

- f. Elbow flexion
 - Right _____
 - Left _____
- g. Ankle dorsiflexion
 - Right _____
 - Left _____
- h. Knee extension
 - Right _____
 - Left _____
- i. Hip extension
 - Right _____
 - Left _____

Has there been any change in resident's range of motion during last 90 days? Improvement ___;
 Decline ___; No change ___

FUNCTIONAL ASSESSMENT

FIRST COLUMN=RESIDENT'S ABILITY TO PERFORM TASK

- 0=Independent: Requires no staff assistance or supervision
 - 1=Supervision: Requires staff supervision, reminders, cuing, and coaching
 - 2=Limited Assistance: Requires minimal physical staff assistance during some phase of activity
 - 3=Extensive Assistance: Requires major physical staff assistance to perform activity
 - 4=Total dependent: Requires total physical staff assistance, unable to perform any part of activity
- SECOND COLUMN=AMOUNT OF ASSISTANCE AND PHYSICAL STAFF SUPPORT

REQUIRED

- 0=No staff intervention or physical help required
- 1=Staff need to provide set-up help to enable resident to perform activity
- 2=Physical assistance of 1 staff person is needed for resident to perform activity
- 3=Physical assistance of 2 staff persons is needed for resident to perform activity

(Some abilities to perform activities of daily living vary over a 24 hour period. In those cases, score the range of abilities in the column, i.e., 2/3.)

Function	Resident's Ability	Assistance Required
1. Personal Care		
Brush teeth or dentures	_____	_____
Wash hands/face, shave/makeup	_____	_____
Comb hair	_____	_____
Wash arms & legs	_____	_____
Wash pubic area	_____	_____
Manipulate bedpan/urinal	_____	_____
Use shower or bath	_____	_____
Use toilet/commode	_____	_____
Manipulate clothing during toilet	_____	_____
Use toilet paper/wipe self	_____	_____
Feminine hygiene	_____	_____
Catheter management	_____	_____
2. Dressing		
Pajamas/nightgown-don/doff	_____	_____
Shirt/top-don/doff	_____	_____
Trousers/slacks-don/doff	_____	_____
Dress-don/doff	_____	_____
Underwear/bra-don/doff	_____	_____
Shoes & socks-don/doff	_____	_____
Shoe laces-tie/fasten shoes	_____	_____
Buttons	_____	_____
Zipper	_____	_____
Apply hearing aide/braces/ Prosthesis/splints	_____	_____