

Data Worksheet



Name:

Birth Date:

ID#:

Completed by:

Date:

This worksheet allows supporters to collect information that can be placed in the HRST web-based application by a trained HRST rater.

INSTRUCTIONS FOR DIAGNOSIS AND MEDICATIONS SECTIONS:

- ▶ Write in any diagnoses and medications that relate to the person
- ▶ The medication page allows you to write the supporting diagnosis with each medication
- ▶ Make comments as complete and thorough as possible

Diagnoses

1. Diagnosis:

Onset Date:

Comments:

Resolve Date:

2. Diagnosis:

Onset Date:

Comments:

Resolve Date:

3. Diagnosis:

Onset Date:

Comments:

Resolve Date:

4. Diagnosis:

Onset Date:

Comments:

Resolve Date:

5. Diagnosis:

Onset Date:

Comments:

Resolve Date:

6. Diagnosis:

Onset Date:

Comments:

Resolve Date:

7. Diagnosis:

Onset Date:

Comments:

Resolve Date:

8. Diagnosis:

Onset Date:

Comments:

Resolve Date:

9. Diagnosis:

Onset Date:

Comments:

Resolve Date:

10. Diagnosis:

Onset Date:

Comments:

Resolve Date:

Diagnoses

Name:

11. Diagnosis:

Comments:

Onset Date:

Resolve Date:

12. Diagnosis:

Comments:

Onset Date:

Resolve Date:

13. Diagnosis:

Comments:

Onset Date:

Resolve Date:

14. Diagnosis:

Comments:

Onset Date:

Resolve Date:

15. Diagnosis:

Comments:

Onset Date:

Resolve Date:

16. Diagnosis:

Comments:

Onset Date:

Resolve Date:

17. Diagnosis:

Comments:

Onset Date:

Resolve Date:

18. Diagnosis:

Comments:

Onset Date:

Resolve Date:

19. Diagnosis:

Comments:

Onset Date:

Resolve Date:

20. Diagnosis:

Comments:

Onset Date:

Resolve Date:

21. Diagnosis:

Comments:

Onset Date:

Resolve Date:

22. Diagnosis:

Comments:

Onset Date:

Resolve Date:

23. Diagnosis:

Comments:

Onset Date:

Resolve Date:

Medications

Name:

1. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
2. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
3. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
4. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
5. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
6. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
7. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
8. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
9. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
10. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
11. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		

Medications

Name:

12. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
13. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
14. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
15. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
16 Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
17. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
18. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
19. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
20. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
21. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
22. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		

Medications

Name:

23. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
24. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
25. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
26. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		
27. Medication:	Start Date:	End Date:
Supporting Diagnosis:	Purpose:	
Comments:		

INSTRUCTIONS FOR RATING SECTION:

- ▶ For each of the 22 rating items below, check all the boxes that apply in relation to the person.
- ▶ Some items will ask for a number of occurrences. These are designated with a blank (___).
- ▶ Make comments as complete and thorough as possible. This will assist the HRST rater in determining the best score for that item.
- ▶ Think of the person in their most dependent setting within the past 12 months when addressing each of these items.

I. Functional Status

Name: _____

A. Eating:

Independent (no altered textures) Constant/intermittent assistance/supervision needed

Requires assistance/intervention/altered food or fluid textures Feeding tube NPO

Comments

B. Ambulation:

Independent (walker/cane ok) Assistance needed Predictable wheelchair use

Sits/repositions independently in WC Requires seating/positioning support Unable to sit upright (hip flexion <45 degrees and/or with legs/trunk/head aligned)

Comments

C. Transfer:

History of fracture during transfer procedure Independent for all transfers

Requires supervision/support Requires physical assistance (hands-on, gait-belt, etc.) Participates in transfer

Uses transfer equipment/special procedures One person assistance Two person assistance Weight

Comments

D. Toileting:

Colostomy/any catheterization in the past 12 months Assistance needed (prompts, clothing, adjustment, hygiene tasks, adaptive equipment) Incontinence (including voluntary/intermittent) Toileting schedule, briefs, etc.

Occasional toileting accidents Needs significant assistance Takes bladder medications

Comments

E. Clinical Issues Affecting Daily Life:

of days (full/partial) that were effected for at least 30 minutes by illness, injury or mental health/behavioral issues within the past 12 months. Including healthcare provider appts. needed to diagnose or manage existing conditions in the past 12 months

Comments

II. Behaviors

Name:

F. Self-Abuse:

Does not engage in self-abusive behaviors Treatment/intervention needed to address self-abuse

Number of episodes within the past 12 months Self-abusive behavior(s) exist, but have not resulted in additional consequences Increased staffing required Extensive physical harm

Comments

G. Aggression:

Has not exhibited verbal/physical aggression towards other people or property within the past 12 months

Increased staffing/restrictive settings used due to aggression

Person Has Has not damaged property within the past 12 months

Person Has Has not physically injured another person within the past 12 months

Injuries to others Did Did not require medical treatment within the past 12 months

Comments

H. Behavioral Support - Physical:

Behavioral support - physical have not been used within the past 12 months Injury requiring medical treatment

Due to the use of behavioral support - physical within the past 12 months Helmet use for a clearly identified risk behavioral support - physical used: # of times within the past 12 months

Comments

I. Behavioral Support - Chemical:

No additional medications for mood/mental status/sleep used within the past 12 months

Medications used as pre-sedation prior to medical/dental procedures or PRN for sleep within the past 12 months (Regardless of number of uses this only counts once).

Supplemental medications used to address issues with mood, mental status or behavior within the past 12 months

Used # of times within the past 12 months

Comments

J. Psychotropic Medications:

Person Started Discontinued Changed dosage of Changed type of a scheduled, routine psychotropic medication within the past 12 months

of psychotropic medications taken any medication that caused TD

Comments

III. Physiological

Name:

K. Gastrointestinal:

History of GI bleed Hospitalization for GI issue within the past 12 months Diagnosis of Gerd
Takes 2 or more meds for GI conditions Coughs after meals (within 1-3 hours) or at night Engages in hand-
mouthing or Pica Has GI symptoms (pain, heartburn, vomiting, antacid use, etc) # of times within the past 12 months
Comments

L. Seizures:

No history of seizures Seizure-related hospitalization within the past 12 months
No seizure in: More than 5 years More than 2 # of seizures within the past 12 months
Seizures Do Do not interfere with functional activity (significant loss of skills OR postictal state last longer than 30 min)
Comments

M. Anti-Epileptic:

ER visit/hospitalization for AED toxicity within the past 12 months
Person Started Discontinued Changed dosages of an anti-epileptic medication within the past 12 months
of seizure medications taken Depakote with any other AED Takes Felbatol
Comments

N. Skin Integrity:

Hospitalized for a skin issue within the past 12 months Recurrent medial treatment (wound clinic, hyperbaric oxygen,
skin graft, etc.) Within the past 12 months Has an issue directly related to skin vulnerability (diabetes, chronic immobility,
low serum albumin, continuous incontinence, self-injury, etc.)
Area of impaired skin integrity within the past 12 months (including surgical or other wounds)
Time required to heal Issues with skin redness, discoloration, severe dryness or other skin problems within the
past 12 months Any history of pressure injury
Comments

O. Bowel Function:

History of hospitalization for bowel obstruction bowel resection for any bowel disease, ileus or for any bowel issue within
the past 12 months
Person requires: No interventions More than one regular supplement or medication
Medication(s) affecting bowel function A single fiber supplement or stool softener
Dietary medications (additional fluids, high fiber foods, etc.)
Comments

P. Nutrition:

Height Current weight; Ideal body weight (IBW); Current BMI
 High and Low weights/BMI within the past 12 months
 Has Has not been on a weight loss program this past year

In the past 12 months the person had to:

Unplanned weight loss/gain Weight loss Weight gain lbs
 Hospitalization due to nutritional issue (aspiration pneumonia, choking, GI bleeding, diarrhea, vomiting, dehydration, septicemia, bowel obstruction/impaction/ileus, unplanned weight loss, anemia, non-healing wound, bariatric surgery, etc.)
 Has a chewing or swallowing disorder that prevents adequate intake and is not fed by tube
 A feeding tube Placement Complications
 Unexpected weight change of more than 10% of IBW (up or down)
 Chronic medical condition requiring nutrition status monitoring (diabetes, anemia, kidney disease, low serum albumin, high or low sodium/potassium levels, vitamin insufficiency, etc.)
 Fluid intake must be controlled for medical reasons
 Frequent meal refusals negatively impacting intake
 Intake is monitored for behavioral or other reasons
 Food allergies or intolerances requiring them to avoid certain foods/food groups
 Physician prescribed diet (reduced/supplemental calorie, low sodium, fat, cholesterol, increased potassium, high/low protein, tube feeding formula, etc.)

Comments

Q. Requirements for Licensed Intervention:

Tracheostomy requiring daily or more frequent suctioning for 14 consecutive days
 Ventilator dependent for 7 consecutive days
 Medications administered via nebulizer on a daily basis for 30 consecutive days
 Daily airway suctioning below the voice box for 14 consecutive days
 Diabetic requiring sliding scale insulin requiring manual calculation for 14 consecutive days
 Condition requiring hands on treatment that may not be delegated in any setting:
 IV or IM medication administration, hemaport care, picc line, etc. For 7 consecutive days
 Daily or more frequent catheterization requiring sterile technique for 7 consecutive days
 Chemotherapy, dialysis, jejunostomy tube care (not g-tube care or meds), etc.
 Sterile dressing/wound treatments performed only in clinical settings for at least 2 weeks
 Acute or end stage lung, liver, kidney or other major organ disease
 Hospice care
 1:1 or greater staffing for behavioral issues during all waking hours and within arm's reach for 14 consecutive days

Comments

IV. Safety

Name:

R. Injuries:

No injuries within the past 12 months Injury requiring medical treatment (stitches, casting, etc.)/hospitalization within the past 12 months # of injuries requiring first aid attention but not medical treatment
Comments

S. Falls:

No falls in the past 12 months Fracture or hospitalization due to a fall within the past 12 months
Wears a helmet due to a clearly identified risk # of falls within the past 12 months
Comments/Date of Event:

V. Frequency of Service

Name:

T. Professional Healthcare Services:

No visits to MD, nurse, dentist, PT, OT, speech pathologist or any other licensed healthcare provider for treatment, diagnosis or management of a health (physical, mental, etc.) Condition. # of visits to healthcare providers for a diagnosed condition within the past 12 months unscheduled or emergency care required
Comments/Date of Event:

U. Emergency Room Visits:

No ER visits (for any reason) within the past 12 months. # of ER visit(s) for non-emergency situations within the past 12 months. # of ER visit(s) for acute illness/injury within the past 12 months
ER visit(s): Did Did not result in hospitalization within the past 12 months
Comments/Date of Event:

V. Hospitalizations:

No admission(s) to hospital, psychiatric facility, ICF, skilled nursing facility, rehabilitation facility, ambulatory surgery center, overnight ER observation, etc. within the past 12 months.
Number of Scheduled Admissions Acute Admissions Transfers to ICU
Comments/Date of Event:

