[CODE FOR LAST 3 DAYS, UNLESS OTHERWISE SPECIFIED]

SECTION A. Identification Information

1. NAME

a. (First) b. (Middle Initial) c. (Last) d. (Title)

2. GENDER

1 Male **2** Female ☐

3. BIRTHDATE ☐☐ — ☐☐ — ☐☐☐☐

Day Month Year

4. MARITAL STATUS ☐

1 Never married
2 Married
3 Partner / Significant other
4 Widowed
5 Separated
6 Divorced

5. NATIONAL NUMERIC IDENTIFIER [EXAMPLE — AUSTRALIA]

☐☐☐☐ ☐☐☐☐☐☐ ☐

6. FACILITY / AGENCY PROVIDER NUMBER [EXAMPLE — AUSTRALIA]

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

7. REASON FOR ASSESSMENT ☐

1 First assessment
2 Routine reassessment
3 Return assessment
4 Significant change in status reassessment
5 Discharge assessment, covers last 3 days of service
6 Discharge tracking only
7 Other—e.g., research

8. ASSESSMENT REFERENCE DATE

☐☐ — ☐☐ — 2 0 ☐☐

Day Month Year

9. PERSON'S EXPRESSED GOALS OF CARE

Enter primary goal in boxes at bottom

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

10. TIME SINCE LAST HOSPITAL STAY ☐

Code for most recent instance in LAST 90 DAYS

0 No hospitalization within 90 days
1 31–90 days ago
2 15–30 days ago
3 8–14 days ago
4 In the last 7 days
5 Now in hospital

NOTES:

SECTION B. Intake and Initial History

[Note: Complete Section B for the initial assessment only]

1. LEVEL OF CONTROL PERSON HAD OVER DECISION TO MOVE INTO LTCF ☐

0 Complete
1 Some control
2 Little or no control
8 Could not (would not) respond

2. DATE STAY BEGAN

☐☐ — ☐☐ — 2 0 ☐☐

Day Month Year

3. ETHNICITY AND RACE [EXAMPLE — AUSTRALIA]

a. **Country of birth:** Specify: _____

b. **Indigenous status** ☐

Is the client of Aboriginal or Torres Strait Islander origin?

1 Yes, Aboriginal
2 Yes, Torres Strait Islander
3 Yes, both
4 No, neither

4. PRIMARY LANGUAGE [EXAMPLE — AUSTRALIA] ☐

Main language spoken at home

1 English
2 Other: Specify: _____

5. ADMITTED FROM AND USUAL RESIDENCE [EXAMPLE — AUSTRALIA]

1 Private residence—owned / purchasing
– Client owns / is purchasing
– Family member or related person owns / is purchasing
2 Private residence—private rental
3 Private residence—public rental or community housing; indigenous community / settlement
4 Independent living within a retirement village
5 Boarding house / rooming house / private hostel
6 Supported community accommodation
7 Short-term crisis, emergency, or transitional accommodation
8 Mental health residence—e.g., psychiatric group home
9 Group home for persons with physical disability
10 Setting for persons with intellectual disability
11 Residential aged care service—low-level care
12 Residential aged care service—high-level care
13 Acute care hospital
14 Hospice facility / palliative care unit
15 Rehabilitation hospital / unit
16 Psychiatric hospital or unit
17 Correctional facility
18 Public place / temporary shelter
19 Other

a. Admitted from ☐☐
b. Usual residential status ☐☐

6. POSTCODE OF USUAL LIVING ARRANGEMENT PRIOR TO ADMISSION [EXAMPLE — AUSTRALIA]

☐☐☐☐

7. LIVING ARRANGEMENT PRIOR TO ADMISSION [EXAMPLE — AUSTRALIA] ☐

1 Alone
2 With spouse / partner only
3 With spouse / partner and other(s)
4 With child (not spouse / partner)
5 With parent(s) or guardian(s)
6 With sibling(s)
7 With other relative(s)
8 With non-relative(s)
9 In residential care / other institutional setting

8. RESIDENTIAL HISTORY OVER LAST 5 YEARS

Code for all settings person lived in during 5 YEARS prior to date stay began (Item B2)

0 No **1** Yes

a. **Long-term care facility**—e.g., nursing home, chronic sick unit ☐
b. **Board and care home, assisted living, group home** ☐
c. **Mental health residence**—e.g., psychiatric group home ☐
d. **Psychiatric hospital or unit** ☐
e. **Setting for persons with intellectual disability** ☐

9. MENTAL HEALTH ☐

Record indicates history of mental illness or intellectual disability

0 No **1** Yes

NOTES:

ISBN: 978-1-936065-61-5

SECTION C. Cognition

1. COGNITIVE SKILLS FOR DAILY DECISION MAKING
Making decisions regarding tasks of daily life—e.g., when to get up or have meals, which clothes to wear or activities to do

- **0 Independent**—Decisions consistent, reasonable, and safe
- **1 Modified independence**—Some difficulty in new situations only
- **2 Minimally impaired**—In specific recurring situations, decisions become poor or unsafe; cues / supervision necessary at those times
- **3 Moderately impaired**—Decisions consistently poor or unsafe; cues / supervision required at all times
- **4 Severely impaired**—Never or rarely makes decisions
- **5 No discernible consciousness, coma [Skip to Section G]**

2. MEMORY / RECALL ABILITY
Code for recall of what was learned or known

0 Yes, memory OK **1** Memory problem

a. **Short-term memory OK**—Seems / appears to recall after 5 minutes
b. **Long-term memory OK**—Seems / appears to recall distant past
c. **Procedural memory OK**—Can perform all or almost all steps in a multitask sequence without cues
d. **Situational memory OK**—Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room)

3. PERIODIC DISORDERED THINKING OR AWARENESS
[Note: Accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behaviour over this time]

- **0** Behaviour not present
- **1** Behaviour present, consistent with usual functioning
- **2** Behaviour present, appears different from usual functioning (e.g., new onset or worsening; different from a few weeks ago)

a. **Easily distracted**—e.g., episodes of difficulty paying attention; gets sidetracked
b. **Episodes of disorganized speech**—e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought
c. **Mental function varies over the course of the day**—e.g., sometimes better, sometimes worse

4. ACUTE CHANGE IN MENTAL STATUS FROM PERSON'S USUAL FUNCTIONING—*e.g., restlessness, lethargy, difficult to arouse, altered environmental perception*

0 No **1** Yes

5. CHANGE IN DECISION MAKING AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT)

0 Improved **2** Declined
1 No change **8** Uncertain

NOTES:

SECTION D. Communication and Vision

1. MAKING SELF UNDERSTOOD (Expression)
Expressing information content—both verbal and non-verbal

- **0 Understood**—Expresses ideas without difficulty
- **1 Usually understood**—Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required
- **2 Often understood**—Difficulty finding words or finishing thoughts AND prompting usually required
- **3 Sometimes understood**—Ability is limited to making concrete requests
- **4 Rarely or never understood**

2. ABILITY TO UNDERSTAND OTHERS (Comprehension)
Understanding verbal information content (however able; with hearing appliance normally used)

- **0 Understands**—Clear comprehension
- **1 Usually understands**—Misses some part / intent of message BUT comprehends most conversation
- **2 Often understands**—Misses some part / intent of message BUT with repetition or explanation can often comprehend conversation
- **3 Sometimes understands**—Responds adequately to simple, direct communication only
- **4 Rarely or never understands**

3. HEARING

a. **Ability to hear (with hearing appliance normally used)**

- **0 Adequate**—No difficulty in normal conversation, social interaction, listening to TV
- **1 Minimal difficulty**—Difficulty in some environments (e.g., when person speaks softly or is more than 2 metres away)
- **2 Moderate difficulty**—Problem hearing normal conversation, requires quiet setting to hear well
- **3 Severe difficulty**—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
- **4 No hearing**

b. **Hearing aid used**

0 No **1** Yes

4. VISION

a. **Ability to see in adequate light (with glasses or with other visual appliance normally used)**

- **0 Adequate**—Sees fine detail, including regular print in newspapers / books
- **1 Minimal difficulty**—Sees large print, but not regular print in newspapers / books
- **2 Moderate difficulty**—Limited vision; not able to see newspaper headlines, but can identify objects
- **3 Severe difficulty**—Object identification in question, but eyes appear to follow objects; sees only light, colours, shapes
- **4 No vision**

b. **Visual appliance used**

0 No **1** Yes

NOTES:

SECTION E. Mood and Behaviour

1. INDICATORS OF POSSIBLE DEPRESSED, ANXIOUS, OR SAD MOOD
Code for indicators observed in last 3 days, irrespective of the assumed cause [Note: Whenever possible, ask person.]

- **0** Not present
- **1** Present but not exhibited in last 3 days
- **2** Exhibited on 1–2 of last 3 days
- **3** Exhibited daily in last 3 days

a. **Made negative statements**—e.g., *"Nothing matters"; "Would rather be dead"; "What's the use"; "Regret having lived so long"; "Let me die"*
b. **Persistent anger with self or others**—e.g., easily annoyed, anger at care received
c. **Expressions, including non-verbal, of what appear to be unrealistic fears**—e.g., fear of being abandoned, being left alone, being with others; intense fear of specific objects or situations
d. **Repetitive health complaints**—e.g., persistently seeks medical attention, incessant concern with body functions
e. **Repetitive anxious complaints / concerns (non-health-related)**—e.g., persistently seeks attention / reassurance regarding schedules, meals, laundry, clothing, relationships
f. **Sad, pained, or worried facial expressions**—e.g., furrowed brow, constant frowning
g. **Crying, tearfulness**
h. **Recurrent statements that something terrible is about to happen**—e.g., believes he or she is about to die, have a heart attack
i. **Withdrawal from activities of interest**—e.g., long-standing activities, being with family / friends
j. **Reduced social interactions**
k. **Expressions, including non-verbal, of a lack of pleasure in life (anhedonia)**—e.g., *"I don't enjoy anything anymore"*

ISBN: 978-1-936065-61-5

2. SELF-REPORTED MOOD

0 Not in last 3 days
1 Not in last 3 days, but often feels that way
2 In 1–2 of last 3 days
3 Daily in the last 3 days
8 Person could not (would not) respond

Ask: "In the last 3 days, how often have you felt . . ."

a. ***Little interest or pleasure in things you normally enjoy?*** ☐
b. ***Anxious, restless, or uneasy?*** ☐
c. ***Sad, depressed, or hopeless?*** ☐

3. BEHAVIOUR SYMPTOMS

Code for indicators observed, irrespective of the assumed cause

0 Not present
1 Present but not exhibited in last 3 days
2 Exhibited on 1–2 of last 3 days
3 Exhibited daily in last 3 days

a. **Wandering**—Moved with no rational purpose, seemingly oblivious to needs or safety ☐
b. **Verbal abuse**—e.g., others were threatened, screamed at, cursed at ☐
c. **Physical abuse**—e.g., others were hit, shoved, scratched, sexually abused ☐
d. **Socially inappropriate or disruptive behaviour**—e.g., made disruptive sounds or noises, screamed out, smeared or threw food or faeces, hoarded, rummaged through other's belongings ☐
e. **Inappropriate public sexual behaviour or public disrobing** ☐
f. **Resists care**—e.g., taking medications / injections, ADL assistance, eating ☐

NOTES:

SECTION F. Psychosocial Well-Being

1. SOCIAL RELATIONSHIPS

[Note: Ask person, direct care staff, and family, if available.]

0 Never
1 More than 30 days ago
2 8–30 days ago
3 4–7 days ago
4 In last 3 days
8 Unable to determine

a. **Participation in social activities of long-standing interest** ☐
b. **Visit with a long-standing social relation or family member** ☐
c. **Other interaction with long-standing social relation or family member**—e.g., telephone, e-mail ☐

2. SENSE OF INVOLVEMENT

0 Not present
1 Present but not exhibited in last 3 days
2 Exhibited on 1–2 of last 3 days
3 Exhibited daily in last 3 days

a. **At ease interacting with others** ☐
b. **At ease doing planned or structured activities** ☐
c. **Accepts invitations into most group activities** ☐
d. **Pursues involvement in life of facility**—e.g., makes or keeps friends; involved in group activities; responds positively to new activities; assists at religious services ☐
e. **Initiates interaction(s) with others** ☐
f. **Reacts positively to interactions initiated by others** ☐
g. **Adjusts easily to change in routine** ☐

3. UNSETTLED RELATIONSHIPS

0 No **1** Yes

a. **Conflict with or repeated criticism of other care recipients** ☐
b. **Conflict with or repeated criticism of staff** ☐
c. **Staff report persistent frustation in dealing with person** ☐
d. **Family or close friends report feeling overwhelmed by person's illness** ☐
e. **Says or indicates that he / she feels lonely** ☐

4. MAJOR LIFE STRESSORS IN LAST 90 DAYS—*e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving licence / car* ☐

0 No **1** Yes

5. STRENGTHS

0 No **1** Yes

a. **Consistent positive outlook** ☐
b. **Finds meaning in day-to-day life** ☐
c. **Strong and supportive relationship with family** ☐

NOTES:

SECTION G. Functional Status

1. ADL SELF-PERFORMANCE

Consider all episodes over 3-day period.

*If **all** episodes are performed at the same level, score ADL at that level.*

*If **any** episodes at level 6, and others less dependent, score ADL as a 5.*

Otherwise, focus on the three most dependent episodes [or all episodes if performed fewer than 3 times]. If most dependent episode is 1, score ADL as 1. If not, score ADL as least dependent of those episodes in range 2–5.

0 Independent—No physical assistance, set-up, or supervision in any episode
1 Independent, set-up help only—Article or device provided or placed within reach, no physical assistance or supervision in any episode
2 Supervision—Oversight / cuing
3 Limited assistance—Guided manoeuvring of limbs, physical guidance without taking weight
4 Extensive assistance—Weight-bearing support (including lifting limbs) by 1 helper where person still performs 50% or more of subtasks
5 Maximal assistance—Weight-bearing support (including lifting limbs) by 2+ helpers—OR—Weight-bearing support for more than 50% of subtasks
6 Total dependence—Full performance by others during all episodes
8 Activity did not occur during entire period

a. **Bathing**—How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area—EXCLUDE WASHING OF BACK AND HAIR ☐
b. **Personal hygiene**—How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands—EXCLUDE BATHS AND SHOWERS ☐
c. **Dressing upper body**—How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc. ☐
d. **Dressing lower body**—How dresses and undresses (street clothes, underwear) from the waist down, including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc. ☐
e. **Walking**—How walks between locations on same floor indoors ☐
f. **Locomotion**—How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair ☐
g. **Transfer toilet**—How moves on and off toilet or commode ☐
h. **Toilet use**—How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes—EXCLUDE TRANSFER ON AND OFF TOILET ☐
i. **Bed mobility**—How moves to and from lying position, turns from side to side, and positions body while in bed ☐
j. **Eating**—How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition) ☐

ISBN: 978-1-936065-61-5

2. LOCOMOTION / WALKING

a. **Primary mode of locomotion**
- **0** Walking, no assistive device
- **1** Walking, uses assistive device—e.g., cane, walker, crutch, pushing wheelchair
- **2** Wheelchair, scooter
- **3** Bed-bound

b. **Timed 4-metre walk**

Lay out a straight, unobstructed course. Have person stand in still position, feet just touching start line. ***Then say: "When I tell you, begin to walk at a normal pace (with cane / walker if used). This is not a test of how fast you can walk. Stop when I tell you to stop. Is this clear?"*** *Assessor may demonstrate test.* ***Then say: "Begin to walk now."*** *Start stopwatch (or can count seconds) when first foot falls. End count when foot falls beyond 4-metre mark.* ***Then say: "You may stop now."***

Enter time in seconds, up to 30 seconds
- **30** 30 or more seconds to walk 4 metres
- **77** Stopped before test complete
- **88** Refused to do the test
- **99** Not tested—e.g., does not walk on own

c. **Distance walked**—Farthest distance walked at one time without sitting down in the LAST 3 DAYS (with support as needed)
- **0** Did not walk
- **1** Less than 5 metres
- **2** 5–49 metres
- **3** 50–99 metres
- **4** 100–999 metres
- **5** 1 kilometre or more

d. **Distance wheeled self**—Farthest distance wheeled self at one time in the LAST 3 DAYS (includes independent use of motorized wheelchair)
- **0** Wheeled by others
- **1** Used motorized wheelchair / scooter
- **2** Wheeled self less than 5 metres
- **3** Wheeled self 5–49 metres
- **4** Wheeled self 50–99 metres
- **5** Wheeled self 100+ metres
- **8** Did not use wheelchair

3. ACTIVITY LEVEL

a. **Total hours of exercise or physical activity in LAST 3 DAYS**—e.g., walking
- **0** None
- **1** Less than 1 hour
- **2** 1–2 hours
- **3** 3–4 hours
- **4** More than 4 hours

b. **In the LAST 3 DAYS, number of days went out of the house or building in which he / she resides** (no matter how short the period)
- **0** No days out
- **1** Did not go out in last 3 days, but usually goes out over a 3-day period
- **2** 1–2 days
- **3** 3 days

4. PHYSICAL FUNCTION IMPROVEMENT POTENTIAL

0 No **1** Yes

a. **Person believes he / she is capable of improved performance in physical function**

b. **Care professional believes person is capable of improved performance in physical function**

5. CHANGE IN ADL STATUS AS COMPARED TO 90 DAYS AGO (OR SINCE LAST ASSESSMENT IF LESS THAN 90 DAYS AGO)
- **0** Improved
- **1** No change
- **2** Declined
- **8** Uncertain

NOTES:

SECTION H. Continence

1. BLADDER CONTINENCE
- **0** **Continent**—Complete control; DOES NOT USE any type of catheter or other urinary collection device
- **1** **Control with any catheter or ostomy** over last 3 days
- **2** **Infrequently incontinent**—Not incontinent over last 3 days, but does have incontinent episodes
- **3** **Occasionally incontinent**—Less than daily
- **4** **Frequently incontinent**—Daily, but some control present
- **5** **Incontinent**—No control present
- **8** **Did not occur**—No urine output from bladder in last 3 days

2. URINARY COLLECTION DEVICE (Exclude pads / briefs)
- **0** None
- **1** Condom catheter
- **2** Indwelling catheter
- **3** Cystostomy, nephrostomy, ureterostomy

3. BOWEL CONTINENCE
- **0** **Continent**—Complete control; DOES NOT USE any type of ostomy device
- **1** **Control with ostomy**—Control with ostomy device over last 3 days
- **2** **Infrequently incontinent**—Not incontinent over last 3 days, but does have incontinent episodes
- **3** **Occasionally incontinent**—Less than daily
- **4** **Frequently incontinent**—Daily, but some control present
- **5** **Incontinent**—No control present
- **8** **Did not occur**—No bowel movement in the last 3 days

4. OSTOMY

0 No **1** Yes

NOTES:

ISBN: 978-1-936065-61-5

SECTION I. Disease Diagnoses

Disease code

0 Not present
1 Primary diagnosis / diagnoses for current stay
2 Diagnosis present, receiving active treatment
3 Diagnosis present, monitored but no active treatment

1. DISEASE DIAGNOSES

Musculoskeletal

a. Hip fracture during last 30 days (or since last assessment if less than 30 days)
b. Other fracture during last 30 days (or since last assessment if less than 30 days)

Neurological

c. Alzheimer's disease
d. Dementia other than Alzheimer's disease
e. Hemiplegia
f. Multiple sclerosis
g. Paraplegia
h. Parkinson's disease
i. Quadriplegia
j. Stroke / CVA

Cardiac or Pulmonary

k. Coronary heart disease
l. Chronic obstructive pulmonary disease
m. Congestive heart failure

Psychiatric

n. Anxiety
o. Bipolar disorder
p. Depression
q. Schizophrenia

Infections

r. Pneumonia
s. Urinary tract infection in last 30 days

Other

t. Cancer
u. Diabetes mellitus

2. OTHER DISEASE DIAGNOSES

Diagnosis	Disease Code	ICD Code
a. _____		
b. _____		
c. _____		
d. _____		
e. _____		
f. _____		

[Note: Add additional lines as necessary for other disease diagnoses]

NOTES:

SECTION J. Health Conditions

1. FALLS

0 No fall in last 90 days
1 No fall in last 30 days, but fell 31–90 days ago
2 One fall in last 30 days
3 Two or more falls in last 30 days

2. RECENT FALLS

[Skip if last assessed more than 30 days ago or if this is first assessment]

0 No
1 Yes
[blank] Not applicable (first assessment, or more than 30 days since last assessment)

3. PROBLEM FREQUENCY

Code for presence in last 3 days

0 Not present
1 Present but not exhibited in last 3 days
2 Exhibited on 1 of last 3 days
3 Exhibited on 2 of last 3 days
4 Exhibited daily in last 3 days

Balance

a. Difficult or unable to move self to standing position unassisted
b. Difficult or unable to turn self around and face the opposite direction when standing
c. Dizziness
d. Unsteady gait

Cardiac or Pulmonary

e. Chest pain
f. Difficulty clearing airway secretions

Psychiatric

g. Abnormal thought process—e.g., loosening of associations, blocking, flight of ideas, tangentiality, circumstantiality
h. Delusions—Fixed, false beliefs
i. Hallucinations—False sensory perceptions

Neurological

j. Aphasia

GI Status

k. Acid reflux—Regurgitation of acid from stomach to throat
l. Constipation—No bowel movement in 3 days or difficult passage of hard stool
m. Diarrhoea
n. Vomiting

Sleep Problems

o. Difficulty falling asleep or staying asleep; waking up too early; restlessness; non-restful sleep
p. Too much sleep—Excessive amount of sleep that interferes with person's normal functioning

Other

q. Aspiration
r. Fever
s. GI or GU bleeding
t. Hygiene
u. Peripheral edema

4. DYSPNOEA (Shortness of breath)

0 Absence of symptom
1 Absent at rest, but present when performed moderate activities
2 Absent at rest, but present when performed normal day-to-day activities
3 Present at rest

5. FATIGUE

Inability to complete normal daily activities—e.g., ADLs, IADLs

0 **None**
1 **Minimal**—Diminished energy but completes normal day-to-day activities
2 **Moderate**—Due to diminished energy, UNABLE TO FINISH normal day-to-day activities
3 **Severe**—Due to diminished energy, UNABLE TO START SOME normal day-to-day activities
4 **Unable to commence any normal day-to-day activities**—Due to diminished energy

ISBN: 978-1-936065-61-5

6. PAIN SYMPTOMS
[Note: Always ask the person about pain frequency, intensity, and control. Observe person and ask others who are in contact with the person.]

a. **Frequency with which person complains or shows evidence of pain** (including grimacing, teeth clenching, moaning, withdrawal when touched, or other non-verbal signs suggesting pain) ☐
- **0** No pain
- **1** Present but not exhibited in last 3 days
- **2** Exhibited on 1–2 of last 3 days
- **3** Exhibited daily in last 3 days

b. **Intensity of highest level of pain present** ☐
- **0** No pain
- **1** Mild
- **2** Moderate
- **3** Severe
- **4** Times when pain is horrible or excruciating

c. **Consistency of pain** ☐
- **0** No pain
- **1** Single episode during last 3 days
- **2** Intermittent
- **3** Constant

d. **Breakthrough pain**—Times in LAST 3 DAYS when person experienced sudden, acute flare-ups of pain ☐
0 No **1** Yes

e. **Pain control**—Adequacy of current therapeutic regimen to control pain (from person's point of view) ☐
- **0** No issue of pain
- **1** Pain intensity acceptable to person; no treatment regimen or change in regimen required
- **2** Controlled adequately by therapeutic regimen
- **3** Controlled when therapeutic regimen followed, but not always followed as ordered
- **4** Therapeutic regimen followed, but pain control not adequate
- **5** No therapeutic regimen being followed for pain; pain not adequately controlled

7. INSTABILITY OF CONDITIONS
0 No **1** Yes

a. **Conditions / diseases make cognitive, ADL, mood, or behaviour patterns unstable (fluctuating, precarious, or deteriorating)** ☐
b. **Experiencing an acute episode, or a flare-up of a recurrent or chronic problem** ☐
c. **End-stage disease, 6 or fewer months to live** ☐

8. SELF-REPORTED HEALTH ☐
Ask: "In general, how would you rate your health?"
- **0** Excellent
- **1** Good
- **2** Fair
- **3** Poor
- **8** Could not (would not) respond

9. TOBACCO AND ALCOHOL

a. **Smokes tobacco daily** ☐
- **0** No
- **1** Not in last 3 days, but is usually a daily smoker
- **2** Yes

b. **Alcohol**—Highest number of drinks in any "single sitting" in LAST 14 DAYS ☐
- **0** None
- **1** 1
- **2** 2–4
- **3** 5 or more

NOTES:

SECTION K. Oral and Nutritional Status

1. HEIGHT AND WEIGHT [EXAMPLE — AUSTRALIA]
Record (a.) height in centimetres and (b.) weight in kilograms. Base weight on most recent measure in LAST 30 DAYS.

a. **HT** (cm) ☐☐☐ b. **WT** (kg) ☐☐☐

2. NUTRITIONAL ISSUES
0 No **1** Yes

a. Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS ☐
b. Dehydrated, or BUN / Cre ratio > 25 [Ratio, country specific] ☐
c. Fluid intake less than 1,000 ml per day (less than four 250 ml cups/day) ☐
d. Fluid output exceeds input ☐

3. MODE OF NUTRITIONAL INTAKE ☐
- **0 Normal**—Swallows all types of foods
- **1 Modified independent**—e.g., liquid is sipped, takes limited solid food; need for modification may be unknown
- **2 Requires diet modification to swallow solid food**—e.g., mechanical diet (puree, minced, etc.) or only able to ingest specific foods
- **3 Requires modification to swallow liquids**—e.g., thickened liquids
- **4 Can swallow only pureed solids**—AND—thickened liquids
- **5 Combined oral and parenteral or tube feeding**
- **6 Nasogastric tube feeding only**
- **7 Abdominal feeding tube**—e.g., PEG tube
- **8 Parenteral feeding only**—Includes all types of parenteral feedings, such as total parenteral nutrition (TPN)
- **9 Activity did not occur**—During entire period

4. PARENTERAL OR ENTERAL INTAKE ☐
The proportion of TOTAL CALORIES received through parenteral or tube feedings in the LAST 3 DAYS
- **0 No parenteral / enteral tube**
- **1 Parenteral / enteral tube, but no caloric intake**
- **2 1–25% of total calories through device**
- **3 26% or more of total calories through device**

5. DENTAL OR ORAL
0 No **1** Yes

a. Wears a denture (removable prosthesis) ☐
b. Has broken, fragmented, loose, or otherwise nonintact natural teeth ☐
c. Reports mouth or facial pain / discomfort ☐
d. Reports having dry mouth ☐
e. Reports difficulty chewing ☐
f. Presents with gum (soft tissue) inflammation or bleeding adjacent to natural teeth or tooth fragments ☐

NOTES:

SECTION L. Skin Condition

1. MOST SEVERE PRESSURE ULCER ☐
- **0** No pressure ulcer
- **1** Any area of persistent skin redness
- **2** Partial loss of skin layers
- **3** Deep craters in the skin
- **4** Breaks in skin exposing muscle or bone
- **5** Not codeable, e.g., necrotic eschar predominant

2. PRIOR PRESSURE ULCER ☐
0 No **1** Yes

3. PRESENCE OF SKIN ULCER OTHER THAN PRESSURE ULCER— ☐
e.g., venous ulcer, arterial ulcer, mixed venous-arterial ulcer, diabetic foot ulcer
0 No **1** Yes

ISBN: 978-1-936065-61-5

4. **MAJOR SKIN PROBLEMS**—*e.g., lesions, 2nd- or 3rd-degree burns, healing surgical wounds* ☐
   0 No **1** Yes

5. **SKIN TEARS OR CUTS**—*Other than surgery* ☐
   0 No **1** Yes

6. **OTHER SKIN CONDITIONS OR CHANGES IN SKIN CONDITION**—*e.g., bruises, rashes, itching, mottling, herpes zoster, intertrigo, eczema* ☐
   0 No **1** Yes

7. **FOOT PROBLEMS**—*e.g., bunions, hammertoes, overlapping toes, structural problems, infections, ulcers* ☐
   0 No foot problems
   1 Foot problems, no limitation in walking
   2 Foot problems limit walking
   3 Foot problems prevent walking
   4 Foot problems, does not walk for other reasons

NOTES:

SECTION M. Activity Pursuit

1. **AVERAGE TIME INVOLVED IN ACTIVITIES**—e.g., alone, in social group ☐
   [Note: When awake and not receiving treatments or ADL care]
   0 None
   1 Little—less than 1/3 of time
   2 Some—from 1/3–2/3 of time
   3 Most—more than 2/3 of time

2. **ACTIVITY PREFERENCES AND INVOLVEMENT** (Adapted to current abilities)
   0 No preference, not involved in last 3 days
   1 No preference, involved in last 3 days
   2 Preferred, not involved
   3 Preferred, regularly involved but not in last 3 days
   4 Preferred, involved in last 3 days

   a. Cards, games, or puzzles ☐
   b. Computer activity ☐
   c. Conversing or talking on the phone ☐
   d. Crafts or arts ☐
   e. Dancing ☐
   f. Discussing / reminiscing about life ☐
   g. Exercise or sports ☐
   h. Gardening or plants ☐
   i. Helping others ☐
   j. Music or singing ☐
   k. Pets ☐
   l. Reading, writing, or crossword puzzles ☐
   m. Spiritual or religious activities ☐
   n. Trips or shopping ☐
   o. Walking or wheeling outdoors ☐
   p. Watching TV or listening to radio ☐

3. **TIME ASLEEP DURING DAY** ☐
   0 Awake all or most of time (no more than one nap in the morning or afternoon)
   1 Had multiple naps
   2 Asleep most of the time, but some periods awake and alert (e.g., at meals)
   3 Largely asleep or unresponsive

NOTES:

SECTION N. Medications

1. **LIST OF ALL MEDICATIONS**
   List all active prescriptions, and any non-prescribed (over-the-counter) medications taken in the LAST 3 DAYS

   [Note: Use computerized records if possible, hand enter only when absolutely necessary.]

   For each drug record:

   a. **Name**
   b. **Dose**—A positive number such as 0.5, 5, 150, 300.
   [Note: Never write a zero by itself after a decimal point (X mg). Always use a zero before a decimal point (0.X mg).]

   c. **Unit**—Code using the following list:

gtts	(drops)	**mEq**	(milliequivalent)	**puffs**	(puffs)
gm	(grams)	**mg**	(milligrams)	**%**	(percent)
L	(litres)	**ml**	(millilitres)	**units**	(units)
mcg	(micrograms)	**oz**	(ounces)	**oth**	(other)

   d. **Route of administration**—Code using the following list:

PO	(by mouth / oral)	**REC**	(rectal)	**ET**	(enteral tube)
SL	(sublingual)	**TOP**	(topical)	**TD**	(transdermal)
IM	(intramuscular)	**IH**	(inhalation)	**EYE**	(eye)
IV	(intravenous)	**NAS**	(nasal)	**OTH**	(other)
Sub-Q	(subcutaneous)				

   e. **Frequency**—Code the number of times per day, week, or month the medication is administered using the following list:

Q1H	(every hour)	**5D**	(5 times daily)
Q2H	(every 2 hours)	**Q2D**	(every other day)
Q3H	(every 3 hours)	**Q3D**	(every 3 days)
Q4H	(every 4 hours)	**Weekly**	
Q6H	(every 6 hours)	**2W**	(2 times weekly)
Q8H	(every 8 hours)	**3W**	(3 times weekly)
Daily		**4W**	(4 times weekly)
BED	(at bedtime)	**5W**	(5 times weekly)
BID	(2 times daily; includes every 12 hrs)	**6W**	(6 times weekly)
		1M	(monthly)
TID	(3 times daily)	**2M**	(twice every month)
QID	(4 times daily)	**OTH**	(other)

   f. **PRN**
   0 No **1** Yes

   g. **Computer-entered drug code**

	a. Name	b. Dose	c. Unit	d. Route	e. Freq.	f. PRN	g. ATC or NDC code
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

   [Note: Add additional lines, as necessary, for other drugs taken]
   [Abbreviations are Country Specific for Unit, Route, Frequency]

2. **ALLERGY TO ANY DRUG** ☐
   0 No known drug allergies **1** Yes

NOTES:

ISBN: 978-1-936065-61-5

SECTION O. Treatments and Procedures

1. PREVENTION

0 No **1** Yes

a. Blood pressure measured in LAST YEAR
b. Colonoscopy test in LAST 5 YEARS
c. Dental exam in LAST YEAR
d. Eye exam in LAST YEAR
e. Hearing exam in LAST 2 YEARS
f. Influenza vaccine in LAST YEAR
g. Mammogram or breast exam in LAST 2 YEARS (for women)
h. Pneumovax vaccine in LAST 5 YEARS or after age 65

2. TREATMENTS AND PROGRAMS RECEIVED OR SCHEDULED IN THE LAST 3 DAYS (OR SINCE LAST ASSESSMENT IF LESS THAN 3 DAYS)

0 Not ordered AND did not occur
1 Ordered, not implemented
2 1–2 of last 3 days
3 Daily in last 3 days

Treatments

a. Chemotherapy
b. Dialysis
c. Infection control—e.g., isolation, quarantine
d. IV medication
e. Oxygen therapy
f. Radiation
g. Suctioning
h. Tracheostomy care
i. Transfusion
j. Ventilator or respirator
k. Wound care

Programs

l. Scheduled toileting program
m. Palliative care program
n. Turning / repositioning program

3. THERAPY / NURSING SERVICES IN LAST 7 DAYS—*e.g., therapist or therapy assistant under direction of therapist*
[Note: Count only postadmission therapies]

A. **# of days** treatment scheduled in the LAST 7 DAYS
B. **# of days** administered for **15 minutes or more**
C. **Total # of minutes** provided in LAST 7 DAYS (or *ordered* if days administered = 0 and days scheduled > 0)

	Days Scheduled A	Days Administered B	Total Minutes in Last Week C
a. Physical therapy			
b. Occupational therapy			
c. Speech-language pathology and audiology services			
d. Respiratory therapy			
e. Functional rehabilitation or walking program by licensed nurse			
f. Psychological therapy (by any licensed mental health professional)			

4. HOSPITAL AND EMERGENCY ROOM USE
Code for number of times in LAST 90 DAYS (or since last assessment if LESS THAN 90 DAYS)

a. Inpatient acute care hospital with overnight stay
b. Emergency room visit (not counting overnight stay)

5. PHYSICIAN VISITS
Number of days in LAST 14 DAYS (or since admission if less than 14 days in facility) physician examined person. Include authorized assistant or practitioner.

Enter 0 if None.

6. PHYSICIAN ORDERS
Number of days in LAST 14 DAYS (or since admission if less than 14 days in facility) physician changed person's orders. Include authorized assistant or practitioner.

Do not include order renewals without changes.

Enter 0 if None.

7. RESTRICTIVE DEVICES

0 Not used
1 Used less than daily
2 Used daily—Nights only
3 Used daily—Days only
4 Used night and days but not constant
5 Constant use for full 24 hours (may include periodic releases)

a. Full bed rails on all open sides of bed
b. Trunk restraint
c. Chair prevents rising

NOTES:

SECTION P. Responsibility and Directives

1. RESPONSIBILITY / LEGAL GUARDIAN [EXAMPLE—AUSTRALIA]

0 No **1** Yes

a. Legal guardian
b. Other legal oversight
c. Enduring power of attorney / health care
d. Enduring power of attorney / financial
e. Family member responsible

2. ADVANCE DIRECTIVES [EXAMPLE—AUSTRALIA]

0 No **1** Yes

a. Advance directives for not resuscitating
b. Advance directives for not intubating
c. Advance directives for not hospitalizing
d. Advance directives for no tube feeding
e. Advance directives for medication restrictions
f. Advance directives for other treatment restrictions
g. Advance directives for comfort measures only

NOTES:

ISBN: 978-1-936065-61-5

SECTION Q. Discharge Potential

1. DISCHARGE POTENTIAL
0 No **1** Yes

a. **Expresses / indicates preference to return to or remain in the community** ☐
b. **Has a support person who is positive toward discharge or maintaining residence in community** ☐
c. **Has housing available in community** ☐

2. HOW LONG PERSON IS EXPECTED TO STAY IN THE CURRENT SETTING OR UNDER THE CARE OF THIS SERVICE PRIOR TO DISCHARGE TO COMMUNITY (count from assessment reference date, including that day) ☐

0 1–7 days
1 8–14 days
2 15–30 days
3 31–90 days
4 91 or more days
5 Discharge to community not expected

NOTES:

SECTION R. Discharge

[Note: Complete Section R at Discharge only]

1. LAST DAY OF STAY

☐☐ — ☐☐ — 2 0 ☐☐
Day Month Year

2. RESIDENTIAL / LIVING STATUS AFTER DISCHARGE [EXAMPLE — AUSTRALIA] ☐☐

1 Private residence—owned / purchasing
– Client owns / is purchasing
– Family member or related person owns / is purchasing
2 Private residence—private rental
3 Private residence—public rental or community housing; indigenous community / settlement
4 Independent living within a retirement village
5 Boarding house / rooming house / private hostel
6 Supported community accommodation
7 Short-term crisis, emergency, or transitional accommodation
8 Mental health residence—e.g., psychiatric group home
9 Group home for persons with physical disability
10 Setting for persons with intellectual disability
11 Residential aged care service—low-level care
12 Residential aged care service—high-level care
13 Acute care hospital
14 Hospice facility / palliative care unit
15 Rehabilitation hospital / unit
16 Psychiatric hospital or unit
17 Correctional facility
18 Public place / temporary shelter
19 Other
20 Deceased

3. SCHEDULED TO RECEIVE HOME CARE SERVICES AT DISCHARGE ☐
0 No **1** Yes

NOTES:

SECTION S. Assessment Information

SIGNATURE OF PERSON COORDINATING / COMPLETING THE ASSESSMENT

1. Signature (sign on above line)

2. Date assessment signed as complete

☐☐ — ☐☐ — 2 0 ☐☐
Day Month Year

NOTES:

ISBN: 978-1-936065-61-5

Printed in Australia
250234AU00001B/1/P