



**Sample**

**Case Mix ADL Data Tracking Tool by “Shift”  
Full Signature Sheet**

<b>Int.</b>	<b>Signature</b>	<b>Int.</b>	<b>Signature</b>



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## ADL Tracking Tool by Shift

Self-Performance Key	
0.	<b>Independent</b> – No help or staff oversight on this shift
1.	<b>Supervision</b> – Oversight, encouragement, or cueing provided on this shift <i>EX: Verbally cue resident to eat slowly; verbally remind resident to turn; supervise (watch) resident transfer from bed to wheelchair and remind resident to hold on to chair and sit down slowly</i>
2.	<b>Limited Assistance</b> – Resident highly involved in activity; staff provided physical help in guided maneuvering of limbs or other non weight-bearing assistance on this shift <i>EX: guide resident’s hand to place food in mouth; help resident place hands on side rail to turn in bed; assist resident to button shirt or pull up pants</i>
3.	<b>Extensive Assistance</b> – Resident performed part of activity but staff provided weight-bearing support OR Resident performed part of activity and staff provided total assistance with part but not all of activity on this shift <i>EX: physically lift and reposition toward head of bed, while resident is able to assist by bending knees and pushing with legs; partially physically lift and support resident during transfer; physically support resident’s hand to place food in mouth; resident dresses self except staff must put TED hose and shoes on resident</i>
4.	<b>Total Dependence</b> - Resident did not perform any part of activity on this shift <i>EX: physically lift and transfer to chair – resident unable to participate at all; feed resident – resident unable to participate at all</i>
8.	<b>Activity Did Not Occur</b> - Activity did not occur at all on this shift <i>EX: Transfer – resident was not transferred out of bed on this shift</i> <i>Note: The code of “8” is rarely used for bed mobility, toileting or eating</i>

Support Provided Key	
0.	<b>No Setup or Physical Help from Staff</b>
1.	<b>Setup Help Only</b> – The resident is provided with materials or devices necessary to perform the activity of daily living independently. <i>EX: Bed Mobility – hand resident the bar on a trapeze, apply side rails</i> <i>Transfers – give resident a transfer board or lock wheels on wheelchair</i> <i>Toilet use – hand resident a bedpan or place articles to change ostomy in reach</i> <i>Eating – cut meat, open containers at meals, give food one category at a time</i>
2.	<b>One Person Physical Assist</b>
3.	<b>Two+ Persons Physical Assist</b>
8.	<b>ADL Activity Itself Did Not Occur</b> – When an “8” code is entered for an ADL Support Provided category, enter an “8” code for ADL Self-Performance in the same category.

Month: _____	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Year: _____							
Day							



		Bed Mobility-How resident moves to and from lying position, turns side to side, and positions body while in bed.						
<b>Self Perform/Support Provided</b>	N	/	/	/	/	/	/	/
	D	/	/	/	/	/	/	/
	E	/	/	/	/	/	/	/



		Transfer-How resident moves between surfaces-to/from bed, chair, wheelchair, standing position (Excludes to/from bath/toilet).						
<b>Self Perform/Support Provided</b>	N	/	/	/	/	/	/	/
	D	/	/	/	/	/	/	/
	E	/	/	/	/	/	/	/



		Eating-How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (tube feeding, total parenteral nutrition).						
<b>Self Perform/Support Provided</b>	N	/	/	/	/	/	/	/
	D	/	/	/	/	/	/	/
	E	/	/	/	/	/	/	/



		Toilet Use-How resident uses the toilet room (commode, bedpan, or urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.						
<b>Self Perform/Support Provided</b>	N	/	/	/	/	/	/	/
	D	/	/	/	/	/	/	/
	E	/	/	/	/	/	/	/

<b>Initials</b>	N/D/E	/ /	/ /	/ /	/ /	/ /	/ /	/ /
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*Full signatures required to authenticate initials.*

<b>Resident Name</b>	<b>Medical Record Number</b>	<b>Room Number</b>

**Sample**

**ADL Tracking Tool by Shift  
Full Signature Sheet**

<b>Initials</b>	<b>Signature</b>	<b>Initials</b>	<b>Signature</b>