



Observations

Summary Report

CR Name: _____ Date: _____ Day: _____ Caregiver: _____

Under each day, evaluate how the patient is doing and place the appropriate number in the space next to the area of observation. It is not necessary to make an entry in every box or every line, but the more numbers that are entered, the better.

Entry Value	Description / Explanation
-3	Extremely difficult, unable to do at all, severe pain or dislike
-2	Moderately difficult, can only partially do, moderate pain or dislike
-1	Some difficulty, can mostly do, some or occasional pain or dislike
0	No difficulty to do, can do entirely, no observed pain or dislike
1	Easy to do, does well, some enjoyment in doing
2	Very easy to do, does very well, clear enjoyment in doing
3	Excellence in performance, great enjoyment observed
NO	Not observed by Caregiver

M=MONDAY T=TUESDAY W=WEDNESDAY TH=THURSDAY F=FRIDAY S=SATURDAY SU=SUNDAY

AREA OF OBSERVATION	M	T	W	TH	F	S	SU	COMMENTS / NOTES DETAILS
Walking								
Sitting								
Standing								
Laying down								
Bending								
Hand / finger dexterity								
Arms - Range of motion								
Elimination								
Personal Hygiene								
Short-term memory								
Long-term memory								
Sleeping / Resting								
Attention span								
Comprehension								
Mental Clarity								
Awareness of environment								
Emotional state, generally								
Vision								
Hearing								
Communication - oral								
Communication - written								
Mood swings								
Energy level								
Motivation								
Attitude								