

**eAppendix.**

Continuing Care Activity Measure (CCAM) Scoring Sheet and Short Key<sup>a</sup>

Function:	Date:
1. Rolling from supine to side lying (right)	
2. Rolling from supine to side lying (left)	
3. Moving up in bed (reposition)	
4. Lying to sitting	
5. Sitting to lying	
6. Sitting at the bedside (feet supported)	
7. Sitting ability (seating needs)	
8. Reposition in wheelchair/lounge chair	
9. Supported sitting duration	
10. Sitting to standing	
11. Transfer (bed/wheelchair)	
12. Ambulation	
13. Ambulation distance (indoors)	
14. Wheelchair mobility (indoors)	
15. Upper extremity function (right)	
16. Upper extremity function (left)	
<b>Total Score (16–112)</b>	

Walking device used: \_\_\_\_\_

Wheelchair: power  manual

Therapist Signature: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

*(Continued)*

## Validity and Reliability of the Continuing Care Activity Measure

### eAppendix.

Continued

<b>1 &amp; 2 ROLLING RIGHT/LEFT</b>	<b>10 SITTING TO STANDING</b>
1 = Total assist/one person maximum 2 = One person moderate 3 = One person minimum 4 = Supervision/verbal cue 5 = Independent with device 6 = Independent, no device, slow 7 = Independent, no device, timely	1 = Total assist (no weight bearing) 2 = Two people/one person maximum 3 = One person moderate 4 = One person minimal 5 = Supervision/verbal cue, stands 30 seconds 6 = Independent with device, slow, stands 30 seconds 7 = Independent, no device, slow, stands 30 seconds
<b>3 MOVING UP IN BED 4 &amp; 5 LYING-SITTING &amp; SITTING-LYING</b>	<b>11 TRANSFER</b>
1 = Total assist 2 = One person maximum 3 = One person moderate 4 = One person minimum 5 = Supervision/verbal cue 6 = Independent with device, slow 7 = Independent, no device, slow	1 = Mechanical/assisted lift 2 = Two people, client bears weight 3 = One person maximum or moderate with standby assist 4 = One person moderate 5 = One person minimum 6 = Set up chair 7 = Supervision/verbal cue
<b>6 SITTING AT THE BEDSIDE</b>	<b>12 AMBULATION (± device)</b>
1 = Unable 2 = Assistance or ≤30 seconds 3 = ≤2 min (transfer), supervision allowed 4 = ≤5 min (washing), supervision allowed 5 = ≤10 min (dressing), supervision allowed 6 = ≤15 min (eating meal), independent 7 = >15 min, independent	1 = Non-ambulatory 2 = Three people (3, or 2+1) 3 = Two people (2, or 1+1) or wall/parallel bars or high walker 4 = One person maximum 5 = One person moderate 6 = One person minimum 7 = Supervision
<b>7 SITTING ABILITY</b>	<b>13 AMBULATION DISTANCE</b>
1 = Bed bound 2 = Lounge chair, back angle <120° 3 = Adapted tilt/reclining wheelchair 4 = Tilt/reclining wheelchair 5 = Adapted standard wheelchair 6 = Standard wheelchair 7 = Regular chair	1 = Non-ambulatory 2 = Ambulates ≤5 m 3 = Ambulates ≤10 m 4 = Ambulates ≤30 m 5 = Ambulates ≤50 m 6 = ≤100 m or >100 m + rests 7 = Ambulates >100 m
<b>8 REPOSITION IN WHEELCHAIR</b>	<b>14 WHEELCHAIR MOBILITY</b>
1 = Three people/mechanical lift/bed bound 2 = Total assist 3 = One person maximum 4 = One person moderate 5 = One person minimum/set up chair 6 = Supervision/verbal cue 7 = Independent, slow	1 = Unable to propel 2 = In room ≤5 m 3 = ≤10 m 4 = ≤30 m + doorways 5 = ≤50 m + doorways 6 = ≤100 m + doorways 7 = Institution and elevators
<b>9 SUPPORTED SITTING DURATION</b>	<b>15 &amp; 16 UPPER EXTREMITY RIGHT/LEFT</b>
1 = Bed bound/lounge chair back angle >120° 2 = >5 min–≤10 min 3 = ≤30 min 4 = ≤2 hours 5 = >2 hours 6 = ≥3 hours (half day) 7 = ≤6 hours (full day)	1 = No active movement 2 = Movement not functional 3 = Stabilize/weight bear 4 = Points at objects 5 = Assist in dressing (lifts arm) 6 = Finger food/touch face 7 = Drinks from cup/utensils to eat/comb hair, brush teeth

<sup>a</sup> The CCAM scoring sheet and short key may not be used or reproduced without written permission from Baycrest Centre for Geriatric Care. Complete CCAM Scoring Guidelines are available from Baycrest, Toronto, Ontario, Canada. Contact Jenny Pacheco at 416-785-2500, x2424, or jpacheco@baycrest.org for details and order form.