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Name	Room	Date



**G** INDEPENDENTLY   **T** WITH DIFFICULTY   **B** SUPERVISION OR STIMULATION   **Y** HELP   **R** DEPENDENT   **Criteria for scoring on back**

G: Green   T: Turquoise   B: Blue   Y: Yellow   R: Red

**A. ACTIVITIES OF DAILY LIVING**

<b>Getting out to bed:</b>	<b>Daily rounds:</b>	<b>Bed time:</b> • Hospital gown <input type="checkbox"/> Personal sleepwear <input type="checkbox"/> • Remove dentures <input type="checkbox"/>	<b>Other:</b>
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**1. EATING**

a)    b)

c)    d)

Dishes one at a time

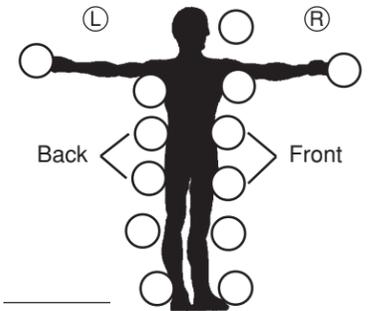
**2. WASHING**

a) Hair: \_\_\_\_\_   b) Nails: \_\_\_\_\_

c) Cream: \_\_\_\_\_

d)  Bed    Sink    Bath  
 Shower    Whirlpool bath    Supervision

e) Schedule: Mini-wash: \_\_\_\_\_   Sponge bath: \_\_\_\_\_   Full bath: \_\_\_\_\_



**3. DRESSING**  Except:

**UNDRESSING**  Except:

a) Dirty laundry: \_\_\_\_\_

b) Change clothes: Sun. Mon. Tue. Wed. Thu. Fri. Sat.

c) Look after clothes: \_\_\_\_\_

**4. GROOMING**

a)    b)    c)    d)

e) Own teeth   
 Upper denture  Put in   
 Lower denture  Take out

f) Mouthwash   
 Tongue sponge

**5. URINARY FUNCTION**  Incontinence products  
 D  \_\_\_\_\_

**6. BOWEL FUNCTION**   
 E  \_\_\_\_\_  
 N  \_\_\_\_\_

**7. TOILETING**

Toilet    Bedpan   
 Urinal    Commode

Incontinence pad   D  E  N   
 Other: \_\_\_\_\_ D  E  N   
 Incontinence undergarment    Ostomy    Catheter

**B. MOBILITY**

**1. Transfers**

Walking program

**2. Walking**

Room    Unit    Institution    Outside

**3. Prosthesis or orthosis**

N/A

**4. Getting around**

N/A

Room    Unit    Institution    Outside

**5. Negotiating**

Elevator

**Security**

• WC/GC belt    • Wandering bracelet   
 • Belt other chairs    • Bed rails 1. D  E  N   
 • Safety vest    2. D  E  N   
 • Magnetic belt (Segufix)    • Other: \_\_\_\_\_

**C. COMMUNICATION**

Language spoken: \_\_\_\_\_

1.    2.   
 3.

R  Put in    Put on   
 L  Take out    Take off

**D. MENTAL FUNCTION**

1.    2.

3.    4.

5.

Self  
 Other  
 Runs away

**E. INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

**1. Housekeeping**    **2. Meal preparation**

**3. Shopping**  Delivery

**4. Laundry**    **5. Telephone**

**6. Transportation**   
 Automobile   
 Adapted vehicle   
 Taxi   
 Bus   
 Paratransit vehicle   
 Ambulance

**7. Medication use**   
 Dispill   
 Medication dispenser

**8. Budgeting**

**ADDITIONAL INFORMATION:** Smoker's apron

# CRITERIA FOR SCORING SUBJECTS ON CARE TABLE

## A. ACTIVITIES OF DAILY LIVING

### Getting out of bed

Enter what has to be done to get the person out of bed

### Daily rounds

Enter what has to be done during the rounds

### Bed time

Check the appropriate sleepwear

Check if staff have to remove dentures

Other – Enter what has to be done to put the person to bed

### 1. EATING

#### a) Feeding self

- Ⓔ Feeds self independently
- Ⓣ Feeds self independently but with difficulty
- Ⓑ Feeds self but needs stimulation or supervision
- Ⓨ Participates actively but needs some assistance for part of the activity
- Ⓡ Must be fed totally by another person  
OR has a naso-gastric tube or a gastrostomy

#### b) Opening containers

- Ⓔ Can open all containers independently
- Ⓣ Can open all containers independently but with difficulty
- Ⓑ Can open all containers independently but needs stimulation or supervision
- Ⓨ Needs help to open some containers
- Ⓡ Another person has to open all containers

#### c) Cutting food

- Ⓔ Can cut all own food independently
- Ⓣ Can cut all own food independently but with difficulty
- Ⓑ Can cut all own food independently but needs stimulation or supervision
- Ⓨ Needs help to cut food
- Ⓡ Another person has to cut or puree all food

#### d) Buttering food

- Ⓔ Can butter all food independently
- Ⓣ Can butter all food independently but with difficulty
- Ⓑ Can butter all food independently but needs stimulation or supervision

Ⓡ Another person has to butter food

**Dishes one at a time:** Check if dishes have to be presented one after another

### 2. WASHING

#### For each part of the body

Ⓔ Washes self independently (including getting in or out of the bathtub or shower)

Ⓣ Washes self independently but with difficulty

Ⓑ Washes self independently but needs stimulation or supervision

OR another person has to prepare things

Ⓨ Needs help for the daily wash but participates actively

Ⓡ Must be washed by another person

#### Check and enter

**a) Hair:** Who provides care (resident, staff, hairdresser) if resident needs medicated shampoo

**b) Nails:** Who provides care

**c) Cream:** Name of cream for daily application and location of application

**d) Location:** Where personal care is given  
– Check according to where full bath is done  
– Check for independent residents if supervision is required

**e) Schedule:** Enter the day for each type of personal care  
Mini-wash (face/buttocks)  
Sponge bath (everything except lower extremities and back)  
Full bath

#### Days abbreviations:

Sun., Mon., Tue., Wed., Thu., Fri., Sat.

### 3. DRESSING (all seasons)

#### In general

- Ⓔ Dresses self independently
- Ⓣ Dresses self independently but with difficulty
- Ⓑ Dresses self but needs stimulation or supervision  
OR clothing must be prepared and presented
- Ⓨ Needs help dressing but participates actively
- Ⓡ Must be dressed by another person

**Code the upper part of the clothing that does not meet the general rule according to:**

- Ⓔ Independently
- Ⓣ With difficulty
- Ⓑ Supervision, stimulation
- Ⓨ Some assistance
- Ⓡ Complete assistance

#### UNDRESSING (all seasons)

#### In general

- Ⓔ Undresses self independently
- Ⓣ Undresses self independently but with difficulty
- Ⓑ Undresses self independently but needs stimulation or supervision OR another person has to put clothes away
- Ⓨ Needs help undressing but participates actively
- Ⓡ Must be undressed by another person

**Code the lower part of the clothing that does not meet the general rule according to:**

- Ⓔ Independently
- Ⓣ With difficulty
- Ⓑ Supervision, stimulation
- Ⓨ Some assistance
- Ⓡ Complete assistance

#### Enter

**a)** Place where dirty laundry is put

**b)** If applicable, the evening when clothes are changed

**c)** Person who looks after the clothes

## 4. GROOMING

**a)** Shaves with electric razor

**b)** Brushes teeth, looks after dentures

**c)** Combs hair

**d)** Puts on makeup

**e)** Puts in and takes out dentures

**f)** If applicable, uses mouthwash

#### For each of these activities

- Ⓔ Grooms self independently
- Ⓣ Grooms self independently but with difficulty
- Ⓑ Grooms self but needs stimulation or supervision  
OR another person has to prepare things
- Ⓨ Needs some assistance for grooming
- Ⓡ Must be groomed by another person

#### Check if the person has

✓ Own teeth

✓ An upper denture

✓ A lower denture

#### Check if applicable

✓ Tongue sponge

## 5. URINARY FUNCTION

Ⓔ Normal voiding

Ⓑ Occasional urinary incontinence OR dribbling  
OR indwelling catheter that he/she can look after independently OR needs frequent stimulation to avoid incontinence

Ⓨ Frequent urinary incontinence

Ⓡ Complete and habitual urinary incontinence  
OR wears an incontinence pad

OR needs daily help with indwelling catheter

## 6. BOWEL FUNCTION

Ⓔ Normal bowel function

Ⓑ Occasional fecal incontinence  
OR ostomy that he/she can look after independently  
OR needs a cleansing enema occasionally

Ⓨ Frequent fecal incontinence  
OR needs cleansing enema regularly

Ⓡ Complete fecal incontinence  
OR needs daily help with ostomy

## 7. TOILETING

✓ Toilet

✓ Urinal

✓ Bedpan

✓ Commode

#### Code according to use

Ⓔ Uses toilet independently (including sitting down and getting up, wiping self and managing clothing)

Ⓣ Uses toilet independently but with difficulty

Ⓑ Uses toilet independently but needs stimulation or supervision

Ⓨ Needs help from another person to use toilet

Ⓡ Does not use toilet

#### Use of incontinence products

**Day (D), Evening (E), Night (N)**

✓ Pad

✓ Sanitary napkin

✓ Incontinence pad

S (small) M (medium) L (large)

✓ Diapercover

✓ Other: \_\_\_\_\_

#### Code according to use and time of day

Ⓔ Uses it independently

Ⓣ Uses it independently but with difficulty

Ⓨ Uses it independently but needs stimulation or supervision

Ⓡ Needs help from another person to use it

#### Check if applicable

✓ Ostomy

✓ Catheter

✓ Incontinence undergarment

## B. MOBILITY

### 1. TRANSFERS

(bed to chair or wheelchair and to stand and vice-versa)

Ⓔ Gets in and out of bed or chair independently

Ⓣ Gets in and out of bed or chair independently but with difficulty

Ⓑ Needs stimulation, supervision or guidance to get in and out of bed or chair

Ⓨ Needs help to get in and out of bed or chair

Ⓡ Bedridden (must be lifted in and out of bed)

#### Check if lever required

Enter what has to be done to transfer and move the person

#### Walking program

**Check if the person is registered in the walking program**

Enter what has to be done related to the resident's walking program

### 2. WALKING

#### For each place, code according to

Ⓔ Walks independently (with or without a cane, prosthesis, orthosis or walker)

Ⓣ Walks independently but with difficulty

Ⓑ Walks independently but needs guidance, stimulation or supervision in certain circumstances  
OR unsafe gait

Ⓨ Needs help from another person to walk

Ⓡ Does not walk

#### Check if person has a

✓ Cane

✓ Walker

✓ Quadripod

## 3. INSTALLING PROSTHESIS OR ORTHOSIS

*N/A* Does not wear prosthesis or orthosis

Ⓔ Installs prosthesis or orthosis independently

Ⓣ With difficulty

Ⓑ

Ⓨ Installing of prosthesis or orthosis needs checking OR needs some assistance

Ⓡ Prosthesis or orthosis must be put on by another person

## 4. PROPELLING A WHEELCHAIR (W/C)

#### For each place, code according to

*N/A* Does not need a wheelchair

Ⓔ Propels wheelchair independently

Ⓣ Propels wheelchair independently but with difficulty

Ⓑ

Ⓨ Needs to have wheelchair pushed

Ⓡ Unable to use wheelchair

(must be transported on a stretcher)

## 5. NEGOTIATING STAIRS AND ELEVATORS

#### Code

Ⓔ Uses it independently

Ⓣ Uses it independently but with difficulty

Ⓑ Uses it independently but needs guidance, stimulation or supervision

OR does not use it safely

Ⓨ Uses it with the help of another person

Ⓡ Does not use it

#### Security

#### Check if applicable

✓ Belt on wheelchair (W/C) – geriatric chair (G/C)

✓ Belt on other chairs

✓ Safety vest

✓ Magnetic belt (Segufix)

✓ Wandering bracelet

✓ Bed rail(s) raised

1 side ✓ Day ✓ Evening ✓ Night

2 sides ✓ Day ✓ Evening ✓ Night

✓ Other: \_\_\_\_\_

## C. COMMUNICATION

Language spoken: \_\_\_\_\_

### 1. VISION

#### Code

Ⓔ Sees adequately with or without corrective lenses

Ⓑ Visual problems but sees enough to do ADLs

Ⓨ Only sees outlines of objects and needs guidance in ADLs

Ⓡ Blind

### 2. HEARING

#### Code

Ⓔ Hears adequately with or without hearing aid

Ⓑ Hears if spoken to in a loud voice  
OR needs hearing aid put in by another person

Ⓨ Only hears shouting or certain words  
OR reads lips OR understands gestures

Ⓡ Deaf and unable to understand what is said to him/her

#### Check if applicable

✓ Glasses

✓ Hearing aid ✓ Right ear

✓ Left ear

#### Putting on/in and taking off/out glasses or hearing aid

#### Code

Ⓔ Independently

Ⓑ Supervision, stimulation

Ⓨ Some assistance

Ⓡ Complete assistance

### 3. SPEAKING

Ⓔ Speaks normally

Ⓑ Has a speech/language problem but able to express him/herself

Ⓨ Has a major speech/language problem but able to express basic needs or answer simple questions (yes, no) OR uses sign language

Ⓡ Does not communicate

## D. MENTAL FUNCTIONS

### 1. MEMORY

Ⓔ Normal memory

Ⓑ Minor recent memory deficit (names, appointments, etc.) but remembers important facts

Ⓨ Serious memory lapses (shut off stove, medications, putting things away, eating, visitors, etc.)

Ⓡ Almost total memory loss or amnesia

### 2. ORIENTATION

Ⓔ Well oriented to time, place and persons

Ⓑ Sometimes disoriented to time, place and persons

Ⓨ Only oriented for immediate events (i.e., time of day) and in the usual living environment and with familiar persons

Ⓡ Complete disorientation

### 3. COMPREHENSION

Ⓔ Understands instructions and requests

Ⓑ Slow to understand instructions or requests

Ⓨ Partial understanding even after repeated instructions

OR is incapable of learning

Ⓡ Does not understand what goes on around him/her

## 4. JUDGMENT

Ⓔ Evaluates situations and makes sound decisions

Ⓑ Evaluates situations but needs help in making sound decisions

Ⓨ Poorly evaluates situations and only makes sound decisions with strong suggestions

Ⓡ Does not evaluate situations and is dependent on others for decision making

## 5. BEHAVIOR

Ⓔ Appropriate behavior

Ⓑ Minor behavioral problems (whimpering, emotional lability, stubbornness, apathy) requiring occasional supervision or reminder or stimulation

Ⓨ Major behavioral problems requiring more intensive supervision (aggressive towards self or others, disturbs others, wanders, yells out constantly)

Ⓡ Dangerous, requires restraint

OR harmful to others or self-destructive

OR tries to run away

#### Check if applicable

✓ Self ✓ Other ✓ Runs away

## ADDITIONAL INFORMATION

Indicate here all other relevant information

#### Check if applicable

✓ Smoker's apron

## E. INSTRUMENTAL ACTIVITIES OF DAILY LIVING

### 1. HOUSEKEEPING

Ⓔ Does housekeeping alone (including daily housework and occasional heavy jobs)

Ⓣ Does housekeeping alone but with difficulty

Ⓑ Does housekeeping (including washing the dishes) but needs supervision or stimulation to ensure cleanliness

OR needs help for heavy jobs (floors, windows, painting, lawn, clearing the snow, etc.)

Ⓨ Needs help for daily housework

Ⓡ Does not do housework

### 2. MEAL PREPARATION

Ⓔ Prepares own meals independently

Ⓣ Prepares own meals independently but with difficulty

Ⓑ Prepares meals but needs stimulation to maintain adequate nutrition

Ⓨ Only prepares light meals OR heats up pre-prepared meals (including handling the plates)

Ⓡ Does not prepare meals

### 3. SHOPPING

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