

COVID-19 Consumer Comfort-Level Screening

Consumer:

- Contact with:** **Consumer**
 Family/Caregiver
 Home Care Worker
 Other:

Checklist to Determine Level of Comfort with In-home Visit:	
<input type="checkbox"/>	State the purpose of your call. <i>"I am looking to schedule a _____"</i>
<input type="checkbox"/>	Ask consumer how they are doing, and have they had any regular contact with family or friends in any way.
<input type="checkbox"/>	Explain why you are taking precautions when coming to the consumer's home. <i>"In light of the COVID-19 pandemic, some people may have concerns about in-person contact."</i>
<input type="checkbox"/>	Explain the measures your agency is taking to protect you and the consumer during an in-home visit. <i>"We are taking the following precautions during these in-home visits _____"</i>
<input type="checkbox"/>	Ask if the consumer and other household members have masks. <i>"Do you [and others in your household] have a mask and are you comfortable with wearing the mask during our visit?"</i>
<input type="checkbox"/>	Ask the consumer if they have any questions or concerns. <i>"Do you have any questions or concerns about having me come to your home or the precautions we are taking?"</i>
<input type="checkbox"/>	Answer any questions the consumer may have.
<input type="checkbox"/>	If the consumer is hesitant or fearful about an in-home visit, reassure them you will work to find an alternative solution. <i>"If you are not comfortable with an in-person visit, there are other options. We can schedule a _____"</i>
<input type="checkbox"/>	Discuss alternatives, if needed. (e.g., meeting on front porch, through screen door, common area of building, via use of technology, phone, or other)
<input type="checkbox"/>	Ask the consumer what they are most comfortable with scheduling. <i>"What are you most comfortable with scheduling for your _____?"</i>

Reason for Visit:

- Initial assessment** **Reassessment** **Wellness Check** **Other:**

Initial Screen:

Consumer is comfortable with in-home visit: **Yes** **No**

Consumer concerns:

Alternative plan:

Pre-visit Screen:

Consumer is comfortable with in-home visit: **Yes** **No**

Consumer concerns:

Alternative plan:

Staff Signature:

Title:

Date: