling; ▪ Walks with the assistance of one other person and/or uses a walking frame, crutches or aids that require the use of both arms; ▪ Walks with a quad stick or one crutch and is reliant on this aid for mobility at all times; ▪ Has foot problems (such as overgrown/ingrown toenails, calluses, bunions, amputations) that impact on their ability to walk; ▪ Has breathing problems and/or uses oxygen that impacts on and limits their mobility to walk; and/or ▪ Uses a wheelchair without the help of others (able to self-propel a manual wheelchair or use an electric wheelchair). <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Do you have any problems with walking? • Is walking a concern?

Question: Are you able to walk?	
	<ul style="list-style-type: none"> • Has there been any recent falls?

	<ul style="list-style-type: none"> • Has there been any recent falls?
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Question: Are you able to take a bath or shower?	
Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is able to take a bath or shower) • The response will pre-populate in function section of IAT (able to take a bath or shower question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify if a client requires assistance, supervision or prompting from another person to shower, bath or bathe themselves. • This question does not relate to grooming as this is covered under a separate question. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons. A client with dementia may be physically able to shower, but may require prompting by their carer. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client is able to prepare for and shower/dry themselves, including with the use of grab rails and adaptive equipment. This includes managing to bath, shower and dry themselves independently as often as they require without additional physical, verbal or standby assistance. ○ No: the client needs total assistance with preparing and washing/drying themselves; utilises bed sponges only. ○ Somewhat: the client needs help getting in or out of the bath/shower. This includes: <ul style="list-style-type: none"> ▪ Hands-on assistance, supervision or prompting of one person when getting in and out of the shower or bath, on and off

Question: Are you able to take a bath or shower?	
	<p>equipment such as a bath chair, assistance with washing and drying, difficulty regulating water temperature;</p> <ul style="list-style-type: none"> ▪ If a client is anxious regarding showering/bathing and requires standby assistance only; and/or ▪ If they use equipment and require help to transfer on/off or to use any of the equipment. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Are you able to bathe and shower yourself? • Is there any problems with bathing and showering? • Do you have equipment/aids in place to assist with bathing and showering? • Do you have informal/informal arrangements, and are they working and sustainable?

Question: Are you able to transfer yourself from a chair, bed etc?	
Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is able to transfer) • The response will pre-populate in function section of IAT (able to transfer question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify whether a client is physically able to move from place to place and includes difficulties with all types of transfers. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Whether a client is physically able to move from place to place and includes difficulties with all types of transfers. For example, is the client able to:

Question: Are you able to transfer yourself from a chair, bed etc?	
	<ul style="list-style-type: none"> ○ Maintain or change body position; ○ Carry, move and manipulate objects; and/or ○ Get in or out of bed or a chair (including wheelchairs), in/out of a car? ● Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client is able to transfer safely without help from a person or aid. ○ No: the client is completely unable to transfer themselves and/or has no sitting balance. The client is reliant on others or the use of a hoist/pat slide to transfer. ○ Somewhat: the client requires assistance with transfers. This includes: <ul style="list-style-type: none"> ▪ Requires verbal or physical prompting from a person to transfer; ▪ Requires assistance from one or two people to transfer; and/or ▪ May use an aid such as a toilet raise; bed stick; chair platform or the use of a hoist, standing and raising aids, handi-lift/walk belt. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> ● Can you get on and off objects? (bed, chair etc.) ● Do you have any problems or difficulties with transfers? ● Do you have any equipment/aids in place to assist with transfers? ● Is there anything that you think you need to assist with transfers?

Question: Are you able to dress yourself?	
Response options	<ul style="list-style-type: none"> ● Yes ● No ● Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> ● The response will pre-populate from screening instrument if completed (field on if client is able to dress) ● The response will pre-populate in function section of IAT (ability to dress question)

Question: Are you able to dress yourself?	
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The triage person should determine the client’s ability to get dressed in their clothes. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Consider cognitive as well as physical reasons. A client with dementia may be physically able to dress, but may require prompting to do so, or a carer may also need to physically assist a client who is unable to ‘sequence’ their dressing tasks. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Yes: the client is able to choose their clothing and is appropriately dressed, is able to do up their own buttons, zips, laces and/or put on their shoes/socks/stockings etc. No: the client is completely unable to dress themselves. Somewhat: the client is able to dress with some assistance and/or prompting. This may include assistance to choose clothing, or to do up their own buttons, zips, laces and/or put on their shoes/socks/stockings etc. This also includes the use of aids or equipment to assist. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Can you dress yourself? Do you have any problems with getting dressed? Do you have any assistance in place with getting dressed? Does the assistance you receive meet your needs?

Question: Are you able to get to places out of walking distance?	
Response options	<ul style="list-style-type: none"> Yes No Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from screening instrument if completed (field on if client is able to get places)

Question: Are you able to get to places out of walking distance?	
	<ul style="list-style-type: none"> The response will pre-populate in function section of IAT (able to get places out of walking distance question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The triage person should determine if the client can get to places out of walking distance (i.e. how does the client get around away from home). This question is not used to consider the mode of transport a client uses, but whether they need physical assistance or supervision from another person with using public transport, getting to and from places away from home, and driving. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Consider cognitive as well as physical reasons for requiring assistance. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Yes: if the client can travel alone on business, taxis (including organising taxis independently) or drive their own car. No: if the client is completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance. The client requires assistance of more than one person or is not able to travel at all unless using emergency transport. Somewhat: if the client can only do so in some circumstances. These circumstances could include: <ul style="list-style-type: none"> If they require assistance from a person (informally or formally); and/or If they possess a restricted driver's licence and are unable to attend appointments that are out of their restricted driving distance/local area. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> Are you able to travel around away from home? Do you have any problems with travelling around away from home? Do you have any assistance in place with travelling around away from home? Does the assistance you receive meet your needs?

Question: Are you able to undertake housework?	
Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client can do housework) • The response will pre-populate in function section of IAT (able to undertake light housework question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify whether the client can undertake light housework tasks around their house. • This question focuses on light housework tasks only. A separate question will also be asked during the assessment about the client's ability to undertake more difficult housework tasks. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider the client's ability to do cleaning, vacuuming, washing, change bed linen and other general house-keeping tasks. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client can maintain house-keeping tasks independently. For example, washing floors, vacuuming, changing bed linen etc. ○ No: the client is unable to participate in any housekeeping tasks. ○ Somewhat: the client can do light housework but may need help with heavy work. Light housework includes dusting, dishwashing, washing clothes, cleaning out the fridge etc. Heavy housework includes removing the vacuum from the cupboard, changing the sheets on a bed etc. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Are you able to undertake light housework?

Question: Are you able to undertake housework?

	<ul style="list-style-type: none"> • Do you have any problems with undertaking light housework • Do you have any assistance in place with housework? • Does the assistance you receive meet your needs?
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Question: Are you able to shop for groceries on your own?

Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is able to go shopping for groceries) • The response will pre-populate in function section of IAT (able to go shopping question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify whether the client can go shopping for groceries or clothes, assuming they are able to get to the shops. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider the client's ability to travel the distance required; to select and carry items (vision, reaching/bending ability) as well as cognition. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client can take care of all their shopping needs themselves once they are at the shops, or undertake online shopping. ○ No: the client is completely unable to participate in any shopping activities. ○ Somewhat: the client needs someone to go with them on all shopping trips as they are unable to attend the shops themselves and need to be accompanied due to difficulty paying, reading labels, reaching and/or bending for items. This includes providing another person with a shopping list that they have prepared.

Question: Are you able to shop for groceries on your own?	
	<p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Are you able to go shopping? • Do you have any problems with shopping? • Do you have any assistance in place with shopping? • Does the assistance you receive meet your needs?

Question: Are you able to drive or take public transport?	
Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify whether the client can drive a car or take public transport independently. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider the client’s ability to drive or take public transport. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client can take a bus (or other forms of public transport), taxi or car independently. ○ No: the client needs specially modified vehicles. ○ Somewhat: the client is able to drive or take public transport if somebody goes with them. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Are you able to drive? • Do you ever catch public transport? • How comfortable do you feel driving? • Do you need help to catch public transport?

Question: Are you able to prepare meals?	
Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is able to prepare meals) • The response will pre-populate in function section of IAT (able to prepare meals questions)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify whether the client can prepare their own meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical issues. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client is able to plan and cook full meals themselves. This includes heating pre-prepared meals for convenience. ○ No: the client is completely unable to participate in any activities associated with meal preparation. ○ Somewhat: the client can prepare some things but they are unable to cook full meals themselves. For example, they are able to prepare cups of tea and coffee with toast/biscuits, light meals such as sandwiches, heating/reheating pre-prepared meals. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Are you able to prepare meals? • Do you have any problems with preparing meals? • Do you have any assistance in place with preparing meals? Does the assistance you receive meet your needs?

Question: Are you able to go to the toilet, wipe and re-dress?	
Response options	<ul style="list-style-type: none"> • Yes • No • Somewhat
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client is able to go to the toilet) • The response will pre-populate in function section of IAT (go to toilet, wipe and re-dress questions)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should understand the client's ability to go to the toilet, wipe and re-dress. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons. A client with dementia may be physically able to toilet, but may require prompting. Any issues with incontinence may also be recorded here. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client is independent with all toileting tasks ○ No: the client is completely unable to manage toileting without help. ○ Somewhat: the client needs some help with toileting tasks. This includes assistance to: <ul style="list-style-type: none"> ▪ Move on and off the toilet, un/dressing, wiping ▪ Manage continence aids, if incontinent ▪ Manage catheter or ostomy, if present ▪ Manage personal hygiene needs post toileting. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you wipe yourself effectively after using the toilet? • Do you need assistance to wipe yourself?

Question: Summary of function notes	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate in function section of IAT (summary of function notes question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any notes from the previous questions on the client's function. A holistic summary of: <ul style="list-style-type: none"> The client's level of function. The impact on activities of daily living. Any unmet needs. The services and supports required for the client to remain living independently. This could also include any information on other functional limitations that were raised by the client when answering triage questions on function. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The activities the client can do, what activities they receive support with, and whether this support is formal or informal. List of current services in place, unmet needs, relevant discussions with the refer, and anticipated outcomes of the assessment. If there was any conflicting information shared in response to the previous function questions (e.g. if the client and a support person had different views to each other). Any additional information on the client's other functional abilities that were identified when discussing triage questions on function. <ul style="list-style-type: none"> This includes if the client has voluntarily shared any toileting issues they are facing, noting this is covered under the function section of the section. This refers to a summary of the client's functionality ability. Questions relating to a client's function are used to identify the client's strengths and any difficulties they may have in completing activities of daily living. This summary of function is an opportunity for assessors to holistically

Question: Summary of function notes

	<p>summarise the client’s level of functioning and how this impacts on all activities of daily living.</p> <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Do you have any challenges or concerns about your ability to undertake day-to-day activities? • Are there any specific concerns with your day-to-day activities that you would like to discuss in more detail with your assessor?
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General health**Question: How much have health issues affected your normal activities (outside and/or inside the home) during the past 4 weeks?**

Response options	<ul style="list-style-type: none"> • Not at all • Slightly • Moderately • Quite a bit
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client has health concerns impacting on independence) • The response will pre-populate in medical and medications section of IAT (impact of health issues on normal activities during past four weeks question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify if the client feels that recent health issues are impacting their ability to undertake normal activities. • A health issue is a condition or problem that affects a person’s physical, mental or emotional wellbeing. This may include physical illness, mental health concern, chronic conditions and other lifestyle-related challenges. <p><u>Consider and record:</u></p>

Question: How much have health issues affected your normal activities (outside and/or inside the home) during the past 4 weeks?

	<ul style="list-style-type: none"> • Consider framing the question as ‘the past month’ rather than the ‘previous four weeks’, as this may make the question easier to consider for the client. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Not at all: no change to the client’s ability to undertake normal activities in the past four weeks. ○ Slightly: a change to one or two of the client’s normal activities in the past four weeks, but this is managed by doing things slightly differently. ○ Moderately: a change to some of the client’s normal activities in the past four weeks, which includes an inability to complete some activities. ○ A great deal: an impact on most of the client’s normal activities in the past four weeks. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Has there been a change in your health or normal function during the past four weeks? • What does a good day look like? How do you cope on bad days? • What have been your hobbies or favourite activities over the last couple of years? Are there any hobbies or favourite activities that you have no longer been able to complete in the past month? • Are you able to get out and about in your community? What helps you and what stops you? • Are there tasks around the house or away from home that you now find too difficult? Are these recent challenges over the past month?

Question: Have you had any recent falls or near miss falls in last 4 weeks?

Response options	<ul style="list-style-type: none"> • No • Yes • Unsure
Question rules	Base question that is mandatory to complete

Question: Have you had any recent falls or near miss falls in last 4 weeks?	
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from screening instrument if completed (field on if client has had any falls or near miss falls in last four weeks) The response will pre-populate in physical and personal health and frailty section of IAT (question on falls or near miss falls in last four weeks)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The triage person should identify whether the client has had any slips, trips or falls in the past four weeks. A near miss fall is an event where someone was at risk of falling, but due to timely intervention or luck. <p><u>Consider:</u></p> <ul style="list-style-type: none"> The number of falls and/or near misses. The cause of the falls (e.g. a trip, slip, fainting or dizziness). Contributing factors to the fall (e.g. vision impairment, injury, feet and footwear etc.). Where the falls occurred. Whether the client injured themselves or required medical attention/admission to hospital. If the client's GP is aware of the falls. If the client has attended a falls clinic. Whether the client is afraid of falling. Other circumstances relating to falls or near miss falls. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> Have you had any slips, trips, falls or near miss falls recently? When did you last have a fall or a near miss fall? Do you have any concerns about falls in your current living arrangement? <p><u>Recommendation</u></p> <ul style="list-style-type: none"> Referral to a GP or a health professional

Question: During the past month, has it often been too painful to do many of your day to day activities?	
Response options	<ul style="list-style-type: none"> • No • Yes • Unsure
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client has experienced pain or discomfort in past month) • The response will pre-populate in physical and personal health and frailty section of IAT (if it has often been too painful to do day to day activities in past month question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should seek to identify if any bodily pain has impacted the client’s ability to undertake their typical day-to-day activities in the past month. • Bodily pain is discomfort or distress experienced in various parts of the body. It can manifest as aching, throbbing, sharp, or dull sensations. • This question is focused on bodily pain. General wellbeing concerns, which could include emotional pain, is covered in triage questions on general wellbeing and safety. <p><u>Consider:</u></p> <ul style="list-style-type: none"> • If the client has recent typical day-to-day activities that they can no longer complete due to bodily pain. • Investigate if these typical day-to-day activities are activities that they were able to do during the past month. • Select ‘not sure’ if it is not clear if limitation on day-to-day activities is due to bodily pain or if conflicting information is shared. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Over the last month, have you become unable to complete some day-to-day activities? • Why have you found it difficult to complete these day-to-day activities?

Question: During the past month, has it often been too painful to do many of your day to day activities?

	<ul style="list-style-type: none"> Do you find that any pain you experience limits your ability to complete your normal tasks? Are there any recent examples over the past month? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Aches and pains healthdirect
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Question: Do you have any weight loss or nutritional concerns?

Response options	<ul style="list-style-type: none"> No Yes Unsure
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from screening instrument if completed (field on if client has weight or nutritional concerns)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The triage person should identify if the client has experienced any unplanned weight loss or has nutritional concerns. Unplanned weight loss happens when someone loses a significant amount of weight, without deliberately being on a weight loss plan. Unplanned weight loss is likely to lower a person’s general wellbeing and quality of life. It can also increase their risk of serious health issues such as hip fracture, poor wound healing and malnutrition. <p><u>Consider:</u></p> <ul style="list-style-type: none"> If the client has experienced any unplanned weight loss or has nutritional concerns. For example: <ul style="list-style-type: none"> Weight loss without trying may be evidenced by loose clothing, rings or dentures. Poor appetite and/or poor dietary intake for more than two weeks.

Question: Do you have any weight loss or nutritional concerns?

	<p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Have you gained or lost weight recently? • Are you worried about weight loss? • Do your clothes feel tighter or looser? • How long have you been at your current weight? • Have any of your friends or family commented on your weight recently? • Have circumstances affected what you eat, how you prepare meals or difficulties with shopping? • How is your appetite? • Can you describe what you have for breakfast, lunch and dinner? • Are you on fluid restrictions? • What is your typical water consumption on a hot day? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to GP or dietitian.
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Question: General health notes

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate in physical and personal health and frailty section of IAT (general health notes question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any notes from the previous questions on the client’s general health. • This could include details shared on recent health issues, falls, bodily pain or weight/nutritional concerns. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Record succinct summary of the main health issues impacting the client. • Any future relevant details shared on recent health issues, falls, bodily pain or weight/nutritional concerns.

Question: General health notes	
	<ul style="list-style-type: none"> Any concerns raised in in the conversation that did not relate to the questions but do relate to the client’s general health. For example, this could be any weight gain issues if they were raised when asking about weight loss or nutritional concerns. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> Is there anything else on your general health that you would like to discuss with your assessor during your assessment?

General wellbeing and safety

Question: Do you ever feel lonely, down or socially isolated?	
Response options	<ul style="list-style-type: none"> No, not at all Occasionally Sometimes Most of the time Not sure
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from screening instrument if completed (field on if client ever feels lonely, down or socially isolated) The response will pre-populate in social section of IAT (ever feel lonely, down or socially isolated question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The triage person should seek to identify if the client has any concerns about feeling lonely, down or socially isolated. This refers to whether the client experiences feelings of loneliness, depression or social isolation. Feelings of being depressed can be expressed as feeling unhappy, ‘blue’, down, miserable, dejected, low, disheartened or sad. Responses that may influence this question include the client’s medical diagnosis; if they have been sick and had to stay in bed; needed someone to talk to; needed help with daily chores; or needed help taking care of themselves. Other factors that may influence this question include the

Question: Do you ever feel lonely, down or socially isolated?

availability of another person or service provider to assist with daily activities, and the frequency of this support.

- The response to this question should be based on how the client feels, rather than an assessment of or a consideration of activities they undertake related to their general wellbeing.

Consider and record:

- If the client has indicated they have any concerns about feeling lonely, down or socially isolated.
- Ask further questions to investigate statements that a client might make regarding feeling sad and lonely. These feelings may become evident in behaviours such as self-neglect, withdrawal from social contact, lack of motivation, constant tiredness, unexplained headaches, changes in digestive or bowel habits and decreased appetite resulting in weight loss, or in some cases weight gain due to overeating.
- Use the below definitions to assist with the response.
 - **No, not at all:** the client is content with their social situation, and does not ever feel lonely or down.
 - **Occasionally:** the client is content with their social situation, and only occasionally feels lonely or down.
 - **Sometimes:** the client is not content with their social situation, and sometimes feels lonely or down.
 - **Most of the time:** the client is not content with their social needs, and often feels lonely or down.
 - **Not sure:** the client is not sure or is providing conflicting information.

Prompts:

- Do you have any social needs that are unmet?
- Do you ever feel socially isolated?
- Do you feel well connected to your friends and family?
- Do you have any concerns about feeling lonely or down?
- Ask further questions to investigate statements that a client might make regarding feeling sad and lonely.

Recommendation

- Seek advice from your assessment organisation if you are concerned that the client may have a mental illness and/or be at risk of self-harm

Question: Do you ever feel lonely, down or socially isolated?	
	<p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Seniors Connected Program Department of Social Services, Australian Government (dss.gov.au) • Older Australians, Social support - Australian Institute of Health and Welfare (aihw.gov.au) • Getting older and mental health - Beyond Blue

Question: Do you think you have any memory loss or confusion?	
Response options	<ul style="list-style-type: none"> • No, not at all • Occasionally • Sometimes • Most of the time • Not sure
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from screening instrument if completed (field on if client has memory problems or get confused)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should seek to understand if the client has any concerns with memory loss or confusion. • This could include any short-term memory loss where, as an example, a client can remember incidents from 20 years ago but unable to remember details of events that happened 20 minutes ago. Each client may have different time deficits. • This could also include long-term memory less where, as an example, a client can remember details within a short time period but is unable to remember events from their childhood. Each client may have different time deficits. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences any memory loss of confusion. This includes any changes to memory and thinking that the client has experienced, or any concerns reported by a support person and/or the referrer. • Use the below definitions to assist with the response.

Question: Do you think you have any memory loss or confusion?

	<ul style="list-style-type: none"> ○ No, not at all: the client has no memory loss or confusion. ○ Occasionally: on rare occasions (for example, once a month), the client has concerns about memory or confusion. ○ Sometimes: the client sometimes (for example, one a week) has memory loss or confusion. ○ Most of the time: the client regularly (for example, most days) has memory loss or confusion. ○ Not sure: the client is not sure or is providing conflicting information. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> ● Do you sometimes find it difficult to remember things? ● Do you find it easy to remember memories from when you were younger? ● Do you find it easy to remember events from the day or the week before? ● Observations to look for: <ul style="list-style-type: none"> ○ Asking the same questions repeatedly. ○ Difficulty following directions. ○ Increased confusion about time, people and places. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Dementia - early signs, symptoms, treatment and statistics healthdirect ● Memory disorders healthdirect
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Question: Are there any risks, hazards or safety concerns in your home including any environmental concerns?

Response options	<ul style="list-style-type: none"> ● No ● Yes ● Unsure
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> ● The response will pre-populate from screening instrument if completed (field on if there are risks and hazard concerns in client’s home)

Question: Are there any risks, hazards or safety concerns in your home including any environmental concerns?

Response guidance

Context:

- The triage person should identify whether there are any risks, hazards or concerns to the client in their home.
- This may include any environmental concerns, such as access issues (broken steps, uneven footpath, or overgrown lawns/garden), presence of pets, or signs of clutter or hoarding.
- This question may also include whether the client has any issues with personal safety including family violence (including physical danger or other treats) and abuse (including physical, emotional financial).

Consider:

- Any risks, hazards or concerns in the home environment. This may include access issues (broken steps, uneven footpath or overgrown lawns/garden), presence of pets, or signs of clutter or hoarding.
- Whether the client has a personal alarm, and whether it has been checked in the last year
- Whether the client has a personal emergency plan in place, or would benefit from developing one.
- Any risks to the personal safety of the client. If the client is at risk of suspected abuse or if there has been confirmed abuse.

Recommendation

- Follow your assessment organisation's protocol for reporting elder abuse.
- If the client is in immediate danger, call 000.

Prompts:

- Do you have any modifications/equipment in place?
- Is this need met?
- What do you feel you need to address your needs?
- What are the problems?
- Are there any concerns about your own personal safety? Are you afraid/concerned about any other people in the household?

Question: Are there any risks, hazards or safety concerns in your home including any environmental concerns?

	<ul style="list-style-type: none"> Do you feel safe at home? Is the person safe at home? <p><u>Support resources</u></p> <ul style="list-style-type: none"> 1800-RESPECT (24-hour national sexual assault, family & domestic violence helpline) Helpline 1300 651 192 Elder abuse Australian Human Rights Commission
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Question: General wellbeing and safety notes

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any notes from the previous questions on the client’s general wellbeing and safety. This should include a summary of the general wellbeing of the person, considering their experience of social isolation/loneliness, low mood/changes in mood, difficulties with memory and confusion and personal safety and home safety concerns. This could also include any related matters raised in response to questions. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> A succinct summary of: <ul style="list-style-type: none"> Any loneliness/isolation/low mood/changes in mood; Any memory problems/confusion, diagnosis, severity, timeframe experienced and any risks; Any home safety/personal safety concerns; Any relevant discussion/recommendations/follow up with referrer; and Any relevant notes of urgency of assessment. If there was any conflicting information shared in response to the previous general wellbeing and safety questions (e.g.

Question: General wellbeing and safety notes

	<p>if the client and a support person had different views to each other).</p> <ul style="list-style-type: none"> • Any additional information on the client’s general wellbeing and/or safety that may need to be explored further during the assessment. <ul style="list-style-type: none"> ○ This includes if the client has voluntarily shared any cognitive concerns, home/personal safety issues or referenced something that could be considered a behavioural concern. <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Was loneliness/isolation/low mood identified as an issue? • Does the person want services/assistance with this? • What does the person want? • Were changes in memory/confusion noted? • Are there safety concerns? • Are there any home safety issues identified that requires equipment/modifications? • Are there any personal safety issues identified? • Is the person safe? • How urgent is the intervention required?
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Advice for assessment

Question: What type of assessor is recommended for client assessment?

Response options	<ul style="list-style-type: none"> • Clinical • Non-clinical • Not eligible for assessment
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should validate if the client requires a home support assessment (non-clinical), a comprehensive assessment (clinical) or is ineligible for an assessment (not eligible). • <u>On completion of triage, a team leader is able to convert to a comprehensive assessment if the client’s needs exceed the level of care that can be provided through</u>

Question: What type of assessor is recommended for client assessment?

	<p><u>entry-level support (please note it is not possible to revert back to a home support assessment).</u></p> <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • This question does not require any prompting with the client, and is the judgement of the person undertaking triage based on responses to previous triage questions. • Select a response based on the assessment type required by the client, rather than the experience of the assessor that the assessment will be allocated to. <ul style="list-style-type: none"> ○ For example, non-clinical is the correct response for a client requiring a home support assessment even if the assessor undertaking this assessment has clinical experience. • If the client requires a different assessment type than what was recommended in the screening instrument, complete the triage and then action accordingly by transferring or rejecting the assessment referral.
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Question: Require an urgent assessment?

Response options	<ul style="list-style-type: none"> • High urgency - Client is in hospital • High urgency - Client is at immediate risk of self-harm or in a crisis situation (e.g. client carer incapacitated) • High urgency - Client from a vulnerable cohort and/or has complexity • Medium urgency - Client at home but needing services • Urgent assessment not required
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify if the client has a need for an urgent assessment. • Responses to this question may be used by assessment organisations to assist with their planning for the timing of assessments. <p><u>Consider and record:</u></p>

Question: Require an urgent assessment?

	<ul style="list-style-type: none"> • If the client has a need for an urgent assessment. • Consider the client’s situation, location, current formal and informal supports, safety concerns, other options available (e.g. Carers Gateway, private services, family). • This question does not require any prompting with the client, and is the judgement of the person undertaking triage based on responses to previous triage questions. • Consider the definitions embedded in the response options. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Linking support and/or urgent service referrals may need to be considered for clients in at-risk environments.
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Question: Linking supports suggested for assessment

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should identify any linking supports suggested to consider for the assessment. • Linking support is designed to assist clients who have issues or circumstances that may impede their access to aged care services. • Linking support activities are aimed at working with the client to address areas of vulnerability that are preventing access to receiving mainstream aged care support or care, to the extent that the client is willing or able to access aged care services. • The assessment should assist to identify the complexity of a client, and their risk of vulnerability, indicating a potential need for linking support. <p><u>Consider and record:</u></p>

Question: Linking supports suggested for assessment

- Does the risk or issue associated with the below areas warrant urgent intervention and/or support to minimise deterioration?
 - If the client is living in inadequate housing, insecure tenure or is already homeless.
 - If there is risk of, or suspected or confirmed abuse. The type of abuse can include physical abuse, sexual abuse, psychological abuse and financial abuse (including lack of control of finances).
 - If the client has emotional or mental health issues that significantly limits capacity, requires intensive supervision and/or frequent changes to support.
 - If there are any impacts of financial disadvantage, which may include not having the available resources to purchase healthy food, afford appropriate housing, pay for utilities and services or cover medical and dental costs.
 - If the client has experienced adverse effects of institutionalisation and/or systems abuse (e.g. spending time in institutions, prisons, foster care, residential care or out of home care) and is refusing assistance or services when they are clearly needed to maintain safety and wellbeing.
 - If the client is exposed to risks due to drug and/or alcohol related issues and likely to cause harm to themselves or others.
 - If the client is exposed to risks or is self-neglecting of personal care and/or safety, and likely to cause harm to themselves and others.
 - If the client is experiencing declining cognitive health, memory issues or confusion that significantly limits self-care capacity, requires intensive supervision and/or frequent changes in support.
 - If the client belongs to a population cohort who is at risk of vulnerability.
 - If the client presents with indicators that impeded access to the delivery of aged care services. This can include clients who refuse assistance required to maintain safety and wellbeing at home.

Prompts:

- Do you feel safe?

Question: Linking supports suggested for assessment

	<ul style="list-style-type: none"> • Is there anyone you trust who can help you or be with you during your assessment? • If no: <ul style="list-style-type: none"> ○ Do you want to go ahead with the assessment? ○ Can I organise support for you? ○ Is there anything else I should know about you/your circumstances/preferences for the assessment? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to a GP, mental health services, psychiatrist. • Recommendation/referral to Care Finder/advocacy service. • Recommendation/referral to local drug and alcohol services. <p><u>Support resources</u></p> <ul style="list-style-type: none"> • Older Persons Advocacy network: www.opan.org.au or 1800 700 60
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Question: Priority of assessment

Response options	<ul style="list-style-type: none"> • High • Medium • Low
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The triage person should indicate the client’s priority of assessment based on responses provided to triage questions. • Refer to the My Aged Care Assessment Manual for further information on assessment priority considerations.

Question: Does the client require urgent service provision (direct to service)?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete.
Pre-populated information	No - From Screening to Triage or Triage to Assessment
Response guidance	<p><u>Context</u></p> <ul style="list-style-type: none"> • The Triage person may determine the need for urgent referral for services at triage, if not recommended at the screening stage. • This a mandatory question and requires a <i>Yes</i> or <i>No</i> answer. This question is used to determine the need for urgent services via the Alternative Entry pathway and details must be added to a free text box.. <p>The Alternative Entry pathway allows individuals to start accessing aged care services immediately. Certain conditions must be met to access aged care services through the Alternative Entry pathway.</p> <p><u>Consider and record:</u></p> <p>One of the following three circumstances outlined in the <i>Aged Care Rules 2025</i> are required to be applicable when answering the urgent service provision question (yes/no) in Triage:</p> <ul style="list-style-type: none"> ○ A person urgently needs access to services and there is significant risk of harm to that person if they don't access those services, ○ A person who is an Aboriginal and/or Torres Strait Islander can't access a culturally safe needs assessment at the time they are seeking to access services, or ○ For a person accessing aged care services under a specialist aged care program (NATSIFACP, CHSP, TCP or MPSP), there is a delay in an aged care assessor becoming available at the time they are seeking access to those services.

Question: Outcome/advice for assessment notes	
Response options	Textbox for written response

Question: Outcome/advice for assessment notes	
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any other relevant notes on what was identified through triage. This could include any suggested topics for the assessor to explore further/focus on in the assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> This question does not require any prompting with the client and is the judgement of the person undertaking triage based on responses to previous triage questions.

Assessment details section

The purpose of the assessment details section of the IAT is to collect information on the date and mode of assessment, and who was consulted before, during and after the assessment.

Assessment date

Question: Date of assessment	
Response options	Select date of assessment from calendar
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> First clinical intervention is first date that contact of a clinical nature (i.e., non-administrative) that is made between an assessment organisation and the person (or their representative), their carer, a service provider or a clinician in response to the person's referral for a comprehensive assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The current date will be displayed to support instances where assessment information is being recorded at the assessment, or immediately following. The date will need to be edited if assessment information is being recorded on any day following the face-to-face assessment.

Participants consulted prior to the assessment

Question: Participants consulted prior to the assessment	
Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question that is mandatory to complete
Pre-populated information	No

Question: Participants consulted prior to the assessment	
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This refers to the person(s) that have been consulted prior to the assessment. • This may include person(s) that have a role in providing the client with support, such as the client’s representative, family, carer(s), existing service provider or GP. • This contact does not refer to the date a client was contacted to make an appointment, but refers to contact of a clinical nature to obtain information relevant to the assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Record the person(s) name in details. • If the person(s) is already identified as a representative or if the person’s name is listed in the relationship section on the client record, record that contact information is available on the client record. • If the person(s) is not a representative or relationship is not identified on the client record, consider whether they should be established as a representative or relationship, and/or add the person’s information in detail (including their relationship to the client and their contact details). It is important that consent is gained to undertake this activity.

Mode of assessment

Question: Mode of assessment	
Response options	<ul style="list-style-type: none"> • Face-to-face • Over the phone • Via telehealth
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • This response will pre-populate in the client’s support plan (assessment summary)
Response guidance	<u>Context:</u>

Question: Mode of assessment	
	<ul style="list-style-type: none"> • The main approach taken to collecting mode of assessment information (i.e., telehealth (video call), over the phone or face-to-face). • This question relates to an assessment, rather than triage or other activities. • Face-to-face is the preferred approach for assessments and must take place where possible. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor must make additional efforts to ensure the quality of assessment is not compromised when conducting a telehealth assessment and that assessment decisions remain evidence based. • Where face-to-face contact between the assessor and a client is not possible (for example, when assessing a client in a remote area), a phone call or telehealth (video call) assessment may be undertaken. • Another suitably qualified person (such as a local health worker) may attend the assessment with the client to assist the assessment process. Further information is available in the My Aged Care Assessment Manual.

Assessment setting

Question: Assessment setting	
Response options	<ul style="list-style-type: none"> • Client’s home • Carer’s home • Other community setting • Residential aged care service • Private hospital • Public hospital • Other hospital in-patient setting – private • Other hospital in-patient setting – public • Clinic or other health setting not otherwise specified • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • This response will pre-populate in the client’s support plan (assessment summary)

Question: Assessment setting

Response guidance

Context:

- This refers to the location of first contact with the client for the purposes of an assessment. Information about the setting of the first contact describes the environmental context in which the assessment has occurred.
- This question relates to an assessment, rather than triage or other activities.

Consider and record:

- If possible, the initial assessment should be face-to-face in the **client's usual accommodation** setting. This will assist with the environmental, physical, and social components of the assessment by observing the client's level of independence, functioning, and existing support arrangements in familiar surroundings.
- The location at which the assessment occurred with the client.
- Use the below definitions to assist with the response.
 - **In the client's home:** The location the client has nominated as their usual place of residence. This should match the information provided in 'address details'.
 - **In the carer's home:** Where the carer of the client lives. This is the residence recorded on the representative record. An assessor should add carer contact and address details to the Representative record if not already available.
 - **Other community setting:** All other community settings, such as private homes, outpatient clinics, retirement villages, independent living units, supported residential services/facilities, Aboriginal Medical Centres and supported accommodation settings in the community.
 - **Residential aged care service:** For clients in a residential aged care service, multipurpose service or multipurpose centres and Indigenous flexible pilots, regardless of the level of care received by the person or whether the client is a permanent or respite resident.
 - **Hospital (Public or Private):** For clients in hospital.
 - **Other hospital inpatient setting (Private or Public clinic):** Hospital settings other than acute care, in which the person is an admitted patient receiving

Question: Assessment setting	
	<p>overnight care, admitted patients in extended care or rehabilitation facilities or other non-acute wards/beds in hospital.</p> <ul style="list-style-type: none"> ○ Clinical or other health setting not otherwise specified: any clinical or health setting not flagged in above response options ○ Other: if none of the above options apply. You will need to provide more detail in selecting this question.

Who assessment information was collected from

Question: Assessment information collected from	
Response options	<ul style="list-style-type: none"> ● Client ● Client’s carer ● Client’s representative ● Client’s GP ● Service provider ● Healthcare professional ● Aboriginal liaison officer ● Aged care connector and coordinator ● Care finders ● Via interpreter ● Agent ● Other – provide details
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> ● This response will pre-populate in the client’s support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● This refers to the person/s or organisation/s that information is collected from at the time of assessment. ● In most instances, this will be the client. ● In very exceptional circumstances, a client may not be present or involved in the assessment. If this is the case, ensure you have consent from the client for information to be provided on their behalf. <p><u>Consider and record:</u></p>

Question: Assessment information collected from

	<ul style="list-style-type: none"> • Consider whether the person(s) should be established as a representative or relationship for the client, if they are not already. • Where possible, in assessing a client, the assessor should involve the person’s carer, if possible, as they also play an integral part in developing the most suitable support plan. • Please use the ‘other’ response option and provide details if no other response option is appropriate. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Who will be joining you for your assessment today? • Are you happy for them to participate in your assessment?
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Professions who participated in the client assessment

Question: Professions of those who participated in the client assessment

Response options	<ul style="list-style-type: none"> • Medical practitioners <ul style="list-style-type: none"> ○ Generalist medical practitioner ○ Geriatrician ○ Psychogeriatrician ○ Psychiatrist ○ Rehabilitation specialist ○ Other medical practitioners • Nursing Professionals <ul style="list-style-type: none"> ○ Nurse manager ○ Nurse educator and researcher ○ Registered nurse ○ Registered mental health nurse ○ Registered development disability nurse ○ Other nursing professional • Health Professionals <ul style="list-style-type: none"> ○ Occupational therapist ○ Physiotherapist ○ Speech pathologist/therapist ○ Podiatrist ○ Pharmacist ○ Aboriginal health worker ○ Other health professional • Social Welfare Professionals <ul style="list-style-type: none"> ○ Social worker ○ Welfare and community worker ○ Counsellor
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Question: Professions of those who participated in the client assessment	
	<ul style="list-style-type: none"> ○ Psychologist ○ Other social professional ● Interpreter ● Other professional
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● This refers to other person/s who are providing information and contributing to the assessment. ● Identifying the range of disciplines or areas of expertise contributing to the client’s assessment provides a picture of the extent to which an assessment requires a multidisciplinary approach. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● The profession of each clinician or professional person, assessment organisation member or non-team member that contributes to the assessment. ● If more than one contributor belongs to the same professional category, the category should only be recorded once – select their main profession or the professional category most relevant to the assessment.

Assessor notes

Question: Assessor notes	
Response option	Text box for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> ● The response will pre-populate from triage (assessor notes question for triage screen details)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● Any notes from the previous questions on the assessment details.

Question: Assessor notes

- The notes field can also be used for information on contact details of who information was collected from during the assessment.

Consider and record:

- Reason why a face-to-face assessment was not possible, if applicable.
- Reason why an assessment in the client's usual place of residence was not possible, if applicable.
- Preferred contact details if needed after the assessment (for example, if the client is difficult to contact by telephone).
- Some information from triage will automatically display in this text box. It is appropriate to edit this information with new details about the assessment if required, as this will still display in the triage section.

Reason for assessment section

The purpose of the reason for assessment section of the IAT is to understand why contact has been made for an assessment.

Circumstance triggering contact

Question: What is the key circumstance that has triggered client/representative making contact?	
Response options	<ul style="list-style-type: none"> • Referral from a health professional • Hospital discharge • Fall(s) • Medical condition(s) • Difficulties with activities of daily living • Change in caring arrangement • Change in care needs • Change in living arrangement • Change in cognitive status • Change in mental health status • Experiencing social isolation/loneliness • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from triage (if the client is currently a hospital in-patient, and circumstances triggering contact questions)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The situation or trigger that has led the client to contact My Aged Care. • The response will pre-populate from triage, and the assessor may need to validate that this information is still correct. • Avoid asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Determine the key situation or trigger that has prompted the contact based on any of the following: <ul style="list-style-type: none"> ○ Information on the inbound referral;

Question: What is the key circumstance that has triggered client/representative making contact?

- Information provided by another source such as a representative, carer or friend; and/or
- Your judgement based on the conversation.

Prompts and/or observations:

- Use the below definitions to assist with the response.
 - **Referral from health professional:** if the client has been referred by a health professional to undertake an assessment and/or to seek aged care services.
 - **Hospital discharge:** If the client has had a recent hospitalisation.
 - **Fall(s):** If the client has had a fall.
 - **Medical condition(s):** If the client has medical conditions that are impacting on their ability to undertake day-to-day tasks.
 - **Difficulties with activities of daily living:** If the client is finding it difficult to undertake day-to-day activities.
 - **Change in care needs:** If the client needs more (or less) assistance to complete everyday tasks.
 - **Change in living arrangements:** If the client has relocated to new accommodation (by choice or forced relocation), is now homeless, has a co-resident carer that moves out of their home, or a carer/support person moves into their home.
 - **Change in cognitive status:** If the client or their carer mentions that the client has experienced a change in their memory and cognition. This can include declining memory, short-term memory, poor memory, safety concerns with being left alone or using cooking appliances, forgetting to take medication, or taking the wrong medication, getting lost in familiar environments and concerns about safety when driving.
 - **Change in mental health status:** if the client has had a negative impact on their mental health and may need more assistance with managing their mental health.
 - **Other:** For any responses that are not defined in this guidance. Include relevant information if this response is chosen.

Question: What is the key circumstance that has triggered client/representative making contact?

	<ul style="list-style-type: none"> • If there is more than one key trigger or situation, select and include details in the free text response option.
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How long has client experienced this circumstance

Question: How long has the client experienced this circumstance?

Response options	<ul style="list-style-type: none"> • Recent acute illness/event • Gradual increase in needs over time • Long term disability • Other
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • How long the client has been experiencing the circumstance/s which have prompted contact with My Aged Care and the referral for assessment. • The response will pre-populate from triage, and the assessor may need to validate that this information is still correct. • Avoid asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Recent acute illness/event: a condition that is from a recent illness or event that has had a sudden onset for the client. ○ Gradual increase in needs over time: the circumstance is the result of increased needs for the client relating to their physical health, emotional wellbeing, home environment and/or support that have gradually increased over time. ○ Long term disability: the circumstance is from a permanent or significant disability that affects the client’s ability to take part in everyday activities. ○ Other: For any responses that are not defined in this guidance. Include relevant information if this response is chosen.

Question: How long has the client experienced this circumstance?

	<ul style="list-style-type: none"> If there are multiple circumstances, select and include details in the free text response option. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How long have you experienced this challenge? When did you first start experiencing these difficulties? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> A reablement focus may be appropriate for client’s experiencing a condition from a recent acute illness/event.
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Main reason for seeking assistance

Question: What is the main reason for seeking assistance?

Response options	<ul style="list-style-type: none"> Improve current level of function and/or independence after a recent acute illness/event Improve current level of function and/or independence (other) Maintain current level of function and/or independence Reduce rate of decline in level of function and/or independence Other
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> This response will pre-populate in the client’s support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This aims to categorise the main reason/s that the client is seeking assistance. This relates to the outcomes that the client is seeking from aged care services, rather than the assessment itself. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> What the client is seeking to achieve from aged care services – their ideal outcome. Circumstances leading up the client contacting My Aged Care and requesting an assessment.

Question: What is the main reason for seeking assistance?

- Use the below definitions to assist with the response.
 - **Improve current level of function and/or independence after a recent acute illness/event:** this should be selected if the client is seeking to support their recovery after a recent illness/event.
 - **Improve current level of function and/or independence (other):** this should be selected if the client is seeking improvements, but not as part of their recovery to a specific acute illness/event that has recently occurred.
 - **Maintain current level of function and/or independence:** this should be selected if the client is wanting help to maintain their current abilities.
 - **Reduce rate of decline in level of function and/or independence:** this should be selected if the client is wanting to prevent a rapid decline in their current abilities but acknowledge that their level of function and/or independence is expected to decline.
 - **Other:** if any of the above response options do not capture the main reason/s why the client is seeking assistance.

Prompts and/or observations:

- What are you hoping to achieve with some assistance?
- Do you have any future goals that you think can be supported through some extra assistance?

Carer profile section

The purpose of the carer profile section of the IAT is to understand the client’s support network and caring responsibilities.

Other people living in the same household

Question: How many people excluding the client live in the same household as the client?	
Response options	Text box for number response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This aims to identify how many people live in the same house as the client, if applicable. • If the client is not living in a house (i.e., a residential care facility or a similar setting), this question will not be applicable. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • What the client considers as their primary place of residency, and how many other people also have the same address as their primary place of residency. • Do not include any people that live elsewhere but stay in the same house for a specific purpose from time-to-time (i.e., caring responsibilities). • Ensure the response is excluding the client – for example, 0 if the client lives alone. • Record any contextual information about other people living in the same household as the client in the assessor notes about caring relationship. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you live alone? • Does anyone else live with you? • Do you have any family or friends who live with you, either short or long-term?

Carer

Help from a carer, family member, friend or someone else

Question: Is the client receiving help from a carer, family member, friend, or someone else?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has more than one person providing support, identify who is the main/primary carer. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have someone that provides you support and assistance? • Do you have someone who helps you around the house or with your day-to-day tasks? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway

Question: If 'yes', please select an option below	
Response options	<ul style="list-style-type: none"> • Has a carer(s) • Has no carer • Not applicable – no carer required • Not applicable – paid carer
Question rules	Base question
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: If 'yes', please select an option below

	<ul style="list-style-type: none"> • Carers can be a physical and social enabler that is integral to ensuring the quality of life and independence of the older person. • The <i>Carer Recognition Act 2010</i> defines a carer as an individual who provides personal care, support, and assistance to another individual who needs it because that other individual: <ul style="list-style-type: none"> ○ Has a disability; or ○ Has a medical condition (including a terminal or chronic illness); or ○ Has a mental illness; or ○ Is frail and aged. • An individual is not a carer in respect of care, support, and assistance he or she provides: <ul style="list-style-type: none"> ○ Under a contract of service or a contract for the provision of services; or ○ In the course of doing voluntary work for a charitable, welfare or community organisation; or ○ As part of the requirements of a course of education or training. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has a carer. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway
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Details of person(s) the client is receiving support from

The below headings are questions consolidated into one carer(s) table in the My Aged Care Assessor Portal. A breakdown by questions is provided in this user guide to help explain how to complete this table.

Carer details

Question: Details of carer(s)	
Response options	Text box for name and phone number
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> This response will pre-populate in the client's support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should collect the carer's details and contact information. Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The carer's full name. The carer's phone number. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Can I please get their name so I can include in your assessment as someone who helps support you? Can I please get their name and number to include as your carer in the assessment? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Services and support Carer Gateway

Relationship to client details

Question: Relationship to client	
Response options	<ul style="list-style-type: none"> Partner Mother Father Daughter Son Daughter in law

Question: Relationship to client	
	<ul style="list-style-type: none"> • Son in law • Other relative • Friend/neighbour • Other (please specify)
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • This response will pre-populate in the client's support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify and discuss the carer's relationship to the client. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The carer's relationship to the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What is their relationship to you? Are they family, a friend, or a neighbour? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway

Living situation

Question: Does the person helping live with the client?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Does the person helping live with the client?	
	<ul style="list-style-type: none"> • An assessor should identify if the carer is currently living with the client. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person’s carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: if the carer’s primary place of residency is the same as the client. ○ No: if the carer has a different primary place of residency. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you both live together? • Do they also live somewhere else? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway

Employment status of person helping

Question: Does the person helping the client have paid employment?	
Response options	<ul style="list-style-type: none"> • Yes, full time • Yes, part time • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the carer has current paid employment. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person’s carer as they also play an integral part in developing the most suitable support plan.

Question: Does the person helping the client have paid employment?

	<p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Yes options should be selected for <u>paid employment only</u>. • Full-time employment is at least 38 hours a week. • The part time option should be selected for casual (part-time) employment. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do they also have a paid job? • How often do they work in their paid job? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway
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Types of support provided by person helping

Question: Types of support provided by person helping the client

Response options	<ul style="list-style-type: none"> • Light cleaning/housework • Heavy cleaning/housework • Shopping • Cooking/meals • Showering/bathing • Transport • Laundry (including washing and hanging) • Dressing • Social support/company • Mobility • Medication management • Supervision • Care coordination • Accompanying to medical appointments • Community access • Therapy assistance • Help with administration/paperwork • Decision making support • Behaviour support • Emotional support • Communication support • Overnight assistance • Chronic disease management • Continence support
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Question: Types of support provided by person helping the client	
	<ul style="list-style-type: none"> • Wound care • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	Yes: <ul style="list-style-type: none"> • This response will pre-populate in the client's support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should indicate the type of care that the carer typically provides to the client. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The type of care that the carer provides. For example, a carer may assist a client with showering, shopping, or drive them to medical appointments as required. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What sorts of activities do they typically support you with? • What types of support do they provide you? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway

Factors affecting carer availability and sustainability of care relationship

Question: Are there factors affecting carer availability and sustainability of care relationship?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Are there factors affecting carer availability and sustainability of care relationship?

- An assessor should seek to understand if there are any factors impacting the carer's availability and the sustainability of the current relationship.
- Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan.

Consider and record:

- Whether there have been any recent significant changes in carer arrangements and if this impacts on the carers' ability to provide ongoing care for the client.
- For example, a carer becoming unwell; passing away; moving out of the client's home or moving away from the client's area; a conflict between the client and their carer or family members; the carer choosing not to provide care anymore; or being unable to provide assistance for financial reasons.
- Please provide further information in the next question if yes is selected.

Prompts and/or observations:

- Has there been any recent changes with their availability to support you?
- Are there any future changes that will impact their availability to support you?
- Do they have other commitments outside of supporting you that may impact their availability to support your needs?
- Have you noticed any recent changes in their commitments or ability to support your needs?

Recommendations:

- An assessment for the carer.
- Recommendation/referral to carer support services.

Support resources:

- [Services and support | Carer Gateway](#)

Details of factors affecting carer availability and sustainability of care relationship

Question: Factors affecting carer availability and sustainability of care relationship	
Response options	<ul style="list-style-type: none"> • Carer's emotional health and wellbeing • Carer's physical health and wellbeing • Carer has other responsibilities • Carer's work/study hours • Other impacts of care
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • This response will pre-populate in the client's support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should seek to understand further details on any factors impacting the carer's availability and the sustainability of the current relationship. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Whether there have been any recent significant changes in carer arrangements and if this impacts on the carers' ability to provide ongoing care for the client. • For example, a carer becoming unwell; passing away; moving out of the client's home or moving away from the client's area; a conflict between the client and their carer or family members; the carer choosing not to provide care anymore; or being unable to provide assistance for financial reasons. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What were the recent changes to your carer availability to support you? • What would be the future changes that will impact your carer availability to support you? • What are the changes you noticed in your carer commitments or ability to support your needs? <p><u>Recommendations:</u></p>

Question: Factors affecting carer availability and sustainability of care relationship

	<ul style="list-style-type: none"> • An assessment for the carer. • Recommendation/referral to carer support services. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway
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*Typical hours per day that carer provides help***Question: Typical hours per day carer provides help**

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • How much care is typically provided by a carer per day. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • This could be an estimate or range based on a typical day, or a breakdown of each day for a typical week. • Alternatively, this could cover what a 'good week/day' looks like, and what a 'challenging week/day' looks like. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do they typically provide help on most days? • How long each day do they typically provide help? • Typically, how many hours do they support you with your day-to-day needs? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Services and support Carer Gateway

Add carer details

Button to select if needing to add details of any additional carer(s). Up to 10 carer details can be added.

Respite and emergency care

Formal and/or informal respite arrangements in place

Question: Are there formal and/or informal respite arrangements in place?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify whether the client is currently receiving respite (informal respite, or community or residential respite). • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any formal and/or informal respite support. • This does not need to be a Commonwealth-subsidised respite care arrangement and includes other respite support arrangements. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are there arrangements in place to help manage your carer's responsibilities? Do you sometimes receive some care and support from others? • Are you currently receiving any formal, informal or community respite? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • An assessment for the carer. • Recommendation/referral to carer support services.

Formal and/or informal respite arrangements short-term or long-term in place

Question: Are there any respite arrangements short (12 weeks or less) or long term in place?	
Response options	<ul style="list-style-type: none"> • Short-term • Long-term
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if any respite arrangements in place are short-term (12 weeks or less) or long-term (more than 12 weeks). • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider the following about any respite arrangements: <ul style="list-style-type: none"> ○ The period of time the client receives respite. ○ Whether respite is planned or unscheduled; and/or ○ Where the client receives respite. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are your respite arrangements in place for 12 weeks or less? • Will your respite arrangements end at some date in the future or are they ongoing? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • An assessment for the carer. • Recommendation/referral to carer support services. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Respite care My Aged Care

Emergency care plan

Question: Is there emergency care plan in place?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This refers to whether the client has an emergency care plan in place if something should happen to their carer/s. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has an emergency care plan in place. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Is there a plan in place on what to do if they were unable to provide support? • Do you and your carer have a plan in case they are unable to provide support? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation to develop an emergency support plan if the client does not have one. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Emergency Care Plan Carer Gateway

Details of emergency care plan

Question: Details	
Response options	Textbox for written response
Question rules	Base question

Question: Details	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should include details of the emergency care plan in place if something should happen to their carer/s. • Where possible, in assessing a client and developing a support plan, the assessor should involve the person's carer as they also play an integral part in developing the most suitable support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Specify details about the emergency care plan. This may include other family members, people to contact, short-term care and long-term care options or other support options including respite. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What is the plan you have in case your carer is unable to provide support to you?

Assessor notes about caring relationship

Question: Assessors notes about caring relationship	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • This response will pre-populate in the client's support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional notes on the carer's caring relationship with the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Any difficulties or concerns the carer, or client (as a carer), has with the caring arrangement. Consider carer stress and

Question: Assessors notes about caring relationship

strain; physical exhaustion, illness, or health deterioration; difficulties with specific tasks; factors unrelated to the care situation; and/or if the carer or client has increasing needs or other factors.

- The carer, or client (as a carer) perspective of the sustainability of the caring relationship. Document any issues identified by the carer that are currently impacting on their ability to provide care at a satisfactory/adequate level.
- What supports could be put in place to help the carer or client (as a carer) manage in their caring role. Consider whether the role may be at risk because of the support needs of the carer/client (as a carer).
- If the client does not have an emergency care plan in place, whether the client should develop one.
- Any other Information to support the addition of services recommendations in the support plan. For example, if there is a recommendation made for carer respite, ensure that there is clear information on the client/carer relationship, any difficulties or concerns that are experienced and the sustainability of the relationship.

Prompts and/or observations:

- Do you have any concerns about the support your carer is able to provide to you?
- Do you have any concerns about the support you are able to provide to the client?
- What are some supports that can be put in place to assist your carer with assisting you with your day-to-day needs?
- What are some supports that can be put in place to assist with your caring duties/responsibilities?

Recommendations:

- An assessment for the carer.
- Recommendation/referral to carer support services.

Support resources:

- [Services and support | Carer Gateway](#)

Client as a carer

Client providing support to someone else

Question: Client is providing support to someone else	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Whether the client is supporting or looking after another person. It should be selected if the client is required to assist another person with activities of daily living and/or self-care tasks. • Carers can be a physical and social enabler that is integral to ensuring the quality of life and independence of the older person. • The <i>Carer Recognition Act 2010</i> defines a carer as an individual who provides personal care, support and assistance to another individual who needs it because that other individual: <ul style="list-style-type: none"> ○ Has a disability; or ○ Has a medical condition (including a terminal or chronic illness); or ○ Has a mental illness; or ○ Is frail and aged. • An individual is not a carer in respect of care, support and assistance he or she provides: <ul style="list-style-type: none"> ○ Under a contract of service or a contract for the provision of services; or ○ In the course of doing voluntary work for a charitable, welfare or community organisation; or ○ As part of the requirements of a course of education or training. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client provides support to some else. • For example, the client may assist their partner/spouse with showering daily or may supervise their taking of medications.

Question: Client is providing support to someone else

	<ul style="list-style-type: none"> • A client may be the primary carer for a child with disabilities where they are required to assist with all activities of daily living. • The client may be providing care for more than one person, for example a partner/spouse and a child with disabilities. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have caring responsibilities for someone else? • Are you also supporting someone else? • What are your caring responsibilities for others in your life? • How do you manage your other caring responsibilities for others in your life?
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Details of person(s) the client is providing care for

The below headings are questions consolidated into one carer(s) table in the My Aged Care Assessor Portal. A breakdown by questions is provided in this user guide to help explain how to complete this table.

Name of person being cared for

Question: Name	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should collect the person’s details. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The person’s full name. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What is their full name?

Question: Name	
	<ul style="list-style-type: none"> Do you know their full name? Can I please get their name so I can include in your assessment as someone you provide care for? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Establish the person as a relationship on the client record.

Relationship to person being cared for

Question: Relationship to the person the client is caring for	
Response options	<ul style="list-style-type: none"> Partner Mother Father Daughter Son Daughter in law Son in law Other relative Friend/neighbour Other (please specify)
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify and discuss the person's relationship to the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The person's relationship to the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> What is their relationship to you? Is the person you are caring for a friend, family, or neighbour?

Category person being cared for matches

Question: Which category does the person the client is caring for match?	
Response options	<ul style="list-style-type: none"> • ≥ 65 years old and not Aboriginal or Torres Strait Islander • ≥ 50 years old and is an Aboriginal or Torres Strait Islander • ≥ 45 years old and is an Aboriginal or Torres Strait Islander and homelessness or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation • ≥ 50 and over and not Aboriginal and Torres Strait Islander and who are homeless or at risk of homelessness as a result of experiencing housing stress or not having secure accommodation • Does not meet any of above criteria • Other (please describe)
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should determine the category/criteria of the person that the client is providing care for. • The criteria relates to different considerations relating to general eligibility for aged care. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Identify the most appropriate category/criteria of the person that the client is providing care for. • Select other if none of the categories are appropriate and there is further details that should be included. If there is no further detail to provide, select that the person does not meet any of the above criteria. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you please tell me more about the person you are caring for? • Does the person you are caring for identify as Aboriginal or Torres Strait Islander? • How old is the person you are caring for? • Is the person you are caring for at risk of homelessness because of experiencing housing stress or not having secure accommodation?

Question: Which category does the person the client is caring for match?

	<p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • An assessment for the person, if applicable.
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*Types of support provided to person being cared for***Question: Describe the types of support provided by client**

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify and discuss the level of support the client provides to the person identified. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The type of care that the client provides and how often it is provided. • If multiple people provide support to the person, not just the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What help do you provide them? • How long have you provided this level of help? • How do support their care needs? • How long have you been supporting their care needs?

Add person's details

Button to select if needing to add details of any additional person/s that client has caring responsibilities for. Up to 10 person details the client is caring for can be added.

Assessor notes about client as a carer**Question: Assessors notes**

Response options	Textbox for written response
Question rules	Base question

Question: Assessors notes	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional information on the client's role as a carer and how they are managing the responsibility. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Whether there are any difficulties or concerns with the caring arrangement such as: <ul style="list-style-type: none"> Carer – stress and strain, physical exhaustion/illness/health deterioration, difficulties with specific tasks, factors unrelated to the care situation Client – increasing needs, other factors. The support the client is receiving in their caring role (e.g. from family, friends, community, other organisations) Whether there have been any recent significant changes in the caring arrangements and if this impacts on the clients' ability to provide ongoing care for the person. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Has there been any recent changes in the level of help you need to provide them? How are you coping with your caring responsibilities? Do you have others that can help you with your caring responsibilities if needed? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> An assessment for the person that the client is a carer for. Recommendation/referral to carer support services. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Services and support Carer Gateway

Medical and medications section

The purpose of the medical and medications section is to understand any health conditions being experienced by the client, any medications currently prescribed, and if the client regularly or has recently visited any healthcare services.

Medical treatments

Question: Client in receipt of medical treatments	
Response options	<ul style="list-style-type: none"> • Drip infusion in vein • Home Dialysis (peritoneal or haemodialysis) • Centre/hospital Dialysis • Stoma care • Oxygen Therapy • Use of ventilator • Tracheostomy care • Nursing care for pain • Enteral Feeding Supplement – Bolus • Enteral Feeding Supplement – Non-bolus • Parenteral feeding (intra-venous hyperalimentation) • Care for chronic ulcer • Urethral catheter
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client is currently receiving any medication treatments. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Drip infusion in vein: an intravenous (IV) infusion, commonly known as a drip, involves delivering fluids or medications directly into your veins. Instead of swallowing them, a cannula (a narrow, flexible tube) is inserted into a vein usually in the back of the hand or lower arm. ○ Home Dialysis (peritoneal or haemodialysis): home dialysis is the ability to manage kidney disease and receive treatment at the patient's home.

Question: Client in receipt of medical treatments

- **Centre/Hospital Dialysis:** centre/hospital dialysis is the management of kidney disease and receiving treatment in a dedicated centre or at a hospital.
- **Stoma care:** a stoma is a small opening in the abdomen that allows the removal of bodily waste such as faeces or urine into a collection bag.
- **Oxygen Therapy:** oxygen therapy, also known as supplemental oxygen, is a medical treatment that provides additional oxygen to individuals who cannot obtain sufficient oxygen naturally.
- **Use of ventilator:** a ventilator is a protective device worn over the mouth and nose. Their primary purpose is to filter the air and prevent inhalation of harmful materials.
- **Tracheostomy care:** involves managing and maintaining a tracheostomy, which is a small surgical opening made through the front of the neck into the windpipe (trachea).
- **Nursing care for pain:** nursing care for pain involves a comprehensive approach to assess, manage, and alleviate discomfort experienced by patients.
- **Enteral Feeding Supplement – Bolus:** a specialised nutritional product designed to support individuals who require enteral feeding. Bolus feeding is a method of enteral feeding where a series of smaller volume feeds are given at regular intervals.
- **Enteral Feeding Supplement – Non-bolus:** a specialised nutritional product designed to support individuals who require enteral feeding. Non-bolus feeding involves a continuous infusion of enteral feed over an extended period, often using a pump to provide a steady flow of nutrients throughout the day and/or night.
- **Parenteral feeding (intra-venous hyperalimentation):** Parenteral nutrition, also known as total parenteral nutrition (TPN) or hyperalimentation, is a life-sustaining therapy that provides essential nutrients intravenously to individuals who cannot obtain adequate nutrition through oral or enteral (tube feeding) routes.
- **Care for chronic ulcer:** commonly known as bedsores, are injuries to the skin and underlying tissue caused by prolonged pressure or friction.

Question: Client in receipt of medical treatments	
	<p>Caring for bedsores includes regular assessment, relieving pressure, keeping the wound clean, dressing the wound, and monitoring for signs of infection.</p> <ul style="list-style-type: none"> ○ Urethral catheter: a hollow, flexible tube used to drain urine from the bladder when a person cannot empty their bladder naturally. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you receiving any medical treatments for any of your health conditions? • Are you receiving any regular medical treatments at the moment?

Health conditions

The below sub-headings are consolidated into one health conditions table in the My Aged Care Assessor Portal.

Health condition

Question: Health conditions	
Response options	Select from dropdown (extensive list of options – see Appendix A)
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • This response will pre-populate in the client’s support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether the client has any health conditions, including mental health conditions or disabilities that have an impact on the person’s need for assistance with activities of daily living and social participation. • Health conditions included in this response can be new or pre-existing health conditions. <p><u>Consider and record:</u></p>

Question: Health conditions

- A client may not provide the actual name of the condition. For example, a client may state that they have a 'bad back', 'bad hips', 'heart trouble' or 'my memory isn't as good as it used to be and I'm having difficulty remembering things'.
- Ask the client if their difficulties are due to a pre-existing condition such as arthritis, hypertension (high blood pressure), recent diagnosis of dementia or another physical, neurological or mental health condition/disability.
- Document the information that is provided by the client.
- Assessors should consider the below progressive conditions for a clients' eligibility for Assistive Technology and Home modifications with the corresponding health condition code in parenthesis:
 - Cerebral Palsy (code:0610)
 - Epilepsy (includes seizures) (code:0608)
 - Huntington's disease (code:0602)
 - Motor neurone disease (code:0603)
 - Multiple sclerosis (code:0607 OR code:1304)
 - Parkinsons disease (code:0604)
 - Poliomyelitis (polio) (code:0102)
 - Spinal cord injury (code:1699)
 - Stroke (code:0915)
 - Muscular dystrophy (code:0609)
 - Spinal Muscular Atrophy (code:0699)
 - Acquired Brain Injury (code:1601)
 - Muscular Atrophy (code:1399)

Prompts and/or observations:

- Review the information included by the referrer (such as a GP or other health professional).
- Ask the client if their difficulties are due to a pre-existing condition such as arthritis, hypertension (high blood pressure), recent diagnosis of dementia or another physical, neurological or mental health condition/disability. Document the information that is provided by the client.
- Assist the client/carer to recall past problems using a systematic method such as a head to toe scan (start at the head and work down).

Diagnosis status

How the health condition was identified and/or confirmed.

Question: Diagnosis status	
Response options	<ul style="list-style-type: none"> • Client reported • GP confirmed • Hospital confirmed • Other health practitioner confirmed
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether the health condition has been diagnosed, and by whom. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Determine the diagnosis status of the health condition. • Review the information included by the referrer (such as a GP or other health professional). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you share how your first came to experience your health condition? • Did you go to a GP, hospital or visit another health practitioner to discuss the health condition?

Primary health condition

Button to select if health condition has greatest impact on the client's need for assistance.

Add health condition

Button to select if needing to add health condition/s for the client.

Impact on health issues on normal activities during past 4 weeks

Question: Impact of health issues on normal activities (outside or inside the home) during the past 4 weeks	
Response options	<ul style="list-style-type: none"> • Not at all • Slightly • Moderately • Quite a bit

Question: Impact of health issues on normal activities (outside or inside the home) during the past 4 weeks	
Question rules	<p>Threshold questions are mandatory to complete. If 'moderately' or 'quite a bit' is selected, additional questions on an advanced medical assessment will be prompted.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> Response will pre-populate from triage (impact of health issues on normal activities during past four weeks question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to understand what the impacts of health issues have been on the client's normal activities during the past four weeks. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client has experienced any impacts on normal activities during the past 4 weeks due to any health issues they are experiencing. This should consider normal activities in both inside and outside of the home. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Not at all: no impacts on normal activities. Slightly: an occasional and/or minor impacts on the ability to undertake normal activities. Moderately: an almost regular and/or moderate impacts on the ability to undertake normal activities. Quite a bit: an almost constant and/or major impacts on the ability to undertake normal activities. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How have your health issues impacted your day-to-day activities in the past 4 weeks? How often do you feel your health issues interfere with your day-to-day activities in the past 4 weeks?

Advanced medical assessment

Recent GP visits and health checks

Question: Recent GP visits and health checks

Response options

- Yes
- No

Question rules

This question will be presented to all assessors.

If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.

The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment section. A supervising clinical assessor can be selected at any point before finalising the IAT.

Pre-populated information

No

Response guidance

Context:

- The assessor should identify if the client has recent contact with a GP and/or has regular health checks
- Health checks can include cancer screening, mammograms, flu vaccinations etc.

Consider and record:

- Whether the client has recently seen a GP or had a health check

Prompts and/or observations:

- Have you had a recent GP visit or health check?
- When was the last time you had a GP visit?
- How often do you have health checks? When was the last time?

Recommendations:

- Recommendation/referral to GP, including for a health assessment (over 75 health check).

Details of recent GP visits and health checks

Question: Specify	
Response options	Textbox for written response
Question rules	This question will be presented to all assessors.

Question: Specify	
	<p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures. The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment section. A supervising clinical assessor can be selected at any point before finalising the IAT.</p>
Pre-populated information	No
	<p>Context:</p> <p>The assessor should summarise details on recent contact with a GP and/or a health check (including cancer screening, mammograms, flu vaccinations etc.).</p> <p>Consider and record:</p> <p>When was the last time that the client visited a GP and/or had a health check. Whether the client regularly sees a GP, and how frequently. Why a client doesn't regularly see a GP or have health checks. Prompts and/or observations:</p> <p>Use language the client understands to identify if they have had checks such as blood pressure, medication review, continence matters, flu. Advocate the value in regular GP check-ups, particularly after a hospital admission. Recommendations:</p> <p>Recommendation/referral to GP, including for a health assessment (over 75 health check).</p>

Hospital admittance in last 12 months

Question: Recent hospital admittance	
Response options	<p>No Yes planned Yes unplanned</p>
Question rules	<p>This question will be presented to all assessors. If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures. The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment</p>

Question: Recent hospital admittance	
	section. A supervising clinical assessor can be selected at any point before finalising the IAT.
Pre-populated information	No
Response guidance	<p>Context:</p> <p>The assessor should identify if the client has been admitted to hospital in the past 12 months.</p> <p>Consider and record:</p> <p>Whether the client has been admitted to hospital in the past 12 months. If yes, determine if this was a planned or an unplanned hospital admittance. Use the below definitions to assist with the response. Planned: a planned hospital admittance occurs when a patient’s medical condition requires advanced treatment and hospitalisation, and the healthcare provider/specialist is aware of the need. Planned visits are scheduled in advance. Unplanned: an unplanned hospital admittance occurs when a patient’s medical condition requires urgent or unexpected hospitalisation. Patients may arrive at the hospital in their own transport or via an ambulance.</p> <p>Prompts and/or observations:</p> <p>Have you been admitted to the hospital in the last 12 months? Was your hospital admittance planned in advanced? Was your hospital admittance unexpected? Where did you go when you arrived at the hospital?</p>

Details of hospital admittance in last 12 months

Question: Details	
Response options	Textbox for written response
Question rules	<p>This question will be presented to all assessors. If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p> <p>The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment section. A supervising clinical assessor can be selected at any point before finalising the IAT.</p>

Question: Details	
Pre-populated information	No
Response guidance	<p>Context:</p> <p>The assessor should summarise details on any planned or unplanned hospital admittance/s in the last 12 months. It is important to know whether the client has had any recent admissions to hospital which could be the reason for the referral for an assessment. Collecting vital information relating to hospital admission provides assessors with an understanding as to what occurred as a result of the hospital stay. In the event an assessment is undertaken in the hospital setting, information can be collected from the client, family, the client’s medical record, nursing staff or other health professionals involved in the client’s admission.</p> <p>Consider and record:</p> <p>How many times a client has been admitted over the past 12 months, including if they have had recent admissions in the past three months.</p> <p>The reason for these admissions.</p> <p>The outcome of the admissions.</p> <p>Any significant inpatient events.</p> <p>Whether the hospital admission resulted in health professional assessments such as Occupational Therapy assessment for home safety; physiotherapy assessment for aids; or continence assessment. Note the outcomes of these assessments, such as if equipment was supplied or if the client was referred to a provider outside of the hospital.</p> <p>Whether aids/equipment were recommended as a result of the hospital stay. For example:</p> <p>Self-care aids such as special cutlery and crockery, grab rails in bath/shower, bowel and urinary appliances, bath seats, shower chairs/stools, commodes or hand held showers etc.</p> <p>Support and mobility aids such as splints, hospital beds, cushions/pillows, crutches, walking sticks, walkers or wheelchairs etc.</p> <p>Communication aids such as phone attachments, writing aids, speaking aids or hearing aids.</p> <p>Reading aids such as magnifying / reading glasses, braille books, reading frames or talking books etc.</p> <p>Prompts and/or observations:</p>

Question: Details	
	<p>Can you share some more details of your recent hospital admittances in the last 12 months?</p> <p>How many times did you go to hospital in the last 12 months?</p> <p>How long were your stays at hospital each time?</p> <p>What was your recovery from these hospital visits? Did you have follow up appointments with a health professional?</p>

Allergies and/or sensitivities

Question: Allergies and/or sensitivities	
Response options	<p>Yes</p> <p>No</p>
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p> <p>The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment section. A supervising clinical assessor can be selected at any point before finalising the IAT.</p>
Pre-populated information	No
Response guidance	<p>Context:</p> <p>The assessor should determine whether the client has and/or has had allergies and/or sensitivities such as food, medication and environmental allergies and/or sensitivities.</p> <p>Consider and record:</p> <p>Record if the client or health professional has indicated if they have allergies and/or sensitivities such as food, medication and environmental allergies and/or sensitivities.</p> <p>Prompts and/or observations:</p> <p>Have you had a reaction to a medication? Food? Something in the environment? E.g. developed a rash, itchiness, vomiting, fainting, lumps or bumps?</p> <p>Support resources:</p> <p>Allergies healthdirect</p>

Details of allergies and/or sensitivities

Question: Specify	
Response options	Textbox for written response
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p> <p>The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment section. A supervising clinical assessor can be selected at any point before finalising the IAT.</p>
Pre-populated information	No
Response guidance	<p>Context:</p> <p>The assessor should summarise details if the client has indicated allergies and or sensitivities to environment, medication or food.</p> <p>Consider and record:</p> <p>Record a client's allergies and/or sensitivities such as food, medication and environmental allergies and/or sensitivities.</p> <p>Record the reactions the client may have if they come in contact with the allergens and/or sensitivities and whether they have a severe reaction or one that they manage themselves.</p> <p>Prompts and/or observations:</p> <p>Can you tell me about your experience from the allergy or sensitivity?</p> <p>Have you had a reaction to a food? Medication? Something in the environment? E.g. developed a rash, itchiness, vomiting, fainting, lumps or bumpiness?</p> <p>Support resources:</p> <p>Allergies healthdirect</p>

Source of reported allergies and/or sensitivities

Question: Source of reported allergies/sensitivities	
Response options	Client reported Health professional reported

Question: Source of reported allergies/sensitivities	
Question rules	<p>This question will be presented to all assessors. If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p> <p>The assessor will need to make a declaration in the IAT before they can view the questions in the advanced medical assessment section. A supervising clinical assessor can be selected at any point before finalising the IAT.</p>
Pre-populated information	No
Response guidance	<p>Context:</p> <p>Whether the allergies and/or sensitivities have been reported by the client or by a health professional.</p> <p>Consider and record:</p> <p>If the allergies and/or sensitivities are client reported or health professional reported.</p> <p>Prompts and/or observations:</p> <p>Were these allergies/sensitivities tested by a health professional? Were these allergies/sensitivities self-observed? Have you had the allergies/ sensitives tested by a health professional?</p> <p>Recommendations:</p> <p>Referral to a health professional for allergy testing.</p> <p>Support resources:</p> <p>Allergy testing – skin prick tests and blood tests healthdirect</p>

Medications

Question: Is the client taking medications?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No

Question: Is the client taking medications?

Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether the client is taking any medication to manage their health conditions. • Medications may have been recommended by their doctor, specialist or pharmacist. • For this question, medication refers to prescription and over the counter/off the shelf medication. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is taking any medication to manage their health conditions. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you taking any medication to help with your health conditions? • Can you talk me through what medicines you need to take each day?
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Number of medications

The outcome sought from this question is to understand if the volume of medication for the client is manageable.

Question: How many medications does the client currently take, including over the counter medicines?

Response options	<ul style="list-style-type: none"> • 0 to 4 • 5 to 14 • 15 or more
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify how many medications does the client currently take. <u>Note:</u> polypharmacy (use of multiple medications) is a considerable risk for older people. • Medications may have been recommended by their doctor, specialist or pharmacist.

Question: How many medications does the client currently take, including over the counter medicines?

	<ul style="list-style-type: none"> For this question, medication refers to prescription and over the counter/off the shelf medication. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The number of prescribed and over the counter/off the shelf medication that the client is currently taking. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How many medications do you take? Do you take medication on a regular basis? How many different types of medication do you take? <p><u>Recommendation</u></p> <ul style="list-style-type: none"> Recommendation/referral to GP for a home/residential Medication Review (an Australian Government-subsidised program).
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Assessor notes on medication details

Question: Assessors notes – medication

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Additional details on the medication that the client is currently taking. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> For all assessment types: <ul style="list-style-type: none"> Any additional details shared by the client on any challenges with the current management their medications. For comprehensive assessments only: <ul style="list-style-type: none"> Current medication(s) (by name);

Question: Assessors notes – medication

- How the medication(s) are administered;
- The source of medication information (e.g. direct observation, discharge. Summary, GP, pharmacist);
- The client's compliance with medication administration; and
- Details on over-the-counter or non-prescription medications used by the client (including eye drops, creams/lotions, inhaled medication, natural therapies, injections etc.).

Prompts and/or observations:

- **For all assessment types:**
 - Are there any concerns about medications, side effects or are a high number of medications being taken?
 - Do pain levels fluctuate throughout the day? How do you manage this?
- **For comprehensive assessments only**
 - What medication do you take?
 - Why do you take this medication?
 - Ask the client to show you their medication and to demonstrate how they use their dosette box/blister pack if present.
 - Check if the client is clear about their medication schedule.
 - Does the client carry any medications for emergencies?
 - Do any of the medications impact on daily activities (e.g. causes lethargy, lack of focus, mobility etc.)?
 - Is medication prompting required?
 - Does the client use any form of dispenser for medication administration i.e. blister pack or dosette box?
 - Does the client carry any medications for emergencies?

Recommendations:

- Recommendation/referral to GP for a home/residential Medication Review (an Australian Government-subsidised program).

Assessor notes on medical domain

Question: Assessor notes	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This is to provide a holistic summary of the client's health conditions and how this impacts on all activities of daily living. • It is <u>not</u> necessary to re-record details on individual health concerns in this response. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • A summary of health conditions identified. • Any allergies and/or sensitivities identified.

Function section

The purpose of the function section of the IAT is to understand the client's functional ability, the client's ability to complete activities of daily, and if the client requires further assistance with these activities.

The function section includes questions a number of functional topics. To help with the flow of these questions, assessors may wish to cover these in the following order:

1. Ability to walk;
2. Ability to climb stairs;
3. Wheelchair mobility;
4. Ability to drive;
5. Get to places out of walking distance;
6. Go shopping;
7. Undertake light housework;
8. Undertake moderate/heavy housework;
9. Ability to take a bath or shower;
10. Ability to dress;
11. Ability to groom;
12. Ability to undertake transfers;
13. Upper body strength;
14. Prepare meals;
15. Ability to eat;
16. Take medicine;
17. Handle money;
18. Use the telephone;
19. Ability to use communication devices (i.e. use a computer);
20. Ability to use online services (i.e. use the internet);
21. Ability to use a toilet; and
22. Toileting – bladder.

General observations of client

Question: General observations of client	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • General observations related to the client's ability to complete activities of daily living. This includes if a client

Question: General observations of client	
	<p>needs assistance with these activities, and any challenges with the client’s functional ability.</p> <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has commented or mentioned any weakness or an inability to move a body part sufficiently. • If the client is experiencing any abnormal movements such as tremors, jerky movements or difficulty walking. • If the client easily loses balance or has trouble maintaining balance. • If the client has any swallowing difficulties, and/or feels like there is a lump in their throat. • Any identified day-to-day activities that the client has difficulty with. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Include your observations from the assessment about how the client manages their day-to-day activities. Do they have challenges moving around the house? Are they able to pick things up? • What are some the challenges that you experience with your day-to-day activities? • What are the key areas where you need some help? • What are some things that you used to do in recent years that you now find more challenging?

Health literacy difficulties

Question: Health literacy difficulties	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Health literacy is the ability to read, understand and use healthcare information to make informed decisions about

Question: Health literacy difficulties

health and have the ability to follow treatment instructions where required.

- People who have low health literacy skills will experience difficulty with communication, resulting in a poor understanding of their condition, treatment options and choices of care. People with low levels of health literacy are one and a half times more likely to have an adverse health outcome than someone who is health literate.²
- Health literacy affects a client's ability to:
 - Share personal information, such as health history with assessors; and
 - Navigate the healthcare system, including filling out complex forms and locating services or providers.

Consider and record:

- If the client is able to read health information, and complete any medical forms by themselves.
- If the client is able to understand and follow information received during medical appointments.

Prompts and/or observations:

- Do you need someone to help you read health information?
- Are you able to complete medical forms by yourself?
- Do you have someone to attend your medical appointments with you? How do they support you during your appointments?

Recommendations:

- If you suspect the client has health literacy difficulties, it is recommended ensure you following the below steps throughout the access process.
 - Use plain language (language the client can understand the first time they read or hear it)
 - Ensure the client is supported at the assessment by a carer or support person

² NSW Government, nd, 'Health Literacy', available at <http://www.cec.health.nsw.gov.au/quality-improvement/people-and-culture/person-centred-care/health-literacy>, accessed on 26 April 2018.

Question: Health literacy difficulties

- Use a translator, interpreter or communication device if required.

Support resources:

- [Health literacy | Australian Commission on Safety and Quality in Health Care](#)
- [Supportive resources on health literacy | Australian Commission on Safety and Quality in Health Care](#)
- [Patient related barriers | Australian Government Department of Health and Aged Care](#)

Details of health literacy difficulties**Question: Details**

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should summarise details of health literacy difficulties being experienced by the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider and record the: <ul style="list-style-type: none"> ○ Difficulties the client has with health literacy. ○ Impact on the client's ability to understand health information. ○ Support the client has and/or requires in order to understand and interpret health information. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • How do you coordinate health appointments? • How do you find the information you need/want? • What do you find most difficult when seeking to understand information shared by health professionals?

Question: Details	
	<ul style="list-style-type: none"> Do you have someone to attend your medical appointments with you? How do they support you during your appointments? Do you use the My Aged Care Client Record or My Health Record? (if applicable) <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> If you suspect the client has health literacy difficulties, it is recommended ensure you following the below steps throughout the access process. <ul style="list-style-type: none"> Use plain language (language the client can understand the first time they read or hear it) Ensure the client is supported at the assessment by a carer or support person Use a translator, interpreter or communication device if required. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Health literacy Australian Commission on Safety and Quality in Health Care Supportive resources on health literacy Australian Commission on Safety and Quality in Health Care Patient related barriers Australian Government Department of Health and Aged Care

Get to places out of walking distance

Question: Get to places out of walking distance	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	Yes: <ul style="list-style-type: none"> The response will pre-populate from triage (able to get places out of walking distances question)
Response guidance	<u>Context:</u>

Question: Get to places out of walking distance

- An assessor should identify whether the client can get to places out of walking distance.
- This question is not used to consider the mode of transport a client uses, but whether they need physical assistance or supervision from another person with using public transport, getting to and from places away from home, and driving.

Consider and record:

- The response will pre-populate from triage, and the assessor may need to validate that this information is still correct.
- Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time.
- Consider cognitive as well as physical reasons for requiring assistance.
- Use the below definitions to assist with the response.
 - **Without help:** if the client can travel alone on business, taxis (including organising taxis) or drive their own car.
 - **Completely unable:** if the client is completely unable to travel unless emergency arrangements are made for a specialised vehicle like an ambulance. The client requires assistance of more than one person or is not able to travel at all unless using emergency transport.
 - **With some help:** if the client can only do so in some circumstances. These circumstances could include:
 - If they require assistance from a person (informally or formally)
 - If they possess a restricted driver's licence and are unable to attend appointments that are out of their restricted driving distance/local area

Prompts and/or observations:

- How do you manage to access your local community?

Question: Get to places out of walking distance

	<ul style="list-style-type: none"> • For example, when did you last visit a GP, have a medical appointment, attend a hairdresser, go shopping, visit friends/family? How did you get there and back? • How do you usually get to your local shops? • Are you able to walk to the local community/shops by yourself? • Can you organise a taxi by yourself?
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Assistance to get places out of walking distance**Question: Who helps?**

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is supported to get to places out of walking distance. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance to get to places out of walking distance. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Does anyone help you get to the local community/shops? • For example, when you last visited a GP, had a medical appointment, attended a hairdresser, went shopping, visited friends/family did someone help you get there?

Is the need to get places out of walking distance being met**Question: Is the need being met?**

Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met
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Question: Is the need being met?	
	<ul style="list-style-type: none"> • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client feels their need to get to places out of walking distance is being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client's needs are not being met. ○ Partially met: some of the client's needs are being met and/or the client's needs are only being met some of the time. ○ Completely met: the client's needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to get to the local community whenever you need to? • What do you do if you need to travel somewhere out of walking distance? • How often are you unable to get to places outside of walking distance?

Additional details on ability to get places out of walking distance

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to get to places out of walking distance. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The frequency of any support. If all of their needs are met within walking distance. If they have no desire to travel to places out of walking distance.

Ability to drive

Question: Does the client drive?	
Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question that is mandatory to complete
Pre-populated information	No

Question: Does the client drive?	
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is able to drive. • This question focuses on the client’s capability to drive, rather than their appetite or need to drive. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Yes: the client has a driver’s licence and is able to drive in all typical road conditions. ○ No: the client is unable to, or not allowed to, drive. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you drive? • Do you have your driver’s license, and do you continue to drive? • Are there any circumstances where you find it too difficult to drive? • Can you go out on your own, or does someone always help you?

Who assists clients to get places out of walking distance if they do not drive

Question: If client does not drive, who assists the client to get to places out of walking distance?	
Response options	<ul style="list-style-type: none"> • Partner • Parent • Other family member (daughter, daughter-in-law, son-in-law, other relative) • Friend/neighbour • Taxi • Aged care service provider transport service •
Question rules	Base question
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: If client does not drive, who assists the client to get to places out of walking distance?

	<ul style="list-style-type: none"> An assessor should identify if the client is supported to get to places out of walking distance if they cannot drive. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Typical arrangements for the client to get to places out of walking distance. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone drive you or do you use public transport or transport services when you need to go somewhere? How do you normally go somewhere outside of walking distance? Does someone drive you when you need to go somewhere? Who drives you when you need to go somewhere?
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Undertake light housework

Question: Are you able to undertake light housework?

Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from triage (able to undertake housework question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine whether the client can do light/basic housework. Light housework includes dusting, dishwashing, washing clothes, cleaning out the fridge etc. <p><u>Consider and record:</u></p>

Question: Are you able to undertake light housework?

- The response will pre-populate from triage, and the assessor may need to validate that this information is still correct.
- Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time.
- Consider the client's ability to do cleaning, dusting, and other simple house-keeping tasks.
- Consider cognitive as well as physical reasons for requiring assistance.
- Do not consider the client's ability to undertake heavier or more difficult housework, as this is covered as separate questions.
- Use the below definitions to assist with the response.
 - **Without help:** the client can maintain basic house-keeping tasks independently. For example, cleaning, washing dishes and vacuuming.
 - **Completely unable:** the client is unable to participate in any housekeeping tasks.
 - **With some help:** the client can do a few minor light housework tasks, but these are limited.

Prompts and/or observations:

- Observations should be considered. For example, does the client have difficulty bending or reaching? Does the person's home present as neat and tidy? Are the floors dirty or sticky? Is the bathroom and toilet dirty or mouldy? Are the client's clothes and bed linen dirty and/or do they smell?
- What type of equipment do you use to complete the house cleaning?
- Do you spread your housework over the day or week?
- How do you manage with cleaning the bathroom? What equipment do you use?
- Do you find it difficult bending or reaching?
- How do you manage to take out the bins?

Assistance with light housework

Question: Who helps?	
Response options	<ul style="list-style-type: none"> No one Informal carer(s) Aged care service provider(s) Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is supported with light housework. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance with light housework. This should include all sources of formal and informal support. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you with housework? Does someone help you with taking out the bins? Do you have any carers or services to help you with housework?

If need for light housework is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Is the need being met?	
	<ul style="list-style-type: none"> An assessor should determine if the client feels their needs for light housework are being sufficiently met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met. Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Are you able to comfortably complete all your housework? Do you require any assistance with your housework?

Additional details on light housework

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client’s ability to undertake light housework. <p><u>Consider and record:</u></p>

Question: Any additional details?

	<ul style="list-style-type: none"> • The frequency of any support. • If they choose to get assistance with light housework for other reasons (i.e. always paid for this service). • If current arrangements are sustainable. • Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to comfortably complete all your housework? • Do you require any assistance with your housework? • Are current arrangements working and sustainable?
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Undertake housework (heavy or moderate)**Question: Undertake housework (heavy/moderate)**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should determine whether the client can do heavy or moderate housework. • Heavy housework includes removing the vacuum from the cupboard, changing the sheets on a bed etc. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider the client's ability to do cleaning, vacuuming, washing, change bed linen and other general house-keeping tasks. • Consider cognitive as well as physical reasons for requiring assistance. • Use the below definitions to assist with the response.

Question: Undertake housework (heavy/moderate)

- **Without help:** the client can maintain house-keeping tasks independently. For example, washing floors, vacuuming, changing bed linen etc.
- **Completely unable:** the client is unable to participate in any heavy or moderate housekeeping tasks.
- **With some help:** the client can do some heavy or moderate housing tasks but not all.

Prompts and/or observations:

- Observations should be considered. For example, does the client have difficulty bending or reaching? Does the person’s home present as neat and tidy? Are the floors dirty or sticky? Is the bathroom and toilet dirty or mouldy? Are the client’s clothes and bed linen dirty and/or do they smell?
- How do you manage cleaning floors (vacuuming and mopping), taking out the bins, getting to the letterbox?
- What type of equipment do you use to complete the house cleaning (for example, type of vacuum cleaner)?
- Do you spread your housework over the day or week?
- How do you manage with cleaning the bathroom? What equipment do you use?
- How do you manage to change your bed linen?
- How do you manage the washing, ironing and laundry? Is your washing machine a top or front loader? How do you manage to carry wet laundry to the clothesline? How do you manage to peg clothes on the line? Do you use a clothing stand in your home to dry wet laundry?
- Do you find it difficult bending or reaching?
- How do you manage to take out the bins?
- Are current arrangements working and sustainable?

Assistance with heavy or moderate housework

Question: Who helps?

Response options

- No one
- Informal carer(s)
- Aged care service provider(s)
- Other

Question rules

Base question that is mandatory to complete

Question: Who helps?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is supported with heavy or moderate housework. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance with heavy or moderate housework. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you with cleaning the bathroom? Does someone help you to change your bed linen? Does someone help you with the washing, ironing, and laundry?

If need for heavy or moderate housework is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine if the client feels their needs for heavy or moderate housework are currently being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict

Question: Is the need being met?

	<p>between the client’s perception of their needs and their actual needs.</p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client’s needs are not being met. ○ Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. ○ Completely met: the client’s needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to comfortably clean your bathroom? • Are you able to comfortably change your bed linen? • Are you able to comfortably do the washing, ironing, and laundry? • Do you require any assistance with your housework?
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Additional details on heavy or moderate housework

Question: Any additional details?

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing the client’s ability to undertake heavy or moderate housework. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The frequency of any support. • If the client receives help for other reasons (i.e. they have always paid/received for this type of assistance). • If current arrangements are sustainable.

Question: Any additional details?

	<ul style="list-style-type: none"> • If they live in an environment where there is a limited requirement for any heavy or moderate housework. • Any housework requirements outside of the house (i.e. maintaining gardens). • Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to comfortably clean your bathroom? • Are you able to comfortably change your bed linen? • Are you able to comfortably do the washing, ironing, and laundry? • Do you require any assistance with your housework?
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Go shopping**Question: Go shopping (assuming transportation)**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from triage (able to shop for groceries on own question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify whether the client can go shopping for groceries or clothes, assuming they have transportation to get to the shops. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The response will pre-populate from triage, and the assessor may need to validate that this information is still correct. • Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time.

Question: Go shopping (assuming transportation)

- Consider the client’s ability to travel the distance required; to select and carry items (vision, reaching/bending ability) as well as cognition.
- Use the below definitions to assist with the response.
 - **Without help** the client can take care of all their shopping needs themselves once they are at the shops. This includes online shopping.
 - **Completely unable:** the client is completely unable to participate in any shopping activities.
 - **With some help:** the client needs someone to go with them on all shopping trips as they are unable to attend the shops themselves and need to be accompanied due to difficulty paying, reading labels, reaching and/or bending for items. This includes providing another person with a shopping list that they have prepared.

Prompts and/or observations:

- How do you manage to complete your shopping?
- Where do you do your shopping?
- How often do you go shopping?
- How do you manage carrying the groceries?
- Do you get anything home delivered?
- Take note of the client’s cupboards/pantry and fridge and the presence of food items; consider the expiry dates on food packages and milk/juice cartons; take note of the client’s clothing (e.g.is it in good/poor condition).
- Are current arrangements working and sustainable?

Assistance with going shopping

Question: Who helps?

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>



Question: Who helps?	
	<ul style="list-style-type: none"> An assessor should determine if the client is supported to go shopping. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance to go shopping. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you with your shopping? Does someone go shopping with you? What do they help you with? Do you get anything home delivered? Does anyone help you with your home deliveries?

If need for shopping is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client feels their need to go shopping is being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response.

Question: Is the need being met?	
	<ul style="list-style-type: none"> ○ Completely unmet: the client’s needs are not being met. ○ Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. ○ Completely met: the client’s needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you feel like you are able to shop when you need to? ● How many times have you been unable to shop when required? ● Do you feel that you require more support with your shopping?

Additional details on shopping

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● Any additional details identified when discussing the client’s ability to go shopping. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● The frequency of any support. ● If current arrangements are sustainable. ● If there are things they feel they need to ‘go without’ due to limitations on their ability to go shopping. ● What they find easy and what they find hard. ● Any incidents or issues flagged during the discussion with the client.

Question: Any additional details?

	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • When have you been unable to shop when required? • Why have you been unable to shop when required? • Do you feel that you require more support with your shopping?
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Prepare meals**Question: Prepare meals**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from triage (able to prepare meals question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify whether the client can prepare their own meals, including the delivery of prepared meals, help with meal preparation and managing basic nutrition. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The response will pre-populate from triage, and the assessor may need to validate that this information is still correct. • Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time. • Consider cognitive as well as physical reasons for requiring assistance. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: the client is able to plan and cook full meals themselves. This includes heating pre-prepared meals for convenience.

Question: Prepare meals

- **Completely unable:** the client is completely unable to participate in any activities associated with meal preparation.
- **With some help:** the client can prepare some things but they are unable to cook full meals themselves. For example, they are able to prepare cups of tea and coffee with toast/biscuits, light meals such as sandwiches, heating/reheating pre-prepared meals.

Prompts and/or observations:

- A person with dementia may lack the organisational skills to prepare a meal or is at risk of scalding themselves or leaving the stove on.
- A person may have difficulty standing to prepare meals or lack the dexterity to cut food.
- How do you manage to prepare your meals?
- What do you prepare and eat day-to-day?
- How many meals do you prepare for yourself day-to-day?
- Do you prepare and freeze meals for reheating at a later date?
- Do you stand or sit to prepare meals?
- Observations should be considered. For example, does the client have pre-prepared or frozen meals in the fridge/freezer? Does the person present as malnourished or overweight? Is the gas/electric stove and oven in working order and does it appear to have been used? Is a microwave present? Consider asking the client to demonstrate how they use the kettle, stove, oven and/or microwave.
- Are current arrangements working and sustainable?

Assistance with prepare meals

Question: Who helps?

Response options

- No one
- Informal carer(s)
- Aged care service provider(s)
- Other

Question rules

Base question that is mandatory to complete

Question: Who helps?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is supported with preparing meals. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance to prepare meals. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does anyone help you prepare meals? Do you have any services in place that prepare meals for you?

If need for preparing meals is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client feels their needs for preparing meals are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs.

Question: Is the need being met?	
	<ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client’s needs are not being met. ○ Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. ○ Completely met: the client’s needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Have you been unable to prepare meals? • Are you comfortable preparing your own meals? • Do you feel like you require any supports to prepare meals?

Additional details on preparing meals

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing the client’s ability to prepare meals. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The frequency of any support. • If current arrangements are sustainable. • If the client is happy with their meals. • If typical meals are appropriate (i.e. sufficient and nutritious). • Any incidents or issues flagged during the discussion with the client.

Question: Any additional details?	
	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you happy with current arrangements? • Are you happy with your typical meals? • Are there sometimes impacts on your ability to prepare meals or receive help?

Take medicine

Question: Take medicine	
Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should determine whether the client can take their own medication or administer injections. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons. For example, a client may have a visual impairment and be unable to read labels correctly or have arthritic hands that cause difficulty opening medication packets/bottles. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: the client is able to take their medication in the right doses at the right time (self-medicates). ○ Completely unable: the client is not capable of organising, dispensing or taking their own medication and/or has compliance issues with their medication regime. ○ With some help: the client is able to take their medication if someone prepares it for them and/or reminds them to take it (i.e. using a dosette box or blister pack). This includes prompting the client to take or dispense medication due to memory difficulties or confusion.

Question: Take medicine	
	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have a pill box or blister pack? • How do you go about taking your medications? • Do you have any difficulties using a dosette box/blister pack? • Observations should be considered. For example, are there loose pills lying on the counter/floor?

Assistance with taking medicine

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is supported with taking medicine. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance to take medicine. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Does someone help you fill your pill box or blister pack? • Does someone help you take your medications? • Does someone help you administer injections? • Do you have someone to remind you to take your medication daily? • Are current arrangements working and sustainable?

If need for taking medicine is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client's needs for taking medicine are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client's needs are not being met. ○ Partially met: some of the client's needs are being met and/or the client's needs are only being met some of the time. ○ Completely met: the client's needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to take your medication on your own? • Are you comfortable with taking your own medication consistently? • Do you miss your medication regularly? How often? • Do you require any additional support to take your medication consistently?

Additional details on taking medicine

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to take medicine. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The frequency of any support. Any concerns that the client may not be sufficiently managing to take medicine. If current arrangements are sustainable. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you require any additional support to take your medication consistently? How often do you forget to take your medication?

Handle money

Question: Handle money	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Handle money

	<ul style="list-style-type: none"> • An assessor should determine whether the client can handle their own money. • It is not used to record if they can physically get to the bank. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons. For example, a client may not be able to manage their budget and pay bills reliably, but they are able to pay for their groceries. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: the client manages their own finances. For example, income, banking, bill paying and cheque writing. This includes using direct debit for convenience. ○ Completely unable: the client is not capable of handling money or finances. ○ With some help: the client manages the day-to-day buying and expenses but needs assistance with banking, managing cheque books, bill paying, and/or major purchases. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • How do you manage day-to-day buying of groceries? • How do you pay your bills? • Take note of whether there are unpaid bills lying around the client’s home or ask them to show you a recent bill that they have paid or had debited. If they paid the bill themselves, ask how they did this. • Are current arrangements working and sustainable?
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Assistance with handling money

Question: Who helps?

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete

Question: Who helps?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is supported with handling money. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance with handling money. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does anyone help you manage your day to day buying of groceries? Does someone help you pay your bills? Do you have someone helping you manage your finances? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Responses to this question may raise some potential areas of concern on financial abuse that could need exploring further: <ul style="list-style-type: none"> Powers of attorney and financial abuse of older people in Australia Australian Institute of Family Studies (aifs.gov.au) National hotline: 1800 Elder Help

If need for handling money is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Is the need being met?

	<ul style="list-style-type: none"> An assessor should identify if the client’s needs to manage money is being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met. Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you feel like you have full control over handling your money? Do you need any supports with handling your money? Do you need someone to help you manage your bills? Do you need someone to help you manage your day to day groceries?
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Additional details on handling money

Question: Any additional details?

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No

Question: Any additional details?

Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to handle money. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The frequency of any support. Circumstances where some needs are being met and other needs are not being met. If current arrangements are sustainable. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> What supports do you need with handling your money? How can someone support you with handling your money?
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Use the telephone**Question: Use telephone**

Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify whether the client can use a telephone. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Consider cognitive as well as physical reasons for requiring assistance. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Without help: if the client owns and can use their telephone when required.

Question: Use telephone

	<ul style="list-style-type: none"> ○ Completely unable: if the client is not capable of using a telephone. ○ With some help: if the client does not own a telephone and/or has no need to use a telephone, but would be capable of using one. Alternatively, if a client can only use a telephone in some circumstances (i.e. with some minor assistance). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you use your telephone? ● How often do you use your telephone? ● Are current arrangements working and sustainable?
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Assistance with using a telephone**Question: Who helps?**

Response options	<ul style="list-style-type: none"> ● No one ● Informal carer(s) ● Aged care service provider(s) ● Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● An assessor should determine if the client is supported to use a telephone. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● If the client is receiving any assistance use a telephone. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Does someone help you to use your telephone?

If need to use a telephone is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • If the client feels their needs to use a telephone are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client's needs are not being met. ○ Partially met: some of the client's needs are being met and/or the client's needs are only being met some of the time. ○ Completely met: the client's needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you feel like you are able to use the telephone when required? • Do you need any support to use your telephone? • Have you ever been unable to use a phone when required?

Additional details on using a telephone

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to use a telephone. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The frequency of any support. If current arrangements are sustainable. If there are any safety concerns due to an inability to use a telephone. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How can someone assist you with using the telephone? What supports do you need to use your telephone?

Use of other communication devices

Question: Use other communication device/s	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is able to use other communication devices.

Question: Use other communication device/s

	<ul style="list-style-type: none"> Other communication devices include items such as a computer, a mobile phone, a tablet that can be used to communicate with other people. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Consider cognitive as well as physical reasons for requiring assistance. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Without help: if the client owns and can use their communication device when required. Completely unable: if the client is not capable of using a communication device. With some help: if the client does not own a communication device and/or has no need to use a communication device, but would be capable of using one. Alternatively, if a client can only use a communication device in some circumstances (i.e. with some minor assistance). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you use any other communication devices other than a telephone? Other than a telephone, do you use any communication devices such as a tablet/iPad? Are current arrangements working and sustainable?
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Assistance with using other communication device/s

Question: Who helps?

Response options	<ul style="list-style-type: none"> No one Informal carer(s) Aged care service provider(s) Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Who helps?	
	<ul style="list-style-type: none"> An assessor should determine if the client is supported to use a communication device/s. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance to use a communication device/s. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you use your device? Do you have someone who assists you with using your device?

If need for using other communication device/s is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine if the client feels their needs are being met to use a communication device/s. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met.

Question: Is the need being met?

- **Partially met:** some of the client's needs are being met and/or the client's needs are only being met some of the time.
- **Completely met:** the client's needs are sufficiently being met.
- **Client does not require assistance:** the client does not require any assistance to meet their needs.

Prompts and/or observations:

- Do you require any help with using your device?
- Have you been unable to use your device when you need to use it?
- Do you feel like you are able to use your device when required?

Additional details on using other communication device/s**Question: Any additional details?****Response options**

Textbox for written response

Question rules**Base question****Pre-populated information**

No

Response guidanceContext:

- Any additional details identified when discussing the client's ability to use a communication device/s.

Consider and record:

- The frequency of any support.
- Which communication devices they can and cannot use.
- If current arrangements are sustainable.
- If there are any safety concerns due to an inability to use a telephone.
- Any incidents or issues flagged during the discussion with the client.

Prompts and/or observations:

- What supports do you require to use your device?

Question: Any additional details?

- How can someone help you to use your device whenever required?

Use online services**Question: Use online services****Response options**

- Without help
- With some help
- Completely unable

Question rules

Base question that is mandatory to complete

Pre-populated information

No

Response guidanceContext:

- An assessor should identify whether the client is able to use online services.
- Online services are any information and services provided over the internet. Online services not only allow people to communicate with each other, but they also provide access to information. Online services can range from simple to complex: the use of a search engine or managing finances.

Consider and record:

- Consider cognitive as well as physical reasons for requiring assistance.
- Use the below definitions to assist with the response.
 - **Without help:** if the client is able to use some online services.
 - **Completely unable:** if the client is unable to use any online services.
 - **With some help:** if the client does not have access to online services, but could use these services if required. Alternatively, if the client can use online services with some assistance.

Prompts and/or observations:

- Are you able to use the internet?

Question: Use online services

	<ul style="list-style-type: none"> • Do you use any online services? • Are current arrangements working and sustainable?
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Assistance with using online services**Question: Who helps?**

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is supported with using online services. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance to use online services. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Does someone help you use your online services?

If need for using online services is being met**Question: Is the need being met?**

Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Is the need being met?

	<ul style="list-style-type: none"> An assessor should identify if the client feels their need to use online services is being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met. Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you require any support when using online services? Are you able to access using your online services when required? Have you ever been unable to access your online services when required?
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Additional details on using online services

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<u>Context:</u>



Question: Any additional details?	
	<ul style="list-style-type: none"> Any additional details identified when discussing the client’s ability to use online services. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The frequency of any support. If they have an appetite to learn more. If current arrangements are sustainable. If there are any safety concerns due to an inability to use a communication device. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> What supports do you need to access online services? Can you tell me more about how you can be better supported when using your online services?

Ability to walk

Question: Walk	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	Yes: <ul style="list-style-type: none"> The response will pre-populate from triage (ability to walk question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine whether the client can walk. In their response, an assessor should consider difficulties with indoor, outdoor and community mobility. <p><u>Consider and record:</u></p>

Question: Walk

- The response will pre-populate from triage, and the assessor may need to validate that this information is still correct.
- Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time.
- Consider difficulties around the home (indoors and outdoors) or away from home (community mobility).
- Consider cognitive as well as physical reasons for requiring assistance.
- Use the below definitions to assist with the response.
 - **Without help:** the client walks with no walking aids or is independent with mobility using a walking stick or similar.
 - **Completely unable:** the client is wheelchair bound and is unable to self-propel, is bed bound or needs assistance of more than one person to mobilise.
 - **With some help:** the client:
 - Uses a walking stick but it is not meeting their needs and the client is at risk of falling;
 - Walks with the assistance of one other person and/or uses a walking frame, crutches or aids that require the use of both arms;
 - Walks with a quad stick or one crutch and is reliant on this aid for mobility at all times;
 - Has foot problems (such as overgrown/ingrown toenails, calluses, bunions, amputations) that impact on their ability to walk;
 - Has breathing problems and/or uses oxygen that impacts on and limits their mobility; and/or
 - Uses a wheelchair without the help of others (able to self-propel a manual wheelchair or use an electric wheelchair).

Prompts and/or observations:

- Ask the client about their mobility around the house, garden and community.
- Where do you walk to?
- How far can you walk? (50m or 200m)

Question: Walk

- How long can you walk for? (10 or 20 minutes)
- How often do you walk?
- Do you use any aids to assist with walking? (walk without aids, use a walking stick, walking frame, wheelchair [manual/electric] or other aid?)
- How confident are you getting around your home – is there anything that slows you down or bothers you?
- Do other health matters (such as breathing, strength, arthritis or medication) affect your mobility? If so, how?
- Do you limit activity for fear of falling?
- Take note of how the client walks and moves around their home and whether they experience pain or difficulty when walking in and out of the front and back doors, stairs, the bathroom and toilet, the bedroom, kitchen and laundry and any other rooms that they use.
- Observe the condition of the equipment, for example the height and tip of their walking stick; the sturdiness of their walking frame; the tyres, brakes and seat on their wheelchair; other aids. Is the equipment suitable and safe for the person?
- Are current arrangements working and sustainable?

Assistance with walking**Question: Who helps?****Response options**

- No one
- Informal carer(s)
- Aged care service provider(s)
- Other

Question rules

Base question that is mandatory to complete

Pre-populated information

No

Response guidanceContext:

- An assessor should identify if the client is provided any support with walking.
- This question should only consider assistance from other people, rather than support through a wheelchair.

Consider and record:

Question: Who helps?	
	<ul style="list-style-type: none"> If the client is receiving any assistance from anyone with walking. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> When you need to walk do you have someone who helps you get around? Do you have any family, friends or service providers who help you walk around?

If need for walking is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine if the client feels their needs are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met.

Question: Is the need being met?

	<ul style="list-style-type: none"> ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you need any support when you require to walk? • Do you feel that you are able to walk whenever required? • Have you ever felt like you have been unable to walk when required? • Do you often avoid walking for fear of falling? • Do other health matters (such as breathing, strength, arthritis or medication) affect your mobility? If so, how? • Do you limit activity for fear of falling?
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Additional details on walking**Question: Any additional details?**

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing the client's ability to walk. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The frequency of any support. • If current arrangements are sustainable. • If there are any safety concerns due to an inability to walk. • Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What specific supports would assist you with your walking needs? • What supports do you think will help build your confidence to walk as much as required?

Wheelchair mobility

Question: Wheelchair mobility	
Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify whether the client uses a wheelchair for mobility. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons for requiring assistance. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: if the client is able to use a wheelchair ○ Completely unable: if the client is unable to use a wheelchair or does not require a wheelchair. ○ With some help: if the client can only use a wheelchair in some circumstances (i.e. with assistance from others) <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you require a wheelchair to assist with walking? • Do you use your wheelchair frequently as a walking aid? • Are current arrangements working and sustainable?

Assistance with wheelchair mobility

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other

Question: Who helps?	
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is supported to use a wheelchair. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance to use a wheelchair. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you with your wheelchair? Are you fully comfortable with using your wheelchair on your own? Does a family, friend or service provider support you with your wheelchair mobility?

If need for wheelchair mobility is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine if the client feels their needs for wheelchair mobility are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support

Question: Is the need being met?

	<p>person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs.</p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client’s needs are not being met. ○ Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. ○ Completely met: the client’s needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you require any support when using your wheelchair? • Are there any challenges with using your wheelchair, where you would require any support? • Are you fully comfortable using your wheelchair to get around?
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Additional details on using wheelchair mobility

Question: Any additional details?

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing wheelchair mobility with the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The frequency of any support. • If current arrangements are sustainable. • If there are any safety concerns. • Any incidents or issues flagged during the discussion with the client.

Question: Any additional details?

	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What are the supports you require when using your wheelchair? • What are the challenges with using your wheelchair, where you would require any support?
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Ability to climb stairs**Question: Climb stairs**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify whether the client is able to climb stairs. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons for requiring assistance. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: if the client is able to climb stairs. ○ Completely unable: if the client is unable to climb any stairs. ○ With some help: if the client can climb one or two stairs only, or can only climb stairs in the right settings (with handrails etc.). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Ask the client about their mobility around the house and if there are any stairs, they are required to climb whether it is at home, at someone else's home or anywhere in the local community they attend.

Question: Climb stairs	
	<ul style="list-style-type: none"> • Are you comfortable with walking up and down a flight of stairs? • How confident are you getting around stairs? • Do you avoid places that only have stairs as options? • Do you feel any breathlessness when walking up stairs?

Assistance with climbing stairs

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should determine if the client is supported to climb stairs. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance to climb stairs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • When walking upstairs do you require any assistance? • Does someone help you when you are required to climb stairs? • Do family, friends or service providers help when you walk upstairs? • Are current arrangements working and sustainable?

If need for climbing stairs is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met

Question: Is the need being met?	
	<ul style="list-style-type: none"> Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client feels their need to climb stairs is being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met. Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Are you able to climb stairs comfortably on your own? Do you require any assistance when climbing stairs? Do you regularly avoid stairs as you do not feel comfortable climbing stairs on your own? Do you often find that you are unable to climb stairs when required? Do you often find yourself requiring assistance when climbing up stairs?

Additional details on climbing stairs

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to climb stairs. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If current arrangements are sustainable. If there are any safety or hygiene concerns. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> What supports do you require when climbing upstairs? How often do you feel like you are unable to climb stairs? After how many steps do you feel out of breath or unable to climb stairs? What are the challenges you have climbing upstairs?

Take a bath or shower

Question: Take a bath or shower	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from triage (able to take a bath or shower question)
Response guidance	<u>Context:</u>

Question: Take a bath or shower

- An assessor should identify whether a client requires assistance, supervision or prompting from another person to shower, bath or bathe themselves.

Consider and record:

- The response will pre-populate from triage, and the assessor may need to validate that this information is still correct.
- Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time.
- Consider cognitive as well as physical reasons. A client with dementia may be physically able to shower, but may require prompting by their carer.
- Use the below definitions to assist with the response.
 - **Without help:** the client is able to prepare for and shower/dry themselves, including with the use of grab rails and adaptive equipment. This includes managing to bath, shower and dry themselves independently as often as they require without additional physical, verbal or standby assistance.
 - **Completely unable:** the client needs total assistance with preparing and washing/drying themselves; utilises bed sponges only.
 - **With some help:** the client needs help getting in or out of the bath/shower. This includes:
 - Hands-on assistance, supervision or prompting of one person when getting in and out of the shower or bath, on and off equipment such as a bath chair, assistance with washing and drying, difficulty regulating water temperature;
 - If a client is anxious regarding showering/bathing and requires standby assistance only; and/or
 - If they use equipment and require help to transfer on/off or to use any of the equipment.

Prompts and/or observations:

Question: Take a bath or shower

	<ul style="list-style-type: none"> • How do you feel about me looking at your bathroom? • Are you able to bathe and shower yourself? Do you find any aspects difficult, such as reaching to wash your hair or feet? • How do you plan and prepare for your shower/bath? • Does the bathroom have adequate water pressure and temperature control? • Do you have any difficulties turning taps or checking the temperature of the water? • Is your bath/shower easily accessible? Where do you hold on for stability? • Do you feel confident with your ability to balance whilst washing yourself? • Are you able to apply creams or powders on yourself? • Can you clean your teeth/dentures effectively? • Do you have any difficulties with foot and nail care? • Take note of whether the shower or bath has been used recently; whether the client’s personal appearance and clothing presents as neat or untidy; does their appearance validate what they have told you? Are there odours throughout the house or on the client that indicate difficulties with personal care? Are there grab rails for support if needed? Is there a handheld shower or shower chair present? Is there a slip resistant mat in the bathroom/bath/shower? Does the client use any aids to wash, dry or groom themselves? • Are current arrangements working and sustainable?
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Assistance with taking a bath or shower

Question: Who helps?

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Who helps?

	<ul style="list-style-type: none"> An assessor should determine if the client is supported to take a bath or have a shower. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance with taking a bath or having a shower. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you have someone who helps you bathe and shower? Does a family member, friend or service provider help you bathe or shower?
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If need for taking a bath or shower is being met**Question: Is the need being met?**

Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client feels their need to take a bath or have a shower is being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client's needs are not being met.

Question: Is the need being met?

- **Partially met:** some of the client's needs are being met and/or the client's needs are only being met some of the time.
- **Completely met:** the client's needs are sufficiently being met.
- **Client does not require assistance:** the client does not require any assistance to meet their needs.

Prompts and/or observations:

- Are you comfortable bathing and showering on your own whenever required?
- Have there been times when you were unable to bathe or shower when required?
- Do you often find bathing and showering challenging?
- Do you have any difficulties with bathing and showering?
- Are you fully comfortable with bathing and showering on your own?
- Do you feel confident with your ability to balance whilst washing yourself?

Additional details on taking a bath or shower**Question: Any additional details?**

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing the client's ability to take a bath or have a shower. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The frequency of any support. • If current arrangements are sustainable. • If there are any safety or hygiene concerns. • Any incidents or issues flagged during the discussion with the client.

Question: Any additional details?

	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What are the challenges of bathing and showering yourself? • What supports do you require to bathe and shower confidently? • Can you please describe some of the challenges you have with bathing and showering? • Tell me about your current challenges with bathing and showering. • If the client appears to have a clean or tidy appearance.
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Ability to dress**Question: Dressing**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • Response will pre-populate from triage (able to dress question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify whether the client can dress themselves into their clothes. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The response will pre-populate from triage, and the assessor may need to validate that this information is still correct. • Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way that ask the client to expand on what they shared last time. • Consider cognitive as well as physical reasons. A client with dementia may be physically able to dress, but may require prompting to do so, or a carer may also need to physically

Question: Dressing

	<p>assist a client who is unable to ‘sequence’ their dressing tasks.</p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ without help: the client is able to choose their clothing and is appropriately dressed, is able to do up their own buttons, zips, laces and/or put on their shoes/socks/stockings etc. ○ Completely unable: the client is completely unable to dress themselves. ○ With some help: the client is able to dress with some assistance and/or prompting. This may include assistance to choose clothing, or to do up their own buttons, zips, laces and/or put on their shoes/socks/stockings etc. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to choose your own clothing? • How do you decide to choose what to wear? • Do you have any difficulties in dressing or undressing (including dressing/undressing to use the toilet)? • Do you have any difficulties doing up buttons, zips, bra, tying shoelaces? • Do you have difficulty putting on or taking off shoes, socks, stockings etc.? • Is the client dressed in appropriate clothing? Does the outfit match? Are buttons, zips, shoelaces done up appropriately? Does their appearance validate what they have told you? • Are current arrangements working and sustainable?
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Assistance with dressing

Question: Who helps?

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No

Question: Who helps?	
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should determine if the client requires any assistance with getting dressed into clothes. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is currently receiving any assistance to get dressed. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you dress? Do any family, friends or service providers help you dress?

If need for dressing is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client feels their needs are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met.

Question: Is the need being met?	
	<ul style="list-style-type: none"> ○ Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. ○ Completely met: the client’s needs are sufficiently being met. ○ Completely unable: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you have any challenges with dressing yourself? ● Have there been any occasions where you were unable to dress yourself? ● Do you often find it challenging to dress yourself? ● Are you able to comfortably dress yourself whenever required?

Additional details on dressing

Question: Any additional details?	
Response options	<ul style="list-style-type: none"> ● Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● Any additional details identified when discussing the client’s ability to get dressed. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● The frequency of any support. ● If current arrangements are sustainable. ● If there are any safety or hygiene concerns. ● Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● What were some of the challenges you found when trying to dress yourself?

Question: Any additional details?

	<ul style="list-style-type: none"> • What supports do you require to dress? • How often are you unable to dress yourself? • What are some difficulties in dressing or undressing yourself?
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Ability to groom**Question: Grooming**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is able to groom themselves (i.e. brush hair, wash face, shave, clean and clip nails, clean teeth). <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons for requiring assistance. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: if the client can groom themselves. ○ Completely unable: if the client cannot groom themselves. ○ With some help: if the client can only do so in some circumstances. These circumstances could include: <ul style="list-style-type: none"> ▪ If they require assistance from a person (informally or formally) ▪ If they can do some tasks but not others ▪ If they have difficulty doing so to a sufficient standard. <p><u>Prompts and/or observations:</u></p>

Question: Grooming	
	<ul style="list-style-type: none"> • Do you groom yourself daily? (Do you wash your face daily, do you brush your hair daily, do you clean your teeth daily?) • How do you take care of your personal hygiene? • What do you like to do to take care of your personal hygiene? • Are current arrangements working and sustainable?

Assistance with grooming

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is supported with their grooming. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance with their grooming. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Does someone help you groom yourself? • Does a family member, friend or service provider help you to groom yourself? • Does someone help you brush your hair/wash your face/brush your teeth? • Does a family member, friend or service provider help you brush your hair/wash your face/brush your teeth?

If need for grooming is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should determine if the client feels their grooming needs are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client's needs are not being met. ○ Partially met: some of the client's needs are being met and/or the client's needs are only being met some of the time. ○ Completely met: the client's needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you able to comfortably groom yourself whenever required? • How frequently have you been unable to groom yourself whenever required? • Have you felt that you were unable to groom yourself whenever required? • Do you often find it difficult to groom yourself?

Additional details on grooming

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to groom. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> What the client can and cannot do. The frequency of any support. If current arrangements are sustainable. If there are any safety or hygiene concerns. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> What are some of the challenges you have with grooming yourself? What supports do you require with grooming yourself? What are some of the difficulties you have with grooming yourself?

Ability to eat

Question: Eating	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No

Question: Eating

Response guidance

Context:

- An assessor should determine the client's ability to feed themselves, not issues with swallowing.

Consider and record:

- Consider cognitive as well as physical reasons for requiring assistance.
- Use the below definitions to assist with the response.
 - **Without help:** the client is able to feed themselves without assistance once the food provided is within reach including with the assistance of equipment such as built-up cutlery.
 - **Completely unable:** the client is completely unable to eat without help. This includes clients who are fed via a Percutaneous Endoscopic Gastrostomy feeding tube or a naso-gastric feed.
 - **With some help:** the client is able to eat with some assistance. A client with dementia may be physically able to eat, but may require prompting to eat. A client may have difficulty with dexterity and is unable to cut up their food or may lack the upper limb strength/range of motion to feed themselves. They may also need 'set-up' assistance, (e.g. clients with a visual impairment).

Prompts and/or observations:

- Are you able to feed yourself if food is provided within reach?
- Do you require set-up assistance with your meals?
- Do you have difficulty cutting up food due to difficulty with hand dexterity?
- Do you lack upper limb strength and range of movement to feed yourself?
- Do you use any adaptive equipment such as built up cutlery to help you feed yourself?
- Take note of whether the client has limited hand or upper limb strength and range of movement; or whether adaptive equipment is in place or present at the dining table or kitchen.
- Are current arrangements working and sustainable?

Assistance with eating

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is supported with eating. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance with eating. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Does someone help you set up your meals? • Does someone feed you your meals? • Does a family member, friend or service provider help you set up your meals? • Does a family member, friend or service provider help feed you meals?

If need for eating is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Is the need being met?	
	<ul style="list-style-type: none"> If the client feels their needs for eating are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met. Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Are you able to comfortably eat whenever required? Are you able to eat when you are hungry? Do you eat all your meals? Do you often find that you are not eating your meals? Do you often find that you are unable to eat when required?

Additional details on eating

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client’s ability to eat.

Question: Any additional details?

	<p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • What the client can and cannot eat (that they have raised). • The frequency of any support. • If current arrangements are sustainable. • If there are any safety concerns. • Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What are some challenges you have with eating? • What are some difficulties you have with eating? • What are some supports you require to help with eating?
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Transfers**Question: Transfers**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • Response will pre-populate from triage (able to transfer question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if a client is physically able to move from place to place, which includes with all types of transfers. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The response will pre-populate from triage, and the assessor may need to validate that this information is still correct. • Be mindful of asking the client to repeat their story again. It may be more appropriate to frame questions in a way

Question: Transfers

that ask the client to expand on what they shared last time.

- Whether a client is physically able to move from place to place and includes difficulties with all types of transfers. For example, is the client able to:
 - Maintain or change body position;
 - Carry, move and manipulate objects; and/or
 - Get in or out of bed or a chair (including wheelchairs), in/out of a car?
- Use the below definitions to assist with the response.
 - **Without help:** the client is able to transfer safely without help from a person or aid.
 - **Completely unable:** the client is completely unable to transfer themselves and/or has no sitting balance. The client is reliant on others or the use of a hoist/pat slide to transfer.
 - **With some help:** the client requires assistance with transfers. This includes:
 - Requires verbal or physical prompting from a person to transfer;
 - Requires assistance from one or two people to transfer; and/or
 - May use an aid such as a toilet raise; bed stick; chair platform or the use of a hoist, standing and raising aids, handi-lift/walk belt.

Prompts and/or observations:

- Do you have difficulty stepping over the bath or getting into the shower?
- Do you have difficulty getting on/off the toilet? Is the toilet a good height for you?
- Do you have difficulty getting on/off your bed? Is the bed a good height for you?
- Do you have difficulty getting on/off your favourite chair? Is it a good height for you? Would you consider using a different chair?
- Take note of how the client gets on/off their chairs, toilet, bed and any other seating that the client uses (for example shower chair/bath board, grab rails if present). Do they experience pain or difficulty when they sit/stand? Do they use the equipment or grab rail if it is present? If not, why not (for example, maybe the equipment or grab rail was

Question: Transfers	
	<p>installed for their spouse or a previous occupant and does not suit this person)? Observe the condition of the equipment, for example a rusty shower chair or a broken raised toilet seat. Is the equipment suitable and safe for the person to use?</p> <ul style="list-style-type: none"> • Are current arrangements working and sustainable?

Assistance with transfers

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client is supported with transfers. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is receiving any assistance with transfers. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have someone who helps you with stepping over the bath or getting into the shower? • Do you have someone who helps you with getting on/off the toilet? • Do you have someone who helps you with getting on/off your bed? • Do you have helps you with getting on/off your favourite chair?

If need for transfers is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> • Completely unmet • Partially met • Completely met • Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should identify if the client feels their needs with transfers are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client's perception of their needs and their actual needs. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client's needs are not being met. ○ Partially met: some of the client's needs are being met and/or the client's needs are only being met some of the time. ○ Completely met: the client's needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you comfortable with transfers to and from the shower, toilet, bed, or chairs at home? • Do you often find that you are unable to transfer to and from the shower, toilet, bed, or chairs at home?

Additional details on transfers

Question: Any additional details?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any additional details identified when discussing the client's ability to undertake transfers. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Circumstances when they require support with transfers. The frequency of any support. If current arrangements are sustainable. If there are any safety concerns. Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> What are some of the challenges you have with transfers to and from the shower, toilet, bed, or chairs at home? What are some of the supports you require with transfer to and from the shower, toilet, bed, or chairs at home?

Upper body strength

Question: Upper body strength	
Response options	<ul style="list-style-type: none"> Without help With some help Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Upper body strength

	<ul style="list-style-type: none"> • An assessor should identify whether the client has sufficient upper body strength to complete typical day-to-day tasks. • Upper body strength in this context could be considered as the client’s ability to lift and carry items weighing 5kg, and moving them around your house. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons for requiring assistance. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: if the client has sufficient upper body strength based on discussing a few examples. ○ Completely unable: if the client does not have sufficient upper body strength based on discussing a few examples. ○ With some help: if the client only has sufficient upper body strength in some circumstances (time of day, how they are feeling etc.) <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have any challenges with your upper body strength? • Do you have difficulties performing tasks that require upper body strength? • Do you lack upper body strength to perform day to day tasks? • Are current arrangements working and sustainable?
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Assistance with tasks requiring upper body strength

Question: Who helps?

Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete

Question: Who helps?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> An assessor should identify if the client is supported with tasks requiring upper body strength. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is receiving any assistance with tasks requiring upper body strength. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you with tasks that require upper body strength? (e.g.) Does a family member, friend or service provide assist with day-to-day tasks that require upper body strength? (e.g.)

If need relating to upper body strength is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> If the client feels their needs are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client's perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict

Question: Is the need being met?

	<p>between the client’s perception of their needs and their actual needs.</p> <ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Completely unmet: the client’s needs are not being met. ○ Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. ○ Completely met: the client’s needs are sufficiently being met. ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you find that you are unable to complete day-to-day tasks that require upper body strength? How often? • Do you often find that you require assistance when completing day-to-day tasks requiring upper body strength? How often? • Are you comfortable with completing day-to-day tasks that require upper body strength?
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Additional details on upper body strength

Question: Any additional details?

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing the client’s ability to undertake tasks requiring upper body strength. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • What tasks they can and cannot do (that they have shared) • The frequency of any support. • If current arrangements are sustainable.

Question: Any additional details?

	<ul style="list-style-type: none"> • If there are any safety concerns. • Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What are some of the challenges you face when completing tasks requiring upper body strength? • What are some supports you require to complete day-to-day tasks requiring upper body strength?
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Toilet use**Question: Toilet use**

Response options	<ul style="list-style-type: none"> • Without help • With some help • Completely unable
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • Response will pre-populate from triage (able to go to the toilet, wipe and re-dress question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should understand the client's ability to go to the toilet. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider cognitive as well as physical reasons. A client with dementia may be physically able to toilet, but may require prompting. Any issues with incontinence may also be recorded here. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Without help: the client is independent with all toileting tasks ○ Completely unable: the client is completely unable to manage toileting without help. ○ With some help (minor or major): the client needs some help with toileting tasks. This includes assistance to:

Question: Toilet use	
	<ul style="list-style-type: none"> ▪ Move on and off the toilet, un/dressing, wiping ▪ Manage continence aids, if incontinent ▪ Manage catheter or ostomy, if present ▪ Manage personal hygiene needs post toileting. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you wipe yourself effectively after using the toilet? • Do you need assistance to wipe yourself? • If the client has a catheter or ostomy in-situ, do they manage for themselves? • Take note of whether there are stains, for example on the carpets or chairs or odours present in the client’s home; observe whether the toilet area is clean and tidy. Can the client explain when and how they use their incontinence aids, catheter or ostomy and the regime for managing these? This includes monitoring and support from a third person such as a nurse. Are there odours throughout the house or on the client that indicate difficulties with toilet use? • Are current arrangements working and sustainable?

Assistance with toilet use

Question: Who helps?	
Response options	<ul style="list-style-type: none"> • No one • Informal carer(s) • Aged care service provider(s) • Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine if the client is supported with using the toilet. <p><u>Consider and record:</u></p>



Question: Who helps?	
	<ul style="list-style-type: none"> If the client is receiving any assistance with using the toilet. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Does someone help you when you need to use the toilet? Does someone help you wipe yourself? Does a family member, friend or service provide help you when you need to use the toilet?

If need relating to toilet use is being met

Question: Is the need being met?	
Response options	<ul style="list-style-type: none"> Completely unmet Partially met Completely met Client does not require assistance
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should identify if the client feels their needs are being met. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> When responding to this question, consider the client’s perception first. If necessary, investigate other considerations (for example, assessor and/or support person observations) if there appears to be a conflict between the client’s perception of their needs and their actual needs. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Completely unmet: the client’s needs are not being met. Partially met: some of the client’s needs are being met and/or the client’s needs are only being met some of the time. Completely met: the client’s needs are sufficiently being met.

Question: Is the need being met?

	<ul style="list-style-type: none"> ○ Client does not require assistance: the client does not require any assistance to meet their needs. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you find that you are unable to use the toilet yourself when required? • How often do you find that you are unable to use the toilet on your own? • Do you find it difficult to wipe on your own? How often?
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Additional details on toilet use**Question: Any additional details?**

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Any additional details identified when discussing the client's ability to use a toilet. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • What the client can and cannot do. • The frequency of any support. • If current arrangements are sustainable. • If there are any safety or hygiene concerns. • Any incidents or issues flagged during the discussion with the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What are some of the challenges you face when you have to use the toilet on your own? • What supports do you require when using the toilet?

Toileting – bladder

Question: Toileting – bladder	
Response options	<ul style="list-style-type: none"> Continent (for over 7 days) Occasional accident (max. once per 24 hours) Incontinent, or catheterised and unable to manage
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should understand if the client is experiencing any toileting challenges relating to their bladder. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is incontinent, has the occasional accident or is incontinent/catheterised and unable to manage. Use the definitions included in the response options to determine the best answer. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> It is important to consider the audience when raising this question. For example, this question might be best asked or observed in private when asking a client to show them their bathroom. How do you manage any toileting hiccups? Do you find these challenges impact what you decide to do each day? How often do you experience challenges? Are current arrangements working and sustainable?

Urinary incontinence issues

Note: this question is flagged if ‘occasional accident’ or ‘incontinent, or catheterised and unable to manage’ is selected for previous question on toileting – bladder.

Question: Is client managing urinary incontinence issue?	
Response options	<ul style="list-style-type: none"> Yes No

Question: Is client managing urinary incontinence issue?	
Question rules	<p>This question is a threshold question. Threshold questions are mandatory to complete. If 'no' is selected, continue to the next question checking consent to complete the RUIS.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should consider the response to the previous question to determine if the client is managing any urinary incontinence issues. • Urinary incontinence refers to the involuntary loss of bladder control. The severity can vary, including occasional leakage of urine when coughing or sneezing. It would become an issue at the more severe end when a client often experiences a sudden and strong urge to urinate (urgency) that doesn't allow enough time to reach a toilet. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is managing a urinary incontinence issue. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Continence is a sensitive topic to discuss. Some clients may be comfortable answering questions about their continence, others may not. • Consider introducing questions using a framing statement such as "These next few questions are about your continence and are a bit personal..." • Observe and assess the home environment. There may be a strong odour. • It is important to consider the audience when raising this question. For example, this question might be best asked or observed in private when asking a client to show them their bathroom. • How do you manage any toileting hiccups? • Do you find these challenges impact what you decide to do each day? • How often do you experience challenges?

Question: Is client managing urinary incontinence issue?

	<p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Urinary incontinence healthdirect • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how and when to administer the RUIS with a client at an assessment.
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Consent to complete Revised Urinary Incontinence Scale

Question: Is the client able/willing to complete the Revised Urinary Incontinence Scale?

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use the Revised Urinary Incontinence Scale (RUIS) to assess urinary incontinence and to monitor patient outcomes following treatment, if appropriate. • Continence is a sensitive and private issue. The assessor must use clinical judgement to determine the appropriateness of administering the RUIS with the client at assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The appropriateness of administering the RUIS with the client at assessment. • If the client is able and willing to complete the RUIS at assessment. <p><u>Prompts and/or observations:</u></p>

Question: Is the client able/willing to complete the Revised Urinary Incontinence Scale?

- Consider verbal and non-verbal cues that may determine the appropriateness of administering the RUIS with the client at assessment. E.g. if client becomes distressed
- Ask the client directly, but sensitively, whether they are willing to complete the RUIS at assessment.
- Consider whether the client has cognitive or other issues that may impact their level of insight into their urinary continence issues.
- Consider a carer's report if the client is unable to complete the RUIS at assessment.

Validated tool: Revised Urinary Incontinence Scale**Context:**

If there are indicators within the assessment that further assessment is required, use the Revised Urinary Incontinence Scale (RUIS) as a follow-up tool.

A National Continence Management Strategy Project Refining Continence Measurement Tools was undertaken to revise and develop some short incontinence assessment tools (5 items). From the analysis of the urinary and faecal incontinence items and scales included in the 2004 South Australian Health Omnibus Survey, this study developed the RUIS and RFIS.

These scales improved the assessment of incontinence when compared with the original measures.³

Instructions and interpretation:

When completing the RUIS, respondents select one particular response option from the set of standard response options for each of the five questions. These response options can then be scored by using the numbers presented in brackets to the right of each response option. The RUIS total score is then calculated by adding up a person's score for each question, resulting in a possible score range of 0-16.⁴

The scale includes both questions from the Incontinence Severity Index (ISI)⁵ and therefore an ISI score can also be calculated. This is done by multiplying the scores from questions 4 and 5, resulting in a score range from 0 to 12, where a 0 score represents no incontinence. Scores from 1 to 12 are grouped into the following four severity levels: 1 – 2 = slight, 3 – 6 = moderate, 8 – 9 = severe, 12 = very severe. Finally, users should check that each question has a response option selected in order to avoid any missing data. This is because missing data cannot be adjusted for in short scales like the RUIS.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- [Revised Incontinence and Patient Satisfaction Tools Version 2](#) – Technical Manual and Instructions
- [RUIS Brochure](#) – Summary for assessing and monitoring urinary incontinence.
- [International Continence Society \(ICS\)- RUIS - study findings](#)
- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer the RUIS with a client at an assessment.

Urine leakage related to feeling of urgency

Question: Urine leakage related to the feeling of urgency	
Response options	<ul style="list-style-type: none"> • Not at all • Slightly • Moderately • Greatly
Question rules	This question will be presented to all assessors.

³ Sansoni J et al., 2007, 'Refining Continence Measurement Tools', Centre for Health Service Development, University of Wollongong and the Department of Psychiatry, The University of Melbourne.

⁴ Sansoni J et al., 2010, 'Selecting Tools for ACAT Assessment: A Report for the Aged Care Assessment Program (ACAP) Expert Clinical Reference Group', Centre for Health Service Development, University of Wollongong, Department of Health and Ageing, Canberra.

⁵ Sandvik H et al., 2000, 'A severity index for epidemiological surveys of female urinary incontinence: comparison with 48-hour pad-weighting tests' in *NeuroUrol Urolyn*,19(2):137-45.

Question: Urine leakage related to the feeling of urgency	
	If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.
Pre-populated information	No

Urine leakage related to physical activity, coughing or sneezing

Question: Urine leakage related to physical activity, coughing or sneezing	
Response options	<ul style="list-style-type: none"> • Not at all • Slightly • Moderately • Greatly
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Amount of urine leakage

Question: Small amounts of urine leakage (drops)	
Response options	<ul style="list-style-type: none"> • Not at all • Slightly • Moderately • Greatly
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Frequency experiencing urine leakage

Question: How often do you experience urine leakage?	
Response options	<ul style="list-style-type: none"> • Never

Question: How often do you experience urine leakage?	
	<ul style="list-style-type: none"> • Less than once a month • A few times a month • A few times a week • Every day and/or night
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Urine leakage amount each time

Question: How much urine do you lose each time?	
Response options	<ul style="list-style-type: none"> • None • Drops • Small splashes • More
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Toileting – bowels

Question: Toileting – Bowels	
Response options	<ul style="list-style-type: none"> • Incontinent (or needs to be given enemata) • Occasional accident (once/week) • Continent
Question rules	Base question
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Toileting – Bowels	
	<ul style="list-style-type: none"> The assessor should understand if the client is experiencing any toileting challenges relating to their bowels. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is incontinent, has the occasional accident or is incontinent/catheterised and unable to manage. Use the definitions included in the response options to determine the best answer. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> It is important to consider the audience when raising this question. For example, this question might be best asked or observed in private when asking a client to show them their bathroom. How do you manage any toileting hiccups? Do you find these challenges impact what you decide to do each day? How often do you experience challenges? Are current arrangements working and sustainable?

Bowel incontinence issues

Note: this question is flagged if ‘occasional accident’ or ‘incontinent, or catheterised and unable to manage’ is selected for previous question on toileting – bowel.

Question: Is client managing bowel incontinence issue?	
Response options	<ul style="list-style-type: none"> Yes No
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should consider the response to the previous question to determine if the client is managing any bowel incontinence issues.

Question: Is client managing bowel incontinence issue?

	<ul style="list-style-type: none"> Bowel incontinence, also known as faecal incontinence, occurs when you're unable to control your bowel movements. It can range from occasional irregular stool leaks while passing gas to a total loss of control over your bowels. It would become an issue if towards the latter end of this range. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is managing a bowel incontinence issue. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Continence is a sensitive topic to discuss. Some clients may be comfortable answering questions about their continence, others may not. Consider introducing questions using a framing statement such as "These next few questions are about your continence and are a bit personal..." Observe and assess the home environment. There may be a strong odour. It is important to consider the audience when raising this question. For example, this question might be best asked or observed in private when asking a client to show them their bathroom. How do you manage any toileting hiccups? Do you find these challenges impact what you decide to do each day? How often do you experience challenges? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Faecal incontinence healthdirect
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Consent to complete Revised Faecal Incontinence Scale

Question: Is the client able to complete the Revised Faecal Incontinence Scale?

Response options	<ul style="list-style-type: none"> Yes No
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>

Question: Is the client able to complete the Revised Faecal Incontinence Scale?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use the Revised Faecal Incontinence Scale (RFIS) is used to assess faecal incontinence and to monitor patient outcomes following treatment, if appropriate. • Continence is a sensitive and private issue. The assessor must use clinical judgement to determine the appropriateness of administering the RFIS with the client at assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The appropriateness of administering the RFIS with the client at assessment. • If the client is able and willing to complete the RFIS at assessment. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Consider verbal and non-verbal cues that may determine the appropriateness of administering the RFIS with the client at assessment. E.g. if client becomes distressed • Ask the client directly, but sensitively, whether they are willing to complete the RFIS at assessment. • Consider whether the client has cognitive or other issues that may impact their level of insight into their urinary continence issues. • Consider a carer's report if the client is unable to complete the RFIS at assessment.

Validated tool: Revised Faecal Incontinence Scale

Context:

If there are indicators within the assessment that further assessment is required, use the Revised Faecal Incontinence Scale (RUIS) as a follow-up tool.

A National Continence Management Strategy project Refining Continence Measurement Tools was undertaken to revise and develop some short incontinence assessment tools (5

items). From the analysis of the urinary and faecal incontinence items and scales included in the 2004 South Australian Health Omnibus Survey, this study developed the RUIS and RFIS. These scales improved the assessment of incontinence when compared with the original measures.⁶

Instructions and interpretation:

People respond to the Revised Faecal Incontinence Scale (RFIS) questions by selecting one particular response option from the set of standard response options for each question.

These response options can then be scored by using the numbers presented in brackets to the right of each response option. The RFIS total score is then calculated by adding up a person's score for each question. Adding the score for each of the five questions results in a possible score range of 0 – 20. At this stage, there is no data about grouping people into valid clinical categories representing different severity levels of incontinence (e.g. mild, moderate, or severe); however, further clinical research is being undertaken to provide this information.

Finally, users should check that each question has a response option selected in order to avoid any missing data. This is because missing data cannot be adjusted for in short scales like the RFIS.⁷

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- [Revised Incontinence and Patient Satisfaction Tools Version 2](#) – Technical Manual and Instructions
- [RFIS Brochure](#) – Summary of assessing and monitoring faecal incontinence.
- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer the RFIS with a client at an assessment.

Bowel incontinence severity

Question: Client bowel incontinence severity	
Response options	<ul style="list-style-type: none"> • Occasional • Mild

⁶ Sansoni J et al., 2007, 'Refining Continence Measurement Tools', Centre for Health Service Development, University of Wollongong and the Department of Psychiatry, The University of Melbourne.

⁷ Sansoni J et al., 2010, 'Selecting Tools for ACAT Assessment: A Report for the Aged Care Assessment Program (ACAP) Expert Clinical Reference Group', Centre for Health Service Development, University of Wollongong, Department of Health and Ageing, Canberra.

Question: Client bowel incontinence severity	
	<ul style="list-style-type: none"> • Moderate • Severe
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Leaks, accidents or losing control with solid stools

Question: Do you leak, have accidents or lose control with solid stool?	
Response options	<ul style="list-style-type: none"> • Never • Rarely i.e. less than once in the past four weeks • Sometimes i.e. less than once a week, but once or more in the past four weeks • Often or usually i.e. less than once a day but once a week or more • Always i.e. once or more per day or whenever you have a bowel movement
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Leaks, accidents or losing control with liquid stools

Question: Do you leak, have accidents or lose control with liquid stool?	
Response options	<ul style="list-style-type: none"> • Never • Rarely i.e. less than once in the past four weeks • Sometimes i.e. less than once a week, but once or more in the past four weeks • Often or usually i.e. less than once a day but once a week or more

Question: Do you leak, have accidents or lose control with liquid stool?	
	<ul style="list-style-type: none"> Always i.e. once or more per day or whenever you have a bowel movement
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Leaking stool if not getting to toilet in time

Question: Do you leak stool if you don't get to the toilet in time?	
Response options	<ul style="list-style-type: none"> Never Rarely i.e. less than once in the past four weeks Sometimes i.e. less than once a week, but once or more in the past four weeks Often or usually i.e. less than once a day but once a week or more Always i.e. once or more per day or whenever you have a bowel movement
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Changing underwear from stool leak

Question: Does stool leak so that you have to change your underwear?	
Response options	<ul style="list-style-type: none"> Never Rarely i.e. less than once in the past four weeks Sometimes i.e. less than once a week, but once or more in the past four weeks Often or usually i.e. less than once a day but once a week or more

Question: Does stool leak so that you have to change your underwear?	
	<ul style="list-style-type: none"> Always i.e. once or more per day or whenever you have a bowel movement
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Altered lifestyle from bowel or stool leakage

Question: Does bowel or stool leakage cause you to alter your lifestyle?	
Response options	<ul style="list-style-type: none"> Never Rarely i.e. less than once in the past four weeks Sometimes i.e. less than once a week, but once or more in the past four weeks Often or usually i.e. less than once a day but once a week or more Always i.e. once or more per day or whenever you have a bowel movement
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Likely to recommend residential respite care

Question: Are you likely to recommend residential respite care?	
Response option	<ul style="list-style-type: none"> Yes No
Question rules	<p>Additional question that will be presented to a clinical assessor during a comprehensive assessment. It is mandatory for a clinical assessor to complete this question if prompted.</p>

Question: Are you likely to recommend residential respite care?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should indicate if they are likely to recommend residential respite care. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the assessor is likely to recommend residential respite care in the client's support plan. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> This does not require any prompts for the client, and is instead based observations from how the assessment has progressed so far. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Managing residential respite care Australian Government Department of Health and Aged Care

Completion of De Morton Mobility Index modified

Note: Only clinical assessors who have completed the Department's training on DEMMI modified are able to use this validated tool. Select 'no' if this training has not been completed.

Question: De Morton Mobility Index	
Response option	<ul style="list-style-type: none"> Yes No
Question rules	Base question that is mandatory to complete for a clinical assessor only.
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: De Morton Mobility Index

	<ul style="list-style-type: none"> • <u>Note</u>: clinical assessors are required to complete the Department’s training on DEMMI modified before using this validated tool. • Select ‘no’ if the assessor has not completed training on DEMMI modified or if the assessor is undertaking a home support assessment. • This validated tool must be administered in-person with the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the assessor has completed the Department’s training on DEMMI modified, and is wanting to complete a DEMMI modified on the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Client consent considerations.
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Summary of function notes

Function assessor notes	
Response option	Text box for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • Response will pre-populate from triage (summary of function notes question) • Response will pre-populate in the client’s support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This is to provide a holistic summary of the client’s level of functioning and how this impacts on activities of daily living. This could include: <ul style="list-style-type: none"> ○ The client’s level of function. ○ How the client is managing their needs at present. ○ The impact of current function on activities of daily living. ○ Any unmet needs.

Function assessor notes

- The services and supports required for the client to remain living independently.

Consider and record:

- The activities the client can do, what activities they receive support with, and whether this support is formal or informal.
- The activities the client requires assistance with, in order to fulfil the need.
- Any comments about the extent to which informal support currently being received is working and sustainable.
- Some information from triage will automatically display in this text box. It is appropriate to edit this information with new details about the assessment if required, as this will still display in the triage section.

DEMMI modified section

This section will only display to clinical assessors during a comprehensive assessment if it has been indicated in the function section that residential respite care is likely to be recommended and the De Morton Mobility Index modified (DEMMI modified) has been selected to be undertaken.

Validated tool: De Morton Mobility Index modified

Context:

The **DEMMI modified** measures the mobility of older people across clinical settings and rates what the person is capable of doing (Can Do), rather than what they currently do.

Instructions and interpretation:

Assessors should use their judgement on how to ask questions and requests related to this validated tool. Assessors will need to consider the circumstances and background of clients when following the validated tool questions, and ensure they are:

Being mindful of appropriate and understandable language;
adapting questions to the context that is appropriate; and
Making alternative prompts or suggestions where needed.

In regard to capability, please take account of physical function, cognition and behaviour, motivation, and organisational ability. If differences in function occur in different environments or times of the day (i.e. day/night), please record the lower score.

It is preferable to base this tool on direct observation, unless there is a falls risk or it causes the resident distress. Please rate with current aids and appliances in place.

Scoring definitions:

- Minimal assistance – “hands-on” physical but minimal assistance, primarily to guide movement;
- Supervision – another person monitors the activity without providing hands-on assistance. May include verbal prompting; and
- Independent – the presence of another person is not considered necessary for safe mobility.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- The completion of Departmental training on the DEMMI modified is required before it can be used in a client assessment.
- AN-ACC Assessor Manual for guidance on responding to questions in the DEMMI-modified validated tool.

Bridge

Question: Bridge	
Response option	<ul style="list-style-type: none"> • Unable • Able
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Roll onto side

Question: Roll onto side	
Response option	<ul style="list-style-type: none"> • Unable • Able
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Lying to sitting

Question: Lying to sitting	
Response option	<ul style="list-style-type: none"> • Unable • Minimal assistance • Supervision • Independent
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Sit unsupported in chair

Question: Sit unsupported in chair	
Response option	<ul style="list-style-type: none"> • Unable • 10 seconds
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Sit to stand from chair

Question: Sit to stand from chair	
Response option	<ul style="list-style-type: none"> • Unable • Minimal assistance • Supervision • Independent
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Sit to stand without using arms

Question: Sit to stand without using arms	
Response option	<ul style="list-style-type: none"> • Unable • Able
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Stand unsupported

Question: Stand unsupported	
Response option	<ul style="list-style-type: none"> • Unable • 10 seconds

Question: Stand unsupported	
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Stand feet together

Question: Stand feet together	
Response option	<ul style="list-style-type: none"> • Unable • 10 seconds
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Stand on toes

Question: Stand on toes	
Response option	<ul style="list-style-type: none"> • Unable • 10 seconds
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Tandem stand with eyes closed

Question: Tandem stand with eyes closed	
Response option	<ul style="list-style-type: none"> • Unable • 10 seconds
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Walking distance +/- gait aid

Question: Walking distance +/- gait aid	
Response option	<ul style="list-style-type: none"> • Unable • 5 metres • 10 metres • 20 metres • 50 metres
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Walking independence

Question: Walking independence	
Response option	<ul style="list-style-type: none"> • Unable • Minimal assistance • Supervision • Independent with gait aid • Independent without gait aid
Question rules	Additional question that will be presented to a clinical assessor only. It is mandatory for a clinical assessor complete this question if prompted.
Pre-populated information	No

Physical, personal health and frailty section

The purpose of the physical, personal health and frailty section of the IAT is to understand aspects of the client's:

- Physical health covering any sensory, vision, hearing or speech concerns, or challenges relating to the somatosensory system;
- Personal health covering oral health, swallowing, skin conditions, pain, sleep, alcohol use, tobacco use, and illicit drug use and/or prescription medication for non-medical reasons;

This section is also to assess the client's frailty. Frailty is a syndrome of physiological decline that occurs in later life and is associated with vulnerability to adverse health outcomes.

Physical health

Sensory concerns

Question: Sensory concerns	
Response options	<ul style="list-style-type: none"> • Yes (provide details in follow up questions) • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client has any sensory concerns. • Sensory concerns refer to symptoms and related behaviours that occur when someone has difficulty processing information from their senses and responding appropriately to it. These sensory issues can involve various senses, including sight, hearing, touch, smell, and taste. • Note: for the purpose of the IAT, a client with any vision limitation addressed by glasses <u>does not</u> have a vision concern. • Note: for the purpose of the IAT, a client with any hearing limitation addressed by hearing aids or similar <u>does not</u> have a hearing concern. <p><u>Consider and record:</u></p>



Question: Sensory concerns	
	<ul style="list-style-type: none"> • Whether the client has indicated if they experience any sensory concerns. • If the client is experiencing multiple sensory concerns, multiple responses to follow up questions on different types of sensory concerns may be appropriate. • The yes and other response options will prompt follow up questions for more details. • If the answer is no but there is additional information to provide, consider selecting 'other' instead. For example, this could include previous sensory concerns that are now resolved. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you currently have any concerns or difficulties with your vision, hearing or speech? • Have you ever had any concerns or difficulties with your vision, hearing or speech?

Vision concerns

Question: Vision concerns	
Response options	<ul style="list-style-type: none"> • Low vision • Monocular blindness • Binocular blindness
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify the type of vision concern being experienced by the client. • Note: for the purpose of the IAT, a client with any vision limitation addressed by glasses <u>does not</u> have a vision concern. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences low vision, monocular blindness or binocular blindness. • Use the below definitions to assist with the response.

Question: Vision concerns

- **Low vision:** refers to a significant visual impairment that cannot be fully corrected with glasses, contact lenses, medication, or eye surgery.
- **Monocular blindness:** also known as amaurosis fugax, refers to a sudden and temporary loss of vision in one eye.
- **Binocular blindness:** also known as Binocular vision dysfunction (BVD), refers to a group of conditions that affect how your eyes and brain work together to perceive the world. Instead of seeing a seamless single image, individuals with BVD experience visual challenges due to misalignment or other issues.
- Record whether the client has any aids that assist them including the presence of an assistance dog, and/or whether the client would benefit from assistance of aids.
- Assessors must consider and document the following:
 1. Does the client have an assistance dog?
 2. If yes, assessors are to further ask the client: are you eligible for the Federal Government funded [Physical Assistance Dogs Program](#) ?
 3. If no to question two, then assessors are to further consider: does your assistance dog meet the [definition of an assistance dog](#) used by HealthDirect? (if yes to question 2 then the individual is not eligible for assistance dog funding under the Support at Home program. Where eligible and able, they should seek funding from the Physical Assistance Dogs program
 4. If yes to question three, then the assessor will allocate a specified need AT tier. If no to question 3 then the individual is not eligible for assistance dog funding under the Support at Home program and where eligible and able should seek funding from the Physical assistance dogs program.

Prompts and/or observations:

- Do you have any vision concerns?
- Do you have any existing visual impairments?
- Do you require glasses for your sight? Is it required for both eyes?

Support resources:

Question: Vision concerns

	<ul style="list-style-type: none"> • Blindness healthdirect
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Hearing concerns**Question: Hearing concerns**

Response options	<ul style="list-style-type: none"> • Poor hearing • Deafness
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify the type of hearing concern being experienced by the client. • Note: for the purpose of the IAT, a client with any hearing limitation addressed by hearing aids or similar <u>does not</u> have a hearing concern. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences poor hearing or deafness. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Poor hearing: also known as hearing loss, poor hearing is the difficulty to hear speech and other sounds. ○ Deafness: the complete loss of hearing. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you sometimes find it difficult to hear the conversation in a busy room? • What about your hearing in other situations? • When do you hear well? When do you hear not so well? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Hearing loss - prevention, signs, diagnosis and treatment healthdirect • Deafness healthdirect

Speech concerns

Question: Speech concerns	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client has any speech concerns. • Speech concerns are sometimes known as speech disorders. Speech concerns affect a person's ability to produce sounds that create words. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Some common types of speech concerns include: <ul style="list-style-type: none"> ○ Stuttering: interrupts the flow of speech. People who stutter can experience disruptions such as repetitions (involuntarily repeating sounds, vowels, or words), blocks (difficulty making the necessary speech sounds), and prolongations (stretching or drawing out of particular sounds or words) ○ Apraxia of Speech: a motor speech disorder where the person has difficulty moving the muscles needed to form words. The brain struggles to coordinate the muscle movements necessary for speech. ○ Dysarthria: occurs when the muscles used to speak are weakened or paralysed, causing slurred or slow speech that can be difficult to understand. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have any concerns with your speech? • Do you have any speech difficulties? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Speech problems healthdirect

Somato sensory system challenges

Note: the somatosensory system is a network of structures in the brain and body that influence the perception of touch, temperature, body position, and pain.

Question: Somato Sensory (relating to sensation anywhere in the body)	
Response options	<ul style="list-style-type: none"> • Pressure • Pain • Warmth
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client has any somatosensory concerns relating to sensations in the body. • The somatosensory system is a network of structures in the brain and body that influence the perception of touch, temperature, body position, and pain. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is experiencing any somatosensory concerns relating to pressure, pain and warmth. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Pressure: the client sensing pressure against the skin. Pressure occurs when there is a displacement to the skin and underlying tissue. ○ Pain: the client is experiencing feelings of pain. Pain is the brain sending a signal that something is wrong with the body. ○ Warmth: the client is experiencing a feeling of an increase in body temperature. Warmth in this context is the brain sending a signal that something is potentially dangerous. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have any concerns with pressure, pain, or warmth anywhere on your body? • Do you feel a sensation of pressure in your body at times?

Question: Somato Sensory (relating to sensation anywhere in the body)

- Do you feel a sensation of pain in your body at times?
- Do you sometimes feel a sensation of being warm in your body at times? (for reasons other than your environment)

Sensory concerns details**Question: Details**

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This is to provide a holistic summary of the client's sensory concerns. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Additional details on all sensory concerns raised by the client. This could include: <ul style="list-style-type: none"> ○ A summary of all sensory concerns raised and impacts experienced by the client. ○ The length of time that the client has been experiencing the sensory concern, and any changes in the severity of its impact. ○ How the sensory concerns currently impact the client's day-to-day activities. • If the client is seeing or has seen any health professional about any sensory concerns. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you please share some more details about some of the concerns you have raised? • How long have you been experiencing the concern? • Have you been to see a health professional about your concern? • How does the concern impact you day-to-day? • Is there anything else you do to manage the concern?

Personal health

Oral health

Question: Any oral health concerns? (e.g. problems with teeth, mouth and/or dentures)	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether the client has any oral health concerns. • Oral health concerns include problems with teeth, mouth or dentures. • A good standard of oral health enables an individual to eat, speak and socialise without active diseases, discomfort or embarrassment. • Problems associated with poor oral health include impaired nutrition, systemic morbidity, speech problems and decreased personal satisfaction, resulting in an impaired quality of life. • Many oral problems can be either prevented or effectively treated. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Indicate 'yes' if the client has oral health concerns such as: <ul style="list-style-type: none"> ○ Teeth, mouth or swallowing problems that make it hard to eat; ○ Loose fitting dentures or loose teeth; and/or ○ Gum disease or painful gums. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have your own teeth/partial denture or full dentures? • When do you clean your teeth/dentures? • Do you experience any pain when cleaning your teeth? • Do your gums bleed when you brush your teeth or gums? • Do you regularly clean your gums and if yes how?

Question: Any oral health concerns? (e.g. problems with teeth, mouth and/or dentures)

	<p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to a dentist, dental practitioner and/or dietitian, if appropriate.
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Swallowing**Question: Do you have any problems with swallowing causing difficulties when you eat or drink?**

Response options	<ul style="list-style-type: none"> • No • Yes always (provide details text box) • Yes sometimes (provide details text box) • Yes rarely (provide details text box)
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine if a client has problems with swallowing. • Swallowing, involves nerves, muscles of the mouth, throat and the oesophagus. A client who has swallowing difficulties could be at risk of choking, malnutrition or dehydration. • Poor oral hygiene, severe illness, disabilities, Parkinson's disease and/or dementia can significantly increase the client's risk of swallowing deficits.⁸ • The yes and other response options will prompt follow up questions for more details. • If the answer is no but there is additional information to provide, consider selecting 'other' instead. For example, this could include previous swallowing concerns that are now resolved but still worthwhile flagging. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Consider if the client has:

⁸ Australian and New Zealand Society for Geriatric Medicine, 2011, 'Position statement: dysphagia and aspiration in older people', *Australasian Journal on Ageing*, vol. 30, no. 2, pp. 98-103.

Question: Do you have any problems with swallowing causing difficulties when you eat or drink?

- Problems swallowing food or fluid, for example tea, coffee, water.
- Issues with food getting stuck in their throat after chewing and swallowing.
- Modified texture food (either prescribed or self-modified).
- Difficulty swallowing saliva.
- A sore throat constantly.
- Discussed any issues with their GP or a health professional.
- Use the below definitions to assist with the response.
 - **No**: the client does not experience any swallowing concerns.
 - **Yes always (provide details text box)**: the client experiences swallowing concerns in all circumstances.
 - **Yes sometimes (provide details text box)**: the client experiences swallowing concerns in some circumstances.
 - **Yes rarely (provide details text box)**: the client experiences swallowing concerns for time-to-time.
 - **Other (provide details text box)**: if the client has previously experienced swallowing difficulties but does not currently, or if there is anything else the client has flagged that is relevant to the assessment.

Prompts and/or observations:

- Do you have any problems swallowing your food or fluid, for example tea, coffee, water?
- Does food get stuck in your throat after chewing and swallowing?
- Do you have difficulty swallowing saliva?
- Do you constantly have a sore throat?
- Have you noticed more coughing or spluttering when eating or drinking?
- Do you have a previous diagnosis of dysphagia?

Recommendations:

- Recommendation/referral to GP.

Foot problems

Question: Any foot problems that affect your ability to walk or move about?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client is experiencing any foot problems that affect their ability to walk or move around. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is experiencing any foot problems that prevents their ability to walk or move around. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have any foot problems that impact your ability to walk or move around?

Details of foot problems

Question: Foot problems	
Response options	<ul style="list-style-type: none"> • Painful feet inclusion painful corns, arthritis • Bunions • Gout • Swollen ankles/feet • Toe deformities (hammer, mallet, and claw toes) • Fallen arches • Other
Question rules	Base question
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Foot problems

- The assessor should identify the cause of foot problems affecting the client's ability to walk or move around.

Consider and record:

- Multiple response options may be selected if the client is experiencing more than one foot problem affecting their ability to walk or move around.
- Use the below definitions to assist with the response.
 - **Painful feet inclusion painful corns, arthritis:** any unpleasant sensory feeling experienced in the foot.
 - **Bunions:** also known as hallux valgus, a deformity of the joint connecting the big toe to the foot.
 - **Gout:** a type of arthritis characterized by painful inflammation in a joint. It typically occurs due to a buildup of uric acid crystals. While the big toe is most commonly affected, gout can also impact other joints such as ankles.
 - **Swollen ankles/feet:** also known as edema, can be quite uncomfortable and may occur for various reasons.
 - **Toe deformities (hammer, mallet, and claw toes):** refer to abnormal positioning or misalignment of the bones in the toes.
 - **Fallen arches:** also known as **flat feet**, occur when the normal foot arches have partially or completely collapsed. In this condition, the inner or middle side of the foot comes down to the floor rather than remaining raised. This can cause the whole foot to roll inwards, a phenomenon known as over-pronation.
 - **Other:** any other foot problem not covered by the above response options.

Prompts and/or observations:

- What are difficulties that impact your ability to walk or move around?
- Can you please describe the foot problem that impacts your ability to walk or move about?
- Have you been to see a health professional about your foot problem? Did they give you a diagnosis?

Major skin conditions

Question: Any major skin conditions?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine if the client has any major skin conditions. • Skin is a person's protective layer. During the ageing process the skin thins and loses elasticity and moisture and is more easily susceptible to injury such as tears, ulcers and dryness. • Nutrition, mobility, cognition, falls, pain management and continence are vital to healthy skin integrity. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has major skin conditions that are a concern. • A major skin condition could be a skin condition with moderate to significant symptoms. • A response will request the assessor to provide more details. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Clients may not consider skin conditions as potential issues. Therefore, observation at assessment is important. • Colour changes in the client's skin – skin over bony areas (lower back, hips, heels, elbows, etc.) may appear reddened and may or may not blanch white when pressed. Skin may also appear bruised, having a blue, purple or black colour. • Swelling of the feet, ankles and lower limbs. • Temperature changes – compared to skin surrounding the affected area, the beginning stage of a pressure ulcer may feel warm to the touch or cool. • Changes in consistency of skin – the beginning stage of a pressure ulcer may make the affected skin feel firm to the

Question: Any major skin conditions?	
	<p>touch or may make it feel boggy. Boggy skin can best be described as feeling as though it's filled with fluid.</p> <ul style="list-style-type: none"> • Changes in sensation – the person may start complaining about pain, tingling, or itching in affected areas. • If a client has a dressing in place, ask why they have the dressing on; did they knock themselves; did they have a fall where they sustained the wound? Some dressings may not be visible. <p>Support resources:</p> <ul style="list-style-type: none"> • Skin conditions healthdirect

Major skin conditions details

Question: Select all that apply	
Response options	<ul style="list-style-type: none"> • Pressure ulcer • Other skin ulcer • Healing surgical wounds • Other skin tears, cuts and lesions • Other skin problems (e.g. bruising, rashes, itching, eczema etc) • Other, please specify
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify the types of major skin condition/s that the client is experiencing. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Multiple response options may be selected if the client is experiencing more than one major skin condition. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Pressure ulcer: Signs that a pressure ulcer is beginning to form may include colour changes, temperature changes, changes in consistency of skin or changes in sensation.

	<ul style="list-style-type: none"> ○ Other skin ulcer: Signs of other skin ulcers include open craters, often round, red, swollen and tender to touch. These can appear anywhere on the body and can be caused by a number of factors including circulatory impairment. ○ Healing surgical wounds: Signs of surgical wounds include the presence of dressings and stitches. The assessor should ask the client if they are being medically treated. ○ Other skin tears, cuts or lesions: Signs of unusual skin tears, cuts or lesions. The assessor should ask the client if they are being medically treated. ○ Other skin problems (e.g. bruises, rashes, itching, eczema): Signs can also include dry skin which can be an indicator of dehydration and a change in skin colour i.e. yellow signifies possible liver problems. ○ Other, please specify: any other major skin condition not covered in the response options listed above. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Clients may not consider skin conditions as potential issues. Therefore, observation at assessment is important. ● Colour changes in the client's skin – skin over bony areas (lower back, hips, heels, elbows, etc.) may appear reddened and may or may not blanch white when pressed. Skin may also appear bruised, having a blue, purple or black colour. ● Temperature changes – compared to skin surrounding the affected area, the beginning stage of a pressure ulcer may feel warm to the touch or cool. ● Changes in consistency of skin – the beginning stage of a pressure ulcer may make the affected skin feel firm to the touch or may make it feel boggy. Boggy skin can best be described as feeling as though it's filled with fluid. ● Changes in sensation – the person may start complaining about pain, tingling, or itching in affected areas. ● If a client has a dressing in place, ask why they have the dressing on; did they knock themselves; did they have a fall where they sustained the wound? Some dressings may not be visible. ● Ask if they have a history of swelling in their feet and ankles. ● Observe the feet and ankles for the presence of swelling.
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	<ul style="list-style-type: none"> • Where possible, perform a 10-second pitting test, which involves pressing the thumb on the top of the foot and behind the ankle bones on both feet. Observe if a dent is created. • If swelling is observed or a dent is created, a referral to a health professional is instigated for further assessment and management. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to GP or dermatologist. <p>Support resources:</p> <ul style="list-style-type: none"> • Skin conditions healthdirect • What is Lymphoedema?
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Bodily pain

Question: During the past month, has it often been too painful to do many of your day to day activities?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from triage (if it has often been too painful to do day to day activities in past month question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether the client has experienced any pain or discomfort during the past month. • Pain can be a major contributor to a person’s physical and psychological wellbeing. It is subjective. Regular pain medication is one strategy that can be effective for a client to manage their day-to-day tasks. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has often been in too much pain to do many day-to-day activities in the past month. • How the pain impacts the client’s daily activities.

Question: During the past month, has it often been too painful to do many of your day to day activities?

	<ul style="list-style-type: none"> Any strategies the client currently has in place to manage pain. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Have you experienced much pain in the last month? How often do you experience this pain? Do you find pain impacts your ability to undertake day-to-day activities? Signs of pain can include: <ul style="list-style-type: none"> Facial grimaces; Flinching or protective reactions, rubbing an area; Limping, shuffling; Avoiding certain movements or actions; Breathing and voice changes, or interruption of speech flow; Disfluency in movement; Red, swollen joints or other areas; and Signs of consumption of painkillers or alcohol to manage pain. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Recommendation/referral to GP or pain clinic.
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Details of bodily pain

Question: Please specify	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should summarise details on any pain or discomfort experienced by the client during the past month. Pain can be divided into five main categories: <ul style="list-style-type: none"> Nociceptive Pain:

	<ul style="list-style-type: none"> ▪ Somatic Pain – this pain is often described as a sharp, aching or gnawing sensation and can be localised. This type of pain can be related to complaints related to skin, muscles or bone. ▪ Visceral Pain – this pain is often described as dull, deep, and poorly localised. This type of pain can be related to body organs such as cardiac, liver or pulmonary. ○ Neuropathic Pain: This pain is often described as shooting, burning or tingling sensations and can be caused by lesions or dysfunction of the nervous system. Examples include phantom limb pain due to amputation, stroke and diabetic neuropathy. ○ Cancer Pain: The pain experienced by clients who have cancer is generally derived from the cancer itself. Pain in cancer can derive, for example, from a tumour compressing or infiltrating tissue. ○ Psychological: Psychological and or psychiatric factors are rarely the only cause of this type of pain. The severity of the reported pain can be derived from the wellness of the client in relation to their mental health. ○ Mixed or unspecific Pain: This is pain that can be related to unspecified mechanisms such as recurrent headaches or fibromyalgia. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The type of pain experienced by the client. • The cause of the pain. • The level of pain. • Where the pain occurs. • What impact the pain has on their ability to complete functional activities or ability to sleep. • Strategies used to manage the pain (e.g. medication, massage, heat/cold pack, changing position on a regular basis, sleeping upright in a chair or attendance at a pain clinic). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you share more details on how your pain impacts you? • What are some of the experiences you have with your pain? Where does the pain occur and is there anything that can be visually seen where the pain is?
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	<ul style="list-style-type: none"> • Signs of pain can include: <ul style="list-style-type: none"> ○ Facial grimaces ○ Flinching or protective reactions, rubbing an area ○ Limping, shuffling ○ Avoiding certain movements or actions ○ Breathing and voice changes, or interruption of speech flow ○ Disfluency in movement ○ Red, swollen joints or other areas ○ Signs of consumption of painkillers or alcohol to manage pain. <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to GP or pain clinic.
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Sleep

Question: Do you experience any difficulties with sleep (e.g. difficulty falling asleep, fragment sleep, insufficient sleep)?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether the client experiences any difficulties sleeping. • Sleep patterns can often change with age. Sleeping difficulties can be due to diseases such as dementia (constant wandering at night), alcohol use, congestive heart failure, depression, pain, arthritis and urinary problems. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Specify if the client has sleeping difficulties. For example, issues which may affect a client sleeping can include increased toileting, feeling worried, not being as active as they used to be, pain, drinking coffee late at night, medication (i.e. diuretics being taken after 6pm).

Question: Do you experience any difficulties with sleep (e.g. difficulty falling asleep, fragment sleep, insufficient sleep)?

	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • How many hours a night do you sleep? • What medication do you take at night and when? • How many times per night do you wake? • Have you noticed any changes to your sleep patterns? • Do you experience any pain at night? • How many times do you get up to go to the toilet? • Do you feel tired when you wake up? • Do you think you are getting enough sleep? • Do you nap during the day? • What do you do to help you fall asleep e.g. reading or a glass of sherry? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to GP or sleep clinic. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Sleep - stages, tips, disorders, apnoea healthdirect
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Sleep details

Question: Please specify

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should summarise details on any sleep difficulties being experienced by the client. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Specify details of the sleeping difficulties that the client experiences. For example, issues which may affect a client sleeping can include increased toileting, feeling worried,

	<p>not being as active as they used to be, pain, drinking coffee late at night, medication i.e. diuretics being taken after 6pm.</p> <ul style="list-style-type: none"> Record the symptoms of sleep problems. For example, difficulty falling asleep, fragmented sleep, insufficient sleep, pain impacting on sleep, difference between night and day and early morning awakening. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How many hours a night do you sleep? What medication do you take at night and when? How many times per night do you wake? Have you noticed any changes to your sleep patterns? Do you experience any pain at night? How many times do you get up to go to the toilet? Do you feel tired when you wake up? Do you think you are getting enough sleep? Do you nap during the day? What do you do to help you fall asleep e.g. reading or a glass of sherry? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Recommendation/referral to GP or sleep clinic. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Sleep - stages, tips, disorders, apnoea healthdirect
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More than six alcoholic drinks in an occasion

Question: How often do you have six or more drinks on one occasion?	
Response options	<ul style="list-style-type: none"> Never Less than monthly Monthly Weekly Daily or almost daily
Question rules	Base question
Pre-populated information	No

Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to understand how often the client has six or more drinks on one occasion. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Use standard drinks as the basis for measuring six or more drinks (i.e. one pint of full strength beer is roughly two standard drinks). One occasion could be considered as per day or per drinking session. If the client is having multiple drinking sessions per day, a drinking session would conclude when a client no longer has alcohol in their blood. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How often do you have a drink containing alcohol? How many standard drinks do you have on a typical day? How often would you have six or more drinks on one occasion? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Recommendation/referral to GP. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Alcohol healthdirect
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Details of alcohol use

Question: Details of alcohol use	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should provide further details on the client's alcohol use.

	<p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • How often the client drinks alcohol. • Any indications about the client’s drinking habits – are they social with friends/family, during meals etc. • If their drinking preferences change throughout the year or in different circumstances. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • On what occasions would you typically have more than 6 alcoholic drinks? • When do you most likely have a drink? What are you doing in these situations? • Do you drink different amounts at different times of the year? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to GP. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Alcohol healthdirect
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Smoking

Question: Do you smoke or have you smoked in the past?	
Response options	<ul style="list-style-type: none"> • Never smoked • Has quit smoking • Currently smokes
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client currently smokes or has previously smoked. <p><u>Consider and record:</u></p>

Question: Do you smoke or have you smoked in the past?	
	<ul style="list-style-type: none"> • If the client currently smokes or previously smoked in the past. • If 'has quit smoking' or 'currently smokes' is the selected response, the assessor will be prompted to ask follow up questions. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Are you a smoker? • Were you a smoker? • When did you quit? • Do you sometimes relapse into smoking? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Quitting smoking and vaping healthdirect

When did you quit smoking

Question: When did you quit smoking?	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should understand when the client quit smoking. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Record when they ceased smoking. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • When was the last time you smoked? • When did you stop smoking?

Desire to be a smoker

Question: Do you want to be a smoker?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client wishes to be a smoker. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has indicated if they wish to remain a smoker. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Have you ever considered quitting? • Are you happy with smoking or were you wanting to quit? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Referral to a quit smoking program. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Quitting smoking and vaping healthdirect

Illicit drug and/or prescription medication for non-medical reasons

Question: In the past year, have you used an illegal or prescriptive drug for non-medical reasons?	
Response options	<ul style="list-style-type: none"> • Never • Once or twice • Monthly • Weekly • Daily or almost daily
Question rules	Base question

Question: In the past year, have you used an illegal or prescriptive drug for non-medical reasons?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to understand if the client ever uses illegal drugs or prescriptive drugs for non-medical reasons? <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client has used illegal drugs or prescriptive drugs for non-medical reasons in the past year. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you find any medications or drugs that you take addictive? Are you ever tempted to use medications or drugs for non-medical purposes? How often would you take these medications or drugs? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Recommendation/referral to GP. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Overcoming addiction healthdirect

General and personal health observations

Question: General and personal health observations?	
Response options	Textbox for written response
Question rules	Base question

Question: General and personal health observations?	
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> The response will pre-populate from triage (general health notes question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Any notes from the previous questions on the client's physical and personal health. This should include a summary of key areas of unmet needs. This could include any related matters raised in response to questions. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If there was any conflicting information shared in response to the previous questions (e.g. if the client and a support person had different views to each other). Some information from triage will automatically display in this text box. It is appropriate to edit this information with new details about the assessment if required, as this will still display in the triage section.

Frailty

Falls or near falls in last 12 months

Question: Have you had any falls or near falls in the last 12 months?	
Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Whether the client has had any falls or near miss falls in the past 12 months. A near miss fall is an event where someone was at risk of falling, but due to timely intervention or luck.

Question: Have you had any falls or near falls in the last 12 months?

	<p><u>Consider:</u></p> <ul style="list-style-type: none"> • The number of falls and/or near misses. • The cause of the falls (e.g. a trip, slip, fainting or dizziness). • Contributing factors to the fall (e.g. vision impairment, injury, feet and footwear etc.). • Where the falls occurred. • Whether the client injured themselves or required medical attention/admission to hospital. • If the client’s GP is aware of the falls. • If the client has attended a falls clinic. • Whether the client is afraid of falling. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Have you had any slips, trips, falls or near miss falls recently? • When did you last have a fall or a near miss fall?
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Number of falls or near falls in last 12 months

Question: How many falls or near falls in the last 12 months?

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine how many falls or near miss falls that the client has experienced in the last 12 months. • This could be an estimate if there have been a number of experiences over this timeframe. • A near miss fall is an event where someone was at risk of falling, but due to timely intervention or luck. <p><u>Consider:</u></p> <ul style="list-style-type: none"> • The number of falls and/or near misses. • The cause of the falls (e.g. a trip, slip, fainting or dizziness).

	<ul style="list-style-type: none"> • Contributing factors to the fall (e.g. vision impairment, injury, feet and footwear etc.). • Where the falls occurred. • Whether the client injured themselves or required medical attention/admission to hospital. • If the client’s GP is aware of the falls. • If the client has attended a falls clinic. • Whether the client is afraid of falling. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Have you had any slips, trips, falls or near miss falls recently? • When did you last have a fall or a near miss fall?
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Falls or near falls in last 4 weeks

Question: Have you had any falls or near falls in the last 4 weeks?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from triage (question on falls or near miss falls in last four weeks)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Whether the client has had any falls or near miss falls in the past four weeks. • A near miss fall is an event where someone was at risk of falling, but due to timely intervention or luck. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The number of falls and/or near misses. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Have you had any slips, trips, falls or near miss falls recently? • When did you last have a fall or a near miss fall?

Number of falls or near falls in last 4 weeks

Question: How many falls or near falls in last 4 weeks?	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to determine how many falls or near miss falls that the client has experienced in the last four weeks. This could be an estimate if there have been a number of experiences over this timeframe. A near miss fall is an event where someone was at risk of falling, but due to timely intervention or luck. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The number of falls and/or near misses. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Have you had any slips, trips, falls or near miss falls recently? When did you last have a fall or a near miss fall?

Assessor notes about falls

Question: Assessors notes about falls	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should include a summary of details shared by the client on falls or near miss falls.

Question: Assessors notes about falls

	<ul style="list-style-type: none"> • A near miss fall is an event where someone was at risk of falling, but due to timely intervention or luck. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The number of falls and/or near misses. • The cause of the falls (e.g. a trip, slip, fainting or dizziness). • Contributing factors to the fall (e.g. vision impairment, injury, feet and footwear etc.). • Where the falls occurred. • Whether the client injured themselves or required medical attention/admission to hospital. • If the client’s GP is aware of the falls. • If the client has attended a falls clinic. • Whether the client is afraid of falling. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have any concerns about falls in your current living arrangement? • Are there any common causes for your falls or near miss falls? • Do the falls or near miss falls typically happen in similar locations? • Have you injured yourself from a fall? • What treatment have you received from a fall? • Are you seeing any health professional to try to minimise falls in the future?
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Unintentional weight loss in last three months

Question: Have you unintentionally lost in any weight in the last three months?

Response options	<ul style="list-style-type: none"> • No weight loss • 1-5 kgs or less than 5% of body weight • More than 5kg or more than 5% of body weight
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Have you unintentionally lost in any weight in the last three months?

- The assessor should seek to identify if the client has had any unintentional weight loss over the last three months.
- Unplanned weight loss happens when someone loses a significant amount of weight, without deliberately being on a weight loss plan.
- Unplanned weight loss is likely to lower a person's general wellbeing and quality of life. It can also increase their risk of serious health issues such as hip fracture, poor wound healing and malnutrition.

Consider and record:

- If the client has had any unintentional weight loss over the last three months.

Prompts and/or observations:

- Have you gained or lost weight recently?
- How long have you been at your current weight?
- Have any of your friends or family commented on your weight recently?
- Have circumstances affected what you eat, how you prepare meals or difficulties with shopping?
- Have you had a change in appetite lately?
- Has your interest in food changed recently?

Recommendations:

- Recommendation/referral to GP or dietitian.

Fatigue over last four weeks**Question: How much of your time in the past 4 weeks did you feel tired?**

Response options	<ul style="list-style-type: none"> • All the time • Some, a little or none of the time
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: How much of your time in the past 4 weeks did you feel tired?

	<ul style="list-style-type: none"> The assessor should seek to understand if the client is impacted by fatigue in the last four weeks. Fatigue is a feeling of constant exhaustion, burnout, or lack of energy. It can manifest as physical fatigue, mental fatigue, or a combination of both. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client has experienced much fatigue over the last four weeks. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How often do you feel tired? Have you had any issues with tiredness lately? What is the cause of any tiredness? Do you feel exhausted, burnt out or lack energy? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Fatigue healthdirect
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Difficulty walking up to 10 steps without resting over last four weeks

Question: In the past 4 weeks, by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?

Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to understand if the client has any recent difficulty walking up 10 stairs without resting. This question is based on the client’s ability <u>without</u> any aids. <p><u>Consider and record:</u></p>

Question: In the past 4 weeks, by yourself and not using aids, do you have any difficulty walking up 10 steps without resting?

	<ul style="list-style-type: none"> If the client can walk up 10 stairs without resting and without needing an aid. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Are you able to travel up stairs? How many flights of stairs would you find difficult to walk up? How do you travel up stairs? Do you need to rest after travelling up stairs? Has there been any changes in your ability to walk up stairs in the past four weeks?
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Difficulty walking 300 metres or around the block over last four weeks

Question: In the past 4 weeks, by yourself and not using aids, do you have any difficulty walking 300 m or around the block?

Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to understand if the client has any recent difficulty walking 300 metres or around the block This question is based on the client's ability <u>without</u> any aids. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client can walk 300 metres or around the block. Use 300 metres as the basis for this question if a block for the client is not roughly this distance. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How far do you think you can walk before you need a rest? Are you able to walk a few hundred metres?

Question: In the past 4 weeks, by yourself and not using aids, do you have any difficulty walking 300 m or around the block?

- Has there been any changes in your ability to walk in the past four weeks?

Illnesses

Question: Does the client have any of these illnesses?

Response options

- Hypertension
- Diabetes
- Cancer (not a minor skin cancer)
- Chronic lung disease
- Heart attack
- Congestive heart failure
- Angina
- Asthma
- Arthritis
- Kidney disease

Question rules

Base question

Pre-populated information

No

Response guidance

Context:

- The assessor should identify any illnesses being experienced by the client.

Consider and record:

- Multiple response options may be selected if the client is experiencing more than one major skin condition.
- Use the below definitions to assist with the response.
 - **Hypertension:** commonly known as high blood pressure, a condition where the force of blood against the walls of your arteries is consistently too high.
 - **Diabetes:** also known as diabetes mellitus, a condition characterized by elevated levels of glucose (a type of sugar) in the blood.
 - **Cancer (not a minor skin cancer):** a disease that originates from the body's cells. Normally, cells grow and multiply in a controlled manner. However, sometimes these cells

Question: Does the client have any of these illnesses?

	<p>become abnormal and continue to grow unchecked. These abnormal cells can form a mass called a tumour. The term “cancer” actually encompasses about 100 different diseases.</p> <ul style="list-style-type: none"> ○ Chronic lung disease: refers to a group of long-term conditions that affect the lungs, making it difficult to breathe. These conditions can worsen over time and significantly impact daily activities. ○ Heart attack: also known as a myocardial infarction, occurs when the blood supply to a part of the heart muscle is suddenly blocked. ○ Congestive heart failure: a chronic condition where the heart’s ability to pump blood efficiently is compromised. ○ Angina: also known as angina pectoris, a condition characterized by chest pain or discomfort. ○ Asthma: a common condition that affects the airways in your lungs. People with asthma have sensitive airways that become inflamed when exposed to triggers. ○ Arthritis: a term that encompasses a group of conditions affecting the joints in your body. These conditions cause damage to the joints, often resulting in discomfort and pain. ○ Kidney disease: also known as chronic kidney disease (CKD), involves a gradual loss of kidney function. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Are you experiencing any of these illnesses? (run through list)
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Assessor observations on frailty

Question: Assessors notes about frailty

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No

Question: Assessors notes about frailty**Response guidance**Context:

- This is to provide a holistic summary of any frailty concerns for the client.

Consider and record:

- Additional details on all concerns raised by the client on falls, near miss falls, unintentional weight loss, fatigue and difficulty walking.

Prompts and/or observations:

- Can you please share some more details about some of the concerns you have raised?
- How long have you been experiencing the concern?
- Have you been to see a health professional about your concern?
- How does the concern impact you day-to-day?
- Is there anything else you do to manage the concern?

Social section

The purpose of the social section of the IAT is to explore any client concerns relating to their family, community engagement and support circumstances, if flagged by the client.

Feeling lonely, down or socially isolated

Question: Do you ever feel lonely, down or socially isolated?	
Response options	<ul style="list-style-type: none"> • No, not at all • Occasionally • Sometimes • Most of the time • Not sure
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> • The response will pre-populate from triage (ever feel lonely, down or socially isolated question)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to understand if the client ever feels lonely, down or socially isolated. • Feelings of loneliness can be expressed as feeling lonesome, alone, deserted or isolated from friends/family/their community. • Feeling lonely can be draining, distracting and upsetting. • The older population will sometimes seek companionship in an animal and this can alleviate loneliness. • It is important to understand a client's loneliness in regards to how they want to alleviate this feeling. • Social isolation is a major and prevalent health problem among older adults living in the community. It is defined as 'a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and they are deficient in fulfilling and quality relationships.' • Examples of social_isolation include: <ul style="list-style-type: none"> ○ Living arrangements where the person lives alone and has limited or no support from family, friends or neighbours ○ Limited or no social contact through organisations such as church groups, sporting, or social clubs.

Question: Do you ever feel lonely, down or socially isolated?

- Where a person's capacity to live at home is at risk due to their geographic isolation and associated difficulties with effective service provision.

Consider and record:

- Consider the client's perception in response to this question, rather than the client's current social situation or other factors.
- Use the below definitions to assist with the response.
 - **No, not at all:** the client never feels lonely, down or socially isolated.
 - **Occasionally:** the client feels lonely, down and/or socially isolated on very few occasions, but this does not concern them.
 - **Sometimes:** the client feels lonely, down and/or socially isolated on more than a few occasions.
 - **Most of the time:** the client often feels lonely, down and/or socially isolated.
 - **Not sure:** the client is not sure if they feel lonely, down and/or socially isolated or the assessor is hearing conflicting information.

Prompts and/or observations:

- When was the last time you went on an outing?
- What hobbies have you enjoyed doing? Do you still do them?
- Have there been any changes to your usual daily routine?
- Do you have a group of friends that you see regularly?
- Are you happy with your social situation?
- Do you ever feel that you would like to do more with others socially?
- Do you ever feel a bit isolated from being able to participate in social activities?
- Would you say you ever feel lonely on occasion? How often do you feel this way?
- Would you say you ever feel down on occasion? How often do you feel this way?

Validated tool: Good Spirit Good Life

Context:

The **Good Spirit Good Life** validated tool is for use with First Nations clients.

Instructions and interpretation:

Before commencing the validated tool, please clarify with the client that you would like to ask some questions on how they feel about their life today. There are no right or wrong answers.

Assessors should use their judgement on how to ask questions and requests related to this validated tool. Assessors will need to consider the circumstances and background of clients when following the validated tool questions, and ensure they are:

- Being mindful of appropriate and understandable language;
- Adapting questions to the context that is appropriate; and
- Making alternative prompts or suggestions where needed.

Most questions have the below response options. If answer provided is 'yes', prompt further with 'all the time', 'most of the time' or 'sometimes'. If answer provided is 'no', prompt further with 'not much' or 'never'.

Please note that an overall score is not used for the assessment, and recommendations and strategies from the client's outcomes from the validated tool are based on each individual response (i.e. those indicated as 'not much' or 'never').

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer the validated tool with a client at an assessment.
- Guidance on Good Spirit Good Life is available at: <https://www.aboriginalageingwellresearch.com/gsgl-resources> (registration required to view)

Family and friends

Question: Do you get to have a yarn and spend time with family or friends?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never

Question: Do you get to have a yarn and spend time with family or friends?	
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Country

Question: Do you feel you spend enough time connecting to country?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Community

Question: Do you feel connected to the Aboriginal community?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Culture

Question: Do you feel connected to cultural ways?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes

Question: Do you feel connected to cultural ways?	
	<ul style="list-style-type: none"> • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Health

Question: Do you do things to take care of your health?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Respect

Question: Do you feel respected and valued as an elder/older person?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Elder role

Question: Do you feel you can share your knowledge and stories with the younger mob?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Support and services

Question: Do you feel the services you use are respectful and support your needs?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Safety and security

Question: Do you feel you have a safe place to live?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Spirituality

Question: Do you feel safe and supported in your spiritual beliefs?	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Future planning

Question: Do you feel you have things in place as you grow older? (e.g. your future health and care, funeral wishes, family looked after).	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Specialised question for a specialist assessor only. This question should only be completed by specialist assessors with appropriate cultural safety experience
Pre-populated information	No

Basic needs

Question: Do you feel you have enough money to get by? (e.g. for food, housing, clothing).	
Response options	<ul style="list-style-type: none"> • All the time • Most of the time • Sometimes • Not much • Never
Question rules	Specialised question for a specialist assessor only. This question should only be completed by specialist assessors with appropriate cultural safety experience

Question: Do you feel you have enough money to get by? (e.g. for food, housing, clothing).

**Pre-populated
information**

No

Validated tool: Duke Social Support Index – Social Interaction Subscale

Context:

The **Duke Social Support Index**⁹ (DSSI) intends to capture essential components of social support related to mental health outcomes and the use of health services in treating older individuals with non-psychiatric medical illnesses.

The DSSI was developed in the United States as a brief, easily administered instrument to determine an individual's level of social support. The DSSI explores two social elements – social interaction, and satisfaction with social support.

Instructions and interpretation:

The DSSI is not mandatory but anticipated to be used for most clients. The DSSI may not be culturally appropriate in some client cohorts (e.g., First Nations people, clients who have experienced adverse effects of institutionalisation, and/or systems abuse).

The assessor should view the client's record to see if there is any related information, and consider completing other sections of the IAT first (such as support considerations) to gauge if this validated tool is appropriate.

If the validated tool is appropriate, assessors should also use their judgement on how to ask questions and requests related to this validated tool. Assessors will need to consider the circumstances and background of clients when following the validated tool questions, and ensure they are:

- Being mindful of appropriate and understandable language;
- Adapting questions to the context that is appropriate; and
- Making alternative prompts or suggestions where needed.

Additional information and training resources:

⁹ Landerman et al. D.G. (1989), Alternative models of the stress buffering hypothesis. American Journal of Community Psychology, 17: 625-642. <https://doi.org/10.1007/BF00922639>

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer this validated tool with a client at an assessment.
- Guidance on the DSSI is available at <https://alswh.org.au/wp-content/uploads/2020/08/DDSSection2.7DSSI.pdf>

People in your local area that you can depend on or feel close to

Question: Other than members of your family, how many persons in your local area do you feel you can depend on or feel very close to?	
Response options	<ul style="list-style-type: none"> • None • 1-2 people • More than 2 people
Question rules	Base question
Pre-populated information	No

Spending time with someone who does not live with you

Question: How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?	
Response options	<ul style="list-style-type: none"> • None • Once • Twice • Three times • Four times • Five times • Six times • Seven or more times
Question rules	Base question
Pre-populated information	No

Number of times you communicated with someone in past week

Question: How many times did you talk or communicate to someone, friends, relatives or others on the telephone, mobile (e.g. text message) or social media (e.g. Facebook, snapchat, Instagram) in the past week (either they contacted you or you contacted them)

Response options	<ul style="list-style-type: none"> • None • Once • Twice • Three times • Four times • Five times • Six times • Seven or more times
Question rules	Base question
Pre-populated information	No

Number of times going to a meeting or other group in past week

Question: About how often did you go to meetings of clubs, religious meetings or other groups that you belong to in the past week?

Response options	<ul style="list-style-type: none"> • None • Once • Twice • Three times • Four times • Five times • Six times • Seven or more times
Question rules	Base question
Pre-populated information	No

Does it seem family and friends understand you

Question: Does it seem that your family and friends (people who are important to you) understand you?

Response options	<ul style="list-style-type: none"> • Hardly ever • Some of the time
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Question: Does it seem that your family and friends (people who are important to you) understand you?	
	<ul style="list-style-type: none"> • Most of the time
Question rules	Base question
Pre-populated information	No

Feeling useful to your family and friends

Question: Do you feel useful to your family and friends (people important to you)?	
Response options	<ul style="list-style-type: none"> • Hardly ever • Some of the time • Most of the time
Question rules	Base question
Pre-populated information	No

Know what is going on with your family and friends

Question: Do you know what is going on with your family and friends?	
Response options	<ul style="list-style-type: none"> • Hardly ever • Some of the time • Most of the time
Question rules	Base question
Pre-populated information	No

Feeling of being listened to when talking with your family and friends

Question: When you are talking with your family and friends, do you feel you are being listened to?	
Response options	<ul style="list-style-type: none"> • Hardly ever • Some of the time • Most of the time
Question rules	Base question
Pre-populated information	No

Feeling of having a definite role with your family and friends

Question: Do you feel you have a definite role (place) in your family and among your friends?	
Response options	<ul style="list-style-type: none"> • Hardly ever • Some of the time • Most of the time
Question rules	Base question
Pre-populated information	No

Talking about your deepest problems with a family or friend

Question: Can you talk about your deepest problems with at least some of your family and friends?	
Response options	<ul style="list-style-type: none"> • Hardly ever • Some of the time • Most of the time
Question rules	Base question
Pre-populated information	No

Satisfaction with relationship with your family and friends

Question: How satisfied are you with the kinds of relationships you have with your family and friends?	
Response options	<ul style="list-style-type: none"> • Very dissatisfied • Somewhat dissatisfied • Satisfied
Question rules	Base question
Pre-populated information	No

Assessor observation about family, community engagement and support

Question: Assessors observation about family, community engagement and support	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This is to provide a holistic summary about the client's family, community engagement and support network. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is regularly in touch with family. If the client is engaged in their local community. If the client is regularly in touch with other people in their support network. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you keep in touch with your family? Do you find your family helpful? Do you do anything in your local community? What activities do you do? Do you have any appetite to do activities in your local community? Do you have a good support network that you can turn to when you need help? Do you feel comfortable asking your family or support network for help?

Cognition section

The purpose of this section is to explore any cognition limitations being experienced by the client.

Confirmed dementia diagnosis from a geriatrician or neurologist

Question: Does client have a confirmed dementia diagnosis from a geriatrician or neurologist?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client has a confirmed dementia diagnosis from a geriatrician or neurologist. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client has a confirmed dementia diagnosis from a geriatrician or neurologist. • Dementia is a term used to describe a group of symptoms that affect the brain, interfering with daily life. It is not one specific disease. Here are some key points about dementia: <ul style="list-style-type: none"> ○ Symptoms: include memory loss, difficulty in communication, reduced ability to organise, plan, reason, or solve problems, difficulty handling complex tasks, confusion and disorientation, difficulty with coordination and motor functions, loss of or reduced visual perception. ○ Psychological changes: changes in personality and behaviour, depression, anxiety, hallucinations, mood swings, agitation, and apathy (lack of interest or emotions) are also observed. ○ Causes: Damage to brain cells is the primary cause of dementia. Causes for this damage include advanced age, family history, damage to blood vessels of the brain, accumulation of clumps of

Question: Does client have a confirmed dementia diagnosis from a geriatrician or neurologist?

protein in the brain, genetic disorders such as Huntington's disease, mental and neurological disorders such as Parkinson's disease and depression, traumatic brain injury, infections which cause high fever, metabolic disorders such as thyroid problems and diabetes, certain medications, vitamin deficiencies, poisoning with heavy metals or pesticides, alcohol abuse, brain tumour or cancer, and enlarged structures of the brain.

- **Diagnosis:** aims at finding at least two impaired mental functions that interfere with daily activities. Doctors may order several tests to confirm the diagnosis.
- **Treatment:** Most types of dementia cannot be cured. Treatments aim at reducing symptoms and progression of the condition.

Prompts and/or observations:

- This may be a sensitive question to discuss with the client, and the assessor should manage this sensitivity carefully.
- Some of the below links may assist with appropriate prompts and/or observations for this question.
 - [Tests used in diagnosing dementia | healthdirect](#)
 - [Disorientation - symptoms, treatments and causes | healthdirect](#)
 - [Confusion - symptoms, causes and prevention | healthdirect](#)
 - [Delirium – symptoms, diagnosis and treatment | healthdirect](#)
 - [Brain fog | healthdirect](#)
 - [Worried about your memory? | healthdirect](#)

Support resources:

- [Dementia | healthdirect](#)
- [Living with dementia | healthdirect](#)
- [BrainTrack App | healthdirect](#)

Suitability to complete the KICA Cog

Question: Is it suitable the client complete the KICA COG?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use the KICA COG with First Nations clients only when it would be culturally appropriate to do so, and the assessor has appropriate cultural safety training and experience. • The questions in the KICA COG may be sensitive for the client, so it is important that an assessor is cautious of these potential sensitivities when administering this validated tool. • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how and when to administer this validated tool with a client at an assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor's judgement on the appropriateness of administering the KICA COG with the client at assessment. • If the client is able and willing to complete the KICA COG at assessment.

Suitability to complete the KICA Cog regional urban

Question: Is it suitable the client complete the KICA COG regional urban?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p>

Question: Is it suitable the client complete the KICA COG regional urban?

	<ul style="list-style-type: none"> • An assessor should use the KICA COG regional urban with First Nations clients only when it would be culturally appropriate to do so, and the assessor has appropriate cultural safety training and experience. • The questions in the KICA COG regional urban may be sensitive for the client, so it is important that an assessor is cautious of these potentially sensitivities when administering this validated tool. • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how and when to administer this validated tool with a client at an assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor’s judgement on the appropriateness of administering the KICA COG regional urban with the client at assessment. • If the client is able and willing to complete the KICA COG regional urban at assessment.
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Suitability to complete Step 1 GP Cog

Question: Is it suitable the client complete the Step 1 GP Cog?

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use Step 1 GP Cog if it is appropriate to screen for dementia. Step 1 is conducted with the client. • An assessor should be aware that there may be more culturally appropriate cognition screening tools for First Nations clients with the KICA Cog or the KICA Cog urban regional (which should also only be used in culturally appropriate and if the assessor has appropriate cultural safety training and experience). • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how

Question: Is it suitable the client complete the Step 1 GP Cog?	
	<p>and when to administer this validated tool with a client at an assessment.</p> <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor’s judgement on the appropriateness of administering the Step 1 GP Cog with the client at assessment. • If the client is able and willing to complete the Step 1 GP Cog at assessment.

Informant available to complete Step 2 GP Cog

Question: Is there an informant available to complete GPCog – Step 2?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Base question that is mandatory to complete.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use Step 2 GP Cog if it is appropriate to undertake follow up screening for dementia. Step 2 is conducted with an appropriate support person if recommended based on the results from Step 1 GP Cog. • An assessor should be aware that there may be more culturally appropriate cognition screening tools for First Nations clients with the KICA Cog or the KICA Cog urban regional (which should also only be used in culturally appropriate and if the assessor has appropriate cultural safety training and experience). • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how and when to administer this validated tool with a client at an assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor’s judgement on the appropriateness of administering the Step 2 GP Cog with the client at

Question: Is there an informant available to complete GPCog – Step 2?

	<p>assessment (note a Step 2 GP Cog can only be undertaken by a clinical assessor).</p> <ul style="list-style-type: none"> • If the client is able and willing to complete the Step 2 GP Cog at assessment.
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Informant available to complete KICA carer**Question: Is there is an informant available to complete KICA carer?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Base question that is mandatory to complete</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use the KICA carer with First Nations clients only when it would be culturally appropriate to do so, and the assessor has appropriate cultural safety training and experience. • The questions in the KICA carer may be sensitive for the client, so it is important that an assessor is cautious of these potential sensitivities when administering this validated tool. • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how and when to administer this validated tool with a client at an assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor's judgement on the appropriateness of administering the KICA carer with the client at assessment. • If the client is able and willing to complete the KICA carer at assessment.

Validated tool: Step 1 GP Cog**Context:**

The **GP-Cog** is a reliable, valid, and efficient instrument to screen for dementia. The GP-Cog score is not influenced by the cultural and linguistic background of a person making it an invaluable screening tool especially in multicultural patient settings.

Instructions and interpretation:

Assessor should read out each question as it is presented. However, assessors should use their judgement on requests related to this validated tool and will need to consider the circumstances and background of clients when following questions.

The GP-Cog Step 1 scores one point for each correct answer with a total maximum score of nine. A score of nine indicates no significant cognitive impairment. A total score of five to eight indicates more information is required, if the client scores zero to four, cognitive impairment is indicated, and further investigation is warranted. In short, if one of the answers is incorrect, further cognitive assessment is triggered.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer this validated tool with a client at an assessment.
- Guidance on the GP-Cog is available at gpcog.com.au.

Confirmation of date

Question: What is the date? (exact only)	
Response options	<ul style="list-style-type: none"> • Correct • Incorrect
Question rules	<p>Threshold questions are mandatory to complete. If the client has answered any of the questions in GPCog- Step 1 incorrectly, GPCog Step 2 and subsequent Extended Cognitive Assessment section must be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Mark in all numbers to indicate the hours of a clock

Question: Please mark in all the numbers to indicate the hours of a clock (correct spacing required)	
Response options	<ul style="list-style-type: none"> • Correct • Incorrect
Question rules	<p>Threshold questions are mandatory to complete. If the client has answered any of the questions in GPCog- Step 1 incorrectly, GPCog Step 2 and subsequent Extended Cognitive Assessment section must be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Mark in time to show 10 minutes past eleven o'clock

Question: Please mark in hands to show 10 minutes past eleven o'clock (11:10)	
Response options	<ul style="list-style-type: none"> • Correct • Incorrect
Question rules	<p>Threshold questions are mandatory to complete. If the client has answered any of the questions in GPCog- Step 1 incorrectly, GPCog Step 2 and subsequent Extended Cognitive Assessment section must be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Something that has happened in the news recently

Question: Can you tell me something that happened in the news recently?	
Response options	<ul style="list-style-type: none"> • Correct • Incorrect
Question rules	<p>Threshold questions are mandatory to complete. If the client has answered any of the questions in GPCog- Step 1 incorrectly, GPCog Step 2 and subsequent Extended Cognitive Assessment section must be completed.</p> <p>This question will be presented to all assessors.</p>

Pre-populated information	No
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Name and address to remember

Question: What was the name and address I asked you to remember?	
Response options	<ul style="list-style-type: none"> • Correct • Incorrect for one of the following items: <ul style="list-style-type: none"> ○ John ○ Brown ○ West Street ○ Kensington ○ 42
Question rules	<p>Threshold questions are mandatory to complete. If the client has answered any of the questions in GPCog- Step 1 incorrectly, GPCog Step 2 and subsequent Extended Cognitive Assessment section must be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Validated tool: Step 2 GP Cog

Context:

The **GP-Cog** is a reliable, valid, and efficient instrument to screen for dementia. The GP-Cog score is not influenced by the cultural and linguistic background of a person making it an invaluable screening tool especially in multicultural patient settings.

Instructions and interpretation:

The GP-Cog Step 2 is undertaken with the client's support person/carer if the client scores five to eight on the GP-Cog Step1 or is unable to complete GP-Cog Step 1.

The support person/carer is asked a series of six questions comparing aspects of the client's cognitive ability to five to ten years ago. A score of four to six indicates no significant cognitive impairment while a score of zero to three indicates cognitive impairment.

Assessors should use their judgement on how to ask questions and requests related to this validated tool. Assessors will need to consider the circumstances and background of the support person and client when following the validated tool questions, and ensure they are:

Being mindful of appropriate and understandable language;
 adapting questions to the context that is appropriate; and
 Making alternative prompts or suggestions where needed.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer this validated tool with a client at an assessment.
- Guidance on the GP-Cog is available at gpcog.com.au.

Informant’s name

Question: Informant’s name	
Response options	<ul style="list-style-type: none"> • Textbox for written response
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Date of informant interview

Question: Date of informant interview	
Response options	<ul style="list-style-type: none"> • Enter date into calendar
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Trouble remembering things that have happened recently

Question: Does the patient have more trouble remembering things that have happened recently than s/he used to?	
Response options	<ul style="list-style-type: none"> • Yes • No • Don't know • Not applicable
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Trouble recalling conversations a few days later

Question: Does he or she have more trouble recalling conversations a few days later?	
Response options	<ul style="list-style-type: none"> • Yes • No • Don't know • Not applicable
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Question: When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?	
Response options	<ul style="list-style-type: none"> • Yes • No • Don't know • Not applicable
Question rules	This question will be presented to all assessors.

	If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.
Pre-populated information	No

Manage money and financial affairs

Question: Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?	
Response options	<ul style="list-style-type: none"> • Yes • No • Don't know • Not applicable
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Assistance with transport (either private or public)

Question: Does the patient need more assistance with transport (either private or public)? (If the patient has difficulties due only to physical problems, e.g. bad leg, tick 'no')	
Response options	<ul style="list-style-type: none"> • Yes • No • Don't know • Not applicable
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Validated tool: KICA Cog

Context:

The Kimberley Indigenous Cognitive Assessment (KICA – COG) is the only validated dementia Assessment tool for older Indigenous Australians. It is recommended for use with rural and remote Indigenous Australians aged 45 years and above for whom other dementia assessments are not suitable.

The KICA was adapted from cognitive assessment tools in current use and refined after extensive consultation with community members of the Kimberley, including members of the Kimberley Aboriginal Medical Service Council (KAMSC), Kimberley Aged and Community Services (KACS), Kimberley Interpreting Service (KIS), psychologists and linguists.

The KICA was translated into Walmajarri, a commonly used language originating from a desert area of the Kimberley. The KICA was validated with older Indigenous people of the Kimberley to assess cognitive status.

Instructions and interpretation:

The KICA-COG requires five common items – a comb, pannikin/cup, box of matches, plastic bottle (with top), and a watch/timer. A set of pictures are required to be presented to the client in order to assess visual naming, free recall and cued recall. Since language skills are being assessed, a trainer interpreter is recommended.

The KICA-Cog is out of 39. A score of 33 or below indicates possible dementia and a referral to a GP is recommended.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer this validated tool with a client at an assessment.
- [Kimberley Indigenous Cognitive Assessment](#)
- [Instruction Booklet](#)

Orientation

Topic: Orientation	
Questions	I'd like to see if you can remember things. I'll ask you some questions.

Topic: Orientation	
	<ul style="list-style-type: none"> • Is this week pension/pay week? • What time of year is it now? • What is the name of this community/place?
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Recognition and naming

Topic: Recognition and naming	
Questions	Hold up each item in turn and ask – what do you call this? <ul style="list-style-type: none"> • Comb • Pannikin (cup) • Matches Hold up each item in turn and ask – what is this one for? <ul style="list-style-type: none"> • Comb • Pannikin (cup) • Matches
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Registration

Topic: Registration	
Questions	<ul style="list-style-type: none"> • Tell me those things I showed you
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Verbal comprehension

Topic: Verbal comprehension	
Questions	<ul style="list-style-type: none"> • Shut your eyes

Topic: Verbal comprehension	
	<ul style="list-style-type: none"> First point to the sky and then point to the ground (1 point for each)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Verbal fluency

Topic: Verbal fluency	
Questions	<ul style="list-style-type: none"> Tell me the names of all the animals that people hunt.
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Recall

Topic: Recall	
Questions	From previous exercise when each object was hidden. <ul style="list-style-type: none"> Where did I put the comb? Where did I put the matches? Where did I put the pannikin?
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Visual naming

Topic: Recall	
Questions	<ul style="list-style-type: none"> I'll show you some pictures. You tell me what they are. Remember these pictures for later on. (boy, emu, billy/fire, crocodile, bicycle)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Frontal/executive function

Topic: Frontal/executive function	
Questions	<ul style="list-style-type: none"> Look at this. Now you copy.
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Free recall

Topic: Free recall	
Questions	<ul style="list-style-type: none"> You remember those pictures I showed you before? What were those pictures? Tell me. (show boomerang as example)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Cued recall

Topic: Cued recall	
Questions	<ul style="list-style-type: none"> Which one did I show you before? (one of three pictures, use boomerang as example)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Praxis

Topic: Praxis	
Questions	<ul style="list-style-type: none"> Open this bottle and pour water into this cup Show me how to use this comb
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Validated tool: KICA Cog Regional Urban

Context:

The **KICA – Cog Regional Urban** is a validated dementia assessment tool for older Indigenous Australians. It is recommended for Indigenous Australians aged 45 years and above for whom other dementia assessments are not suitable.

The KICA was adapted from cognitive assessment tools in current use and refined after extensive consultation with community members of the Kimberley, including members of the Kimberley Aboriginal Medical Service Council (KAMSC), Kimberley Aged and Community Services (KACS), Kimberley Interpreting Service (KIS), psychologists and linguists.

Instructions and interpretation:

The KICA-Cog requires five common items – as outlined in the questions. A set of pictures are required to be presented to the client in order to assess visual naming, free recall and cued recall. Since language skills are being assessed, a trainer interpreter is recommended.

Assessor should read out each question as it is presented. However, assessors should use their judgement on requests related to this validated tool and will need to consider the circumstances and background of clients when following questions.

The KICA-Cog is scored out of 39, with each correct answer representing one point. A score of 33 (six incorrect answers) or below indicates possible dementia and a referral to a GP is recommended.

The regional urban version includes tailored questions for the setting.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer this validated tool with a client at an assessment.
- Guidance on the KICA Cog Urban Regional is available at [Indigenous Cognitive Assessment: Regional and Urban KICA | National Ageing Research Institute Limited \(nari.net.au\)](https://nari.net.au/indigenous-cognitive-assessment-regional-urban-kica)

Orientation

Topic: Orientation	
Questions	I'd like to see if you can remember things. I'll ask you some questions. <ul style="list-style-type: none"> • Is this week pension/pay week? • What time of year is it now? • What is the name of this community/place?
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Recognition and naming

Topic: Recognition and naming	
Questions	Hold up each item in turn and ask – what do you call this? <ul style="list-style-type: none"> • Comb • Pannikin (cup) • Matches Hold up each item in turn and ask – what is this one for? <ul style="list-style-type: none"> • Comb • Pannikin (cup) • Matches
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Registration

Topic: Registration	
Questions	<ul style="list-style-type: none"> • Name me those things I showed you
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Verbal comprehension

Topic: Verbal comprehension	
Questions	<ul style="list-style-type: none"> Shut your eyes First point to the sky/ceiling (if indoors) and then point to the ground/floor (if indoors) (1 point for each)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Verbal fluency

Topic: Verbal fluency	
Questions	<ul style="list-style-type: none"> Tell me the names of as many different animals as you can. We'll see how many different animals you can name. Ready?
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Recall

Topic: Recall	
Questions	From previous exercise when each object was hidden. <ul style="list-style-type: none"> Where did I put the comb? Where did I put the matches? Where did I put the pannikin?
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Visual naming

Topic: Recall	
Questions	<ul style="list-style-type: none"> I'll show you some pictures and you tell me what they are. Let's practice. Show guitar. Point to picture and ask 'what is this?' (don't include in score)

Topic: Recall	
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Frontal/executive function

Topic: Frontal/executive function	
Questions	<ul style="list-style-type: none"> Look at this. Now you copy.
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Free recall

Topic: Free recall	
Questions	<ul style="list-style-type: none"> Do you remember those pictures I showed you before? What were those pictures? Tell me. (show boomerang as example)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Cued recall

Topic: Cued recall	
Questions	<ul style="list-style-type: none"> Which one did I show you before? (one of three pictures, use boomerang as example)
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Praxis

Topic: Praxis	
Questions	<ul style="list-style-type: none"> • Open this bottle and pour water into this cup • Show me how to use this comb
Question rules	Question for assessors with experience working with First Nations clients
Pre-populated information	No

Extended cognitive assessment

The below extended cognition assessment questions are completed if the results from the completed base cognition questions and validated tools indicate cognitive impairment.

Short term memory problems

Question: Short term memory problems	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client is experiencing any short-term memory problems. • When a client experiences short term memory loss, they can remember incidents from 20 years ago but are unable, for example, to remember details of events that happened 20 minutes ago. Each client may have different time deficits. <p><u>Consider and record:</u></p>

Question: Short term memory problems

	<ul style="list-style-type: none"> • If the client may be experiencing any short-term memory problems. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client is experiencing any short-term memory problems or the assessor has received conflicting information. ○ Never: the client is never experiencing short-term memory problems. ○ Occasionally: the client experiences short-term memory problems on a few occasions. ○ Regularly: the client is regularly experiencing short-term memory problems (often). ○ Always: the client is always experiencing short-term memory problems. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you sometimes find it difficult to remember things? • Do you find it easy to remember memories from when you were younger? • Do you find it easy to remember events from the day or the week before? • Observations to look for: <ul style="list-style-type: none"> ○ Asking the same questions repeatedly. ○ Difficulty following directions. ○ Increased confusion about time, people and places. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Dementia - early signs, symptoms, treatment and statistics healthdirect
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Long term memory problems

Question: Long term memory problems

Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	This question will be presented to all assessors.

	If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client is experiencing any long-term memory problems. • In contrast to short term memory problems a person is able to remember events/details within a short time period but is unable, for example, to remember events/details from their childhood. Each client may have different time deficits. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client may be experiencing any short-term memory problems. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client is experiencing any long-term memory problems or the assessor has received conflicting information. ○ Never: the client is never experiencing long-term memory problems. ○ Occasionally: the client experiences long-term memory problems on a few occasions. ○ Regularly: the client is regularly experiencing long-term memory problems (often). ○ Always: the client is always experiencing long-term memory problems. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you sometimes find it difficult to remember things? • Do you find it easy to remember memories from when you were younger? • Do you find it easy to remember events from the day or the week before? • Observations to look for: <ul style="list-style-type: none"> ○ Asking the same questions repeatedly. ○ Difficulty following directions. ○ Increased confusion about time, people and places.

	<p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Dementia - early signs, symptoms, treatment and statistics healthdirect
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Impaired judgement

Question: Impaired judgement	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client has impaired judgement. • Impaired judgement is a condition which results in a person not being able to make good decisions due to underlying medical problems. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client may have impaired judgment. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client is experiencing any impaired judgement or the assessor has received conflicting information. ○ Never: the client is never experiencing any impaired judgement. ○ Occasionally: the client experiences impaired judgment on a few occasions and/or in a few occasional circumstances. ○ Regularly: the client is regularly experiencing impaired judgement (often).



	<ul style="list-style-type: none"> ○ Always: the client is always experiencing impaired judgement. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you sometimes find it difficult to make the right decision? ● Do you know if any difficulties to make the right decision is from any health concerns?
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Delirium

Question: Delirium	
Response options	<ul style="list-style-type: none"> ● Unable to determine ● Never ● Occasionally ● Regularly ● Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● The assessor should seek to determine if the client experiences delirium. ● Delirium is an acute change in mental status characterised by a disturbance of consciousness, attention, cognition and perception that can develop hours to a few days. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● If the client may experience delirium. ● Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client is experiencing any delirium or the assessor has received conflicting information. ○ Never: the client is never experiencing delirium.

	<ul style="list-style-type: none"> ○ Occasionally: the client experiences delirium on a few occasions. ○ Regularly: the client is regularly experiencing delirium (often). ○ Always: the client is always experiencing delirium. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you ever feel a sudden change in your thinking and behaviour? ● Are you sometimes confused or forgetful? ● Are you sometimes unsure of the time or where you are? ● Do you sometimes struggle to pay attention? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Delirium – symptoms, diagnosis and treatment healthdirect
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At risk behaviour

Question: At risk behaviour	
Response options	<ul style="list-style-type: none"> ● Unable to determine ● Never ● Occasionally ● Regularly ● Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● The assessor should seek to determine if the client appears to display at risk behaviours. ● At risk behaviours are any behaviour that put the client or others at risk of harm. <p><u>Consider and record:</u></p>

	<ul style="list-style-type: none"> • If the client appears to display at risk behaviour. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client displays at risk behaviours or the assessor has received conflicting information. ○ Never: the client is never displaying at risk behaviour ○ Occasionally: the client displays at risk behaviour on a few occasions. ○ Regularly: the client is regularly displaying at risk behaviour (often). ○ Always: the client is always displaying at risk behaviour. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Ask open-ended questions: <ul style="list-style-type: none"> ○ Encourage dialogue by asking questions that allow the person to express themselves freely. • Listen actively: <ul style="list-style-type: none"> ○ Be an attentive listener without judgment. ○ Show empathy and validate their feelings. ○ Avoid interrupting or rushing the conversation. • Observe signs and cues: <ul style="list-style-type: none"> ○ Pay attention to behavioural cues that might indicate distress or risk: <ul style="list-style-type: none"> ▪ Appearance: bloodstains, carrying potential weapons. ▪ Physical activity: restlessness, agitation, clenched fists, hostile expressions. ▪ Mood: anger, anxiety, tension, difficulty controlling emotions. ▪ Speech: loud, threatening, slurred.
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Confusion

Question: Confusion	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	This question will be presented to all assessors.

	If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to understand If the client displays any signs of confusion. • Confusion as a behaviour can come on quickly or slowly over time depending on the cause. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client displays signs of confusion. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client displays signs of confusion or the assessor has received conflicting information. ○ Never: the client is never displaying signs of confusion ○ Occasionally: the client displays signs of confusion on a few occasions. ○ Regularly: the client is regularly displaying signs of confusion (often). ○ Always: the client is always displaying signs of confusion. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you find it easy to follow what is going on around you? • Are you sometimes confused with what someone is saying to you or what they are doing? • Do you have any medications that may have confusion as a side effect? Do you experience this side effect at all? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Confusion - symptoms, causes and prevention healthdirect

Disorientation – time

Question: Disorientation – time	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to determine if the client is unable to identify the time, day, date or year. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client seems unable to identify the time, day, date or year. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client has trouble or the assessor has received conflicting information. ○ Never: the client is never displaying signs of disorientation. ○ Occasionally: the client displays signs of disorientation on a few occasions. ○ Regularly: the client is regularly displaying signs of disorientation (often). ○ Always: the client is always displaying signs of disorientation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you sometimes find it difficult to work out the time? • Do you sometimes find it difficult to work out the day? • Do you sometimes find it difficult to determine the date? • Do you sometimes find it difficult to remember the year?

	<ul style="list-style-type: none"> How often do you find it difficult to remember? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Disorientation - symptoms, treatments and causes healthdirect
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Disorientation – place

Question: Disorientation – place	
Response options	<ul style="list-style-type: none"> Unable to determine Never Occasionally Regularly Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to determine if the client is unable to identify where they live or where they are currently placed. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is unable to identify where they live or where they are currently placed. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Unable to determine: it is unclear if the client has trouble or the assessor has received conflicting information. Never: the client is never displaying signs of disorientation. Occasionally: the client displays signs of disorientation on a few occasions. Regularly: the client is regularly displaying signs of disorientation (often).

	<ul style="list-style-type: none"> ○ Always: the client is always displaying signs of disorientation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you sometimes find it difficult to remember where you are? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Disorientation - symptoms, treatments and causes healthdirect
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Disorientation – people

Question: Disorientation – people	
Response options	<ul style="list-style-type: none"> ● Unable to determine ● Never ● Occasionally ● Regularly ● Always
Question rules	<p>This question will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● The assessor should seek to determine if the client is unable to identify person(s) such as family or friends. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● If the client is unable to identify person(s) such as family or friends. ● Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client has trouble or the assessor has received conflicting information.

	<ul style="list-style-type: none"> ○ Never: the client is never displaying signs of disorientation. ○ Occasionally: the client displays signs of disorientation on a few occasions. ○ Regularly: the client is regularly displaying signs of disorientation (often). ○ Always: the client is always displaying signs of disorientation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you sometimes find it difficult to remember those around you? ● Have you ever had any challenges identifying a friend? ● Have you ever had any challenges identified a family member? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Disorientation - symptoms, treatments and causes healthdirect
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Assessor notes on cognition

Question: Assessors notes	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> ● This response will pre-populate in the client’s support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● This is to provide a holistic summary about the client’s cognition. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● If the client has confirmed dementia diagnosis. ● Key findings from any cognition-focused validated tools administered, if answered. ● Key findings the extended cognitive assessment, if answered.

Question: Assessors notes

	<ul style="list-style-type: none">• Any concerns or issues raised by the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none">• Is there anything else you would like to talk about on your memory and your ability to remember things?
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Behaviour section

The purpose of the behaviour section of the IAT is to identify if there are any behavioural or personality matters that warrant further consideration, and to follow up any raised matters if they are flagged.

Experience feeling aggression, agitated or found wandering

Question: Does the client experience feeling aggression, agitated or have found themselves wandering?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	This question will be presented to all assessors.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client experiences feelings of aggression, agitation or have found to be wandering. • This question is being asked to determine if additional questions on behaviour should be covered in the assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences feelings of aggression, agitation or have found to be wandering. • Below are definitions that may assist with the response. <ul style="list-style-type: none"> ○ Aggression: yells, screams, threatens, hits, scratches, bites, pushes, shoves, throws things or uses weapons. ○ Agitation: extreme emotional disturbance. ○ Wandering: moving about without a definite destination or purpose. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you often find yourself getting angry or agitated? • Do you often feel agitated or are quick to anger?

Question: Does the client experience feeling aggression, agitated or have found themselves wandering?

	<ul style="list-style-type: none"> • When you're angry do you ever feel like yelling, screaming scratching, biting, shoving, or throwing things? • Have you noticed any wandering without having a definition destination or purpose? • Have you noticed any change in your behaviour? Do you experience moments of anger or agitation? • Have you found yourself in a location you did not intend to wander to?
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Changes in personality

Question: Are there any reported changes in the client's personality?

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Threshold questions are mandatory to complete. If the client answers 'yes' the Extended Behaviour Assessment must be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if there are any reported changes in the client's personality. • This question is being asked to determine if additional questions on behaviour should be covered in the assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If there are any reported changes in the client's personality. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • To get an understanding of reported changes, it may be appropriate to sensitively discuss this question with any support person included in the assessment.

Question: Are there any reported changes in the client's personality?

	<ul style="list-style-type: none"> • Have you recently noticed any slight changes to your personality? • Have you found that you've acted out of character recently? • Have family or friends mentioned a change in your character recently?
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Extended behaviour assessment

Aggressive behaviour – verbal

Question: Aggressive Behaviour – Verbal

Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>Additional question presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client displays an aggressive verbal behaviour. • Aggressive verbal behaviour is when someone yells, screams and/or threatens. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client displays an aggressive verbal behaviour. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client displays aggressive verbal behaviour or the assessor has received conflicting information. ○ Never: the client is never displaying at aggressive verbal behaviour

Question: Aggressive Behaviour – Verbal	
	<ul style="list-style-type: none"> ○ Occasionally: the client displays aggressive verbal behaviour on a few occasions. ○ Regularly: the client is regularly displaying at aggressive verbal behaviour (often). ○ Always: the client is always displaying at aggressive verbal behaviour. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Consider the client’s mannerism throughout the assessment, and conduct with those around them. ● Do you sometimes get frustrated easily? ● Do you ever vocalise your frustrations? ● Do you sometimes speak loudly or in a way that someone else might find uncomfortable?

Aggressive behaviour – physical

Question: Aggressive Behaviour – Physical	
Response options	<ul style="list-style-type: none"> ● Unable to determine ● Never ● Occasionally ● Regularly ● Always
Question rules	<p>Additional question presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● The assessor should seek to understand if the client displays aggressive physical behaviour. ● Aggressive physical behaviour is when someone hits, scratches, bites, pushes, shoves, throws things or uses weapons. <p><u>Consider and record:</u></p>

Question: Aggressive Behaviour – Physical

	<ul style="list-style-type: none"> • If the client displays an aggressive physical behaviour. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client displays aggressive physical behaviour or the assessor has received conflicting information. ○ Never: the client is never displaying at aggressive physical behaviour ○ Occasionally: the client displays aggressive physical behaviour on a few occasions. ○ Regularly: the client is regularly displaying at aggressive physical behaviour (often). ○ Always: the client is always displaying at aggressive physical behaviour. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Consider the client’s mannerism throughout the assessment, and conduct with those around them. • Do you sometimes get frustrated easily? • What do you do when you get frustrated? • Do you ever lose your cool with those around you? • How do you lose your cool?
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Resistive behaviour

Question: Resistive behaviour

Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>Additional question presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: Resistive behaviour

	<ul style="list-style-type: none"> The assessor should seek to understand if the client resists, opposes and/or withstands help or caregiving tasks from those around them such as taking medication, eating or self-feeding. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client displays a resistive behaviour. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Unable to determine: it is unclear if the client displays resistive behaviour or the assessor has received conflicting information. Never: the client is never displaying at resistive behaviour Occasionally: the client displays resistive behaviour on a few occasions. Regularly: the client is regularly displaying at resistive behaviour (often). Always: the client is always displaying at resistive behaviour. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Have you recently denied help from family, friends or service providers with caregiving tasks such as taking medication, eating or self-feeding? How often do you resist them from helping you?
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Agitation

Question: Agitation

Response options	<ul style="list-style-type: none"> Unable to determine Never Occasionally Regularly Always
Question rules	<p>Additional question presented to all assessors. If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>

Question: Agitation	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client gets agitated. • Agitation is where a person experiences extreme emotional disturbance. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client gets agitated. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client displays signs of agitation or the assessor has received conflicting information. ○ Never: the client is never displaying signs of agitation. ○ Occasionally: the client displays signs of agitation on a few occasions. ○ Regularly: the client is regularly displaying signs of agitation (often). ○ Always: the client is always displaying signs of agitation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you sometimes get easily agitated? • What gets you agitated? • How often do you feel agitated? • How do you manage things when you are feeling agitated? • How long do you feel agitated for?

Hallucinations/delusions

Question: Hallucinations/delusions	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	Additional question presented to all assessors.

Question: Hallucinations/delusions	
	If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client experiences hallucinations or delusions. • Hallucinations can occur in any sensory modality: auditory, visual, olfactory, gustatory and tactile. • Delusions are false or erroneous beliefs that usually involve a misinterpretation of perceptions or experiences. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences hallucinations or delusions. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client displays signs of hallucination and/or delusion or the assessor has received conflicting information. ○ Never: the client is never displaying signs of hallucination and/or delusion. ○ Occasionally: the client displays signs of hallucination and/or delusion on a few occasions. ○ Regularly: the client is regularly displaying signs of hallucination and/or delusion (often). ○ Always: the client is always displaying signs of agitation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you sometimes have disordered thinking? • Do people around you sometimes disagree with what is happening around you?

Wandering

Question: Wandering	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never

Question: Wandering	
	<ul style="list-style-type: none"> Occasionally Regularly Always
Question rules	<p>Additional question presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should identify if the client displays wandering behaviour. Wandering behaviour is moving around without a definitive destination or purpose. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client displays wandering behaviour. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Unable to determine: it is unclear if the client displays signs of wandering behaviour or the assessor has received conflicting information. Never: the client is never displaying signs of hallucination and/or delusion. Occasionally: the client displays signs of wandering behaviour on a few occasions. Regularly: the client is regularly displaying signs of wandering behaviour (often). Always: the client is always displaying signs of wandering behaviour. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you sometimes go for walks? What do you do when going for walks? Is it for a purpose? Do you sometimes get confused when you are going for a walk?

Assessor notes on behaviours

Question: Assessors notes on behaviours	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> This response will pre-populate in the client's support plan (assessment summary)
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This is to provide a holistic summary about the client's behaviours. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client experiences feelings of aggression, agitation or is found wandering. If the client experiences any reported changes in personality. Key findings the extended behaviour assessment, if answered. Any concerns or issues raised by the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Is there anything else you would like to talk about on the behaviour questions we discussed?

Psychological section

The purpose of the psychological section of the IAT is to identify if there are any potential anxiety or depression indicators that may be experienced by the client, and to follow up any raised matters if they are flagged.

Validated tool: Patient Health Questionnaire-4 (PHQ-4)

Context:

The purpose of the **PHQ-4** is to allow for ultra-brief and accurate measurement of core symptoms/signs of depression and anxiety by combining the two-item measure (PHQ-2), consisting of core criteria for depression, as well as a two-item measure for anxiety (GAD-2), both of which have independently been shown to be good brief screening tools.

Instructions and interpretation:

Assessors should use their judgement on how to ask questions and requests related to this validated tool. Assessors will need to consider the circumstances and background of the client when following the validated tool questions, and ensure they are:

- Being mindful of appropriate and understandable language;
- adapting questions to the context that is appropriate; and
- Making alternative prompts or suggestions where needed.

The total PHQ-4 score complements the subscale scores as an overall measure of symptom burden, as well as functional impairment and disability.

The following scores are applied for each response:

- 0 = No, not at all
- 1 = Several days
- 2 = More than half of the days
- 3 = Nearly every day

An elevated PHQ-4 score is not diagnostic, but is, instead, an indicator for further inquiry to establish the presence or absence of a clinical disorder warranting treatment. If the score for any question is three points, the advanced assessment validated tool and Geriatric Depression Scale validated tool will be flagged for completion.

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Some guidance on PHQ-4 is available at: [Anxiety & Depression \(PHQ-4\) | The WELL Office – McGill University](#)

Feeling nervous, anxious or on edge in the last two weeks

Question: PHQ4: 1. Feeling nervous, anxious or on edge the last 2 weeks?	
Response options	<ul style="list-style-type: none"> • No, not at all (0) • Several days (1) • More than half of the days (2) • Nearly every day (3)
Question rules	<p>Threshold questions are mandatory to complete. If clients yield a score of more than 4 for the PHQ-4 questions, the Advanced Psychological Assessment section should be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Not being able to stop or control worrying in last two weeks

Question: PHQ4: 2. Not being able to stop or control worrying last 2 weeks?	
Response options	<ul style="list-style-type: none"> • No, not at all (0) • Several days (1) • More than half of the days (2) • Nearly every day (3)
Question rules	<p>Threshold questions are mandatory to complete. If clients yield a score of more than 4 for the PHQ-4 questions, the Advanced Psychological Assessment section should be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Little interest or pleasure in doing things in last two weeks

Question: PHQ4: 3. Little interest or pleasure in doing things last 2 weeks?	
Response options	<ul style="list-style-type: none"> • No, not at all (0) • Several days (1) • More than half of the days (2) • Nearly every day (3)

Question: PHQ4: 3. Little interest or pleasure in doing things last 2 weeks?	
Question rules	<p>Threshold questions are mandatory to complete. If clients yield a score of more than 4 for the PHQ-4 questions, the Advanced Psychological Assessment section should be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Feeling down, depressed or hopeless in last two weeks

Question: PHQ4: 4. Feeling down, depressed or hopeless last 2 weeks?	
Response options	<ul style="list-style-type: none"> • No, not at all (0) • Several days (1) • More than half of the days (2) • Nearly every day (3)
Question rules	<p>Threshold questions are mandatory to complete. If clients yield a score of more than 4 for the PHQ-4 questions, the Advanced Psychological Assessment section should be completed.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No

Advanced psychological assessment

Stressful events over the past three months

Question: Has the client experienced stressful events over the past three months (e.g. bereavement, severe illness or injury of self/family/friend, separation from family/partner, major financial loss or being a victim of a crime)	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Question: Has the client experienced stressful events over the past three months (e.g. bereavement, severe illness or injury of self/family/friend, separation from family/partner, major financial loss or being a victim of a crime)

Response guidance

Context:

- The assessor should identify if the client has experienced any stressful events of note over the past few months.
- A stressful event can be described as a situation that can trigger a cascade of stress hormones that produce physiological changes.
- Everyone experiences stress differently, and what may be a stressful event for one person might not be the same for another (or vice versa).

Consider and record:

- If the client has experienced any stressful events of note over the past few months.
- Examples of stressful events include:
 - Bereavement
 - Severe illness
 - Injury of self
 - Injury of a family member or friend
 - Separation from family or a partner
 - Major financial loss
 - Being a victim of a crime

Prompts and/or observations:

- Have you had any tough events over the past few months?
- Have you had any unfortunate circumstances recently?
- Has anything been causing you stress lately?
- Are you finding anything difficult to manage at the moment?

Recommendations:

- Referral to a GP/psychologist.

Support resources:

- [Stress - normal versus problematic, fight or flight | healthdirect](#)

Details of stressful events over the past three months

Question: Please describe	
Response options	<ul style="list-style-type: none"> • Textbox for written response
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should summarise details of any stressful events of note that the client has experienced over the past few months. • A stressful event can be described as a situation that can trigger a cascade of stress hormones that produce physiological changes. • Everyone experiences stress differently, and what may be a stressful event for one person might not be the same for another (or vice versa). <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Details of any stressful events of note over the past few months. <ul style="list-style-type: none"> ○ A summary of the event ○ Types of stress that the client is experiencing ○ If the stress is also related to other events ○ If the stress increased or decreased over time ○ What current arrangements are in place to support the client ○ The client's outlook for the future • Examples of stressful events include: <ul style="list-style-type: none"> ○ Bereavement ○ Severe illness ○ Injury of self ○ Injury of a family member or friend ○ Separation from family or a partner ○ Major financial loss ○ Being a victim of a crime

Question: Please describe	
	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you mind sharing some more details on your stressful event? How long ago was it? • How are you coping? • Do you have some support? • How do you feel about the future? Do you think things will get better? • Have there been any other similar stressful events? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Referral to a GP/psychologist. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Stress - normal versus problematic, fight or flight healthdirect

Disturbed sleep or insomnia

Question: Disturbed sleep/insomnia	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client experiences disturbed sleep and/or insomnia. • Disturbed sleep involves frequent awakenings during the night, disrupting the sleep cycle. People experiencing

Question: Disturbed sleep/insomnia

disturbed sleep may wake up one or more times during the night, either briefly or for an extended period.

- Insomnia refers to disruptions in sleep patterns, making it challenging to fall asleep, stay asleep, or achieve restorative rest. Insomnia is a sleep disorder that can significantly impact a person's wellbeing.

Consider and record:

- If the client experiences disturbed sleep and/or insomnia.
- Use the below definitions to assist with the response.
 - **Unable to determine:** it is unclear if the client experiences disturbed sleep and/or insomnia or the assessor has received conflicting information.
 - **Never:** the client is never experiencing disturbed sleep and/or insomnia.
 - **Occasionally:** the client experiences disturbed sleep and/or insomnia on a few occasions.
 - **Regularly:** the client is regularly experiencing disturbed sleep and/or insomnia (often).
 - **Always:** the client is always experiencing disturbed sleep and/or insomnia.

Prompts and/or observations:

- What is your sleep like?
- Do you find it easy to get to sleep?
- When you fall asleep, do you typically stay asleep?
- Do you feel well rested after sleep?
- Do you often wake up during the night?
- Do you have challenges getting back to sleep?
- Have you ever seen a health professional about sleep?

Recommendations:

- Referral to a GP/health professional to assist with sleep.

Support resources:

- [Sleep - stages, tips, disorders, apnoea | healthdirect](#)
- [How to get better sleep, according to science | healthdirect](#)
- [Safe use of sleeping pills | healthdirect](#)
- [Insomnia Program | healthdirect](#)

Question: Disturbed sleep/insomnia	

Anxiety

Question: Anxiety	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to identify if the client experiences feelings of anxiety. • Anxiety is a common experience that many people encounter. It involves feelings of apprehension, worry, and unease. • Normal worry can be motivating and helpful. However, in some individuals, anxious feelings persist and become disproportionate to the situation. • People with anxiety disorders experience ongoing fears that cause distress and hinder them from doing things they want or need to do. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences feelings of anxiety. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client experiences anxiety or the assessor has received conflicting information. ○ Never: the client is never experiencing anxiety. ○ Occasionally: the client experiences anxiety on a few occasions or only in a few circumstances.

Question: Anxiety	
	<ul style="list-style-type: none"> ○ Regularly: the client is regularly experiencing anxiety in many circumstances and situations (often). ○ Always: the client is always experiencing anxiety. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● Do you sometimes feel uncomfortable in certain situations or circumstances? ● How are you feeling when you are uncomfortable? What are you experiencing? ● Do these experiences ever make you feel fearful? ● Do you sometimes experience a racing heart and/or sweaty in these situations? ● Do you ever feel a shortness of breath and/or dizziness in these situations? ● How common are these situations? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> ● Referral to a GP/psychologist. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Anxiety - symptoms, treatment and causes healthdirect

Symptoms of depression

Question: Symptoms of depression	
Response options	<ul style="list-style-type: none"> ● Unable to determine ● Never ● Occasionally ● Regularly ● Always
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Question: Symptoms of depression

Response guidance

Context:

- The assessor should seek to identify if the client experiences symptoms of depression.
- Depression is a mood disorder characterized by persistent feelings of sadness, emptiness, and loss of joy. Depression impacts how you feel, think and behave.

Consider and record:

- If the client experiences symptoms of depression.
- Use the below definitions to assist with the response.
 - **Unable to determine:** it is unclear if the client experiences symptoms of depression or the assessor has received conflicting information.
 - **Never:** the client is never experiencing symptoms of depression.
 - **Occasionally:** the client experiences symptoms of depression on a few occasions or only in a few circumstances.
 - **Regularly:** the client is regularly experiencing symptoms of depression in many circumstances and situations (often).
 - **Always:** the client is always experiencing symptoms of depression.

Prompts and/or observations:

- Consider the below symptoms of depression as observations and prompts for discussion with the client:
 - Emotional symptoms:
 - Continuous low mood: feeling persistently sad or emotionally down.
 - Hopelessness and helplessness: a sense of despair and lack of control.
 - Low self-esteem: feeling inadequate or unworthy.
 - Tearfulness: frequent crying spells.
 - Irritability and frustration: becoming easily annoyed or agitated.
 - Lack of confidence: feeling insecure.
 - Unhappiness or disappointment: a pervasive feeling of misery.
 - Behavioural signs:

Question: Symptoms of depression

- Social withdrawal: avoiding social interactions with family and friends.
- Reduced productivity: struggling to complete tasks
- Loss of interest: no longer finding pleasure in activities you used to enjoy.
- Changes in sleep patterns: insomnia or excessive sleep.
- Appetite changes: significant weight loss or gain.
- Reliance on alcohol or sedatives: using substances to cope.
- Negative thoughts:
 - Self-critical: believing you are a failure or worthless.
 - Pessimism: seeing everything in a negative light.
 - Suicidal thoughts: in severe cases, contemplating self-harm or suicide.
- Physical Symptoms:
 - Fatigue: feeling tired all the time.
 - Headaches and muscle pains: physical discomfort.
 - Stomach discomfort: butterflies, pain, or churning sensations.
 - Sleep problems: insomnia or disrupted sleep.
 - Appetite changes: loss of appetite or overeating.
 - Significant weight fluctuations: unintended weight loss or gain.

Recommendations:

- Referral to a GP/psychologist.

Support resources:

- [Depression - symptoms, types, treatment | healthdirect](#)

Apathy

Question: Apathy	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to identify if the client experiences apathy. • Apathy can be described as an absence of feeling or emotion. People experiencing apathy might stop caring about everyday tasks, hobbies, or personal interests, or showing interest in personal relationships. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client experiences apathy. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client experiences apathy or the assessor has received conflicting information. ○ Never: the client is never experiencing apathy. ○ Occasionally: the client experiences apathy on a few occasions or only in a few circumstances. ○ Regularly: the client is regularly experiencing apathy in many circumstances and situations (often). ○ Always: the client is always experiencing apathy. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you find fulfilment in your hobbies and personal interests?

Question: Apathy	
	<ul style="list-style-type: none"> Do you sometimes find it difficult to show interest in your personal relationships? Do you sometimes feel indifferent to things you used to care about? Do you think you feel lots of emotions or do you experience very little emotion? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Referral to a GP/psychologist.

Loneliness

Question: Loneliness	
Response options	<ul style="list-style-type: none"> Unable to determine Never Occasionally Regularly Always
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should seek to identify if the client experiences loneliness. Loneliness is an unpleasant emotional response to perceived isolation. Note: loneliness is not the same as solitude. Loneliness is the ache of wanting greater social connection than a person currently experiences. It is the gap between a person's desire for companionship and a person's actual experiences of it. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client experiences loneliness.



Question: Loneliness	
	<ul style="list-style-type: none"> • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Unable to determine: it is unclear if the client experiences loneliness or the assessor has received conflicting information. ○ Never: the client is never experiencing loneliness. ○ Occasionally: the client experiences loneliness on a few occasions or only in a few circumstances. ○ Regularly: the client is regularly experiencing loneliness in many circumstances and situations (often). ○ Always: the client is always experiencing loneliness. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you often spend time alone? • Do you like spending time alone? • Do you have a desire for greater social connection than you currently have? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendations for social support or related activities. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> • Loneliness and isolation healthdirect

Social isolation

Question: Where a client lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling quality relationships.	
Response options	<ul style="list-style-type: none"> • Unable to determine • Never • Occasionally • Regularly • Always
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation’s clinical governance framework and standard operating procedures.</p>

Question: Where a client lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling quality relationships.

Pre-populated information

No

Response guidance

Context:

- The assessor should seek to identify if the client lacks engagement with others.
- Social isolation is when an individual experiences complete or near-complete lack of contact with society. It means having few social relationships or roles and infrequent social interactions.
- Social isolation differs from loneliness. Social isolation is the person’s actual social situation, whereas loneliness is the person’s subjective feeling on connection to people and desires for social relationships.

Consider and record:

- If the client lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling quality relationships.
- Use the below definitions to assist with the response.
 - **Unable to determine:** it is unclear if the client experiences social isolation or the assessor has received conflicting information.
 - **Never:** the client is never experiencing social isolation.
 - **Occasionally:** the client experiences social isolation on a few occasions or only in a few circumstances.
 - **Regularly:** the client is regularly experiencing social isolation in many circumstances and situations (often).
 - **Always:** the client is always experiencing social isolation.

Prompts and/or observations:

- Do you keep in touch with many friends and family?
- How regularly do you keep in touch with them?
- Are you well connected socially?

Support resources:

Question: Where a client lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling quality relationships.

	<ul style="list-style-type: none"> • Loneliness and isolation healthdirect
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Consent to complete Geriatric Depression Scale

Question: Do you want to complete the Geriatric Depression Scale?

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Threshold questions are mandatory to complete. The Geriatric Depression Scale will be available if the client gives consent to complete it.</p> <p>This question will be presented to all assessors.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • An assessor should use the GDS with First Nations clients only when it would be culturally appropriate to do so, and the assessor has appropriate cultural safety training and experience. • The questions in the GDS may be sensitive for the client, so it is important that an assessors is cautious of these potentially sensitivities when administrating this validated tool. • Please review the MAClearning element Validated Assessment Tools in Practice for further guidance on how and when to administer this validated tool with a client at an assessment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessor’s judgement on the appropriateness of administering the GDS with the client at assessment. • If the client is able and willing to complete the GDS at assessment.

Validated tool: Geriatric Depression Scale

Context:

The Geriatric Depression Scale (GDS) (15 point version) is a depression assessment tool specifically designed for older people. The GDS can be filled out by the client or administered by an interviewer. It comprises 15 questions about how the client has felt over the past week. Questions require yes/no answers. Some items in the GDS may not be appropriate at all times for all cultural groups.

Instructions and interpretation:

Higher scores indicate more depressive symptoms are present. A score of 6 or more suggests the presence of depression which indicates further medical/psychiatric assessment is required. A score of 11 or more usually always indicates depression with higher scores indicating more severe depression.

It has been reported that a number of items in the GDS contain Western value judgments of optimism, happiness, stoicism and looking forward. These include:

- Do you prefer to stay at home, rather than going out and doing new things?
- Do you think it is wonderful to be alive now?
- Do you worry a lot about the past?
- Do you think that most people are better off than you are?

Additional information and training resources:

Please refer to the below guidance material for information on completing this validated tool and appropriately asking questions.

- Please review the MAClearning element **Validated Assessment Tools in Practice** for further guidance on how and when to administer this validated tool with a client at an assessment.

Are you basically satisfied with your life?

Question: Are you basically satisfied with your life?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>

Question: Are you basically satisfied with your life?

Pre-populated information	No
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Have you dropped many of your activities or interests?**Question: Have you dropped many of your activities or interests?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you feel that your life is empty?**Question: Do you feel that your life is empty?**

Response options

- Yes
- No

Question rules

Additional question that will be presented to all assessors.

If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures

Pre-populated information

No

Do you often get bored?**Question: Do you often get bored?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>

Question: Do you often get bored?

Pre-populated information	No
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Are you in good spirits most of the time?**Question: Are you in good spirits most of the time?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Are you afraid that something bad is going to happen to you?**Question: Are you afraid that something bad is going to happen to you?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you feel happy most of the time?**Question: Do you feel happy most of the time?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Additional question that will be presented to all assessors.

Question: Do you feel happy most of the time?	
	If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.
Pre-populated information	No

Do you feel helpless?

Question: Do you feel helpless?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you prefer to stay at home, rather than go out and do things?

Question: Do you prefer to stay at home, rather than go out and do things?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you feel that you have more problems with memory than most?

Question: Do you feel that you have more problems with memory than most?	
Response options	<ul style="list-style-type: none"> • Yes • No

Question: Do you feel that you have more problems with memory than most?	
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you think it is wonderful to be alive now?

Question: Do you think it is wonderful to be alive now?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you feel pretty worthless the way you are now?

Question: Do you feel pretty worthless the way you are now?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you feel full of energy?

Question: Do you feel full of energy?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you feel that your situation is hopeless?

Question: Do you feel that your situation is hopeless?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Do you think that most people are better off than you are?

Question: Do you think that most people are better off than you are?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	<p>Additional question that will be presented to all assessors.</p> <p>If the question is prompted for a non-clinical assessor, they must complete in accordance with their organisation's clinical governance framework and standard operating procedures.</p>
Pre-populated information	No

Assessor psychological observations

Question: Assessor psychological observations	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This is to provide a holistically summary about the client's psychological experience. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Key findings from any validated tools administered. Key findings the extended psychological assessment, if answered. Any concerns or issues raised by the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Is there anything else you would like to talk about on the behaviour questions we discussed?

Home and personal safety section

The purpose of the home and personal safety section of the IAT is to consider the client's safety in their usual accommodation setting by seeking information on their home environment, home safety, home and garden maintenance, and personal safety.

Home and garden assessment

Question: Access the home and garden and ask the client about: <ul style="list-style-type: none"> • Any difficulty/unsteadiness/need to hold onto doors or walls when on steps/stairs or getting in and out of shower • Any trouble getting on and off toilet • Any trouble navigating the house at night • Any near slips or trips on surfaces 	
Response options	<ul style="list-style-type: none"> • Home and garden are safe • Minimal environmental hazards • Moderate environmental hazards requiring modification • Extremely unsafe environment
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should assess any hazards in the client's home and garden. • A hazard is a source or situation with the potential for harm in terms of: <ul style="list-style-type: none"> ○ Human injury or ill-health; ○ Damage to property; and/or ○ Damage to the environment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If there are any hazard in the client's home and garden. • Consider the below potential hazards or previous issues experienced. <ul style="list-style-type: none"> ○ Any difficulty/unsteadiness/need to hold onto doors or walls when on steps/stairs or getting in and out of shower. ○ Any trouble getting on and off toilet. ○ Any trouble navigating the house at night. ○ Any near slips or trips on surfaces.

Question: Access the home and garden and ask the client about:

- Any difficulty/unsteadiness/need to hold onto doors or walls when on steps/stairs or getting in and out of shower
- Any trouble getting on and off toilet
- Any trouble navigating the house at night
- Any near slips or trips on surfaces

- Use the below definitions to assist with the response.
 - **Home and garden are safe:** no hazards or concerns.
 - **Minimal environmental hazards:** minor hazards or concerns that are easy to address with minor changes.
 - **Moderate environmental hazards requiring modification:** moderate hazards or concerns which require modifications to the house or garden to create a safe environment.
 - **Extremely unsafe environment:** major hazards or concerns which cannot realistically be addressed through any modifications.

Prompts and/or observations:

- Is there anything around the house or garden that causes you problems?
- Have you had any incidents around the house?
- Do you feel that you can safely travel around your house and garden?
- Do you have any issues at nighttime travelling around your house?
- Do you have any slippery surfaces?

Home and garden general observations

Question: General observations of the home environment	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should make some general observations about the client’s home and garden.

Question: General observations of the home environment

	<ul style="list-style-type: none"> This refers to the general observations an assessor can make of the client’s home environment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> General observations about the client’s home and garden. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> During an assessment, observation provides an opportunity to note a client’s home environment. An assessor can make observations about the client’s safety in their home, including how they: <ul style="list-style-type: none"> Negotiate stairs (internal and external) and uneven flooring Access cupboards, the garden, clothesline, letterbox, driveway Move freely around the home. Some topics to consider as part of prompts with the client: <ul style="list-style-type: none"> How the client is able to negotiate internal and/or external stairs and uneven/different floor surfaces? Whether the client can access cupboards, the garden, the clothesline, the letterbox, the driveway? Whether mats, electrical cords and/or clutter is present? If the client’s garden is neat and tidy or if the garden and/or lawns are overgrown? If light globes are not working inside and/or outside the home? If the home receives inadequate natural lighting? If the home is in need of general maintenance and repairs? If there is clutter present and whether a client is able to move freely around the home? Timeframes for issues identified.
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Home safety equipment

Question: Home safety equipment client has

Response options	<ul style="list-style-type: none"> Smoke alarm(s) Personal alarm Personal emergency plan
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Question: Home safety equipment client has	
	<ul style="list-style-type: none"> • Other technology
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine what home safety equipment that the client currently has. • Clients need to feel safe in their own homes; and their home has to be safe for them. Safety can be ensured in a number of different ways. Technologies to assist with home safety include: • Smoke alarms: Smoke alarms are vital in ensuring lives are protected. They are designed to alert residents to smoke or fire, in time to act or evacuate. Smoke alarms should be kept in good working order. Smoke alarm safety tips include: <ul style="list-style-type: none"> ○ Test it once a month by pressing the test button until the alarm sounds ○ Clean it with a vacuum cleaner every six months to remove dust ○ Change the battery once a year ○ Replace the whole unit every ten years. • Personal alarm: A personal alarm is a safety device that allows a user to call for assistance in an emergency. It may also be known as a Personal Emergency Response System; Medical Personal Alarm; Personal Alarm Call System; Personal Emergency Response System; Personal Emergency Call System; or an Emergency Pendant. • Personal emergency plans: Plans that are developed to outline what actions the client would take in the event of fire, heat wave or flood. Clients should be encouraged to develop a personal emergency plan that links them to family, friends, neighbours or local groups that can be actioned in the event of an emergency. The client's personal emergency plan should be developed in collaboration with the people and and/or groups that they intend to utilise in an emergency. <p><u>Consider and record:</u></p>

Question: Home safety equipment client has

	<ul style="list-style-type: none"> • Whether the client has a smoke alarm; personal alarm; personal emergency plan in case of fire, heat wave or flood; or uses other technology to ensure home safety. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you have any concerns about risks or hazards in your home? • Do you wear your personal alarm at all times? What happens if you have a fall or need assistance? • When checking/testing the personal alarm, does the client know how to operate it? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Recommendation/referral to state and territory specific programs that assist older people to install, maintain and/or replace smoke alarms.
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Characteristics of client’s house

Question: Characteristics of client’s house

Response options	<ul style="list-style-type: none"> • Single storey no steps inside or outside home • Single storey with some internal or external steps • Multi storey with stairs • Multi storey with stairs and chair lift or elevator in home
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine the characteristics of the client’s home. • This question is asked to identify if the design of the client’s house may create difficulties for them with the number of stairs. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The characteristics of the client’s home. • If there are any steps inside and outside the house.



Question: Characteristics of client's house	
	<ul style="list-style-type: none"> • If the client's house is multiple stories. • If the client's house has a chair lift or elevator in the home. • Select the response option that best fits the characteristics of the client's home. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you describe your house? • How many sets of stairs do you have inside the house? • Do you have stairs outside the house? • Is your house multi-story? • Do you have a chair lift or elevator in your house?

Characteristics of client's garden

Question: Characteristics of client's garden	
Response options	<ul style="list-style-type: none"> • Mowing and/or gardening (weeding, hedging etc.) required • Mowing only required • Gardening only (weeding, hedging etc) required • No garden
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine the types of tasks required to maintain upkeep in the client's garden. • This question relates to the characteristics of the client's garden, rather than any needs or assistance required. • Please also note there is no correlation between this question and eligibility for related aged care services. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The types of tasks required to maintain upkeep in the client's garden. • Include a note in the assessor notes on home and personal safety if the client is currently receiving gardening services to manage these tasks (either formal/paid or informal/unpaid).

Question: Characteristics of client's garden	
	<p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • What tasks need to be undertaken in the garden to maintain upkeep? • To you have grass that needs mowing? • Do you have any gardening needs (wedding, hedging etc.)?

Home and garden maintenance concerns

Question: Home maintenance (including gardening) concerns	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify whether there are concerns about the client's ability to keep their home in a safe and habitable condition. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If there are any home maintenance and/or garden maintenance concerns. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • How do you feel you are managing within your home? • Do you feel that your home is a manageable size to maintain? • Are there ongoing maintenance costs/repairs that are beginning to concern you? • If the client has a garden, how do you manage your garden and lawns? • (For clients on big properties) Are there any fire breaks that require maintenance?

Details of home and garden maintenance concerns

Question: Please specify	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should summarise details of any concerns about the client's ability to keep their home in a safe and habitable condition. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Activities the client undertakes to maintain their home, and how frequently they undertake these activities. Any assistance or supervision of another person with basic maintenance and repair of the person's home, garden or yard. This should cover details on any safety issues. This should also include advice to flag if the client has any tenancy risks from their home and garden maintenance concerns. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Can you please share some more details about some of your home and garden maintenance concerns?

Help for home and garden maintenance

Question: There is help for client's home maintenance	
Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question
Pre-populated information	No
Response guidance	<u>Context:</u>



Question: There is help for client’s home maintenance	
	<ul style="list-style-type: none"> The assessor should identify if the client receives any assistance with basic maintenance and repair of their home <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> if the client receives any assistance with basic maintenance and repair of their home, garden or yard. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> How do you manage home maintenance tasks such as changing light globes, checking the smoke alarm, cleaning windows and gutter cleaning? Do you receive any help?

Details of help for home and garden maintenance

Question: If yes, who helps?	
Response options	<ul style="list-style-type: none"> Partner Mother Father Daughter Son Daughter in law Son in law Other relative Friend/neighbour Service provider Other
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should summarise details on any assistance or supervision provided by someone else with basic maintenance and repair of the client’s home. <p><u>Consider and record:</u></p>

Question: If yes, who helps?

- Who helps the client with home maintenance.

Unstable accommodation**Question: Is the client living in unstable accommodation, such as having short term accommodation, having previous accommodation end, or living in a boarding house without the security of tenure?**

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client is living in unstable accommodation. • Unstable accommodation refers to living arrangements that lack stability, security, or permanence. • Unstable accommodation can include having previous accommodation end, or living in a boarding house without the security of tenure. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is living in unstable accommodation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Can you explain your current living situation? • Do you own or have a lease on where you live? • If you have a lease, when does this finish? • Do you have a good relationship with your landlord or real estate agent? Are they helpful when you have concerns?

Assessor notes on home and personal safety**Question: Home and personal safety assessor notes**

Response options	Textbox for written response
Question rules	Base question

Question: Home and personal safety assessor notes	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This is to provide a holistically summary about the client's home and personal safety. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Summary of the client's home and garden, and how they are managing any tasks required. If the client lives in unstable accommodation. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Is there anything else you would like to talk about on the behaviour questions we discussed?

Financial or legal section

The purpose of the financial or legal section of the IAT is to understand if the client may have any financial or legal concerns, and to explore any concerns that are raised.

Financial and legal issues

Question: Are there any financial and legal issues?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client is experiencing any financial issues. • The assessor should identify if the client is experiencing any legal issues. • A legal issue essentially refers to a matter or dispute that involves the interpretation, application, or violation of laws or regulations. • A financial issue refers to any challenge or problem related to money, budgeting, or financial stability. These issues can vary in severity and impact various aspects of an individual's life. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is experiencing any financial and/or legal issues. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Do you feel comfortable with managing your finances? • Is there anything about your finances that you find stressful or difficult to manage? • Do you feel well supported with managing your finances? • Do you feel comfortable with managing any legal issues? • Are there any legal issues that you find stressful or difficult to manage?

Question: Are there any financial and legal issues?

	<ul style="list-style-type: none"> Do you feel well supported with managing your legal affairs? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Financial stress and your health healthdirect
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Capability of making own decisions**Question: Is the client capable of making their own decisions?**

Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should identify if the client is capable of making their own financial or legal decisions. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is capable of making their own financial or legal decisions. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you find you need someone to help you with financial or legal decisions?

Power of attorney**Question: Is there a power of attorney?**

Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question
Pre-populated information	No

Question: Is there a power of attorney?**Response guidance**Context:

- The assessor should identify if the client has a power of attorney.
- A Power of Attorney is a legal document that grants a person or trustee organisation the authority to act on a person's behalf.

Consider and record:

- If the client has a power of attorney.

Prompts and/or observations:

- Have you made arrangements for someone to act on your behalf if you were unable to do so yourself?
- Do you have a power of attorney?

Assistance for client in making health decisions**Question: Who makes or assist the client in making health decisions?****Response options**

- Self
- Power of attorney
- Advance health directive
- Person responsible or appointed guardian

Question rules**Base question****Pre-populated information**

No

Response guidanceContext:

- The assessor should identify who makes or assists the client with making health decisions.

Consider and record:

- Who makes or assists the client with health decisions.
- Use the below definitions to assist with the response.
 - **Self:** the client makes health decisions by themselves.

Question: Who makes or assist the client in making health decisions?

	<ul style="list-style-type: none"> ○ Power of attorney: the client has legally granted a person or trustee organisation the authority to act on the client’s behalf. ○ Advance health directive: the client has formally detailed their values and preferences regarding future healthcare in a legally binding advance care directive. ○ Person responsible or appointed guardian: there is a person responsible or an appointed guardian who makes health decisions on behalf of the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● When needing to make a health decision, who assists? ● Have you put in place arrangements to determine who makes or assists you with health decisions? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Advance care planning and directive healthdirect
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Assistance for client in making financial decisions

Question: Who makes or assist the client in making financial decisions?

Response options	<ul style="list-style-type: none"> ● Self ● Power of attorney ● Advance health directive ● Person responsible or appointed guardian
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● The assessor should identify who makes or assists the client with making financial decisions. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● Who makes or assists the client with financial decisions. ● Use the below definitions to assist with the response.

Question: Who makes or assist the client in making financial decisions?

	<ul style="list-style-type: none"> ○ Self: the client makes financial decisions by themselves. ○ Power of attorney: the client has legally granted a person or trustee organisation the authority to act on the client’s behalf. ○ Advance health directive: the client has formally detailed their values and preferences regarding future healthcare in a legally binding advance care directive. ○ Person responsible or appointed guardian: there is a person responsible or an appointed guardian who makes health decisions on behalf of the client. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> ● When needing to make a financial decision, who assists? ● Have you put in place arrangements to determine who makes or assists you with financial decisions? <p><u>Support resources:</u></p> <ul style="list-style-type: none"> ● Advance care planning and directive healthdirect
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Financial resources to meet emergencies

Question: Do you have enough financial resources to meet emergencies?

Response options	<ul style="list-style-type: none"> ● Yes ● No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● The assessor should determine if the client has enough financial resources to meet emergencies. ● For example, this is their ability to pay for any unexpected medical costs. <p><u>Consider and record:</u></p>

Question: Do you have enough financial resources to meet emergencies?

	<ul style="list-style-type: none"> If the client has enough financial resources to meet emergencies. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Would you find it financially stressful to deal with a medical emergency?
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Subject to a Mental Health Act order**Question: Is the client subject to a Mental Health Act order under the relevant state/territory Mental Health Act?**

Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should identify if the client is subject to a Mental Health Act order (under relevant state/territory legislation). A Mental Health Order is a legal mechanism that grants specific powers related to mental health treatment and care. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client is subject to a Mental Health Act order (under relevant state/territory legislation).

Advance care plan**Question: Does the client have an Advance Care Plan?**

Response options	<ul style="list-style-type: none"> Yes No
Question rules	Base question

Question: Does the client have an Advance Care Plan?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The assessor should identify if the client has an advance care plan. An Advance Care Plan is a proactive process that allows individuals to express their preferences and wishes regarding future health care and medical treatment. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> If the client has an advance care plan. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Do you have an advance care plan? Have you formally expressed your preferences regarding future health care and medical treatments? <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> Develop an advance care plan. <p><u>Support resources:</u></p> <ul style="list-style-type: none"> Advance care planning and directive healthdirect

Employment status

Question: What is the client's employment status?	
Response options	<ul style="list-style-type: none"> Home duties Retired for age Retired for disability Other
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: What is the client's employment status?

	<ul style="list-style-type: none"> The assessor should determine what the is the client's current employment status. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The client's current employment status. Use the below definitions to assist with the response. <ul style="list-style-type: none"> Home duties: the client is undertaking home duties only. Retired for age: the client no longer works due to age. Retired for disability: the client no longer works due to a disability preventing them from working. Other: any other response that does not align with the above options (e.g. volunteer work). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Are you currently employed?
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Assessor observations on financial or legal details**Question: Financial or legal observations**

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This is to provide a holistically summary about the client's financial and legal circumstances. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Summary of any financial or legal issues being experienced by the client. If the client has an advance care plan and/or a power of attorney. Summary of if the client receives assistance in making health decisions.

Question: Financial or legal observations

- If the client has sufficient financial resources to meet any emergencies.
- If the client is subject to a Mental Health Act order.

Prompts and/or observations:

- Is there anything else you would like to talk about on the behaviour questions we discussed?

Support considerations section

The purpose of the support considerations section of the IAT is to explore any health and safety concerns that the client is experiencing, and to highlight any diversity considerations that should be considered as part of the assessment.

Health and safety

Question: At risk of, or suspected, or confirmed elder abuse?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if the client is at risk of, or suspected, or confirmed elder abuse. • This indicator reflects people who are at risk of suspected abuse or there is confirmed abuse. The harm may be intentional or unintentional and may be caused by another person with whom the person has a relationship of trust. • People who are experiencing abuse may be at risk of harm and/or suffering neglect. They may be feeling unsafe and/or afraid of someone who hurts, insults, controls or threatens them, or prevents them from doing what they want. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is at risk of, or suspected, or confirmed elder abuse. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Use the below background information to assist with any prompts or observations to look for. <ul style="list-style-type: none"> ○ Domestic violence and abusive relationships - signs, effects and support healthdirect <p><u>Support resources:</u></p>



Question: At risk of, or suspected, or confirmed elder abuse?	
	<ul style="list-style-type: none"> • Domestic violence and abusive relationships - signs, effects and support healthdirect

Question: What types of elder abuse is the client at risk of or suspected?	
Response options	<ul style="list-style-type: none"> • Financial • Physical (including restraint) • Emotional • Sexual • Social • Neglect • Other
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify what types of elder abuse is the client at risk of or suspected to experience. • The types of abuse can include physical abuse, sexual abuse, psychological abuse and financial abuse (including lack of control of finances). • It can also involve neglect or failure to provide necessary food, shelter, clothing, medical care or emotional support. • Other issues that may play a role include carer stress, difficulties accepting care due to health status, family violence or conflict, isolation, dependency, psychological problems and addictive behaviours in the abuser. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • What types of elder abuse is the client at risk of or suspected to experience. • Use the below definitions to assist with the response. <ul style="list-style-type: none"> ○ Financial: maintaining control of finances, including restricting access to bank accounts, wages or pensions, providing a small ‘allowance’, hiding assets, preventing the person from working, sabotaging interviews or meetings, and theft. ○ Physical (including restraint): direct assault on the body, such as strangulation, slapping, punching,

Question: What types of elder abuse is the client at risk of or suspected?

kicking, shaking or pushing. It may also include using weapons or objects. Physical abuse can also include throwing objects, the denial of food and the destruction of property.

- **Emotional:** blaming or ignoring the person ('sulking'), treating the person as inferior, saying their behaviour is inappropriate, questioning their sense of reality, emotional blackmail or suicide threats. The perpetrator might also stalk, spy on or follow the person. This may include monitoring emails or phone calls and using GPS tracking.
- **Sexual:** any form of rape, unwanted or forced sexual activity, sexual threats and insults.
- **Social:** isolating the victim from their family and friends, such as forbidding or preventing contact with them and ongoing rudeness to family and friends. The perpetrator might insist the person moves far away from family support or employment opportunities.
- **Neglect:** failing to meet the basic physical or psychological needs of a person you're caring for, such as a child. This might include failing to protect them from physical harm or danger, or stopping them from getting medical care. It can also be neglect of, or unresponsiveness to, the other person's basic emotional needs.
- **Other:** any other form of elder abuse not covered by the above. Examples include coercive control, spiritual abuse or verbal abuse.

Prompts and/or observations:

- Use the below background information to assist with any prompts or observations to look for.
 - [Domestic violence and abusive relationships - signs, effects and support | healthdirect](#)

Support resources:

- [Domestic violence and abusive relationships - signs, effects and support | healthdirect](#)

Refusing assistance or services when there is a clear need

Question: Is the client refusing assistance or services when they are clearly needed to maintain safety and wellbeing?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should seek to understand if the client is refusing assistance or services when they are clearly needed to maintain safety and wellbeing. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client is refusing assistance or services when they are clearly needed to maintain safety and wellbeing. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Have you recently denied help from family, friends or service providers with caregiving tasks such as taking medication, eating or self-feeding? • How often do you resist them from helping you?

Self-neglecting personal care and/or safety, or exposed to risks

Question: Any evidence that the client is self-neglecting of personal care, nutrition or safety?	
Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should identify if there is any evidence that the client is self-neglecting of personal care, nutrition or safety.

Question: Any evidence that the client is self-neglecting of personal care, nutrition or safety?

	<p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If there is any evidence that the client is self-neglecting of personal care, nutrition or safety. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Observe the client’s living conditions. • What do you typically eat? Do you try to ensure you have a good diet? • What is your personal care routine? What do you not bother with?
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Details of self-neglecting personal care and/or safety, or exposed to risks

Question: Please specify

Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should summarise details on any evidence that the client is self-neglecting of personal care, nutrition or safety. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • A summary of any evidence that the client is self-neglecting of personal care, nutrition or safety. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Observe the client’s living conditions. • What do you typically eat? Do you try to ensure you have a good diet? • What is your personal care routine? What do you not bother with? • Can you share more detail about this?

Question: Please specify

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May cause harm to themselves or others

Question: Risk client may cause harm to themselves or others

Response options	<ul style="list-style-type: none"> • Yes • No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should indicate if the client may cause harm to themselves or others. • At risk behaviours are any behaviour that put the client or others at risk of harm. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • If the client may cause harm to themselves or others. <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> • Ask open-ended questions: <ul style="list-style-type: none"> ○ Encourage dialogue by asking questions that allow the person to express themselves freely. • Listen actively: <ul style="list-style-type: none"> ○ Be an attentive listener without judgment. ○ Show empathy and validate their feelings. ○ Avoid interrupting or rushing the conversation. • Observe signs and cues: <ul style="list-style-type: none"> ○ Pay attention to behavioural cues that might indicate distress or risk: <ul style="list-style-type: none"> ▪ Appearance: bloodstains, carrying potential weapons. ▪ Physical activity: restlessness, agitation, clenched fists, hostile expressions. ▪ Mood: anger, anxiety, tension, difficulty controlling emotions. ▪ Speech: loud, threatening, slurred. <p><u>Support resources:</u></p>

Question: Risk client may cause harm to themselves or others

	<ul style="list-style-type: none"> • Self-harm - causes, warning signs and symptoms and when to seek help healthdirect
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Client diversity**Client identify****Question: Does the client identify as:**

Response options	<ul style="list-style-type: none"> • from a culturally and linguistically diverse background • an Aboriginal and/or Torres Strait Islander person • Living in a rural or remote area • Financially or socially disadvantaged • A Veteran • Homeless • At risk of being homeless • a lesbian, gay, bisexual, transgender, or intersex person • A person separated from parents or children by forced adoption or removal • A socially isolated individual • Other – please specify
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should determine if the client identifies as: <ul style="list-style-type: none"> ○ From a culturally and linguistically diverse background; ○ An Aboriginal and/or Torres Strait Islander person; ○ A lesbian, gay, bisexual, transgender, or intersex person; and ○ Another group that the client wishes to identify (such as any cultural and/or religious values or beliefs that are important to know). • This question is included to ensure their identify is considered as part of the assessment and the development of a support plan. • It is important for an assessor to be sensitive to the client's cultural beliefs and practices and to convey respect for the client's cultural values through the manner in which they

Question: Does the client identify as:

communicate, and the recommendations in which they action.

- Clients who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) rarely want to be solely defined by their sexual orientation, sex or gender identity, but for many it is an important part of who they are. Some LGBTI people are, or have been, very involved and visible in LGBTI communities and will happily identify and socialise with these communities. Others will have minimal contact with groups of LGBTI people. It is important to consider the needs of LGBTI people as distinct individuals and to take into account the diversity within the groups to which they belong. Each of the LGBTI communities may have their own needs, as do the individual people in these groups. For example, some LGBTI people will want to be able to move through the aged care system without disclosing their sexual orientation, sex or gender identity. Others will strongly wish to disclose and have their identity recognised and embraced. Others may not have any choice about disclosing – which can often be the case for transgender or intersex people. It is important for those assessing clients for aged care services to consider the impact of the historical discrimination faced by older LGBTI people and its effect on LGBTI people using aged care services. While legislative reforms have gone a long way to promoting equality, many LGBTI people hide their sexual orientation, sex or gender identity on a daily basis because they continue to fear discrimination. The experience of discrimination has a detrimental impact on the health and wellbeing of LGBTI people. There is now clear evidence that the more discrimination an LGBTI person encounters, the poorer their health and wellbeing.
- The term ‘care leavers’ refers to children who were in institutional and other out-of-home care prior to the year 2000, including:
 - Forgotten Australians - people who spent a period of time as children in children's homes, orphanages, and other forms of out-of-home care prior to the year 2000.
 - Former Child Migrants - children who arrived in Australia through historical child migration schemes and were subsequently placed in homes and orphanages.

Question: Does the client identify as:

- Stolen Generations - children of Aboriginal and Torres Strait Islander descent who were removed from their families and communities by federal and state government agencies from the late 1800s to the 1990s.

Assessors should be particularly sensitive to the effects of care-leavers' childhood experiences with government officials, authorities and institutional care. These individuals may have experienced complex trauma and have general distrust of institutions and Government departments. Assessors should consider how to best support older people in the most sensitive and respectful way with an awareness and understanding of how childhood experiences may influence their concerns, preferences and decisions in relation to aged care, and emphasise that older people can have a support person at the assessment and that they are not obliged to take up any approved care.

Consider and record:

- If the client identifies as:
 - From a culturally and linguistically diverse background;
 - An Aboriginal and/or Torres Strait Islander person;
 - A lesbian, gay, bisexual, transgender, or intersex person; and
 - Another group that the client wishes to identify.
- Important for clients who are care leavers:
 - Under Support at Home, individuals who are care leavers are eligible for a care management supplement which will be credited to their provider's care management account.
 - To identify individuals who are eligible for a care management supplement during the assessment, assessors must use the diversity fields in the IAT, which do not currently capture care leavers.
 - Assessors who have identified individuals who are care leavers during the assessment should select the diversity field 'a person separated from your parents or children by forced adoption or removal'.
 - This will ensure Services Australia is able to identify these individuals from the assessment and apply a care management supplement to their provider's care management account. Refer to the Support at

Question: Does the client identify as:	
	<p>Home Program Manual for more information on care management supplements.</p> <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> This question may be sensitive to the client, so it should be raised in a sensitive manner.

Assessor notes on support considerations

Question: Assessor notes	
Response options	Textbox for written response
Question rules	Base question
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> This is to provide a holistic summary about the client’s support considerations. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Summary of any elder abuse considerations. Summary of if the client is refusing any assistance or services when they are offered. If the client is demonstrating self-neglecting personal care and/or safety, and what this entails. If the client is at risk of harm to themselves or others. Client diversity considerations. If there is any information that would affect service provision for client’s who identify as belonging to a diverse group (e.g. preference of care type, service provider). <p><u>Prompts and/or observations:</u></p> <ul style="list-style-type: none"> Are there any cultural considerations I should know about to serve your health needs? So that I might be aware of and respect your cultural beliefs and values, could you tell me if you have any special dietary restrictions related to your beliefs or times

Question: Assessor notes	
	<p>during the year when you change your diet in celebration of religious and other ethnic holidays?</p> <ul style="list-style-type: none"> • Do you use any traditional health remedies to improve your health? • Are there certain healthcare procedures and tests which your culture prohibits? • The information provided by the client. ☐ Specific information relevant to previous experiences with service provision. • Is there anything else you would like to talk about on the behaviour questions we discussed? <p><u>Recommendations</u></p> <ul style="list-style-type: none"> • Any linking support that may be appropriate <p><u>Support resources</u></p> <ul style="list-style-type: none"> • Silver Rainbow: Ageing and Aged Care for LGBTIQ+ people - www.lgbtiqhealth.org.au/silver_rainbow

Urgent Service Provision

Question: Does the client require urgent service provision?	
Response options	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The response to this question is one of multiple factors used by the system to calculate a priority category for the person for the Support at Home Priority System. Other information is also used to calculate a priority category. • An older person’s priority for funding is based on their personal circumstances and characteristics. <p>Consider and record: An older person can be determined to need urgent service provision if the older person:</p>

Question: Does the client require urgent service provision?

- is considered at urgent and immediate risk in terms of their personal safety; and/or
- is at immediate risk of admission into residential care; and/or
- Has a carer, and the carer arrangements are unsustainable, or the carer is at crisis point

The [My Aged Care Assessment Manual](#) provides further guidance to assist assessors in determining whether an older person requires urgent service provision and the Support at Home Priority System.

Support plan

Identified needs

Assessment summary

Question: Assessment Summary	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes –</p> <ul style="list-style-type: none"> Reason for assessment section – main reason for seeking assessment Assessment details section – assessment mode Assessment details section – assessment setting Assessment details section – assessment information was collected from Function – summary of function notes Medical and medications section – health condition/s Carer profile section – details of carer Carer profile section – carer’s relationship to client Carer profile section – selected support types Carer profile section – assessor notes about caring relationship Carer profile section – factors affecting carer availability and sustainability of caring relationships Cognition section – assessor notes on cognition Behaviour section – assessor notes on behaviours
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessment summary will have the option to pre-populate information based on what is recorded by the assessor during the assessment. However, an assessor will have the ability to change this manually. • Assessors are able to finalise the support plan, but keep it open for the duration of the support period. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The assessment summary should follow the ISBAR format: <ul style="list-style-type: none"> ○ Introduction ○ Situation ○ Background ○ Assessment

Question: Assessment Summary

	<ul style="list-style-type: none"> ○ Recommendations. ● The assessment summary needs to be written in language the client can understand. It can also be used to inform the client’s representative(s), healthcare professionals and service providers of the assessment findings and outcomes. It is also a useful tool that informs ongoing discussion, monitoring and review.
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Functional needs**Question: Functional Needs**

Response options	Read only pre population information.
Question rules	Base question that is mandatory to complete.
Pre-populated information	<p>Yes:</p> <ul style="list-style-type: none"> ● Response will pre-populate from function section of IAT if ‘add as a functional need’ box is ticked for the corresponding functional questions below: <ul style="list-style-type: none"> ○ Get to places out of working distance ○ Go shopping ○ Prepare meals ○ Undertake light housework ○ Take medicine ○ Handle money ○ Walk ○ Take a bath or shower ○ Dressing ○ Eating ○ Transfers ○ Toileting – bladder ○ Toileting – bowels ○ Undertake housework (heavy/moderate) ○ Use telephone ○ Use other communication device ○ Use online services ○ Wheelchair mobility ○ Climb stairs ○ Grooming ○ Upper body strength ○ Toilet use

Question: Functional Needs	
	<ul style="list-style-type: none"> • Arrow located next to each prepopulated response will link back to the corresponding IAT question should a change be required.
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • This refers to where information relating to a client’s functional needs is populated from the assessment into the support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • It is important for an assessor to ensure all identified needs are considered as part of the goals, considerations and recommendations included in the support plan.

Other considerations

Question: Other Considerations	
Response options	<ul style="list-style-type: none"> • Read only pre population information.
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes</p> <p>Response will pre-populate from the IAT if ‘add as Other Consideration’ box is ticked for the corresponding questions below:</p> <ul style="list-style-type: none"> ○ Social and community participation ○ Carer sustainability ○ Respite ○ Health literacy ○ Sensory concerns ○ Communication difficulties ○ Slips, trips and falls ○ Driving ○ Oral Health ○ Swallowing ○ Appetite, weight loss and fluid intake ○ Skin conditions ○ Pain ○ Sleep ○ Physical activity ○ Alcohol use ○ Recent hospitalisation ○ Health conditions

Question: Other Considerations	
	<ul style="list-style-type: none"> ○ Allergies and/ or sensitivities ○ Changes in memory and thinking ○ Changes in personality ○ Changes in behaviour ○ Feelings of nervousness or depression ○ Feelings of loneliness or social isolation ○ Psychological considerations ○ Home safety ○ Home maintenance (including gardening) ○ Personal safety ○ Tobacco use <ul style="list-style-type: none"> ● Arrow located next to each prepopulated response will link back to the corresponding IAT question should a change be required.
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● This refers to where information relating to a client’s other considerations is populated from the assessment into the support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● It is important for an assessor to ensure all identified needs are considered as part of the goals, considerations and recommendations included in the support plan.

Complexity indicators

Question: Complexity Indicators	
Response options	<ul style="list-style-type: none"> ● Read only pre population information.
Question rules	Base question that is mandatory to complete
Pre-populated information	<p>Yes:</p> <p>Response will pre-populate from the IAT if ‘add as Complexity Indicator’ box is ticked for the corresponding questions below:</p> <ul style="list-style-type: none"> ● Client is living in inadequate housing or with insecure tenure or is already homeless which compromises their health, wellbeing, and ability to remain living in the community

Question: Complexity Indicators

- There is risk of, or suspected or confirmed abuse
- Client has emotional or mental health issues that significantly limits self-care capacity, requires intensive supervision and/or frequent changes to support
- Client is experiencing financial disadvantage or other barriers that threaten their access to services essential to their support
- Client has experienced adverse effects of institutionalisation and/or system abuse (e.g. spending time in institutions, prisons, foster care. Residential care or out of home care) and is refusing assistance or services when they are clearly needed to maintain safety and wellbeing
- Client is exposed to risks due to drug and/or alcohol related issues and likely to cause harm to themselves or others
- Client is exposed to risks or is self-neglecting of personal care and/or safety and likely to cause harm to themselves or others
- Client has a memory problem or confusion that significantly limits self-care capacity, requires intensive supervision and/or frequent changes to support
- Exposure to risks due to drug and/or alcohol issues response will pre-populate from physical and personal health and frailty section of IAT (if 'daily or almost daily' is selected for question on consumption of six or more alcoholic drinks on one occasion; or if 'daily or almost daily', 'weekly' or 'monthly' is selected for question on illicit drug use for non-medical purposes)

Arrow located next to each prepopulated response will link back to the corresponding IAT question should a change be required.

Response guidance

Context:

- This refers to where information relating to a client's complexity indicators is populated from the assessment into the support plan.

Consider and record:

Question: Complexity Indicators

- It is important for an assessor to ensure all identified complexity indicators are considered as part of the goals, considerations and recommendations included in the support plan.

Goals and recommendations

- Area of concern and Goal section of the support plan should be completed prior to finalising the IAT.

Area of concern**Question: What is the area of concern?**

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Areas of concern should capture key information about the client's life, interests, abilities and challenges. It is not a list of the client's problems, or a list of the services they wish to receive. Ask the client to prioritise their areas of concern. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Short and simple areas of concerns that can be addressed through one or more of the client's goals.

Goal**Question: What is the Client's Goal?**

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete

Question: What is the Client's Goal?	
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Goal setting with the client enables assessors to have a clear focus on the priorities for the client, to be addressed through the client's support plan. • Evidence demonstrates that setting goals that align with the client's values and priorities encourages the client to take responsibility and commit to making the changes necessary to improve their health and wellbeing. Evidence also shows that the assessment process alone is insufficient to improve outcomes – it needs to be followed by goals, strategies and solutions to address the issues identified. • Throughout the assessment, it is likely that the person will have referred to various goals but they are not seen as, or called, 'goals'. An assessor should identify these goals and have a conversation with the client about them. • Typical goals that are not specific and where an assessor could investigate further include: <ul style="list-style-type: none"> ○ 'I want to remain at home' <ul style="list-style-type: none"> ▪ What do you need to be able to do to stay at home? It could be that the steps required are to improve their walking and balance; or that the client needs to be able to shower independently. ▪ What is it about being at home that is important to you? This can help clarify what the client needs to do personally to stay at home i.e. they have a dog/cat to look after or love their garden. ○ 'I want to get to the local shops/church/social club/work place' <ul style="list-style-type: none"> ▪ Ask what they need to be able to do to get to the local shops. It could be that they need to improve their walking and balance; need to learn to use a walking aid; look at purchasing a scooter. ○ 'I want to stay independent' <ul style="list-style-type: none"> ▪ Ask what they think they need to be able to do to remain independent.

Question: What is the Client's Goal?

- To achieve any goal there may be a series of steps to underpin the goal. For example, if the goal is to go to the local shops, depending on the person's circumstances the smaller steps may include needing to be able to dress themselves; walk to the front door or down the front path; get in and out of a car; get up/down steps; walk 500 metres; balance a cup of coffee; be continent; get on and off a chair; learn to take medications at the right time etc.
- Assessors need to ensure that they maintain an empowering, strengths-based approach that values the individual needs and preferences of the client. This is particularly important where a client has limited insight, has difficulties making decisions (e.g. due to dementia or a cognitive impairment), mental health concerns, communication difficulties (e.g. clients who are non-verbal), has limited or no English language skills, is from a culturally and linguistically diverse background, has a terminal condition and/or is receiving palliative care and/or limited motivation or is resistant to care.

Consider and record:

- What is the client's goal?
- Tick most relevant domain that goal area relates to?
 - Physical function
 - Cognitive function
 - Social Support
 - General health
 - Personal Health
 - Home/personal safety
 - Other

Prompts

- What's working well for you at the moment that we could build on?
- What do you do well?
- What are the things that you're managing well with at the moment or feel good about?
- What are your interests? What do you enjoy?
- What gives you a sense of accomplishment, confidence or makes you proud?
- Who are the people that are especially important to you? Tell me about these relationships.

Question: What is the Client’s Goal?

	<ul style="list-style-type: none"> • What motivates you to do things to improve your health and wellbeing? • Tell me about your daily routine and what makes a good day for you? • What are the things you do, each day or each week, because you really want to – not because you have to? • Can you describe how you do specific tasks and their components (for example, can push a shopping trolley and select items from a shelf but cannot lift heavy bags; can push the vacuum but cannot bend down to plug it in; can shower but cannot step over the bath edge into the shower)?
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Client’s current strengths and abilities in relation to goal

Question: What are the client’s current strengths and abilities in relation to this goal?

Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • A strengths-based and solution-focused approach to assessment and support planning requires the assessor to identify the person’s strengths, talents, capabilities and resources through a conversational dialogue. The assessor can encourage the person to develop and use these strengths to work on particular goals and tasks in their support plan. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The client’s current strengths and abilities in relation to the goal.

Client's current areas of difficulty in relation to goal

Question: What are the client's current areas of difficulty or activities where the client needs support in order to achieve this goal?	
Response options	Textbox for written response
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Having a client identify their areas of difficulty and/or the supports they need assists the client to understand their current limitations that need to be further developed in order to achieve their goal. Having this conversation helps to ensure that the client is not a passive recipient of the support but a determinant of it and therefore far more likely to achieve any goals related to the support. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The client's current areas of difficulty or activities where the client needs support in order to achieve the goal.

Carer Support for Client Goals

Question: What support does the client's carer provide to achieve this goal?	
Response options	Textbox for written response
Question rules	Not mandatory
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Understanding what supports the client's carer provides in achieving a goal is important to ensure a shared expectation of how that goal will be achieved. Having this conversation helps to ensure that the client and their carer are not passive recipient of the supports but a determinant of it and therefore are far more likely to achieve any goals. <p><u>Consider and record:</u></p>

Question: What support does the client's carer provide to achieve this goal?

	<ul style="list-style-type: none"> The client's current areas of difficulty or activities where the client's carer provides support to achieve the goal.
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Focus of client's goal**Question: What is the focus of the goal for the client?**

Response options	Tick box select option
Question rules	Mandatory to complete
Pre-populated information	No
Response guidance	<u>Tick the box/boxes that apply:</u> <ul style="list-style-type: none"> To regain a function? (e.g. physical, cognitive or social) To compensate for a declining function? (e.g. physical, cognitive or social) To receive care for a lost or declining function? (e.g. physical, cognitive or social)

Client's rating of goal importance**Question: How important is it to the client to achieve this goal?"**

Response options	<ul style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 10
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u> <ul style="list-style-type: none"> It is useful to understand how important it is to a client to achieve each of their goals. This enables assessors to

Question: How important is it to the client to achieve this goal?"

	<p>discuss and prioritise recommendations and supports associated with each goal.</p> <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • The client's rating of each goal's relative importance on a scale from 1 (not important) to 10 (very important). • This rating is to be made by the client, not by the assessor.
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Goal status**Question: Goal Status**

Response options	<ul style="list-style-type: none"> • In progress • Achieved • No longer relevant
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • In developing the support plan with the client, the client's goal should be set to 'in progress'. When undertaking a review or new assessment, the assessor should review the client's progress towards achieving their goals and update the goal status. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • Assessors can: <ul style="list-style-type: none"> ○ Edit or remove goals or concerns from a client's Support Plan. These may be goals and/or concerns that have been recently added, or added by a previous assessor. ○ Edit or remove recommendations in some instances. This will depend on the status of any associated referrals. ○ View the history of goals, concerns and recommendations by viewing the Support Plan history.

IAT Outcome and Classification

Question: IAT outcome	
Response options	Read only system generated IAT outcome and read only display of current assessment type.
Question rules	Read only response
Pre-populated information	Yes
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> The system generated IAT outcome will only display if IAT mandatory questions are completed AND assessors select the '<i>finalise IAT and continue to support plan</i>' button when proceeding to the support plan. Completing all the IAT mandatory fields and selecting '<i>save questionnaire and continue to support plan</i>' will NOT result in an IAT outcome displaying. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Ensure that all information in the IAT is correct prior to selecting the '<i>Finalise IAT and continue to Support plan</i>' button. Once this button is selected the IAT will be locked and no further changes to the IAT can be made by the assessor or the assessment delegate. Ensure that you complete the Client concerns and goals section before finalising the IAT. You may select the '<i>save questionnaire and continue to support plan</i>' to navigate between the IAT and Concerns and goals section. However, you must select the finalise IAT and continue to support plan to enable the IAT outcome to appear and to make aged care service recommendations.

Question: IAT outcome ACCEPT or OVERRIDE	
Response options	Tick box selection
Question rules	Base question that is mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u>

Question: IAT outcome ACCEPT or OVERRIDE

- Once the system generated IAT outcome displays, the assessor will have to ACCEPT or OVERRIDE the system generated IAT outcome.

Accepting the IAT outcome:

- If an assessor plans to recommend ongoing home support for an older person through Support at Home or CHSP, the IAT Outcome that is generated by the system must first be accepted by the assessor. For example, where the IAT Outcome recommends an ongoing SaH 5 the assessor will accept this IAT Outcome.
- If the IAT Outcome results in 'ineligible for CHSP/SaH', the person is not eligible to receive CHSP or ongoing SaH. In this circumstance the system will display a prompt to override to a higher classification. Assessors must not take this action. If by considering the eligibility criteria in the *Aged Care Act 2024* for residential care or transition care, the assessor wants to recommend these care types, it is appropriate to accept the ineligibility outcome and recommend these care types in the support plan.

The possible IAT outcomes displayed are:

- Ineligible for CHSP/SaH
- CHSP
- SaH Classification 1
- SaH Classification 2
- SaH Classification 3
- SaH Classification 4
- SaH Classification 5
- SaH Classification 6
- SaH Classification 7
- SaH Classification 8

When the ACCEPT button is selected, the 'Add Home Support services' page will display

Overriding the IAT outcome:

It will be necessary to override the system-generated IAT Outcome to recommend the:

- SaH Restorative Care Pathway,
- SaH End of Life Pathway,
- Transition Care Program (TCP),

Question: IAT outcome ACCEPT or OVERRIDE

- Permanent Residential Care without ongoing in-home services,
- Residential Respite care without ongoing in-home services.

In order to recommend TCP or only residential care (permanent or short-term), assessors will need to override the IAT Outcome to 'ineligible for ongoing SaH/CHSP'. Assessors can then recommend these care types in the support plan.

When the OVERRIDE button is selected, the 'Override IAT outcome' page will display, and assessors must provide an override reason AND override reason description. If recommending Restorative Care Pathway or End of Life Pathway, the 'Add Home Support services' page will then display.

- When completing the '**Add Home Support services**' page, assessors select which service and service sub types (see list below) the client will be able to access under the SaH classification level.
- All service sub types (except those for Allied health and therapy and Therapeutic Services for Independent living) will be preselected (see list below).
- **For 'Allied health and therapy' and 'Therapeutic Services for Independent living'**: these service sub types will not be pre-selected and the assessor must select the relevant service subtype. Assessors should consider the service subtypes that align with the person's assessed care needs.
- **For all other service types**: assessors should select the service types that align with the person's assessed care needs. For each service type, assessors need to either retain all or unselect all service sub types (i.e. there shouldn't be some sub-types selected and some unselected under a service type).
- If a service or service sub type is not selected and the client subsequently needs that service or service subtype, the client will need to request this via a SPR.
- After completing either the ACCEPT or OVERRIDE button, a new field will display under the IAT Outcome indicating what the assessor Recommended classification is.

Domestic Assistance (Service Type)

- General House cleaning (*service sub type*)

Question: IAT outcome ACCEPT or OVERRIDE

- Laundry services
- Shopping assistance
- Gardening
- Assistance with home maintenance and repairs
- Expenses for home maintenance and repairs

Home maintenance and repairs

- Gardening
- Assistance with home maintenance and repairs

Meals

- Meal delivery
- Meal preparation

Allied health and Therapy

- Allied health assistance
- Podiatry
- Social work
- Speech pathology
- Diet or nutrition
- Aboriginal or Torres Strait Islander Health Practitioner assistance
- Aboriginal or Torres Strait Islander Health worker assistance
- Physiotherapy
- Exercise physiology
- Occupational therapy
- Counselling or psychotherapy
- Music Therapy

Personal care

- Assistance with self care and activities of daily living
- Assistive with self-administration of medications
- Continence management (non-clinical)

Nursing Care

- Registered nurse clinical care
- Enrolled nurse clinical care
- Nursing assistant clinical care
- Nursing care consumables

Social support and community engagement

- Group social support
- Individual social support
- Accompanied activities

Transport

- Direct transport
- Indirect transport

Care Management

Question: IAT outcome ACCEPT or OVERRIDE

- Home support care management

Restorative care management

- Home support restorative care management

Therapeutic services for independent living

- Acupuncture
- Chiropractics
- Diversional Therapy
- Remedial massage
- Art Therapy
- Osteopathy

Hoarding and squalor assistance

- Hoarding and squalor supports

Nutrition

- Nutrition supports

Home or community general respite

- Flexible respite
- Community and centre-based respite

Equipment and products

- Managing body functions
- Self-care products
- Mobility products
- Domestic life product
- Communication and information management products
- Assistive technology prescription and clinical support

Home adjustments

- Home modifications products
- Home modifications prescription and clinical support

Consider and record:

- Assessor has ability to recommend the service frequency and intensity.
 - If 'Other-Specify' has been selected for intensity, free text field will be displayed.
 - These fields are not mandatory for the assessor
- If the IAT outcome is a SAH program and the current assessment type is Home Support, the assessor must convert the assessment type to a comprehensive in order to recommend a SaH service.
- You will also be able to link each service to a goal.
- If the assessor recommends classification = '**SaH Restorative Care Pathway**' then:

Question: IAT outcome ACCEPT or OVERRIDE	
	<ul style="list-style-type: none"> ○ 'Care management' service type will not be displayed ○ 'Restorative care management' service type will be displayed along with 'Home support restorative care management' service, it will be selected and read only. ● If the assessor recommends classification 'SaH Classification 1-8' or 'SaH End-of-Life Pathway' then: <ul style="list-style-type: none"> ○ 'Restorative care management' service type will not be displayed ○ Care management' service type will be displayed along with Home support care management' service, it will be selected and read only.

Add a General recommendation

Question: Add a General Recommendation	
Response options	Textbox for written response
Question rules	<p>Base question that is not mandatory to complete</p> <p>NB: This question will be blocked for completion until all IAT mandatory questions are completed AND the assessor selects the 'finalise IAT and continue to support plan' button AND the IAT outcome is either ACCEPT or OVERRIDE.</p>
Pre-populated information	No
Response guidance	<ul style="list-style-type: none"> ● <u>Context:</u> ● General recommendations relate to a type of support that is non-Commonwealth funded and will generally be actioned by a client, or in some instances by an assessor. ● Recommendations may include that the client sees a health practitioner for a particular concern, that they join a local support group or engage in an activity that they wish to undertake. ● A general recommendation can be associated to one or more of the client's goals. <p><u>Consider and record:</u></p>

Question: Add a General Recommendation

- Assessors can add general recommendations to a client's support plan. General recommendations must identify whether there is an action to be taken by the assessor, client and/or someone else.

Add a Service recommendations**Question: Add a Service Recommendation****Response options**

- Allied Health and Therapy Services** – Aboriginal and Torres Strait Islander -Note that ATSI is not an appropriate acronym, Health Worker; Dietitian or Nutritionist; Diversional Therapy; Exercise Physiologist; Hydrotherapy; Occupational therapy; Ongoing Allied Health and Therapy Services; Other Allied Health and Therapy Services; Physiotherapy; Podiatry; Psychologist; Restorative Care Services; Social Work; Speech Pathology.
- Assistance with Care and Housing** – Advocacy – Financial, Legal etc.; Assessment – Referrals etc.; Hoarding and Squalor.
- Case Management.**
- Centre-based Respite** – Centre Based Day Respite; Community Access – Group; Residential Day Respite.
- Client Care Coordination.**
- Cottage Respite** – Overnight Community Respite.
- Domestic Assistance** – General House Cleaning; Linen services; Unaccompanied Shopping (delivered to home).
- Flexible Respite** – Flexible Respite; Host Family Day Respite; Host Family overnight Respite; In-home Day Respite; In-home Overnight Respite; Mobile Respite; Other planned respite.
- Equipment and products** - Self-care products; Mobility products; Domestic life products; Communication and information management products; Managing body functions
- Home adjustments** - Home modifications
- Home maintenance** – Garden Maintenance; Major Home Maintenance and Repairs; Minor Home Maintenance and Repairs.
- Meals** – At Centre; At Home.
- Multi-Purpose Service Program (MPSP)** – Residential – Shared room + Ensuite; Shared room + no bathroom or Ensuite; Shared room + shared Bathroom; Single room +

Question: Add a Service Recommendation	
	<p>Ensuite; Single room + no bathroom or Ensuite; Single room + shared Bathroom.</p> <ul style="list-style-type: none"> • National Aboriginal and Torres Strait Aged Care Program (NATSIFACP). • Nursing. • Other Food Services – Food Advice, Lessons, Training, Food Safety; Food Preparation in the Home. • Personal Care – Assistance with client self-administration of <ul style="list-style-type: none"> • medicine; Assistance with Self-Care. • Social Support Group. • Social Support Individual – Accompanied Activities e.g. Shopping; Telephone/Web Contact; Visiting. • Specialised Support Services – Client Advocacy; Continence Advisory Services; Dementia Advisory Services; Hearing Services; Other support services; Vision Services. • Transport – Direct (driver is volunteer or worker); Indirect (through vouchers or subsidies).
Question rules	<p>Base question that is not mandatory to complete</p> <p>NB: This question will be blocked for completion until all IAT mandatory questions are completed AND the assessor selects the ‘finalise IAT and continue to support plan’ button AND the IAT outcome is either ACCEPT or OVERRIDE.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor can add/change service recommendations to a client’s support plan (e.g. Commonwealth Home Support Program services). • Assessors can recommend: <ul style="list-style-type: none"> • CHSP services • Multi-Purpose Service – Residential • National ATSI Aged Care Program • NB: This question will be dithered out and blocked for completion until all IAT mandatory questions are completed AND the assessors selects the ‘finalise IAT and continue to support plan’ button. This is to ensure that a system generated IAT outcome is displayed. <p><u>Consider and record:</u></p>

Question: Add a Service Recommendation

- The relevant service type and (where required) service sub-type.
- The priority to be associated with the referral to the service type.
- Recommended frequency and intensity of the service, if discussed with the client.
- Recommend a start date for when services should be started. For example, to start when the client's carer is leaving to go on holidays.
- Recommend a review date for the service provider to review the delivery of services in line with the client's goals. For example, the client should have met some or all of their goals within six weeks and a review should then occur to see whether current levels of service provision should reduce or cease.
- Recommend an end date for service provision. For example, the client's carer will be returning and therefore services should no longer be required.
- Whether there is an action to be taken by the assessor, client and/or someone else.
- Whether the service recommendation is associated to one or more of the client's goals.
- Assessors can:
 - Edit or remove recommendations in some instances. This will depend on the status of any associated referrals.
 - View the history of recommendations by viewing the support plan history.

Recommend an Assistive Technology (AT)**Question: Recommend an Assistive Technology**

Response options	Drop down menu with list of values
Question rules	Base question that is not mandatory to complete
Pre-populated information	No
Response guidance	<u>Context:</u> <ul style="list-style-type: none"> • If recommending AT, assessor must select the AT Classification type.

Question: Recommend an Assistive Technology

	<ul style="list-style-type: none"> • If the selected AT classification type is Short-term, then the resulting page will require the assessor to select the appropriate AT tier and relevant service type and services. • If the selected AT classification type is Ongoing, the page displays Specified Needs and relevant information. • If there are concerns and goals on the client’s support plan, the option to link goals will be available. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • An assessor must use clinical reasoning to determine if a client has assistive technology needs • This should be determined through information collected from the assessment and information when answering all IAT questions • The assessor must consider the needs of the client and how assistive technology can help a client continue to live at home more independently • To be eligible for AT the client must be eligible for SaH Home Support
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Recommend a Home Modification (HM)

Question: Recommend a Home Modification

Response options	Drop down menu with list of values
Question rules	Base question that is not mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • If recommending HM, assessors have the option to select the HM Tier. • If recommended classification is SaH Restorative Care Pathway, then only Medium and Low Tier will be available. • If there are concerns and goals on the client’s support plan, the option to link goals will be available. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> • An assessor must use clinical reasoning to determine if a client has home modifications needs

Question: Recommend a Home Modification

	<ul style="list-style-type: none"> • This should be determined through information collected from the assessment and information when answering all IAT questions • The assessor must consider the needs of the client and how home modifications can help a client continue to live at home more independently • To be eligible for HM you must be eligible for SaH Home Support • However exception is, if you are eligible for EoL you are not eligible for HM
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Recommend a period of linking support**Question: Recommend a period of linking support**

Response options	<ul style="list-style-type: none"> • Short term assistance to access aged care services • Short term assistance to access support outside aged care • Urgent intervention to address risks or issues • Interim support to access specialist linking service • Interim support to access ongoing case management service • Supplementary support to access services in addition to Assistance • with Care and Housing • Assistance with Care and Housing unavailable in region • Other
Question rules	<p>Base question that is not mandatory to complete</p> <p>NB: This question will be dithered out and blocked for completion until all IAT mandatory questions are completed AND the assessor selects the 'finalise IAT and continue to support plan' button AND the IAT outcome is either ACCEPT or OVERRIDE.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Where an older person's complex circumstances may impede their access to aged care services, linking support will assist in linking the client to various services they

Question: Recommend a period of linking support

	<p>require in order to live in the community with dignity, safety and independence.</p> <ul style="list-style-type: none"> • Linking support activities are aimed at working with the client to address areas of vulnerability that are preventing access to receiving mainstream aged care support, to the extent that the client is willing or able to access aged care services. • The level of linking service support offered in My Aged Care is time limited, and is not designed to provide ongoing support services. • Clinical and non-clinical assessors are able to add periods of linking support to a client’s Support Plan for comprehensive and home support assessments, nominating the start date, recommended end date, reason for the period of support, and any associated comments. At the end of individual periods of linking support, assessors are to indicate the end date, the outcome of the period of support and add any associated comments. • A warning (yellow banners) will display for assessors and delegates when a client is already undergoing support. • Assessment Delegates will be able to edit or make corrections to the linking support and reablement section during the support period • More information on linking support is available in the My Aged Care Assessment Manual.
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Recommend a period of reablement

Question: Recommend a period of reablement

Response options	<ul style="list-style-type: none"> • Rebuild confidence and independence in mobility • Support the development/relearning of daily activities • Task simplification and energy conservation for managing housework • Promote social contact, community access and integration • Skills development in using public transport • To supporting independence through assessment for appropriate <ul style="list-style-type: none"> • aids and equipment • Training in the use of assistive technology • Helping people to manage personal finances • Other
Question rules	Base question that is not mandatory to complete

Question: Recommend a period of reablement	
	NB: This question will be blocked for completion until all IAT mandatory questions are completed AND the assessors selects the 'finalise IAT and continue to support plan' button AND the IAT outcome is either ACCEPT or OVERRIDE.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Clinical and non-clinical assessors will be able to recommend reablement and linking support for clients • All assessors need to work with the client to identify whether they would benefit from a reablement approach based on their needs and goals as well as identify linking support they may require. • Reablement involves time-limited interventions that are targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities. • If the client agrees that short term reablement support is appropriate and/or beneficial to them, assessors should include service solutions within the Support Plan to: <ul style="list-style-type: none"> ○ Promote their independence; ○ Assist them to maintain and/or strengthen their capacity to undertake daily activities; and/or ○ Maintain social and community connections. • When recommending a period of reablement, assessors are required to select a reason from a list of values in the assessor portal and app. • Supports could include training in a new skill, modification to a client's home environment or having access to equipment or assistive technology. • Assessors can add periods of reablement to a client's support plan, nominating the start date, recommended end date, reason for the period of support, and any associated comments. • At the end of individual periods of reablement, assessors are to indicate the end date, the reason for the end date, the outcome of the period of reablement and add any associated comments. • A warning (yellow banners) will be displayed if client is already undergoing reablement

Question: Recommend a period of reablement

	<ul style="list-style-type: none"> Assessors can make changes to a client's support plan during the allocated time frame for the sake of better supporting the client's need as their abilities develop and change Assessors are able to finalise the support plan, but keep it open for the duration of the support period More information on reablement is available in the My Aged Care Assessment Manual.
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Add a recommended long-term living arrangement**Question: Add a recommended long-term living arrangement**

Response options	<ul style="list-style-type: none"> Private residence Independent living within a retirement village Supported community accommodation Residential aged care service Hospital Other institutional care Other community
Question rules	<p>Base question that is not mandatory to complete</p> <p>NB: This question will be dithered out and blocked for completion until all IAT mandatory questions are completed AND the assessor selects the 'finalise IAT and continue to support plan' button AND the IAT outcome is either ACCEPT or OVERRIDE.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Following a comprehensive assessment, and after discussing the goals with the client and/or their representative, the most appropriate long-term care should be identified from the list of accommodation settings. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> Use the below definitions to assist with the response. <ul style="list-style-type: none"> Private residence: Includes private residences such as houses, flats, units, caravans, mobile homes, boats and marinas.

Question: Add a recommended long-term living arrangement

	<ul style="list-style-type: none"> ○ Independent living within a retirement village: Includes living in self-care independent-living units within a retirement village irrespective of the type of tenure held over the residence. Living in a retirement village with the provision of care services should be listed as supported community accommodation. ○ Supported community accommodation: Includes community living settings or accommodation facilities in which clients are provided with support in some way by staff or volunteers. This category includes domestic-scale living facilities (such as group homes for people with disabilities, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc.) which may or may not have 24-hour supervision and care; larger-scale supported accommodation facilities providing 24 hour supervision and support services by rostered care workers (such as hostels for people with disabilities and government-regulated Supported Residential Services/Facilities); Aged Care Flexible service pilots. ○ Residential aged care service: Includes permanent residents of residential aged care services (formerly nursing homes and aged care hostels) and multi-purpose services or multi-purpose centres. ○ Hospital: Refers to recommendations for long-term care in a hospital setting. ○ Other institutional care: Includes other institutional settings which provide care and accommodation services such as hospices and long-stay residential psychiatric institutions. ○ Other community: Includes all other types of community settings.
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Add a care type for Delegate Decision

Question: Add a care type for Delegate Decision

Response options	<ul style="list-style-type: none"> ● Residential Permanent ● Residential Respite ● Transition Care ● No Care Approval
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Question: Add a care type for Delegate Decision	
Question rules	<p>If a non-clinical assessor recommends aged care program other than CHSP, they will need to convert the assessment to a comprehensive assessment and seek the supervision of a clinical assessor in accordance with their organisation's clinical governance framework and standard operating procedures.</p> <p>NB: This question will be blocked for completion until all IAT mandatory questions are completed AND the assessor selects the 'finalise IAT and continue to support plan' button AND the IAT outcome is either ACCEPT or OVERRIDE.</p>
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> Following a comprehensive assessment, care type recommendations relate to care types under the Act which require approval by an Assessment Delegate. More information is available in the My Aged Care Assessment Manual. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The care type that applies. If time limited, the date by which the approval stops The urgency of the care type chosen Residential Respite Care Priority will change to 'Urgency'. Urgency will be set as High and read-only. Where an assessor wishes to recommend multiple care types, they must enter each care type individually.

Add 'No care type under the Act'

Question: Add 'No care type under the Act'	
Response options	<ul style="list-style-type: none"> Client withdrew application Client hasn't applied for care
Question rules	Mandatory for completion if the client no longer wishes to apply for care.

Question: Add 'No care type under the Act'	
	NB: This question will be dithered out and blocked for completion until all IAT mandatory questions are completed AND the assessor selects the 'finalise IAT and continue to support plan' button. This is to ensure that a system generated IAT outcome is displayed but assessors can select 'No care type under the Act' prior to accepting or overriding the IAT outcome if relevant.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • Where a comprehensive assessment has occurred, however, the client has withdrawn their application or not applied for care, a recommendation of 'No care type under the Act' can be added to the support plan. • This enables an assessor to finalise the assessment and support plan, without needing to submit it to the Assessment Delegate for approval.

Associated people

The associated people section of the support plan provides assessors with the opportunity to identify the people who will be helping the client to meet their goals, or who may be assisting in providing support.

Question: People associated with support plan	
Response options	Add person
Question rules	Base question that is not mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> • The assessor should indicate who is involved in the support plan. • Including the people and/or organisations who are involved in the support plan:

Question: People associated with support plan

	<ul style="list-style-type: none"> ○ Assists the client in setting and achieving goals and enables these to be made known to all involved in the client’s care and service provision. ○ Encourages the client to be actively involved. ○ Manages long-term service delivery in a clear, concise way. ○ Provides an essential checklist to ensure continuity of service delivery. ○ Encourages a team approach. ○ Increases client and carer awareness of support services available, and how and when to access them. ○ Facilitates monitoring of the client’s health and social wellbeing. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> ● The person(s) name, their relationship to the client and their contact details. ● Whether the person has been involved in the support planning process. ● Whether the client has consented to giving the person a copy of their support plan. ● Whether they have been provided with a copy of the support plan.
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Review

Question: Schedule a review

Response options	Select date from a calendar
Question rules	Base question that is not mandatory to complete
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> ● This refers to the date the assessor intends to review the client’s support plan. <p><u>Consider and record:</u></p>



Question: Schedule a review	
	<ul style="list-style-type: none"> The date a review of the client’s support plan should occur.

Question: Reason for review	
Response options	Textbox for written response
Question rules	Base question that is not mandatory to complete and will only appear if a schedule a review date is completed.
Pre-populated information	No
Response guidance	<p><u>Context:</u></p> <ul style="list-style-type: none"> A review by an assessor will look at the following aspects: <ul style="list-style-type: none"> The reason a review has been requested and its impact on the client’s existing assessment information and support plan. The appropriateness of the services in meeting the client’s goals. Any new goals for the client, and associated referral(s) for service. The appropriateness of setting another review date or an end date for service delivery. <p><u>Consider and record:</u></p> <ul style="list-style-type: none"> The reason for scheduling a review of the client’s support plan.

Appendix A – list of health conditions

Category	Code	Condition
No health conditions present	0000	No health conditions present
Certain infectious & parasitic diseases	0101	Tuberculosis
	0102	Poliomyelitis
	0103	HIV/AIDS
	0104	Diarrhoea & gastroenteritis of presumed infectious origin
	0105	Chronic viral hepatitis
	0199	Other infectious & parasitic diseases n.o.s or n.e.c (includes leprosy, listeriosis, scarlet fever, meningococcal infection, septicaemia, viral meningitis)
Neoplasms (tumours/cancers)	0201	Head & neck cancer
	0202	Stomach cancer
	0203	Colorectal (bowel) cancer
	0204	Lung cancer
	0205	Skin cancer
	0206	Breast cancer
	0207	Prostate cancer
	0208	Brain cancer
	0209	Lymphoma
	0210	Leukaemia
	0211	Other malignant tumours n.o.s or n.e.c
	0212	Liver cancer
	0213	Gynaecological cancer (includes ovarian, endometrial/uterine, cervical cancers)
	0214	Kidney cancer
	0215	Bladder cancer
0216	Pancreatic cancer	
0217	Myeloma (includes multiple myeloma)	
0299	Other neoplasms (includes benign tumours & tumours of uncertain or unknown behaviour)	
Diseases of the blood & blood forming organs & immune mechanism	0301	Anaemia (includes pernicious anaemia)
	0302	Haemophilia
	0303	Immunodeficiency disorder (excluding AIDS)
	0399	Other diseases of blood & blood forming organs & immune mechanism n.o.s. or n.e.c (includes hemochromatosis, scleroderma)
Endocrine, nutritional & metabolic disorders	0401	Disorders of the thyroid gland (includes iodine-deficiency syndrome, hypothyroidism, hyperthyroidism, thyroiditis)
	0402	Diabetes mellitus—Type 1 (IDDM)
	0403	Diabetes mellitus—Type 2 (NIDDM)

Category	Code	Condition
	0404	Diabetes mellitus—other specified/unspecified/unable to be specified
	0405	Malnutrition
	0406	Nutritional deficiencies
	0407	Obesity
	0408	High cholesterol
	0499	Other endocrine, nutritional & metabolic disorders n.o.s or n.e.c (includes hypoparathyroidism, Cushing's syndrome, Addison's disease)
Mental & behavioural disorders	0500	Dementia in Alzheimer's disease
	0501	Dementia in Alzheimer's disease with early onset (<65 yrs)
	0502	Dementia in Alzheimer's disease with late onset (>65 yrs)
	0503	Dementia in Alzheimer's disease, atypical or mixed type
	0504	Dementia in Alzheimer's disease, unspecified
	0510	Vascular dementia
	0511	Vascular dementia of acute onset
	0512	Multi-infarct dementia
	0513	Subcortical vascular dementia
	0514	Mixed cortical & subcortical vascular dementia
	0515	Other vascular dementia
	0516	Vascular dementia—unspecified
	0520	Dementia in other diseases classified elsewhere
	0521	Frontotemporal dementia
	0522	Dementia in Creutzfeldt-Jakob disease
	0523	Dementia in Huntington's disease
	0524	Dementia in Parkinson's disease
	0525	Dementia in human immunodeficiency virus (HIV) disease
	0526	Dementia in other specified diseases classified elsewhere
	0530	Other dementia
	0531	Alcoholic dementia
	0532	Unspecified dementia (includes presenile & senile dementia)
	0540	Delirium
	0541	Delirium not superimposed on dementia
	0542	Delirium superimposed on dementia
	0543	Other delirium
	0544	Delirium—unspecified
	0550	Psychoses & depression/mood affective disorders
	0551	Schizophrenia
	0552	Depression/Mood affective disorders
0553	Other psychoses (includes paranoid states, hallucinations)	
0560	Neurotic, stress related & somatoform disorders	
0561	Phobic & anxiety disorders (includes agoraphobia, panic disorder)	

Category	Code	Condition
	0562	Nervous tension/stress
	0563	Obsessive-compulsive disorder
	0564	Other neurotic, stress related & somatoform disorders
	0570	Intellectual & developmental disorders
	0572	Other developmental disorders (includes autism, Rett's syndrome, Asperger's syndrome, developmental learning disorders, specific developmental disorders of speech and language, specific developmental disorder of motor function (e.g. dyspraxia))
	0580	Other mental & behavioural disorders
	0581	Mental and behavioural disorders due to alcohol & other psychoactive substance use (includes alcoholism, Korsakov's psychosis (alcoholic))
	0582	Adult personality & behavioural disorders
	0583	Speech impediment (i.e. stuttering/stammering)
	0584	Lewy Body dementia
	0585	Cognitive impairment n.o.s
	0586	Post-traumatic stress disorder
	0599	Other mental & behavioural disorders n.o.s or n.e.c (includes harmful use of non-dependent substances e.g. laxatives analgesics, antidepressants, eating disorders e.g. anorexia nervosa, bulimia nervosa, mental disorders not otherwise specified)
Diseases of the nervous system	0601	Meningitis & Encephalitis (excluding 'viral')
	0602	Huntington's disease
	0603	Motor neurone disease
	0604	Parkinson's disease (includes Parkinson's disease, secondary Parkinsonism)
	0605	Transient cerebral ischaemic attacks (T.I.A.s)
	0606	Brain disease/disorders (includes senile degeneration of brain n.e.c, degeneration of nervous system due to alcohol, Schilder's disease)
	0607	Multiple sclerosis
	0608	Epilepsy (includes seizures)
	0609	Muscular dystrophy
	0610	Cerebral palsy
	0611	Paralysis—non-traumatic (includes hemiplegia, paraplegia, quadriplegia, tetraplegia & other paralytic syndromes, e.g. diplegia & monoplegia; excludes spinal cord injury code1699)
	0612	Chronic/post-viral fatigue syndrome
	0613	Shingles (Zoster) and/or postherpetic neuralgia
	0614	Peripheral Neuropathy
	0615	Normal pressure hydrocephalus

Category	Code	Condition
	0699	Other diseases of the nervous system n.o.s or n.e.c (includes dystonia, migraines, headache syndromes, sleep disorders e.g. sleep apnoea & insomnia, Bell's palsy, myopathies, dysautonomia, progressive supranuclear palsy, restless legs syndrome)
Diseases of the eye & adnexa	0701	Cataracts
	0702	Glaucoma
	0703	Blindness (both eyes, one eye, one eye & low vision in other eye)
	0704	Poor vision (low vision both eyes, one eye, unspecified visual loss)
	0705	Macular degeneration
	0799	Other diseases of the eye & adnexa n.o.s or n.e.c (includes conjunctivitis, dry eyes)
Disease of the ear & mastoid process	0801	Ménière's disease (includes Ménière's syndrome, vertigo)
	0802	Deafness/hearing loss
	0899	Other diseases of the ear & mastoid process n.o.s or n.e.c (includes disease of external ear, otitis media, mastoiditis and related conditions, myringitis, otosclerosis, tinnitus)
Diseases of the circulatory system	0900	Heart disease
	0901	Rheumatic fever
	0902	Rheumatic heart disease
	0903	Angina
	0904	Myocardial infarction (heart attack)
	0905	Acute & chronic ischaemic heart disease (includes Coronary Artery Bypass Grafting (CABG))
	0906	Congestive heart failure (congestive heart disease)
	0907	Other heart diseases (acute pericarditis, acute and subacute endocarditis, cardiomyopathy, cardiac arrest, heart failure – unspecified)
	0910	Cerebrovascular disease
	0911	Subarachnoid haemorrhage
	0912	Intracerebral haemorrhage
	0913	Other intracranial haemorrhage
	0914	Cerebral infarction
	0915	Stroke (CVA)—cerebrovascular accident unspecified
	0916	Other cerebrovascular diseases (includes embolism, narrowing, obstruction & thrombosis of basilar, carotid, vertebral arteries and middle, anterior, cerebral arteries, cerebellar arteries not resulting in cerebral infarction)
	0920	Other diseases of the circulatory system
0921	Hypertension (high blood pressure)	
0922	Hypotension (low blood pressure)	
0923	Abdominal aortic aneurysm	

Category	Code	Condition
	0924	Other arterial or aortic aneurysms (includes thoracic, unspecified, aneurysm of carotid artery, renal artery, unspecified)
	0925	Atherosclerosis
	0926	Atrial fibrillation
	0927	Venous thromboembolism (VTE) (includes deep vein thrombosis (DVT), pulmonary embolism)
	0928	Heart valve disorders (includes aortic stenosis, mitral valvular disorder)
	0999	Other diseases of the circulatory system n.o.s or n.e.c (includes other peripheral vascular disease, arterial embolism & thrombosis, other disorders of arteries & arterioles, diseases of capillaries, varicose veins, haemorrhoids, giant cell arteritis, Raynaud's)
Diseases of the respiratory system	1001	Acute upper respiratory infections (includes common cold, acute sinusitis, acute pharyngitis, acute tonsillitis, acute laryngitis, upper respiratory infections of multiple & unspecified sites)
	1002	Influenza & pneumonia
	1003	Acute lower respiratory infections (includes acute bronchitis, bronchiolitis & unspecified acute lower respiratory infections)
	1004	Other diseases of upper respiratory tract (includes respiratory allergies (excluding allergic asthma), chronic rhinitis & sinusitis, chronic diseases of tonsils & adenoids)
	1005	Chronic lower respiratory diseases (includes emphysema, chronic obstructive airways disease (COAD), chronic obstructive pulmonary disease (COPD), asthma)
	1006	Tracheostomy
	1099	Other diseases of the respiratory system n.o.s or n.e.c
Diseases of the digestive system	1101	Diseases of the intestine (includes stomach/duodenal ulcer, abdominal hernia (except congenital), enteritis, colitis, vascular disorders of intestine, diverticulitis, irritable bowel syndrome, diarrhoea, constipation)
	1102	Diseases of the peritoneum (includes peritonitis)
	1103	Diseases of the liver (includes alcoholic liver disease, toxic liver disease, fibrosis and cirrhosis of liver)
	1104	Gastrointestinal stoma (includes gastrostomy, jejunostomy (PEG/PEJ), ileostomy, colostomy)
	1199	Other diseases of the digestive system n.o.s or n.e.c (includes diseases of oral cavity, salivary glands and jaws, oesophagitis, gastritis and duodenitis, cholecystitis, other diseases of gallbladder, pancreatitis, coeliac disease, reflux)
Diseases of the skin &	1201	Skin & subcutaneous tissue infections (includes impetigo, boil, cellulitis)
	1202	Skin allergies (dermatitis & eczema)

Category	Code	Condition
subcutaneous tissue	1299	Other diseases of the skin & subcutaneous tissue n.o.s or n.e.c (includes wounds, urticarial, erythema, radiation-related disorders, disorders of skin appendages, leg ulcers, pressure areas/ulcers)
Diseases of the musculoskeletal system & connective tissue	1301	Rheumatoid arthritis
	1302	Other arthritis & related disorders (includes arthrosis, Paget's Disease)
	1303	Deformities of joints/limbs—acquired
	1304	Back problems—dorsopathies (includes scoliosis, sciatica)
	1305	Other soft tissue/muscle disorders (includes rheumatism, lupus, polymyalgia rheumatica)
	1306	Osteoporosis
	1307	Osteoarthritis
	1308	Gout
Diseases of the genitourinary system	1399	Other disorders of the musculoskeletal system & connective tissue n.o.s or n.e.c (includes osteomyelitis)
	1401	Kidney & urinary system (bladder) disorders (includes nephritis renal failure, cystitis; excludes urinary tract infection & incontinence)
	1402	Urinary tract infection
	1403	Stress/urinary incontinence (includes stress, overflow, reflex & urge incontinence)
	1404	Urinary diversion (ileal conduit), urostomy
Congenital malformations, deformations & chromosomal abnormalities	1499	Other diseases of the genitourinary system n.o.s or n.e.c (includes prostate, breast and menopause disorders, vaginal prolapse, benign prostatic hypertrophy)
	1501	Spina bifida
	1502	Deformities of joints/limbs—congenital
	1503	Down's syndrome
	1504	Other chromosomal abnormalities
	1505	Congenital brain damage/malformation
	1599	Other congenital malformations & deformations n.o.s or n.e.c
Injury, poisoning & certain other consequences of external causes	1601	Injuries to the head (includes injuries to ear, eye, face, jaw, acquired brain damage)
	1602	Injuries to arm/hand/shoulder (includes, dislocations, sprains & strains)
	1603	Injuries to leg/knee/foot/ankle/hip (includes dislocations, sprains & strains)
	1604	Amputation of the finger/thumb/hand/arm/shoulder—traumatic
	1605	Amputation of toe/ankle/foot/leg—traumatic
	1606	Fracture of neck (includes cervical spine & vertebra)
	1607	Fracture of rib(s), sternum & thoracic spine (includes thoracic spine & vertebra)

Category	Code	Condition
	1608	Fracture of lumbar spine & pelvis (includes lumbar vertebra, sacrum, coccyx, sacrum)
	1609	Fracture of shoulder, upper arm & forearm (includes clavicle, scapula, humerus, radius, ulna)
	1610	Fracture at wrist & hand level
	1611	Fracture of femur (includes hip (neck of femur))
	1612	Fracture of lower leg & foot
	1613	Poisoning by drugs, medicaments & biological substances (includes systemic antibiotics, hormones, narcotics, hallucinogens, analgesics, antipyretics, antirheumatics, antiepileptic, antiparkinsonism drugs, includes overdose of the above substances)
	1614	Non-traumatic amputation (includes surgical amputation)
	1699	Other injury, poisoning & consequences of external causes n.o.s or n.e.c (including all other injuries to the body, spinal cord injury, multiple fractures, unspecified dislocations, sprains, strains, fractures, burns, frostbite, toxic effects of substances of nonmedical source, complications of surgical & medical care, joint replacements, THR/TKR)
Symptoms & signs n.o.s or n.e.c	1701	Abnormal blood-pressure reading, without diagnosis
	1702	Cough
	1703	Breathing difficulties/shortness of breath
	1704	Pain
	1705	Nausea & vomiting
	1706	Dysphagia (difficulty in swallowing)
	1707	Bowel/faecal incontinence
	1708	Unspecified urinary incontinence
	1709	Retention of urine
	1710	Jaundice (unspecified)
	1711	Disturbances of skin sensation (includes pins & needles, tingling skin)
	1712	Rash & other nonspecific skin eruption
	1713	Abnormal involuntary movements (includes abnormal head movements, tremor unspecified, cramp & spasm, twitching n.o.s)
	1714	Abnormalities of gait & mobility (includes ataxic & spastic gait, difficulty in walking n.e.c)
	1715	Falls (frequent with unknown aetiology)
	1716	Disorientation (confusion)
	1717	Amnesia (memory disturbance, lack or loss)
1718	Dizziness & giddiness (light-headedness, vertigo n.o.s)	
1719	Restlessness & agitation	
1720	Grief and loss	
1721	Irritability & anger	

Category	Code	Condition
	1722	Hostility
	1723	Physical violence
	1724	Slowness & poor responsiveness
	1725	Speech & voice disturbances (includes aphasia, dysphasia)
	1726	Headache
	1727	Malaise & fatigue (includes general physical deterioration, lethargy and tiredness)
	1728	Blackouts, fainting, seizure
	1729	Oedema n.e.c (includes fluid retention n.o.s)
	1730	Symptoms & signs concerning food & fluid intake (includes loss of appetite, excessive eating & thirst, abnormal weight loss & gain)
	1799	Other symptoms & signs n.o.s or n.e.c (includes gangrene, haemorrhage from respiratory passages, reflux, disturbances of smell & taste, enlarged lymph nodes, illness n.o.s)
	1899	Has other health condition not elsewhere specified

Appendix B – pre-population from previous NSAF assessment

Responses to the below NSAF questions and supplementary assessment tools will pre-populate responses for the below IAT questions, if this pre-population option is selected when commencing an assessment.

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Assessment Details	Assessment information collected from	YES	YES	Assessment Details	Assessment information collected from
Assessment Details	Professions of those who participated in the client assessment	NO	YES	Assessment Details	Professions of those who participated in the client assessment
Assessment Details	What is the key circumstance that has triggered client/representative	YES	YES	Reason for Assessment	What is the key circumstance that has triggered contact?
Social domain - Carer Profile	Name	YES	YES	Carer Profile	Carer details
Social domain - Carer Profile	Details of support being provided	YES	YES	Carer Profile	Typical hours per day carer provides help
Social domain – Client as carer	Client is providing support to someone else	YES	YES	Carer Profile	Client is providing support to someone else
Social domain – Client as carer	Name	YES	YES	Carer Profile	Name of person being cared for

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Social domain – Client as carer	Details of person	YES	YES	Carer Profile	Describe the person the client is supporting
Social domain – Sustainability of caring relationships	Sustainability of the caring relationship without additional support	YES	YES	Carer profile	Sustainability of the caring relationships without additional support
Social domain - Sustainability of caring relationships	Respite	YES	YES	Carer Profile	Are there formal and/or informal respite arrangements in place?
Social domain - Sustainability of caring relationships	Emergency care plan	YES	YES	Carer Profile	Is there emergency care plan in place?
Social domain - Sustainability of caring relationships	Emergency care plan details	YES	YES	Carer Profile	Emergency care plan details
Physical Domain – Observations	General observations of client	YES	YES	Function	General observations of client
Physical Domain – Observations	Health literacy difficulties	YES	YES	Function	Health literacy difficulties
Physical Domain – Observations	Health literacy difficulties details	YES	YES	Function	Health literacy difficulties details

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Physical Domain – Function	Get to places out of walking distance	YES	YES	Function	Get to places out of walking distance
Physical Domain – Function	Get to places out of walking distance details (including support received)	YES	YES	Function	Get to places out of walking distance details (including support received)
Physical Domain – Function	Go shopping (assuming transportation)	YES	YES	Function	Go shopping (assuming transportation)
Physical Domain – Function	Go shopping details (including support received)	YES	YES	Function	Go shopping details (including support received)
Physical Domain – Function	Prepare meals	YES	YES	Function	Prepare meals
Physical Domain – Function	Prepare meals details (including support received)	YES	YES	Function	Prepare meals details (including support received)
Physical Domain – Function	Undertake housework	YES	YES	Function	Undertake housework
Physical Domain – Function	Undertake housework details (including support received)	YES	YES	Function	Undertake housework details (including support received)
Physical Domain – Function	Take medicine	YES	YES	Function	Take medicine

		NSAF assessment type			
NSAF section	NSAF question	HSA	CA	IAT section	IAT question
Physical Domain – Function	Take medicine details (including support received)	YES	YES	Function	Take medicine details (including support received)
Physical Domain – Function	Handle money	YES	YES	Function	Handle money
Physical Domain – Function	Handle money details (including support received)	YES	YES	Function	Handle money details (including support received)
Physical Domain – Function	Walk	YES	YES	Function	Walk
Physical Domain – Function	Walk details (including support received)	YES	YES	Function	Walk details (including support received)
Physical Domain – Function	Take a bath or shower	YES	YES	Function	Take a bath or shower
Physical Domain – Function	Take a bath or shower details (including support received)	YES	YES	Function	Take a bath or shower details (including support received)
Physical Domain – Function	Dressing	YES	YES	Function	Dressing
Physical Domain – Function	Dressing details (including support received)	YES	YES	Function	Dressing details (including support received)

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Physical Domain – Function	Eating	YES	YES	Function	Eating
Physical Domain – Function	Eating details (including support received)	YES	YES	Function	Eating details (including support received)
Physical Domain – Function	Transfers	YES	YES	Function	Transfers
Physical Domain – Function	Transfers details (including support received)	YES	YES	Function	Transfers details (including support received)
Physical Domain – Function	Toileting – Bladder	YES	YES	Function	Toileting – Bladder
Physical Domain – Function	Toileting – Bowels	YES	YES	Function	Toileting – Bowels
Physical Domain – Function	Summary of Function	YES	YES	Function	Summary of Function
Physical Domain – Function	DEMMI	NO	YES	Function	DEMMI
Physical Domain – Function	RUIS	NO	YES	Function	RUIS

		NSAF assessment type			
NSAF section	NSAF question	HSA	CA	IAT section	IAT question
Physical Domain – Function	RFIS	NO	YES	Function	RFIS
Physical Domain – Physical Health	Taking medication	YES	YES	Medical and Medications	Is the client taking medications?
Physical Domain – Physical Health	Medication details	NO	YES	Medical and Medications	Medication details
Physical Domain – Physical Health	Sensory concerns	YES	YES	Physical and Personal Health and Frailty	Sensory concerns
Physical Domain – Physical Health	Vision impairment	YES	YES	Physical and Personal Health and Frailty	Vision impairment
Physical Domain – Physical Health	Hearing impairment	YES	YES	Physical and Personal Health and Frailty	Hearing impairment
Physical Domain – Physical Health	Speech concerns	YES	YES	Physical and Personal Health and Frailty	Speech concerns
Physical Domain – Physical Health	Sensory concerns details	YES	YES	Physical and Personal Health and Frailty	Sensory concerns details
Physical Domain – Physical Health	Slips, trips and falls	YES	YES	Physical and Personal Health and Frailty	Slips, trips and falls

		NSAF assessment type			
NSAF section	NSAF question	HSA	CA	IAT section	IAT question
Physical Domain – Physical Health	Slips, trips and falls details	YES	YES	Physical and Personal Health and Frailty	Slips, trips and falls details
Physical Domain – Physical Health	Driving	YES	YES	Function	Driving
Physical Domain – Personal Health	Oral health	YES	YES	Physical and Personal Health and Frailty	Oral health
Physical Domain – Personal Health	Oral health details	YES	YES	Physical and Personal Health and Frailty	Oral health details
Physical Domain – Personal Health	Skin conditions	YES	YES	Physical and Personal Health and Frailty	Skin conditions
Physical Domain – Personal Health	Pain	YES	YES	Physical and Personal Health and Frailty	Pain
Physical Domain – Personal Health	Pain details	YES	YES	Physical and Personal Health and Frailty	Pain details
Physical Domain – Personal Health	Sleep	YES	YES	Physical and Personal Health and Frailty	Sleep
Physical Domain – Personal Health	Sleep details	YES	YES	Physical and Personal Health and Frailty	Sleep details

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Physical Domain – Personal Health	Alcohol use details	YES	YES	Physical and Personal Health and Frailty	Alcohol use details
Medical Domain – Healthcare Connections	Recent GP visits and health checks	YES	YES	Medical and Medications	Recent GP visits and health checks
Medical Domain – Healthcare Connections	Recent GP visits and health checks details	YES	YES	Medical and Medications	Recent GP visits and health checks details
Medical Domain – Health Conditions	Health condition	YES	YES	Medical and Medications	Health condition
Medical Domain – Health Conditions	Allergies and/or sensitivities	YES	YES	Medical and Medications	Allergies and/or sensitivities
Medical Domain – Health Conditions	Allergies and/or sensitivities details	YES	YES	Medical and Medications	Allergies and/or sensitivities details
Psychological Domain – Cognition	Changes in personality	YES	NO	Behaviour	Changes in personality
Psychological Domain – Cognition	Changes in personality details	YES	NO	Behaviour	Changes in personality details
Psychological Domain – Cognition	Changes in behaviour	YES	NO	Behaviour	Changes in behaviour

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Psychological Domain – Psychosocial	Feelings of loneliness or social isolation	YES	NO	Reason for Assessment	Feelings of loneliness or social isolation
Psychological Domain – Psychosocial	KICA Cog	NO	YES	Cognition	KICA Cog
Psychological Domain – Psychosocial	KICA Carer	NO	YES	Cognition	KICA Carer
Psychological Domain – Psychological	Short term memory problems	NO	YES	Cognition	Short term memory problems
Psychological Domain – Psychological	Long term memory problems	NO	YES	Cognition	Long term memory problems
Psychological Domain – Psychological	Impaired judgement	NO	YES	Cognition	Impaired judgement
Psychological Domain – Psychological	Delirium	NO	YES	Cognition	Delirium
Psychological Domain – Psychological	At risk behaviour	NO	YES	Cognition	At risk behaviour
Psychological Domain – Psychological	Aggressive behaviour - Verbal	NO	YES	Behaviour	Aggressive behaviour - Verbal

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Psychological Domain – Psychological	Aggressive behaviour - Physical	NO	YES	Behaviour	Aggressive behaviour - Physical
Psychological Domain – Psychological	Resistive behaviour	NO	YES	Behaviour	Resistive behaviour
Psychological Domain – Psychological	Agitation	NO	YES	Behaviour	Agitation
Psychological Domain – Psychological	Hallucinations/delusions	NO	YES	Behaviour	Hallucinations/delusions
Psychological Domain – Psychological	Wandering	NO	YES	Behaviour	Wandering
Psychological Domain – Psychological	Disturbed sleep/insomnia	NO	YES	Psychological	Disturbed sleep/insomnia
Psychological Domain – Psychological	Anxiety	NO	YES	Psychological	Anxiety
Psychological Domain – Psychological	Symptoms of depression	NO	YES	Psychological	Symptoms of depression
Psychological Domain – Psychological	Apathy	NO	YES	Psychological	Apathy

NSAF section	NSAF question	NSAF assessment type		IAT section	IAT question
		HSA	CA		
Psychological Domain – Psychological	Loneliness	NO	YES	Psychological	Loneliness
Psychological Domain – Psychological	Social isolation	NO	YES	Psychological	Social isolation
Psychological Domain – Psychological	Confusion	NO	YES	Cognition	Confusion
Psychological Domain – Psychological	Disorientation - time	NO	YES	Cognition	Disorientation - time
Psychological Domain – Psychological	Disorientation - place	NO	YES	Cognition	Disorientation - place
Psychological Domain – Psychological	Disorientation - people	NO	YES	Cognition	Disorientation - people
Psychological Domain – Psychological	Psychological details	NO	YES	Psychological	Assessor psychological observations
Psychological Domain – Psychological	Geriatric Depression Scale	NO	YES	Psychological	Geriatric Depression Scale
Home and Personal Safety	General observations of the home environment	YES	YES	Home & Personal Safety	General observations of the home environment

		NSAF assessment type			
NSAF section	NSAF question	HSA	CA	IAT section	IAT question
Home and Personal Safety	Home safety type	YES	YES	Home & Personal Safety	Home safety equipment client has
Home and Personal Safety	Home maintenance (including gardening)	YES	YES	Home & Personal Safety	Home maintenance (including gardening)
Home and Personal Safety	Home maintenance support received (formal/informal)	YES	YES	Home & Personal Safety	There is help for client's home maintenance
Linking Support	Client is living in inadequate housing or with insecure tenure or is already homeless which compromises their health, wellbeing and ability to remain living in the community.	YES	YES	Home & Personal Safety	Client is living in inadequate housing or with insecure tenure or is already homeless which compromises their health, wellbeing and ability to remain living in the community.
Linking Support	There is risk of, or suspected or confirmed abuse.	YES	YES	Support Considerations	There is risk of, or suspected or confirmed abuse.
Linking Support	Client is exposed to risks or is self-neglecting of personal care and/or safety and likely to cause harm to themselves and others.	YES	YES	Support Considerations	Client is exposed to risks or is self-neglecting of personal care and/or safety and likely to cause harm to themselves and others.
Linking Support	Risk of Vulnerability - Cohort	YES	YES	Support Considerations	Does the client identify as:
Assessment Details		NSAF assessment type			Assessment information collected from

		NSAF assessment type			
NSAF section	NSAF question	HSA	CA	IAT section	IAT question
Assessment Details					Professions of those who participated in the client assessment
Assessment Details	Assessment information collected from	YES	YES	Assessment Details	What is the key circumstance that has triggered contact?
Social domain - Carer Profile	Professions of those who participated in the client assessment	NO	YES	Assessment Details	Carer details
Social domain - Carer Profile	What is the key circumstance that has triggered client/representative	YES	YES	Reason for Assessment	Typical hours per day carer provides help
Social domain – Client as carer	Name	YES	YES	Carer Profile	Client is providing support to someone else
Social domain – Client as carer	Details of support being provided	YES	YES	Carer Profile	Name of person being cared for
Social domain – Client as carer	Client is providing support to someone else	YES	YES	Carer Profile	Describe the person the client is supporting
Social domain – Sustainability of caring relationships	Name	YES	YES	Carer Profile	Sustainability of the caring relationships without additional support

		NSAF assessment type			
NSAF section	NSAF question	HSA	CA	IAT section	IAT question
Social domain - Sustainability of caring relationships	Details of person	YES	YES	Carer Profile	Are there formal and/or informal respite arrangements in place?
Social domain - Sustainability of caring relationships	Sustainability of the caring relationship without additional support	YES	YES	Carer profile	Is there emergency care plan in place?
Social domain - Sustainability of caring relationships	Respite	YES	YES	Carer Profile	Emergency care plan details
Physical Domain – Observations	Emergency care plan	YES	YES	Carer Profile	General observations of client
Physical Domain – Observations	Emergency care plan details	YES	YES	Carer Profile	Health literacy difficulties
Physical Domain – Observations	General observations of client	YES	YES	Function	Health literacy difficulties details