

Name, First Name (of the resident): _____, _____

Date of birth: _____

Nursing Home (Name/City) _____

Time Schedule for the RUD-FOCA

(Time spent in care, in minutes)

Date: from _____ to _____

Enter only direct "active" care time spent with a person; do not enter team meetings or documentation!

		Mon (min.)	Tues (min.)	Wed (min.)	Thurs (min.)	Fri (min.)
Early shift	ADL*					
	IADL**					
	Supervision***					
Late shift	ADL*					
	IADL**					
	Supervision***					
Night shift	ADL*					
	IADL**					
	Supervision***					
Total/ Day	ADL*					
	IADL**					
	Supervision***					

Total ADL	over all days _____ / Number of days on which help needed > 0 =	ADL/day
Total IADL	over all days _____ / Number of days on which help needed > 0 =	IADL/day
Total Supervision	over all days _____ / Number of days on which help needed > 0 =	Spv./day

* Activities of Daily Living: e.g. help getting to the toilet, eating, dressing, bathing, etc.

** Instrumental Activities of Daily Living: e.g. accompanying outside, help with taking medications, telephone calls, etc.

*** Supervision: individual person-related expenditure, not included in the other two areas, such as avoiding dangerous situations, orientation help offered, etc.