

ACTIVITIES OF DAILY LIVING

SELF-CARE	Can the resident perform the following without help:			
	Yes independent	No, some help needed	No, totally dependent	
Bathing				
Dressing				
Feeding				
Use of Toilet				
Care of Hair				
Care of Teeth				
Care of nails				
Shaving				
SPHINCTER CONTROL	Confirm resident's level of sphincter control			
	Complete	Control with urgency	Occasional accidents	Frequent
Bladder control				
Bowel control				
Resident requires adult diapers: <input type="radio"/> No <input type="radio"/> Yes, at night only <input type="radio"/> Yes, both day and night Other (specify.....)				
Mobility	Can the resident perform the following without help?			
	Yes, independent	No, some help needed	No, totally dependent	
Getting in/out of bed				
Getting in/out of chairs				
Transfer toilet				
Transfer shower				
Walk up/down- stairs				
Walk on flat level				
Communication and social cognitions	Indicate resident's level of:			
	Full	Moderate	Minimal	None
Comprehension				
Expression				
Social interaction				
Memory				