Section GG: Three-day Performance Data-Collection Tool for OBRA Assessments

Resident Name: _____

Medical Record Number: _____

Document the resident's performance during the three-day performance window for each activity using the scoring system below. Write each code in the corresponding white boxes (example below) and initial in the colored boxes.

EXAMPLE

AM		PM		NOC	
01	JM	05	TD	03	KO

SCORING

Safety & quality of performance: If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

01 Dependent: Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

02 Substantial/maximal assistance: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

03 Partial/moderate assistance: Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

04 Supervision or touching assistance: Helper provides verbal cues or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

05 Setup or clean-up assistance: Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

06 Independent: Resident completes the activity by him/herself with no assistance from a helper.

07 Resident refused

09 Not applicable: Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.

10 Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88 Not attempted due to medicalcondition or safety concerns

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		Assessment Reference Date (ARD):																			
		Day 1:						Day 2:						Day 3:						Usual Performance Score	
		AM		PM		NOC		AM		PM		NOC		AM		PM		NOC			
Self Care GG0130	Eating																				
	Oral hygiene																				
	Toilet hygiene																				
	Shower/bathe self																				
	Upper body dressing																				
	Lower body dressing																				
	Putting on/taking off footwear																				
Mobility GG0170	Roll left and right																				
	Sit to lying																				
	Lying to sitting on side of bed																				
	Sit to stand																				
	Chair/bed-to-chair transfer																				
	Toilet transfer																				
	Car transfer																				
	Walk 10 ft.																				
	Walk 50 ft. with 2 turns																				
	Walk 150 ft.																				
	Walk 10 feet on uneven surfaces																				
	1 step (curb)																				
	4 steps																				
	12 steps																				
	Picking up object																				
	Wheel 50 ft. with 2 turns																				
	Wheel 150 ft.																				

DEFINITIONS: *Self Care*

Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.

Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.

Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.

Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.

Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

DEFINITIONS: *Mobility*

Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.

Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).

Toilet transfer: The ability to get on and off a toilet or commode.

Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If this activity was not attempted, skip remaining walking items.

Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.

Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

1 step (curb): The ability to go up and down a curb and/or up and down one step.If this activity was not attempt, skip remaining step items.

4 steps: The ability to go up and down four steps with or without a rail.

12 steps: The ability to go up and down 12 steps with or without a rail.

Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

Wheel 50 feet with two turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.

Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.

NOTES: _____

SIGNATURES:

☐ _____ ☐ _____ ☐ _____

☐ _____ ☐ _____ ☐ _____

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