

**BASIS QUESTIONNAIRE**

(Revised 2-11-09)

Consumer: \_\_\_\_\_ Staff: \_\_\_\_\_

Date: \_\_\_\_\_ Service:  Day  Residential  Other: \_\_\_\_\_

**Please answer the following questions to the best of your knowledge. Remember that a BASIS assessment only accounts for the last 12 months. Once completed please return to the case manager and/or the CDDO Specialist.**

**9. MOTOR CONTROL** – Indicate whether or not the individual can perform these tasks (Circle YES or NO)  
View these questions as the person is presently capable of doing these. The question does **NOT** address their willingness or unwillingness to engage in these activities.

- YES NO Can roll from back to stomach  
 YES NO Can pull self to standing (from a chair to a standing position)  
 YES NO Can walk up AND down stairs by alternating feet from step to step  
 YES NO Can pick up a small object (Ex. paperclip, cheerio, marble, dice)  
 YES NO Can transfer an object from hand to hand  
 YES NO Can mark with a pencil, crayon, or chalk (Ex. can scribble, writing does not have to be legible)  
 YES NO Can turn pages of a book one at a time  
 YES NO Can copy a circle from an example  
 YES NO Can cut with scissors along a straight line

**10. COGNITIVE ABILITY** – Indicate whether the individual can perform the following tasks (Circle YES or NO)

- YES NO Sort objects by size (objects similar in color & shape & only differ in size. Can prompt)  
 YES NO Correctly spell first & last name (written, verbal, or sign language, etc...)  
 YES NO Tell time to nearest 5 minutes (read digital/analog clock & know what it means relative to their activities)  
 YES NO Distinguish between right and left (can refer to hands, directions, spatial location, etc...)  
 YES NO Count 10 or more objects  
 YES NO Understand simple functional signs (Exit, fire alarm, restrooms, stop, walk/don't walk. Need 3 out of 5)  
 YES NO Do simple addition and subtraction of figures (calculators not allowed. Single digits only.)  
 YES NO Read and comprehend simple sentences  
 YES NO Read and comprehend newspaper or magazine article

**11. COMMUNICATION SKILLS – Receptive and expressive communication skills** (Circle YES or NO)

The person's communication style must be considered in this question, so answers may be in written, verbal, sign, or symbolic forms. These questions address comprehension and NOT compliance.

- YES NO** Understands the meaning of "No"
- YES NO** Understands 1-step directions (ex. put on your coat)
- YES NO** Understands 2-step directions (ex. put on your coat and go outside. Mark "NO" if reminder is needed)
- YES NO** Understands a joke or story
- YES NO** Indicates a "Yes" or "No" response to a simple question (using any communicative method)
- YES NO** Asks simple questions (can be asked through any method of communication. Ex: gestures, signing, etc...)
- YES NO** Relates experiences when asked (Person can tell you what they did during their school/work day.)
- YES NO** Tells a story, joke or plot of a TV show
- YES NO** Describes realistic plans in detail (Plans are realistic to person's environment & abilities, can be as simple as what they want to do tonight. Not necessarily include future goals)

**12. BEHAVIORS – Indicate the frequency of each behavior over the past 12 months.** (Circle One)

"Behaviors" should appear to be significant enough to warrant as a behavior. In order to count behaviors the following must be considered: **1)** A sense of "beyond socially acceptable" **2)** Deliberateness is determined by the judgement of the caretaker. **3)** Those reporting the incident must have witnessed it first hand or have a written account. **4)** Actual frequency must be reported Not an average (1 months worth of activities could not be spread across the year to increase frequency) **5)** Keep in mind all settings (School, Work, Home, Community, etc...) **6)** Ask yourself "Does the behavior require staff support? Is there risk involved?" **7)** Only actual instances of the behavior can be captured (if there are supports in place to prevent it in advance then the behavior can NOT be counted, however if the support is a reaction to the behavior it CAN be counted)

- SCALE: **1.** Not this year **3.** Monthly (once a month) **5.** Frequently (2-6 times a week)
- 2.** Occasionally (Less than monthly) **4.** Weekly (once a week) **6.** Daily (Once a day or more)

**Tantrums or emotional outbursts**

A combination of 2 or more of the following: screaming, crying, swearing, banging on walls doors windows or other objects, throwing self on floor.

**1 2 3 4 5 6**

**Damages own or other's property**

Deliberately breaking, defacing or destroying things by hitting, tearing, cutting, throwing, burning, marking or scratching.

**1 2 3 4 5 6**

**Physically assaults others**

Deliberately causing physical pain to other people (or animals) by hitting, kicking, biting, pinching, scratching, pulling hair, or striking with an object

**1 2 3 4 5 6**

**Disrupts other's activities**

Interfering significantly with activities of others by clinging, pestering or teasing, arguing or complaining, picking fights, laughing or crying without reason, interrupting, yelling or screaming.

**1 2 3 4 5 6**

**Verbally or gesturally abusive**

Swearing, verbal threats, name-calling, obscene gestures, gestures that indicate aggressive intent or threat.

**1 2 3 4 5 6**

**Self-injurious**

Causing injury to own body by, hitting, banging head, scratching, cutting, biting, rubbing skin, pulling out hair, picking on skin (removing scabs), biting nails (causing bleeding), or pinching.

**1 2 3 4 5 6**

**Teases or harasses peers**

Any behavior performed deliberately to annoy another person, consumer, co-worker, or group of people.

**1 2 3 4 5 6**

**Resists supervision**

Non-compliant behavior. Refusing to follow instructions. Example: says "No", or decides not to complete the task, or must be asked multiple times before the task is completed.

**1 2 3 4 5 6**

**Runs or wanders away**

Repeatedly, deliberately or inadvertently leaves a program area, group activity, or living area to the point at which the caretaker is unaware of the consumer's whereabouts.

**1 2 3 4 5 6**

**Steals**

Deliberately or intentionally taking belongings from another person. This can include food, beverages, personal items, anything in a store or public place.

**1 2 3 4 5 6**

**Eats inedible objects**

Putting objects other than food or medicine into their mouth & ingesting them. Anything that is considered NOT acceptable or appropriate to eat. (ex. fingernails, paper, glue, trash, raw food)

**1 2 3 4 5 6**

**Displays sexually inappropriate behavior**

Public masturbation, public undressing, inappropriate touching of self or others, making sexual remarks or gestures, forcing sexual attentions on others, voyeurism.

**1 2 3 4 5 6**

**Smears feces**

Deliberately handling, throwing, or spreading bowel movements / feces. **Not** to be counted if the individual smears accidentally due to difficulty cleaning themselves.

**1 2 3 4 5 6**

**13. BEHAVIOR CONSEQUENCES – As a result of behavior problems consider whether the following apply**

Circle **YES** or **NO** for each consequence of a person's behavior as it is currently exhibited. Respond based on what has happened as a result of any behavior on the part of the individual, and not just those listed in the previous question. Answers to the following questions should be reflected in the PCSP and/or Behavior Management Plan.

**YES NO** Behavior problems currently prevent this individual from moving to a less restrictive setting.

What behaviors prevent the individual from moving to a less restrictive setting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YES NO** Individual has a written Behavior Intervention Plan

**YES NO** Individual's environment must be carefully structured to avoid behavior problems.

What environmental rearrangements are necessary to accomplish this?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YES NO** Because of behavior problems the staff must sometimes intervene physically with individual

**YES NO** Because of behavior problems a supervised "Time Out" period is needed at least weekly

**YES NO** Because of behavior problems the individual requires 1:1 supervision for many activities.

#### 14. SELF CARE – Indicate how independently the individual typically performs each activity.

This section is not concerned with a person's willingness to perform these tasks, but rather their ability. If the individual is not in the habit of doing a specific task, or is in a living situation where the opportunity is not given to them, then we must estimate their ability to do it independently.

- SCALE:**
1. **Total Support** The person is completely dependent on others to carry out activities on their behalf.
  2. **Assistance** (Helping) The person requires physical aid in order to complete tasks.
  3. **Supervision** (Reminding) The person is able to perform tasks with some verbal direction.
  4. **Independent** The person requires no prompting or aid in order to complete tasks.

Toileting: Bowels (Bowel Movement) This question does not address menses cycle	1	2	3	4
Toileting: Bladder (Urination) This question does not address menses cycle	1	2	3	4
Taking a shower or bath This question addresses their ability to participate in washing hair or self and setting water temperature	1	2	3	4
Brushing Teeth / Cleaning Dentures If no teeth/dentures, do they brush gums? Mark as 1 if person will open mouth and let provider do it.	1	2	3	4
Brushing or Combing Hair Determine if the person can hold the brush, & level of participation (range of motion). If no hair, estimate.	1	2	3	4
Selecting clothes appropriate to weather This addresses their choice of clothing. Answer may vary depending on settings (day/res)	1	2	3	4
<b>14. SELF CARE – (CONTINUED)</b>				
Putting on Clothes Do they need help with buttons, zippers, knots, snaps? (if modified, what supports remain)	1	2	3	4
Undressing Self Do they need help with buttons, zippers, knots, snaps? (if modified, what supports remain)	1	2	3	4
Drinking from a cup or glass The act of drinking out of cup, or glass. (regular cup or glass, not through a straw or sippy cup)	1	2	3	4
Chewing and swallowing food Mark 3 if staff prompts to slow down, mark 2 if food must be modified, mark 1 if they need help swallowing	1	2	3	4
Feeding self The act of getting food from plate to mouth, with utensils (or fingers if appropriate), not meal preparation.	1	2	3	4

#### 15. DAILY LIVING SKILLS – Indicate how independently the individual typically performs each activity.

- SCALE:**
1. **Total Support** The person is completely dependent on others to carry out activities on their behalf.
  2. **Assistance** (Helping) The person requires physical aid in order to complete tasks.
  3. **Supervision** (Reminding) The person is able to perform tasks with some verbal direction.
  4. **Independent** The person requires no prompting or aid in order to complete tasks.

Making Bed This includes simply pulling the sheet and comforter up on the bed, and placing the pillow correctly. This question does not address changing sheets or washing linens.	1	2	3	4
Cleaning Room This can include picking up items, and putting them away, dusting, vacuuming, keeping things tidy. This is not necessarily an automatic 1 for individuals using a wheel chair.	1	2	3	4

Approved: 2/9/2009

**Doing Laundry**

Includes: sorting, adjusting the settings, using the correct amount of detergent, switching loads, folding clothes, hanging up items. This does not address how the person gets to a Laundromat.

**1 2 3 4****Using the Telephone**

Includes dialing **AND** talking. Does **NOT** address if they can locate a particular # in the phone book. But If given a number (verbally or written) can they activate the phone and dial the number.

**1 2 3 4****Shopping for a simple meal**

Person can find the items needed for a simple meal in a grocery store. Does **NOT** necessarily take into account making a shopping list.

**1 2 3 4****Preparing foods that do not require cooking**

Examples include: Cereal, snack, or sandwich. Putting components together for snack or meal. Opening a package of granola and eating it would **NOT** count.

**1 2 3 4****Using the stove or microwave**

Could they read the back of the package and follow the directions correctly in order to prepare the item. Are there any safety issues involved? May be Stove **OR** Microwave

**1 2 3 4****Crossing the street in a residential neighborhood**

Consider if the person looks both ways and also if they have the mobility to cross the street. Safety issues should be taken into account.

**1 2 3 4****Using public transportation for a simple direct trip**

Person is capable of calling to schedule a ride for taxi, special services, etc. Also consider the persons mobility to get in/out of transport, as well as the safety issues present.

**1 2 3 4****Managing Own Money**

What concept of money does the individual have? Is it simply paper to them? Take into account counting change back, help with balancing checkbook, holding money.

**1 2 3 4**