

Affix Patient Label

**For use if:**

- Patient over 65 *and*
- Patient admitted to GIM

**Baseline Functional Assessment Tool**

Prior to this illness or injury, please check (  ) the box that best describes your usual ability to complete the following activities.

Activity	Usual Ability	Activity	Usual Ability
Eating	<input type="checkbox"/> No help required <input type="checkbox"/> Eats with set up help (e.g. cut food, open containers, cuing) <input type="checkbox"/> Requires some help (physical) <input type="checkbox"/> Requires total help	Bladder	<input type="checkbox"/> Full control of bladder <input type="checkbox"/> Experiences some dribbling/leaking (may use pad/protective garment) <input type="checkbox"/> No control of bladder (requires pad/protective garment)
Bathing	<input type="checkbox"/> No help required <input type="checkbox"/> Bathes self with help (e.g. set-up, supervision) <input type="checkbox"/> Requires some help (physical) <input type="checkbox"/> Requires total help	Bowel	<input type="checkbox"/> Full control of bowels <input type="checkbox"/> Experiences occasional accidents <input type="checkbox"/> No control of bowel (requires protective garment)
Grooming (brushing teeth, shaving, combing hair, clipping nails)	<input type="checkbox"/> No help required <input type="checkbox"/> Grooms self with help (e.g. set-up, cuing) <input type="checkbox"/> Requires some help (physical) <input type="checkbox"/> Requires total help	Toileting (transferring, wiping, dressing)	<input type="checkbox"/> No help required <input type="checkbox"/> Toilets self with help (e.g. supervision, reminders) <input type="checkbox"/> Requires some help (physical) <input type="checkbox"/> Requires total help (and/or uses pad/protective garment)
Dressing (buttons, zippers, laces, taking on/off clothes)	<input type="checkbox"/> No help required <input type="checkbox"/> Dresses self with help (e.g. set-up, supervision) <input type="checkbox"/> Requires some help (physical) <input type="checkbox"/> Requires total help (100% help)		

Please see reverse

Activity	Usual Ability	Activity	Usual Ability
Mobility (Please check all that apply)	<p><b>Transfers (in/out of bed or chair):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No help required</li> <li><input type="checkbox"/> Supervision</li> <li><input type="checkbox"/> Physical help required:               <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 person required</li> <li><input type="checkbox"/> 2 persons required</li> <li><input type="checkbox"/> Requires total help and/or mechanical lift</li> </ul> </li> </ul> <p><b>Mobility device:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> Cane</li> <li><input type="checkbox"/> Walker</li> <li><input type="checkbox"/> Wheelchair</li> </ul> <p><b>Ambulation:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Can walk short distance</li> <li><input type="checkbox"/> Can walk long distance</li> </ul> <p><b>Stairs:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No help required</li> <li><input type="checkbox"/> Requires supervision</li> <li><input type="checkbox"/> Requires some help (physical help)</li> <li><input type="checkbox"/> Unable to use stairs</li> <li><input type="checkbox"/> Uses stair lift</li> </ul>	Mental Status	<p><b>Orientation to Time</b></p> <ul style="list-style-type: none"> <li>.. Always knows the date</li> <li>.. Sometimes knows the date</li> <li>.. Never knows the date</li> </ul> <p><b>Orientation to Place</b></p> <ul style="list-style-type: none"> <li>.. Always knows where he/she is</li> <li>.. Sometimes knows where he/she is</li> <li>.. Never knows where he/she is</li> </ul> <p><b>Memory</b></p> <ul style="list-style-type: none"> <li>.. No memory problems</li> <li>.. Has trouble remembering recent events, but has a good memory for the past</li> <li>.. Has trouble remembering recent and past events</li> </ul> <p><b>Language/Communication</b></p> <ul style="list-style-type: none"> <li>.. Is generally able to communicate needs and ideas clearly</li> <li>.. Has some difficulty communicating needs or ideas clearly</li> <li>.. Generally has substantial difficulty communicating verbally</li> </ul>

Completed by \_\_\_\_\_ Date \_\_\_\_\_