RESET

MaineHousing
Maine State Housing Authority

Community Aging in Place Grant: **Final Assessment**

Final Assessment - General

1. Date

2. ID number:

3. Could not do assessment

- [ ] Received notification participant is deceased
- [ ] Participant moved
- [ ] Phone disconnected
- [ ] Deceased
- [ ] Other (please specify)

4. Would you like to stay in your home as you age?

◯ Yes ◯ No ◯ Unsure

Why or why not?

5. Currently, are there areas in your home that you avoid, consider unsafe, or find difficult to use?

- [ ] Attic
- [ ] Back Entrance
- [ ] Basement
- [ ] Bathroom
- [ ] Bathroom 2nd Floor
- [ ] Bedroom
- [ ] Bedroom 2nd Floor
- [ ] Dining Room
- [ ] Front Entrance
- [ ] Garage
- [ ] Hallway
- [ ] Indoor Stairs
- [ ] Kitchen
- [ ] Laundry Room
- [ ] Living Room
- [ ] None
- [ ] Outdoor Steps
- [ ] Ramp
- [ ] Study/Den
- [ ] Utility/Mud Room

Other/Notes:

6. Are there things you think can be done to make these places or things safer and easier to use?

Final Assessment - Bathroom

7. Does anyone in the home have difficulty getting on and off of the toilet seat?

- ◯ Yes
- ◯ No

If Yes, how many have difficulty?

8. Does anyone have any difficulty bathing or showering? i.e. getting in and out of the bathtub/shower.

- ◯ Yes
- ◯ No

If Yes, how many people?

Final Assessment - Falls and Hospital

9. In the last 6 months, has anyone in the household had a fall?

- [ ] No
- [ ] Yes
- [ ] Unknown
- [ ] Refused

If Yes, how many members of your household had a fall in the last 6 months? (DO NOT ASK IF A SINGLE HH)

10. Do you remember how many total falls aa household members had in the last 6 months? (Enter "Don't Know" or "Refused" if appropriate.)

11. What was/were the main reason(s) you fell in the 6 months?

- [ ] Blacked out or fainted
- [ ] Don't know
- [ ] Drank too much alcohol
- [ ] Had a health condition
- [ ] Had a problem hearing
- [ ] Had nothing to hold onto
- [ ] Had not eaten recently and had low blood sugar
- [ ] Had a problem with medication
- [ ] Had a problem with footwear
- [ ] Had a problem with a walking aid (walker, cane etc.)
- [ ] Had a slow reaction or reflex
- [ ] Had weakness or numbness in one or both legs
- [ ] Had a problem with vision
- [ ] Hurried too much
- [ ] Knocked over by someone or something
- [ ] Lost balance
- [ ] Not paying attention
- [ ] Playing sports
- [ ] Refused
- [ ] Slipped
- [ ] Slipped on ice
- [ ] Some other reason
- [ ] Tripped or stumbled
- [ ] Walking up or down stairs
- [ ] Were getting up after sitting or laying down
- [ ] Don't know/refused

Notes

Final Assessment - Falls and Hospital

12. Has anyone in your household been admitted to the hospital in the last 6 months?

- [ ] No
- [ ] Yes

13. How many people in your household were admitted to the hospital in the last 6 months?

14. Do you remember how many times you or a member of your household stayed overnight in the hospital?

- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6+
- [ ] Don't remember
- [ ] Refused

15. In the last 6 months did you call 911 for any medical, fire, or other emergencies?

- [ ] None
- [ ] Medical
- [ ] Fire

Other (please specify)

16. Do you remember how many times you called 911 in the last 6 months?

Final Assessment - Fire and Safety

17. In the last 6 months, has there been a fire in your home?

- ○ No
- ○ Yes
- ○ Refused
- ○ N/A

18. If yes, how many fires?

19. What was/were the causes?

20. In the 6 months, have you had a "close-call" that could have caused a fire in your home? (For example: forgot about a pan or kettle on the stove burning? Dropped burning cigarette ash onto a couch or fabric surface?)

- ○ No
- ○ Yes
- ○ Refused
- ○ N/A

21. What was/were the cause(s)?

22. Were there any close-calls with fires?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Final Assessment - Financial Stability

23. On a scale 1 (no impact at all) to 5 (very positive), do you think this program had a positive impact on your financial situation?

No impact at all	Very little impact	Neutral	Somewhat positive	Very positive
○	○	○	○	○

Notes:

24. Would the work have been done without assistance from this program?

- ○ Yes
- ○ No
- ○ Not Sure

Notes:

Final Assessment - Program Satisfaction

25. Can you rank how you benefited from the program on a scale 1 (serious detriment) to 5 (great benefit)?

Serious detriment	Detriment	Neither a detriment or benefit	Benefited	Great Benefit
○	○	○	○	○

26. Have you made any lifestyle changes as a result of participating in this program since work was completed?

- ○ Yes
- ○ No
- ○ Don't know/refuse

If so, how?

27. On a scale of 1 to 5, what best describes how the PHA left your home? Where 1 is "did not clean up at all" to 5 "cleaner than they found it"

Did not Clean up at all	Less clean	Neutral	Neat and clean	Cleaner than they found it
○	○	○	○	○

28. On a scale of 1 to 5, what best describes how you were treated by the program staff? Where 1 is "no respect at all at all" to 5 "Great deal of respect"

No respect at all	Disrespected	Neither respected or disrespected	Respected	Great deal of respect
○	○	○	○	○

29. On a scale of 1 to 5, can you rank rank how the program made your home safer? Where 1 is "More dangerous" to 5 "Much safer"

More dangerous	Dangerous	No change in safety	Safer	Much Safer
○	○	○	○	○

30. Are there any questions you would like addressed or would you like to tell us something?

Final Assessment - Accounting Details

NOT FOR CLIENTS

31. Did this project require additional work after initial scope was completed?

- ◯ Yes
- ◯ No

Please provide detail(s):

32. What was the total cost for this project? (labor and materials)

TOP