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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
A0050	Type of Record	1-Add new assessment/record 2-Modify existing record 3-Inactivate existing record	*	N
A0100	Facility Provider Numbers	*	*	N
A0100A	National Provider Identifier (NPI)	Text-National Provider Identifier (NPI) ^-Blank (not available or unknown)	*	N
A0100B	CMS Certification Number (CCN)	Text-CMS Certification Number (CCN) ^-Blank (not available or unknown)	*	N
A0100C	State {Facility/Provider} Number	Text-State Provider Number ^-Blank (not available or unknown)	*	N
A0200	Type of Provider	1-Nursing home (SNF/NF) 2-Swing Bed	QM RUG III	N
A0310	Type of Assessment	*	*	N
A0310A	Federal OBRA Reason for Assessment	05-Significant correction to prior comprehensive assessment 06-Significant correction to prior quarterly assessment 01-Admission assessment (required by day 14) 02-Quarterly review assessment 03-Annual assessment 04-Significant change in status assessment 99-None of the above	CAA QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
A0310B	PPS Assessment	03-30-day scheduled assessment 04-60-day scheduled assessment 07-Unscheduled assessment used	QM RUG III RUG IV NON-REHAB	N



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		for PPS (OMRA, significant or clinical change, or significant correction assessment) 01-5-day scheduled assessment 02-14-day scheduled assessment 05-90-day scheduled assessment 99-None of the above	RUG IV REHAB S&C	
A0310C	PPS Other Medicare Required Assessment - OMRA	0-No 1-Start of therapy assessment 2-End of therapy assessment 3-Both Start and End of therapy assessment 4-Change of therapy assessment	RUG IV REHAB	N
A0310D	Is this a Swing Bed clinical change assessment? Complete only if {provider type = Swing Bed}	0-No 1-Yes ^Blank (skip pattern)	RUG IV NON-REHAB RUG IV REHAB	N
A0310E	Is this assessment the first assessment since the most recent {admission}?	0-No 1-Yes	*	N
A0310F	Entry/discharge reporting	01-Entry tracking record 10-Discharge assessment - return not anticipated 11-Discharge assessment - return anticipated 12-Death in facility tracking record 99-None of the above	QM	N
A0310G	Type of discharge - Complete only if {discharge assessment}	1-Planned 2-Unplanned ^Blank (skip pattern)	QM	N
A0310H	Is this a SNF Part A PPS Discharge Assessment?	0-No 1-Yes	*	N



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A0410	Unit Certification or Licensure Designation	3-Unit is Medicare and/or Medicaid certified 2-Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 1-Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State	*	N
A0500	Legal Name of {Patient/Resident}	*	*	N
A0500A	First name	Text-{Patient/Resident} First name	*	N
A0500B	Middle initial	^-Blank (not available or unknown) Text-{Patient/Resident} Middle initial	*	N
A0500C	Last name	Text-{Patient/Resident} Last name	*	N
A0500D	Suffix	^-Blank (not available or unknown) Text-{Patient/Resident} Suffix	*	N
A0600	Social Security and Medicare Numbers	*	*	N
A0600A	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident} Social Security Number	*	N
A0600B	Medicare number (or comparable railroad insurance number)	^-Blank (not available or unknown) Text-Patient/Resident} Medicare number (or comparable railroad insurance number) or Medicare Beneficiary Identifier (MBI)	*	N
A0700	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	+ -Enter "+" if Medicaid application is pending N -Enter "N" if not a Medicaid recipient	*	N



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		^-Blank (not available or unknown) Text-{Patient/Resident} Medicaid number		
A0800	Gender	1-Male 2-Female	QM	N
A0900	Birth Date	MMDDYYYY-{Patient/Resident} Birthdate MMYYYY-{Patient/Resident} Birthdate (if day of month is unknown) YYYY-{Patient/Resident} Birthdate (if month and day unknown)	QM	N
A1000	Race/Ethnicity: Check all that apply	--Not assessed/no information A-American Indian or Alaska Native B-Asian C-Black or African American D-Hispanic or Latino E-Native Hawaiian or Other Pacific Islander F-White	*	N
A1100	Language	*	*	N
A1100A	Does the {patient/resident} need or want an interpreter to communicate with a doctor or health care staff?	0-No 1-Yes 9-Unable to determine --Not assessed/no information	*	N
A1100B	Preferred language	Text-Specify preferred language --Not assessed/no information ^-Blank (skip pattern)	*	N
A1200	Marital Status	1-Never married	*	N



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		2-Married 3-Widowed 4-Separated 5-Divorced --Not assessed/no information		
A1300	Optional {Patient/Resident} Items	*	*	N
A1300A	Medical record number	Text-Medical record number for current {facility/provider} ^-Blank (not available or unknown)	*	N
A1300B	Room number	Text-{Patient/Resident} room number ^-Blank (not available or unknown)	*	N
A1300C	Name by which {patient/resident} prefers to be addressed	Text-Name by which {patient/resident} prefers to be addressed ^-Blank (not available or unknown)	*	N
A1300D	Lifetime occupation(s) - put "/" between two occupations	Text-Lifetime occupation(s) - put "/" between two occupations ^-Blank (not available or unknown)	*	N
A1500	Preadmission Screening and Resident Review (PASRR). Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition? Complete only if {admission, annual, significant change, or significant correction}	0-No 9-Not a Medicaid-certified unit 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
A1510	Level II Preadmission Screening and Resident Review (PASRR) Conditions. Complete only if {admission, annual, significant change, or significant correction}: Check all that apply	--Not assessed/no information A-Serious mental illness B-Intellectual Disability ("mental retardation" in federal regulation)	*	N



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		C-Other related conditions ^-Blank (skip pattern)		
A1550	Conditions Related to ID/DD Status. If the {patient/resident} is 22 years of age or older, complete only if {admission}. If the {patient/resident} is 21 years of age or younger, complete only if {admission, annual, significant change, or significant correction}: Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely	--Not assessed/no information A-Down syndrome B-Autism C-Epilepsy D-Other organic condition related to ID/DD E-ID/DD with no organic condition Z-None of the above ^-Blank (skip pattern)	S&C	N
A1600	Entry Date	MMDDYYYY-Entry date (date of this admission/entry or reentry into the facility)	QM S&C	N
A1700	Type of Entry	1-Admission 2-Reentry	QM	N
A1800	Entered From	01-Community (private home/apt., board/care, assisted living, group home) 03-Acute hospital 06-ID/DD facility 99-Other 02-Another nursing home or swing bed 04-Psychiatric hospital 05-Inpatient rehabilitation facility 07-Hospice 09-Long Term Care Hospital (LTCH)	*	N
A1900	Admission Date (Date this episode of care in this {facility/setting} began)	MMDDYYYY-Admission date	*	N



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A2000	Discharge Date - Complete only if {discharge or death}	MMDDYYYY-Discharge date ^-Blank (skip pattern)	QM	N
A2100	Discharge Status - Complete only if {discharge or death}	01-Community (private home/apt., board/care, assisted living, group home) 03-Acute hospital 06-ID/DD facility 99-Other 02-Another nursing home or swing bed 04-Psychiatric hospital 05-Inpatient rehabilitation facility 07-Hospice 08-Deceased 09-Long Term Care Hospital (LTCH) ^-Blank (skip pattern)	*	N
A2200	Previous Assessment Reference Date for Significant Correction. Complete only if {significant correction}	MMDDYYYY-Previous assessment reference date for significant correction ^-Blank (skip pattern)	*	N
A2300	Assessment Reference Date. Observation end date	MMDDYYYY-Assessment reference date	QM RUG IV NON-REHAB RUG IV REHAB	N
A2400	Medicare Stay	*	*	N
A2400A	Has the {patient/resident} had a Medicare-covered stay since the most recent entry?	0-No 1-Yes	*	N
A2400B	Start date of most recent Medicare stay	MMDDYYYY-Start date of most recent Medicare stay ^-Blank (skip pattern)	RUG IV REHAB	N



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A2400C	End date of most recent Medicare stay. Enter dashes if stay is ongoing	MMDDYYYY-End date of most recent Medicare stay -----Medicare stay is ongoing ^-Blank (skip pattern)	RUG IV REHAB	N
B0100	Comatose. Persistent vegetative state/no discernible consciousness	0-No 1-Yes --Not assessed/no information	QM RUG III RUG IV NON-REHAB	N
B0200	Hearing. Ability to hear (with hearing aid or hearing appliances if normally used)	0-Adequate - no difficulty in normal conversation, social interaction, listening to TV 1-Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2-Moderate difficulty - Speaker has to increase volume and speak distinctly 3-Highly impaired - absence of useful hearing --Not assessed/no information ^-Blank (skip pattern)	CAA S&C	N
B0300	Hearing Aid. Hearing aid or other hearing appliance used in completing: Hearing	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	S&C	N
B0600	Speech Clarity. Select best description of speech pattern	0-Clear speech - distinct intelligible words 1-Unclear speech - slurred or mumbled words 2-No speech - absence of spoken words	*	N



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		--Not assessed/no information ^Blank (skip pattern)		
B0700	Makes Self Understood. Ability to express ideas and wants, consider both verbal and non-verbal expression	0-Understood 1-Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2-Sometimes understood - ability is limited to making concrete requests 3-Rarely/never understood --Not assessed/no information ^Blank (skip pattern)	CAA RUG III RUG IV NON-REHAB	N
B0800	Ability To Understand Others. Understanding verbal content, however able (with hearing aid or device if used)	0-Understands - clear comprehension 1-Usually understands - misses some part/intent of message but comprehends most conversation 2-Sometimes understands - responds adequately to simple, direct communication only 3-Rarely/never understands --Not assessed/no information ^Blank (skip pattern)	CAA	N
B1000	Vision. Ability to see in adequate light (with glasses or other visual appliances)	0-Adequate - sees fine detail, such as regular print in newspapers/books 1-Impaired - sees large print, but not regular print in newspapers/books 2-Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3-Highly impaired - object	CAA QM S&C	N



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		identification in question, but eyes appear to follow objects 4-Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects --Not assessed/no information ^Blank (skip pattern)		
B1200	Corrective lenses (contacts, glasses or magnifying glass) used in completing: Vision	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	S&C	N
C0100	Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all {patients/residents}	1-Yes --Not assessed/no information 0-No ({patient/resident} is rarely/never understood) ^Blank (skip pattern)	S&C	N
C0200	Repetition of Three Words - Ask {patient/resident}: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words." Number of words repeated after first attempt	2-Two 3-Three 0-None 1-One --Not assessed/no information ^Blank (skip pattern)	S&C	N
C0300	Temporal Orientation (orientation to year, month, and day)	*	*	N
C0300A	Ask {patient/resident}: "Please tell me what year it is right now." Able to report correct year	3-Correct 2-Missed by 1 year 1-Missed by 2 - 5 years 0-Missed by > 5 years or no answer --Not assessed/no information ^Blank (skip pattern)	S&C	N



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C0300B	Ask {patient/resident}: "What month are we in right now?" Able to report correct month	2-Accurate within 5 days 1-Missed by 6 days to 1 month 0-Missed by > 1 month or no answer --Not assessed/no information ^-Blank (skip pattern)	S&C	N
C0300C	Ask {patient/resident}: "What day of the week is today?" Able to report correct day of the week	1-Correct 0-Incorrect or no answer --Not assessed/no information ^-Blank (skip pattern)	S&C	N
C0400	Recall. Ask {patient/resident}: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.	*	*	N
C0400A	Able to recall "sock"	1-Yes, after cueing ("something to wear") 2-Yes, no cue required 0-No - could not recall --Not assessed/no information ^-Blank (skip pattern)	S&C	N
C0400B	Able to recall "blue"	2-Yes, no cue required 1-Yes, after cueing ("a color") 0-No - could not recall --Not assessed/no information ^-Blank (skip pattern)	S&C	N
C0400C	Able to recall "bed"	1-Yes, after cueing ("a piece of furniture") 2-Yes, no cue required 0-No - could not recall --Not assessed/no information	S&C	N



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		^-Blank (skip pattern)		
C0500	BIMS Summary Score. Add scores for {Brief Interview for Mental Status questions} and fill in total score (00-15). Enter 99 if the {patient/resident} was unable to complete the interview	15-Maximum value 99-Unable to complete interview --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	CAA QM RUG III RUG IV NON-REHAB S&C	N
C0600	Should the Staff Assessment for Mental Status be Conducted?	0-No ({patient/resident} was able to complete Brief Interview for Mental Status) 1-Yes ({patient/resident} was unable to complete Brief Interview for Mental Status) --Not assessed/no information ^-Blank (skip pattern)	*	N
C0700	Short-term Memory OK. Seems or appears to recall after 5 minutes	0-Memory OK 1-Memory problem --Not assessed/no information ^-Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
C0800	Long-term Memory OK. Seems or appears to recall long past	0-Memory OK 1-Memory problem --Not assessed/no information ^-Blank (skip pattern)	CAA S&C	N
C0900	Memory/Recall Ability: Check all that the {patient/resident} was normally able to recall	--Not assessed/no information A-Current season B-Location of own room C-Staff names and faces D-That he or she is in a nursing home/hospital swing bed Z-None of the above were recalled	*	N



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		^Blank (skip pattern)		
C1000	Cognitive Skills for Daily Decision Making. Made decisions regarding tasks of daily life	0-Independent - decisions consistent/reasonable 1-Modified independence - some difficulty in new situations only 2-Moderately impaired - decisions poor; cues/supervision required 3-Severely impaired - never/rarely made decisions --Not assessed/no information ^Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
C1310	Signs and Symptoms of Delirium (from CAM©). Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	*	*	N
C1310A	Acute Onset Mental Status Change. Is there evidence of an acute change in mental status from the {patient's/resident's} baseline?	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	CAA	N
C1310B	Inattention - Did the {patient/resident} have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	0-Behavior not present 2-Behavior present, fluctuates (comes and goes, changes in severity) 1-Behavior continuously present, does not fluctuate --Not assessed/no information ^Blank (skip pattern)	CAA	N
C1310C	Disorganized Thinking - Was the {patient's/resident's} thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	0-Behavior not present 2-Behavior present, fluctuates (comes and goes, changes in severity)	CAA	N



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		1-Behavior continuously present, does not fluctuate --Not assessed/no information ^-Blank (skip pattern)		
C1310D	Altered Level of Consciousness - Did the {patient/resident} have altered level of consciousness, as indicated by any of the following criteria? vigilant - startled easily to any sound or touch, lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch, stuporous - very difficult to arouse and keep aroused for the interview, comatose - could not be aroused	0-Behavior not present 2-Behavior present, fluctuates (comes and goes, changes in severity) 1-Behavior continuously present, does not fluctuate --Not assessed/no information ^-Blank (skip pattern)	CAA	N
D0100	Should {Patient/Resident} Mood Interview be Conducted? - Attempt to conduct interview with all {patients/residents}	1-Yes --Not assessed/no information 0-No ({patient/resident} is rarely/never understood) ^-Blank (skip pattern)	*	N
D0200	{Patient/Resident} Mood Interview (PHQ-9). Say to {patient/resident}: "Over the last 2 weeks, have you been bothered by any of the following problems?"	*	*	N
D0200A1	Little interest or pleasure in doing things - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	CAA S&C	N
D0200A2	Little interest or pleasure in doing things - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the	QM	N



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		days) --Not assessed/no information ^Blank (skip pattern)		
D0200B1	Feeling down, depressed, or hopeless - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0200B2	Feeling down, depressed, or hopeless - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0200C1	Trouble falling or staying asleep, or sleeping too much - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0200C2	Trouble falling or staying asleep, or sleeping too much - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0200D1	Feeling tired or having little energy - Symptom Presence	9-No response (leave column 2	S&C	N



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		blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)		
D0200D2	Feeling tired or having little energy - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)	QM	N
D0200E1	Poor appetite or overeating - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	S&C	N
D0200E2	Poor appetite or overeating - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)	QM	N
D0200F1	Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information	S&C	N



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		^-Blank (skip pattern)		
D0200F2	Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)	QM	N
D0200G1	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	S&C	N
D0200G2	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)	QM	N
D0200H1	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	S&C	N
D0200H2	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day	QM	N



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	than usual - Symptom Frequency	2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)		
D020011	Thoughts that you would be better off dead, or hurting yourself in some way - Symptom Presence	9-No response (leave column 2 blank) 0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	CAA S&C	N
D020012	Thoughts that you would be better off dead, or hurting yourself in some way - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0300	Total Severity Score. Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).	99-Unable to complete interview 27-Maximum value --Not assessed/no information ^Blank (skip pattern) 00-Minimum value	CAA QM RUG III RUG IV NON-REHAB S&C	N
D0350	Safety Notification - Complete only if {self harm question = yes} indicating possibility of {patient/resident} self harm. Was responsible staff or provider informed that there is a potential for {patient/resident} self harm?	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	*	N
D0500	Staff Assessment of {Patient/Resident} Mood (PHQ-9-OV*). Do not conduct if {Patient/Resident} Mood Interview was completed. Over the last 2 weeks, did the {patient/resident} have any of the following problems or	*	*	N



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	behaviors?			
D0500A1	Little interest or pleasure in doing things - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	CAA S&C	N
D0500A2	Little interest or pleasure in doing things - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0500B1	Feeling or appearing down, depressed, or hopeless - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0500B2	Feeling or appearing down, depressed, or hopeless - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0500C1	Trouble falling or staying asleep, or sleeping too much - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0500C2	Trouble falling or staying asleep, or sleeping too much - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day	QM	N



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		2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)		
D0500D1	Feeling tired or having little energy - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	S&C	N
D0500D2	Feeling tired or having little energy - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)	QM	N
D0500E1	Poor appetite or overeating - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	S&C	N
D0500E2	Poor appetite or overeating - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^-Blank (skip pattern)	QM	N
D0500F1	Indicating that s/he feels bad about self, is a failure, or has let self or family down - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^-Blank (skip pattern)	S&C	N



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D0500F2	Indicating that s/he feels bad about self, is a failure, or has let self or family down - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0500G1	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0500G2	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0500H1	Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0500H2	Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0500I1	States that life isn't worth living, wishes for death, or	0-No (enter 0 in column 2)	CAA	N



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	attempts to harm self - Symptom Presence	1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	
D0500I2	States that life isn't worth living, wishes for death, or attempts to harm self - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0500J1	Being short tempered, easily annoyed - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) --Not assessed/no information ^Blank (skip pattern)	S&C	N
D0500J2	Being short tempered, easily annoyed - Symptom Frequency	1-2-6 days (several days) 3-12-14 days (nearly every day) 0-Never or 1 day 2-7-11 days (half or more of the days) --Not assessed/no information ^Blank (skip pattern)	QM	N
D0600	Total Severity Score. Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.	30-Maximum value --Not assessed/no information ^Blank (skip pattern) 00-Minimum value	CAA QM RUG III RUG IV NON-REHAB S&C	N
D0650	Safety Notification - Complete only if {self harm question = yes} indicating possibility of {patient/resident} self harm. Was responsible staff or provider informed that there is a potential for {patient/resident} self harm?	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	*	N



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E0100	Potential Indicators of Psychosis: Check all that apply	--Not assessed/no information A-Hallucinations (perceptual experiences in the absence of real external sensory stimuli) B-Delusions (misconceptions or beliefs that are firmly held, contrary to reality) Z-None of the above ^-Blank (skip pattern)	QM RUG III RUG IV NON-REHAB	N
E0200	Behavioral Symptom - Presence & Frequency. Note presence of symptoms and their frequency.	*	*	N
E0200A	Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily --Not assessed/no information ^-Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
E0200B	Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily --Not assessed/no information ^-Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
E0200C	Other behavioral symptoms not directed at others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to	CAA QM RUG III RUG IV NON-REHAB	N



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	verbal/vocal symptoms like screaming, disruptive sounds)	6 days, but less than daily 3-Behavior of this type occurred daily --Not assessed/no information ^-Blank (skip pattern)	S&C	
E0300	Overall Presence of Behavioral Symptoms. Were any behavioral symptoms in {Behavioral Symptom question} coded 1, 2, or 3?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	CAA S&C	N
E0500	Impact on {Patient/Resident}. Did any of the identified symptom(s):	*	*	N
E0500A	Put the {patient/resident} at risk for physical illness or injury?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
E0500B	Significantly interfere with the {patient's/resident's} care?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
E0500C	Significantly interfere with the {patient's/resident's} participation in activities or social interactions?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
E0600	Impact on Others. Did any of the identified symptom(s):	*	*	N
E0600A	Put others at significant risk for physical injury?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
E0600B	Significantly intrude on the privacy or activity of others?	0-No 1-Yes	*	N



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		--Not assessed/no information ^Blank (skip pattern)		
E0600C	Significantly disrupt care or living environment?	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	*	N
E0800	Rejection of Care - Presence & Frequency. Did the {patient/resident} reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the {patient's/resident's} goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the {patient/resident} or family), and determined to be consistent with {patient/resident} values, preferences, or goals.	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily --Not assessed/no information ^Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
E0900	Wandering - Presence & Frequency. Has the {patient/resident} wandered?	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily --Not assessed/no information ^Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
E1000	Wandering - Impact	*	*	N
E1000A	Does the wandering place the {patient/resident} at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	*	N
E1000B	Does the wandering significantly intrude on the privacy or activities of others?	0-No 1-Yes	*	N



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		--Not assessed/no information ^Blank (skip pattern)		
E1100	Change in Behavior or Other Symptoms. Consider all of the symptoms assessed in {Behavior section}. How does {patient's/resident's} current behavior status, care rejection, or wandering compare to prior assessment?	0-Same 1-Improved 2-Worse 3-N/A because no prior MDS assessment --Not assessed/no information ^Blank (skip pattern)	CAA	N
F0300	Should Interview for Daily and Activity Preferences be Conducted? Attempt to interview all {patients/residents} able to communicate. If {patient/resident} is unable to complete, attempt to complete interview with family member or significant other.	0-No ({patient/resident} is rarely/never understood and family/significant other not available) 1-Yes --Not assessed/no information ^Blank (skip pattern)	*	N
F0400	Interview for Daily Preferences: Show {patient/resident} the response options and say: "While you are in this {facility/setting}..."	*	*	N
F0400A	how important is it to you to choose what clothes to wear?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^Blank (skip pattern)	*	N
F0400B	how important is it to you to take care of your personal belongings or things?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive	*	N



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		2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)		
F0400C	how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	*	N
F0400D	how important is it to you to have snacks available between meals?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	*	N
F0400E	how important is it to you to choose your own bedtime?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	*	N
F0400F	how important is it to you to have your family or a close friend involved in discussions about your care?	5-Important, but can't do or no choice 1-Very important 4-Not important at all	*	N



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		9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)		
F0400G	how important is it to you to be able to use the phone in private?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	*	N
F0400H	how important is it to you to have a place to lock your things to keep them safe?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	*	N
F0500	Interview for Activity Preferences: Show {patient/resident} the response options and say: "While you are in this {facility/setting}..."	*	*	N
F0500A	how important is it to you to have books, newspapers, and magazines to read?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important	CAA	N



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		--Not assessed/no information ^Blank (skip pattern)		
F0500B	how important is it to you to listen to music you like?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^Blank (skip pattern)	CAA	N
F0500C	how important is it to you to be around animals such as pets?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^Blank (skip pattern)	CAA	N
F0500D	how important is it to you to keep up with the news?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^Blank (skip pattern)	CAA	N
F0500E	how important is it to you to do things with groups of people?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important	CAA	N



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		3-Not very important --Not assessed/no information ^-Blank (skip pattern)		
F0500F	how important is it to you to do your favorite activities?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	CAA	N
F0500G	how important is it to you to go outside to get fresh air when the weather is good?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	CAA	N
F0500H	how important is it to you to participate in religious services or practices?	5-Important, but can't do or no choice 1-Very important 4-Not important at all 9-No response or non-responsive 2-Somewhat important 3-Not very important --Not assessed/no information ^-Blank (skip pattern)	CAA	N
F0600	Daily and Activity Preferences Primary Respondent. Indicate primary respondent for Daily and Activity Preferences	2-Family or significant other (close friend or other representative) 9-Interview could not be completed by {patient/resident} or	CAA	N



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		family/significant other ("No response" to 3 or more items) 1-{Patient/Resident} --Not assessed/no information ^-Blank (skip pattern)		
F0700	Should the Staff Assessment of Daily and Activity Preferences be Conducted?	0-No (because Interview for Daily and Activity Preferences was completed by {patient/resident} or family/significant other) 1-Yes (because 3 or more items in Interview for Daily and Activity Preferences were not completed by {patient/resident} or family/significant other) --Not assessed/no information ^-Blank (skip pattern)	*	N
F0800	Staff Assessment of Daily and Activity Preferences. Do not conduct if Interview for Daily and Activity Preferences was completed. {Patient/Resident} Prefers: Check all that apply	--Not assessed/no information A-Choosing clothes to wear B-Caring for personal belongings C-Receiving tub bath D-Receiving shower E-Receiving bed bath F-Receiving sponge bath G-Snacks between meals H-Staying up past 8:00 p.m. I-Family or significant other involvement in care discussions J-Use of phone in private K-Place to lock personal belongings L-Reading books, newspapers, or magazines	CAA	N



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		M-Listening to music N-Being around animals such as pets O-Keeping up with the news P-Doing things with groups of people Q-Participating in favorite activities R-Spending time away from the nursing home S-Spending time outdoors T-Participating in religious activities or practices Z-None of the above ^-Blank (skip pattern)		
G0110	Activities of Daily Living (ADL) Assistance. Refer to the ADL flow chart in the {manual} to facilitate accurate coding	*	*	N
G0110A1	Bed mobility - how {patient/resident} moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or	CAA QM RUG III RUG IV NON-REHAB RUG IV REHAB	N



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		twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information		
G0110A2	Bed mobility - how {patient/resident} moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
G0110B1	Transfer - how {patient/resident} moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-	CAA QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N



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		weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information		
G0110B2	Transfer - how {patient/resident} moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
G0110C1	Walk in room - how {patient/resident} walks between locations in his/her room - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance -	CAA S&C	N



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		{patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information		
G0110C2	Walk in room - how {patient/resident} walks between locations in his/her room - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	*	N
G0110D1	Walk in corridor - how {patient/resident} walks in corridor on unit - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance -	CAA QM S&C	N



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		{patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information		
G0110D2	Walk in corridor - how {patient/resident} walks in corridor on unit - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	*	N
G0110E1	Locomotion on unit - how {patient/resident} moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time	CAA QM	N



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	chair - Self-Performance	for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information		
G0110E2	Locomotion on unit - how {patient/resident} moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
G0110F1	Locomotion off unit - how {patient/resident} moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If {facility/setting} has only one floor, how {patient/resident} moves to and from distant areas on the floor. If in a wheelchair, self-sufficiency once in chair - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information	CAA	N
G0110F2	Locomotion off unit - how {patient/resident} moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If {facility/setting} has only one floor, how {patient/resident} moves to and from distant areas on the floor. If in a wheelchair, self-sufficiency once in chair - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for	*	N



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		that activity over the entire 7-day period --Not assessed/no information		
G0110G1	Dressing - how {patient/resident} puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information	CAA QM S&C	N
G0110G2	Dressing - how {patient/resident} puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist	*	N



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		8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information		
G0110H1	Eating - how {patient/resident} eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parental nutrition, IV fluids administered for nutrition or hydration) - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information	CAA QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
G0110H2	Eating - how {patient/resident} eats and drinks,	1-Setup help only	RUG IV NON-REHAB	N



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	regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parental nutrition, IV fluids administered for nutrition or hydration) - Support	3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	RUG IV REHAB	
G011011	Toilet use - how {patient/resident} uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight, encouragement or cueing 4-Total dependence - full staff performance every time during entire	CAA QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N



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		7-day period --Not assessed/no information		
G0110I2	Toilet use - how {patient/resident} uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
G0110J1	Personal hygiene - how {patient/resident} maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) - Self-Performance	8-Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period 3-Extensive assistance - {patient/resident} involved in activity, staff provide weight-bearing support 2-Limited assistance - {patient/resident} highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 7-Activity occurred only once or twice - activity did occur but only once or twice 0-Independent - no help or staff oversight at any time 1-Supervision - oversight,	CAA QM	N



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		encouragement or cueing 4-Total dependence - full staff performance every time during entire 7-day period --Not assessed/no information		
G0110J2	Personal hygiene - how {patient/resident} maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) - Support	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	*	N
G0120	Bathing. How {patient/resident} takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support	*	*	N
G0120A	Bathing - Self performance	0-Independent - no help provided 1-Supervision - oversight help only 2-Physical help limited to transfer only 3-Physical help in part of bathing activity 4-Total dependence 8-Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	CAA S&C	N



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G0120B	Bathing - Support provided. (Bathing support codes are as defined in {ADL question, column 2, ADL Support Provided})	1-Setup help only 3-Two+ persons physical assist 0-No setup or physical help from staff 2-One person physical assist 8-ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period --Not assessed/no information	*	N
G0300	Balance During Transitions and Walking. After observing the {patient/resident}, code the following walking and transition items for most dependent.	*	*	N
G0300A	Moving from seated to standing position	8-Activity did not occur 0-Steady at all times 1-Not steady, but able to stabilize without staff assistance 2-Not steady, only able to stabilize with staff assistance --Not assessed/no information	CAA	N
G0300B	Walking (with assistive device if used)	8-Activity did not occur 0-Steady at all times 1-Not steady, but able to stabilize without staff assistance 2-Not steady, only able to stabilize with staff assistance --Not assessed/no information	CAA	N
G0300C	Turning around and facing the opposite direction while walking	8-Activity did not occur 0-Steady at all times 1-Not steady, but able to stabilize	CAA	N



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		without staff assistance 2-Not steady, only able to stabilize with staff assistance --Not assessed/no information		
G0300D	Moving on and off toilet	8-Activity did not occur 0-Steady at all times 1-Not steady, but able to stabilize without staff assistance 2-Not steady, only able to stabilize with staff assistance --Not assessed/no information	CAA	N
G0300E	Surface-to-surface transfer (transfer between bed and chair or wheelchair)	8-Activity did not occur 0-Steady at all times 1-Not steady, but able to stabilize without staff assistance 2-Not steady, only able to stabilize with staff assistance --Not assessed/no information	CAA	N
G0400	Functional Limitation in Range of Motion. Code for limitation that interfered with daily functions or placed {patient/resident} at risk of injury	*	*	N
G0400A	Upper extremity (shoulder, elbow, wrist, hand)	0-No impairment 1-Impairment on one side 2-Impairment on both sides --Not assessed/no information	S&C	N
G0400B	Lower extremity (hip, knee, ankle, foot)	0-No impairment 1-Impairment on one side 2-Impairment on both sides --Not assessed/no information	S&C	N
G0600	Mobility Devices: Check all that were normally used	--Not assessed/no information	S&C	N



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		A-Cane/crutch B-Walker C-Wheelchair (manual or electric) D-Limb prosthesis Z-None of the above were used		
G0900	Functional Rehabilitation Potential. Complete only if {admission}	*	*	N
G0900A	{Patient/Resident} believes he or she is capable of increased independence in at least some ADL's	0-No 1-Yes 9-Unable to determine --Not assessed/no information ^-Blank (skip pattern)	CAA	N
G0900B	Direct care staff believe {patient/resident} is capable of increased independence in at least some ADL's	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	CAA	N
GG0130	Self-Care. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-point scale. If activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal(s) using the 6 point scale. Use of codes 07, 09, 10, or 88 is permissible to code {discharge} goal(s).	*	*	N
GG0130A1	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the {patient/resident}. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the	*	N



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		<p>effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p>		



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		--Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0130A2	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the {patient/resident}. - Discharge Goal	02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal	*	N



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		cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0130A3	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the {patient/resident}. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance -	*	N



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		<p>Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0130B1	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Admission Performance	<p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of</p>	*	N



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		<p>the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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GG0130B2	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Discharge Goal	<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or</p>	*	N



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		intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0130B3	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused	*	N



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		06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0130C1	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the	*	N



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		activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0130C2	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. -	02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half	*	N



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	Discharge Goal	<p>the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		



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GG0130C3	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge Performance	<p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching</p>	*	N



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		assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170	Mobility. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-point scale. If activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code {discharge} goal(s).	*	*	N
GG0170B1	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the	*	N



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		<p>activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170B2	Sit to lying: The ability to move from sitting on side of bed	02-Substantial/maximal assistance -	*	N



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	to lying flat on the bed. - Discharge Goal	<p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p>		



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		--Not assessed/no information ^-Blank (skip pattern)		
GG0170B3	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident}	*	N



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		<p>completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170C1	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Admission Performance	<p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p>	*	N



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		05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170C2	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Discharge Goal	02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	*	N



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		01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170C3	Lying to sitting on side of bed: The ability to move from	09-Not applicable - Not attempted	*	N



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	lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Discharge Performance	<p>and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal</p>		



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		cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170D1	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or	*	N



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		<p>following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170D2	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Goal	<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or</p>	*	N



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		<p>more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		
GG0170D3	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.	*	N



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		<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided</p>		



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		throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170E1	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports	*	N



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		trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170E2	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Goal	02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance -	*	N



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		<p>Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		
GG0170E3	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Performance	<p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half</p>	*	N



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		<p>the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		



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		88-Not attempted due to medical condition or safety concerns		
GG0170F1	Toilet transfer: The ability to get on and off a toilet or commode. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident}	*	N



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		<p>completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170F2	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Goal	<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p>	*	N



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		03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170F3	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the	*	N



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		<p>activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170H1	Does the {patient/resident} walk? - Admission	0-No, and walking goal is not	*	N



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		clinically indicated 1-No, and walking goal is clinically indicated --Not assessed/no information ^-Blank (skip pattern) 2-Yes		
GG0170H3	Does the {patient/resident} walk? - Discharge	0-No --Not assessed/no information ^-Blank (skip pattern) 2-Yes	*	N
GG0170J1	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or	*	N



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		<p>following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170J2	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Goal	<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or</p>	*	N



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		<p>more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		
GG0170J3	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.	*	N



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		<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided</p>		



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		throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170K1	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports	*	N



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		trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170K2	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Goal	02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance -	*	N



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		<p>Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		
GG0170K3	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Performance	<p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half</p>	*	N



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		<p>the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		



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		88-Not attempted due to medical condition or safety concerns		
GG0170Q1	Does the {patient/resident} use a wheelchair and/or scooter? - Admission	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
GG0170Q3	Does the {patient/resident} use a wheelchair and/or scooter? - Discharge	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
GG0170R1	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or	*	N



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		<p>following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170R2	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Goal	<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or</p>	*	N



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		<p>more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		
GG0170R3	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.	*	N



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		<p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided</p>		



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		throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170RR1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	*	N
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	*	N
GG0170S1	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.	*	N



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		05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170S2	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Goal	02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	*	N



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		<p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p>		
GG0170S3	Wheel 150 feet: Once seated in wheelchair/scooter, the	09-Not applicable - Not attempted	*	N



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	ability to wheel at least 150 feet in a corridor or similar space. - Discharge Performance	<p>and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal</p>		



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		cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170SS1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	*	N
GG0170SS3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	*	N
H0100	Appliances: Check all that apply	--Not assessed/no information A-Indwelling catheter (including suprapubic catheter and nephrostomy tube) B-External catheter C-Ostomy (including urostomy, ileostomy, and colostomy) D-Intermittent catheterization Z-None of the above	CAA QM S&C	N
H0200	Urinary Toileting Program	*	*	N
H0200A	Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on	0-No 1-Yes	S&C	N



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	{admission} or since urinary incontinence was noted in this {facility/setting}?	9-Unable to determine --Not assessed/no information		
H0200B	Response - What was the {patient's/resident's} response to the trial program?	0-No improvement 1-Decreased wetness 2-Completely dry (continent) 9-Unable to determine or trial in progress --Not assessed/no information ^Blank (skip pattern)	*	N
H0200C	Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the {patient's/resident's} urinary continence?	0-No 1-Yes --Not assessed/no information ^Blank (skip pattern)	RUG III RUG IV NON-REHAB RUG IV REHAB	N
H0300	Urinary continence - Select the one category that best describes the {patient/resident}	1-Occasionally incontinent (less than 7 episodes of incontinence) 2-Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3-Always incontinent (no episodes of continent voiding) 9-Not rated, {patient/resident} had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days 0-Always continent --Not assessed/no information	CAA QM S&C	N
H0400	Bowel Continence - Select the one category that best describes the {patient/resident}.	0-Always continent 1-Occasionally incontinent (one episode of bowel incontinence) 2-Frequently incontinent (2 or more	CAA QM S&C	N



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		episodes of bowel incontinence, but at least one continent bowel movement) 3-Always incontinent (no episodes of continent bowel movements) 9-Not rated, {patient/resident} had an ostomy or did not have a bowel movement for the entire 7 days --Not assessed/no information		
H0500	Bowel Toileting Program. Is a toileting program currently being used to manage the {patient's/resident's} bowel continence?	0-No 1-Yes --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
H0600	Bowel Patterns. Constipation present?	0-No 1-Yes --Not assessed/no information	CAA	N
I0000	Active Diagnoses in the last 7 days: Check all that apply. Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	--Not assessed/no information I0100-Cancer (with or without metastasis) I0200-Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell) I0300-Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias) I0400-Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD)) I0500-Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or	CAA QM RUG III RUG IV NON-REHAB S&C	N



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		Pulmonary Thrombo-Embolism (PTE) I0600-Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema) I0700-Hypertension I0800-Orthostatic Hypotension I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I1100-Cirrhosis I1200-Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers) I1300-Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease I1400-Benign Prostatic Hyperplasia (BPH) I1500-Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD) I1550-Neurogenic Bladder I1650-Obstructive Uropathy I1700-Multidrug-Resistant Organism (MDRO) I2000-Pneumonia I2100-Septicemia I2200-Tuberculosis I2300-Urinary Tract Infection (UTI) (LAST 30 DAYS)		



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		I2400-Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) I2500-Wound Infection (other than foot) I2900-Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) I3100-Hyponatremia I3200-Hyperkalemia I3300-Hyperlipidemia (e.g., hypercholesterolemia) I3400-Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis) I3700-Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA)) I3800-Osteoporosis I3900-Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck) I4000-Other Fracture I4200-Alzheimer's Disease I4300-Aphasia I4400-Cerebral Palsy I4500-Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke I4800-Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular		



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		multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) I4900-Hemiplegia or Hemiparesis I5000-Paraplegia I5100-Quadriplegia I5200-Multiple Sclerosis (MS) I5250-Huntington's Disease I5300-Parkinson's Disease I5350-Tourette's Syndrome I5400-Seizure Disorder or Epilepsy I5500-Traumatic Brain Injury (TBI) I5600-Malnutrition (protein or calorie) or at risk for malnutrition I5700-Anxiety Disorder I5800-Depression (other than bipolar) I5900-Manic Depression (bipolar disease) I5950-Psychotic Disorder (other than schizophrenia) I6000-Schizophrenia (e.g., schizoaffective and schizophreniform disorders) I6100-Post Traumatic Stress Disorder (PTSD) I6200-Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic		



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		bronchitis and restrictive lung diseases such as asbestosis) I6300-Respiratory Failure I6500-Cataracts, Glaucoma, or Macular Degeneration I7900-None of the above active diagnoses		
I8000	Additional active diagnoses. Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.	*	*	N
I8000A	Additional active diagnosis A.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000B	Additional active diagnosis B.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000C	Additional active diagnosis C.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000D	Additional active diagnosis D.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000E	Additional active diagnosis E.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000F	Additional active diagnosis F.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000G	Additional active diagnosis G.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000H	Additional active diagnosis H.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
I8000I	Additional active diagnosis I.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N



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I8000J	Additional active diagnosis J.	ICD-Valid ICD Code ^Blank (no diagnosis code)	QM	N
J0100	Pain Management - Complete for all {patients/residents}, regardless of current pain level. At any time in the last 5 days, has the {patient/resident}:	*	*	N
J0100A	Received scheduled pain medication regimen?	0-No 1-Yes --Not assessed/no information	QM S&C	N
J0100B	Received PRN pain medications OR was offered and declined?	0-No 1-Yes --Not assessed/no information	S&C	N
J0100C	Received non-medication intervention for pain?	0-No 1-Yes --Not assessed/no information	S&C	N
J0200	Should Pain Assessment Interview be Conducted? Attempt to conduct interview with all {patients/residents}.	1-Yes --Not assessed/no information 0-No ({patient/resident} is rarely/never understood) ^Blank (skip pattern)	QM	Y
J0300	Pain Presence. Ask {patient/resident} "Have you had pain or hurting at any time in the last 5 days?"	0-No 1-Yes 9-Unable to answer --Not assessed/no information ^Blank (skip pattern)	QM	N
J0400	Pain Frequency. Ask {patient/resident} "How much of the time have you experienced pain or hurting over the last 5 days?"	1-Almost constantly 2-Frequently 3-Occasionally 4-Rarely 9-Unable to answer --Not assessed/no information	CAA QM	N



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		^-Blank (skip pattern)		
J0500	Pain Effect on Function	*	*	N
J0500A	Ask {patient/resident} "Over the past 5 days, has pain made it hard for you to sleep at night?"	0-No 1-Yes 9-Unable to answer --Not assessed/no information ^-Blank (skip pattern)	CAA	N
J0500B	Ask {patient/resident} "Over the past 5 days, have you limited your day-to-day activities because of pain?"	0-No 1-Yes 9-Unable to answer --Not assessed/no information ^-Blank (skip pattern)	CAA	N
J0600	Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	*	*	N
J0600A	Numeric Rating Scale (00-10). Ask {patient/resident} "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show {patient/resident} 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.	10-Maximum value 99-Unable to answer --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value	CAA QM	N
J0600B	Verbal Descriptor Scale. Ask {patient/resident} "Please rate the intensity of your worst pain over the last 5 days." (Show {patient/resident} verbal scale)	9-Unable to answer 4-Very severe, horrible --Not assessed/no information ^-Blank (skip pattern) 1-Mild 2-Moderate 3-Severe	CAA QM	N
J0700	Should the Staff Assessment for Pain be Conducted?	0-No (Pain frequency answered) 1-Yes (Pain Assessment interview)	*	N



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		not conducted or Unable to answer pain presence or unable to answer pain frequency) --Not assessed/no information ^-Blank (skip pattern)		
J0800	Indicators of Pain or Possible Pain in the last 5 days: Check all that apply	--Not assessed/no information A-Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning) B-Vocal complaints of pain (e.g., that hurts, ouch, stop) C-Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw) D-Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) Z-None of these signs observed or documented ^-Blank (skip pattern)	CAA	N
J0850	Frequency of Indicator of Pain or Possible Pain in the last 5 days. Frequency with which {patient/resident} complains or shows evidence of pain or possible pain.	1-Indicators of pain or possible pain observed 1 to 2 days 2-Indicators of pain or possible pain observed 3 to 4 days 3-Indicators of pain or possible pain observed daily --Not assessed/no information ^-Blank (skip pattern)	*	N



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J1100	Shortness of Breath (dyspnea): Check all that apply	--Not assessed/no information A-Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B-Shortness of breath or trouble breathing when sitting at rest C-Shortness of breath or trouble breathing when lying flat Z-None of the above	RUG IV NON-REHAB	N
J1300	Current Tobacco Use	0-No 1-Yes --Not assessed/no information	*	N
J1400	Prognosis. Does the {patient/resident} have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)	0-No 1-Yes --Not assessed/no information	QM	N
J1550	Problem Conditions: Check all that apply	--Not assessed/no information A-Fever B-Vomiting C-Dehydrated D-Internal bleeding Z-None of the above	CAA RUG III RUG IV NON-REHAB S&C	N
J1700	Fall History on {Admission}. Complete only if {admission}	*	*	N
J1700A	Did the {patient/resident} have a fall any time in the last month prior to {admission}?	0-No 1-Yes 9-Unable to determine --Not assessed/no information ^-Blank (skip pattern)	CAA S&C	N
J1700B	Did the {patient/resident} have a fall any time in the last 2-6 months prior to {admission}?	0-No 1-Yes 9-Unable to determine	CAA	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		--Not assessed/no information ^Blank (skip pattern)		
J1700C	Did the {patient/resident} have any fracture related to a fall in the 6 months prior to {admission}?	0-No 1-Yes 9-Unable to determine --Not assessed/no information ^Blank (skip pattern)	*	N
J1800	Has the {patient/resident} had any falls since {admission or the prior assessment whichever is more recent}?	0-No 1-Yes --Not assessed/no information	CAA QM S&C	N
J1900	Number of Falls Since {Admission or Prior Assessment whichever is most recent}	*	*	N
J1900A	No injury - No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the {patient/resident}; no change in the {patient's/resident's} behavior is noted after the fall.	0-None 1-One 2-Two or more --Not assessed/no information ^Blank (skip pattern)	*	N
J1900B	Injury (except major) - Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the {patient/resident} to complain of pain	0-None 1-One 2-Two or more --Not assessed/no information ^Blank (skip pattern)	S&C	N
J1900C	Major injury - Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	0-None 1-One 2-Two or more --Not assessed/no information ^Blank (skip pattern)	QM S&C	N
K0100	Swallowing Disorder. Signs and symptoms of possible swallowing disorder: Check all that apply	--Not assessed/no information A-Loss of liquids/solids from mouth when eating or drinking	S&C	N



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		B-Holding food in mouth/cheeks or residual food in mouth after meals C-Coughing or choking during meals or when swallowing medications D-Complaints of difficulty or pain with swallowing Z-None of the above		
K0200	Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up	*	*	N
K0200A	Height (in inches). Record most recent height measure since {admission}	99-Maximum value --Not assessed/no information 00-Minimum value	CAA QM	N
K0200B	Weight (in pounds). Base weight on most recent measure in last {specify time period in days}; measure weight consistently, according to standard {facility/setting} practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	999-Maximum value --Not assessed/no information 000-Minimum value	CAA QM	N
K0300	Weight Loss. Loss of 5% or more in the last month or loss of 10% or more in last 6 months	1-Yes, on physician-prescribed weight-loss regimen 2-Yes, not on physician-prescribed weight-loss regimen 0-No or unknown --Not assessed/no information	CAA QM RUG III RUG IV NON-REHAB S&C	N
K0310	Weight Gain. Gain of 5% or more in the last month or gain of 10% or more in last 6 months	0-No or unknown 1-Yes, on physician-prescribed weight-gain regimen 2-Yes, not on physician-prescribed weight-gain regimen --Not assessed/no information	CAA	N
K0510	Nutritional Approaches: Check all of the following	--Not assessed/no information	CAA	N



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	nutritional approaches that were performed during the last 7 days	A1-Parenteral/IV feeding - While NOT a {Patient/Resident} A2-Parenteral/IV feeding - While a {Patient/Resident} B1-Feeding tube - nasogastric or abdominal (PEG) - While NOT a {Patient/Resident} B2-Feeding tube - nasogastric or abdominal (PEG) - While a {Patient/Resident} C1-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) - While NOT a {Patient/Resident} C2-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) - While a {Patient/Resident} D1-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) - While NOT a {Patient/Resident} D2-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) - While a {Patient/Resident} Z2-None of the above - While a {Patient/Resident} Z1-None of the above - While NOT a {Patient/Resident} ^-Blank (skip pattern)	RUG III RUG IV NON-REHAB S&C	
K0710	Percent Intake by Artificial Route - Complete only if	*	*	N



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	{nutritional approach - parenteral/IV feeding or feeding tube = yes}			
K0710A1	Proportion of total calories the {patient/resident} received through parenteral or tube feeding - While NOT a {Patient/Resident}	2-26-50% 3-51% or more --Not assessed/no information 1-25% or less ^Blank (skip pattern)	*	N
K0710A2	Proportion of total calories the {patient/resident} received through parenteral or tube feeding - While a {Patient/Resident}	2-26-50% 3-51% or more --Not assessed/no information 1-25% or less ^Blank (skip pattern)	*	N
K0710A3	Proportion of total calories the {patient/resident} received through parenteral or tube feeding - During Entire 7 Days	2-26-50% 3-51% or more --Not assessed/no information 1-25% or less ^Blank (skip pattern)	RUG III RUG IV NON-REHAB RUG IV REHAB	N
K0710B1	Average fluid intake per day by IV or tube feeding - While NOT a {Patient/Resident}	2-501 cc/day or more --Not assessed/no information 1-500 cc/day or less ^Blank (skip pattern)	*	N
K0710B2	Average fluid intake per day by IV or tube feeding - While a {Patient/Resident}	2-501 cc/day or more --Not assessed/no information 1-500 cc/day or less ^Blank (skip pattern)	*	N
K0710B3	Average fluid intake per day by IV or tube feeding - During Entire 7 Days	2-501 cc/day or more --Not assessed/no information 1-500 cc/day or less ^Blank (skip pattern)	RUG III RUG IV NON-REHAB RUG IV REHAB	N



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L0200	Dental: Check all that apply	--Not assessed/no information A-Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose) B-No natural teeth or tooth fragment(s) (edentulous) C-Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn) D-Obvious or likely cavity or broken natural teeth E-Inflamed or bleeding gums or loose natural teeth F-Mouth or facial pain, discomfort or difficulty with chewing G-Unable to examine Z-None of the above were present	CAA S&C	N
M0100	Determination of Pressure Ulcer/Injury Risk: Check all that apply	--Not assessed/no information Z-None of the above A-{Patient/Resident} has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device B-Formal assessment instrument/tool (e.g., Braden, Norton, or other) C-Clinical assessment	*	N
M0150	Risk of Pressure Ulcers/Injuries. Is the {patient/resident} at risk of developing pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	CAA	N
M0210	Unhealed Pressure Ulcers/Injuries. Does this {patient/resident} have one or more unhealed pressure	0-No 1-Yes	*	N



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	ulcers/injuries?	--Not assessed/no information		
M0300	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	*	*	N
M0300A	Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with a persistent blue or purple hues	*	*	N
M0300A1	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA RUG III	N
M0300B	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.	*	*	N
M0300B1	Number of Stage 2 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
M0300B2	Number of these Stage 2 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	S&C	N
M0300B3	Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown	MMDDYYYY-Date of oldest Stage 2 pressure ulcer -----Unknown --Not assessed/no information	*	N



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		^-Blank (skip pattern)		
M0300C	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling	*	*	N
M0300C1	Number of Stage 3 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
M0300C2	Number of these Stage 3 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	S&C	N
M0300D	Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling	*	*	N
M0300D1	Number of Stage 4 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA QM RUG III RUG IV NON-REHAB S&C	N
M0300D2	Number of these Stage 4 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	S&C	N
M0300E	Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	*	*	N



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M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA	N
M0300E2	Number of these unstageable pressure ulcers/injuries that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M0300F	Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	*	*	N
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA RUG III RUG IV NON-REHAB	N
M0300F2	Number of these unstageable pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M0300G	Unstageable - Deep tissue injury	*	*	N
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA	N
M0300G2	Number of these unstageable pressure injuries that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M0610	Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or	*	*	N



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	Eschar. If the {patient/resident} has one or more unhealed Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar, identify the pressure ulcer with the largest surface area (length x width) and record in centimeters:			
M0610A	Pressure ulcer length. Longest length from head to toe	00.0-Minimum length (cm) 99.9-Maximum length (cm) --Not assessed/no information ^Blank (skip pattern)	*	N
M0610B	Pressure ulcer width. Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length	00.0-Minimum width (cm) 99.9-Maximum width (cm) --Not assessed/no information ^Blank (skip pattern)	*	N
M0610C	Pressure ulcer depth. Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)	00.0-Minimum depth (cm) 99.9-Maximum depth (cm) --Not assessed/no information ^Blank (skip pattern)	*	N
M0700	Most Severe Tissue Type for Any Pressure Ulcer. Select the best description of the most severe type of tissue present in any pressure ulcer bed	1-Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin 2-Granulation tissue - pink or red tissue with shiny, moist, granular appearance 3-Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous 4-Eschar - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin	*	N



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		9-None of the above --Not assessed/no information ^-Blank (skip pattern)		
M0800	Worsening of Pressure Ulcer Status Since Prior Assessment. Indicate the number of current pressure ulcers that were not present or were at a lesser stage on prior assessment. If no current pressure ulcer at a given stage, enter 0.	*	*	N
M0800A	Stage 2	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA QM	N
M0800B	Stage 3	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA QM	N
M0800C	Stage 4	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	CAA QM	N
M0900	Healed Pressure Ulcers. Indicate the number of pressure ulcers that were noted on a prior assessment that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment, enter 0.	*	*	N
M0900A	Were pressure ulcers present on the prior assessment?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N



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M0900B	Stage 2	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M0900C	Stage 3	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M0900D	Stage 4	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M1030	Number of Venous and Arterial Ulcers. Enter the total number of venous and arterial ulcers present	0-Minimum value 9-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB	N
M1040	Other Ulcers, Wounds and Skin Problems: Check all that apply	--Not assessed/no information A-Infection of the foot (e.g., cellulitis, purulent drainage) B-Diabetic foot ulcer(s) C-Other open lesion(s) on the foot D-Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion) E-Surgical wound(s) F-Burn(s) (second or third degree) G-Skin tear(s) H-Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage) Z-None of the above were present	CAA RUG III RUG IV NON-REHAB S&C	N



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M1200	Skin and Ulcer/Injury Treatments: Check all that apply	--Not assessed/no information A-Pressure reducing device for chair B-Pressure reducing device for bed C-Turning/repositioning program D-Nutrition or hydration intervention to manage skin problems E-Pressure ulcer/injury care F-Surgical wound care G-Application of nonsurgical dressings (with or without topical medications) other than to feet H-Applications of ointments/medications other than to feet I-Application of dressings to feet (with or without topical medications) Z-None of the above were provided	RUG III RUG IV NON-REHAB S&C	N
N0300	Injections: Record the number of days that injections of any type were received during the last 7 days or since {admission} if less than 7 days.	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III S&C	N
N0350	Insulin	*	*	N
N0350A	Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since {admission} if less than 7 days.	0-Minimum value 7-Maximum value --Not assessed/no information ^-Blank (skip pattern)	RUG IV NON-REHAB	N
N0350B	Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the {patient's/resident's} insulin orders during the last 7 days or since {admission} if less than 7 days.	0-Minimum value 7-Maximum value --Not assessed/no information ^-Blank (skip pattern)	RUG IV NON-REHAB	N
N0410	Medications Received. Indicate the number of DAYS the	*	*	N



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	{patient/resident} received the following medications by pharmacological classification, not how it is used, during the last 7 days or since {admission} if less than 7 days. Enter "0" if medication was not received by the {patient/resident} during the last 7 days.			
N0410A	Antipsychotic	0-Minimum value 7-Maximum value --Not assessed/no information	CAA QM S&C	N
N0410B	Antianxiety	0-Minimum value 7-Maximum value --Not assessed/no information	CAA QM S&C	N
N0410C	Antidepressant	0-Minimum value 7-Maximum value --Not assessed/no information	CAA S&C	N
N0410D	Hypnotic	0-Minimum value 7-Maximum value --Not assessed/no information	CAA QM S&C	N
N0410E	Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	0-Minimum value 7-Maximum value --Not assessed/no information	*	N
N0410F	Antibiotic	0-Minimum value 7-Maximum value --Not assessed/no information	*	N
N0410G	Diuretic	0-Minimum value 7-Maximum value --Not assessed/no information	*	N
N0410H	Opioid	0-Minimum value 7-Maximum value --Not assessed/no information	*	N



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N0450	Antipsychotic Medication Review	*	*	N
N0450A	Did the {patient/resident} receive antipsychotic medications since {admission}, whichever is more recent?	0-No - Antipsychotics were not received 1-Yes - Antipsychotics were received on a routine basis only 2-Yes - Antipsychotics were received on a PRN basis only 3-Yes - Antipsychotics were received on a routine and PRN basis	*	N
N0450B	Has a gradual dose reduction (GDR) been attempted?	0-No 1-Yes ^-Blank (skip pattern)	*	N
N0450C	Date of last attempted GDR:	^-Blank (skip pattern) MMDDYYYY-Date of last attempted GDR	*	N
N0450D	Physician documented GDR as clinically contraindicated	^-Blank (skip pattern) 0-No - GDR has not been documented by a physician as clinically contraindicated 1-Yes - GDR has been documented by a physician as clinically contraindicated	*	N
N0450E	Date physician documented GDR as clinically contraindicated	^-Blank (skip pattern) MMDDYYYY-Date physician documented GDR contraindicated	*	N
O0100	Special Treatments, Procedures, and Programs: Check all of the following treatments, procedures, and programs that were performed	--Not assessed/no information Z2-None of the above - While a {Patient/Resident} A1-Chemotherapy - While NOT a {Patient/Resident}	QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N



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		A2-Chemotherapy - While a {Patient/Resident} B1-Radiation - While NOT a {Patient/Resident} B2-Radiation - While a {Patient/Resident} C1-Oxygen therapy - While NOT a {Patient/Resident} C2-Oxygen therapy - While a {Patient/Resident} D1-Suctioning - While NOT a {Patient/Resident} D2-Suctioning - While a {Patient/Resident} E1-Tracheostomy care - While NOT a {Patient/Resident} E2-Tracheostomy care - While a {Patient/Resident} F1-Invasive Mechanical Ventilator (Ventilator or respirator) - While NOT a {Patient/Resident} F2-Invasive Mechanical Ventilator (Ventilator or respirator) - While a {Patient/Resident} G1-Non-Invasive Mechanical Ventilator (BiPAP/CPAP) - While NOT a {Patient/Resident} G2-Non-Invasive Mechanical Ventilator (BiPAP/CPAP) - While a {Patient/Resident} H1-IV medications - While NOT a {Patient/Resident}		



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		H2-IV medications - While a {Patient/Resident} I1-Transfusions - While NOT a {Patient/Resident} I2-Transfusions - While a {Patient/Resident} J1-Dialysis - While NOT a {Patient/Resident} J2-Dialysis - While a {Patient/Resident} K1-Hospice care - While NOT a {Patient/Resident} K2-Hospice care - While a {Patient/Resident} L2-Respite care - While a {Patient/Resident} M1-Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) - While NOT a {Patient/Resident} M2-Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) - While a {Patient/Resident} Z1-None of the above - While NOT a {Patient/Resident} ^-Blank (skip pattern)		
O0250	Influenza Vaccine - Refer to the current version of the {manual} for current influenza vaccination season and reporting period	*	*	N
O0250A	Did the {patient/resident} receive the influenza vaccine in	0-No	QM	N



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	this {facility/setting} for this year's influenza vaccination season?	1-Yes --Not assessed/no information	S&C	
O0250B	Date influenza vaccine received	MMDDYYYY-Date influenza vaccine received --Not assessed/no information ^-Blank (skip pattern)	S&C	N
O0250C	If influenza vaccine not received, state reason	2-Received outside of this facility 3-Not eligible - medical contraindication 4-Offered and declined 5-Not offered 6-Inability to obtain influenza vaccine due to a declared shortage 9-None of the above 1-{Patient/resident} not in facility during this year's influenza vaccination season --Not assessed/no information ^-Blank (skip pattern)	QM S&C	N
O0300	Pneumococcal Vaccine	*	*	N
O0300A	Is the {patient's/resident's} Pneumococcal vaccination up to date?	0-No 1-Yes --Not assessed/no information	QM S&C	N
O0300B	If Pneumococcal vaccine not received, state reason	1-Not eligible - medical contraindication 2-Offered and declined 3-Not offered --Not assessed/no information ^-Blank (skip pattern)	QM S&C	N



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O0400	Therapies	*	*	N
O0400A	Speech-Language Pathology and Audiology Services	*	*	N
O0400A1	Individual minutes - record the total number of minutes this therapy was administered to the {patient/resident} individually in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400A2	Concurrent minutes - record the total number of minutes this therapy was administered to the {patient/resident} concurrently with one other {patient/resident} in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400A3	Group minutes - record the total number of minutes this therapy was administered to the {patient/resident} as part of a group of {patients/residents} in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400A3A	Co-treatment minutes - record the total number of minutes this therapy was administered to the {patient/resident} in co-treatment sessions in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information ^Blank (skip pattern)	*	N
O0400A4	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value --Not assessed/no information ^Blank (skip pattern)	RUG III RUG IV REHAB	N
O0400A5	Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started	MMDDYYYY-Start date --Not assessed/no information ^Blank (skip pattern)	RUG IV REHAB	N
O0400A6	Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing	MMDDYYYY-End date -----Therapy is ongoing --Not assessed/no information ^Blank (skip pattern)	RUG IV REHAB	N
O0400B	Occupational Therapy	*	*	N



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O0400B1	Individual minutes - record the total number of minutes this therapy was administered to the {patient/resident} individually in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400B2	Concurrent minutes - record the total number of minutes this therapy was administered to the {patient/resident} concurrently with one other {patient/resident} in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400B3	Group minutes - record the total number of minutes this therapy was administered to the {patient/resident} as part of a group of {patients/residents} in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400B3A	Co-treatment minutes - record the total number of minutes this therapy was administered to the {patient/resident} in co-treatment sessions in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information ^Blank (skip pattern)	*	N
O0400B4	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value --Not assessed/no information ^Blank (skip pattern)	RUG III RUG IV REHAB	N
O0400B5	Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started	MMDDYYYY-Start date --Not assessed/no information ^Blank (skip pattern)	RUG IV REHAB	N
O0400B6	Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing	MMDDYYYY-End date -----Therapy is ongoing --Not assessed/no information ^Blank (skip pattern)	RUG IV REHAB	N
O0400C	Physical Therapy	*	*	N
O0400C1	Individual minutes - record the total number of minutes this therapy was administered to the {patient/resident} individually in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N



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O0400C2	Concurrent minutes - record the total number of minutes this therapy was administered to the {patient/resident} concurrently with one other {patient/resident} in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400C3	Group minutes - record the total number of minutes this therapy was administered to the {patient/resident} as part of a group of {patients/residents} in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400C3A	Co-treatment minutes - record the total number of minutes this therapy was administered to the {patient/resident} in co-treatment sessions in the last 7 days	9999-Maximum value 0000-Minimum value --Not assessed/no information ^Blank (skip pattern)	*	N
O0400C4	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value --Not assessed/no information ^Blank (skip pattern)	RUG III RUG IV REHAB	N
O0400C5	Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started	MMDDYYYY-Start date --Not assessed/no information ^Blank (skip pattern)	RUG IV REHAB	N
O0400C6	Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing	MMDDYYYY-End date -----Therapy is ongoing --Not assessed/no information ^Blank (skip pattern)	RUG IV REHAB	N
O0400D	Respiratory Therapy	*	*	N
O0400D1	Total minutes - record the total number of minutes this therapy was administered to the {patient/resident} in the last 7 days.	9999-Maximum value 0000-Minimum value --Not assessed/no information	S&C	N
O0400D2	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB	N



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		^-Blank (skip pattern)		
O0400E	Psychological Therapy (by any licensed mental health professional)	*	*	N
O0400E1	Total minutes - record the total number of minutes this therapy was administered to the {patient/resident} in the last 7 days.	9999-Maximum value 0000-Minimum value --Not assessed/no information	*	N
O0400E2	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
O0400F	Recreational Therapy (includes recreational and music therapy)	*	*	N
O0400F1	Total minutes - record the total number of minutes this therapy was administered to the {patient/resident} in the last 7 days.	9999-Maximum value 0000-Minimum value --Not assessed/no information	*	N
O0400F2	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
O0420	Distinct Calendar Days of Therapy. Record the number of calendar days that the {patient/resident} received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.	0-Minimum value 7-Maximum value --Not assessed/no information	RUG IV REHAB	N
O0450	Resumption of Therapy	*	*	N
O0450A	Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this {End of Therapy}, and has this regimen now resumed at exactly the same level for each discipline?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	RUG IV REHAB	N



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O0450B	Date on which therapy regimen resumed	MMDDYYYY-Date on which therapy regimen resumed --Not assessed/no information ^-Blank (skip pattern)	*	N
O0500	Restorative Nursing Programs. Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)	*	*	N
O0500A	Technique. Range of motion (passive)	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500B	Technique. Range of motion (active)	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500C	Technique. Splint or brace assistance	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500D	Training and Skill Practice in. Bed mobility	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500E	Training and Skill Practice in. Transfer	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500F	Training and Skill Practice in. Walking	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500G	Training and Skill Practice in. Dressing and/or grooming	0-Minimum value	RUG III	N



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		7-Maximum value --Not assessed/no information	RUG IV NON-REHAB RUG IV REHAB	
O0500H	Training and Skill Practice in. Eating and/or swallowing	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500I	Training and Skill Practice in. Amputation/prostheses care	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500J	Training and Skill Practice in. Communication	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0600	Physician Examinations. Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the {patient/resident}?	14-Maximum value --Not assessed/no information 00-Minimum value	RUG III	N
O0700	Physician Orders. Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the {patient's/resident's} orders?	14-Maximum value --Not assessed/no information 00-Minimum value	RUG III	N
P0100	Physical Restraints. Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the {patient's/resident's} body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body	*	*	N
P0100A	Bed rail - Used in Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA S&C	N
P0100B	Trunk restraint - Used in Bed	--Not assessed/no information	CAA	N



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		0-Not used 1-Used less than daily 2-Used daily	QM S&C	
P0100C	Limb restraint - Used in Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA QM S&C	N
P0100D	Other - Used in Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA S&C	N
P0100E	Trunk restraint - Used in Chair or Out of Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA QM S&C	N
P0100F	Limb restraint - Used in Chair or Out of Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA QM S&C	N
P0100G	Chair prevents rising - Used in Chair or Out of Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA QM S&C	N
P0100H	Other - Used in Chair or Out of Bed	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	CAA S&C	N
P0200	Alarms. An alarm is any physical or electronic device that monitors {patient/resident} movement and alerts the staff when movement is detected	*	*	N



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P0200A	Bed alarm	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	*	N
P0200B	Chair alarm	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	*	N
P0200C	Floor mat alarm	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	*	N
P0200D	Motion sensor alarm	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	*	N
P0200E	Wander/elopement alarm	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	*	N
P0200F	Other alarm	--Not assessed/no information 0-Not used 1-Used less than daily 2-Used daily	*	N
Q0100	Participation in Assessment	*	*	N
Q0100A	{Patient/Resident} participated in assessment	0-No 1-Yes --Not assessed/no information	*	N
Q0100B	Family or significant other participated in assessment	0-No	*	N



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		1-Yes 9-{Patient/Resident} has no family or significant other --Not assessed/no information		
Q0100C	Guardian or legally authorized representative participated in assessment	0-No 1-Yes 9-{Patient/Resident} has no guardian or legally authorized representative --Not assessed/no information	*	N
Q0300	{Patient's/Resident's} Overall Expectation. Complete only if {first assessment}	*	*	N
Q0300A	Select one for {patient's/resident's} overall goal established during assessment process	1-Expects to be discharged to the community 2-Expects to remain in this facility 3-Expects to be discharged to another facility/institution 9-Unknown or uncertain --Not assessed/no information ^-Blank (skip pattern)	*	N
Q0300B	Indicate information source for {patient/resident overall goal}	9-Unknown or uncertain 1-{Patient/Resident} 2-If not {patient/resident}, then family or significant other 3-If not {patient/resident}, family, or significant other, then guardian or legally authorized representative --Not assessed/no information ^-Blank (skip pattern)	*	N
Q0400	Discharge Plan	*	*	N



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Q0400A	Is active discharge planning already occurring for the {patient/resident} to return to the community?	0-No 1-Yes --Not assessed/no information	*	N
Q0490	{Patient's/Resident's} Preference to Avoid Being Asked {Return to Community question}. Does the {patient's/resident's} clinical record document a request that this question be asked only on comprehensive assessments?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
Q0500	Return to Community	*	*	N
Q0500B	Ask the {patient/resident} (or family or significant other or guardian or legally authorized representative if {patient/resident} is unable to understand or respond) "Do you want to talk to someone about the possibility of leaving this {facility/setting} and returning to live and receive services in the community?"	0-No 1-Yes 9-Unknown or uncertain --Not assessed/no information ^-Blank (skip pattern)	*	N
Q0550	{Patient's/Resident's} Preference to Avoid Being Asked {Return to Community question} Again	*	*	N
Q0550A	Does the {patient/resident} (or family or significant other or guardian or legally authorized representative if {patient/resident} is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)	0-No 1-Yes 8-Information not available --Not assessed/no information ^-Blank (skip pattern)	*	N
Q0550B	Indicate information source for {preference on asking return to community question}	1-{Patient/Resident} 2-If not {patient/resident}, then family or significant other 3-If not {patient/resident}, family, or significant other, then guardian or legally authorized representative 9-None of the above	*	N



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		--Not assessed/no information ^-Blank (skip pattern)		
Q0600	Referral. Has a referral been made to the Local Contact Agency? Document reasons in {patient's/resident's} clinical record	0-No - referral not needed 1-No - referral is or may be needed (For more information see {resources/documentation}) 2-Yes - referral made --Not assessed/no information	CAA	N
V0100	Items From the Most Recent Prior OBRA or Scheduled PPS Assessment	*	*	N
V0100A	Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment)	05-Significant correction to prior comprehensive assessment 06-Significant correction to prior quarterly assessment 01-Admission assessment (required by day 14) 02-Quarterly review assessment 03-Annual assessment 04-Significant change in status assessment ^-Blank (skip pattern) 99-None of the above	*	N
V0100B	Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment)	03-30-day scheduled assessment 04-60-day scheduled assessment 07-Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) 01-5-day scheduled assessment 02-14-day scheduled assessment 05-90-day scheduled assessment	*	N



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		^--Blank (skip pattern) 99-None of the above		
V0100C	Prior Assessment Reference Date (A2300 value from prior assessment)	MMDDYYYY-Prior assessment reference date (Assessment reference date value from prior assessment) ^--Blank (skip pattern)	*	N
V0100D	Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)	15-Maximum value 99-Unable to complete interview --Not assessed/no information ^--Blank (skip pattern) 00-Minimum value	CAA	N
V0100E	Prior Assessment Resident Mood Interview (PHQ-9) Total Severity Score (D0300 value from prior assessment)	99-Unable to complete interview 27-Maximum value --Not assessed/no information ^--Blank (skip pattern) 00-Minimum value	CAA	N
V0100F	Prior Assessment Staff Assessment of Resident Mood (PHQ-9) Total Severity Score (D0600 value from prior assessment)	30-Maximum value --Not assessed/no information ^--Blank (skip pattern) 00-Minimum value	CAA	N
V0200	CAAs and Care Planning. 1. Check column A if Care Area is triggered. 2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B is the triggered care area is addressed in the care plan. 3. Indicate in the Location and Date of	*	*	N



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	CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.			
V0200A	CAA Results	--Not assessed/no information 01A-Delirium - Care Area Triggered 01B-Delirium - Care Planning Decision 02A-Cognitive Loss/Dementia - Care Area Triggered 02B-Cognitive Loss/Dementia - Care Planning Decision 03A-Visual Function - Care Area Triggered 03B-Visual Function - Care Planning Decision 04A-Communication - Care Area Triggered 04B-Communication - Care Planning Decision 05A-ADL Functional/Rehabilitation Potential - Care Area Triggered 05B-ADL Functional/Rehabilitation Potential - Care Planning Decision 06A-Urinary Incontinence and Indwelling Catheter - Care Area Triggered 06B-Urinary Incontinence and Indwelling Catheter - Care Planning Decision 07A-Psychosocial Well-Being - Care	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Area Triggered 07B-Psychosocial Well-Being - Care Planning Decision 08A-Mood State - Care Area Triggered 08B-Mood State - Care Planning Decision 09A-Behavioral Symptoms - Care Area Triggered 09B-Behavioral Symptoms - Care Planning Decision 10A-Activities - Care Area Triggered 10B-Activities - Care Planning Decision 11A-Falls - Care Area Triggered 11B-Falls - Care Planning Decision 12A-Nutritional Status - Care Area Triggered 12B-Nutritional Status - Care Planning Decision 13A-Feeding Tube - Care Area Triggered 13B-Feeding Tube - Care Planning Decision 14A-Dehydration/Fluid Maintenance - Care Area Triggered 14B-Dehydration/Fluid Maintenance - Care Planning Decision 15A-Dental Care - Care Area Triggered 15B-Dental Care - Care Planning Decision		



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Note: * indicates an empty value.

Assessment Instrument: MDS3.0

Assessment Version: 1.15

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		16A-Pressure Ulcer - Care Area Triggered 16B-Pressure Ulcer - Care Planning Decision 17A-Psychotropic Drug Use - Care Area Triggered 17B-Psychotropic Drug Use - Care Planning Decision 18A-Physical Restraints - Care Area Triggered 18B-Physical Restraints - Care Planning Decision 19A-Pain - Care Area Triggered 19B-Pain - Care Planning Decision 20A-Return to Community Referral - Care Area Triggered 20B-Return to Community Referral - Care Planning Decision		
V0200B	Signature of RN coordinator for CAA Process and Date Signed	*	*	N
V0200B1	Signature	Text-Signature for CAA process	*	N
V0200B2	Date	MMDDYYYY-RN coordinator for CAA assessment process: Date signed	*	N
V0200C	Signature of Person Completing Care Plan Decision and Date Signed	*	*	N
V0200C1	Signature	Text-Signature for completing care plan decision	*	N
V0200C2	Date	MMDDYYYY-Person completing care planning decision: date signed	*	N



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Note: * indicates an empty value.

Assessment Instrument: MDS3.0

Assessment Version: 1.15

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
Z0100	Medicare Part A Billing	*	*	N
Z0100A	Medicare Part A HIPPS code (RUG group followed by assessment type indicator)	Text-Medicare Part A HIPPS code ^-Blank (not available or unknown)	*	N
Z0100B	RUG version code	^-Blank (not available or unknown) Text-Valid RUG version code	*	N
Z0100C	Is this a Medicare Short Stay Assessment?	0-No 1-Yes ^-Blank (not available or unknown)	*	N
Z0150	Medicare Part A Non-Therapy Billing	*	*	N
Z0150A	Medicare Part A non-therapy HIPPS code (RUG group followed by assessment type indicator)	Text-Medicare Part A HIPPS code ^-Blank (not available or unknown)	*	N
Z0150B	RUG version code	^-Blank (not available or unknown) Text-Valid RUG version code	*	N
Z0200	State Medicaid Billing (if required by the state)	*	*	N
Z0200A	RUG Case Mix group	Text-State Case Mix Group ^-Blank (not available or unknown)	*	N
Z0200B	RUG version code	^-Blank (not available or unknown) Text-Valid RUG version code	*	N
Z0250	Alternate State Medicaid Billing (if required by the state)	*	*	N
Z0250A	RUG Case Mix group	^-Blank (not available or unknown) Text-Alternate State Case Mix Group	*	N
Z0250B	RUG version code	^-Blank (not available or unknown) Text-Valid RUG version code	*	N
Z0300	Insurance Billing	*	*	N
Z0300A	RUG billing code	Text-RUG billing code	*	N



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Note: * indicates an empty value.

Assessment Instrument: MDS3.0

Assessment Version: 1.15

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
Z0300B	RUG billing version	Text-RUG billing version	*	N
Z0400	Signature of Persons Completing the Assessment	*	*	N
Z0400A	Signature, Title, Sections, Date Section Completed A	Text-Signature A	*	N
Z0400B	Signature, Title, Sections, Date Section Completed B	Text-Signature B	*	N
Z0400C	Signature, Title, Sections, Date Section Completed C	Text-Signature C	*	N
Z0400D	Signature, Title, Sections, Date Section Completed D	Text-Signature D	*	N
Z0400E	Signature, Title, Sections, Date Section Completed E	Text-Signature E	*	N
Z0400F	Signature, Title, Sections, Date Section Completed F	Text-Signature F	*	N
Z0400G	Signature, Title, Sections, Date Section Completed G	Text-Signature G	*	N
Z0400H	Signature, Title, Sections, Date Section Completed H	Text-Signature H	*	N
Z0400I	Signature, Title, Sections, Date Section Completed I	Text-Signature I	*	N
Z0400J	Signature, Title, Sections, Date Section Completed J	Text-Signature J	*	N
Z0400K	Signature, Title, Sections, Date Section Completed K	Text-Signature K	*	N
Z0400L	Signature, Title, Sections, Date Section Completed L	Text-Signature L	*	N
Z0500	Signature of RN Coordinator Verifying Assessment Completion	*	*	N
Z0500A	Signature	Text-Signature	*	N
Z0500B	Date RN Assessment Coordinator signed assessment as complete	MMDDYYYY-Signature date	*	N