

Month: _____ Year: _____

CNA/STNA FUNCTIONAL ABILITIES FLOW SHEET

DIRECTIONS: 1. Record the resident's self-care status based on their ability and the amount of assistance you provide. Use the charts below for the appropriate code for the resident during your shift. 2. Allow resident to perform activities as independently as possible, as long as resident is safe. Activities may be completed with or without assistive device(s). 3. Code according to usual performance, not the worst or the best, for the resident. 4. Consider only facility staff when scoring amount of assistance provided. A helper is a member of the staff or facility-contracted employee. Do not consider assistance provided by individuals that are not facility staff or facility-contracted which includes hospice staff, nursing or nursing assistant students. 5. Record NA if care not done that shift.

CODING SAFETY AND QUALITY OF PERFORMANCE: (Code 01, 02, 03, 04, 05, or 06)															IF ACTIVITY WAS NOT ATTEMPTED, CODE REASON				
06 – Independent – Resident completes the activity by themselves with no assistance from a helper. 05 – Setup or clean-up assistance – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.	04 – Supervision or touching assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.	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. 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. 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.						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-CARE DEFINITIONS			DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
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.			DAY																
			EVE																
			NOC																
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.			DAY																
			EVE																
			NOC																
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.			DAY																
			EVE																
			NOC																
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.			DAY																
			EVE																
			NOC																
F. UPPER BODY DRESSING The ability to dress and undress above the waist; including fasteners, if applicable.			DAY																
			EVE																
			NOC																
G. LOWER BODY DRESSING The ability to dress and undress below the waist, including fasteners; does not include footwear.			DAY																
			EVE																
			NOC																
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.			DAY																
			EVE																
			NOC																
I. PERSONAL HYGIENE The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).			DAY																
			EVE																
			NOC																
FF. TUB/SHOWER TRANSFER The ability to get in and out of a tub/shower.			DAY																
			EVE																
			NOC																
CNA/STNA INITIALS			DAY																
			EVE																
			NOC																

Initials	Print Name	Initials	Print Name	Initials	Print Name	Initials	Print Name

NAME—Last

First

Middle

Attending Physician

Record No.










Room/Bed

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SELF-CARE DEFINITIONS	DAY	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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CNA/STNA INITIALS	DAY																
	EVE																
	NOC																

Initials	Print Name	Initials	Print Name	Initials	Print Name	Initials	Print Name

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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