# Sample Documentation Form

<table>
<thead>
<tr>
<th>Resident’s Name</th>
<th>Room #</th>
<th>Date</th>
<th>Hours</th>
<th>Charting Areas</th>
<th>Self Performance</th>
<th>Support</th>
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<tbody>
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<td>Bed Mobility</td>
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<td>Transfers</td>
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<td>Walk in room</td>
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<td>Walk in hall</td>
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<td>Locomotion in unit</td>
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<td>Locomotion off unit</td>
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<td>Dressing</td>
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<td>Toilet use</td>
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<td>Personal hygiene</td>
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<td>Bathing</td>
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<td></td>
<td>Bathing (type)</td>
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</tbody>
</table>

## Key: ADL’s

- **Self Performance**
  - I=Independent
  - S=Supervision
  - L=Limited Assist
  - E=Extensive Assist
  - D=Total Dependence
  - NO=Activity did not occur

- **Support**
  - D=No staff support
  - S=Set up help only
  - 1=One person assist
  - 2+=2 or more staff assist
  - NO=Activity did not occur

- **Meal Percentages**
  - 0%
  - 25%
  - 50%
  - 75%
  - 100%
  - OF=Out of facility
  - TF=Tube fed

## Breakfast %

## Lunch %

## Dinner %

## PM Snack %

## BM (yes or no)

## Type: (S=Small, M=Medium, L=Large, XL=Extra Large, D=Diarrhea)

## BM (C= Continent, I=Incontinent, O=Ostomy)

## Urinary Output (yes or no)

## If NO urinary output, was licensed nurse notified? (yes or no)

## Urinary Output (C= Continent, I=Incontinent, F=Catheter)

Revised 04/05
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### Charting Areas

- Negative Statements
- Repetitive Questions
- Repetitive Verbalizations
- Persistent Anger
- Self Depreciation
- Unrealistic Fears
- Feeling Something Terrible is Going to Happen
- Repetitive Health Complaints
- Repetitive Anxious Concerns / Complaints not health related.
- Wandering
- Location of Wandering (please explain) *
- Easily Altered
- Verbally Abusive
- Type of Verbal Abuse (explain) *
- Easily Altered
- Was licensed nurse notified?
- Physically Abusive
- Type of physical abuse (explain) *
- Easily Altered?
- Was licensed nurse notified?
- Socially Inappropriate behavior
- Type of inappropriate behavior (explain) *
- Easily Altered?
- Resists Care
- Type of care resisted (explain) *
- Easily Altered?
- Unpleasant mood in the morning
- Insomnia / change in sleep pattern
- Sad, pained or worried expression
- Crying / Tearfulness
- Repetitive physical movement
- Withdrawal from activities of interest
- Reduced social interaction

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**NA Student Signature** ________________________________  
**Date** __________  

**Instructor’s Signature** ________________________________  
**Date** __________  

This form must be completed and returned to staff 1 hour before shift ends or as directed by the instructor.  
Review this document with the NA Student before it is given to staff.  
Revised 04/05

### Explanation of Above (*):

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________