



Mobility Assessment Form

for use with the Mobility Tracking Tool

You may print this form to record a monthly mobility assessment for each resident you are tracking in your Mobility Tracking Tool. The information collected here should be entered on the MobilityLog within your Mobility Tracking Tool.

Resident:

Identifier:

Date:

Activities of Daily Living (ADL) Assistance: Items from MDS 3.0 Section G G0110

Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
 - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
 - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

Coding:

Activity Occurred 3 or More Times

0. **Independent**- no help or staff oversight at any time
1. **Supervision**- oversight, encouragement or cueing
2. **Limited assistance**- resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight bearing assistance
3. **Extensive assistance**- resident involve in activity, staff provide weight bearing support
4. **Total dependence**- full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice**- activity did occur but only once or twice
8. **Activity did not occur**- activity did not occur or family and/or non-facility staff provided care 100% of the time of that activity over the entire 7-day period

**Enter Codes
Below**

A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture.			
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)			
C. Walk in room - how resident walks between locations in his/her room			
D. Walk in corridor - how resident walks in corridor on unit			

Resident:

Identifier:

Date:

Functional Limitation in Range of Motion: Items from MDS 3.0 Section G G0400		
Code for limitation that interfered with daily functions or placed resident at risk of injury		
Coding:		
0. No Impairment		
1. Impairment on one side		
2. Impairment on both sides		
		Enter Codes Below
A. Upper Extremity (shoulder, elbow, wrist, hand)		
B. Lower Extremity (hip, knee, ankle, foot)		
Locomotion: MDS activities but NOT MDS scoring		
Coding:		
4. More than once per day		
3. Once per day		
2. 2-6 times this week		
1. 1 time this week		
0. Did not occur		
		Enter Codes Below
A. Locomotion on unit- how often resident moves between locations in his/her room and adjacent corridor on same floor.		
B. Locomotion off unit- how often resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how often resident moves to and from distant areas on the floor.		

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