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:**

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>Consider if client is:</td>
<td>Consider:</td>
</tr>
<tr>
<td>• community resources for</td>
<td>• spending for needs</td>
<td>• essentials vs. extras,</td>
</tr>
<tr>
<td>financial assistance</td>
<td>• vs. wants</td>
<td>• amount of debt,</td>
</tr>
<tr>
<td>• money management</td>
<td>• living within means</td>
<td>• health insurance,</td>
</tr>
<tr>
<td>• importance of education</td>
<td></td>
<td>• employment status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• education status</td>
</tr>
</tbody>
</table>

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**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**

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Health Promotion</th>
<th>Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>When to select</td>
<td>When the client wishes to learn about something we don’t normally address and there are no signs/ symptoms or risk factors present</td>
<td>When you have assessed a problem and determine that the problem is neither Actual or Potential and you will not be addressing it</td>
</tr>
<tr>
<td>When to put it on the client’s careplan</td>
<td>It should be used rarely or never. Do you have time to address issues not normally on your plate?</td>
<td>Never</td>
</tr>
<tr>
<td>When not to put it on the client’s careplan</td>
<td>It’s something the PHN won’t be addressing. You should then select one of the options: low priority, self-care, other provider</td>
<td></td>
</tr>
<tr>
<td>Admission Status Rating</td>
<td>Admission status rating must be 5. This rating means no signs/ symptoms are present.</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>If Health Promotion is selected, the problem must go on the client careplan. It implies you are doing something about it</td>
<td></td>
</tr>
<tr>
<td>Example: Substance Use</td>
<td>Client wants to know how to prevent osteoporosis</td>
<td>No history of substance use or has history but appears stable and not at risk for relapse</td>
</tr>
</tbody>
</table>
**Omaha System Problem Modifiers Guide**

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

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*Remember for all ratings, if you are trying to decide between 2 ratings, select the lower rating as a rule of thumb.
Residence (pg 175):

Living area

**Signs/ Symptoms:**
- Structurally unsound
- Inadequate heating/ cooling
- Sleep 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:**

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consider Knowledge of:</strong></td>
<td><strong>Consider if client is:</strong></td>
<td><strong>Consider:</strong></td>
</tr>
<tr>
<td>basic home safety</td>
<td>presence of home safety</td>
<td>hazards and risks for injury</td>
</tr>
<tr>
<td>community resources for home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>repair/ safety needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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/ housekeeping infection precautions
- 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 core occupational therapy care ostomy care
- other communication resources 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 Counselling
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
cost 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

Knowledge
Not Minimal
Rarely Appropriate
Inconsistently Appropriate
Usually Appropriate
Consistently Appropriate

None
Minimal
Basic
Adequate
Superior

Extreme:
- housing
- resources and how to access
- tenant rights
- hazards in living area

Minimal:
- housing
- resources and how to access
- tenant rights
- hazards in living area

Basic:
- housing
- resources and how to access
- tenant rights
- hazards in living area

Adequate:
- housing
- resources and how to access
- tenant rights
- hazards in living area

Superior:
- housing
- resources and how to access
- tenant rights
- hazards in living area

Rarely:
- de-clutters
- childproofs
- makes recommended safety changes
- seeks affordable stable housing
- performs routine home maintenance

Inconsistently:
- de-clutters
- childproofs
- makes recommended safety changes
- seeks affordable stable housing
- performs routine home maintenance

Usually:
- de-clutters
- childproofs
- makes recommended safety changes
- performs routine home maintenance

Consistently:
- 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

Extreme:
- clutter
- crowding
- home repairs needed
- safety/structural hazards
- Homeless
- No heat/cooling for current weather conditions
- Unsafe storage of hazardous materials

Severe:
- clutter and/or crowding
- home repairs needed
- safety/structural hazards
- Living in a shelter or unstable temporary situation
- Living in temporary situation
- Deteriorating lead paint

Moderate:
- clutter and/or crowding
- home repairs needed
- safety/structural hazards
- Living in stable housing
- Living in temporary situation
- Living in unstable temporary situation

Minimal:
- clutter and/or crowding
- safety/structural hazards
- Living in stable housing
- Living in unstable temporary situation
- Living in temporary situation
- Living in temporary situation

No:
- clutter and/or crowding
- safety/structural hazards

1 2 3 4 5

Status
Behavior
Knowledge

The Omaha System: A Key to Practice, Documentation, and Information Management.
### 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

#### Physiological Domain
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- Vision……………………………………….. 233-237
- Speech and Language……………………... 237-241
- Oral Health…………………………………. 241-244
- Cognition……………………………………. 245-250
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- Skin………………………………………….. 258-262
- 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
- Postpartum……………………………………... 310-315
- 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

#### KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider Knowledge of:</td>
<td>Consider if client is:</td>
<td>Consider:</td>
</tr>
<tr>
<td>- situations requiring</td>
<td>- practicing preparedness</td>
<td>- presence of crosswalks</td>
</tr>
<tr>
<td>emergency action</td>
<td>(exercises)</td>
<td>- disposal of Household</td>
</tr>
<tr>
<td>- workplace safety</td>
<td></td>
<td>- emergency shelter</td>
</tr>
<tr>
<td>regulations and policies</td>
<td></td>
<td>- frequent emergency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>calls (police/fire)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- neighborhood watch</td>
</tr>
<tr>
<td></td>
<td></td>
<td>groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- recycling and clean up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>efforts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- community resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>such as police, health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dept.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- high drug or crime area</td>
</tr>
</tbody>
</table>

#### Guidelines & Notes:
**Problem Classification Scheme**

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

**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

**Problem Classification Scheme Table**

<table>
<thead>
<tr>
<th>Problem Category</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Domain</td>
<td>169-171, 171-175, 175-178, 178-180</td>
</tr>
</tbody>
</table>
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
- Disatisfaction with services
- Inadequate/unavailable resources
- Language barrier

KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider:</td>
<td></td>
<td>Consider:</td>
</tr>
<tr>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Extreme 5/5</th>
<th>Severe 3/5</th>
<th>Moderate 1/5</th>
<th>Minimal 0/5</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obviously untreated health issues</td>
<td>Rarely receives appropriate, timely health care</td>
<td>Sometimes receives appropriate, timely health care</td>
<td>Usually receives appropriate, timely health care</td>
<td>Consistently receives appropriate, timely health care</td>
</tr>
<tr>
<td>Does not have a plan of care with a health care provider</td>
<td>Rarely follows up on plan of care from health care provider</td>
<td>Inconsistent access to or source of health care</td>
<td>Follows up with plans of care from health care provider</td>
<td>Has a medical home and consistent access to health care providers</td>
</tr>
</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Knowledge (What client or caregiver knows)</th>
<th>Behavior (What client or caregiver does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge of: resources and how to access</td>
<td>Does not: use beneficial community resources</td>
<td>State of disease process</td>
</tr>
<tr>
<td>Minimal knowledge of: resources and how to access</td>
<td>Rarely: uses beneficial community resources and accesses resources independently fulfills resource requirements</td>
<td>History of medical care behavior and current challenges</td>
</tr>
<tr>
<td>Basic knowledge of: resources and how to access</td>
<td>Inconsistently: uses beneficial community resources and accesses resources independently fulfills resource requirements</td>
<td>Access to primary and specialty health care and medical home</td>
</tr>
<tr>
<td>Adequate knowledge of: resources and how to access</td>
<td>Usually: uses beneficial community resources and accesses resources independently fulfills resource requirements</td>
<td>Immunization and well-child exam status</td>
</tr>
<tr>
<td>Superior knowledge of: resources and how to access</td>
<td>Consistently: uses beneficial community resources and accesses resources independently fulfills resource requirements</td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

**Healthcare Supervision (pg 346):**
Management of the health care treatment plan by health care providers

**KBS rating considerations:**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Behavior</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Not receiving benefits of resources</td>
<td>Extreme S/S</td>
</tr>
<tr>
<td>Minimal</td>
<td>Not receiving benefits of resources</td>
<td>Severe S/S</td>
</tr>
<tr>
<td>Basic</td>
<td>Not receiving benefits of resources</td>
<td>Moderate S/S</td>
</tr>
<tr>
<td>Adequate</td>
<td>Not receiving benefits of resources</td>
<td>Minimal S/S</td>
</tr>
<tr>
<td>Superior</td>
<td>Not receiving benefits of resources</td>
<td>No S/S</td>
</tr>
</tbody>
</table>

---

**Healthcare Supervision (pg 346):**
Management of the health care treatment plan by health care providers

**KBS rating considerations:**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Behavior</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Not receiving benefits of resources</td>
<td>Extreme S/S</td>
</tr>
<tr>
<td>Minimal</td>
<td>Not receiving benefits of resources</td>
<td>Severe S/S</td>
</tr>
<tr>
<td>Basic</td>
<td>Not receiving benefits of resources</td>
<td>Moderate S/S</td>
</tr>
<tr>
<td>Adequate</td>
<td>Not receiving benefits of resources</td>
<td>Minimal S/S</td>
</tr>
<tr>
<td>Superior</td>
<td>Not receiving benefits of resources</td>
<td>No S/S</td>
</tr>
</tbody>
</table>

---
Interpersonal Relationships (pg. 190):
Association or bonds between the individual/family/community and others.

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

KBS rating considerations:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge (What client knows) Consider Knowledge of:</td>
<td>(How client is)</td>
</tr>
<tr>
<td>Interpersonal boundaries</td>
<td>Consider client’s:</td>
</tr>
<tr>
<td>Openness to accepting/rejecting information to modify behaviors</td>
<td>- Intimacy/Intimacy</td>
</tr>
<tr>
<td>Past history of abusive behavior</td>
<td>- Intimacy/Intimacy</td>
</tr>
<tr>
<td>Past history of treatment for abusive behavior</td>
<td>- Intimacy/Intimacy</td>
</tr>
</tbody>
</table>

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 use 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.

<table>
<thead>
<tr>
<th>Status</th>
<th>None</th>
<th>Minimal</th>
<th>Basic</th>
<th>Adequate</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior</td>
<td>Does not:</td>
<td>Rarely</td>
<td>Inconsistently</td>
<td>Usually</td>
<td>Consistently</td>
</tr>
<tr>
<td>Pregant woman does not intend to use family planning method(s) after pregnancy</td>
<td>- Access preconception or family planning care</td>
<td>- Uses family planning method</td>
<td>- Follows through with self-care recommendations</td>
<td>- Uses family planning method</td>
<td>- Follows through with self-care recommendations</td>
</tr>
<tr>
<td>Pregnant woman has not considered family planning method(s) after pregnancy</td>
<td>- Accesses preconception or family planning care</td>
<td>- Uses family planning method</td>
<td>- Follows through with self-care recommendations</td>
<td>- Uses family planning method</td>
<td>- Follows through with self-care recommendations</td>
</tr>
<tr>
<td>Pregnant woman considering several family planning method(s) after pregnancy</td>
<td>- Accesses preconception or family planning care</td>
<td>- Uses family planning method</td>
<td>- Follows through with self-care recommendations</td>
<td>- Uses family planning method</td>
<td>- Follows through with self-care recommendations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>None</th>
<th>Minimal</th>
<th>Basic</th>
<th>Adequate</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme:</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
</tr>
<tr>
<td>Severe:</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
</tr>
<tr>
<td>Moderate:</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
</tr>
<tr>
<td>Minimal:</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
<td>- Risk for an unintended pregnancy</td>
</tr>
</tbody>
</table>
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
- 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

**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.

**Behavior**
Know what the client does
Consider:
- Client's planning and receptiveness if the client doesn't want to get pregnant again.

**Status**
Know what the client knows
Consider:
- 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.

**Knowledge**
Consider knowledge of:
- Methods available
- Use, efficacy, side effects of methods
- Appropriateness for self
- Reasons for spacing or delaying pregnancy
- Family planning topics, including:
  - Contraceptive methods
  - Preconception health benefits of child spacing

**KBS rating considerations:**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Not Appropriate</th>
<th>Rarely Appropriate</th>
<th>Inconsistently Appropriate</th>
<th>Usually Appropriate</th>
<th>Consistently Appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Minimal</td>
<td>Basic</td>
<td>Adequate</td>
<td>Superior</td>
<td></td>
</tr>
</tbody>
</table>

**Behavior**
- Does not:
  - Know or maintain relationships
  - Admit to abusive behaviors
  - Communicate appropriately in relationships
  - Problem solve without conflict

- Extreme behavior
- Severe behavior
- Moderate behavior
- Minimal behavior
- No behavior

**Status**
- No history of abusive behavior
- Has begun treatment/ counseling for abusive behavior

<table>
<thead>
<tr>
<th>Extreme</th>
<th>Severe</th>
<th>Moderate</th>
<th>Minimal</th>
<th>No</th>
</tr>
</thead>
</table>

---

---
### 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<br>- Apprehension/ undefined fear<br>- Loss of interest/ involvement in activities/ self-care<br>- Narrowed to scattered attention/ focus<br>- Flat affect<br>- Irritable/ agitated/ aggressive<br>- Difficulty managing stress<br>- Difficulty managing anger

#### Knowledge

<table>
<thead>
<tr>
<th>Drug Status</th>
<th>Knowledge</th>
<th>Behavior change</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>No knowledge of: negative effects of substance use on self or others&lt;br&gt;negative effects of 2nd hand smoke&lt;br&gt;resources and how to access&lt;br&gt;benefits of cutting down and quitting</td>
<td>Not interested in changing behavior</td>
</tr>
<tr>
<td>Minimal</td>
<td>Basic knowledge of: negative effects of substance use on self or others&lt;br&gt;negative effects of 2nd hand smoke&lt;br&gt;resources and how to access&lt;br&gt;benefits of cutting down and quitting</td>
<td>Prepares to change behavior</td>
</tr>
<tr>
<td>Adequate</td>
<td>Adequate knowledge of: negative effects of substance use on self or others&lt;br&gt;negative effects of 2nd hand smoke&lt;br&gt;resources and how to access&lt;br&gt;benefits of cutting down and quitting</td>
<td>Taking appropriate action to change behavior</td>
</tr>
<tr>
<td>Superior</td>
<td>Superior knowledge of: negative effects of substance use on self or others&lt;br&gt;negative effects of 2nd hand smoke&lt;br&gt;resources and how to access&lt;br&gt;benefits of cutting down and quitting</td>
<td>Does not use tobacco products&lt;br&gt;Does not expose self to 2nd hand smoke</td>
</tr>
</tbody>
</table>

#### Tobacco Behavior

<table>
<thead>
<tr>
<th>Status</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>No issues with: physical/emotional health&lt;br&gt;legal system&lt;br&gt;finances&lt;br&gt;employment&lt;br&gt;relationships&lt;br&gt;Needs commitment&lt;br&gt;Multiple convictions</td>
<td>No knowledge of: negative effects of substance use on self or others&lt;br&gt;negative effects of 2nd hand smoke&lt;br&gt;resources and how to access&lt;br&gt;benefits of cutting down and quitting</td>
</tr>
<tr>
<td>Minimal issues with: physical/emotional health&lt;br&gt;legal system&lt;br&gt;finances&lt;br&gt;employment&lt;br&gt;relationships</td>
<td>Minimal issues with: physical/emotional health&lt;br&gt;legal system&lt;br&gt;finances&lt;br&gt;employment&lt;br&gt;relationships</td>
</tr>
</tbody>
</table>

#### 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
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

**Behavior**
- Usually engages in behavior that exacerbates symptoms
- Consistently engages in behavior that exacerbates symptoms
- Inconsistently engages in behavior that exacerbates symptoms
- Rarely engages in behavior that exacerbates symptoms
- Does not:
  - take medication
  - attend therapy
  - access mental health care
  - undergoes medical treatment or self-help behaviors

**Status**
- Minimal:
  - 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:
  - 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:
  - 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:
  - 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

**KBS rating considerations:**

**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 1 at admission. This applies even if the use occurred prior to 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.
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
to verbal/non-verbal communication
- Neglectful
- Abusive
- Other
- Dissatisfaction/difficulty with responsibilities
to verbal/non-verbal communication
- Neglectful
- Abusive
- Other

KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>Consider:</td>
<td>Consider:</td>
</tr>
<tr>
<td>infant/child cues</td>
<td>providing structure (routines)</td>
<td>child protection, court, or legal conditions on</td>
</tr>
<tr>
<td>fostering social emotional</td>
<td>engages in stimulating, nurturing interaction</td>
<td>caregiver</td>
</tr>
<tr>
<td>and cognitive growth</td>
<td>physically/emotionally abusive behavior</td>
<td>physical condition and hygiene of dependent child/adult</td>
</tr>
<tr>
<td>physical care needs</td>
<td>prioritization of needs</td>
<td>meets physical, developmental, emotional, behavior &amp; safety needs</td>
</tr>
</tbody>
</table>

Guidelines & Notes:
- Child’s behavior and status is charted under Abuse, Neglect, and/or Growth/Development
Physical Activity (331):
State or quality of body movements during daily living

Signs/ Symptoms:
- Sedentary lifestyle
- Inadequate/inconsistent exercise routine
- Other

KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>Implementing self-help</td>
<td>Acceptance of personal</td>
</tr>
<tr>
<td>• benefits of exercise</td>
<td>readiness to change</td>
<td>responsibility</td>
</tr>
<tr>
<td>management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>exercise options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>how to access support services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Guidelines & Notes:

1 2 3 4 5
None Minimal Basic Adequate Superior
Knowledge
No knowledge of:
- age and developmentally specific
- caregiving
- health care
- safety practices
- attachment
- growth and development

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

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

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

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

Status
Extreme S/S
Frequently anxious/negative about caregiving responsibilities
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

Severe S/S
Frequently anxious/negative about caregiving responsibilities
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

Moderate S/S
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

Minimal S/S
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

No S/S
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

Caregiving responsibilities not appropriate for age and development

Active court case (e.g. risk of termination) due to abuse or neglect

Consistently anxious/negative about caregiving responsibilities
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

Expectations not appropriate for age and development

Consistently anxious/negative about caregiving responsibilities
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving

Caregiving responsibilities not appropriate for age and development

Consistently anxious/negative about caregiving responsibilities
Expesses some positive feelings about caregiving responsibilities
Usually positive about caregiving responsibilities
Enjoys caregiving
**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

**Caregiver’s Knowledge**

<table>
<thead>
<tr>
<th>Caregiver Knowledge</th>
<th>Behavior (What child/adult does)</th>
<th>Status (How child/adult is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>affect and appearance</td>
<td>resources and how to access</td>
</tr>
<tr>
<td></td>
<td>medical care needs</td>
<td>resources and how to access</td>
</tr>
<tr>
<td></td>
<td>illness/treatment follow up</td>
<td>resources and how to access</td>
</tr>
<tr>
<td></td>
<td>growth &amp; development</td>
<td>resources and how to access</td>
</tr>
<tr>
<td></td>
<td>injuries</td>
<td>resources and how to access</td>
</tr>
<tr>
<td></td>
<td>safety/protection from harm</td>
<td>resources and how to access</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Client Status</th>
<th>Blood sugar/lipid levels</th>
<th>Weight not within recommended ranges</th>
<th>Blood sugar/lipid levels decreasing with medications</th>
<th>Blood sugar/lipid levels controlled with medications and diet</th>
<th>Weight decreasing</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Minimal</td>
<td>Basic</td>
<td>Adequate</td>
<td>Superior</td>
<td>Consistently</td>
</tr>
<tr>
<td></td>
<td>Negative effects of diet on health status</td>
<td>Negative effects of diet on health status</td>
<td>Negative effects of diet on health status</td>
<td>Negative effects of diet on health status</td>
<td>eats fruits &amp; vegetables</td>
</tr>
<tr>
<td></td>
<td>Current weight &amp; weight history</td>
<td>Current weight &amp; weight history</td>
<td>Current weight &amp; weight history</td>
<td>Current weight &amp; weight history</td>
<td>tracks weight or blood sugar</td>
</tr>
<tr>
<td></td>
<td>Role of fruits, vegetables, sugar and fats in diet management</td>
<td>Role of fruits, vegetables, sugar and fats in diet management</td>
<td>Role of fruits, vegetables, sugar and fats in diet management</td>
<td>Role of fruits, vegetables, sugar and fats in diet management</td>
<td>considers changing behavior</td>
</tr>
<tr>
<td></td>
<td>Resources and how to access</td>
<td>Resources and how to access</td>
<td>Resources and how to access</td>
<td>Resources and how to access</td>
<td>takes action to change behavior</td>
</tr>
<tr>
<td></td>
<td>Safety/protection from harm</td>
<td>Safety/protection from harm</td>
<td>Safety/protection from harm</td>
<td>Safety/protection from harm</td>
<td>maintains behavior changes</td>
</tr>
</tbody>
</table>

**KBS rating considerations:**

<table>
<thead>
<tr>
<th>Caregiver Knowledge</th>
<th>Behavior (What caregiver knows)</th>
<th>Status (How caregiver knows)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>reflect caregiver behavior in Caregiver/Parenting problem.</td>
<td>reflect caregiver behavior in Caregiver/Parenting problem.</td>
</tr>
<tr>
<td></td>
<td>consider knowledge of: behaviors that may be red flags for neglect</td>
<td>consider knowledge of: behaviors that may be red flags for neglect</td>
</tr>
</tbody>
</table>

**Blood Sugar/Lipid Levels**
- Minimal
- Basic
- Adequate
- Superior

**Blood Sugar/Lipid Levels within Recommended Ranges**
- Minimal
- Basic
- Adequate
- Superior
**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
- Other

**KBS rating considerations:**

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>Consider if client is:</td>
<td>Consider:</td>
</tr>
<tr>
<td>Benefits of weight management</td>
<td>Implementing self-help strategies</td>
<td>Acceptance of personal responsibility</td>
</tr>
</tbody>
</table>

**Guidelines & Notes:**

---

**Caregiver's Knowledge**

1. **No knowledge of:**
   - Standards for providing physical care
   - Supervision
   - Nurture
   - Health care
2. **Minimal knowledge of:**
   - Standards for providing physical care
   - Supervision
   - Nurture
   - Health care
3. **Basic knowledge of:**
   - Standards for providing physical care
   - Supervision
   - Nurture
   - Health care
4. **Adequate knowledge of:**
   - Standards for providing physical care
   - Supervision
   - Nurture
   - Health care
5. **Superior knowledge of:**
   - Standards and rationale for providing physical care
   - Supervision
   - Nurture
   - Health care

**Caregiver's Behavior**

1. **Does not:**
   - Engage with caregiver
   - Exhibit typical behavior for age/condition
2. **Rarely:**
   - Enganges with caregiver
   - Exhibits typical behavior for age/condition
3. **Inconsistently:**
   - Engages with caregiver
   - Exhibits typical behavior for age/condition
4. **Usually:**
   - Engages with caregiver
   - Exhibits typical behavior for age/condition
5. **Consistently:**
   - Engages with caregiver
   - Exhibits typical behavior for age/condition

**Status**

1. **Extreme:**
   - Unmet needs for physical care
   - Supervision
   - Nurture
   - Health care
2. **Severe:**
   - Unmet needs for physical care
   - Supervision
   - Nurture
   - Health care
3. **Moderate:**
   - Unmet needs for physical care
   - Supervision
   - Nurture
   - Health care
4. **Minimal:**
   - Unmet needs for physical care
   - Supervision
   - Nurture
   - Health care
5. **No:**
   - Unmet needs for physical care
   - Supervision
   - Nurture
   - Health care
## Abuse (pg 219):

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

### Signs/ Symptoms:
- Harsh/ excessive discipline
- Frightening/ hypervigilant behavior
- WELTS/ bruises/ burns/ other
- Violent environment
- Questionable explanation of injury
- Assaulted sexually
- Attack verbally

### Guidelines & Notes:
- Abuse (pg 219): Child or adult subjected to non-accidental physical, emotional, or sexual violence or injury.
- Abused person's knowledge of:
- Abuse (pg 219): Abused person's knowledge of:
- Abuse (pg 219): Abused person's knowledge of:
- Abuse (pg 219): Abused person's knowledge of:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge of:</td>
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<td>Adequate</td>
<td>Superior</td>
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<td></td>
<td></td>
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<tr>
<td>- Physical/ emotional</td>
<td>- Basic</td>
<td>- Adequate</td>
<td>- Superior</td>
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<td></td>
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<td>- Postpartum changes</td>
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<td>- Breastfeeding</td>
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<tr>
<td>- Self care</td>
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<td>- Resources and</td>
<td>- Resources and</td>
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<tr>
<td>- Resources and how to access</td>
<td>- how to access</td>
<td>- how to access</td>
<td>- how to access</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge (What client knows)</td>
<td>Behavior (What client does)</td>
<td>Status (How client is)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Rarely</td>
<td>Inconsistently</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Seek information</td>
<td>- Works through</td>
<td>- Works through</td>
<td>- Works through</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>- Follow through</td>
<td>- With self-care</td>
<td>- With self-care</td>
<td>- With self-care</td>
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<tr>
<td>- Recommendations</td>
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<td>- Recommendations</td>
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<tr>
<td>- Cope with postpartum changes/ stressors</td>
<td>- Cope with postpartum changes/ stressors</td>
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</table>

### KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge of:</td>
<td>Basic</td>
<td>Adequate</td>
<td>Superior</td>
<td></td>
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<td></td>
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<tr>
<td>- Physical/ emotional</td>
<td>- Basic</td>
<td>- Adequate</td>
<td>- Superior</td>
<td></td>
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<tr>
<td>- Postpartum changes</td>
<td>- Knowledge</td>
<td>- Knowledge</td>
<td>- Knowledge</td>
<td></td>
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</tr>
<tr>
<td>- Breastfeeding</td>
<td>- Breastfeeding</td>
<td>- Self care</td>
<td>- Self care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Self care</td>
<td>- Resources and</td>
<td>- Resources and</td>
<td>- Resources and</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Resources and how to access</td>
<td>- how to access</td>
<td>- how to access</td>
<td>- how to access</td>
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<tr>
<td>Knowledge (What client knows)</td>
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<td>Status (How client is)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not appropriate</td>
<td>Rarely</td>
<td>Inconsistently</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Seek information</td>
<td>- Works through</td>
<td>- Works through</td>
<td>- Works through</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Follow through</td>
<td>- With self-care</td>
<td>- With self-care</td>
<td>- With self-care</td>
<td></td>
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<tr>
<td>- Recommendations</td>
<td>- Recommendations</td>
<td>- Recommendations</td>
<td>- Recommendations</td>
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</tr>
<tr>
<td>- Cope with postpartum changes/ stressors</td>
<td>- Cope with postpartum changes/ stressors</td>
<td>- Cope with postpartum changes/ stressors</td>
<td>- Cope with postpartum changes/ stressors</td>
<td></td>
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</tr>
</tbody>
</table>

### Guidelines & Notes:
- When abused 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.
Consider knowledge of:

- Six-week period following childbirth
- Postpartum

Signs/ Symptoms:

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

KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of:</td>
<td>Consider:</td>
<td>Consider:</td>
</tr>
<tr>
<td>- emotional and physiological changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- danger signs</td>
<td>- physical symptoms of potential postpartum complications including: infection, severe pain, bleeding, vaginal discharge, hemorrhoids, engagement, nipple discomfort, c-section, perineum problems, pour wound healing, diabetes, hypertension, thrombophlebitis</td>
<td></td>
</tr>
<tr>
<td>- Self care, including:</td>
<td>- severity and level of control of physical symptoms (above)</td>
<td></td>
</tr>
<tr>
<td>- management of lochia, perineal or incision care, afterpains, emotional swings, breast/nipple discomforts, diet, rest/sleep, exercise.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- understanding of maternal benefits of breastfeeding for PP recovery</td>
<td>- emotional recovery</td>
<td></td>
</tr>
<tr>
<td>- Status in this problem refers to ability to care for self and infant as a result of pp course of recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the impact of birth outcomes on postpartum recovery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>None</td>
<td>Minimal</td>
<td>Basic</td>
<td>Adequate</td>
</tr>
<tr>
<td>Consider knowledge of:</td>
<td>- difference between healthy and abusive relationship</td>
<td>- difference between healthy and abusive relationship</td>
<td>- difference between healthy and abusive relationship</td>
<td>- difference between healthy and abusive relationship</td>
</tr>
<tr>
<td>- physical, emotional, sexual aspects of abuse</td>
<td>- physical, emotional, sexual aspects of abuse</td>
<td>- physical, emotional, sexual aspects of abuse</td>
<td>- physical, emotional, sexual aspects of abuse</td>
<td>- physical, emotional, sexual aspects of abuse</td>
</tr>
<tr>
<td>- negative impacts on child well being</td>
<td>- negative impacts on child well being</td>
<td>- negative impacts on child well being</td>
<td>- negative impacts on child well being</td>
<td>- negative impacts on child well being</td>
</tr>
<tr>
<td>- need for help or counseling</td>
<td>- need for help or counseling</td>
<td>- need for help or counseling</td>
<td>- need for help or counseling</td>
<td>- need for help or counseling</td>
</tr>
<tr>
<td>- resources and how to access</td>
<td>- resources and how to access</td>
<td>- resources and how to access</td>
<td>- resources and how to access</td>
<td>- resources and how to access</td>
</tr>
<tr>
<td>- how to protect self and dependents</td>
<td>- how to protect self and dependents</td>
<td>- how to protect self and dependents</td>
<td>- how to protect self and dependents</td>
<td>- how to protect self and dependents</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>None</th>
<th>Minimal</th>
<th>Basic</th>
<th>Adequate</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider:</td>
<td>- does not:</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
</tr>
<tr>
<td>- have or follow safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
</tr>
<tr>
<td>- rarely:</td>
<td>- inconsistently:</td>
<td>- usually:</td>
<td>- consistently:</td>
<td>- establishes and maintains safe living conditions for self and others</td>
<td></td>
</tr>
<tr>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
<td>- follows safety plan</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Child's behavior</th>
<th>None</th>
<th>Minimal</th>
<th>Basic</th>
<th>Adequate</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider:</td>
<td>- consistently exhibits extreme atypical behavior that could indicate abuse</td>
<td>- usually exhibits atypical behavior that could indicate abuse</td>
<td>- inconsistently exhibits atypical behavior that could indicate abuse</td>
<td>- rarely exhibits atypical behaviors that could indicate abuse</td>
<td>- exhibits typical behaviors</td>
</tr>
<tr>
<td>- extreme abuse:</td>
<td>- physical</td>
<td>- emotional</td>
<td>- sexual</td>
<td>- domestic abuse exposure</td>
<td>- harsh/corporal punishment</td>
</tr>
<tr>
<td>- is not safe in home environment and/or with caregivers/ significant other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Extremity S/S</th>
<th>Severe S/S</th>
<th>Moderate S/S</th>
<th>Minimal S/S</th>
<th>No S/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status:</td>
<td>- severe abuse:</td>
<td>- moderate abuse:</td>
<td>- minimal abuse:</td>
<td>- no abuse.</td>
</tr>
<tr>
<td>- physical</td>
<td>- sexually</td>
<td>- domestically</td>
<td>- rarely receives negative messages</td>
<td>- age appropriate behavior management or discipline that is free from abuse</td>
</tr>
<tr>
<td>- emotional</td>
<td>- emotional</td>
<td>- emotional</td>
<td>- inconsistently receives negative messages</td>
<td>- abuse.</td>
</tr>
<tr>
<td>- sexual</td>
<td>- sexual</td>
<td>- sexual</td>
<td>- inconsistently receives negative messages</td>
<td>- abuse.</td>
</tr>
<tr>
<td>- domestic abuse exposure</td>
<td>- domestic abuse exposure</td>
<td>- domestic abuse exposure</td>
<td>- inconsistently receives negative messages</td>
<td>- abuse.</td>
</tr>
</tbody>
</table>

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21
Growth and Development (pg 223):
Progressive physical, emotional, and social maturation along the age continuum from birth to death.

<table>
<thead>
<tr>
<th>Signs/ Symptoms:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abnormal results of developmental screening tests</td>
<td>Minimal or fetal complications</td>
</tr>
<tr>
<td>Abnormal weight/ height/ head circumference in relation to growth/ age standards</td>
<td>Visit for pregnancy hospitalized or ED</td>
</tr>
<tr>
<td>Other</td>
<td>Self-care</td>
</tr>
</tbody>
</table>

KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What caregiver/ individual knows)</th>
<th>Behavior (What child/individual does)</th>
<th>Status (How child/individual is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of: infant/child cues</td>
<td>Consider: eligibility for services</td>
<td>Consider: how individual responds to environment</td>
</tr>
<tr>
<td>fostering social, emotional &amp; cognitive growth</td>
<td>height/weight/head circumference</td>
<td>impact of delays on areas of life such as communication, mobility, self care</td>
</tr>
<tr>
<td>physical care, safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>positive/effective discipline practices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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. |

### Table: Knowledge & Behavior Ratings

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Behavior</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Rarely</td>
<td>Healthy pregnancy with mild discomforts that do not interfere with daily activities</td>
</tr>
<tr>
<td>Minimal</td>
<td>Inconsistently</td>
<td>Mostly apathetic or negative about pregnancy at home with complications; condition warrants close monitoring or bedrest</td>
</tr>
<tr>
<td>Basic</td>
<td>Usually</td>
<td>Complications interfere with daily activity and require moderate restrictions or health care intervention</td>
</tr>
<tr>
<td>Adequate</td>
<td>Consistently</td>
<td>Mostly positive about pregnancy Minimal complications addressed using self care measures</td>
</tr>
<tr>
<td>Superior</td>
<td></td>
<td>Consistently positive about pregnancy</td>
</tr>
</tbody>
</table>

### Table: Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Unwanted pregnancy</th>
<th>Hospitalized or ED for pregnancy complications</th>
<th>Maternal or fetal death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme S/S</td>
<td>Mostly apathetic or negative about pregnancy</td>
<td>At home with complications; condition warrants close monitoring or bedrest</td>
<td></td>
</tr>
<tr>
<td>Severe S/S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate S/S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal S/S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No S/S</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table: Guidelines & Notes

| CDC Growth charts and weight 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. |
Pregnancy (pg 304):
Period from conception to childbirth

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

KBS rating considerations:

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider knowledge of pregnancy topics, including:</td>
<td>• willingness to learn</td>
<td>Consider:</td>
</tr>
<tr>
<td>• pregnancy options</td>
<td>• cultural norms</td>
<td>• physical symptoms or complications, such as:</td>
</tr>
<tr>
<td>• fetal G&amp;D</td>
<td>• high risk behaviors</td>
<td>PTL, inadequate weight gain, Gestational</td>
</tr>
<tr>
<td>• danger (warning signs</td>
<td>• statement's referencing baby</td>
<td>hypertension, gestational diabetes, hyper-</td>
</tr>
<tr>
<td>• breastfeeding</td>
<td>• plans for baby or pregnancy</td>
<td>emesis, bleeding/abnormal vaginal</td>
</tr>
<tr>
<td>• S/S of Labor</td>
<td></td>
<td>discharge, edema, high fever, STD’s</td>
</tr>
<tr>
<td>• childbirth &amp; delivery procedures</td>
<td></td>
<td>emotional readiness for pregnancy &amp; delivery</td>
</tr>
<tr>
<td>• Self Care Measures</td>
<td></td>
<td>bonding with pregnancy/baby</td>
</tr>
<tr>
<td>• (see below)</td>
<td></td>
<td>realistic expectations of pregnancy and motherhood</td>
</tr>
<tr>
<td>• physical changes</td>
<td></td>
<td>ability to meet ADL’s, home maintenance,</td>
</tr>
<tr>
<td>• environmental hazards</td>
<td></td>
<td>self care, work, school,</td>
</tr>
<tr>
<td>• high-risk pregnancies, delivery complications</td>
<td></td>
<td>Social support</td>
</tr>
<tr>
<td>• fetal demise</td>
<td></td>
<td>Prematurity and related birth outcomes</td>
</tr>
</tbody>
</table>

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 inapposite 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.

<table>
<thead>
<tr>
<th>Category of Knowledge</th>
<th>Child's Behavior</th>
<th>Child's Status</th>
</tr>
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<tbody>
<tr>
<td>None</td>
<td>Minimal</td>
<td>Basic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not Appropriate</th>
<th>Rarely Appropriate</th>
<th>Inconsistently Appropriate</th>
<th>Usually Appropriate</th>
<th>Consistently Appropriate</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant or child drops 2 or more major percentiles or has fallen below 3rd percentile</td>
<td>Severe:</td>
<td></td>
<td>Moderate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newborn does not regain BW within 1 month or low birth weight not gaining weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2-5 above 95th major percentile weight for height</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor school performance</td>
<td></td>
<td></td>
<td>Variable school performance with some struggles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate school performance at appropriate grade level in most subjects</td>
<td></td>
<td></td>
<td></td>
<td>Consistently performing at grade level in all subjects</td>
<td></td>
</tr>
</tbody>
</table>

Extremes:
- ⚫ delays in one or more areas of developmental screening/assessment
- ⚫ impact on life functioning

Severe:
- ⚫ delays in one or more areas of developmental screening/assessment
- ⚫ impact on life functioning
- ⚫ deviations from weight gain expectations

Moderate:
- ⚫ delays in one or more areas of developmental screening/assessment
- ⚫ impact on life functioning
- ⚫ deviations from weight gain expectations

Minimal:
- ⚫ delays in one or more areas of developmental screening/assessment
- ⚫ deviations from weight gain expectations

If pattern unknown, current weight for height or close to 50th percentile and no significant history of weight problem reported
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:**

<table>
<thead>
<tr>
<th>Knowledge (What client knows)</th>
<th>Behavior (What client does)</th>
<th>Status (How client is)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider: awareness of needs and how to cope</td>
<td>Consider: if client has necessary services and support to cope with daily living.</td>
<td></td>
</tr>
<tr>
<td>- &quot;street smarts&quot;</td>
<td>- 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</td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>None</th>
<th>Minimal</th>
<th>Basic</th>
<th>Adequate</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>No knowledge of:</td>
<td>Cognition deficit</td>
<td>Ways to deal with limitations</td>
<td>Resources and how to access</td>
<td>Cognition deficit</td>
<td>Ways to deal with limitations</td>
</tr>
<tr>
<td>Behavior</td>
<td>Not Appropriate</td>
<td>Rarely Appropriate</td>
<td>Inconsistently Appropriate</td>
<td>Usually Appropriate</td>
<td>Consistently Appropriate</td>
</tr>
<tr>
<td>Does not:</td>
<td>Utilize, accept, or seek resources/assistance</td>
<td>Rarely: Utilizes, accepts, or seeks resources/assistance</td>
<td>Inconsistently: Utilizes, accepts, or seeks resources/assistance</td>
<td>Usually: Utilizes, accepts &amp; seeks resources/assistance</td>
<td>Consistently: Utilizes, accepts &amp; seeks resources/assistance</td>
</tr>
<tr>
<td>Status</td>
<td>Extreme S/S</td>
<td>Severe S/S</td>
<td>Moderate S/S</td>
<td>Minimal S/S</td>
<td>No S/S</td>
</tr>
<tr>
<td>Extreme:</td>
<td>Limitations</td>
<td>No supports in place</td>
<td>Not able to function in society</td>
<td>Moderate:</td>
<td>Limitations</td>
</tr>
<tr>
<td>Severe:</td>
<td>Limitations</td>
<td>Rarely has supports in place</td>
<td>Minimally able to function in society</td>
<td>Some supports in place</td>
<td>Moderately able to function in society</td>
</tr>
<tr>
<td>Moderate:</td>
<td>Limitations</td>
<td>Supports in place</td>
<td>Usually able to function in society</td>
<td>Functions well in society</td>
<td></td>
</tr>
<tr>
<td>Minimal:</td>
<td>Limitations</td>
<td>Most supports in place</td>
<td>Usually functioning well in society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No:</td>
<td>Limitations</td>
<td>Supports in place</td>
<td>Functions well in society</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>