

**Texas Department of Aging and Disability Services
Area Agency on Aging
AAA Consumer Needs Evaluation**



Consumer Name: _____

Consumer Number: _____

Assessment Date: _____

Service Arrangement
 C = Caregiver
 P = Service-will be purchased by AAA.
 A = Other agency-non AAA vendor is providing the service.
 N = Not applicable to this consumer.
 S = Self

	Texas Score	NAPIS ADL/IADL	NAPIS Count	Scoring/Service Arrangement
I. Daily Living Impairment Assessment I. ADLs, IADL & Other*	ADL – Activity of Daily Living IADL - Independent Activity of Daily Living			* Impairment Scoring 0 = None 1 = Mild 2 = Severe 3 = Total Impairment
1. Do you have any problems taking a bath or shower?		ADL		
2. Can you dress yourself?		ADL		
3. Can you feed yourself?		ADL		
4. Can you groom yourself (shave, brush your teeth, shampoo and comb your hair)?				
5. Do you have problems getting to the bathroom and using the toilet?		ADL		
6. Do you have trouble cleaning yourself after using the bathroom?				
7. Can you get in and out of your bed or chair?		ADL		
8. Are you able to walk without help?		ADL		
9. Can you clean your house (sweep, dust, wash dishes, vacuum)?		IADL		
10. Can you do heavy housework (scrub floors, yard work, shovel snow, take out garbage)?		IADL		
11. Can you do your own laundry?				
12. Can you fix your meals?		IADL		
13. Can you do your own shopping?		IADL		
14. Can you take your own medicine?		IADL		
15. Can you trim your nails?				
16. Do you have any problems keeping your balance?				
17. Can you open jars, cans, bottles?				
18. Can you use the telephone?		IADL		
19. Are you able to perform transportation on your own?		IADL		
20. Do you have any trouble managing your money?		IADL		

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II. Mental Health Screening				
21. During the last month, have you been bothered by having little interest or pleasure in doing things, or have you often felt down, depressed, or hopeless?				Scoring for question 21: 0 = If the answer is "No" to question 21. 1 = If the answer is "Yes" to 21 and "No" to questions 22-25. 2 = If the answer is "Yes" to 21 and "Yes" to at least one of questions 22-25.. 3 = If the answer is "Yes" to 21 and "Yes" to two or more of questions 22-25.
III. Mental Health Assessment – If the answer is YES to Question 21, continue. Otherwise, SKIP to Section IV.				
In the last two weeks, most of the day, nearly every day:				Based on Consumer's perception of self:
22. ... have you had problems sleeping?				Answer "No" or "Yes" for this question.
23. ... have you lost the ability to enjoy things that once were fun?				Answer "No" or "Yes" for this question.
24. ... do you feel that you have little value as a person?				Answer "No" or "Yes" for this question.
25. ... have you had a significant change in your appetite?				Answer "No" or "Yes" for this question.
Mental Health Assessment Score (II & III)				
IV. Cognition				
A. Self Evaluation				
26. During the last 2 weeks, on how many days have you had trouble concentrating or making decisions? (Based on Consumer's perception of self.)				0= Not at all. 1= Occasionally, a couple of times. 2= Frequently, more than a couple of times, but not every day. 3= Every day.
B. Third Party Observation				
27. Does the consumer have the ability to make decisions independently? (Based on someone's observation of the Consumer.)				0= Makes consistent and reasonable decisions independently. 1= Makes simple decisions without assistance. 2= Makes poor decisions, needs cues/supervision for most decisions. 3= Severely impaired, rarely makes own decisions.
28. Does the consumer appear to have short-term memory impairment? (Based on someone's observation of the Consumer.)				0= No 1= Has some short-term memory problems & can perform task for self with occasional reminders. 2= Has lapses resulting in frequently not performing task even with reminders. 3= Has memory lapses resulting in inability to perform routine tasks on a daily basis.

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	Texas Score	NAPIS ADL / IADL	NAPIS Count	Scoring / Service Arrangement
V. Assessment Scores				
A. Total CNE Impairment Score (out of 60) <input type="checkbox"/> Low (Score 0-19) <input type="checkbox"/> Moderate (Score 20-39)* <input type="checkbox"/> Severe (Score 40 and above)				
B. NAPIS ADL COUNT (Score 0-6)				
C. NAPIS IADL COUNT (Score 0-8)				

*A score of 20 (moderate impairment) or greater is required for home-delivered meals.

Signature of AAA/Provider Staff Assessor

Date

SCORING THE CNE & NAPIS – ADL’S & IADL’S Rate the Consumer according to the following scale:

0	None	Able to conduct activities without difficulty and has no need for assistance.
1	Minimal/Mild	Able to conduct activities with minimal difficulty and needs minimal assistance.
2	Extensive/Severe	Has extreme difficulty carrying out activities of daily living and needs extensive assistance.
3	Total	Completely unable to carry out any part of the activity.

The AAA Consumer Needs Evaluation must be completed for the following services: Adult Day Care; Care Coordination (Care Management); Chore Maintenance; Home Delivered Meals; Homemaker; Personal Assistance; and Respite Care. Residential Repair requires service appropriate assessment, which may include the AAA Consumer Needs Evaluation.