

Mobility Screening Assessment Form

Resident Name: _____ Date: _____

Unit: _____ Assessor: _____

Time of Day: Morning ___ Afternoon ___ Evening ___

Resident must meet the following criteria to be eligible for mobility exercise:

1. Able to Walk (MDS assessment and/or care plan): **Yes** ___ **No** ___

G1c(A) Walk in Room: _____ G1d(A) Walk in Corridor: _____

Note: Both items should be rated as a "0" (independent) or "1" (requires supervision) to be eligible. Staff might also consider residents who require only limited assistance (rating = 2) as candidates for exercise.

2. Able to move from a sitting to standing position: **Yes** ___ **No** ___

Note: Resident should be able to move from sit to stand independently or with supervision and/or verbal instructions (Refer to Mobility Assessment for Walking and Sit-to-Stand Ability).

3. Able to follow a one-step command: **Yes** ___ **No** ___

Some residents who can walk may nevertheless be inappropriate candidates due to behavioral and/or cognitive problems that interfere with their ability to comply with a walking and exercise program. At the very least, residents need to be able to follow one-step commands. The following assessment will allow you to determine if a resident is capable of following simple verbal commands:

a) What is your name? (first name only is acceptable): _____

b) What is this called? (hold a common object for the resident to identify, such as a pencil or wrist watch).

Able to identify:

Pencil: **Yes** ___ **No** ___

Wrist Watch: **Yes** ___ **No** ___

Other: **Yes** ___ **No** ___

Note: Use a standard pencil not a mechanical pencil; use a standard wrist watch, not a sports watch or stop watch. Residents should be able to EITHER state their name on request (item 3a = yes) OR reliably identify two common objects (item 3b) to pass the screen.

Resident Eligible for Exercise: **Yes** ___ **No** ___

Walking/Exercise Preferences: (complete if resident is eligible for exercise)

Would you like for staff to help you walk and/or exercise? **Yes** ___ **No** ___

If "yes", how many times per week would you like to walk/exercise?

Once/week ___ 2-3 times/week ___ Every Day ___ Other ___ (describe: _____)