

Omaha System KBS Rating Supplement

October 2010

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Omaha System KBS Rating Supplement

Introduction

This guide originated in St-Paul Ramsey County Public Health as an effort to improve consistent use of the Omaha System; working with colleagues from Dakota County Public Health Department, Scott County Human Services, and Washington County Public Health and Environment.

The booklet has been updated annually, and many more stakeholders have contributed to improving it. In 2010, the effort has become international. We believe in the power of collaboration and appreciate the willingness to partner in data & practice quality improvement.

Why the Rating Supplement was developed

The KBS rating examples in the Omaha System book are sometimes difficult to apply to clients because of the general scope of the examples. The examples in this supplement have been developed to be consistent with the 2005 Omaha System definitions, symptoms and ratings, and at the same time are relevant for specific Public Health populations and work.

In the process of developing examples, we discovered that having additional areas of client assessment to consider within knowledge, behavior and status provided a framework for determining ratings.

How the Rating Supplement is organized

Each problem includes the Omaha System definition, signs & symptoms and Consider Statements for knowledge, behavior and status on the left side of the page. There are also guidelines or notes that provide further clarification & direction. The corresponding KBS rating guide with examples is on the right side of the page.

Use of the Rating Supplement

We welcome feedback on this document. You may contact us at mosug@omahasystemmn.org.

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Income (pg 169):

Money from wages, pensions, subsidies, interest, dividends, or other sources available for living and health care expenses

Signs/ Symptoms:

- Low/ no income
- Uninsured medical expenses
- Difficulty with money management
- Able to buy only necessities
- Difficulty buying necessities
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ community resources for financial assistance ▪ money management ▪ importance of education 	Consider if client is: <ul style="list-style-type: none"> ▪ spending for needs vs. wants ▪ living within means 	Consider: <ul style="list-style-type: none"> ▪ essentials vs. extras, ▪ amount of debt, ▪ health insurance, ▪ employment status ▪ education status

Guidelines & Notes:

- By definition, a client utilizing state assistance programs would have “low/no income” and could not have a status of a 5.
- The symptom “difficulty with money management” is about the client’s ability to prioritize spending. A low-income client who cannot always make ends meet but can prioritize the money she has would not have this as a symptom.
- It’s important to distinguish Behavior and Status. A low-income client may spend appropriately and still not be able to make ends meet. In a case like this her Behavior rating may be relatively high and her Status rating may be relatively low.
- When a client has a protective payee, there is an actual problem.
- Transportation, food, clothing, rent and other financial needs can be included under the *Income* problem as well as any problems where money alone would solve the problem.
- Income may come from a variety of sources. The source may indicate a problem (state assistance) or may be irrelevant as long as income is adequate (parental support for a minor).
- Self-sufficiency can be considered in the *Income* problem, if this is a goal for the particular client. Measure the income aspect of that goal in this problem.

Assessment	Health Promotion	Adequate
Definition	Client status characterized by interest in increasing knowledge, behavior, and health expectations, as well as developing strengths and resources to enhance well-being in the absence of risk factors, signs, or symptoms	Not an Omaha System definition. It means the problem was assessed, no signs/ symptoms or risk factors are present and it will not go on the client careplan
When to select	When the client wishes to learn about something we don’t normally address and there are no signs/ symptoms or risk factors present	When you have assessed a problem and determine that the problem is neither Actual or Potential and you will not be addressing it
When to put it on the client’s careplan	It should be used rarely or never. Do you have time to address issues not normally on your plate?	Never
When not to put it on the client’s careplan	When it’s something the PHN won’t be addressing. You should then select one of the options: low priority, self-care, other provider	
Admission Status Rating	Admission status rating must be 5 . This rating means no signs/ symptoms are present.	
Other	If Health Promotion is selected, the problem must go on the client careplan . It implies you are doing something about it	
Example: Substance Use	Client wants to know how to prevent osteoporosis	No history of substance use or has history but appears stable and not at risk for relapse.

Omaha System Problem Modifiers Guide

Assessment	Actual	Potential
Definition	Client problem status characterized by the existence of one or more signs and symptoms	Client status characterized by the absence of signs and symptoms and the presence of patterns, practices, behaviors, or risk factors that may preclude optimal health
When to select	When signs/ symptoms are present	When risk factors are present
When to put it on the client's careplan	When the PHN will be addressing the issue in some way	When the PHN will be addressing the issue in some way
When not to put it on the client's careplan	When it's something the PHN won't be addressing. You should then select one of the options: low priority, self-care, other provider	When it's something the PHN won't be addressing. You should then select one of the options: low priority, self-care, other provider
Admission Status Rating	Admission status rating must be 1,2,3, or 4 . These ratings mean signs/ symptoms are present	Admission status rating must be 5 . This rating means no signs/ symptoms are present
Other	Signs: Objective evidence about a client's problem. Symptoms: Subjective evidence about a client's problem	
Example: Substance Use	Client is currently using drugs, alcohol or smoking	Has a history of substance use, is not currently using but is experiencing stressful events that put her at risk

*Remember for all ratings, if you are trying to decide between 2 ratings, select the lower rating as a rule of thumb.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> sources of income/expenses resources and how to access relationship between education and future earnings budgeting 	Minimal knowledge of: <ul style="list-style-type: none"> sources of income/expenses resources and how to access relationship between education and future earnings budgeting 	Basic knowledge of: <ul style="list-style-type: none"> sources of income/expenses resources and how to access relationship between education and future earnings budgeting 	Adequate knowledge of: <ul style="list-style-type: none"> sources of income/expenses resources and how to access relationship between education and future earnings budgeting 	Superior knowledge of: <ul style="list-style-type: none"> sources of income/expenses resources and how to access relationship between education and future earnings budgeting
	Unrealistic expectations about winnings from gambling/lottery				
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> pay rent/mortgage prioritize expenses attend school or job manage income budget complete financial paperwork seek employment 	Rarely: <ul style="list-style-type: none"> pays rent/mortgage prioritizes expenses attends school or job manages income budgets completes financial paperwork seeks employment 	Inconsistently: <ul style="list-style-type: none"> pays rent/mortgage prioritizes expenses attends school or job manages income budgets completes financial paperwork seeks employment 	Usually: <ul style="list-style-type: none"> pays rent/mortgage prioritizes expenses attends school or job manages income budgets completes financial paperwork seeks employment or a better job 	Consistently: <ul style="list-style-type: none"> pays rent/mortgage prioritizes expenses attends school or job manages income budgets completes financial paperwork
	Gambles or spends excessively/impulsively				
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Homeless due to lack of income	Has housing but utilities disconnected due to nonpayment	Inconsistently has enough money month to month	Decreasing debt	Expenses met
	Income doesn't cover all basic necessities	Rarely has enough money for basic necessities	Some health care expenses covered or paid for	Income meets most expenses	Has consistent source of income
	Unable to pay for any health care expenses			Most health care expenses covered or paid for	Health care expenses are covered or paid for

Residence (pg 175):

Living area

Signs/ Symptoms:

- Structurally unsound
- Inadequate heating/ cooling
- Steep unsafe stairs
- Inadequate/ obstructed exits/ entries
- Cluttered living space
- Unsafe storage of dangerous objects/ substances
- Unsafe mats/ throw rugs
- Inadequate safety devices
- Presence of lead-based paint
- Unsafe appliances/ equipment
- Inadequate/ crowded living space
- Exposed wiring
- Structural barriers
- Homeless
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider Knowledge of: <ul style="list-style-type: none"> ▪ basic home safety ▪ community resources for home repair/safety needs 	Consider if client is: <ul style="list-style-type: none"> ▪ willing to make the home safe 	Consider: <ul style="list-style-type: none"> ▪ presence of home safety hazards and risks for injury

Guidelines & Notes:

- By definition, the problem of *Residence* encompasses both the issues of home safety and homelessness.
- Status of a 5 may be appropriate for non-independent living situations, such as minors, elderly in need of assistance, or those with disabilities.

Targets (continued)

- end-of-life care
- environment
- exercises
- family planning care
- feeding procedures
- finances
- ~~food~~
- gait training
- genetics
- growth/ development care
- home
- ~~homemaking~~
- homemaking/ housekeeping
- infection precautions
- interaction
- interpreter/ translator services*
- laboratory findings*
- legal system
- medical/ dental care
- medication action/ side effects
- medication administration
- medication coordination/ ordering
- medication prescription
- medication set-up
- mobility transfers
- ~~nursing care, supplemental~~
- nursing care
- ~~nutrition~~
- nutritionist care
- occupational therapy care
- ostomy care
- other communication resources
- paraprofessional/ aide care
- personal hygiene
- physical therapy care
- positioning
- recreational therapy care
- ~~rehabilitation~~
- relaxation/ breathing techniques
- respiratory care
- respiratory therapy care
- rest/ sleep
- safety
- screening procedures
- sickness/ injury care
- signs/ symptoms-mental/ emotional
- signs/ symptoms-physical
- skin care
- social work/ counseling care
- specimen collection
- speech and language pathology care
- spiritual care
- stimulation/ nurturance
- stress management
- ~~substance use~~
- substance use cessation
- supplies
- support group
- support system
- transportation
- wellness
- other

Intervention Scheme

Categories

Category definitions can be found on page 373 in *The Omaha System: A Key to Practice, Documentation, and Information Management*.

01. Teaching, Guidance, and Counseling
02. Treatments and Procedures
03. Case Management
04. Surveillance

Targets

This is a complete list of targets from the old and revised Omaha System. Discontinued targets are crossed out. New targets are underlined. Changes to existing targets are indicated by italics. Definitions of all currently used targets can be found on pages 374-376 in *The Omaha System: A Key to Practice, Documentation, and Information Management*.

anatomy/ physiology
 anger management
 behavior modification
 bladder care
 bonding/ *attachment*
 bowel care
 bronchial hygiene
 cardiac care
 caretaking/ parenting skills
 cast care
 communication
community outreach worker services
continuity of care
 coping skills
 day care/ respite
dietary management
 discipline
 dressing change/ wound care
 durable medical equipment
 education
 employment

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> ● housing ● resources and how to access ● tenant rights ● hazards in living area 	Minimal knowledge of: <ul style="list-style-type: none"> ● housing ● resources and how to access ● tenant rights ● hazards in living area 	Basic knowledge of: <ul style="list-style-type: none"> ● housing ● resources and how to access ● tenant rights ● hazards in living area 	Adequate knowledge of: <ul style="list-style-type: none"> ● housing ● resources and how to access ● tenant rights ● hazards in living area 	Superior knowledge of: <ul style="list-style-type: none"> ● housing ● resources and how to access ● tenant rights ● hazards in living area
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> ●de-clutter ●childproof ●make recommended safety changes ●seek affordable /stable housing ●perform routine home maintenance 	Rarely: <ul style="list-style-type: none"> ●de-clutters ●childproofs ●makes recommended safety changes ●seeks affordable /stable housing ●performs routine home maintenance 	Inconsistently: <ul style="list-style-type: none"> ●de-clutters ●childproofs ●makes recommended safety changes ●seeks affordable /stable housing ●performs routine home maintenance 	Usually: <ul style="list-style-type: none"> ●de-clutters ●childproofs ●makes recommended safety changes ●performs routine home maintenance 	Consistently: <ul style="list-style-type: none"> ●de-clutters ●childproofs ●makes recommended safety changes ●performs routine home maintenance
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Extreme: <ul style="list-style-type: none"> ●clutter ●crowding ●home repairs needed ●safety/ structural hazards Homeless No heat/cooling for current weather conditions Unsafe storage of hazardous materials	Severe: <ul style="list-style-type: none"> ●clutter and/or crowding ●home repairs needed ●safety/ structural hazards Living in a shelter or unstable temporary situation Deteriorating lead paint	Moderate: <ul style="list-style-type: none"> ●clutter and/or crowding ●home repairs needed ●safety/ structural hazards Living in temporary situation	Minimal: <ul style="list-style-type: none"> ● clutter and/or crowding ●safety/ structural hazards Living in stable housing	No: <ul style="list-style-type: none"> ●clutter and/or crowding ●safety/ structural hazards Living independently in stable housing

Neighborhood/Workplace Safety (pg 178):

Freedom from illness, injury, or loss in the community or place of employment.

Signs/ Symptoms:

- High crime rate
- High pollution level
- Uncontrolled/dangerous/infected animals
- Inadequate space/resources to foster health
- Inadequate/ unsafe play/exercise area
- Threats/reports of violence
- Physical hazards
- Vehicle/traffic hazards
- Chemical hazards
- Radiological hazards
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider Knowledge of: <ul style="list-style-type: none"> ▪ situations requiring emergency action ▪ workplace safety regulations and policies 	Consider if client is: <ul style="list-style-type: none"> ▪ practicing preparedness (exercises) 	Consider: <ul style="list-style-type: none"> ▪ presence of crosswalks ▪ disposal of Household Hazardous Waste ▪ emergency shelter ▪ frequent emergency calls (police/fire) ▪ neighborhood watch groups ▪ recycling and clean up efforts ▪ community resources such as police, health dept. ▪ high drug or crime area

Guidelines & Notes:

Physiological Domain

Hearing.....	230-233
Vision.....	233-237
Speech and Language.....	237-241
Oral Health.....	241-244
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Consciousness.....	254-258
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Neuro-Musculo-Skeletal Function.....	263-270
Respiration.....	270-277
Circulation.....	277-284
Digestion-Hydration.....	284-290
Bowel Function.....	290-295
Urinary Function.....	295-300
Reproductive Function.....	300-304
Pregnancy.....	304-310
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Communicable/ Infectious Condition.....	315-322

Health-Related Behaviors Domain

Nutrition.....	323-328
Sleep and Rest Patterns.....	328-331
Physical Activity.....	331-334
Personal Care.....	334-337
Substance Use.....	337-342
Family Planning.....	343-346
Health Care Supervision.....	346-350
Medication Regimen.....	350-356

Problem Classification Scheme

Following is a list of all the problems in the Problem Classification Scheme and the page numbers they

Environmental Domain	
Income	169-171
Sanitation.....	171-175
Residence.....	175-178
Neighborhood/ Workplace Safety	178-180
Psychosocial Domain	
Communication with Community Resources.....	181-185
Social Contact.....	185-187
Role Change.....	187-190
Interpersonal Relationship.....	190-193
Spirituality.....	193-196
Grief.....	196-199
Mental Health.....	199-204
Sexuality.....	205-208
Caretaking/ Parenting.....	208-214
Neglect.....	214-219
Abuse.....	219-223
Growth and Development.....	223-229

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> hazards in community, neighborhood or workplace possible solutions or resources emergency preparedness 	Minimal knowledge of: <ul style="list-style-type: none"> hazards in community, neighborhood or workplace possible solutions or resources emergency preparedness 	Basic knowledge of: <ul style="list-style-type: none"> hazards in community, neighborhood or workplace possible solutions and resources emergency preparedness 	Adequate knowledge of: <ul style="list-style-type: none"> hazards in community, neighborhood or workplace solutions and resources emergency preparedness 	Superior knowledge of: <ul style="list-style-type: none"> hazards in community, neighborhood or workplace solutions and prevention measures emergency preparedness
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> protect employees or community members from hazards follow safety regulations plan for emergencies Contributes to physical hazards or behaviors that lead to illness or injury	Rarely: <ul style="list-style-type: none"> protect s employees or community members from hazards follows safety regulations plans for emergencies 	Inconsistently: <ul style="list-style-type: none"> protects employees or community members from hazards follows safety regulations plans for emergencies 	Usually: <ul style="list-style-type: none"> protect employees or community members from hazards follows safety regulations plans for emergencies 	Consistently: <ul style="list-style-type: none"> protects employees or community members from hazards follows safety regulations plans for emergencies Assesses and responds to workplace or community for risks and hazards
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Extreme: <ul style="list-style-type: none"> safety hazards and violations No resources High crime rate No safety plan	Severe: <ul style="list-style-type: none"> safety hazards Limited resources	Moderate: <ul style="list-style-type: none"> safety hazards Some resources Safety plan in development	Minimal: <ul style="list-style-type: none"> safety hazards Adequate resources	No: <ul style="list-style-type: none"> safety hazards Adequate and accessible resources Safety plan in place

Communication with Community Resources (pg 181):

Interaction between the individual/ family/ community and social service organizations, schools, and businesses in regard to services, information, and goods/ supplies.

Signs/ Symptoms:

- Unfamiliar with options/ procedures for obtaining services
- Difficulty understanding roles/ regulations of service providers
- Unable to communicate concerns to provider
- Dissatisfaction with services
- Inadequate/ unavailable resources
- Language barrier
- Cultural barrier
- Educational barrier
- Transportation barrier
- Limited access to care/ services/ goods
- Unable to use/ has inadequate communication devices/ equipment
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider:	Consider: <ul style="list-style-type: none"> ▪ does client ask for assistance when needed ▪ level of difficulty in utilizing resources 	Consider:

Guidelines & Notes:

- Consider the definition of this problem, and the fact that it reflects *interaction between the individual, family or community and community resources*. This goes beyond just communication.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Client/Caregiver Knowledge	No knowledge of: <ul style="list-style-type: none"> • resources and how to access • when to seek health care for acute & chronic health conditions • preventative/ wellness health care practices/ treatment plan 	Minimal knowledge of: <ul style="list-style-type: none"> • resources and how to access • when to seek health care for acute & chronic health conditions • preventative/ wellness health care practices/ treatment plan 	Basic knowledge of: <ul style="list-style-type: none"> • resources and how to access • when to seek health care for acute & chronic health conditions • preventative/ wellness health care practices/ treatment plan 	Adequate knowledge of: <ul style="list-style-type: none"> • resources and how to access • when to seek health care for acute & chronic health conditions • preventative/ wellness health care practices/ treatment plan 	Superior knowledge of: <ul style="list-style-type: none"> • resources and how to access • when to seek health care for acute & chronic health conditions • preventative/ wellness health care practices/ treatment plan
	Believes in myths or inaccurate health practices				Fully understands the importance of health care practices and access
	Mistrust of providers that prevents usage of health care services				
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Client/Caregiver Behavior	Does not: <ul style="list-style-type: none"> • make/follow up on scheduled health care appointments for illness, injuries or chronic health conditions • follow plan of care • obtain preventive/ wellness health care 	Rarely: <ul style="list-style-type: none"> • makes/ follows up on scheduled health care appointments for illness, injuries or chronic health conditions • follows plan of care • obtains preventive/ wellness health care 	Inconsistently: <ul style="list-style-type: none"> • makes/ follows up on scheduled health care appointments for illness, injuries or chronic health conditions • follows plan of care • obtains preventive/ wellness health care 	Usually: <ul style="list-style-type: none"> • makes/ follows up on scheduled health care appointments for illness, injuries or chronic health conditions • follows plan of care • obtains preventive/ wellness health care 	Consistently: <ul style="list-style-type: none"> • makes/ follows up on scheduled health care appointments for illness, injuries or chronic health conditions • follows plan of care • obtains preventive/ wellness health care
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client Status	Obvious untreated health issues Does not have a plan of care with a health care provider Has no access to a medical home and no consistent source of health care	Rarely receives appropriate, timely health care Minimal follow up on plan of care from health care provider	Sometimes receives appropriate, timely health care Inconsistent access to or source of health care	Usually receives appropriate, timely health care Follows up with plans of care from health care provider	Consistently receives appropriate, timely health care. Has a medical home and consistent access to health care providers

Healthcare Supervision (pg 346):

Management of the health care treatment plan by health care providers

Signs/ Symptoms:

- Fails to obtain routine/preventative health care
- Fails to seek care for symptoms requiring evaluation/treatment
- Fails to return as requested to health care provider
- Inability to coordinate multiple appointments/treatment plans
- Inconsistent source of health care
- Inadequate source of health care
- Inadequate treatment plan
- Other

KBS rating considerations:

Knowledge (What client or caregiver knows)	Behavior (What client or caregiver does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> • health, wellness, disease process • health care beliefs and accuracy of medical information • how to use emergency care, primary care, and specialty care resources 	Consider: <ul style="list-style-type: none"> ▪ use of ER, preventive care visits and choices of providers ▪ history of medical care behavior and current challenges ▪ if caregiver arranges and follows through with plan of care, and appointments independently 	Consider: <ul style="list-style-type: none"> ▪ state of disease process ▪ history of medical care behavior and current challenges ▪ access to primary and specialty health care and medical home ▪ immunization and well-child exam status

Guidelines & Notes:

- Consider the use of other appropriate problems. If income is impacting the difficulty in accessing care, the *Income* problem should also be assessed.
- For children (minors), rate the caregiver's knowledge and behavior, and the child's status.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> • resources and how to access 	Minimal knowledge of: <ul style="list-style-type: none"> • resources and how to access 	Basic knowledge of: <ul style="list-style-type: none"> • resources and how to access 	Adequate knowledge of: <ul style="list-style-type: none"> • resources and how to access 	Superior knowledge of: <ul style="list-style-type: none"> • resources and how to access
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> • use beneficial community resources 	Rarely: <ul style="list-style-type: none"> • uses beneficial community resources • accesses resources independently • fulfills resource requirements 	Inconsistently: <ul style="list-style-type: none"> • uses beneficial community resources • accesses resources independently • fulfills resource requirements 	Usually: <ul style="list-style-type: none"> • uses beneficial community resources • accesses resources independently • fulfills resource requirements 	Consistently: <ul style="list-style-type: none"> • uses beneficial community resources • accesses resources independently • fulfills resource requirements
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Extreme: <ul style="list-style-type: none"> • barriers to connecting to community resources Not receiving benefits of resources	Severe: <ul style="list-style-type: none"> • barriers to connecting to community resources 	Moderate: <ul style="list-style-type: none"> • barriers to connecting to community resources 	Minimal: <ul style="list-style-type: none"> • barriers to connecting to community resources 	No: <ul style="list-style-type: none"> • barriers to connecting to community resources Receiving benefits of resources

Interpersonal Relationships (pg. 190):

Association or bonds between the individual/family/community and others.

Signs/ Symptoms:

- Difficulty establishing/maintaining relationships
- Minimal shared activities
- Incongruent values/goals/expectations/schedules
- Inadequate interpersonal communication skills
- Prolonged, unrelieved tension
- Inappropriate suspicion/manipulation/control
- Physically/emotionally abusive to partner
- Difficulty problem solving without conflict
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider Knowledge of: <ul style="list-style-type: none"> ▪ behaviors that are abusive, controlling, manipulative ▪ impact of abusive, controlling, manipulative behaviors in own family history 	Consider client's: <ul style="list-style-type: none"> ▪ interpersonal boundaries ▪ readiness to seek help ▪ openness to accepting/seeking information to modify behaviors ▪ past history of abusive behavior ▪ past history of treatment for abusive behavior 	Consider: <ul style="list-style-type: none"> ▪ stressors ▪ coping skills ▪ danger to others ▪ support system for individual/family ▪ current ability to interact positively with others ▪ positive conflict resolution

Guidelines & Notes:

- Include all relationships
- *Interpersonal Relationships* is intended to be used with clients who ARE abusive, *not the abuse victim.* (use the abuse problem for victim)
- *Interpersonal Relationships* may be appropriate for a victim of abuse if being used to reflect the relationship skills, *not the abuse itself.*
- Be careful not to cross over into *Mental Health.* If there is a diagnosis that impacts the relationship skills or communication, it may not be a relationship issue.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> • methods • preconception health • benefits of child spacing • resources and how to access Believes folklore/myths	Minimal knowledge of: <ul style="list-style-type: none"> • methods • preconception health • benefits of child spacing • resources and how to access Incomplete information about methods	Basic knowledge of: <ul style="list-style-type: none"> • methods • preconception health • benefits of child spacing • resources and how to access Knows one method	Adequate knowledge of: <ul style="list-style-type: none"> • methods • preconception health • benefits of child spacing • resources and how to access Knows more than one method	Superior knowledge of: <ul style="list-style-type: none"> • methods • preconception health • benefits of child spacing • resources and how to access Knows methods, side effects, and contraindications
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> • access preconception or family planning care • use family planning method • follow through with self-care recommendations Pregnant woman does not intend to use family planning method(s) after pregnancy	Rarely: <ul style="list-style-type: none"> • accesses preconception or family planning care • uses family planning method • follows through with self-care recommendations Pregnant woman has not considered family planning method(s) after pregnancy	Inconsistently: <ul style="list-style-type: none"> • accesses preconception or family planning care • uses family planning method • follows through with self-care recommendations Pregnant woman is not sure about family planning method(s) after pregnancy	Usually: <ul style="list-style-type: none"> • accesses preconception or family planning care • uses family planning method • follows through with self-care recommendations Pregnant woman considering several family planning method(s) after pregnancy	Consistently: <ul style="list-style-type: none"> • accesses preconception or family planning care • uses family planning method • follows through with self-care recommendations Pregnant woman has decided on and plans to use a family planning method(s) after pregnancy
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Extreme: <ul style="list-style-type: none"> • risk for unintended pregnancy Interference with family planning plans by other(s)	Severe: <ul style="list-style-type: none"> • risk for unintended pregnancy 	Moderate: <ul style="list-style-type: none"> • risk for unintended pregnancy 	Minimal: <ul style="list-style-type: none"> • risk for an unintended pregnancy 	No: <ul style="list-style-type: none"> • risk for an unintended pregnancy

Family Planning (343):

Practices designed to plan and space pregnancy within the context of values, attitudes, and beliefs.

Signs/ Symptoms:

- Inappropriate/ insufficient knowledge about family planning methods
- Inappropriate/ insufficient knowledge about preconception health practices
- Inaccurate/ inconsistent use of family planning methods
- Dissatisfied with present family planning method
- Fears others' reactions regarding family planning choices
- Difficulty obtaining family planning choices
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ methods available ▪ use, efficacy, side effects of methods ▪ appropriateness for self ▪ resources to obtain ▪ reasons for spacing or delaying pregnancy ▪ family planning topics, including: <ul style="list-style-type: none"> -contraceptive methods -preconception health -benefits of child spacing 	Consider: <ul style="list-style-type: none"> ▪ client's planning and receptiveness if the client doesn't want to get pregnant again. 	Consider: <ul style="list-style-type: none"> ▪ ability to obtain family planning ▪ social/ cultural stigma ▪ appropriateness of method chosen ▪ hx of STIs ▪ hx of previous unintended pregnancy ▪ congruency of client wants/ plans vs. behaviors.

Guidelines & Notes:

- **Pregnant Clients:** A pregnant client can't become pregnant. However, being pregnant does not necessarily warrant a status rating of 5. Consider the client's known risk factors for unintended pregnancy and determine ratings based on those risk factors.
- Consider the relationship to the *Health Care Supervision* problem if the family planning problem relates to accessing birth control.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> •the difference between positive and negative communication •the need for help/counseling •positive conflict resolution methods •resources and how to access 	Minimal knowledge of: <ul style="list-style-type: none"> •the difference between positive and negative communication •need for help/counseling •positive conflict resolution methods •resources and how to access 	Basic knowledge of: <ul style="list-style-type: none"> •the difference between positive and negative communication •need for help/counseling •positive conflict resolution methods •resources and how to access 	Adequate knowledge of: <ul style="list-style-type: none"> •the difference between positive and negative communication •need for help/counseling •positive conflict resolution methods •resources and how to access 	Superior knowledge of: <ul style="list-style-type: none"> •the difference between positive and negative communication •need for help/counseling •positive conflict resolution methods •resources and how to access
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> •form/maintain relationships •admit to abusive behaviors •communicate appropriately in relationships •problem solve without conflict Physical/emotional harm directed towards others Jailed for abusive behavior	Rarely: <ul style="list-style-type: none"> •forms/ maintains relationships •admits to abusive behaviors but blames others •communicates appropriately in relationships •problem solves without conflict Negative emotional expressions towards others Negative physical expressions not directed toward people	Inconsistently: <ul style="list-style-type: none"> •forms/maintains relationships •admits to abusive behaviors but not remorseful •communicates appropriately in relationships •problem solves without conflict 	Usually: <ul style="list-style-type: none"> •forms/ maintains relationships •admits past abusive behavior but not currently occurring •communicates appropriately in relationships •problem solves without conflict Has begun treatment/counseling for abusive behavior	Consistently: <ul style="list-style-type: none"> • forms/ maintains relationships •communicates appropriately in relationships • problem solves without conflict No history of abusive behavior
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Extreme: <ul style="list-style-type: none"> •controlling, manipulative environment/ Relationship • conflict in relationship Current restraining order	Severe: <ul style="list-style-type: none"> •controlling, manipulative environment/ relationship • conflict in relationship Past restraining orders	Moderate: <ul style="list-style-type: none"> •controlling, manipulative environment/ relationship • conflict in relationship 	Minimal: <ul style="list-style-type: none"> •controlling, manipulative environment/ relationship • conflict in relationship 	No: <ul style="list-style-type: none"> •controlling, manipulative environment/ relationship • conflict in relationship

Mental Health (pg 199):

Development and use of mental/emotional abilities to adjust to life situations, interact with others, and engage in activities.

Signs/ Symptoms:

- Sadness/ hopelessness/ decreased self-esteem
- Apprehension/ undefined fear
- Loss of interest/ involvement in activities/ self-care
- Narrowed to scattered attention/ focus
- Flat affect
- Irritable/ agitated/ aggressive
- Purposeless/ compulsive activity
- Difficulty managing stress
- Difficulty managing anger
- Somatic complaints/ fatigue
- Delusions
- Hallucinations/ illusions
- Expresses suicidal/ homicidal thoughts
- Attempts suicide/ homicide
- Self-mutilation
- Mood swings
- Flash-backs
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ own mental health needs/concerns ▪ available resources or options for treatment/management ▪ knowledge of appropriate self-care 	Consider: <ul style="list-style-type: none"> ▪ help seeking behavior ▪ self-monitoring 	Consider: <ul style="list-style-type: none"> ▪ effectiveness of treatment/self-care

Guidelines & Notes:

- Self-care may include sleep, exercise, stress management, meditation, herbs, etc.
- **Assess as actual if:** current signs and symptoms of mental health problems exist, not effectively coping with mental health issues, not effectively coping with significant stress, or postpartum depression/psychosis
- **Assess as potential if:** past personal history, current diagnosis that is appropriately managed, coping well with high level of stress and/or difficult life circumstances, significant family history of mental illness/suicide. (Risk factors, but no current signs/symptoms)
- **Note:** significant stress in itself, is not a *Mental Health* problem, and should not be assessed unless signs or symptoms are present

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> • negative effects of substance use on self or others • negative effects of 2nd hand smoke •resources and how to access •benefits of cutting down and quitting 	Minimal knowledge of: <ul style="list-style-type: none"> • negative effects of substance use on self or others • negative effects of 2nd hand smoke •resources and how to access •benefits of cutting down and quitting 	Basic knowledge of: <ul style="list-style-type: none"> • negative effects of substance use on self or others • negative effects of 2nd hand smoke •resources and how to access •benefits of cutting down and quitting 	Adequate knowledge of: <ul style="list-style-type: none"> • negative effects of substance use on self or others • negative effects of 2nd hand smoke •resources and how to access •benefits of cutting down and quitting 	Superior knowledge of: <ul style="list-style-type: none"> • negative effects of substance use on self or others • negative effects of 2nd hand smoke •resources and how to access •benefits of cutting down and quitting
Stage of change	Not Appropriate Not interested in changing behavior	Rarely Appropriate Considers changing behavior	Inconsistently Appropriate Prepares to change behavior	Usually Appropriate Taking appropriate action to change behavior	Consistently Appropriate No use or stopped using
Tobacco Behavior	Smokes more than 2 ppd Frequently uses tobacco products Does not avoid 2 nd hand smoke Any tobacco use by a woman who knows she is pregnant	Smokes at least 1 but less than 2 ppd Often uses tobacco products Rarely avoids exposure to 2 nd hand smoke	Smokes less than 1 ppd Sometimes uses tobacco products Occasionally avoids exposure to 2 nd hand smoke	Smokes a few cigarettes per day Rarely uses tobacco products Usually avoids exposure to 2 nd hand smoke	Does not use tobacco products Does not expose self to 2 nd hand smoke.
Alcohol/ Drug Behavior	Frequently abuses legal or illegal substances Any drug or alcohol use by woman who knows she is pregnant, or by a recovering addict	Often abuses legal or illegal substances	Occasionally abuses legal or illegal substances	Rarely abuses legal or illegal substances	Does not abuse legal or illegal substances.
Status	Extreme S/S Extreme issues with: <ul style="list-style-type: none"> •physical/emotional health •legal system •finances •employment •relationships Needs commitment	Severe S/S Severe issues with: <ul style="list-style-type: none"> •physical/emotional health •legal system •finances •employment •relationships Multiple convictions	Moderate S/S Moderate issues with: <ul style="list-style-type: none"> •physical/emotional health •legal system •finances •employment •relationships 	Minimal S/S Minimal issues with: <ul style="list-style-type: none"> •physical/emotional health •legal system •finances •employment •relationships 	No S/S No issues with: <ul style="list-style-type: none"> •physical/emotional health •legal system •finances •employment •relationships

Substance Use (337):

Consumption of medicines, recreational drugs, or other materials likely to cause mood changes and/ or psychological/ physical dependence, illness, and disease.

Signs/ Symptoms:

- Abuses over-the-counter/ prescription medications
- Uses "street"-recreational drugs
- Abuses alcohol
- Smokes/ uses tobacco products
- Difficulty performing normal routines
- Reflex disturbances
- Behavior change
- Exposure to cigarette/ cigar smoke
- Buys/ sells illegal substances
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> • harm to self/others • treatment options • relationship between substance use and high risk behaviors 	Consider: <ul style="list-style-type: none"> ▪ frequency/amount of use ▪ Implementing self-help behaviors ▪ binge drinking ▪ choice/ability to avoid substances such as 2nd hand smoke 	Consider: <ul style="list-style-type: none"> • s/s of health status impairment • s/s of ADL/ relationship/law problems r/t use • finances and health of family • acceptance of personal responsibility • affects of use is under status

Guidelines & Notes:

Substance use refers to the loss of control with substance usage and consequences from substance use

Rating Status at Admission (Pregnant Client):

- A woman who knowingly used drugs or alcohol during pregnancy should have a status rating of 1 at admission. This applies even if the use occurred prior to admission.
- A pregnant woman who never used drugs, alcohol or tobacco or stopped once she found out she was pregnant should have a status rating of 5 at admission.
- Risk for relapse: A woman who quit using once she found out she was pregnant should have a status rating of 5 regardless of her risk. If she relapses the problem must be reassessed.

Rating Status at Discharge:

- A woman who knowingly used drugs or alcohol during pregnancy and quits should have a discharge status rating of 5.

When client uses more than one type of substance, the behavior and status ratings should reflect the most serious concern.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> • symptoms that are unusual or could be a sign of mental illness • treatment needs/options • impact of illness symptoms on life • healthy coping skills that can reduce or manage symptoms 	Minimal knowledge of: <ul style="list-style-type: none"> • symptoms that are unusual or could be a sign of mental illness • treatment needs/options • impact of illness symptoms on life • healthy coping skills that can reduce or manage symptoms 	Basic knowledge of: <ul style="list-style-type: none"> • symptoms that are unusual or could be a sign of mental illness • treatment needs/options • impact of illness symptoms on life • healthy coping skills that can reduce or manage symptoms 	Adequate knowledge of: <ul style="list-style-type: none"> • symptoms that are unusual or could be a sign of mental illness • treatment needs/options • impact of illness symptoms on life • healthy coping skills that can reduce or manage symptoms 	Superior knowledge of: <ul style="list-style-type: none"> • symptoms that are unusual or could be a sign of mental illness • treatment needs/options • impact of illness symptoms on life • healthy coping skills that can reduce or manage symptoms
Behavior	Does not: <ul style="list-style-type: none"> • take medication • attend therapy • access mental health care Self diagnoses and/or self medicates mental health symptoms. Consistently engages in behavior that exacerbates symptoms	Rarely: <ul style="list-style-type: none"> • takes medication • attends therapy • accesses mental health care Usually engages in behavior that exacerbates symptoms/uses ineffective self-care	Inconsistently: <ul style="list-style-type: none"> • takes medication • attends therapy • accesses mental health care Inconsistently engages in behavior that exacerbates symptoms/ some positive self-care	Usually: <ul style="list-style-type: none"> • takes medication • attends therapy • accesses mental health care Usually engages in behavior/self care that stabilizes or improves symptoms	Consistently: <ul style="list-style-type: none"> • takes medication • attends therapy • accesses mental health care Maintains lifestyle to promote wellness
Status	Extreme S/S Extreme: <ul style="list-style-type: none"> • agitation • depression • psychosis • anxiety • suicidal thoughts with a suicide plan Unable to cope at all. Harmful to self or others. Needs hospitalization.	Severe S/S Severe: <ul style="list-style-type: none"> • agitation • depression • psychosis • anxiety • suicidal thoughts with no suicide plan Minimal coping ability. Severe impact on life Needs outpatient care	Moderate S/S Moderate: <ul style="list-style-type: none"> • agitation • depression • anxiety Moderate coping skills Moderate impact on life	Minimal S/S Minimal: <ul style="list-style-type: none"> • agitation • depression • anxiety Usually coping Minimal impact on life	No S/S Consistently coping with daily stressors. Positive social functioning. No impact on life

Caretaking/ Parenting (pg 208):

Providing support, nurturance, stimulation, and physical care for dependent child or adult

Signs/ Symptoms:

- Difficulty providing physical care/ safety
- Difficulty providing emotional nurturance
- Difficulty providing cognitive learning experiences and activities
- Difficulty providing preventive and therapeutic health care
- Expectations incongruent with stage of growth and development
- Dissatisfaction/ difficulty with responsibilities
- Difficulty interpreting or responding to verbal/ non verbal communication
- Neglectful
- Abusive
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ infant/child cues ▪ fostering social emotional and cognitive growth ▪ physical care needs 	Consider: <ul style="list-style-type: none"> ▪ providing structure (routines) ▪ engages in stimulating, nurturing interaction ▪ physically/emotionally abusive behavior ▪ prioritization of needs 	Consider: <ul style="list-style-type: none"> ▪ child protection, court, or legal conditions on caregiver ▪ physical condition and hygiene of dependent child/adult ▪ meets physical, developmental, emotional, behavior & safety needs

Guidelines & Notes:

- Child's behavior and status is charted under *Abuse, Neglect, and/or Growth/Development*

	None	Minimal	Basic	Adequate	Superior
Client/Caregiver Knowledge	No knowledge of: • reasons to participate in physical activity	Minimal knowledge of: • reasons to participate in physical activity	Basic knowledge of: • reasons to participate in physical activity	Adequate knowledge of: • reasons to participate in physical activity	Superior knowledge of: • reasons to participate in physical activity
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Client/Caregiver Behavior	Does not: • engage in regular physical activity • consider changing behavior	Rarely: • engages in regular physical activity • considers changing behavior	Inconsistently: • engages in regular physical activity • considers changing behavior	Usually: • engages in regular physical activity • takes action to change behavior	Consistently: • engages in regular physical activity • maintains behavior changes
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client Status	Never Exercises	Exercises 1x/week	Occasionally exercises	Has exercise routine, but maintains it inconsistently	Consistently exercises 5x/week

Physical Activity (331):

State or quality of body movements during daily living

Signs/ Symptoms:

- Sedentary lifestyle
- Inadequate/inconsistent exercise routine
- Inappropriate type/amount of exercise for age/physical condition
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ benefits of exercise management ▪ exercise options ▪ how to access support services 	Consider if client is: <ul style="list-style-type: none"> ▪ implementing self-help ▪ readiness to change 	Consider: <ul style="list-style-type: none"> ▪ acceptance of personal responsibility

Guidelines & Notes:

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: age and developmentally specific ● caregiving ● health care ● safety practices ● attachment ● growth and development Believes inaccurate information that poses risk to child/adult	Minimal knowledge of: age and developmentally specific ● caregiving ● health care ● safety practices ● attachment ● growth and development	Basic knowledge of: age and developmentally specific ● caregiving ● health care ● safety practices ● attachment ● growth and development	Adequate knowledge of: age and developmentally specific ● caregiving ● health care ● safety practices ● attachment ● growth and development	Superior knowledge of: age and developmentally specific ● caregiving ● health care ● safety practices ● attachment ● growth and development
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: ● provide for health and safety needs ● provide physical care ● respond to cues ● soothe ● use discipline methods consistent with age/development ● engage in stimulating/nurturing interaction Relates in an indifferent/hostile manner	Rarely: ● provides for health and safety needs ● provides physical care ● responds to cues ● soothes ● uses discipline methods consistent with age/development ● engages in stimulating/nurturing interaction	Inconsistently: ● provides for health and safety needs ● provides physical care ● responds to cues ● soothes ● uses discipline methods consistent with age/development ● engages in stimulating/nurturing interaction	Usually: ● provides for health and safety needs ● provides physical care ● responds to cues ● soothes ● uses discipline methods consistent with age/development ● engages in stimulating/nurturing interaction	Consistently: ● provides for health and safety needs ● provides physical care ● responds to cues ● soothes ● uses discipline methods consistent with age/development ● engages in stimulating/nurturing interaction
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Consistently anxious/negative about caregiving responsibilities Expectations not appropriate for age and development Active court case (e.g. risk of termination) due to abuse or neglect	Frequently anxious/negative about caregiving responsibilities Expectations rarely appropriate for age and development	Expresses some positive feelings about caregiving responsibilities Expectations sometimes appropriate for age and development	Usually positive about caregiving responsibilities Expectations usually appropriate for age and development	Enjoys caregiving Expectations appropriate for age

Neglect (pg 214):

Child or adult deprived of minimally accepted standards of food, shelter, clothing, or care.

Signs/ Symptoms:

- Lacks adequate physical care
- Lacks emotional nurturance/support
- Lacks appropriate stimulation/cognitive experiences
- Inappropriately left alone
- Lacks necessary supervision
- Inadequate/ delayed medical care
- Other

KBS rating considerations:

Caregiver's Knowledge (What caregiver knows) Consider knowledge of:	Behavior (What child/adult does) Consider:	Status (How child/adult is) Consider:
	<ul style="list-style-type: none"> ▪ behaviors that may be red flags for neglect 	<ul style="list-style-type: none"> ▪ affect and appearance ▪ medical care needs ▪ illness/treatment follow up ▪ growth & development ▪ injuries ▪ safety/protection from harm

Guidelines & Notes:

- Place the Child *Neglect* Problem in the child's chart not the parent's chart.
- When victim of neglect is a child or vulnerable adult, rate caregiver's knowledge and child's behavior and status.
- Reflect caregiver behavior in *Caregiver/Parenting* problem.
- Reference local/state laws and statutes regarding definition of neglect and mandated report guidelines.

	None	Minimal	Basic	Adequate	Superior
Client/Caregiver Knowledge	No knowledge of: <ul style="list-style-type: none"> • negative effects of diet on health status • suggested diet for health status (dietary guidelines and food pyramid recommendations) • current weight & weight history • role of fruits, vegetables, sugar and fats in diet management • resources and how to access 	Minimal knowledge of: <ul style="list-style-type: none"> • negative effects of diet on health status • suggested diet for health status (dietary guidelines and food pyramid recommendations) • current weight & weight history • role of fruits, vegetables, sugar and fats in diet management • resources and how to access 	Basic knowledge of: <ul style="list-style-type: none"> • negative effects of diet on health status • suggested diet for health status (dietary guidelines and food pyramid recommendations) • current weight & weight history • role of fruits, vegetables, sugar and fats in diet management • resources and how to access 	Adequate knowledge of: <ul style="list-style-type: none"> • negative effects of diet on health status • suggested diet for health status (dietary guidelines and food pyramid recommendations) • current weight & weight history • role of fruits, vegetables, sugar and fats in diet management • resources and how to access 	Superior knowledge of: <ul style="list-style-type: none"> • negative effects of diet on health status • suggested diet for health status (dietary guidelines and food pyramid recommendations) • current weight & weight history • role of fruits, vegetables, sugar and fats in diet management • resources and how to access
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Client/Caregiver Behavior	Does not: <ul style="list-style-type: none"> • eat fruits & vegetables • limit fat and/or sugar intake • limit portions • track weight or blood sugar • consider changing behavior 	Rarely: <ul style="list-style-type: none"> • eats fruits & vegetables • limits fat and/or sugar intake • limits portions • tracks weight or blood sugar • considers changing behavior 	Inconsistently: <ul style="list-style-type: none"> • eats fruits & vegetables • limits fat and/or sugar intake • limits portions • tracks weight or blood sugar • considers changing behavior 	Usually: <ul style="list-style-type: none"> • eats fruits & vegetables • limits fat and/or sugar intake • limits portions • tracks weight or blood sugar • takes action to change behavior 	Consistently: <ul style="list-style-type: none"> • eats fruits & vegetables • limits fat and/or sugar intake • limits portions • tracks weight or blood sugar • maintains behavior changes
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Client Status	Blood sugar/lipid levels Weight not within recommended ranges	Blood sugar/lipid levels decreasing with medications	Blood sugar/lipid levels controlled with medications and diet Weight decreasing	Blood sugar/lipid levels controlled with diet	Blood sugar/lipid levels within recommended ranges Weight within recommended range

Nutrition (323):

Select, consume, and use food and fluids for energy, maintenance, growth and health

Signs/ Symptoms:

- Overweight: adult BMI 25.0 or more
child BMI 95th percentile or more
- Underweight: adult BMI 18.5 or less;
child BMI 5th percentile or less
- Lacks established standards for daily
caloric/fluid intake
- Exceeds established standards for
daily caloric/fluid intake
- Unbalanced diet
- Improper feeding schedule for age
- Does not follow recommended
nutrition plan
- Unexplained/progressive weight loss
- Unable to obtain/prepare food
- Hypoglycemia
- Hyperglycemia
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ Benefits of weight management ▪ Treatment options ▪ How to access support services 	Consider if client is: <ul style="list-style-type: none"> ▪ Implementing self-help strategies 	Consider: <ul style="list-style-type: none"> ▪ Acceptance of personal responsibility

Guidelines & Notes:

	1	2	3	4	5
	None	Minimal	Basic	Adequate	Superior
Caregiver's Knowledge	No knowledge of: standards for providing <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Minimal knowledge of: standards for providing <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Basic knowledge of: standards for providing <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Adequate knowledge of: standards for providing <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Superior knowledge of: standards and rationale for providing <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> • engage with caregiver • exhibit typical behavior for age/condition 	Rarely: <ul style="list-style-type: none"> • engages with caregiver • exhibits typical behavior for age/condition 	Inconsistently: <ul style="list-style-type: none"> • engages with caregiver • exhibits typical behavior for age/condition 	Usually: <ul style="list-style-type: none"> • engages with caregiver • exhibits typical behavior for age/condition 	Consistently: <ul style="list-style-type: none"> • engages with caregiver • exhibits typical behavior for age/condition
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Extreme: Unmet needs for <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Severe: Unmet needs for <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Moderate: Unmet needs for <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	Minimal: Unmet needs for <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care 	No: Unmet needs for <ul style="list-style-type: none"> •physical care •stimulation, •supervision, •nurturance •health care

Abuse (pg 219):

Child or adult subjected to non-accidental physical, emotional, or sexual violence or injury

Signs/ Symptoms:

- Harsh/ excessive discipline
- Welts/ bruises/ burns/ other injuries
- Questionable explanation of injury
- Attacked verbally
- Fearful/ hypervigilant behavior
- Violent environment
- Consistent negative messages
- Assaulted sexually
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ cycle of abuse, power, & control ▪ effects of abuse on self and others; ▪ legal /order for protection; ▪ awareness of own history & how history affects the present With children, consider parent's knowledge of: <ul style="list-style-type: none"> ▪ what abuse is ▪ what appropriate discipline is ▪ effects of a violent environment 	Consider: <ul style="list-style-type: none"> ▪ unusual responses to partner ▪ accepting/seeking of information; ▪ readiness to take action; ▪ acknowledgment of abuse (What child does) child behaviors that may be red flags, such as : <ul style="list-style-type: none"> ▪ unusual responses to caregiver ▪ indiscriminant friendliness ▪ watchfulness ▪ guardedness ▪ sexual actions ▪ affect ▪ sudden onset of bedwetting 	Consider: <ul style="list-style-type: none"> ▪ all types of abuse ▪ visible injuries ▪ level of isolation ▪ emotional status ▪ client/family safety ▪ reports by client or observations by care provider

Guidelines & Notes:

- When *Abuse* is used in an adult client's chart means the client is experiencing or is at risk of experiencing abuse.
- When the client is abusing or at risk of abusing a child, the problem *Abuse* belongs in the child's chart. Documentation in the adult's chart will be in the *Caretaking/ Parenting* problem.
- Reference local/state laws and statutes regarding definition of neglect and mandated report guidelines.
- Do not rate the abusers behavior or status, but rather consider the impact of that behavior on client status.
- Always relate to clients with respect and concern for their wellbeing. Refrain from making judgments about clients based on their abuse history or signs/symptoms. The behaviors must be observed, not interpreted. Omaha System terms are meant to be objective, although they may sound judgmental in the context of ratings.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> •physical/emotional postpartum changes •breastfeeding •self care •resources and how to access 	Minimal knowledge of: <ul style="list-style-type: none"> •physical/emotional postpartum changes •breastfeeding •self care •resources and how to access 	Basic knowledge of: <ul style="list-style-type: none"> •physical/emotional postpartum changes •breastfeeding •self care •resources and how to access 	Adequate knowledge of: <ul style="list-style-type: none"> •physical/emotional postpartum changes •breastfeeding •self care •resources and how to access 	Superior knowledge of: <ul style="list-style-type: none"> •physical/emotional postpartum changes •breastfeeding •self care •resources and how to access
	Believes inaccurate information/myths.				
	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Behavior	Does not: <ul style="list-style-type: none"> •access postpartum care •seek information •follow through with self-care recommendations •cope with postpartum changes/stressors 	Rarely: <ul style="list-style-type: none"> •accesses postpartum care •seeks information •follows through with self-care recommendations •copes with postpartum changes/stressors 	Inconsistently: <ul style="list-style-type: none"> •accesses postpartum care •seeks information •follows through with self-care recommendations •copes with postpartum changes/stressors 	Usually: <ul style="list-style-type: none"> •accesses postpartum care •seeks information •follows through with self-care recommendations •copes with postpartum changes/stressors 	Consistently: <ul style="list-style-type: none"> •accesses postpartum care •seeks information •follows through with self-care recommendations •copes with postpartum changes/stressors
	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
Status	Unable to care for self or infant Needs ED or hospitalization for complications No support person(s)	Needs assistance to care for self and infant At home with complications; condition warrants close monitoring Minimal support(s) infrequently available, sometimes unwilling to assist	Needs daily assistance to care for self and infant Complications interfere with daily activity and require moderate restrictions or health care intervention Has support(s) person who assists when available	Able to provide most care for self and baby Minimal complications addressed using self care measures Has a support person(s) when needed	Able to care consistently for self and baby Healthy postpartum with mild discomforts Support person(s) present and contributing meaningful support

Postpartum (pg 310):

Six-week period following childbirth

Signs/ Symptoms:

- Difficulty breast-feeding
- Difficulty coping with postpartum changes
- Difficulty with postpartum exercise/ diet/ behaviors
- Abnormal bleeding/ vaginal discharge
- Postpartum complications
- Abnormal depressed feelings
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider knowledge of: <ul style="list-style-type: none"> ▪ emotional and physiological changes ▪ danger signs ▪ Self care, including: management of lochia, perineal or incision care, afterpains, emotional swings, breast/nipple discomforts, diet, rest/sleep, exercise. ▪ understanding of maternal benefits of breastfeeding for PP recovery 	Consider: <ul style="list-style-type: none"> ▪ willingness to learn ▪ behaviors related to self-care ▪ adherence to plan of care 	Consider: <ul style="list-style-type: none"> ▪ physical symptoms of potential postpartum complications including: infection, severe pain, bleeding, vaginal discharge, hemorrhoids, engorgement, nipple discomfort, c-section, perineum problems, poor wound healing, diabetes, hypertension, thrombophlebitis ▪ severity and level of control of physical symptoms (above) ▪ emotional recovery ▪ ability to care for self and infant ▪ the impact of birth outcomes on postpartum recovery

Guidelines & Notes:

- Status in this problem refers to ability to care for self and infant as a result of pp course of recovery. If there are other problems contributing to the inability to care for infant and self, they should be opened.
- **Mental Health:** If S/S of postpartum psychosis, postpartum depression or other mental health problems are present, the *Mental Health* problem should be assessed, with appropriate S/S indicated.
- **Substance Use:** If a postpartum woman is using drugs, alcohol or tobacco, the *Substance Use* problem should be assessed, with appropriate S/S indicated.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> • difference between healthy and abusive relationship • physical, emotional, sexual aspects of abuse • negative impacts on child well being • need for help or counseling • resources and how to access • how to protect self and dependents • legal rights 	Minimal knowledge of: <ul style="list-style-type: none"> • difference between healthy and abusive relationship • physical, emotional, sexual aspects of abuse • negative impacts on child well being • need for help or counseling • resources and how to access • how to protect self and dependents • legal rights 	Basic knowledge of: <ul style="list-style-type: none"> • difference between healthy and abusive relationship • physical, emotional, sexual aspects of abuse • negative impacts on child well being • need for help or counseling • resources and how to access • how to protect self and dependents 	Adequate knowledge of: <ul style="list-style-type: none"> • difference between healthy and abusive relationship • physical, emotional, sexual aspects of abuse • negative impacts on child well being • need for help or counseling • resources and how to access • how to protect self and dependents 	Superior knowledge of: <ul style="list-style-type: none"> • difference between healthy and abusive relationship • physical, emotional, sexual aspects of abuse • negative impacts on child well being • need for help or counseling • resources and how to access • how to protect self and dependents
Behavior	Not Appropriate Does not: <ul style="list-style-type: none"> • have or follow safety plan 	Rarely Appropriate Rarely: <ul style="list-style-type: none"> • follows safety plan 	Inconsistently Appropriate Inconsistently: <ul style="list-style-type: none"> • follows safety plan 	Usually Appropriate Usually: <ul style="list-style-type: none"> • follows safety plan 	Consistently Appropriate Consistently: <ul style="list-style-type: none"> • follows safety plan Establishes and maintains safe living conditions for self and others
Child's behavior	Consistently exhibits extreme atypical behavior that could indicate abuse	Usually exhibits atypical behavior that could indicate abuse	Inconsistently exhibits atypical behavior that could indicate abuse	Rarely exhibits atypical behaviors that could indicate abuse	Exhibits typical behaviors
Status	Extreme S/S Extreme abuse: <ul style="list-style-type: none"> • physical • emotional • sexual • domestic abuse exposure • harsh/corporal punishment Is not safe in home environment and/or with caregivers/ significant other	Severe S/S Severe abuse: <ul style="list-style-type: none"> • physical • emotional • sexual • domestic abuse exposure Rarely safe in home environment and/or with caregivers/ significant other	Moderate S/S Moderate abuse: <ul style="list-style-type: none"> • inconsistently receives negative messages Inconsistently safe in home environment and/or with caregivers/ significant other	Minimal S/S Minimal abuse: <ul style="list-style-type: none"> • rarely receives negative messages Usually safe in home environment and/or with caregiver/ significant other	No S/S No abuse. Age appropriate behavior management or discipline that is free from abuse Safe in home environment and/or with caregivers/ significant other

Growth and Development (pg 223):

Progressive physical, emotional, and social maturation along the age continuum from birth to death.

Signs/ Symptoms:

- Abnormal results of developmental screening tests
- Abnormal weight/ height/ head circumference in relation to growth/ age standards
- Age-inappropriate behavior
- Inadequate achievement/ maintenance of developmental tasks
- Other

KBS rating considerations:

Knowledge (What caregiver/ individual knows)	Behavior (What child/individual does)	Status (How child/individual is) Consider:
Consider knowledge of: <ul style="list-style-type: none"> ▪ infant/child cues ▪ fostering social, emotional & cognitive growth ▪ physical care, safety ▪ positive/effective discipline practices 	Consider: <ul style="list-style-type: none"> ▪ how individual responds to environment ▪ interaction with others 	<ul style="list-style-type: none"> ▪ eligibility for services ▪ height/weight/head circumference ▪ impact of delays on areas of life such as communication, mobility, self care

Guidelines & Notes:

- **Obesity in Infants** CDC Growth charts and Wt. Gain norm charts are used to determine growth status
- Assess and document child's behavior and status and caregiver's knowledge in growth/development problem in child's chart.
- Assess and document caregiver's knowledge, behavior and status in *Caretaking/Parenting* problem in caregiver's chart.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> ● appropriate rest, exercise, and diet patterns. ● pregnancy topics ● the impact of high risk behaviors on fetal development ● when to call the doctor 	Minimal knowledge of: <ul style="list-style-type: none"> ● appropriate rest, exercise, and diet patterns. ● pregnancy topics ● the impact of high risk behaviors on fetal development ● when to call the doctor 	Basic knowledge of: <ul style="list-style-type: none"> ● appropriate rest, exercise, and diet patterns. ● pregnancy topics ● the impact of high risk behaviors on fetal development ● when to call the doctor 	Adequate knowledge of: <ul style="list-style-type: none"> ● appropriate rest, exercise, and diet patterns. ● pregnancy topics ● the impact of high risk behaviors on fetal development ● when to call the doctor. 	Superior knowledge of: <ul style="list-style-type: none"> ● appropriate rest, exercise, and diet patterns. ● pregnancy topics ● the impact of high risk behaviors on fetal development ● when to call the doctor
Behavior	Not Appropriate Does not: <ul style="list-style-type: none"> ● access prenatal care ● seek information ● follow through with self-care recommendations ● plan for baby ● cope with pregnancy changes/ stressors 	Rarely Appropriate Rarely: <ul style="list-style-type: none"> ● accesses prenatal care ● seeks information ● follows through with self-care recommendations ● plans for baby ● copes with pregnancy changes/ stressors 	Inconsistently Appropriate Inconsistently: <ul style="list-style-type: none"> ● accesses prenatal care ● seeks information ● follows through with self-care recommendations ● plans for baby ● copes with pregnancy changes/ stressors 	Usually Appropriate Usually: <ul style="list-style-type: none"> ● accesses prenatal care ● seeks information ● follows through with self-care recommendations ● plans for baby ● copes with pregnancy changes/ stressors 	Consistently Appropriate Consistently: <ul style="list-style-type: none"> ● accesses prenatal care ● seeks information ● follows through with self-care recommendations ● plans for baby ● copes with pregnancy changes/ stressors
Status	Extreme S/S Unwanted pregnancy Hospitalized or ED Visit for pregnancy complications Maternal or fetal death	Severe S/S Mostly apathetic or negative about pregnancy At home with complications; condition warrants close monitoring or bedrest	Moderate S/S Some ambivalence about pregnancy Complications interfere with daily activity and require moderate restrictions or health care intervention	Minimal S/S Mostly positive about pregnancy Minimal complications addressed using self care measures	No S/S Consistently positive about pregnancy Healthy pregnancy with mild discomforts that do not interfere with daily activities

Pregnancy (pg 304):

Period from conception to childbirth

Signs/ Symptoms:

- Difficulty bonding with unborn baby
- Difficulty coping with body changes
- Difficulty with prenatal exercise/ rest/ diet/ behaviors
- Fears delivery procedure
- Prenatal complications/ preterm labor
- Inadequate social support
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
<p>Consider knowledge of pregnancy topics, including:</p> <ul style="list-style-type: none"> ▪ pregnancy options ▪ fetal G&D ▪ danger /warning signs ▪ breastfeeding ▪ S/S of Labor ▪ childbirth & delivery procedures ▪ Self Care Measures (see below) ▪ physical changes ▪ environmental hazards ▪ high-risk pregnancies, delivery complications or fetal demise ▪ high-risk behaviors ▪ preparation for baby care ▪ maternal role 	<p>Consider client's:</p> <ul style="list-style-type: none"> ▪ willingness to learn ▪ cultural norms /values/beliefs ▪ high risk behaviors (see below) ▪ statement's referencing baby ▪ plans for baby or pregnancy 	<p>Consider:</p> <ul style="list-style-type: none"> ▪ physical symptoms or complications, such as: PTL, inadequate weight gain, Gestational hypertension, gestational diabetes, hyper-emesis, bleeding/abnormal vaginal discharge, edema, high fever, STD's ▪ emotional readiness for pregnancy & delivery. ▪ bonding with pregnancy/ baby ▪ realistic expectations of pregnancy and motherhood ▪ ability to meet ADL's. home maintenance, self care, work, school. ▪ Social support ▪ Prematurity and related birth outcomes

Guidelines & Notes:

- **Self Care Measures** include managing the discomforts of pregnancy and engaging in behaviors that promote a healthy pregnancy, such as diet, prenatal vitamins, exercise, activity, rest, safe sexual activity.
- **High risk behaviors** include inappropriate use of substances, exposing self to hazards/toxins, engaging in dangerous activities.
- This problem refers to the pregnancy itself. Other contributing or related problems should be opened & assessed individually, such as:
- **Substance use during pregnancy:** If a pregnant woman is using drugs, alcohol or tobacco during pregnancy, *the Substance Use* problem must be assessed as an actual problem with signs and symptoms indicated.
- **Family planning:** Anticipatory teaching can be documented in the *Pregnancy* problem. The *Family Planning* problem may be opened during pregnancy and should be addressed when the client delivers
- **Mental Health:** Open the *Mental Health* problem when indicated by signs and symptoms on page 10.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Caregiver's Knowledge	<p>No knowledge of:</p> <ul style="list-style-type: none"> • growth and development • medical diagnosis, disability or delay 	<p>Minimal knowledge of:</p> <ul style="list-style-type: none"> • growth and development • medical diagnosis, disability or delay 	<p>Basic knowledge of:</p> <ul style="list-style-type: none"> • growth and development • medical diagnosis, disability or delay 	<p>Adequate knowledge of:</p> <ul style="list-style-type: none"> • growth and development • medical diagnosis, disability, or delay 	<p>Superior knowledge of:</p> <ul style="list-style-type: none"> • growth and development • medical diagnosis, disability, or delay
Child's Behavior	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
Child's Status	<p>Extreme:</p> <ul style="list-style-type: none"> •delays in one or more areas of developmental screening/ assessment •impact on life functioning <p>Newborn does not regain BW within 1 month or low birth weight not gaining weight</p> <p>Infant or child drops 2 or more major percentiles or has fallen below 3rd percentile</p> <p>Child 2-5 above 95th major percentile weight for height</p> <p>Poor school performance</p>	<p>Severe:</p> <ul style="list-style-type: none"> •delays in one or more areas of developmental screening/ assessment •impact on life functioning <p>Newborn has not regained birth weight by 2-3 weeks</p> <p>Infant or child fallen below 10th percentile</p> <p>Child 2-5 between 85th and 95th percentile weight for height</p> <p>Marginal school performance</p>	<p>Moderate:</p> <ul style="list-style-type: none"> •delays in one or more areas of developmental screening/ assessment •impact on life functioning •deviations from weight gain expectations <p>Variable school performance with some struggles</p>	<p>Minimal:</p> <ul style="list-style-type: none"> •delays in one or more areas of developmental screening/ assessment •impact on life functioning • deviations from weight gain expectations <p>Adequate school performance at appropriate grade level in most subjects</p>	<p>No:</p> <ul style="list-style-type: none"> •delays on developmental screening/ assessment • deviations from weight gain expectations <p>If pattern unknown, current weight for height on or close to 50th percentile and no significant history of weight problem reported</p> <p>Consistently performing at grade level in all subjects</p>

Cognition (pg 245):

Ability to think and use information

Signs/ Symptoms:

- Diminished judgment
- Disoriented to time/ place/ person
- Limited recall of recent events
- Limited recall of long past events
- Limited calculating/ sequencing skills
- Limited concentration
- Limited reasoning/ abstract thinking ability
- Impulsiveness
- Repetitious language/ behavior
- Wanders
- Other

KBS rating considerations:

Knowledge (What client knows)	Behavior (What client does)	Status (How client is)
Consider: <ul style="list-style-type: none"> ▪ awareness of needs and how to cope 	Consider: <ul style="list-style-type: none"> ▪ client's ability should be compared to all people (the universe), not to those with like cognitive deficits 	Consider: <ul style="list-style-type: none"> ▪ if client has necessary services and support to cope with daily living. ▪ "street smarts" ▪ ability to complete forms, follow simple directions, complete 2-step directions, adjust behavior and routines to fit situations such as school, shopping, appointments, and public transportation

Guidelines & Notes:

- *Cognition* should be assessed and documented for all clients with intellectual disabilities in order to capture the prevalence of intellectual disabilities in the client population.
- **Assess as actual and put on careplan if:** PHN will be facilitating identification of cognitive issues (testing) or getting appropriate services; and/or if the interventions will be helping the client access services. Use this problem to show that we are intervening around the cognitive problems.
- **Assess as actual and leave off careplan if:** the client is already receiving appropriate services. In that case "other provider" can be noted.

	1 None	2 Minimal	3 Basic	4 Adequate	5 Superior
Knowledge	No knowledge of: <ul style="list-style-type: none"> • cognitive deficit • ways to deal with limitations • resources and how to access 	Minimal knowledge of: <ul style="list-style-type: none"> • cognitive deficit • ways to deal with limitations • resources and how to access 	Basic knowledge of: <ul style="list-style-type: none"> • cognitive deficit • ways to deal with limitations • resources and how to access 	Adequate knowledge of: <ul style="list-style-type: none"> • cognitive deficit • ways to deal with limitations • resources and how to access 	Superior knowledge of: <ul style="list-style-type: none"> • cognitive deficit • ways to deal with limitations • resources and how to access
Behavior	Not Appropriate	Rarely Appropriate	Inconsistently Appropriate	Usually Appropriate	Consistently Appropriate
	Does not: <ul style="list-style-type: none"> • utilize, accept, or seek resources/ assistance 	Rarely: <ul style="list-style-type: none"> • utilizes, accepts, or seeks resources/ assistance • does for self Over-relies on resources	Inconsistently: <ul style="list-style-type: none"> • utilizes, accepts, or seeks resources/ assistance • does for self 	Usually: <ul style="list-style-type: none"> • utilizes, accepts & seeks resources/ assistance • does for self 	Consistently: <ul style="list-style-type: none"> • utilizes, accepts & seeks resources/ assistance • does for self
Status	Extreme S/S	Severe S/S	Moderate S/S	Minimal S/S	No S/S
	Extreme: <ul style="list-style-type: none"> • limitations No supports in place Not able to function in society	Severe: <ul style="list-style-type: none"> • limitations Rarely has supports in place Minimally able to function in society	Moderate: <ul style="list-style-type: none"> • limitations Some supports in place Moderately able to function in society	Minimal: <ul style="list-style-type: none"> • limitations Most supports in place Usually functioning well in society	No: <ul style="list-style-type: none"> • limitations Supports in place Functions well in society