

CNA Observations	Side 2 of 2	DATE																		
BLADDER 1-4 IN THE TOP BOX 5-8 IN THE BOTTOM																				
1. CONTINENT 5. BATHROOM 2. INCONTINENT 6. BED PAN/URINAL 3. CATHETER 7. BEDSIDE COMMODORE 4. CATHETER LEAKAGE 8.PADS/BRIEFS	7-3	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	3-11	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	11-7	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
% 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		Brkfst																		
		Lunch																		
		Dinner																		
COGNITIVE/MOOD/BEHAVIOR CHART APPLICABLE #s																				
1. SAD/WORRIED EXPRESSION 2. CRYING/TEARFULNESS 3. DIFFICULTY SLEEPING 4. MEMORY PROBLEMS 5. DIFF. EXPRESSING OR UNDRSTNG 6. YELLS OUT / HITS @ STAFF	7-3	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	3-11	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
	11-7	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	

Resident Name: _____ **Room #:** _____

ACTIVITY		Chart Self Perf. In top box Support given in Lower box	DATE																	
BED MOBILITY																				
How the resident moves to and from a lying position, turns side to side, and positions body while in bed.																				
<i>Self Performance</i>		<i>Support Provided</i>		7-3	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
4. Totally Dependent		3. Two Person Assist																		
3. Extensive Assist		2. One Person Assist		3-11	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
2. Limited Assist		1. Set - up																		
1. Supervision		0. No Set - up		11-7	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
0. Independent		8. Did Not Occur																		
8. Did Not Occur																				
TRANSFERS																				
How the resident moves to and from bed, chair, wheelchair, standing																				
<i>Self Performance</i>		<i>Support Provided</i>		7-3	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
4. Totally Dependent		3. Two Person Assist																		
3. Extensive Assist		2. One Person Assist		3-11	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
2. Limited Assist		1. Set - up																		
1. Supervision		0. No Set - up		11-7	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
0. Independent		8. Did Not Occur																		
8. Did Not Occur																				
TOILETING																				
How the resident uses the toilet room/commode/bedpan/urinal.																				
<i>Self Performance</i>		<i>Support Provided</i>		7-3	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
4. Totally Dependent		3. Two Person Assist																		
3. Extensive Assist		2. One Person Assist		3-11	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
2. Limited Assist		1. Set - up																		
1. Supervision		0. No Set - up		11-7	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
0. Independent		8. Did Not Occur																		
8. Did Not Occur																				
EATING																				
How the resident eats/drinks (includes G-tube and TPN).																				
<i>Self Performance</i>		<i>Support Provided</i>		B	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
4. Totally Dependent		3. Two Person Assist																		
3. Extensive Assist		2. One Person Assist		L	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
2. Limited Assist		1. Set - up																		
1. Supervision		0. No Set - up		D	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
0. Independent		8. Did Not Occur																		
8. Did Not Occur																				
Ambulation: Chart applicable numbers				7-3																
1. Walk in Room																				
2. Walk in hallway				3-11																
3. Requires Cane or walker																				
4. Requires staff asst of one.				11-7																
5. Require staff asst of two																				