

**Occupational Therapy - GG Assessment**

Client Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Name/Title (Printed): \_\_\_\_\_

Therapist Signature/Title: \_\_\_\_\_

1. SOC/ROC Performance	2. DC Goal DC Performance ***	*** At DC fill only complete DC performance column
<b>Enter Codes in Boxes</b>		
□ □	□ □	<b>A. Eating:</b> The ability to use suitable utensils to bring food and /or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
□ □	□ □	<b>B. Oral Hygiene:</b> 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.
□ □	□ □	<b>C. Toileting Hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
□ □	□ □	<b>D. Shower/bathe self:</b> 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.
□ □	□ □	<b>E. Upper Body Dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
□ □	□ □	<b>F. Lower Body Dressing:</b> The ability to dress and undress below the waist; including fasteners; does not include footwear.
□ □	□ □	<b>G. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility, including fasteners, if applicable.

**GG0130. Self-Care**

Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

**Coding:**

**Safety and Quality of Performance** – If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** – Patient completes the activity by him/herself with no assistance from a helper
- 05. **Set-up or clean-up assistance** – helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs and provides, but provides less than half the effort.
- 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.
- 01. **Dependent** – Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

**If activity was not attempted, code reason**

- 07. **Patient Refused**
- 09. **Not applicable** – not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical conditions or safety concerns**