MDS Information of Bingocize Participants

Facility Name:

Bingocize Program Start Date:

Instructions: Please have your MDS coordinator put the residents ID# or name in the left column. For the next 2 columns, please provide the ADL score and Falls count for the Quarter that occurred immediately BEFORE Bingocize program was started at your facility. Remaining columns enter ADL score and falls count for the following Quarters since Bingocize program has started at your facility. IMPORTANT NOTE: If Bingocize was stopped for a period due to illness at the facility, please indicate as such for the specific quarters this was the case.

	Quarter Immediately Before Start of		1 st Quarter After Start of Bingocize		2 nd Quarter After Start of Bingocize		3 rd Quarter After Start of Bingocize	
	Bingocize Program		Program		Program		Program	
	ADI	F 11	ADI	F 11	ADI	F 11	ADI	F 11
Participant name or MR#	ADL	Falls	ADL	Falls	ADL	Falls	ADL	Falls
	score	count	score	count	score	count	score	count