

**Functional  
Status  
Assessment for  
Seniors in the  
Emergency  
Department**



**FSAS-ED  
Rating sheet**

**Functional  
Status  
Assessment of  
Seniors in  
Emergency  
Department  
(FSAS-ED)**

ADDRESS LABEL  <i>Mr Thompson</i>
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**CONTEXTUAL FACTORS**

Gender:  Male  Female

Age: 75

ED arrival date and time: 2015/04/14 7 PM

Description of the event prompting the current visit to the ED:

Decline in overall health status and weakness for the past 3 days

Date of the event prompting the current visit to the ED: 2015/04/12

Diagnostic in ED: Anemia

Medical history and associated conditions: Alzheimer disease, Herniated disc, Arthritis, Hypertension

Daily medication: Refer to medical chart

History of falls: None

Primary care or attending physician (name, specialty): Dr Bissonnette

Preferred spoken language:  French  English  Other: \_\_\_\_\_

Situation:  Living alone  Living with spouse  Other: Residence

**Dwelling type (according to tasks/responsibilities related to it and services offered):**

House  Apartment (or condominium)  
 Residence with services  Other: \_\_\_\_\_

**Dwelling features: (specify):**

Inside stairs  Handrail # of steps: \_\_\_\_\_  
 Outside stairs  Handrail # of steps: \_\_\_\_\_  
 Elevator  Other equipment: \_\_\_\_\_

**Adaptive equipment:**

Bathtub/shower  Toilet Grab bar next to the toilet  
 Bedroom  Other: Transfer bench

**Mobility aid:**

Cane  Walker  
 Wheelchair  Other: \_\_\_\_\_

**Communication aid:**

Glasses  Hearing aid  Other: \_\_\_\_\_

**Community services** (that are not part of the services provided by type of dwelling, nor by family or friends)

	<b>Frequency of assistance (daily, weekly, monthly, occasional):</b>
<input type="checkbox"/> Home care (ADLs)	_____
<input type="checkbox"/> Home care (IADLs)	_____
<input type="checkbox"/> Housekeeping	_____
<input type="checkbox"/> Meal delivery service	_____
<input type="checkbox"/> Specialized transit	_____
<input checked="" type="checkbox"/> Nursing care	<u>Home support services-Occasional</u>
<input type="checkbox"/> Social support	_____
<input type="checkbox"/> Other: _____	_____

**Informal support network (family member or friend who is willing, able and available to provide care):** Daughter available and involve ++

**Leisure activities (formal and informal, associations, spiritual life):**

Rocking in the living room with other residents

**Productive activities (volunteering, work, etc.):**

None

## ACTIVITIES AND PARTICIPATION

By comparing

- the usual level of functioning, prior the current visit to ED
- the current level of functioning, or from the event that motivates this visit to ED

How would you describe the functioning of the person?

### Basic activities of daily living:

		Not applicable/ Substitution					
With difficulty		With help					
		Without help			With help		
Without difficulty		With help					
		Without help			With help		
1. <b>Changing body position (and transferring)</b>	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Walking, around <u>on same level</u> (inside home)	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Moving <u>on different levels</u> (inside home)	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Moving around in various places (outside home)	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Using transportation	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Washing and drying oneself	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. <b>Toileting</b>	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Dressing	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Eating and drinking	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Managing medication	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Instrumental activities of daily living :

		Not applicable/ Substitution					
With difficulty		With help					
		Without help			With help		
Without difficulty		With help					
		Without help			With help		
11. Acquisition of necessities	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Meal preparation	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Household tasks	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Basic economic transactions	Before	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

By comparing

- the usual level of functioning, prior the current visit to ED
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How would you describe the functioning of the person?

**Communication:**

		Not applicable/ Substitution				
With difficulty	With help					
	Without help					
Without difficulty	With help					
	Without help					
15. Understanding verbal and non-verbal messages	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16. Producing messages	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. Use of devices and techniques	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Applying knowledge, general tasks and interaction :**

		Not applicable/ Substitution				
With difficulty	With help					
	Without help					
Without difficulty	With help					
	Without help					
18. Basic learning	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
19. Applying knowledge	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
20. Solving problems	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
21. Making decisions	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
22. General tasks and demands	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
23. Interpersonal interactions	Before	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
	Current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

## BODY FUNCTIONS

Level of Impairment					Severe
				Moderate	
		Absent			
24. Global mental functions	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
	Current	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
25. Sleep functions	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
26. Emotional functions	Before	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	
	Current	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	
27. Basic thought functions (content and control)	Before	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
	Current	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
28. Vestibular functions	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
29. Sensory functions and pain	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
30. Cardio-respiratory system	Before	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	
	Current	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	
31. Digestive system	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
32. <b>Movement-related functions</b>	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
	Current	<input type="radio"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	
33. Skin functions	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	

## ENVIRONMENTAL FACTORS

	Barrier			Remarks
	Facilitator			
34. Products (personal consumption)	Before	<input type="radio"/>	<input type="radio"/>	
	Current	<input type="radio"/>	<input type="radio"/>	
35. Products, technology (mobility)	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<i>Transfer bench, self-blocking chair and raised toilet seat</i>
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	
36. Natural environment	Before	<input type="radio"/>	<input type="radio"/>	
	Current	<input type="radio"/>	<input type="radio"/>	
37. Support and relationships (informal)	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<i>Daughter available</i>
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	
38. Support and relationships (formal)	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<i>Residence's staff will provide required assistance</i>
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	
39. Housing services and policies	Before	<input checked="" type="checkbox"/>	<input type="radio"/>	<i>Safe environment and elevator</i>
	Current	<input checked="" type="checkbox"/>	<input type="radio"/>	
40. Transportation services	Before	<input type="radio"/>	<input type="radio"/>	
	Current	<input type="radio"/>	<input type="radio"/>	

