



AM-PAC Score Chart

Instructions

Use this tool to assess and track a patient's functional progress during post-acute care. No equipment is needed. Ask each question or guide the patient through the activity, then check the box that best reflects their highest level of ability. There are two sections—Basic Mobility and Daily Activity—each with a maximum score of 24. Items are scored from 0 to 4, with higher scores indicating better functional performance.

Basic Mobility Inpatient Short Form

How much difficulty does patient currently have...	Unable	A Lot	A Little	None
1. Turning over in bed (including adjusting bed clothes, sheets, and blankets)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Moving from lying on back to sitting on the side of the bed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
How much help from another person does patient currently need...	Unable	A Lot	A Little	None
4. Moving to and from a bed to a chair (including a wheelchair)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. To walk in room?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Climbing 3-5 steps with a railing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Raw Score: _____ / 24

Daily Activity Inpatient Short Form

How much help from another person does the patient currently need...	Unable	A Lot	A Little	None
1. Putting on and taking off regular lower body clothing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Bathing (including washing, rinsing, drying)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Toileting, which includes using toilet, bedpan, or urinal?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Putting on and taking off regular upper body clothing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Taking care of personal grooming such as brushing teeth?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Eating meals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Raw Score: _____ / 24