Utrecht Scale for Evaluation of Rehabilitation (USER)

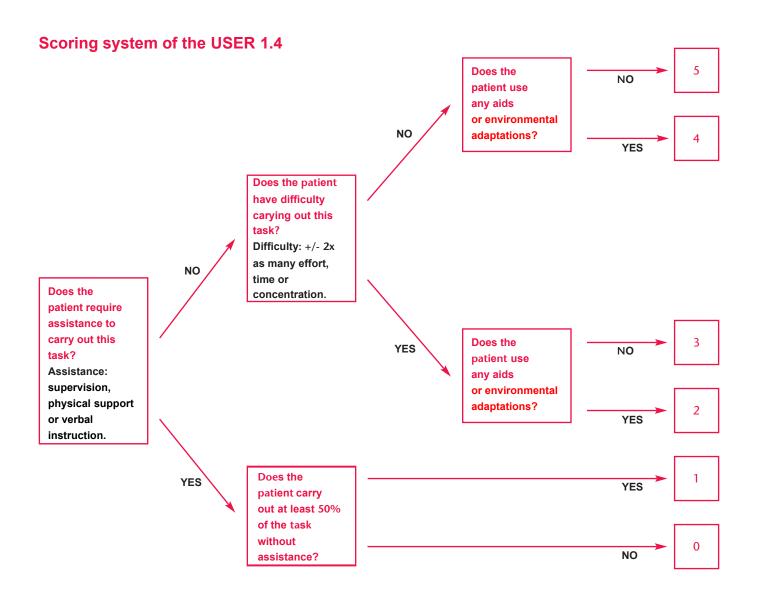
Patientnumber	Patient		Assessor	Date	
Type of measurement:	measurement / goal *		intake/ intermediate /discharge *	* circle what applies	
		Score (0-5)		Score (0-5)	
Mobility			Communication		
1. Sitting			15. Expressing oneself		
2. Standing			16. Comprehension		
3. Transfers			Cognition		
4. Walking indoors			17. Visual perception		
5. Walking longer distance	es		18. Orientation in space and time		
6. Climbing stairs			19. Attention and concentration		
7. Wheelchair mobility (N	ote: divergent scoring)		20. Memory		
			21. Task execution		
	Score Mobility	/ 35	Behaviour		
Selfcare			22. Initiative		
8. Eating and drinking			23. Behaviour control		
9. Grooming			24. Social behaviour		
10. Showering/ Bathing					
11. Dressing/ Undressing			Score Cognitive fund	ctioning / 50	
12. Toileting/ bladder voidi	ng and defecation				
13. Bladder incontinence (Note: divergent scoring)				
14. Fecal incontinence (No	te: divergent scoring)				

Ask the patient to indicate how he/she felt the last few days, regarding:

/35

Score Selfcare

	25. Pain											
None at all	0	10	20	30	40	50	60	70	80	90	100	Worst imaginable
at all	26. Fatigu	10										magmabic
None	0	10	20	30	40	50	60	70	80	90	100	Worst
at all												imaginable
	27. Depre	ssed mod	od									
None at all	0	10	20	30	40	50	60	70	80	90	100	Worst imaginable
at all	28. Grief											inaginable
None	0	10	20	30	40	50	60	70	80	90	100	Worst
at all												imaginable
Nana	29. Anxie	ty										Worst
None at all	0	10	20	30	40	50	60	70	80	90	100	imaginable
	30. Anger											
None	0	10	20	30	40	50	60	70	80	90	100	Worst
at all												imaginable



Tips for scoring

- Make use of the manual (www.dehoogstraat.nl/meetinstrument-user)
- Score what the patient actually does in every day life at the rehabilitation department
- When in doubt consult a colleague
- . If a patient's level of functioning varies with the situation or over time, you should record the lowest score when in doubt

Scoring for assistance, difficulty or aids

- 5 = without difficulty, without assistance, aids or adaptations
- 4 = without difficulty, without assistance, with aids or adaptations
- 3 = with difficulty, without assistance, without aids or adaptations
- 2 = with difficulty, without assistance, with aids or adaptations
- 1 = supervision and/or partial assistance of others (>50% self)
- 0 = largely or completely by others (< 50% self), or not executed

Divergent scores

Wheelchair mobility

- 5 = hand-propelled wheelchair without difficulty, or no wheelchair
- 3 = hand-propelled wheelchair, with difficulty
- 1 = electric wheelchair
- 0 = driving wheelchair not possible without assistance Note: difficulty also means: only short distances, with some passistance in difficult circumstances (e.g. doorsill)

Frequency of incontinentie

- 5 = continent for urine or faeces
- 4 = continent for urine or faeces with aids (stoma, catheter)
- 3 = less than 1x per week incontinent
- 1 = 1-7 x per week
- 0 = more than 1x per day