**SR1 SELF REPORT MEASURES FOR ADULTS AND OLDER PEOPLE**

**K10 + LM - TAMIL**

<table>
<thead>
<tr>
<th></th>
<th>PHYSICAL ACTIVITY</th>
<th>EATING</th>
<th>SLEEP</th>
<th>BOWEL MOVEMENTS</th>
<th>URINARY MOVEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>No physical activity detected</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>No evidence of physical activity</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Holes Punched as per AS2828.1: 2012**

**NH600928    271213**

**SR1 SELF REPORT MEASURES FOR ADULTS AND OLDER PEOPLE**

**K10 + LM - TAMIL**

**NO WRITING**

Page 1 of 2
### SR1 SELF REPORT MEASURES FOR ADULTS AND OLDER PEOPLE

#### K10 + LM

- **Facility:**

#### SR1 Self Report Measures for Adults and Older People

- **Location / Ward:**

**Complete all details or affix patient label here**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. What is your current medication, if any?</td>
<td>(Refer to attached sheet)</td>
</tr>
<tr>
<td>12. How are you feeling presently?</td>
<td>(Refer to attached sheet)</td>
</tr>
<tr>
<td>13. How is your pain perceived?</td>
<td>(Refer to attached sheet)</td>
</tr>
<tr>
<td>14. How would you rate your current function?</td>
<td></td>
</tr>
</tbody>
</table>

**For Care Planning Purposes:**

- **K10 score:**

**Staff comments:**

- **Staff name:**
- **Signature:**
- **Designation:**
- **Date:**

**Consumer signature:**

- **Date:**

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