

DRAFT

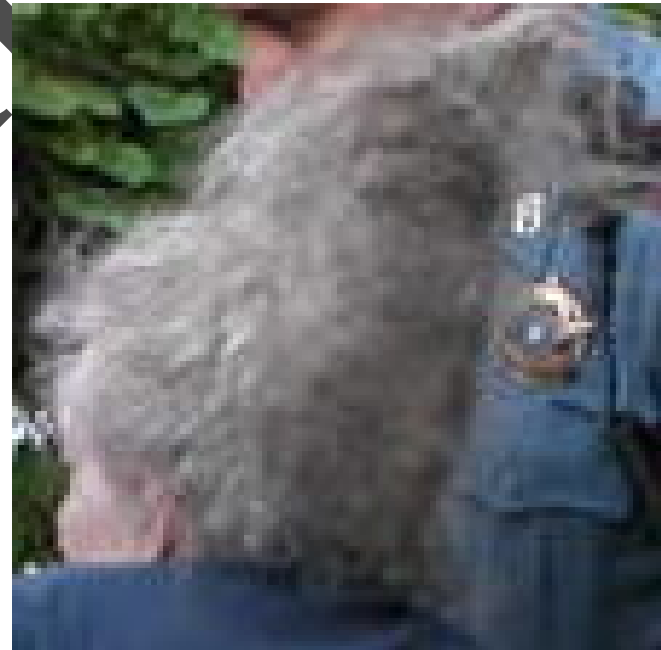
**DRAFT**

**Self-neglect Severity Scale**

# DRAFT

## SECTION A

Personal Appearance of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Hair	Clean, Combed	Matted, Dirty			<input type="checkbox"/>	Look at front and back of head. If the subject is bald then mark unable to determine.
	0	1	2	3		



# DRAFT

Personal Appearance of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure	
Nails	Clean, Trimmed		Long, Untrimmed, Dirty			☐	Look at hands and feet if possible.
	0	1	2	3	4		



# DRAFT

Personal Appearance of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Skin	Normal/No sores Or injuries				☐	First check what's visible, Nurse Practitioner to point out skin lesions during exam.
		0	1	2		



# DRAFT

Personal Appearance of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Clothing	Clean, Neat			Very Soiled	☐	Examine just the clothes the subject is wearing.
	0	1	2	3		



# DRAFT

Personal Appearance of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure	
Insect Infestation	No Apparent Infestations	Fleas	Lice or Scabies	Maggots	Multiple Infestations	<input type="checkbox"/>	Assess subject for any number or combination of these infestations.
	0	1	2	3	4		

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## SECTION B

Functional Status of Subject		Not Assessed, Unable to Determine	Procedure
<b>Mental Status</b>			
Cognitive test performance (if measured)	Clock Drawing Test  Score _____	WK Clock Score: 1-6= 4 7-10= 0	<input type="checkbox"/>  Obtain score from assessment protocol.
Evidence of delusional state	<input type="checkbox"/> Yes (4) <input type="checkbox"/> No (0)	<input type="checkbox"/>	If client speaks to people not present, seems overly paranoid about imagined risks & problems, or reports hallucinations of auditory and or visual type signals delusion.
Response to emergency	<input type="checkbox"/> Subject demonstrates ability to call for help "if he/she is in danger" (0) <input type="checkbox"/> Subject is unable to respond appropriately to emergencies (4)	<input type="checkbox"/>	Obtain from KELS

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Functional Status of Subject						Not Assessed, Unable to Determine	Procedure
Medical Need							
Has usual source of care	<input type="checkbox"/> Yes (name of usual provider can be documented from medical bills, prescriptions, or other written records (0)) <input type="checkbox"/> No (No documentation of health care provider available (4))					<input type="checkbox"/>	Obtain from data abstraction sheet
Time since last visit to physician	0-3 mths  0	6 mths  1	12 mths  2	18 mths  3	24mths & up  4	<input type="checkbox"/>	Ask the subject and look for documentation.
Untreated conditions	<input type="checkbox"/> Yes (Subject reports pain/discomfort or other health complaints that need attention) <input type="checkbox"/> Yes (Subject denies medical problems, but appears ill and/or in pain) <input type="checkbox"/> No					<input type="checkbox"/>	Obtain from physical exam.
Functional Status Score							

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## SECTION C

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure	
Exterior Condition	Neat, Well Kept No trash or other Debris		Poorly Maintained Trash and/or other Debris			☐	Assess the front and back yard including the entrances to the home.
	Yard/ Sidewalk	0	1	2	3		



# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Exterior Condition	Intact, No Structural Damage			Dilapidated, Poorly Maintained, Holes etc		Assess the roof of the home.
Roof	0	1	2	3	4	



# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Exterior Condition	Intact, Not Broken Or Missing		Multiple Sections Broken or Missing		<input type="checkbox"/>	Assess the windows on the perimeter of the home.
Windows	0	1	2	3	4	



# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Exterior Condition	Intact, No Structural Damage			Dilapidated, Fallen or Missing		Assess all the walls on the perimeter of the home
Walls	0	1	2	3	4	



# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Interior Condition  Odor	Normal Household Odors				<input type="checkbox"/>	Assess the odor of the house.
	0	1	2	3		



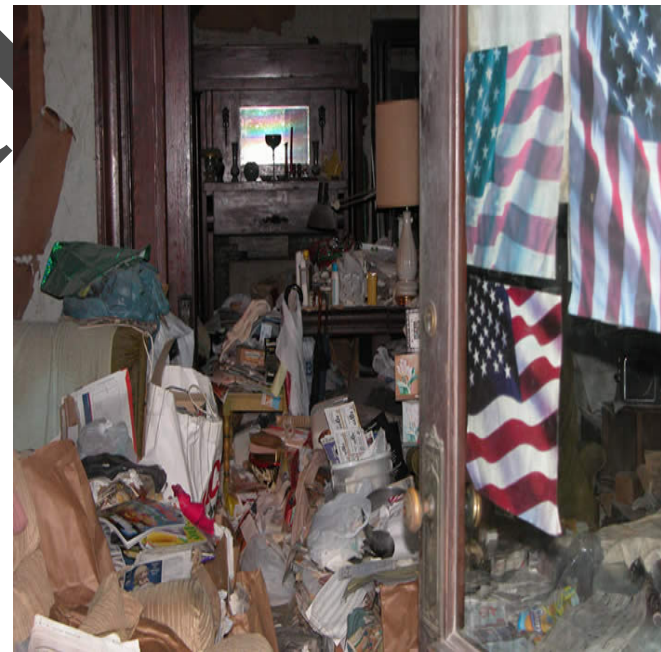
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Environment Status of Subject (Circle number that reflects severity of condition)		Not Assessed, Unable to Determine	Procedure
Interior Condition	Clean, No evidence of unsanitary conditions	<input type="checkbox"/>	Assess the four following areas:  <input type="checkbox"/> Kitchen _____ <input type="checkbox"/> Bathroom _____ <input type="checkbox"/> Bedroom _____ <input type="checkbox"/> Living room _____
Cleanliness	0            1            2            3            4 Very dirty, Unwashed dishes, trash, litter		



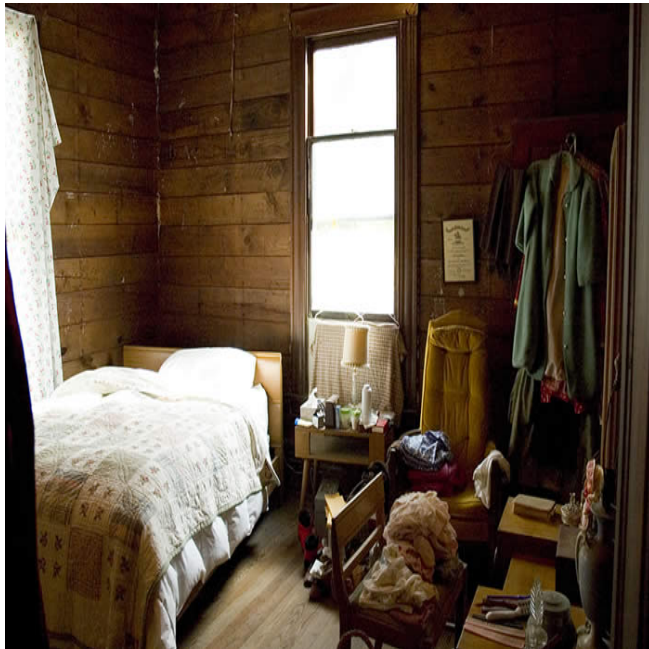
# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)		Not Assessed, Unable to Determine	Procedure
Interior Condition	Neat, Orderly	<input type="checkbox"/>	Assess the following four areas:  <input type="checkbox"/> Kitchen _____ <input type="checkbox"/> Bathroom _____ <input type="checkbox"/> Bedroom _____ <input type="checkbox"/> Living room _____
Clutter	Very cluttered, Difficult to move around or find things		
	0      1      2      3      4		



# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)		Not Assessed, Unable to Determine	Procedure
Interior Condition  Structure	<p>No structural Problems</p> <p style="text-align: center;">Severe structural damage (e.g. holes in sheet-rock or floor, leaking ceiling)</p> <p style="text-align: center;">0      1      2      3      4</p>	<input type="checkbox"/>	<p>Assess the four following areas:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Kitchen _____</li> <li><input type="checkbox"/> Bathroom _____</li> <li><input type="checkbox"/> Bedroom _____</li> <li><input type="checkbox"/> Living room _____</li> </ul>



# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure	
Multiple Pets	0 – 3 dogs	1-2 uncared for animals	3-4 uncared for animals	5-6 uncared for animals	6 or more uncared for animals	<input type="checkbox"/>	Assess the overall number of animals and their conditions for indications of malnourishment, matted hair, excessive fleas, and untreated wounds.
	0	1	2	3	4		
Total Number of Pets:							

# DRAFT

Environment Status of Subject (Circle number that reflects severity of condition)					Not Assessed, Unable to Determine	Procedure
Check those that do not function or are not present	All Utilities Work 0	No Telephone 1	No Gas or No Electric 2	No Water 3	Multiples 4	<input type="checkbox"/>  Assess the presence or absence of these utilities.
Environment Score:						

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## SECTION D

Duration of Current condition (Obtain from collateral sources)			Not Assessed, Unable to Determine	Procedure						
<input type="checkbox"/> Recent onset (within the past 2 years)	<input type="checkbox"/> Onset over two years ago after traumatic life event	<input type="checkbox"/> Subject has always lived this way	<input type="checkbox"/>	Obtain from data abstraction sheet.						
Overall risk assessment										
Give an overall rating of the risk to the subject's health and/or personal safety without intervention			<input type="checkbox"/>	The field team nurse practitioner will assess the overall risk to the subject's health and personal safety based on physical appearance, functional status, and environmental conditions.						
0	1	2	3	4	5	6	7	8	9	10
None			Moderate			Severe				

**Personal Appearance Score** \_\_\_\_\_ **Functional Status Score** \_\_\_\_\_ **Environment Score** \_\_\_\_\_

**Composite Score** \_\_\_\_\_