

Resident Assessment Form (For Nursing Home Resident)				
[to be completed by nurse, nurse case manager or doctor]				
Name:		NRIC No:		
Rating	A	B	C	D
Q1 Mobility (Guide Bk Pg1)	Independent <input type="text" value="0"/>	Requires some Assistance (physical/assistive device) <input type="text" value="3"/>	Requires frequent assistance/ turning in bed <input type="text" value="10"/>	Requires total physical assistance <input type="text" value="16"/>
Q2 Feeding (Guide Bk Pg 2)	Independent <input type="text" value="0"/>	Requires some Assistance <input type="text" value="3"/>	Requires total Assistance <input type="text" value="10"/>	Tube-feeding <input type="text" value="10"/>
Q3 Toileting (Guide Bk Pg 3)	Independent <input type="text" value="0"/>	Requires some physical assistance <input type="text" value="3"/>	Requires commodes / bedpans / urinals <input type="text" value="8"/>	Incontinent and totally dependent <input type="text" value="16"/>
Q4 Personal Grooming & Hygiene (Guide Bk Pg 4)	Requires no assistance <input type="text" value="0"/>	Requires assistance for some activities/ supervision <input type="text" value="2"/>	Requires assistance for all activities <input type="text" value="4"/>	Bed/ trolley bathing <input type="text" value="6"/>
Q5 Treatment (Guide Bk 5-6)	Daily Medication Oral/Topical : 1 pt <input type="text"/>	Daily Medication Oral/Topical : 1 pt Injection: 2 pts <input type="text"/>	Daily Medication Oral/Topical : 1 pt Injection: 2 pts Physiotherapy:4 pts <input type="text"/>	Daily Medication Oral/Topical : 1 pt Injection: 2 pts Physiotherapy:4 pts Sp*procedures @1 pt/ 5 min <input type="text"/>
Q6 Social & Emotional Needs (Guide Bk pg 7)	Nil <input type="text" value="0"/>	Occasionally <input type="text" value="1"/>	Often <input type="text" value="2"/>	Always <input type="text" value="3"/>
Q7 Confusion (Guide Bk Pg 8-9) ▪ loses way ▪ loses things ▪ disorientated	Nil <input type="text" value="0"/>	Occasionally (1-3 times a week) <input type="text" value="3"/>	Often (4-6 times a week) <input type="text" value="8"/>	Always (Daily) <input type="text" value="10"/>
Q8 Psychiatric Problems (Guide Bk 10-11) ▪ hallucination ▪ delusions ▪ anxiety ▪ depression	Nil <input type="text" value="0"/>	Mild Interference in Life <input type="text" value="2"/>	Moderate Interference in Life <input type="text" value="4"/>	Severe Interference in Life <input type="text" value="6"/>
Q9 Behaviour Problem (Guide Bk pg 12-13) ▪ restless ▪ disruptive ▪ absconds ▪ uncooperative	Nil <input type="text" value="0"/>	Occasionally (1-3 times a week) <input type="text" value="3"/>	Often (4-6 times a week) <input type="text" value="10"/>	Always (Daily) <input type="text" value="16"/>
Total Points	Category 1 2 3 4 (Circle)			

* Sp – Special #Pt – Points

Category 1	<6 pts	Category 2	7 – 24 pts
Category 3	25 – 48 pts	Category 4	>48 pts

Name of Officer Completing RAF : _____ / NRIC/FIN number: _____

Designation/Institution _____ / _____

Date _____