

NAME:

Hosp Day _____ (Admission = Day 0) Barthel _____ Steps _____ Date _____

Hosp Day _____ (Admission = Day 0) Barthel _____ Steps _____ Date _____

Therapist/aid/nurse/ student/Dr	Activity	Single/ Group	Start	Total min	Person has today	
					Not alert	
					Medically unwell	
					Paretic arm	
					Comm problem	
					Swallow problem	
					Unable to walk without assist	
					Weekend	

Therapist/aid/nurse/ student/Dr	Activity	Single/ Group	Start	Total min	Person has today	
					Not alert	
					Medically unwell	
					Paretic arm	
					Comm problem	
					Swallow problem	
					Unable to walk without assist	
					Weekend	

Under Activity write either A for assessment plus letter of activity (eg AM, ASW) or T for treatment plus letter and number of main specific activity (eg TM2 or TB1) and time (to nearest 5 min). Single (S) or Group (G). Use new line if 5 minute assessment (A) followed by 20 minutes treatment (T) even when part of same session. Therapist(s) eg PT, OT, SLT student, PT + PT student, HCA, nurse

Mobility	Upper limb	Communication	Other self-care
M1 Mobility up to bed mobility, sitting	UL1 Pre-functional passive, eg passive ROM, positioning	C1 Impairment level activities	O1 Practice dressing, grooming, preparing food etc
M2 Transfers chair/sit/stand	UL2 Pre-functional volitional	C2 Compensatory communication strategies	Education
M3 Walking/ wheelchair mobility/ stairs	UL3 Functional UL tasks	C3 Functional communication strategies	E1 With stroke person
Toileting	Bath/shower	C4 Assistive device unsupervised	Sensory
T1 Practice towards independence with toileting	B1 Practice in bath/ shower	Swallowing	S1 Sensory problems or neglect
Psych		SW1 Interventions to improve swallowing	Home visit
P1 Mood/behaviour intervention	P2 Problem-solving, cognitive	SW2 Compensatory swallowing strategies	HV1 Home visit with stroke person

NAME:

Hosp Day _____ (Admission = Day 0) Barthel _____ Steps _____ Date _____

Hosp Day _____ (Admission = Day 0) Barthel _____ Steps _____ Date _____

Therapist/aid/nurse/ student/Dr	Activity	Single/ Group	Start	Total min	Person has today	
					Not alert	
					Medically unwell	
					Paretic arm	
					Comm problem	
					Swallow problem	
					Unable to walk without assist	
					Weekend	

Therapist/aid/nurse/ student/Dr	Activity	Single/ Group	Start	Total min	Person has today	
					Not alert	
					Medically unwell	
					Paretic arm	
					Comm problem	
					Swallow problem	
					Unable to walk without assist	
					Weekend	

Under Activity write either A for assessment plus letter of activity (eg AM, ASW) or T for treatment plus letter and number of main specific activity (eg TM2 or TB1) and time (to nearest 5 min). Single (S) or Group (G). Use new line if 5 minute assessment (A) followed by 20 minutes treatment (T) even when part of same session. Therapist(s) eg PT, OT, SLT student, PT + PT student, HCA, nurse

Mobility	Upper limb	Communication	Other self-care
M1 Mobility up to bed mobility, sitting	UL1 Pre-functional passive, eg passive ROM, positioning	C1 Impairment level activities	O1 Practice dressing, grooming, preparing food etc
M2 Transfers chair/sit/stand	UL2 Pre-functional volitional	C2 Compensatory communication strategies	Education
M3 Walking/ wheelchair mobility/ stairs	UL3 Functional UL tasks	C3 Functional communication strategies	E1 With stroke person
Toileting	Bath/shower	C4 Assistive device unsupervised	Sensory
T1 Practice towards independence with toileting	B1 Practice in bath/ shower	Swallowing	S1 Sensory problems or neglect
Psych		SW1 Interventions to improve swallowing	Home visit
P1 Mood/behaviour intervention	P2 Problem-solving, cognitive	SW2 Compensatory swallowing strategies	HV1 Home visit with stroke person