

R-SRAFP

Name / MRN	Sample Patient
Therapist	Sample OT
Date	1/1/2018
Type	Initial

Item	Task Description	Rating (0, 1, 2, 3, 4, NA)
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HEALTH MANAGEMENT & PERSONAL GROOMING

1	Medication Setup	2
2	Taking Medication	3
3	Obtaining Supplies/Food	3
4	Dressing	3
5	Hair Care	4
6	Nail Care	4
7	Oral Care	4

MEAL / LAUNDRY PREPARATION

8	Meal Prep- chop,slice,cut,peel	3
9	Meal Prep- pour/measure ingredients	3
10	Meal Prep- microwave	2
11	Meal Prep- stove burners	2
12	Meal Prep- oven	2
13	Laundry Preparation	n

FINANCIAL MANAGEMENT

14	Manage Records	2
15	Accurately Read Bills/Financial Statements	1
16	Write Checks/Money Orders	1

USING THE TELEPHONE

17	Physically Operate Telephone	3
18	Retrieve Telephone Numbers	3

READING

19	TV Guide on TV	0
20	Books	2
21	Labels/Instructions	1
22	Credit/Debit Cards	4

WRITING

23	Legible Personal List/Short Note	1
24	Legibly Address Envelope	1
25	Legible Signature	1

FUNCTIONAL MOBILITY

26	Ascend/Descend Stairs	4
27	Adjust to Changes in Walking Surface	4
28	Avoid Collisions/Tripping	4
29	Locates & Reads Signs	0

PERSONAL PREFERENCE ACTIVITIES

30	Shaving	n
31	Leisure Activities	n
32	Operate Devices Used For Leisure	4
33	Read Timepiece	3

Total NA (#n)	3
Uncalculated Points	12
Adjusted Total	120
Client's Total Score	74

R-SRAFP Score	62%
% Impairment	38%
G Code	CJ

Rating Scale	
0	Unable/Dependent
1	Great Difficulty
2	Moderate Difficulty
3	Minimal Difficulty
4	Independent
n	Not Applicable

G-codes	
Modifier	Impairment, Limitation, Restriction
CH	0%
CI	1-19%
CJ	20-39%
CK	40-59%
CL	60-79%
CM	80-99%
CN	100%