SECTION GG IDT COLLABORATIVE WORKSHEET

RESIDENT NAME _____ ADMISSION DATE _____ ARD _____

TYPE OF ASSESSMENT: ☐ **5-DAY** ☐ **IPA** ☐ **END OF PPS** ☐ **DISCHARGE** ☐ **ADMISSION** ☐ **QUARTERLY** ☐ **ANNUAL** ☐ **SIGNIFICANT CHANGE**
(Check all that apply)

	GG ITEMS	DAY 1: ☐Nurse Direct Observation ☐Interview Direct Care Staff ☐7-3 ☐3-11 ☐11-7 ☐Interview Resident/Family ☐PT Eval/Direct Observation ☐OT Eval/Direct Observation ☐ST Eval/Direct Observation	DAY 2: ☐Nurse Direct Observation ☐Interview Direct Care Staff ☐7-3 ☐3-11 ☐11-7 ☐Interview Resident/Family ☐PT Eval/Direct Observation ☐OT Eval/Direct Observation ☐ST Eval/Direct Observation	DAY 3 ☐Nurse Direct Observation ☐Interview Direct Care Staff ☐7-3 ☐3-11 ☐11-7 ☐Interview Resident/Family ☐PT Eval/Direct Observation ☐OT Eval/Direct Observation ☐ST Eval/Direct Observation	**Usual Performance** (Codes based on reconciliation of information from 3-day assessment window)	D/C GOAL(S) (Med A only)
	GG0130					
SELF-CARE A.	Eating PT/OT, NSG, QRP					
B.	Oral Hygiene PT/OT, QRP					
C.	Toilet Hygiene PT/OT, NSG, QRP					
E.	Shower/ Bathe Self					
F.	Upper Body Dressing					
G.	Lower Body Dressing					
H.	Putting on/ Taking off Footwear					
I.	Personal Hygiene					
	GG0170					
MOBILITY A.	Roll left and right QRP					
B.	Sit to Lying PT/OT, NSG					
C.	Lying to Sitting on Side of Bed PT/OT, NSG, QRP					
D.	Sit to Stand PT/OT, NSG, QRP					
E.	Chair/Bed-Chair Transfer					
F.	Toilet Transfer PT/OT, NSG, QRP					
FF.	Tub/Shower Transfer					
G.	Car Transfer					
I.	Walk 10 ft QRP					
J.	Walk 50ft +2 turns PT/OT, NSG					
K.	Walk 150 ft PT/OT					
L.	Walk 10ft uneven surfaces					
M.	1 step curb					
N.	4 steps					
O.	12 steps					
P.	Picking up object					
R.	Wheel 50 ft+2 turns QRP					
S.	Wheel 150 ft					
	Clinician Signature:					
	Clinician Signature:					
	Clinician Signature:					

We, the undersigned, attest to the accuracy of this information – in accordance with the most up-to-date RAI MDS 3.0 Coding Instructions. The codes in the fourth column represent the resident's "Usual Performance" based on the interdisciplinary collaboration by qualified clinicians and assessment of the resident's functional tatus during the three-day assessment period (as indicated above).

_____ Printed Name, Credentials, Signature

_____ Printed Name, Credentials, Signature

_____ Printed Name, Credentials, Signature

_____ Printed Name, Credentials, Signature

_____ Printed Name, Credentials, Signature

_____ Printed Name, Credentials, Signature