Resident Name: **Month and Year:**

CNA Accountability Form

	Activity	Usual Performance (based on Care Plan)	Shift	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Self-Care	Eating		7-3																															
			3-11																															
			11-7																															
	Oral Hygiene		7-3																															
			3-11																															
			11-7																															
	Toilet Hygiene		7-3																															
			3-11																															
			11-7																															
	Shower/ bathe self		7-3																															
			3-11																															
			11-7																															
	Upper body dressing		7-3																															
			3-11																															
			11-7																															
	Lower body dressing		7-3																															
			3-11																															
			11-7																															
	Putting on/taking off footwear		7-3																															
			3-11																															
			11-7																															
	Personal Hygiene		7-3																															
			3-11																															
			11-7																															

Initials/Name Initials/Name Initials/Name

01 DEPENDENT: Helper does all the effort or the assistance of 2 or more helper is required to complete the activity.
02 MAX ASSIST: Helper does MORE THAN HALF the effort.
03 MODERATE ASSIST: Helper does LESS THAN HALF the effort.
04 SUPERVISION/TOUCHING ASSIST: Helper provides verbal cues or contact guard assist.
05 SET-UP OR CLEAN-UP ASSIST: Helper sets up or cleans up; resident completes the activity.
06 INDEPENDENT: No assistance from a helper.
07 RESIDENT REFUSED
09 NOT APPLICABLE
10 NOT ATTEMPTED DUE TO ENVIRONMENTAL LIMITATIONS
88 NOT ATTEMPTED DUE TO MEDICAL CONDITION OR SAFETY CONCERNS

Kindly notify the nurse when the level of performance changes

	Activity	Usual Performance (based on Care Plan)	Shift	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Mobility	Roll Left and Right		7-3																															
			3-11																															
			11-7																															
	Sit to Lying		7-3																															
			3-11																															
			11-7																															
	Lying to Siting on Side of Bed		7-3																															
			3-11																															
			11-7																															
	Sit to Stand		7-3																															
			3-11																															
			11-7																															
	Chair/Bed-to-Chair Transfer		7-3																															
			3-11																															
			11-7																															
	Toilet Transfer		7-3																															
			3-11																															
			11-7																															
	Tub/Shower Transfer		7-3																															
			3-11																															
			11-7																															
	Walk 10 ft		7-3																															
			3-11																															
			11-7																															
	Walk 50 ft with 2 turns		7-3																															
			3-11																															
			11-7																															
	Walk 150 ft		7-3																															
			3-11																															
			11-7																															
	Wheel 50 ft with 2 turns		7-3																															
			3-11																															
			11-7																															
	Wheel 150 ft		7-3																															
			3-11																															
			11-7																															

Resident Name: **Month and Year:**

CNA Accountability Form

Kindly notify the nurse when the level of performance changes