



## CERTIFIED NURSING ASSISTANT SKILLS EVALUATION - SELF ASSESSMENT

### Level Of Proficiency

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have a performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level...

Certified Nursing Assistant	A	B	C	D			A	B	C	D	
						<b>Elimination (cont.)</b>					
Documentation						Assist with ostomy change					
Clinical note						Empty Foley catheter bag					
						Empty drainage bag					
Personal Care						Other: (list)					
Total bed bath											
Tub bath											
Shower						Activity					
Sponge bath						Repositioning					
Sitz bath						Walk with assistance					
Hair care						Walk with supervision					
Shampoo						Up in chair					
Nail and foot care						Dangle					
Skin care						Walker					
Perineal care						Passive range of motion					
Oral care						Active range of motion					
Denture care						Transfer					
Shave						Hoyer lift					
Assist with dressing						Assist with exercise program					
Other: (list)						Other: (list)					
Elimination						Observation					
Monitor bowel movements						Temperature					
Measure output						Oral					
Bedpan						Axillary					
Bedside commode						Tympanic					
Assist to bathroom						Rectal					
Assist with bowel program						Respiration					



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Certified Nursing Assistant	A	B	C	D		A	B	C	D	
Blood pressure						Care of Patient Environment				
Weight						Linen change				
						Complete bed change				
Nutrition						Cleaning				
Regular										
Low salt										
Low fat						Infection control				
Bland						Universal precautions				
Mechanical soft						TB precautions				
Diabetic						Blood borne pathogens				
Serve meal						Disposal of hazardous waste				
Assist with feeding										
Encourage fluids										
Fluid restriction										
Other: (list)										

**Maxim Representative:** \_\_\_\_\_