RESPIRATIONS FORM:

Resident's Name: (Do not need to complete for test)

Date: (Do not need to complete for test)

RECORD RESPIRATIONS	
	/minute

PULSE FORM:

Resident's Name: (Do not need to complete for test)

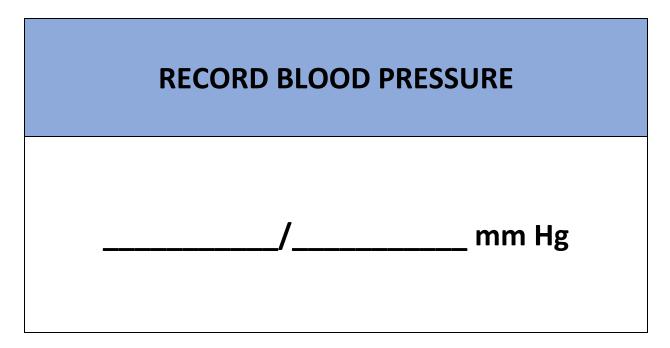
Date: (Do not need to complete for test)

RECORD PULSE	
	/minute

MANUAL BLOOD PRESSURE FORM:

Resident's Name: (Do not need to complete for test)

Date: (Do not need to complete for test)



INTAKE AND OUTPUT (I & O) FORM:

Resident's Name: (Do not need to complete for test)

Date: (Do not need to complete for test)

INTAKE			
Time	Туре	Amount in	Initials
	(oral, IV or tube feeding)	ml (or cc's)	

OUTPUT			
Time	Туре	Amount in	Initials
	(urine, emesis, drainage or diarrhea)	ml (or cc's)	

FOOD & FLUID INTAKE FORM

Resident's Name: (Do not need to complete for test)

Date: (Do not need to complete for test)

Intake	Amount of Food Eaten	Amount of Fluid Intake
Check one:	Check one:	Check one:
D MEAL	□ 0% □ 25% □ 50%	□ 0% □ 25% □ 50%
🗆 SNACK	□ 75% □ 100%	□ 75% □ 100%