

RESIDENT ASSESSMENT FORM (RAF)

Name : _____

Date Of Birth : _____

NRIC No. : _____

Age : _____

Sex : Male / Female _____

| Rating | A | B | C | D |
|--|--|--|--|---|
| Q1) Mobility | Independent <input type="checkbox"/> 0 | Requires some assistance (physical/assistive device) <input type="checkbox"/> 3 | Requires frequent assistance/turning in bed <input type="checkbox"/> 10 | Requires total physical assistance <input type="checkbox"/> 16 |
| Q2) Feeding | Independent <input type="checkbox"/> 0 | Requires some assistance <input type="checkbox"/> 3 | Requires total assistance <input type="checkbox"/> 10 | Tube feeding <input type="checkbox"/> 10 |
| Q3) Toileting | Independent <input type="checkbox"/> 0 | Requires some physical assistance <input type="checkbox"/> 3 | Requires commode/bedpan/urinal <input type="checkbox"/> 8 | Incontinent and totally dependent <input type="checkbox"/> 16 |
| Q4) Personal Grooming and Hygiene | Requires no assistance <input type="checkbox"/> 0 | Requires assistance for some activities/supervision <input type="checkbox"/> 2 | Requires assistance for all activities <input type="checkbox"/> 4 | Bed/trolley bathing <input type="checkbox"/> 6 |
| Q5) Treatment (Daily medication) | Oral or topical medication: 1 point <input type="checkbox"/> | - Oral or topical medication: 1 point - Injection: 2 points <input type="checkbox"/> | - Oral or topical medication: 1 point - Injection: 2 points - Physiotherapy or occupational therapy: 4 points <input type="checkbox"/> | - Oral or topical medication: 1 point - Injection: 2 points - Physiotherapy or occupational therapy: 4 points - Special procedures (1 point per 5 minutes needed to perform procedure) <input type="checkbox"/> |
| Q6) Social and Emotional Needs | Nil <input type="checkbox"/> 0 | Occasionally (1-3 times a week) <input type="checkbox"/> 1 | Often (4-6 times a week) <input type="checkbox"/> 2 | Always (daily) <input type="checkbox"/> 3 |
| Q7) Confusion (loses things, loses way, disorientated) | Nil <input type="checkbox"/> 0 | Occasionally (1-3 times a week) <input type="checkbox"/> 3 | Often (4-6 times a week) <input type="checkbox"/> 8 | Always (daily) <input type="checkbox"/> 10 |
| Q8) Psychiatric Problems | Nil <input type="checkbox"/> 0 | Mild interference in life <input type="checkbox"/> 2 | Moderate interference in life <input type="checkbox"/> 4 | Severe interference in life <input type="checkbox"/> 6 |
| Q9) Behavioural Problems | Nil <input type="checkbox"/> 0 | Occasionally (1-3 times a week) <input type="checkbox"/> 3 | Often (4-6 times a week) <input type="checkbox"/> 10 | Always (daily) <input type="checkbox"/> 16 |

Total Points: _____

Category (please circle): I II III IV

Category I: ≤ 6 points

Category II: 7-24 points

Category III: 25-48 points

Category IV: >48 points

Name of Officer Completing RAF:

Signature:

Date: