Sample Case Manager Assessment Questions

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It can be difficult to ask personal questions necessary to complete the comments in CA/PS assessment. Asking open-ended questions allowing for detailed answers is an important strategy and many of the questions below utilize this technique.

Questions clarify why there is a need, the frequency of a need and how assistance is being received ensures CA/PS comments are accurate. The provided questions are examples; however, you are not limited to these questions when completing an assessment. We encourage the conversation to happen naturally rather than asking a list of questions.

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Activities of Daily Living (ADLs)

Ambulation

- What does it look like when you move around your home?
- If you receive help getting around your home, can you describe what kind of help and how often you receive it?
- Can you tell me about any devices or equipment you use to help you get around?
- What is it like when you move around on uneven surfaces such as lawns, ramps or steep driveways?
- Have you experienced any falls or balance issues recently? Can you tell me about those experiences?
- How do you navigate stairs? How often do you use them?
- Tell me how you get around outside your home? What do you do when no one is around?

Transfers

- How you get in and out of bed?
- Tell me about the places you prefer to normally sit. What other places do you like to sit or lay? How often do you need help getting on and off those surfaces?
- Can you describe how you stand up from sitting or lying down? Do you ever get help with this?

- I know this is very personal, but can you tell me how you get on and off the toilet (or commode)?

Eating

- Tell me what mealtimes look like for you.
- Can you tell me how you manage eating?
- Are there parts of eating that feel easy or challenging?
- Do you use special eating utensils? Describe how someone helps you with the utensils.
- Is there anyone usually nearby when you eat and what kind of support do they provide?
- If individual has a G-tube or other specialized food, how is this set up and consumed?

Bladder

- Do you use medical equipment or supplies to manage your bladder care?
- How often and what does that look like?
- What parts are you able to do or not? Why?

Bowel

- Do you need any assistance to have a bowel movement? (Enemas, suppositories or digital stimulation) How often and what does that look like?
- Do you use medical equipment or supplies to manage your bowel movements?

- How do you manage your colostomy care? How often and what does that look like? What parts are you able to do or not?

Toileting

- How do you manage your toileting needs, including any products or supports you may use?
- Describe how you manage adjusting your clothing during toileting.
- How do you cleanse yourself after using the toilet? Are there times when you cannot? Have you experienced medical issues (UTIs, rashes, skin breakdown, etc.) because you were unable to cleanse sufficiently?
- How often do you use a bedside commode or a urinal? Can you clean the commode or urinal on your own? If not, who helps you do this and why?

Cognition

When determining cognition, consider all information before determining need level including specific diagnosis, the **symptoms** related to the diagnosis and reason help is needed. Keep in mind that certain conditions will impact the brain differently.

Your determination should be based on the information you gather throughout the assessment. You may also use details gathered when completing waivered contacts, intake information, collateral contacts, observations and the risk assessment. It shouldn't be solely based on cognition questions, nor should the decision be based on the diagnosis. However, the diagnosis can help clarify what the need is in the component.

Sequencing questions can illustrate cognition needs and assist in ‘painting the picture’ of the situation. The questions below are questions to ask yourself throughout the assessment. You may need to ask questions of natural supports or care providers. However, there are some questions you may need to ask the individual directly to get a full understanding of cognition needs.

Self-Preservation

- Find out about concerns or changes you’ve noticed in the individual’s ability to keep themselves safe. Are there specific tasks that they can no longer manage themselves?
- Are they aware of physical needs that require seeing a doctor?
- If they were injured or bleeding, could they respond to that emergency?
- Are they properly storing food and getting rid of spoiled food?
- How would they dress if going outdoors in cold weather?
- Would they know if someone was taking advantage of them financially?
- Can they pay their own bills on time and manage a bank account? Have they had any late fees or unpaid bills in the last six months? Why?
- Would they know what to do with a household problem such as leaking roof, broken window, door lock not working, clogged toilet, leaking pipes?
- Could they manage taking medications without forgetting or mixing up the instructions?

- How do they know when a medical appointment is needed? What are the steps they take to see the doctor?
- Does the individual wander aimlessly, or been lost?

Decision Making

- Describe how the individual completes everyday tasks that require several steps and how they decide what to do step-by-step. For example, the steps needed to order medical supplies, or steps needed to decide what to buy to make a meal?
- Describe any situations where the individual faced risks or challenges. How did they respond?
- Are they aware of the consequences of their decisions? If not, why? Examples?

Make Self Understood

- How does the individual express their wants and needs?
- Can they express urgent problems? Example: “I’m sick; I have pain,” or point to the bathroom if they need to use the bathroom.
- Describe a situation when the individual had difficulty communicating their care needs.
- When the individual has trouble finding words, how does that affect communication about their needs? (Note: Losing train of thought or forgetting a name or word is common and usually does not result in needs not being met).

Challenging Behaviors

- Have others observed some of the individual's behaviors that are:
    - Disruptive with others?
    - Verbally and/or physically aggressive?
    - Inappropriate?
- Do caregivers need to monitor actions for safety reasons? Examples?
- Do their actions negatively impact their health and safety?
- How does the individual self-regulate their behaviors?
- Has a doctor prescribed medication for behaviors?
- How does the individual react when completing different tasks?

Bathing

- Describe how you manage bathing yourself. Do you prefer bathing or showering?
- How often do you take showers or baths?
- Can you describe what happens during your shower and what parts you manage on your own versus with help?
- What does it look like for you when getting into or out of the bathtub/shower?
- If you need help bathing, how is that help given? Please describe your usual bathing routine.
- How do you usually take care of washing your body? Do you need help washing any part of your body?

- What is your routine for washing your hair? Is your hair washed at every shower/bath?

Personal Hygiene

- Can you describe how you manage shaving tasks? Are there parts you find easier or harder to do?
- Tell me about your oral care. How do you take your dentures in and out and clean them?
- Do you have menstruation needs? Can you use products on your own?

Dressing

- Walk me through the steps you take to get dressed and undressed. Does someone help you with any part?
- How often do you change clothing?
- What do you wear on a 'normal' day?
- Do you wear something different at night?
- Do you wear something different if you're going to an appointment, the store or to church?
- What kind of shoes do you wear around the house?
- What is your process for putting on and taking off socks and shoes?
- Do you wear compression hose (or stockings)? Can you put them on yourself?
- Are there any parts of dressing, like buttons or zippers, that you find challenging or need help with?

Grooming

- Explain how you manage your hair and nailcare.
- Do you prefer your hair styled or maintained in some way? Can you do this on your own?
- What do you usually do with your hair after washing it?
- How do you usually take care of your fingernails and toenails? How often?

Instrumental Activities of Daily Living (IADLs)

Housekeeping

- Can you describe your usual housekeeping routine?
- What tasks are you able to accomplish? Which do you find difficult?
- Are there are some housekeeping tasks not getting done?
- What about:
    - wiping surfaces, counter tops or sinks?
    - cleaning floors or vacuuming carpet?
    - making the bed or change linens?
    - cleaning dishes or use the dishwasher?
    - gather/taking out the garbage?

Laundry

- How do you manage washing and drying your laundry?

- What parts are you able to complete on your own? What do you need help with and why?

Meal Prep – Breakfast /Lunch/Dinner

- What do you typically eat for (breakfast, lunch, dinner)? Tell me how you prepare your meals. Do you need help preparing food and who prepares meals for you?
- How often do you eat meals?
- What part of preparing each meal are you able to manage on your own?
- What prevents you from being able to prepare the meals on your own?

Medication Management:

- How do you get prescription medications to your home? Mail order or pharmacy?
- Do you keep medications in their bottles or in an organizer?
- Can you tell me if you use any medications that require injections? How do you manage those?
- Can you tell me about any prescribed ointments or creams you use regularly?
- Do you use oxygen? How do you manage that?
- Tell me your process for taking medication. How do you know how often they should be taken?
- Describe how you set up, order and remember to take your medications.

- What part of managing your medications are you able to manage on your own?
- What prevents you from being able to manage your medications on your own?

Shopping

- Can you tell me about how you handle shopping for food, clothing or medications? Do you usually go by yourself or with help?
- What parts of shopping are you able to manage on your own? If someone helps you, how do they help and why?

Transportation

- If you want to go somewhere, what are the steps you take to get a ride?
- Tell me how you get in and out of a vehicle. Do you need help with the seat belt? Do you need other help during a ride?

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