BOSTON UNIVERSITY AM-PAC

Patient Name: _____ Room #: _____
Diagnosis: _____ Therapist: _____

PURPOSE:
Measure for developing functional benchmarks and examining functional outcomes over an episode of post acute care.

EQUIPMENT:
None

INSTRUCTIONS:
Completed by having the patient answer the question or complete the activity.

SCORING:
Two separate tests:

- **Basic Mobility Inpatient Short Form** Max Score: 24
- **Daily Activity Inpatient Short Form** Max Score: 24

Scored from 0-4. Higher scores indicate better performance.

Please check the box that reflects the patient's best answer to each question.

BASIC MOBILITY INPATIENT SHORT FORM

How much difficulty does patient currently have….	**Unable**	**A lot**	**A Little**	**None**
1. Turning over in bed (including adjusting bed clothes, sheets and blankets)?	□1	□2	□3	□4
2. Sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode etc.)	□1	□2	□3	□4
3. Moving from lying on back to sitting on the side of the bed?	□1	□2	□3	□4
How much help from another person does patient currently need….	**Unable**	**A lot**	**A Little**	**None**
4. Moving to and from a bed to a chair (including a wheelchair)?	□1	□2	□3	□4
5. Need to walk in room?	□1	□2	□3	□4
6. Climbing 3-5 steps with a railing?	□1	□2	□3	□4
	Raw Score: ____/ 24			

DAILY ACTIVITY INPATIENT SHORT FORM

How much help from another person does the patient currently need…	**Unable**	**A lot**	**A Little**	**None**
1. Putting on and taking off regular lower body clothing?	□1	□2	□3	□4
2. Bathing (including washing, rinsing, drying?	□1	□2	□3	□4
3. Toileting, which includes using toilet, bedpan or urinal?	□1	□2	□3	□4
4. Putting on and taking off regular upper body clothing?	□1	□2	□3	□4
5. Taking care of personal grooming such as brushing teeth?	□1	□2	□3	□4
6. Eating Meals?	□1	□2	□3	□4
	Raw Score: ____/ 24			