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Name	Room	Date



INDEPENDENTLY
 WITH DIFFICULTY
 SUPERVISION OR STIMULATION
 HELP
 DEPENDENT
 Criteria for scoring on back

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

A. ACTIVITIES OF DAILY LIVING

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

a) b)

c) d)

Dishes one at a time

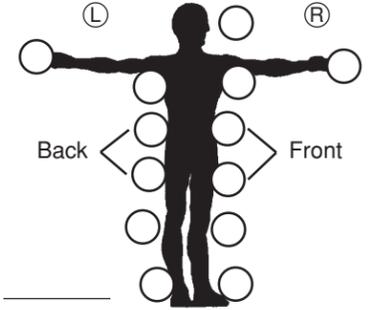
2. WASHING

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

Ⓔ Plans and does shopping independently (food, clothes, etc.)

Ⓣ Plans and does shopping independently but with difficulty

Ⓑ Plans and shops independently but needs to be delivered service

Ⓨ Needs help to plan or to shop

Ⓡ Does not shop