



## DEL Report

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
1	{Facility/Provider} Information	*	IRF CMG	Y
10	Marital Status	1-Never married 2-Married 3-Widowed 4-Separated 5-Divorced ^-No information	*	N
11	Zip Code of {Patient's/Resident's} Pre-Hospital Residence	Nonblank T-Zip code, country abbreviation ^-No information	*	N
12	Admission Date	MMDDYYYY-Admission date	QM	Y
13	Assessment Reference Date	MMDDYYYY-Assessment reference date	*	N
14	Admission Class	01-Initial Rehab 02-Evaluation 03-Readmission 04-Unplanned Discharge 05-Continuing Rehabilitation ^-No information	*	N
15A	Admit From	01-Home (private home/apt., board/care, assisted living, group home, transitional living) 51-Hospice (Institutional Facility) 02-Short-term General Hospital 50-Hospice (Home) 65-Inpatient Psychiatric Facility 99-Not Listed 04-Intermediate Care 62-Another Inpatient Rehabilitation	*	N



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		Facility 63-Long-Term Care Hospital (LTCH) 64-Medicaid Nursing Facility 66-Critical Access Hospital 06-Home under care of organized home health service organization 61-Swing bed 03-Skilled Nursing Facility (SNF)		
16A	Pre-hospital Living Setting. Use codes from {Admit From}	01-Home (private home/apt., board/care, assisted living, group home, transitional living) 51-Hospice (Institutional Facility) 02-Short-term General Hospital 50-Hospice (Home) 65-Inpatient Psychiatric Facility 99-Not Listed 04-Intermediate Care 62-Another Inpatient Rehabilitation Facility 63-Long-Term Care Hospital (LTCH) 64-Medicaid Nursing Facility 66-Critical Access Hospital 06-Home under care of organized home health service organization 61-Swing bed 03-Skilled Nursing Facility (SNF)	*	N
17	Pre-hospital Living With (Code only if item {Pre-hospital Living Setting} is Home)	02-Family/Relatives 04-Attendant 01-Alone 03-Friends 05-Other	*	N



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		^-Blank (skip pattern)		
1A	{Facility/Provider} Name	Text-Facility name	*	N
1B	CMS Certification Number (CCN)	Text-CMS Certification Number (CCN)	*	N
2	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
20	Payment Source	*	*	N
20A	Primary Source	51-Medicare - Medicare Advantage 02-Medicare - Fee for Service 99-Not Listed	QM	N
20B	Secondary Source	51-Medicare - Medicare Advantage 02-Medicare - Fee for Service ^-No information 99-Not Listed	QM	N
21A	Impairment Group - Admission: Conditions requiring admission to rehabilitation: code according to Appendix A.	0001.4-Stroke: No Paresis 0002.21-Brain Dysfunction: Traumatic, Open Injury 0002.9-Brain Dysfunction: Other Brain 0003.1-Neurologic Conditions: Multiple Sclerosis 0003.2-Neurologic Conditions: Parkinsonism 0003.3-Neurologic Conditions: Polyneuropathy 0003.8-Neurologic Conditions:	IRF CMG	N



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		Neuromuscular Disorders 0003.9-Neurologic Conditions: Other Neurologic 0004.110-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Unspecified 0004.111-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Incomplete 0004.120-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Unspecified 0004.1212-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C5-8 0004.130-Spinal Chord Dysfunction, Non-Traumatic: Other Non-Traumatic Spinal Cord Dysfunction 0004.210-Spinal Chord Dysfunction, Traumatic: Paraplegia, Unspecified 0004.211-Spinal Chord Dysfunction, Traumatic: Paraplegia, Incomplete 0004.212-Spinal Chord Dysfunction, Traumatic: Paraplegia, Complete 0004.2211-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C1-4 0004.2222-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C5-8 0005.1-Amputation: Unilateral Upper Limb Above the Elbow (AE)		



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		0005.2-Amputation: Unilateral Upper Limb Below the Elbow (BE) 0005.3-Amputation: Unilateral Lower Limb Above the Knee (AK) 0005.4-Amputation: Unilateral Lower Limb Below the Knee (BK) 0006.1-Arthritis: Rheumatoid Arthritis 0007.1-Pain Syndromes: Neck Pain 0007.3-Pain Syndromes: Limb Pain 0007.9-Pain Syndromes: Other Pain 0008.11-Orthopaedic Disorders: Status Post Unilateral Hip Fracture 0008.2-Orthopaedic Disorders: Status Post Femur (Shaft) Fracture 0008.3-Orthopaedic Disorders: Status Post Pelvic Fracture 0008.4-Orthopaedic Disorders: Status Post Major Multiple Fractures 0008.52-Orthopaedic Disorders: Status Post Bilateral Hip Replacements 0008.61-Orthopaedic Disorders: Status Post Unilateral Knee Replacement 0008.71-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Same Side) 0008.72-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Different Sides) 0010.1-Pulmonary Disorders: Chronic Obstructive Pulmonary		



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		Disease 0012.9-Congenital Deformities: Other Congenital 0014.2-Major Multiple Trauma: Brain + Multiple Fracture/Amputation 0014.3-Major Multiple Trauma: Spinal Cord + Multiple Fracture/Amputation 0017.1-Medically Complex: Infections 0017.2-Medically Complex: Neoplasms 0017.52-Medically Complex: Respiratory Disorders - Non-ventilator Dependent 0017.7-Medically Complex: Skin Disorders 0017.9-Medically Complex: Other Medically Complex Conditions 0001.1-Stroke: Left Body Involvement (Right Brain) 0001.2-Stroke: Right Body Involvement (Left Brain) 0001.3-Stroke: Bilateral Involvement 0001.9-Stroke: Other Stroke 0002.1-Brain Dysfunction: Non-traumatic 0002.22-Brain Dysfunction: Traumatic, Closed Injury 0003.4-Neurologic Conditions: Guillain-Barré Syndrome 0003.5-Neurologic Conditions:		



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Cerebral Palsy 0004.112-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Complete 0004.1211-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C1-4 0004.1221-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C1-4 0004.1222-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C5-8 0004.220-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Unspecified 0004.2212-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C5-8 0004.2221-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C1-4 0004.230-Spinal Chord Dysfunction, Traumatic: Other Traumatic Spinal Cord Dysfunction 0005.5-Amputation: Bilateral Lower Limb Above the Knee (AK/AK) 0005.6-Amputation: Bilateral Lower Limb Above/Below the Knee (AK/BK) 0005.7-Amputation: Bilateral Lower Limb Below the Knee (BK/BK) 0005.9-Amputation: Other Amputation		



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		0006.2-Arthritis: Osteoarthritis 0006.9-Arthritis: Other Arthritis 0007.2-Pain Syndromes: Back Pain 0008.12-Orthopaedic Disorders: Status Post Bilateral Hip Fractures 0008.51-Orthopaedic Disorders: Status Post Unilateral Hip Replacement 0008.62-Orthopaedic Disorders: Status Post Bilateral Knee Replacements 0008.9-Orthopaedic Disorders: Other Orthopaedic 0009-Cardiac 0010.9-Pulmonary Disorders: Other Pulmonary 0011-Burns 0012.1-Congenital Deformities: Spina Bifida 0013-Other Disabling Impairments 0014.1-Major Multiple Trauma: Brain + Spinal Cord Injury 0014.9-Major Multiple Trauma: Other Multiple Trauma 0015-Developmental Disability 0016-Debility (Non-cardiac, Non- pulmonary) 0017.31-Medically Complex: Nutrition with Intubation/Parenteral Nutrition 0017.32-Medically Complex: Nutrition without		





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		Intubation/Parenteral Nutrition 0017.4-Medically Complex: Circulatory Disorders 0017.51-Medically Complex: Respiratory Disorders – Ventilator Dependent 0017.6-Medically Complex: Terminal Care 0017.8-Medically Complex: Medical/Surgical Complications		
21D	Impairment Group - Discharge	0001.4-Stroke: No Paresis 0002.21-Brain Dysfunction: Traumatic, Open Injury 0002.9-Brain Dysfunction: Other Brain 0003.1-Neurologic Conditions: Multiple Sclerosis 0003.2-Neurologic Conditions: Parkinsonism 0003.3-Neurologic Conditions: Polyneuropathy 0003.8-Neurologic Conditions: Neuromuscular Disorders 0003.9-Neurologic Conditions: Other Neurologic 0004.110-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Unspecified 0004.111-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Incomplete	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		0004.120-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Unspecified 0004.1212-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C5-8 0004.130-Spinal Chord Dysfunction, Non-Traumatic: Other Non-Traumatic Spinal Cord Dysfunction 0004.210-Spinal Chord Dysfunction, Traumatic: Paraplegia, Unspecified 0004.211-Spinal Chord Dysfunction, Traumatic: Paraplegia, Incomplete 0004.212-Spinal Chord Dysfunction, Traumatic: Paraplegia, Complete 0004.2211-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C1-4 0004.2222-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C5-8 0005.1-Amputation: Unilateral Upper Limb Above the Elbow (AE) 0005.2-Amputation: Unilateral Upper Limb Below the Elbow (BE) 0005.3-Amputation: Unilateral Lower Limb Above the Knee (AK) 0005.4-Amputation: Unilateral Lower Limb Below the Knee (BK) 0006.1-Arthritis: Rheumatoid Arthritis 0007.1-Pain Syndromes: Neck Pain 0007.3-Pain Syndromes: Limb Pain		



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		0007.9-Pain Syndromes: Other Pain 0008.11-Orthopaedic Disorders: Status Post Unilateral Hip Fracture 0008.2-Orthopaedic Disorders: Status Post Femur (Shaft) Fracture 0008.3-Orthopaedic Disorders: Status Post Pelvic Fracture 0008.4-Orthopaedic Disorders: Status Post Major Multiple Fractures 0008.52-Orthopaedic Disorders: Status Post Bilateral Hip Replacements 0008.61-Orthopaedic Disorders: Status Post Unilateral Knee Replacement 0008.71-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Same Side) 0008.72-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Different Sides) 0010.1-Pulmonary Disorders: Chronic Obstructive Pulmonary Disease 0012.9-Congenital Deformities: Other Congenital 0014.2-Major Multiple Trauma: Brain + Multiple Fracture/Amputation 0014.3-Major Multiple Trauma: Spinal Cord + Multiple Fracture/Amputation 0017.1-Medically Complex:		



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		Infections 0017.2-Medically Complex: Neoplasms 0017.52-Medically Complex: Respiratory Disorders - Non-ventilator Dependent 0017.7-Medically Complex: Skin Disorders 0017.9-Medically Complex: Other Medically Complex Conditions 0001.1-Stroke: Left Body Involvement (Right Brain) 0001.2-Stroke: Right Body Involvement (Left Brain) 0001.3-Stroke: Bilateral Involvement 0001.9-Stroke: Other Stroke 0002.1-Brain Dysfunction: Non-traumatic 0002.22-Brain Dysfunction: Traumatic, Closed Injury 0003.4-Neurologic Conditions: Guillain-Barré Syndrome 0003.5-Neurologic Conditions: Cerebral Palsy 0004.112-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Complete 0004.1211-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C1-4 0004.1221-Spinal Chord Dysfunction, Non-Traumatic:		



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		Quadriplegia, Complete C1-4 0004.1222-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C5-8 0004.220-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Unspecified 0004.2212-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C5-8 0004.2221-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C1-4 0004.230-Spinal Chord Dysfunction, Traumatic: Other Traumatic Spinal Cord Dysfunction 0005.5-Amputation: Bilateral Lower Limb Above the Knee (AK/AK) 0005.6-Amputation: Bilateral Lower Limb Above/Below the Knee (AK/BK) 0005.7-Amputation: Bilateral Lower Limb Below the Knee (BK/BK) 0005.9-Amputation: Other Amputation 0006.2-Arthritis: Osteoarthritis 0006.9-Arthritis: Other Arthritis 0007.2-Pain Syndromes: Back Pain 0008.12-Orthopaedic Disorders: Status Post Bilateral Hip Fractures 0008.51-Orthopaedic Disorders: Status Post Unilateral Hip Replacement 0008.62-Orthopaedic Disorders:		



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		Status Post Bilateral Knee Replacements 0008.9-Orthopaedic Disorders: Other Orthopaedic 0009-Cardiac 0010.9-Pulmonary Disorders: Other Pulmonary 0011-Burns 0012.1-Congenital Deformities: Spina Bifida 0013-Other Disabling Impairments 0014.1-Major Multiple Trauma: Brain + Spinal Cord Injury 0014.9-Major Multiple Trauma: Other Multiple Trauma 0015-Developmental Disability 0016-Debility (Non-cardiac, Non-pulmonary) 0017.31-Medically Complex: Nutrition with Intubation/Parenteral Nutrition 0017.32-Medically Complex: Nutrition without Intubation/Parenteral Nutrition 0017.4-Medically Complex: Circulatory Disorders 0017.51-Medically Complex: Respiratory Disorders – Ventilator Dependent 0017.6-Medically Complex: Terminal Care 0017.8-Medically Complex:		



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		Medical/Surgical Complications		
22	Etiologic Diagnosis: (Use ICD codes to indicate the etiologic problem that led to the condition for which the {patient/resident} is receiving rehabilitation)	*	*	N
22A	Etiologic Diagnosis A	ICD-Valid ICD Code	QM	N
22B	Etiologic Diagnosis B	ICD-Valid ICD Code ^No info	QM	N
22C	Etiologic Diagnosis C	ICD-Valid ICD Code ^No info	QM	N
23	Date of Onset of Impairment	MMDDYYYY-Date of onset ^No information	*	N
24	Comorbid Conditions. Use ICD codes to enter comorbid medical conditions	*	*	Y
24A	Comorbid Condition A	ICD-Valid ICD Code ^No information	IRF CMG	Y
24A1	Are there any arthritis conditions recorded in items {impairment group, etiologic diagnosis, or comorbid conditions} that meet all the regulatory requirements for {IRF} classification	0-No 1-Yes	*	N
24B	Comorbid Condition B	ICD-Valid ICD Code ^No information	IRF CMG	N
24C	Comorbid Condition C	ICD-Valid ICD Code ^No information	IRF CMG	N
24D	Comorbid Condition D	ICD-Valid ICD Code ^No information	IRF CMG	N
24E	Comorbid Condition E	ICD-Valid ICD Code ^No information	IRF CMG	N



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24F	Comorbid Condition F	ICD-Valid ICD Code ^No information	IRF CMG	N
24G	Comorbid Condition G	ICD-Valid ICD Code ^No information	IRF CMG	N
24H	Comorbid Condition H	ICD-Valid ICD Code ^No information	IRF CMG	N
24I	Comorbid Condition I	ICD-Valid ICD Code ^No information	IRF CMG	N
24J	Comorbid Condition J	ICD-Valid ICD Code ^No information	IRF CMG	N
24K	Comorbid Condition K	ICD-Valid ICD Code ^No information	IRF CMG	N
24L	Comorbid Condition L	ICD-Valid ICD Code ^No information	IRF CMG	N
24M	Comorbid Condition M	ICD-Valid ICD Code ^No information	IRF CMG	N
24N	Comorbid Condition N	ICD-Valid ICD Code ^No information	IRF CMG	N
24O	Comorbid Condition O	ICD-Valid ICD Code ^No information	IRF CMG	N
24P	Comorbid Condition P	ICD-Valid ICD Code ^No information	IRF CMG	N
24Q	Comorbid Condition Q	ICD-Valid ICD Code ^No information	IRF CMG	N
24R	Comorbid Condition R	ICD-Valid ICD Code ^No information	IRF CMG	N
24S	Comorbid Condition S	ICD-Valid ICD Code ^No information	IRF CMG	N





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24T	Comorbid Condition T	ICD-Valid ICD Code ^-No information	IRF CMG	N
24U	Comorbid Condition U	ICD-Valid ICD Code ^-No information	IRF CMG	N
24V	Comorbid Condition V	ICD-Valid ICD Code ^-No information	IRF CMG	N
24W	Comorbid Condition W	ICD-Valid ICD Code ^-No information	IRF CMG	N
24X	Comorbid Condition X	ICD-Valid ICD Code ^-No information	IRF CMG	N
24Y	Comorbid Condition Y	ICD-Valid ICD Code ^-No information	IRF CMG	N
25A	Height (in inches). Record most recent height measure since {admission}	99-Maximum value --Not assessed/no information 00-Minimum value	QM	N
26A	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	QM	N
29A	Bladder Level of Assistance - Admission (Score using FIM Levels 1 - 7)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less	*	N



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		than 25%) 02-Maximal Assistance (Subject = 25% or more)		
29D	Bladder Level of Assistance - Discharge (Score using FIM Levels 1 - 7)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
3	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	+ -Enter "+" if Medicaid application is pending ^ -Blank (not available or unknown) Text-{Patient/Resident} Medicaid number	*	N
30A	Bladder Frequency of Accidents - Admission	07-No accidents 06-No accidents; uses device such as a catheter 05-One accident in the past 7 days 04-Two accidents in the past 7 days 02-Four accidents in the past 7 days 01-Five or more accidents in the past 7 days 03-Three accidents in the past 7 days	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
30D	Bladder Frequency of Accidents - Discharge	07-No accidents 06-No accidents; uses device such as a catheter 05-One accident in the past 7 days 04-Two accidents in the past 7 days 02-Four accidents in the past 7 days 01-Five or more accidents in the past 7 days 03-Three accidents in the past 7 days	*	N
31A	Bowel Level of Assistance - Admission (Score using FIM Levels 1 - 7)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
31D	Bowel Level of Assistance - Discharge (Score using FIM Levels 1 - 7)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less	*	N



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		than 25%) 02-Maximal Assistance (Subject = 25% or more)		
32A	Bowel Frequency of Accidents - Admission	07-No accidents 06-No accidents; uses device such as a ostomy 05-One accident in the past 7 days 04-Two accidents in the past 7 days 02-Four accidents in the past 7 days 01-Five or more accidents in the past 7 days 03-Three accidents in the past 7 days	*	N
32D	Bowel Frequency of Accidents - Discharge	07-No accidents 06-No accidents; uses device such as a ostomy 05-One accident in the past 7 days 04-Two accidents in the past 7 days 02-Four accidents in the past 7 days 01-Five or more accidents in the past 7 days 03-Three accidents in the past 7 days	*	N
33A	Tub Transfer - Admission (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject =	*	N



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		75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more) ^-Blank (skip pattern)		
33D	Tub Transfer - Discharge (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more) ^-Blank (skip pattern)	*	N
34A	Shower Transfer - Admission (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		02-Maximal Assistance (Subject = 25% or more) ^-Blank (skip pattern)		
34D	Shower Transfer - Discharge (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more) ^-Blank (skip pattern)	*	N
35A	Distance Walked - Admission	03-150 feet 01-Less than 50 feet 02-50 to 149 feet 00-Activity does not occur	*	N
35D	Distance Walked - Discharge	03-150 feet 01-Less than 50 feet 02-50 to 149 feet 00-Activity does not occur	*	N
36A	Distance Traveled in Wheelchair - Admission	03-150 feet 01-Less than 50 feet 02-50 to 149 feet 00-Activity does not occur	*	N
36D	Distance Traveled in Wheelchair - Discharge	03-150 feet	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		01-Less than 50 feet 02-50 to 149 feet 00-Activity does not occur		
37A	Walk - Admission (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
37D	Walk - Discharge (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
38A	Wheelchair - Admission (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
38D	Wheelchair - Discharge (Score using FIM Levels 1-7; use 0 if activity does not occur)	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39	FIM Instrument	*	*	N
39AA	Eating - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more)	IRF CMG	N





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		05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39AD	Eating - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39AG	Eating - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		02-Maximal Assistance (Subject = 25% or more)		
39BA	Grooming - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39BD	Grooming - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39BG	Grooming - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device)	*	N



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		03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39CA	Bathing - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39CD	Bathing - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39CG	Bathing - Goal	^--No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39DA	Dressing - Upper - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39DD	Dressing - Upper - Discharge	07-Complete Independence (Timely, Safely)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39DG	Dressing - Upper - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39EA	Dressing - Lower - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject =	IRF CMG	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39ED	Dressing - Lower - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39EG	Dressing - Lower - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
39FA	Toileting - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39FD	Toileting - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39FG	Toileting - Goal	^--No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39GA	Bladder - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39GD	Bladder - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
39GG	Bladder - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39HA	Bowel - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39HD	Bowel - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39HG	Bowel - Goal	^--No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39IA	Bed, Chair, Wheelchair - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject =	IRF CMG	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		25% or more)		
39ID	Bed, Chair, Wheelchair - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39IG	Bed, Chair, Wheelchair - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39JA	Toilet - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject =	IRF CMG	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39JD	Toilet - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39JG	Toilet - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39KA	Tub, Shower - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39KD	Tub, Shower - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39KG	Tub, Shower - Goal	^--No information 07-Complete Independence (Timely, Safely)	*	N



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		06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39LA	Walk/Wheelchair - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39LAA	Walk/Wheelchair Type - Admission	W-Walk C-Wheelchair B-Both	*	N
39LD	Walk/Wheelchair - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more)	*	N



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		05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39LDD	Walk/Wheelchair Type - Discharge	W-Walk C-Wheelchair B-Both	*	N
39LG	Walk/Wheelchair - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39MA	Stairs - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 00-Activity does not occur 04-Minimal Assistance (Subject =	IRF CMG	N



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		75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39MD	Stairs - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39MG	Stairs - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
39NA	Comprehension - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39NAA	Comprehension Type - Admission	B-Both A-Auditory V-Visual	*	N
39ND	Comprehension - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39NDD	Comprehension Type - Discharge	B-Both A-Auditory V-Visual	*	N



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39NG	Comprehension - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39OA	Expression - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39OAA	Expression Type - Admission	B-Both V-Vocal N-Nonvocal	*	N
39OD	Expression - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39ODD	Expression Type - Discharge	B-Both V-Vocal N-Nonvocal	*	N
39OG	Expression - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39PA	Social Interaction - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%)	IRF CMG	N



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		04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39PD	Social Interaction - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39PG	Social Interaction - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N



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39QA	Problem Solving - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39QD	Problem Solving - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
39QG	Problem Solving - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%)	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)		
39RA	Memory - Admission	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	IRF CMG	N
39RD	Memory - Discharge	07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N



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39RG	Memory - Goal	^-No information 07-Complete Independence (Timely, Safely) 06-Modified Independence (Device) 03-Moderate Assistance (Subject = 50% or more) 05-Supervision (Subject = 100%) 04-Minimal Assistance (Subject = 75% or more) 01-Total Assistance (Subject less than 25%) 02-Maximal Assistance (Subject = 25% or more)	*	N
4	First name	Text-{Patient/Resident} First name	*	N
40	Discharge Date	MMDDYYYY-Discharge date	IRF CMG QM	N
41	{Patient/Resident} discharged against medical advice?	0-No 1-Yes	QM	N
42	Program Interruption(s)	0-No 1-Yes	*	N
43	Program Interruption Dates. Code only if {number of program interruptions} is greater than or equal to 01.	*	*	N
43A	First Interruption Date	MMDDYYYY-Interruption start date ^-Blank (skip pattern)	*	N
43B	First interruption Return Date	^--No information MMDDYYYY-Interruption end date	*	N
43C	Second Interruption Date. Code only if {number of program interruptions} is greater than 01.	^--No information MMDDYYYY-Interruption start date	*	N
43D	Second Interruption Return Date. Code only if {number of	^--No information	*	N



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	program interruptions} is greater than 01.	MMDDYYYY-Interruption end date		
43E	Third Interruption Date. Code only if {number of program interruptions} is greater than 02.	^-No information MMDDYYYY-Interruption start date	*	N
43F	Third Interruption Return Date. Code only if {number of program interruptions} is greater than 02.	^-No information MMDDYYYY-Interruption end date	*	N
44C	Was the {patient/resident} discharged alive?	0-No 1-Yes	QM	N
44D	{Patient's/Resident's} discharge destination/living setting. Answer only is {discharge alive} = 1	^-No information 01-Home (private home/apt., board/care, assisted living, group home, transitional living) 51-Hospice (Institutional Facility) 02-Short-term General Hospital 50-Hospice (Home) 65-Inpatient Psychiatric Facility 99-Not Listed 04-Intermediate Care 62-Another Inpatient Rehabilitation Facility 63-Long-Term Care Hospital (LTCH) 64-Medicaid Nursing Facility 66-Critical Access Hospital 06-Home under care of organized home health service organization 61-Swing bed 03-Skilled Nursing Facility (SNF)	QM	N
45	Discharge to Living With	04-Attendant ^-No information 01-Alone 02-Family / Relatives	*	N





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		03-Friends 05-Other		
46	Diagnosis for Interruption or Death (Code using ICD code)	ICD-Valid ICD Code ^No information	*	N
47	Complications during rehabilitation stay (Use ICD codes to specify up to six conditions that began with this rehabilitation stay)	*	*	N
47A	Complication during rehabilitation stay A	ICD-Valid ICD Code ^No information	*	N
47B	Complication during rehabilitation stay B	ICD-Valid ICD Code ^No information	*	N
47C	Complication during rehabilitation stay C	ICD-Valid ICD Code ^No information	*	N
47D	Complication during rehabilitation stay D	ICD-Valid ICD Code ^No information	*	N
47E	Complication during rehabilitation stay E	ICD-Valid ICD Code ^No information	*	N
47F	Complication during rehabilitation stay F	ICD-Valid ICD Code ^No information	IRF CMG QM	Y
5A	Last name	Text-{Patient/Resident} Last name	*	N
5B	{Patient/Resident} Identification Number	Text-{Patient/Resident} Identification Number	*	N
6	Birth Date	MMDDYYYY-{Patient/Resident} Birthdate MMYYYY-{Patient/Resident} Birthdate (if day of month is unknown) YYYY-{Patient/Resident} Birthdate (if	*	Y



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		month and day unknown)		
7	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident} Social Security Number	*	N
8	Gender	1-Male 2-Female	*	N
9	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
BB0700	Expression of Ideas and Wants (consider both verbal and non-verbal expression and excluding language barriers)	4-Expresses complex messages without difficulty and with speech that is clear and easy to understand 3-Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear 2-Frequently exhibits difficulty with expressing needs and ideas 1-Rarely/Never expresses self or speech is very difficult to understand --Not assessed/no information	QM	N
BB0800	Understanding Verbal and Non-Verbal Content (with hearing aid or device, if used, and excluding language barriers)	4-Understands: Clear comprehension without cues or repetitions 3-Usually Understands: Understands	QM	N



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		most conversations, but misses some part/intent of message. Requires cues at times to understand 2-Sometimes Understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand 1-Rarely/Never Understands --Not assessed/no information		
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)	*	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)	*	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)	*	N
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	*	N



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		0-Missed by > 1 month or no answer --Not assessed/no information ^-Blank (skip pattern)		
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)	*	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)	*	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)	*	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 ^-Blank (skip pattern)	*	N
C0500	BIMS Summary Score. Add scores for {Brief Interview for	15-Maximum value	QM	N



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	Mental Status questions} and fill in total score (00-15). Enter 99 if the {patient/resident} was unable to complete the interview	99-Unable to complete interview --Not assessed/no information ^-Blank (skip pattern) 00-Minimum value		
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)	*	Y
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 Z-None of the above were recalled E-That he or she is in a hospital/hospital unit ^-Blank (skip pattern)	QM	N
GG0100	Prior Functioning: Everyday Activities. Indicate the {patient's/resident's} usual ability with everyday activities prior to the current illness, exacerbation, or injury	*	*	N
GG0100A	Self-Care: Code the {patient's/resident's} need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.	3-Independent - {Patient/Resident} completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2-Needed some help - {Patient/Resident} needed partial assistance from another person to	QM	N



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		complete activities. 9-Not applicable 8-Unknown 1-Dependent - A helper completed the activities for the {patient/resident}. --Not assessed/no information		
GG0100B	Indoor Mobility (Ambulation): Code the {patient's/resident's} need for assistance with walking from room to room (with or without a device such as a cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	2-Needed some help - {Patient/Resident} needed partial assistance from another person to complete activities. 9-Not applicable 8-Unknown 3-Independent - {Patient/Resident} completed the activities by him/herself, with or without assistive device, with no assistance from a helper. 1-Dependent - A helper completed the activities for the {patient/resident}. --Not assessed/no information	QM	N
GG0100C	Stairs: Code the {patient's/resident's} need for assistance with internal or external stairs (with or without a device such as a cane, crutch or walker) prior to the current illness, exacerbation or injury.	3-Independent - {Patient/Resident} completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2-Needed some help - {Patient/Resident} needed partial assistance from another person to complete activities.	QM	N



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		9-Not applicable 8-Unknown 1-Dependent - A helper completed the activities for the {patient/resident}. --Not assessed/no information		
GG0100D	Functional Cognition: Code the {patient's/resident's} need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation or injury.	3-Independent - {Patient/Resident} completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2-Needed some help - {Patient/Resident} needed partial assistance from another person to complete activities. 9-Not applicable 8-Unknown 1-Dependent - A helper completed the activities for the {patient/resident}. --Not assessed/no information	QM	N
GG0110	Prior Device Use. Indicate devices and aids used by the {patient/resident} prior to the current illness, exacerbation, or injury: Check all that apply	--Not assessed/no information A-Manual wheelchair B-Motorized wheelchair and/or scooter C-Mechanical lift D-Walker E-Orthotics/Prosthetics Z-None of the above	QM	N
GG0130	Self-Care. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-	*	*	N



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	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).			
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 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	QM	Y





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		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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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.	QM	Y



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		<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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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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	<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>	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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	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.	QM	Y



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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the	QM	Y



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	denture soaking and rinsing with use of equipment. - Discharge Goal	<p>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 cues and/or touching/steadying and/or contact guard assistance as</p>		



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		{patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
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	<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 -</p>	QM	Y





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		<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>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</p>		



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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. - Discharge Goal	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	QM	Y



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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
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>	QM	Y



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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. 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) 10-Not attempted due to		



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		environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130E1	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - 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.	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130E2	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Discharge Goal	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	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		<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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
GG0130E3	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - 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>	QM	Y





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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130F1	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - 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.	QM	Y



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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130F2	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Discharge Goal	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		<p>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 cues and/or touching/steadying and/or contact guard assistance as</p>		



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		{patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130F3	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - 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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0130G1	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - 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 -</p>	QM	Y



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		<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>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</p>		



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		intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130G2	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Discharge Goal	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	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0130G3	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - 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>	QM	Y





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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>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>10-Not attempted due to</p>		



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		environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130H1	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - 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.	QM	Y



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		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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0130H2	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Discharge Goal	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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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GG0130H3	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - 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>	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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
GG0170A1	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back 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.	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack</p>		



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		of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170A2	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Goal	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	QM	Y





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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170A3	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back 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	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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GG0170B1	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - 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> <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>	QM	Y



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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</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 to lying flat on the bed. - Discharge Goal	<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 -</p>	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
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	QM	Y



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		<p>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 cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity.</p>		



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		Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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	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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
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	<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</p>	QM	Y





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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170C3	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 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	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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.	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack</p>		



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		of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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	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	QM	Y



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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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. 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	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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GG0170E1	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - 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> <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>	QM	Y





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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170E2	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Goal	<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 -</p>	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170E3	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or	QM	Y



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		<p>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 cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity.</p>		



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		Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</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>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</p>	QM	Y



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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170F3	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Performance	03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but does less than half the effort. 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.	QM	Y



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		<p>Helper assists only prior to or following activity.</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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170G1	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - 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>	QM	Y





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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>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>10-Not attempted due to environmental limitations (e.g., lack</p>		



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		of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170G2	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Discharge Goal	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	QM	Y



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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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170G3	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - 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	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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GG017011	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - 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> <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>	QM	Y



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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG017012	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Goal	<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 -</p>	QM	Y



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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>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170I3	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the	QM	Y



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		<p>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 cues and/or touching/steadying and/or contact guard assistance as</p>		





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		{patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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.	QM	Y



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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</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	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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. 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.	QM	Y



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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. 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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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	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	QM	Y



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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</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>	QM	Y





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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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		10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170L1	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - 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	QM	Y



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		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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170L2	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge Goal	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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack</p>		



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		of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170L3	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - 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	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170M1	1 step (curb): The ability to go up and down curb and/or up and down one step. - 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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		



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GG0170M2	1 step (curb): The ability to go up and down curb and/or up and down one step. - Discharge Goal	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} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching	QM	Y





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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns 10-Not attempted due to environmental limitations		
GG0170M3	1 step (curb): The ability to go up and down curb and/or up and down one step. - 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	QM	Y



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		{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} 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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		



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GG0170N1	4 steps: The ability to go up and down four steps with or without a rail. - 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> <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>	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170N2	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Goal	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.	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170N3	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not	QM	Y



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		<p>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 cues and/or touching/steadying</p>		



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		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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG017001	12 steps: The ability to go up and down 12 steps with or without a rail. - 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;	QM	Y



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		<p>{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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170O2	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Goal	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or	QM	Y





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		<p>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 cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity.</p>		



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		Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG017003	12 steps: The ability to go up and down 12 steps with or without a rail. - 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	QM	Y



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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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170P1	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - 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 -</p>	QM	Y



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		<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>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</p>		



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		intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
GG0170P2	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Discharge Goal	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	QM	Y



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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p>		
GG0170P3	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - 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>	QM	Y



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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. 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) 10-Not attempted due to		



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		environmental limitations (e.g., lack of equipment, weather constraints) 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	*	N
GG0170Q3	Does the {patient/resident} use a wheelchair and/or scooter? - Discharge	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	Y
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.	QM	Y





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		<p>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>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</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	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.	QM	Y



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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		
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. 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.	QM	Y



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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. 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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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)	QM	N
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized --Not assessed/no information	QM	N



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		^--Blank (skip pattern)		
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. 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	QM	Y



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		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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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	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	QM	Y



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		{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} 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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns		



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GG0170S3	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - 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} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching	QM	Y





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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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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)	QM	N
GG0170SS3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	QM	N
H0350	Bladder Continence - Select the one category that best describes the {patient/resident}.	0-Always continent (no documented incontinence) 1-Stress incontinence only 2-Incontinent less than daily (e.g., once or twice during the 3-day assessment period) 3-Incontinent daily (at least once a day) 4-Always incontinent	QM	N



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		5-No urine output (e.g., renal failure) 9-Not applicable (e.g., indwelling catheter) --Not assessed/no information		
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 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 3 days --Not assessed/no information	QM	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 I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I2900-Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) I7900-None of the above active diagnoses	QM	N
J1750	History of Falls: Has the {patient/resident} had two or more falls in the past year or any fall with injury in the past year?	0-No 1-Yes 8-Unknown --Not assessed/no information	QM	N



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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	*	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)	*	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	N
J2000	Prior Surgery. Did the {patient/resident} have major surgery during the 100 days prior to admission?	0-No 1-Yes 8-Unknown --Not assessed/no information	QM	N
K0110	Swallowing/Nutritional Status. Indicate the {patient's/resident's} usual ability to swallow: Check all that apply	--Not assessed/no information A-Regular food -Solids and liquids swallowed safely without supervision or modified food or liquid consistency. B-Modified food	QM	N



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		consistency/supervision - {Patient/Resident} requires modified food or liquid consistency and/or needs supervision during eating for safety. C-Tube/parenteral feeding - Tube/parenteral feeding used wholly or partially as a means of sustenance.		
M0210_1	Unhealed Pressure Ulcers/Injuries. Does this {patient/resident} have one or more unhealed pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	*	N
M0210_2	Unhealed Pressure Ulcers/Injuries. Does this {patient/resident} have one or more unhealed pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	*	N
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_1	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N
M0300A1_2	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	*	N



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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_1	Number of Stage 2 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300B1_2	Number of Stage 2 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300B2_2	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)	QM	N
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_1	Number of Stage 3 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300C1_2	Number of Stage 3 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300C2_2	Number of these Stage 3 pressure ulcers that were present upon {admission} - enter how many were noted	0-Minimum value 9-Maximum value	QM	N



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	at the time of {admission}	--Not assessed/no information ^Blank (skip pattern)		
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_1	Number of Stage 4 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300D1_2	Number of Stage 4 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300D2_2	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)	QM	N
M0300E	Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	*	*	N
M0300E1_1	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)	QM	N
M0300E1_2	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)	QM	N
M0300E2_2	Number of these unstageable pressure ulcers/injuries that were present upon {admission} - enter how many	0-Minimum value 9-Maximum value	QM	N



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	were noted at the time of {admission}	--Not assessed/no information ^Blank (skip pattern)		
M0300F	Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	*	*	N
M0300F1_1	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)	QM	N
M0300F1_2	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)	QM	N
M0300F2_2	Number of these unstageable pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	*	QM	N
M0300G	Unstageable - Deep tissue injury	*	*	N
M0300G1_1	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300G1_2	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value --Not assessed/no information ^Blank (skip pattern)	QM	N
M0300G2_2	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)	QM	N



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N2001	Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues?	0-No - No issues found during review 1-Yes - Issues found during review 9-NA - {Patient/Resident} is not taking any medications --Not assessed/no information	*	N
N2003	Medication Follow-up: Did the {facility/setting} contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	*	N
N2005	Medication Intervention: Did the {facility/setting} contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the {admission}?	0-No 1-Yes 9-NA - There were no potential clinically significant medication issues identified since {admission} or {patient/resident} is not taking any medications --Not assessed/no information	*	N
O0100	Special Treatments, Procedures, and Programs: Check all of the following treatments, procedures, and programs that were performed	--Not assessed/no information N-Total Parenteral Nutrition	QM	N
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 this {facility/setting} for this year's influenza vaccination season?	0-No 1-Yes --Not assessed/no information	QM	N
O0250B	Date influenza vaccine received	MMDDYYYY-Date influenza vaccine received --Not assessed/no information	*	N





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		^-Blank (skip pattern)		
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	N
O0401	Week 1: Total Number of Minutes Provided	*	*	N
O0401A	Physical Therapy	*	*	N
O0401Aa	Total minutes of individual therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Ab	Total minutes of concurrent therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Ac	Total minutes of group therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Ad	Total minutes of co-treatment therapy	9999-Maximum value 0000-Minimum value	*	N
O0401B	Occupational Therapy	*	*	N
O0401Ba	Total minutes of individual therapy	9999-Maximum value 0000-Minimum value	*	N



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O0401Bb	Total minutes of concurrent therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Bc	Total minutes of group therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Bd	Total minutes of co-treatment therapy	9999-Maximum value 0000-Minimum value	*	N
O0401C	Speech-Language Pathology	*	*	N
O0401Ca	Total minutes of individual therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Cb	Total minutes of concurrent therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Cc	Total minutes of group therapy	9999-Maximum value 0000-Minimum value	*	N
O0401Cd	Total minutes of co-treatment therapy	9999-Maximum value 0000-Minimum value	*	N
O0402	Week 2: Total Number of Minutes Provided	*	*	N
O0402A	Physical Therapy	*	*	N
O0402Aa	Total minutes of individual therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Ab	Total minutes of concurrent therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Ac	Total minutes of group therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Ad	Total minutes of co-treatment therapy	9999-Maximum value 0000-Minimum value	*	N
O0402B	Occupational Therapy	*	*	N



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O0402Ba	Total minutes of individual therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Bb	Total minutes of concurrent therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Bc	Total minutes of group therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Bd	Total minutes of co-treatment therapy	9999-Maximum value 0000-Minimum value	*	N
O0402C	Speech-Language Pathology	*	*	N
O0402Ca	Total minutes of individual therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Cb	Total minutes of concurrent therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Cc	Total minutes of group therapy	9999-Maximum value 0000-Minimum value	*	N
O0402Cd	Total minutes of co-treatment therapy	9999-Maximum value 0000-Minimum value	*	N
Z0400	Signature of Persons Completing the Assessment	*	*	N
Z0400A	Signature, Title, Sections, Date Section Completed A	*	*	N
Z0400B	Signature, Title, Sections, Date Section Completed B	*	*	N
Z0400C	Signature, Title, Sections, Date Section Completed C	*	*	N
Z0400D	Signature, Title, Sections, Date Section Completed D	*	*	N
Z0400E	Signature, Title, Sections, Date Section Completed E	*	*	N
Z0400F	Signature, Title, Sections, Date Section Completed F	*	*	N
Z0400G	Signature, Title, Sections, Date Section Completed G	*	*	N



# DEL Report

## Data Elements by Assessment Instrument Version Report

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Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 2.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
Z0400H	Signature, Title, Sections, Date Section Completed H	*	*	N
Z0400I	Signature, Title, Sections, Date Section Completed I	*	*	N
Z0400J	Signature, Title, Sections, Date Section Completed J	*	*	N
Z0400K	Signature, Title, Sections, Date Section Completed K	*	*	N
Z0400L	Signature, Title, Sections, Date Section Completed L	*	*	N