Scoring: Code the resident's usual performance for each activity

01 **Dependent**: Helper does **all** the effort. Resident does none or 2 or more helpers are required for the resident to complete the activity
02 **Substantial/Maximal assistance:** Helper does **more than half** the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
03 **Partial/Moderate Assistance**: Helper does **less than half** the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
04 **Supervision or Touching Assistance:** Helper provides **verbal cues** or **touching/steadying assistance** as resident completes the activity. Assistance may be provided throughout the activity or intermittently.
05 **Set-Up or Clean-Up Assistance**: Helper **sets up or cleans up**. Resident completes the activity. Helper assists only prior to or following the activity.
06 **Independent:** Resident completes the activity by him/herself with no assistance from a helper.
07 **Resident Refused**
09 **Not Applicable**
10 **Not attempted due to environmental Limitation** (e.g., lack of equipment, weather constraints)
88 **Not Attempted**: Due to medical condition or safety concerns

Definitions: Self Care

Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray includes modified food consistency.
Oral Hygiene: The ability to use suitable items to clean teeth, dentures if applicable. The ability to remove and replace dentures from and to the mouth and manage equipment for soaking and rinsing them.
Toilet Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping and opening but not managing equipment.
Shower / Bathe Self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
Upper Body Dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
Lower Body Dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
Putting On / Taking Off Footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Definitions: Mobility

Roll Left and Right: The ability to roll from lying on back to left and right side and return to lying on back on the bed.
Sit to Lying: The ability to move from sitting on side of bed to lying flat on the bed.
Lying to Sitting on Side of Bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
Sit to Stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
Chair/Chair-to-bed Transfer: The ability to safely transfer to and from a bed to chair or wheelchair.
Toilet Transfer: The ability to safely get on and off a toilet or commode.
Walk 10 Feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
Walk 50 Feet with 2 Turns: Once standing, the ability to walk at least 50 feet and make 2 turns.
Walk 150 Feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
Wheel 50 Feet with 2 Turns: Once seated in a wheelchair or scooter, the ability to wheel at least 50 feet and make 2 turns.
Wheel 150 Feet: Once seated in a wheelchair or scooter, the ability to wheel at least 150 feet in a corridor or similar space.
Car Transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
Walking 10 Feet on Uneven Surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
1 Step (Curb): The ability to go up and down a curb and/or up and down one step.
4 Steps: The ability to go up and down four steps with or without a rail.
12 Steps: The ability to go up and down 12 steps with or without a rail.
Picking Up Object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

Section GG: Functional Abilities & Goals - Admission

Harmony Healthcare INTERNATIONAL

Resident Name _____ Medical Record # _____ Admission Date _____

S = Score I = Initials

Admission Date	Day 1 ___/___/_____						Day 2 ___/___/_____						Day 3 ___/___/_____						MDS / Rehab Complete		
	11-7		7-3		3-11		11-7		7-3		3-11		11-7		7-3		3-11		Admission Performance Score	Discharge Goal	
GG0130, Self-Care	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I		S	I
A. Eating																					
B. Oral Hygiene																					
C. Toilet Hygiene																					
D. Upper Body Dressing																					
E. Lower Body Dressing																					
F. Putting on / taking off Footwear																					
GG0170, Mobility																					
G. Roll Left and Right																					
H. Sit to Lying																					
I. Lying to Sitting on side of Bed																					
J. Sit to Stand																					
K. Chair/Bed to Chair Transfer																					
L. Toilet Transfer																					
H3. Does the Resident Walk? ☐ Yes- Continue to M ☐ No – Code M, N and O with "X", Continue to Q3																					
M. Walk 10 Feet																					
N. Walk 50 Feet with Two (2) Turns																					
O. Walk 150 Feet																					
Q3. Does the Resident Use a Wheelchair or Scooter? ☐ Yes – Continue to J ☐ No, the form is Completed																					
R. Wheel 50 Feet with Two (2) Turns																					
S. Wheel 150 Feet																					

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials

Harmony Healthcare International (HHI)
430 Boston Street, Suite 104, Topsfield, MA 01983 ♦ Tel: 978.887.8919 ♦ Fax: 978.887.8917
www.harmony-healthcare.com

Section GG: Functional Abilities & Goals - Admission

Harmony Healthcare INTERNATIONAL

Resident Name _____ Medical Record # _____ Admission Date _____

S = Score I = Initials

Admission Date	Day 1 ___/____/_____						Day 2 ___/____/_____						Day 3 ___/____/_____						MDS / Rehab Complete		
	11-7		7-3		3-11		11-7		7-3		3-11		11-7		7-3		3-11		Usual Performance Score	Discharge Goal	
GG0170, Mobility	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I		S	I
A. Car Transfer																					
B. Walking 10 ft on Uneven Surface																					
C. 1 Step (Curb)																					
D. 4 Steps																					
E. 12 Steps																					
F. Pick Up Object																					

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials

Section GG: Functional Abilities & Goals – Planned Discharge

Harmony Healthcare INTERNATIONAL

Resident Name _____ Medical Record # _____ Discharge Date _____

S = Score I = Initials

Planned Discharge from Medicare Date	3rd to Last Day ___/___/___						2nd to Last Day ___/___/___						Last Day of Stay ___/___/___						MDS / Rehab Complete
	11-7		7-3		3-11		11-7		7-3		3-11		11-7		7-3		3-11		Discharge Performance Score
GG0130, Self-Care	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I	
P. Eating																			
Q. Oral Hygiene																			
R. Toilet Hygiene																			
S. Upper Body Dressing																			
T. Lower Body Dressing																			
U. Putting on / taking off Footwear																			
GG0170, Mobility																			
V. Roll Left and Right																			
W. Sit to Lying																			
X. Lying to Sitting on side of Bed																			
Y. Sit to Stand																			
Z. Chair/Bed to Chair Transfer																			
AA. Toilet Transfer																			
H3. Does the Resident Walk? ☐ Yes- Continue to M ☐ No – Code M, N and O with "X", Continue to Q3																			
BB. Walk 10 Feet																			
CC. Walk 50 Feet with Two (2) Turns																			
DD. Walk 150 Feet																			
Q3. Does the Resident Use a Wheelchair or Scooter? ☐ Yes – Continue to J ☐ No, the form is Completed																			
R. Wheel 50 Feet with Two (2) Turns																			
S. Wheel 150 Feet																			

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials

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Section GG: Functional Abilities & Goals – Planned Discharge

Harmony Healthcare INTERNATIONAL

Resident Name _____ Medical Record # _____ Discharge Date _____

S = Score I = Initials

Planned Discharge from Medicare Date	3rd to Last Day ___/____/_____						2nd to Last Day ___/____/_____						Last Day of Stay ___/____/_____						MDS / Rehab Complete
	11-7		7-3		3-11		11-7		7-3		3-11		11-7		7-3		3-11		Discharge Performance Score
GG0170, Mobility	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I	S	I	
G. Car Transfer																			
H. Walking 10 ft on Uneven Surface																			
I. 1 Step (Curb)																			
J. 4 Steps																			
K. 12 Steps																			
L. Pick Up Object																			

Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials

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