

Section GG: Prior Functioning and Admission Performance Data-Collection Tool



Resident Name: _____

Medical Record Number: _____

Medicare Start Date: _____

INSTRUCTIONS

Using the scale and definitions below, enter the resident's self-performance for each of the items. A discharge goal must be set for at least one of the items. There must be a care plan for the listed goal in order to enter the goal onto the assessment.

Prior Functioning Everyday Activities Before the Current Illness, Exacerbation, or Injury					
	Circle Assistance Needed:		Circle Assistance Needed:		
Self-care (bathing, dressing, using the toilet, or eating)	Independent	Needed some help	Stairs (internal or external stairs, with or without a device such as cane, crutch, or walker)	Independent	Needed some help
	Dependent	Unknown	Not applicable	Dependent	Unknown
				Not applicable	
Indoor mobility (Ambulation) (walking from room to room with or without a device such as cane, crutch, or walker)	Independent	Needed some help	Functional cognition (planning regular tasks, such as shopping or remembering to take medication)	Independent	Needed some help
	Dependent	Unknown	Not applicable	Dependent	Unknown
				Not applicable	
Prior Device Use					
Check all devices and aids used by the resident prior to the current illness, exacerbation, or injury:	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Motorized wheelchair and/or scooter	<input type="checkbox"/> Mechanical lift		
	<input type="checkbox"/> Walker	<input type="checkbox"/> Orthotics/Prosthetics	<input type="checkbox"/> None of the above		

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 medical condition or safety concerns

Self-Performance	Discharge Goal	Self-Care Item	Documentation
		A. 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.	
		B. 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.	
		C. 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.	
		E. 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.	
		F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.	
		G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.	
		H. 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.	
		Mobility Item	
		A. 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.	
		B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	
		C. 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.	

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Self-Performance	Discharge Goal	Mobility Item	Documentation
		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	
		E. Chair/chair-to-bed transfer: The ability to transfer to and from a bed to a chair (or wheelchair).	
		F. Toilet transfer: The ability to get on and off a toilet or commode.	
		G. 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.	
		I. Walk 10 ft.: Once standing, the ability to walk at least 10 ft. in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88: skip to GG0170M, 1 step (curb).	
		J. Walk 50 ft. with 2 turns: Once standing, the ability to walk at least 50 ft. and make 2 turns.	
		K. Walk 150 ft.: Once standing, the ability to walk at least 150 ft. in a corridor or similar space.	
		L. Walking 10 ft. on uneven surfaces: The ability to walk 10 ft. on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.	
		M. 1 step (curb): The ability to go up and down a curb and/or up and down 1 step. If admission performance is coded 07, 09, 10, or 88: skip to GG0170P, Picking up object.	
		N. 4 steps: The ability to go up and down 4 steps with or without a rail.	
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.	
		P. 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.	
		Q1. Does the resident use a wheelchair and/or scooter? If no, skip to GG0130, Self Care (Discharge). If yes, continue to GG0170R, Wheel 50 ft. with 2 turns.	
		R. Wheel 50 ft. with 2 turns: Once seated in a wheelchair/scooter, the ability to wheel at least 50 ft. and make 2 turns.	
		RR1. 1. Manual	
		RR1. 2. Motorized	
		S. Wheel 150 ft.: Once seated in wheelchair/scooter, the ability to wheel at least 150 ft. in a corridor or similar space.	
		SS1. 1. Manual	
		SS1. 2. Motorized	

Signature: _____ Date: _____

Signature: _____ Date: _____

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