<table>
<thead>
<tr>
<th>CNA Observations</th>
<th>Side 2 of 2</th>
<th>DATE</th>
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**BLADDER**
1. CONTINENT  
2. INCONTINENT  
3. CATHETER  
4. CATHETER LEAKAGE  
5. BATHROOM  
6. BED PAN/URINAL  
7. BEDSIDE COMMODE  
8. PADS/BRIEFS

<table>
<thead>
<tr>
<th>1. CONTINENT</th>
<th>5. BATHROOM</th>
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<tr>
<td>2. INCONTINENT</td>
<td>6. BED PAN/URINAL</td>
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<td>3. CATHETER</td>
<td>7. BEDSIDE COMMODE</td>
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<td>8. PADS/BRIEFS</td>
</tr>
<tr>
<td>7-3</td>
<td>3-11</td>
</tr>
<tr>
<td>11-7</td>
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**% DIETARY INTAKE**

Ate at least 75% of chosen meal
Chart Y for yes or N for no
If less than 50% of meal eaten provide substitute

<table>
<thead>
<tr>
<th>BRKFST</th>
<th>LUNCH</th>
<th>DINNER</th>
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<tbody>
<tr>
<td>7-3</td>
<td>3-11</td>
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</table>

**COGNITIVE/MOOD/BEHAVIOR**

<table>
<thead>
<tr>
<th>1. SAD/WORRIED EXPRESSION</th>
<th>2. CRYING/TEARFULNESS</th>
<th>3. DIFFICULTY SLEEPING</th>
<th>4. MEMORY PROBLEMS</th>
<th>5. DIFF. EXPRESSING OR UNDRSTNG</th>
<th>6. YELLS OUT / HITS @ STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-3</td>
<td>3-11</td>
<td></td>
<td></td>
<td></td>
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<tr>
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**INITIALS**

<table>
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<th>INITIALS</th>
<th>SIGNATURE</th>
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**SIGNATURE**

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</table>

**Resident Name:**

**Room #:**

---

**RB Health Partners, Inc. - robinbleier@yahoo.com**

**Form 034-07/06**
## Resident ADL Flow Record

### ACTIVITY

<table>
<thead>
<tr>
<th>Self Performance</th>
<th>Support Provided</th>
<th>DATE</th>
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<tbody>
<tr>
<td>4. Totally Dependent</td>
<td>3. Two Person Assist</td>
<td>7-3</td>
</tr>
<tr>
<td>3. Extensive Assist</td>
<td>2. One Person Assist</td>
<td>3-11</td>
</tr>
<tr>
<td>2. Limited Assist</td>
<td>1. Set - up</td>
<td>11-7</td>
</tr>
<tr>
<td>1. Supervision</td>
<td>0. No Set - up</td>
<td></td>
</tr>
<tr>
<td>0. Independent</td>
<td>8. Did Not Occur</td>
<td></td>
</tr>
<tr>
<td>8. Did Not Occur</td>
<td></td>
<td></td>
</tr>
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### TRANSFERS

<table>
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<tr>
<th>Self Performance</th>
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<tbody>
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<tr>
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</tr>
<tr>
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### TOILETING

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<tr>
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<td></td>
</tr>
<tr>
<td>8. Did Not Occur</td>
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</table>

### EATING

<table>
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<tr>
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<td>B</td>
</tr>
<tr>
<td>3. Extensive Assist</td>
<td>2. One Person Assist</td>
<td>L</td>
</tr>
<tr>
<td>2. Limited Assist</td>
<td>1. Set - up</td>
<td>D</td>
</tr>
<tr>
<td>1. Supervision</td>
<td>0. No Set - up</td>
<td></td>
</tr>
<tr>
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### AMBULATION

<table>
<thead>
<tr>
<th>Ambulation: Chart applicable numbers</th>
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<tbody>
<tr>
<td>7-3</td>
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<tr>
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