

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCE ADMINISTRATION

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

HEALTH STATUS

ROUND 22

ASSURANCE OF CONFIDENTIALITY

Information contained on this form that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence by the contractor and HCFA, will be used only for purposes stated in this study, and will not be disclosed or released to anyone other than authorized staff of HCFA without the consent of the individual or the establishment in accordance with the Privacy Act of 1974.

1.0 General Structure of the Health Status Instrument

Paths

The overall objective of the Health Status instrument is to measure each SP's health status at the beginning of his or her facility stay, at three months after admission to measure short-term changes in health condition since admission, and to measure the SP's health status over several years to monitor change. To achieve these objectives the health status instrument is administered at two points in time during the facility admission year and annually thereafter.

The two points in time during the admission year are:

Baseline which contains an extensive set of measures to be administered at the beginning of the reference year or at admission, depending on the SP type, and

Time 2 which consists of a shorter set of followup measures to be administered at three months after admission to measure health change of new facility admissions.

The annual health status measurement, to be completed during the fall round of each year, will contain virtually the same set of measures as those administered at Baseline. This annual measurement is termed the **Core** measurement.

These three timepoints - Baseline, Time 2 and Core - determined the three paths through the health status instrument.

Nursing Homes and the Minimum Data Set (MDS)

Nursing homes comprise approximately 60 percent of the sample. Nursing homes that are certified by Medicare or Medicaid are required to use the MDS to assess each resident's condition at admission and at least quarterly thereafter. Many nursing homes that are not certified have also adopted the MDS to use as their health assessment system. The MDS forms are standardized and provide an easily accessible and uniform data set from which to obtain health status information at various time points. Most of the items and the flow of the health status instrument is based on the MDS.

For MCBS facilities that are nursing homes, the health status section will first determine if the facility uses the MDS and, if so, whether an MDS form is available within a reasonable time range around the SP's reference date to use for obtaining health status. The series of questions to determine the appropriate MDS form is called the Record Identification section. Facilities which do not use the MDS or which are not nursing homes will be skipped over this section.

To facilitate the instrument flow and to ease respondent burden the health status instrument is organized to follow the flow of the MDS. Respondents using the MDS to answer questions are able to follow the MDS from section to section without skipping back and forth between sections or between the MDS and other medical records. Questions not on the MDS or placed at two points in the instrument. The section on diagnoses and conditions, after asking the respondent to check the MDS form(s) for all diagnoses and conditions listed on them, asks the respondent to refer to the medical record to determine if the SP had any other conditions or diseases not mentioned on the MDS. (Respondents without an MDS are skipped directly to this question). At this point, several questions are included about specific conditions which are not on the MDS check list. All other non-MDS questions are placed at the end of the instrument.

1.1 Overview: Record Identification Section

The Record Identification module consists of items to ascertain what records are available to use in collecting health status data and, if either the MDS or Quarterly Review is available, whether the form was completed close enough to the REF DATE to be eligible to use for collecting data for that timepoint.

Baseline

HA (Baseline) items determine if an MDS or Quarterly Review is available with a valid assessment date in reference to the REF DATE specified for the SP. If so, the module confirms that the form is, in fact, the closest form available to the REF DATE and, thus, is designated as the primary form.

Time 2

HA (Time 2) reviews HA (Baseline) to determine if an MDS was available for the HA (Baseline) timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Baseline) form.

If there was no full MDS or Quarterly Review available at HA (Baseline) and if Baseline was administered in the current round, the module goes directly to the introductory item for the health status questions. If Baseline was administered in a previous round and there was no MDS or Quarterly available, the respondent is taken through the initial record identification questions to determine if there is an MDS or Quarterly available for Time 2.

If only one form is available, the application administers a range check to determine if the form is eligible to be the primary form. If more than one MDS form is available, the respondent is taken through the initial record identification questions to determine if there is an MDS or Quarterly available for Time 2.

If only one form is available, the application administers a range check to determine if the form is eligible to be the primary form. If more than one MDS form is available, the application determines which form is the closest to the REF DATE. If the closest form to the REF DATE is a Quarterly Review, the module then determines the assessment date for the closest MDS. If this MDS falls within a specified date range, the MDS becomes the backup form. This provides assessment dates for all forms that will be used in answering the health status questions. Finally, the respondent is instructed on what form to use in answering the health status questions.

Core

HA (Core) items follow a similar path to Time 2. HA (Core) checks to determine if Time 2 has been completed. If so, HA (Time 2) is reviewed to determine if an MDS or Quarterly Review was available for the Time 2 timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Time 2) form. If Time 2 has not already been completed, HA (Core) reviews HA (Baseline) to determine if an MDS was available for the Baseline timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Baseline) form. Also, the record identification section tries to identify a backup MDS if the primary form is a Quarterly Review.

If there was no full MDS or Quarterly Review available for Time 2 or Baseline or if the SP was a CFR in Round 18 or a SSM1 in any fall round (neither of which receive a Baseline or Time 2 questionnaire), the respondent is taken through the initial questions to determine if there is an MDS or Quarterly available for Core.

1.2 Overview: Health Status Instrument Items

This section summarizes the key date ranges and primary paths through the Health Status instrument. The concepts of valid assessment date and REF DATE are defined for each SP type at Baseline, Time 2 and Core. Exhibit 1 presents a summary of the key date ranges and the reference dates used in the Health Status section.

Valid Assessment Date

CAPi determines the Closest Valid Assessment Date (CVAD) from assessment dates on the MDS forms listed by the respondent (HA3A/HA3B). A CVAD is established for each time period. The CVAD for Baseline is labeled the BCVAD; the CVAD for Time 2 is labeled the TCVAD; and the CVAD for the Core Supplement is labeled the CCVAD.

Ranges for determining the validity of the assessment dates for MDS forms are displayed below. Only a form with a valid assessment date is eligible to be the primary form for health status data collection.

Baseline

FAD/5\1\{YEAR} to FAD+14\12\31\{YEAR}

Time 2

If Core completed, CCVAD+1/CORE REF DATE + 30 to FAD + 150
Else, BCVAD+1/FAD+15 to FAD+150

Core

If Time 2 is last HS completed for this SP, TCVAD+1/TIME 2 REF DATE + 30 to CORE REF DATE + 30.
If Baseline is last HS completed for this SP, BCVAD+1/BL REF DATE + 30 to CORE REF DATE + 30.
If CORE is last HS completed for this SP, CCVAD+30/last CORE REF DATE + 30 to CORE REF DATE + 30.
Else, RAD to RAD + 14.

The extent to which missing data is allowed in an assessment date depends on the type of missing data. DAY may be missing if there is only one form available. If there are two or more forms completed in the same month and only one has a DAY entry, the form(s) with no DAY entry is invalid. If no forms dated in the same month have a DAY entry, none are eligible to use as the primary form for data collection and the interviewer will ask the respondent to refer to the medical record (which includes the invalid MDS(s)) when giving information about the REF DATE. When there is conflicting information, the respondent should be told to use her best judgment about which is closer to the REF DATE.

Reference Dates and Date Ranges

The dates to be used for REF DATE in the Health Status instrument are displayed in Table 1 by SP type and by round.

Health Status Sections and Items By Round

The Health Status sections and the questions within each section are displayed in Tables 2 and 3. Table 2 displays all Health Status items administered in each path (Baseline, Time 2 and Core Supplement). Table 2 displays the Health Status sections and the rounds in which they are administered by SP type.

Table 1. Reference Date and Date Ranges for Primary MDS by SP Type by Round

SP TYPE	REF DATE	ROUND 18		ROUND 19 AND ABOVE			
		SOFT	HARD	FALL RDS		NON-FALL RDS	
				SOFT	HARD	SOFT	HARD
BASELINE							
CFR	NA	NA	NA	NA	NA	NA	NA
SSM1	9/1/{YR}	NA	NA	5/1/{YR} PRIOR} to 12/31/{YR}	1/1/91 / DOB to DOI (BL)	NA	NA
SSM2	FAD	NA	NA	FAD to FAD + 14	1/1/91 / DOB to DOI (BL)	NA	NA
CFC	FAD	FAD TO FAD + 14	1/1/91 or DOB to DOI	FAD to FAD + 14	1/1/91 / DOB to DOI (BL)	FAD to FAD + 14	1/1/91 or DOB to DOI (BL)
FFC	NA	NA	NA	NA	NA	NA	NA
FCF	NA	NA	NA	NA	NA	NA	NA
TIME 2							
Current CFRs SSM2, CFC at admission	FAD+90	NA	NA	NA	NA	BCVAD / FAD +15 to FAD+150	BCVAD / 1/1/{YR} to DOI (T2)
SSM1	NA	NA	NA	NA	NA	NA	NA
SSM2	FAD+90	NA	NA	BCVAD+1 / FAD+15 to FAD+150	BCVAD / 1/1/{YR} to DOI (T2)	BCVAD / FAD+ 15 to FAD+150	BCVAD / 1/1/{YR} to DOI (T2)
CFC	FAD+90	BCVAD+1 / FAD+15 to FAD+150	NA	BCVAD+1 / FAD+ 15/ CCVAD+1/C OR REF DATE+30 to FAD+150	BCVAD+1 / 1/1/{YR} to DOI (T2)	BCVAD+15 / FAD+ 15 to FAD+150	BCVAD / 1/1/{YR} to DOI (T2)
FFC	NA	NA	NA	NA	NA	NA	NA
FCF	NA	NA	NA	NA	NA	NA	NA
CORE							
CFR	9/1/{YR}	NA	NA	BCVAD+1 / TCVAD+1/ FAD+90 / BL REF DATE+30 to 12/1/{YR}	1/1/91/DO B to DOI (CORE)	NA	NA
FCF	RAD	RAD to RAD + 14	1/1/91 or DOB to DOI (T2)	RAD to RAD + 14	1/1/91 or DOB to DOI (CORE)	RAD to RAD + 14	1/1/91 or DOB to DOI (CORE)
FFC*	RAD/ 9/1/{YR}	NA	NA	5/1/{YR} PRIOR} / RAD to RAD + 14 / 12/31/{YR}	1/1/91 or DOB to DOI (CORE)	NA	NA
*FFCs REFDATE = RAD only if RAD is after 9/1/{YR}. Else, REFDATE = 9/1/{YR}.							

Table 2. Health Status Items Administered in Each Paths (Baseline, Time 2 and Core)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
SECTION HA			
Record ID			
BOX HA1	X	X	X
HA1PRE	X	X	X
HA1PRE2	X	X	X
BOX HA2	X	X	X
HA1	X	X	X
HA1A	X	X	X
HA1B	X	X	X
BOX HA2A	X	X	X
HA2	X	X	X
HA2A	X	X	X
HA2B1	X	X	X
BOX HA3	X	X	X
HA2B		X	X
HA2C		X	X
HA3A	X		X
HA3B		X	X
BOX HA4	X	X	X
BOX HA5	X	X	X
HA4	X	X	X
BOX HA7	X	X	X
HA5	X	X	X
BOX HA8	X	X	X
BOX HA9	X	X	X
HA6	X	X	X
HA7A	X	X	X
HA7B	X	X	X
BOX HA10	X	X	X
HA7C	X	X	X

Table 2. Health Status Items Administered in Each Paths (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
Mental Health			
HA9PRE	X	X	X
BOX HA11	X	X	X
HA9	X		
Advanced Direct.			
HA10	X		X
Comatose			
HA11	X	X	X
Mem./Cog.			
BOX HA12	X	X	X
HA12PRE	X	X	X
HA12-13	X	X	X
HA14	X	X	X
HA15	X	X	X
BOX HA13	X	X	X
Hear/Commun.			
HA16	X		X
HA17	X		X
HA18PRE	X		X
HA18	X		X
HA19	X		X
Vision			
HA20PRE	X		X
HA20	X		X
HA20A	X		X
Behavioral Symp.			
HA21	X	X	X
ADLs/Phys. Func.			
HA22PRE	X	X	X
HA22	X	X	X

Table 2. Health Status Items Administered in Each Paths (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
HA23	X	X	X
HA24PRE	X	X	X
HA24	X	X	X
BOX HA14	X	X	X
Continence			
HA25PRE	X		X
HA25	X		X
HA26	X		X
Psyc. Social			
HA27	X		X
Diag./Cond			
HA28PRE	X		X
HA28	X		X
HA29	X		X
BOXHA15	X		X
HA30	X		X
HA31	X		X
HA32	X		X
HA33	X		X
BOX 15A	X		X
HA33PRE	X		X
BOX HA15B	X		X
HA33A	X		X
BOX HA15C	X		X
HA33B	X		X
BOX 15D	X		X
HA33C	X		X
HA33D	X		X
HA33E	X		X

Table 2. Health Status Items Administered in Each Paths (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
Con//w M'Care			
HA33F	X		
HA33G	X		
BOX HA15E	X		
HA33H	X		
Dehyd/Delus./Halluc.			
BOX HA16	X		
HA34PRE	X		
HA34	X		X
HA35	X		X
HA36	X		X
Oral/Nutrition			
HA37	X		X
HA38	X	X	X
HA39	X	X	X
BOX HA17	X	X	X
Dental Health			
HA40	X		X
Mamm./PAP/Hyster.			
BOX HA17	X		X
HA43A	X		X
HA43B	X		X
HA43C	X		
HA43D	X		X
Smoking			
HA43E	X		X
HA43F	X		X
IADLs			
HA43GPRE	X		X
HA43G	X		X

Table 2. Health Status Items Administered in Each Paths (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
HA43H	X		X
HA43I	X		X
BOX HA17C	X		X
Gen. Health			
HA43J	X		X
IN Data Retrieval			
HA44PRE	X		
BOX HA20	X		
HA44A	X		
HA44B	X		
HA45	X		
HA46	X		
BOX HA21	X		
HA47	X		
HA48	X		
HA49	X		
BOX HA22	X		
HA50	X		
BOX HA23	X		
HA51	X		
BOX HA24	X		
SECTION HC			
HC2	X	X	X
HC3	X	X	X
HCEND	X	X	X

Table 3. Health Status Paths (Baseline, Time 2, and Core Supplement) by SP Type

Baseline

SSM in fall rounds.
CFC in all rounds.

Time 2

CFR in non-fall rounds

- a. who has not received a Time 2 for target facility in the previous round, and,
- b. who was CFC or SSM2 in the round they entered the facility component, or
- c. who was FCF at RAD and who was readmitted to the same facility and Round=19 or higher and embedded community stay was not HOSPITAL and community stay was one month or more and who was readmitted before FAD +90.

If fall round, and SP meets criteria in a and item in either b or c, above, administer Core rather than Time 2.

Core

CFR in fall rounds.
FFC, FCF in all rounds (as first HS completed after readmission).

SECTION HA

INSTRUCTIONS

If no medical record is available (HA1^=1, or if MDS forms are unavailable (HA2 ^=1 or HA2B ^= 1), or if no valid MDS is identified in HA3A, HA3B, or HA7A, leave the section displays blank.

Display the appropriate MDS section fills, based on the attached table of MDS section letters by the MCBS Question Number, centered on the second line of the screen in reverse video.

If both a backup MDS and a Quarterly Review form are available, always display the MDS fills followed by the Quarterly Review fills. If only one form is available, display only the appropriate form set of fills. Identify the forms by a *AM@* or *AQ@* preceding the section fills. For MDS and Quarterly Review sections that are identified by a letter only, *A*SEC.A precedes the letter, e.g.,

M SEC. E
Q SEC. E

Some MDS items require special identification for some individual states. Examples of those fills are as follows:

Q SIGNATURES PAGE
Q ABOVE SEC. E
M ABOVE SEC. P
Q ABOVE SEC. B
Q AFTER SEC. O
Q AFTER SEC. P

If a question item is not listed on the attached table as an MDS item, Display **NOT ON MDS** in reverse video on the top center portion of the screen.

In choice lists, "NONE CHECKED" or "NONE OF THE ABOVE" is allowed only if no other item is selected.

BOX HA1	If this is the first time for this respondent in Section HA, go to HA1PRE1. Else, go to HA1PRE2.
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PERM.HSREF1
FACR.HA1LONG

PERS.HS1RND
PERS.HS2RND

PERS.HSCREF
PERS.HS1REF

HA1PRE1

If facility is a nursing home, (PLACE TYPE = NURSING HOME) display "full Minimum Data Set (MDS) assessments, the Quarterly Report forms, and other medical chart notes".

Else, display "medical record".

RECORD IDENTIFICATION

HA1PRE1

The next questions are about {SP}'s health status on or around {REF DATE}. We have found that much of the data we are collecting is usually located in the resident's {full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes/medical record}. Please take a moment to locate the records now and confirm they are the records closest to {REF DATE}.

PRESS ENTER TO CONTINUE.

HA1PRE2

Display Current Stay Roster.

If Time 2, and Baseline and Time 2 done in same round, display "Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}." Otherwise display "The following questions are about {SP}'s health status on or around {REF DATE}".

RECORD IDENTIFICATION			
HA1PRE2			
<p>{Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}./The following questions are about {SP}'s health status on or around {REF DATE}.</p>			
Current Stay Roster			
PLACE NAME	START DATE	END DATE	PLACE TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
etc.			
USE ARROW KEYS. TO EXIT, PRESS ESC.			

BOX HA2	<p>If Baseline, go to HA1, If Time 2, and If Baseline and Time 2 done in same facility this round, and If at Baseline, SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to HA2B, Else, go to HA9PRE. If Baseline done in previous round in this facility, and If SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to HA2B; Else, go to HA1 If Core Supplement, If at last HS application administered for this SP, SP had a full MDS or QR (HA2 or HA2B=1 (YES), go to HA2B. Else, go to HA1.</p>
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HA1

If baseline:

 If not SSM1, display "admission".

 Else, do not display.

If FCF or FFC, display "admission".

Else, do not display.

RECORD IDENTIFICATION	
HA1	
Do you have {SP's} medical records for the {admission} period on or around {REF DATE}?	
YES.....	1 (BOX HA2A)
NO.....	0 (HA1A)
DK.....	-8 (HA1A)
RF.....	-7 (HA9PRE)

HLTH.RECHAVE

HA1A

Display as an overlay to HA1.

RECORD IDENTIFICATION	
HA1A	
Is there someone else I should speak with, or do the records exist elsewhere?	
PRESS ENTER TO CONTINUE.	

HA1B

DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE
MEDICAL RECORDS?

YES, CONTINUE WITHOUT MEDICAL RECORDS.....	1 (HA9PRE)
NO, RETURN TO NAVIGATE SCREEN (RECORD NEW RESPONDENT/RECORDS ON FROG)	0 (RETURN TO NAVIGATE SCREEN)

PROGRAMMER SPECS:

If HA1B=0, set a flag if Time 2, and Baseline and Time 2 done in the same round and display BRK as HS status code on Navigation Screen.

Else, display RDY.

BOX HA2A	If facility is a nursing home PLACE TYPE = NURSING HOME, go to HA2. Else, go to HA9PRE.
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HA2
If Baseline or FCF do not display "or Quarterly Review".

RECORD IDENTIFICATION	
HA2	
Do the medical records contain any full MDS assessment {or Quarterly Review} Forms?	
YES.....	1 (BOX HA3)
NO.....	0 (HA2A)
DK.....	-8 (HA2A)
RF.....	-7 (HA9PRE)
PRESS F1 KEY FOR COMPLETE DEFINITIONS.	

HLTH.RECFORMS
PERS.HSFORMS

HA2A
Display as an overlay to HA2.

RECORD IDENTIFICATION	
HA2A	
Is there someone else I should speak with, or do the records exist elsewhere?	
PRESS ENTER TO CONTINUE.	

HA2B1	
DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT <u>WITHOUT ANY MDS FORMS?</u>	
YES, CONTINUE WITHOUT MDS	1 (HA9PRE)
NO, RETURN TO NAVIGATE SCREEN (RECORD NEW RESPONDENT/RECORDS ON FROG)	0 (RETURN TO NAVIGATE SCREEN)

PROGRAMMER SPECS:
If HA2B1=0, set a flag if Time 2, and Baseline and Time 2 done in the same round to display BRK as HS status code on Navigation Screen. Else, display RDY.

BOX HA3	If Baseline, FCF, or FFC, go to HA3A. Else, go to HA2B.
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HA2B

If Time 2,

If baseline and Time 2 done in same round,

If no "BCVAD", display "another" and "on or around {Time 2 REF DATE}.

Else, display "another" and "after BCVAD".

If Baseline and Time 2 done in different rounds and Core not yet administered,

If no BCVAD, display "a full" and "after {DATE OF BASELINE INTERVIEW}".

Else, display "a full" and "BCVAD".

If Core,

If last HS application for this SP was Core,

If no CCVAD, display "a full" and "on or around {Core REF DATE}.

Else, display, "another" and "after" and "CCVAD".

If last HS application of this SP was Time 2,

If no TCVAD, display "a full" and "on or around {Core REF DATE}.

Else, display "another" and "after" and "TCVAD".

If last HS application for this SP was Baseline,

If no "BCVAD", display "a full" and "on or around {Core REF DATE}.

Else, display "another" and "after BCVD".

RECORD IDENTIFICATION	
HA2B	
Do {SP}'s medical records contain {another/a full} MDS assessment or Quarterly Review form dated {after/on or around} {{Time 2 REF DATE}/{BCVAD}/{DATE OF BASELINE INTERVIEW}/{CORE REF DATE}/{CCVAD}/{TCVAD}}?	
YES.....	1 (HA3B)
NO.....	0 (HA2C)
DK.....	-8 (HA2C)
RF.....	-7 (HA9PRE)

HLTH.RECFORM2

HA2C
Display as an overlay to HA2B.

RECORD IDENTIFICATION										
HA2C	<p style="text-align: center;">Is there someone else I should speak with or do the records exist elsewhere?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">CONTINUE WITH THIS RESPONDENT AND THIS SP.....</td> <td style="width: 5%; text-align: center;">1</td> <td style="width: 15%;">(HA9PRE)</td> </tr> <tr> <td>RETURN TO NAVIGATE SCREEN TO BEGIN ANOTHER SP OR TO RETRIEVE RECORDS</td> <td style="text-align: center;">0</td> <td>(RETURN TO NAVIGATE SCREEN)</td> </tr> <tr> <td>(RECORD NEW RESPONDENT/RECORDS ON FROG)</td> <td></td> <td></td> </tr> </table>	CONTINUE WITH THIS RESPONDENT AND THIS SP.....	1	(HA9PRE)	RETURN TO NAVIGATE SCREEN TO BEGIN ANOTHER SP OR TO RETRIEVE RECORDS	0	(RETURN TO NAVIGATE SCREEN)	(RECORD NEW RESPONDENT/RECORDS ON FROG)		
CONTINUE WITH THIS RESPONDENT AND THIS SP.....	1	(HA9PRE)								
RETURN TO NAVIGATE SCREEN TO BEGIN ANOTHER SP OR TO RETRIEVE RECORDS	0	(RETURN TO NAVIGATE SCREEN)								
(RECORD NEW RESPONDENT/RECORDS ON FROG)										

PROGRAMMER SPECS:

If HA2C=0, set a flag if Time 2, and Baseline and Time 2 done in the same round, to display BRK as HS status code on Navigation Screen. Else, display RDY.

HA3A

If second or subsequent times at HA3A, display "ASSESSMENT DATE: {ASSESSMENT DATE}".
Display last assessment date entry in HA3A as {ASSESSMENT DATE}.

The first time HA3A is administered:

- If SSM1, display "... the full MDS ... for {SP} on or around ... {REF DATE}".
- Else, also display "at admission, that is,".
- Display the interviewer instruction.
- Display "AROUND {REF DATE}" in the instruction.

The second and subsequent times HA3A is administered, display "What is the assessment date on that form?" Do not display interviewer instruction.

RECORD IDENTIFICATION	
{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}	
HA3A	<p>{What is the assessment date on the full MDS assessment that was completed for {SP} {at admission, that is,} on or around {REF DATE}}. {What is the assessment date on that form}?</p> <p>{IF NO MDS AVAILABLE AROUND {REF DATE}}, ENTER SHIFT/5 IN MONTH.}</p> <p>MONTH () DAY () YEAR 19() (BOX HA4)</p>

FORM.FORMRND .ASSESS .ASSESSMM .ASSESSDD .ASSESSYY .FORMORIG

PROGRAMMER SPECS:

Date Ranges

SP Type	Soft Range	Hard Range
SSM1	5\1\{SAMPYR} to 12\31\{SAMPYR}/DOI/DOD	1\1\91 / DOB to DOI/DOD
SSM2	FAD-30 to FAD+30/DOI/DOD	1\1\91 / DOB to DOI/DOD
CFC	FAD-30 to FAD+30/DOI/DOD	1\1\91 / DOB to DOI/DOD
FCF, FFC	RAD to RAD+14/DOI/DOD	1\1\91 / DOB to DOI/DOD

ERROR MESSAGES:

SOFT RANGE MESSAGE: "Unlikely response. Please re-enter."

HARD RANGE MESSAGE: "Invalid date. Re-enter date or back up (CTRL/B) 1 screen and change answer."

Abbreviations:

BCVAD = Baseline Closest Valid Assessment Date

BL = Baseline

CCVAD = Core Closest Valid Assessment Date

DOI = Date of Interview

DOB = Date of Birth

FAD = First Admission Date

HS = Health Status

RAD = Recent Admission Date

TCVAD = Time 2 Closest Valid Assessment Date

DOD = Date of Death

HA3B

If second or subsequent times at HA3B,
display "ASSESSMENT DATE: {ASSESSMENT DATE}".
Display last assessment date entry in HA3B as {ASSESSMENT DATE}.
Do not display interviewer message.

If Time 2,

If no BCVAD, display "FAD+14/RAD+14"
Else, display "BCVAD".

If Core,

If last HS application for SP was Core,
If no CCVAD, display "{Core REF DATE}".
Else, display "CCVAD".

If last HS application for this SP was Time 2,
If no TCVAD, display "{Time 2 REF DATE}".
Else, display "TCVAD".

If last HS application for this SP was Baseline,
If no "BCVAD", display "{Baseline REF DATE}".
Else, display "BCVD".

RECORD IDENTIFICATION
{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}

HA3B

What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to {REF DATE} for {SP} after {{FAD+14/RAD+14}/{BCVAD}},{CORE REF DATE},{CCVAD}},{TIME 2 REF DATE},{TCVAD}},{BASELINE REF DATE},{BCVAD}}.

{IF NO MDS OR QUARTERLY REVIEW AVAILABLE, ENTER SHIFT/5 IN MONTH.}

MONTH () DAY () YEAR 19()

FORM.FORMRND .ASSESS .ASSESSMM .ASSESSDD .ASSESSYY .FORMORIG

PROGRAMMER SPECS:

Date Ranges

Path	SP Type		Soft Range	Hard Range
Core	If CFR:	If LAST HS is BL	BCVAD+1/FAD+15 to 12\31\{YR} /DOI/DOD	1\1\91/DOB to DOI/DOD
		If LAST HS is T2: If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12\31\{YR} /DOI/DOD	1\1\91/DOB to DOI/DOD
		Else	5/1/{YR} TO 12\31\{YR}/DOI/DOD	1\1\91/DOB to DOI/DOD
		If LAST HS is Core:		
		If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR} /DOI/DOD	1\1\91/DOB to DOI/DOD
		Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	1\1\91/DOB to DOI/DOD
	FFC or FCF		RAD to RAD + 14/DOI/DOD	1\1\91/DOB to DOI/DOD
Time 2	SSM2/CFC		BCVAD+1/FAD+14 to FAD+150	1\1\91/DOB to DOI/DOD

ERROR MESSAGES:

SOFT RANGE MESSAGE: "Unlikely response. Please re-enter."

HARD RANGE MESSAGE: "Invalid date. Re-enter date or back up (CTRL/B) 1 screen and change answer."

BOX HA4	If SHIFT/5 entered in month, and If first time at HA3A/HA3B, go to HA9PRE; Else, go to BOX HA5.
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BOX HA5	<p>Determine if last date in HA3A/HA3B is valid by applying the following criteria. Date is valid if it falls on or between the dates below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Baseline: SSM1</td> <td>5/1/{SAMPYR} to 2/31/{SAMPYR}/DOI/DOD</td> </tr> <tr> <td>SSM2/CFC</td> <td>FAD to FAD+14/DOI/DOD</td> </tr> <tr> <td>Time 2:</td> <td>BCVAD+1/FAD+14 to FAD+150/DOI/DOD</td> </tr> <tr> <td>Core:</td> <td></td> </tr> <tr> <td>If CFR:</td> <td></td> </tr> <tr> <td> If LAST HS is BL</td> <td>BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td> If LAST HS is T2:</td> <td></td> </tr> <tr> <td> If TCVADYR = REFYR</td> <td>TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td> Else</td> <td>5/1/{YR} to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td> If LAST HS is Core:</td> <td></td> </tr> <tr> <td> If CCVADYR = REFYR</td> <td>CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td> Else</td> <td>5/1/{YR} to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>If FFC or FCF</td> <td>RAD to RAD+14/DOI/DOD</td> </tr> </table> <p>And, If year is not missing, and If month is not missing, and If date is valid, set a flag and go to Box HA6. If date is invalid, go to HA5.</p>	Baseline: SSM1	5/1/{SAMPYR} to 2/31/{SAMPYR}/DOI/DOD	SSM2/CFC	FAD to FAD+14/DOI/DOD	Time 2:	BCVAD+1/FAD+14 to FAD+150/DOI/DOD	Core:		If CFR:		If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD	If LAST HS is T2:		If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	If LAST HS is Core:		If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	 		If FFC or FCF	RAD to RAD+14/DOI/DOD
Baseline: SSM1	5/1/{SAMPYR} to 2/31/{SAMPYR}/DOI/DOD																												
SSM2/CFC	FAD to FAD+14/DOI/DOD																												
Time 2:	BCVAD+1/FAD+14 to FAD+150/DOI/DOD																												
Core:																													
If CFR:																													
If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD																												
If LAST HS is T2:																													
If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD																												
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD																												
If LAST HS is Core:																													
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD																												
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD																												
If FFC or FCF	RAD to RAD+14/DOI/DOD																												

BOX HA6	Obtain state name from Facility's address. If state name is MS or SD, set HA4=1 and go to HA5. Else, go to HA4.
---------	---

FORM.FORMTYPE

	RECORD IDENTIFICATION
HA4	
	Please tell me if the form with the assessment date of {LAST ASSESSMENT DATE ENTRY IN HA3A/HA3B} contains the following section:
	D. VISION
	YES (FULL MDS)..... 1
	NO (QUARTERLY REVIEW) 0
	DK -8
	RF -7

(HSC2)

FORM.FORMTYPE

PROGRAMMER SPECS:

Set a flag to indicate assessment form type. If HA4 = DK (-8) or RF (-7) and if there is more than one form, set assessment form type flag to 1 (FULL MDS).

BOX HA7	<p>Compare most recent Assessment Date with REF DATE. If number of days between Assessment Date and REF DATE > 7, or if day only in HA3A or HA3B is DK or RF, continue. Else, go to BOX HA9.</p>
---------	---

HA5

Display last assessment date entry in HA3A/HA3B above question text.

If Time 2 or Core, display "or Quarterly Review".

Fill "ASSESSMENT DATE" with last assessment date entry in HA3A/HA3B.

	<p>RECORD IDENTIFICATION {ASSESSMENT DATE: {ASSESSMENT DATE}}</p>
HA5	<p>Besides the form you just told me about, does {SP's} medical record contain any other MDS form {or Quarterly Review form} dated closer to {REF DATE}.</p> <p style="text-align: right;"> YES 1 NO 0 DK -8 RF -7 </p>

BOX HA8	<p>If another form is available (HA5 = 1 (YES)), If Baseline or if FCF go to HA3A. If Time 2 or Core, go to HA3B. Else, go to BOX HA9.</p>
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BOX HA9	<ol style="list-style-type: none"> 1. If one assessment date in HA3A/HA3B and FORM TYPE is Full MDS and assessment date is valid, set a flag to indicate this is the BCVAD/TCVAD/CCVAD and go to HA6. 2. If only one assessment date in HA3A/HA3B and FORM TYPE is Quarterly Review and assessment date is valid, set a flag to indicate this date is the BCVAD/TCVAD/CCVAD and go to HA7A. 3. If no assessment dates are valid or one form and form type is unknown, treat as having no MDS or Quarterly Review and go to HA9PRE. 4. If more than 1 valid assessment date (2 or more flags set to valid in BOX HA5), go to step 4a. to determine which assessment date is the BCVAD/TCVAD/CCVAD. <ol style="list-style-type: none"> 4a. If all dates have valid entries in the DAY, MONTH and YEAR fields and form type is known, select the date which is closest to REF DATE as the BCVAD/TCVAD/CCVAD. 4b. If at least one of the dates does not have valid entries in DAY or MONTH or form type is unknown, consider only the dates and form types with complete information in determining BCVAD/TCVAD/CCVAD. 4c. If two dates are equally close to REF DATE, select the date before REF DATE as the BCVAD/TCVAD/CCVAD. 5. If Form Type in HA4 for BCVAD/TCVAD/CCVAD identified in step 4 is a full MDS assessment, go to HA6. If Quarterly Review, go to step 6. 6. Review HA3A/HA3B and Box HA5; if any of the valid dates are for a full MDS form (HA4 = Full MDS), select the full MDS as the Backup MDS and go to HA7C. If more than one full MDS with a valid date, select the date closest to the REF DATE as the Backup MDS and go to HA7C. Else (no valid dates in HA3A/HA3B), go to step 7. 7. If no additional dates collected in HA3A/HA3B, go to HA7A. 8. If only one additional date in HA3A/HA3B and it is an MDS, go to BOX HA10. 9. If HA3A/HA3B contains more than one full MDS assessment date, determine which assessment date is the closest to the REF DATE. If two or more dates are equally close to REF DATE, select the full MDS form dated before REF DATE, then go to BOX HA10.
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PERS.BCVAD
 .TCVAD
 .CCVAD

HLTH.CVATYPE
 .XBACKUP
 .XPRIMARY

HA6

Display BCVAD/TCVAD/CCVAD as {ASSESSMENT DATE} above question text.

Suppress "full" and display "QUARTERLY REVIEW.....5 (HA7C)" if state name is MS, SD (states that use full MDS assessments for quarterly reviews).

RECORD IDENTIFICATION	
ASSESSMENT DATE: {ASSESSMENT DATE}	
HA6	
What was the primary reason for the assessment on the full MDS assessment dated {BCVAD/TCVAD}?	
ADMISSION	1 (HA7C)
ANNUAL	2 (HA7C)
SIGNIFICANT CHANGE IN STATUS	3 (HA7C)
DISCHARGE - RETURN NOT ANTICIPATED	4 (HA7C)
OTHER (SPECIFY: _____)	91 (HA7C)
DK	-8 (HA7C)
RF	-7 (HA7C)

HLTH.FORMREAS .FORMREOS

HA7A

Display BCVAD/TCVAD/CCVAD as "ASSESSMENT DATE".

Path/SP Type	Range
Baseline	
SSM1	1\1\{SAMPYR to 1\14\{SAMPYR+1}/DOI/DOD
SSM2	FAD-30 TO FAD+30/DOI/DOD
CFC	FAD-30 TO FAD+30/DOI/DOD
Time 2	
SSM2/CFC	BCVAD+1/FAD+15 to FAD+270/DOI/DOD
Core	
If CFR:	
If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD
If LAST HS is T2:	
If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
If LAST HS is Core:	
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
If FFC or FCF	RAD to RAD+14/DOI/DOD

RECORD IDENTIFICATION
{ASSESSMENT DATE: {ASSESSMENT DATE}}

HA7A

Does {SP}'s medical record contain a full MDS assessment dated between {DATE RANGE}.

YES 1 (GO TO HA7B)
NO 0 (GO TO HA7C)
DK -8 (GO TO HA7C)
RF -7 (GO TO HA7C)

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.RECMDS

HA7B

What is the date of the full MDS assessment closest to {REF DATE}?

IF NO MDS AVAILABLE, ENTER SHIFT/5 IN MONTH. (HA7C)

MONTH () DAY () YEAR 19()

FORM.FORMRND **.ASSESS** **.ASSESSMM** **.ASSESSDD** **.ASSESSYY** **.FORMORIG** **.FORMTYPE**
HLTH.XBACKUP

PROGRAMMER SPECS:
Date Ranges

Path/SP Type	Soft Range	Hard Range
Baseline		
SSM1	1\1\{SAMPYR to 1\14\{SAMPYR+1}/ DOI/DOD	1\1\91/DOB to DOI/DOD
SSM2	FAD-30 TO FAD+30/DOI/DOD	1\1\91/DOB to DOI/DOD
CFC	FAD-30 TO FAD+30/DOI/DOD	1\1\91/DOB to DOI/DOD
Time 2		
SSM2/CFC	BCVAD+1/FAD+15 to FAD+270/ DOI/DOD	1\1\91/DOB to DOI/DOD
Core		
If CFR:		
If Last HS is BL	BCVAD+1/FAD+15 to 12\31\{YR}/ DOI/DOD	1\1\91/DOB to DOI/DOD
If Last HS is T2:		
If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12\31\{YR}/ DOI/DOD	1\1\91/DOB to DOI/DOD
Else	5/1/{YR} to 12\31/{YR}/DOI/DOD	1\1\91/DOB to DOI/DOD
If LAST HR is Core:		
If CCVADYR=REFYR	CCVAD+1/FAD+120 to 12\31\{YR}/ DOI/DOD	1\1\91/DOB to DOI/DOD
Else	5/1/{YR} to 12\31/{YR}/DOI/DOD	1\1\91/DOB to DOI/DOD
FFC or FCF	RAD to RAD+14/DOI/DOD	1\1\91/DOB to DOI/DOD

BOX HA10	Determine if date in HA7B is valid by applying the following criteria. Date in range if it falls on or between the dates below:	
	PATH/SP TYPE	RANGE
	Baseline	
	SSM1	1\1\{SAMPYR} to 1\14\{SAMPYR+1}/DOI/DOD
	SSM2	FAD-30 to FAD+30/DOI/DOD
	CFC	FAD-30 to FAD+30/DOI/DOD
	Time 2	
		BCVAD+1/FAD+14 to FAD+270/DOI/DOD
	Core	
	If CFR:	
	If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD
	If LAST HS is T2:	
	If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
	If LAST HR is Core:	
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD	
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	
If FFC or		
FCF	RAD to RAD+14/DOI/DOD	
<u>And.</u>		
If year is not missing, and		
If month is not missing.		
If date is valid, set a flag to indicate it is the backup MDS date.		
Then, go to HA7C.		

HA7C

If HA3A/HA3B contains a valid date, for "FORM TYPE," display category text from HA4 for form with closest valid assessment date.

If FORM TYPE=0 (QUARTERLY REVIEW) and there is a valid Backup MDS Assessment Date from BOX HA10 display "If the information is not found on the Quarterly Review, please refer to the full MDS form with the assessment date of {BACKUP MDS ASSESSMENT DATE} to answer the question. Else, display "If the information is not found on the Quarterly Review, please refer to {SP}'s medical record to answer the questions."

RECORD IDENTIFICATION

HA7C

Please refer to the {FORM TYPE} with the assessment date of {CLOSEST VALID ASSESSMENT DATE} when answering the following questions. {If the information is not found on the Quarterly Review, {please refer to the full MDS form with the assessment date of {BACK MDS ASSESSMENT DATE}/please refer to {SP}'s medical record} to answer the questions.}

HA9PRE

For 1st sentence, if Baseline display "{his/her} admission to the facility".

Else, display "REF DATE".

For Baseline:

If no MDS available in medical record (HA2=NO, DK, or RF), display "Please refer to {SP}'s medical record.";

Else, if the medical record does contain an MDS (HA2=YES), but HA3A does not contain at least one form with a valid assessment date (HA3A=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";

Else, if no medical record is available (HA1=NO, DK, or RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";

Else, do not display 2nd sentence.

For T2, or Core:

If no MDS available in medical record (HA2 or HA2B=NO, DK, or RF), display "Please refer to {SP}'s medical record.";

Else, if the medical record does contain a MDS (HA2 or HS2B=YES), but HA3B does not contain at least one form with a valid assessment date (HA3B=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";

Else, if no medical record is available (HA1=NO, DK, RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";

Else, do not display 2nd sentence.

MENTAL HEALTH (MR/DD)

HA9PRE

Now I have some questions concerning {SP}'s health on or around the {REF DATE}/{his/her} admission to the facility. {{Please refer to {SP}'s medical record/Since I will be collecting information about {SP} on or around {REF DATE} and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information./Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record} to answer these questions.}

PRESS ENTER TO CONTINUE.

BOX HA11	If Baseline, go to HA9. If Time 2, go to HA11. If Core, go to HA10.
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MENTAL HEALTH (MR/DD) {VERSION, SECTION}	
HA9	Did {SP}'s record indicate any history of mental retardation, mental illness, or developmental disability problems? Exclude diagnoses of organic brain syndrome, Alzheimer's disease, and related dementia.
	NO 0 YES 1 DK -8 RF -7

HLTH.MENTAL

HA10

The third line varies:

For item 1, display {a Living Will?}.

For item 2, display {instructions not to resuscitate?}.

For item 3, display {instructions not to hospitalize?}.

For item 4, display {restrictions on feeding, medication, or other treatment restrictions?}.

Display choice list below question text.

ADVANCED DIRECTIVES {VERSION, SECTION}	
HA10	Now, please tell me which of the following advanced directives were listed in {SP}'s record or chart for the period on or around {REF DATE}.
	Did {SP}'s record indicate {VARIABLE PART OF QUESTION}
	LIVING WILL DO NOT RESUSCITATE DO NOT HOSPITALIZE FEEDING/MEDICATION/OTHER TREATMENT RESTRICTION NONE CHECKED DON'T KNOW

HLTH.ADLIVWIL
.ADDNRES
.ADDNHOSP
.ADOTREST

COMATOSE
{VERSION, SECTION}

HA11

Was {SP} comatose on {REF DATE}?

NO (NOT COMATOSE)	0	(HA12-13)
YES (COMATOSE)	1	
DK	-8	(HA12-13)
RF	-7	(HA12-13)

HLTH.COMATOSE

BOX HA12	If Baseline or Core, go to HA28PRE. If Time 2, go to HA39.
----------	---

HA12PRE-HA13

SAMPLE LAYOUT

Display "OK" after 0 is entered; display "PROBLEM" after 1 is entered.

MEMORY/COGNITIVE SKILLS
{VERSION, SECTION}

HA12-13

The next series of questions deal with {SP}'s memory or recall ability.

	MEMORY OK=0	
	MEMORY PROBLEM=1	
On or around {REF DATE}, was {SP}'s <u>short-term</u> memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?	()	SHORT-TERM {OK/PROBLEM}
Was {SP}'s <u>long-term</u> memory okay, that is, did {she/he} seem or appear to recall events in the distant past?	()	LONG-TERM {OK/PROBLEM}

{REVIEW RESPONSES. PRESS ENTER TO CONTINUE.}

MEMORY/COGNITIVE SKILLS

HA12PRE

The next series of questions deal with {SP}'s memory or recall ability.

MEMORY/COGNITIVE SKILLS	
{VERSION, SECTION}	
HA12	On or around {REF DATE}, was {SP}'s <u>short-term</u> memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?
	MEMORY OK 0
	MEMORY PROBLEM..... 1

HLTH.CSMEMST

MEMORY/COGNITIVE SKILLS	
{VERSION, SECTION}	
HA13	Was {SP}'s <u>long-term</u> memory okay; that is, did {she/he} seem or appear to recall events in the distant past?
	MEMORY OK 0
	MEMORY PROBLEM..... 1

HLTH.CSMEMLT

PROGRAMMER SPECS:

Display "REVIEW RESPONSES. PRESS ENTER TO CONTINUE." after entry in HA13.

HA14

The following displays vary:

For item 1, display {the current season}.

For item 2, display {the location of {her/his} own room}.

For item 3, display {staff names or faces}.

For item 4, display {the fact that {she/he} was in a nursing home}.

Display choice list below question text and display 5 lines on choice list.

MEMORY/COGNITIVE SKILLS	
{VERSION, SECTION}	
HA14	Was {SP} able to recall {VARIABLE PART OF QUESTION} on or around {REF DATE}?
	CURRENT SEASON
	LOCATION OF OWN ROOM
	STAFF NAMES/FACES
	THAT SHE/HE IS IN NURSING HOME
	NONE CHECKED
	DON'T KNOW

HLTH.CSCURSEA
.CSLOCROM
.CSNAMFAC
.CSINNH

MEMORY/COGNITIVE SKILLS
{VERSION, SECTION}

HA15

How skilled was {SP} in making daily decisions? Was {she/he} independent, did {she/he} exhibit modified independence, was {she/he} moderately impaired, or was {she/he} severely impaired?

INDEPENDENT	0
MODIFIED INDEPENDENCE	1
MODERATELY IMPAIRED	2
SEVERELY IMPAIRED	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.CSDECIS

BOX HA13	If Baseline or Core, go to HA16. If Time 2, go to HA21.
----------	---

HEARING/COMMUNICATION
{VERSION, SECTION}

HA16

What was the condition of {SP}'s hearing, with a hearing appliance, if used, on or around {REF DATE}? Did {she/he} hear adequately, did {she/he} have minimal difficulty, did {she/he} hear only in special situations, or was {her/his} hearing highly impaired?

HEARS ADEQUATELY	0
HEARS WITH MINIMAL DIFFICULTY	1
HEARS IN SPECIAL SITUATIONS ONLY	2
HEARING HIGHLY IMPAIRED	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCHECOND

HEARING/COMMUNICATION
{VERSION, SECTION}

HA17

Did {she/he} have a hearing aid?

YES	1
NO	0

HLTH.HCHEAID

HEARING/COMMUNICATION
CTRL/E OK

HA18PRE

The next section deals with how {SP} communicated with others and how well {she/he} was understood by others.

PRESS ENTER TO CONTINUE.

HEARING/COMMUNICATION
{VERSION, SECTION}

HA18

Which statement best describes how effective {SP} was at making {herself/himself} understood on or around {REF DATE}? Was {she/he} always understood, usually understood, sometimes understood, or rarely or never understood?

UNDERSTOOD	0
USUALLY UNDERSTOOD	1
SOMETIMES UNDERSTOOD	2
RARELY/NEVER UNDERSTOOD	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCUNCOND

HEARING/COMMUNICATION
{VERSION, SECTION}

HA19

Which statement best describes how well {SP} understood others on or around {REF DATE}? Did {SP} always understand, usually understand, sometimes understand, or rarely or never understand?

UNDERSTAND	0
USUALLY UNDERSTAND	1
SOMETIMES UNDERSTAND	2
RARELY/NEVER UNDERSTAND	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCUNDOTH

VISION
CTRL/E OK

HA20PRE

Next is a question concerning {SP}'s vision on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

VISION {VERSION, SECTION}
HA20
Which of the following statements best described {SP}'s ability to see in adequate light with visual aids, if used? Would you say {her/his} vision was adequate, impaired, highly impaired, or severely impaired?
ADEQUATE 0 IMPAIRED..... 1 MODERATELY IMPAIRED 2 HIGHLY IMPAIRED 3 SEVERELY IMPAIRED 4
PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.VISION

VISION {VERSION, SECTION}
HA20A
Does {SP} use a visual appliance such as glasses, contact lenses, or a magnifying glass?
YES 1 NO 0

HLTH.VISAPPL

HA21

Display HA21 with the question text above, the frequency codes beneath the question, the item categories displayed on the left, and the cursor motion moving downward as each frequency code is entered.

The following displays vary:

- For item 1, display {wandering}.
- For item 2, display {verbally abusive behavior}.
- For item 3, display {physically abusive behavior}.
- For item 4, display {socially inappropriate or disruptive behavior}.
- For item 5, display {resistance to care}.

Highlight the VARIABLE PART OF QUESTION display.

If MDS or QR available (HA3 contains at least one valid assessment date) display "CODE FROM {MDS/QR} COLUMN A".

BEHAVIORAL SYMPTOMS {VERSION, SECTION}	
HA21	
How often did the following behavioral problems occur on or around {REF DATE}. Would you say {VARIABLE PART OF QUESTION} did not occur, occurred less than daily, or occurred daily or more frequently?	
{CODE FROM {MDS/QR} COLUMN A.}	0. NOT AT ALL 1. LESS THAN DAILY 2. DAILY OR MORE FREQUENTLY
A. WANDERING	()
B. VERBALLY ABUSIVE BEHAVIOR.....	()
C. PHYSICALLY ABUSIVE BEHAVIOR	()
D. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR.....	()
E. RESISTANCE TO CARE.....	()
PRESS F1 KEY FOR COMPLETE DEFINITIONS.	

HLTH.BSWANDER
.BSVERBAB
.BSPHYSAB
.BSDISRPT
.BSRESIST

HA22PRE

If no MDS (HA2=NO, DK, or RF) display "By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members".

ADLS/PHYSICAL FUNCTIONING

HA22PRE

The next questions are about {SP}'s ability to perform Activities of Daily Living or ADLs, on or around {REF DATE}.

I will read you a list of activities and would like you to tell me if {SP}'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. {By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members.}

PRESS ENTER TO CONTINUE.

HA22

Display the first line of question for all 6 items.
The following displays vary:

For item A, display {transferring (for example, in and out of bed)}.

For item B, display {locomotion on unit}.

For item C, display {dressing}.

For item D, display {eating}.

For item E, display {using the toilet}.

If no MDS available (HA2=NO, DK, or RF) or HA3..valid assessment date, display show card.

ADLS/PHYSICAL FUNCTIONING
{VERSION, SECTION}

HA22

Please tell me {SP}'s level of self-performance in
{VARIABLE PART OF QUESTION}

SHOW
CARD
HA1

CODE LEVEL OF SELF-PERFORMANCE

A. TRANSFER ()

B. LOCOMOTION ON UNIT ()

C. DRESSING ()

D. EATING ()

E. TOILET USE ()

0. INDEPENDENT

1. SUPERVISION

2. LIMITED ASSISTANCE

3. EXTENSIVE ASSISTANCE

4. TOTAL DEPENDENCE

8. ACTIVITY DID NOT OCCUR

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.PFTRNSFR
.PFLOCOMO
.PFDRSSNG
.PFEATING
.PFTOILET

HA23
Highlight "bathing" on first line.

ADLS/PHYSICAL FUNCTIONING
{VERSION, SECTION}

HA23

Again referring to the time on or around {REF DATE}, what was {SP}'s level of self-performance when bathing: was {she/he} independent, did {she/he} require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was {she/he} totally dependent, or did the activity not occur?

INDEPENDENT	0
SUPERVISION	1
PHYSICAL HELP LIMITED TO TRANSFER ONLY	2
PHYSICAL HELP IN PART OF BATHING ACTIVITY	3
TOTAL DEPENDENCE.....	4
ACTIVITY DID NOT OCCUR	8

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.PFBATHNG

MODES OF LOCOMOTION

HA24PRE

The next questions are about modes of locomotion and appliances or devices {SP} might have used around {REF DATE}.

PRESS ENTER TO CONTINUE.

HA24
Display the first line of question for all three items.
The following displays vary:

- For item 1, display {did {she/he} use a cane or walker}.
- For item 2, display {did {she/he} wheel {herself/himself}}.
- For item 3, display {did someone else wheel {her/him}}.

Display choice list below question text.

MODES OF LOCOMOTION
{VERSION, SECTION}

HA24

On or around {REF DATE},
{VARIABLE PART OF QUESTION}?

CANE/WALKER
WHEELED SELF
OTHER PERSON WHEELED
NONE CHECKED
DON'T KNOW

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.MLCANE
.MLWHLSLF
.MLWHLOTH

BOX HA14	If Baseline or Core, go to HA25PRE. If Time 2, go to HA39.
----------	--

CONTINENCE

HA25PRE

The next questions are about {SP}'s bowel and bladder control on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

CONTINENCE
{VERSION, SECTION}

HA25

What was the level of {SP}'s bowel control on or around {REF DATE}? Was {she/he} continent, usually continent, occasionally incontinent, frequently incontinent, or incontinent?

CONTINENT	0
USUALLY CONTINENT	1
OCCASIONALLY INCONTINENT	2
FREQUENTLY INCONTINENT	3
INCONTINENT	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.CTBOWEC

CONTINENCE
{VERSION, SECTION}

HA26

What was the level of {SP}'s bladder control on or around {REF DATE}? Was {she/he} continent, usually continent, occasionally incontinent, frequently incontinent, or incontinent?

CONTINENT	0
USUALLY CONTINENT	1
OCCASIONALLY INCONTINENT	2
FREQUENTLY INCONTINENT	3
INCONTINENT	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS33)

HLTH.CTBADDC

HA27

Fills for {VARIABLE PART OF QUESTION}:

Display first and second sentences with item 1 only.

For item A, display "was at ease interacting with others".

For item B, display "was at ease doing planned or structured activities".

For item C, display "was at ease doing self-initiated activities".

For item D, display "established {his/her} own goals".

For item E, display "pursued involvement in the life of the facility (that is, makes or keeps friends; is involved in group activities, responds positively to new activities, assists at religious services)".

For item F, display "accepted invitations into most group activities".

For item 2e, display "had absence of personal contact with family or friends".

For item G, NONE OF THE ABOVE

If no MDS available (HA2 = NO, DK, or RF) or HA3 ...valid assessment date, display show card.

PSYCHOSOCIAL WELL-BEING

{VERSION, SECTION}

HA27

The next question is about {SP}'s psychological and social well-being. Please tell me which of the following items describe {her/him}.

On or around {REF DATE}, {SP}:
{VARIABLE PART OF QUESTION}?



AT EASE INTERACTING WITH OTHERS
AT EASE DOING PLANNED OR STRUCTURED ACTIVITIES
AT EASE DOING SELF-INITIATED ACTIVITIES
ESTABLISHES OWN GOALS
PURSUES INVOLVEMENT IN LIFE OF FACILITY
ACCEPTS INVITATIONS INTO MOST GROUP ACTIVITIES
HAS ABSENCE OF PERSONAL CONTACT WITH FAMILY/FRIENDS
NONE OF THE ABOVE

HLTH.PWINTOTH
.PWSTRACT
.PWSLFACT
.PWGOALS
.PWACLIF
.PWGRPACT
.PWNOFC

HA28PRE

If medical record contains an MDS (HA2 = YES) and HA3A/HA3B contains at least one valid MDS assessment date,

Display {MDS ASSESSMENT DATE: BCVAD/CCVAD}

Display valid date recorded in item HA3A/HA3B and selected as closest to REF DATE in BOX HA9 for the relevant form to the right of MDS ASSESSMENT DATE.

If an assessment date is unavailable (HA3A/HA3B) = NEVER WILL KNOW or RF), leave display blank.

If no MDS in medical record (HA2 = NO, DK, RF, or -1),

Display {By active, I mean those diseases associated with {her/his} ADL status, cognition, behavior, medical treatments, or risk of death on or around {REF. DATE}. Please think about what is in {SP}'s Medical Record when answering the following question.}

DIAGNOSES/CONDITIONS

HA28PRE

{MDS ASSESSMENT DATE: {BCVAD}}

The questions in the next section deal with {SP}'s active diagnoses or conditions during the time on or around {REF DATE} {By active I mean those disease associated with {her/his} ADL status, cognition, behavior, medical treatments, or risk of death on or around {REF DATE}. Please think about what is in {SP}'s medical record when answering the following questions.}

PRESS ENTER TO CONTINUE.

HA28

Display HA28 in a choice list with search function enabled.

If HA3A/HA3B = valid assessment date,

Display "VERSION/SECTION"

Display "What active diseases were checked on {SP's} MDS assessment?"

Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

Else,

Display Show Card.

Display "Look at the following list and tell me what active diseases did {SP} have on or around {REF DATE}".

Display "Other {SPECIFY _____}"

DIAGNOSES/CONDITIONS {VERSION, SECTION}			
HA28	<p>{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}</p> <p>{What active diseases were checked on {SP's} MDS assessment}? {Look at this list and tell me what active <u>diseases</u> did {SP} have on or around {REF DATE}}?</p> <p>SELECT ALL THAT APPLY.</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px; text-align: center;"> SHOW CARD HA3 </div> <div> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Allergies Alzheimer's Disease Anemia Anxiety Disorder Aphasia Arteriosclerotic Heart Disease (ASHD) Arthritis Asthma Cancer Cardiac Dysrhythmia Cardiovascular Disease (other) Cataracts Cerebral Palsy Cerebrovascular Accident (Stroke) Congestive Heart Failure Deep Vein Thrombosis Dementia, Other Than Alzheimer's Depression Diabetes Mellitus Diabetic Retinopathy Emphysema/COPD Glaucoma Hemiplegia/Hemiparesis </td> <td style="width: 50%; vertical-align: top;"> Hip Fracture Hypertension Hyperthyroidism Hypotension Hypothyroidism Macular Degeneration Manic Depression (Bipolar Disease) Missing Limb (e.g., amputation) Multiple Sclerosis Osteoporosis Paraplegia Parkinson's Disease Pathological Bone Fracture Peripheral Vascular Disease Quadriplegia Renal Failure Schizophrenia Seizure Disorder Transient Ischemic Attack (TIA) Traumatic Brain Injury {Other {SPECIFY: _____}} None of the Above </td> </tr> </table> </div> </div>	Allergies Alzheimer's Disease Anemia Anxiety Disorder Aphasia Arteriosclerotic Heart Disease (ASHD) Arthritis Asthma Cancer Cardiac Dysrhythmia Cardiovascular Disease (other) Cataracts Cerebral Palsy Cerebrovascular Accident (Stroke) Congestive Heart Failure Deep Vein Thrombosis Dementia, Other Than Alzheimer's Depression Diabetes Mellitus Diabetic Retinopathy Emphysema/COPD Glaucoma Hemiplegia/Hemiparesis	Hip Fracture Hypertension Hyperthyroidism Hypotension Hypothyroidism Macular Degeneration Manic Depression (Bipolar Disease) Missing Limb (e.g., amputation) Multiple Sclerosis Osteoporosis Paraplegia Parkinson's Disease Pathological Bone Fracture Peripheral Vascular Disease Quadriplegia Renal Failure Schizophrenia Seizure Disorder Transient Ischemic Attack (TIA) Traumatic Brain Injury {Other {SPECIFY: _____}} None of the Above
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DIAG.ALLERGY	.CARDIYSR	.DIABMEL	.HYPOTHYR	.VASCULAR	VDIA.OTHDIAG
.ALZHRM	.CARDIOV	.DIABRET	.MACDEGEN	.QUADPLEG	.SOURCE
.ANEMIA	.CATARCT	.EMPCOPD	.MANICDEP	.RENTFAIL	
.ANXIETY	.CERPALSY	.GLAUCOMA	.MISSLIMB	.SCHIZOPH	
.APHASIA	.STROKE	.HEMIPLPA	.SCLEROS	.SEIZURE	
.ASHD	.HRTFAIL	.HIPFRACT	.OSTEOP	.TIA	
.ARTHRIT	.VEINTHR	.HYPETENS	.PARAPLEG	.BRAININJ	
.ASTHMA	.DEMENT	.HYPETHYR	.PARKNSON	.DCOTH	
.CANCER	.DEPRESS	.HYPOTENS	.BONEFRAC		

HA29

Display HA29 in a choice list with search function enabled.

If HA3A/HA3B = valid assessment date,

Display "What active infections were checked on {SP's} MDS assessment?"

Display {VERSION, SECTION} in header.

Else,

Display "Look at the following list and tell me what active infection {SP} had on or around {REF. DATE} according to the medical record notes."

Display show card symbol.

Leave header display blank.

DIAGNOSES/CONDITIONS {VERSION, SECTION}	
HA29	
{What active <u>infections</u> were checked on {SP}'s MDS assessment?}	
{Look at the following list and tell me what active <u>infection</u> {SP} had on or around {REF DATE} according to the medical record notes.}	
SELECT ALL THAT APPLY.	
	ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH) CLOSTRIDIUM DIFFICILE (C.DIFF.) CONJUNCTIVITIS HIV INFECTION PNEUMONIA RESPIRATORY INFECTION SEPTICEMIA SEXUALLY TRANSMITTED DISEASES TUBERCULOSIS URINARY TRACT INFECTION IN LAST 30 DAYS VIRAL HEPATITIS WOUND INFECTION NONE OF THE ABOVE

- DIAG.INFMRSA
- .INFCDIFF
- .INFCONJ
- .INFHIV
- .INFPNEU
- .INFRESP
- .INFSEPT
- .INFSEXTR
- .INFTBRC
- .INFURNRY
- .INFHPPTS
- .INFWOUND

BOX HA15	If HA3A/HA3B = BCVAD,/CCVAD, go to HA30. Else go to HA32.
----------	--

HA30
Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

DIAGNOSES/CONDITIONS {VERSION, SECTION}	
HA30	<p>MDS ASSESSMENT DATE: {BCVAD/CCVAD}</p> <p>Were there any active diagnoses entered on the MDS form in the section for <u>other diagnoses</u>?</p> <p>YES 1 NO 0 DK -8 RF -7</p> <p style="text-align: right;">} (HA32)</p>

DIAG.OTMDS DIA

HA31
Display HA30 as a choice list with search function enabled.

DIAGNOSES/CONDITIONS {VERSION, SECTION}			
HA31	<p>What were the diagnoses? ENTER ICD-9 CODES WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Alcohol Dependency Breast disorders Cerebral degeneration Constipation Diaphragmatic hernia (hiatal hernia) Diverticula of colon Epilepsy Gastritis/duodenitis Gastroenteritis, noninfectious</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Gastrointestinal hemorrhage Hyperplasia of prostate Hypopotassemia/hypokalemia Nonpsychotic brain syndrome Peptic ulcer Renal ureteral disorder Scoliosis Ulcer of leg, chronic OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____</p> </td> </tr> </table>	<p>Alcohol Dependency Breast disorders Cerebral degeneration Constipation Diaphragmatic hernia (hiatal hernia) Diverticula of colon Epilepsy Gastritis/duodenitis Gastroenteritis, noninfectious</p>	<p>Gastrointestinal hemorrhage Hyperplasia of prostate Hypopotassemia/hypokalemia Nonpsychotic brain syndrome Peptic ulcer Renal ureteral disorder Scoliosis Ulcer of leg, chronic OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____</p>
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DIAG.MALCOH	.MHERNIA	.MGASTRO	.MBRAINS	.MLEGULC	VDIA.OTHDIAG
.MBREAST	.MDIVCOL	.MGHEMOR	.MPEPULC	.MDCOTH1	.SOURCE
.MCERDEG	.MEPILEP	.MHYPER	.MRENTUR	.MDCOTH2	
.MCONST	.MGASTR	.MHYPOP	.MSCOLIO	.MDCOTH3	
				.MDCOTH4	

HA32

Display on Help Screen. "Active refers to those diseases associated with the resident's ADL status, performance in making everyday decisions, behavior, medical treatments, or risk of death."

DIAGNOSES/CONDITIONS NOT ON MDS	
HA32	Can you add any <u>other</u> active diagnoses for {SP} on or around {REF DATE} that have not yet been mentioned? Please refer to the medical record including {SP's} medications chart for {REF DATE MONTH}.
	YES..... 1 NO 0 (BOX HA15A) DK..... -8 (BOX HA15A) RF -7 (BOX HA15A)
PRESS F1 KEY FOR COMPLETE DEFINITIONS.	

(HS46)

DIAG.OTACTDIA

HA33

Display HA33 in a choice list with search function enabled.

DIAGNOSES/CONDITIONS NOT ON MDS			
HA33 <div style="border: 2px solid black; padding: 5px; width: fit-content;"> SHOW CARD HA5 </div>	What were the diagnoses? ENTER ICD-9 CODES, IF AVAILABLE, WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Alcohol Dependency Breast disorders Cerebral degeneration Constipation Diaphragmatic hernia (hiatal hernia) Diverticula of colon Epilepsy Gastritis/duodenitis Gastroenteritis, noninfectious </td> <td style="width: 50%; vertical-align: top;"> Gastrointestinal hemorrhage Hyperplasia of prostate Hypopotassemia/hypokalemia Nonpsychotic brain syndrome Peptic ulcer Renal ureteral disorder Scoliosis Ulcer of leg, chronic OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____ </td> </tr> </table>	Alcohol Dependency Breast disorders Cerebral degeneration Constipation Diaphragmatic hernia (hiatal hernia) Diverticula of colon Epilepsy Gastritis/duodenitis Gastroenteritis, noninfectious	Gastrointestinal hemorrhage Hyperplasia of prostate Hypopotassemia/hypokalemia Nonpsychotic brain syndrome Peptic ulcer Renal ureteral disorder Scoliosis Ulcer of leg, chronic OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____
Alcohol Dependency Breast disorders Cerebral degeneration Constipation Diaphragmatic hernia (hiatal hernia) Diverticula of colon Epilepsy Gastritis/duodenitis Gastroenteritis, noninfectious	Gastrointestinal hemorrhage Hyperplasia of prostate Hypopotassemia/hypokalemia Nonpsychotic brain syndrome Peptic ulcer Renal ureteral disorder Scoliosis Ulcer of leg, chronic OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____ OTHER: SPECIFY _____		

(HS47)

DIAG.NMALCOH	.NMHERNIA	.NMGASTRO	.NMBRAINS	.NMLEGULC
.NMBREAST	.NMDIVCOL	.NMGHEMOR	.NMPEPULC	.NMDCOTH1
.NMCERDEG	.NMEPILEP	.NMHYPER	.NMRENTUR	.NMDCOTH2
.NMCONST	.NMGASTR	.NMHYPOP	.NMCOLIO	.NMDCOTH3
				.NMDCOTH4
				VDIA.OTHDIAG
				.SOURCE

BOX HA15A	If arthritis, cancer or cardiovascular disease selected in HA28, go to HA33PRE. Else, go to HA33D.
--------------	---

HA33PRE

If HA3A/HA3B=valid assessment date, display "While you are referring to {SP's} medical record", "additional" and "These questions cannot be found on the MDS".
Else, display "Now".

CONDITIONS	
HA33PRE	
<p>{{While you are referring to {SP}'s medical record/{Now}} I have some {additional} questions about the conditions you mentioned earlier. {These questions cannot be found on the MDS}.</p>	

BOX HA15B	If arthritis selected in HA28, go to HA33A Else, go to BOX HA15C.
--------------	--

HA33A

Display HA33A in a choice list.

CONDITIONS	
HA33A	
<p>What part or parts of {SP's} body have been affected by arthritis?</p> <p style="text-align: center;">SELECT ALL THAT APPLY</p> <p style="text-align: center;">ARMS, SHOULDERS OR HANDS HIPS, KNEES, FEET OR ANYWHERE ON LEGS BACK NECK ALL OVER OR JOINTS OTHER DON'T KNOW</p>	

DIAG.ARTHARMS .ARTHLEGS .ARTHNECK
.ARTHBACK .ARTHJOIN .ARTHOTHR .ARTHOTOS

BOX HA15C	If cancer selected in HA28, go to HA33B. Else, go to BOX HA15D.
--------------	--

CONDITIONS	
HA33B	
Please refer to {SP's} medical record and tell me on what part or parts of the body was the cancer found?	
SELECT ALL THAT APPLY	
SKIN	BLADDER
LUNG	OVARY
COLON, RECTUM, OR BOWEL	STOMACH
BREAST	CERVIX
UTERUS	OTHER
PROSTATE	DON'T KNOW

DIAG.CNRSKIN .CNRLUNG .CNRBOWEL .CNRBREAS .CNRSTOMA .CNRCEVI
 .CNRUTERU .CNRPROST .CNRBLADD .CNROVARY .CNROTHER .CNROTOS

BOX HA15D	If cardiovascular disease selected in HA28, go to HA33C. Else, go to HA33D.
--------------	--

CONDITIONS	
HA33C	
Please refer to {SP's} medical record and tell me if the cardiovascular disease was angina pectoris or coronary heart disease?	
YES.....	1
NO.....	0

DIAG.CRDVTYPE

CONDITIONS	
HA33D	
Still referring to the medical record, has {SP} ever had a myocardial infraction or heart attack?	
YES.....	1
NO.....	0

DIAG.MYOCARD

VISION	
HA33E	
Has {SP} ever had an operation for cataracts?	
YES	1
NO	0

DIAG.CATAROP

BOX HA15F	If Core, go to Box HA16 If SP is 65 or older, go to BOX HA16. If number of yes responses is 0, go to HA33G. Else, go to HA33F.
--------------	---

HA33F
If SP had more than one condition in HA28-HA33E, display "Were any of these". Else, display "Was this".

CONDITIONS LINKED TO MEDICARE	
HA33F	
You told me that {SP} has had {MEDICAL CONDITIONS TO WHICH RESPONDENT ANSWERED YES IN HA28-HA33E}. {Was this/Were any of these} the original cause of {SP's} becoming eligible for Medicare?	
YES	1 (BOX HA15E)
NO	0
DK	-8 (BOX HA16)

DIAG.CAUSEMCR

CONDITIONS LINKED TO MEDICARE

HA33G

What was the original cause of {SP's} becoming eligible for Medicare?

RECORD VERBATIM

(BOX HA16)

**DIAG.OTHCAUS1
.OTHCAUS2
.OTHCAUS3
.OTHCAUS4**

BOX HA15E	If more than one condition to which respondent answered yes in HA28-HA33E, go to HA33H. Else, go to BOX HA16.
--------------	--

HA33H

Display all conditions mentioned in HA28-HA33E in choice list.

Display choice list below question text.

CONDITIONS LINKED TO MEDICARE

HA33H

Which of these conditions was a cause of {him/her} becoming eligible for Medicare?

{ITEMS MENTIONED IN HA28-HA33E}

DIAG.ALLERGY	.CANCER	.DEMENT	.HYPETENS	.OSTEOP	.SCHIZOPH
.ALZHRM	.CARDYSR	.DEPRESS	.HYPETHYR	.PARAPLEG	.SEIZURE
.ANEMIA	.CARDIOV	.DIABMEL	.HYPOTENS	.PARKNSON	.TIA
.ANXIETY	.CATARCT	.DIABRET	.HYPOTHYR	.BONEFRAC	.BRAININJ
.APHASIA	.CERPALSY	.EMPCOPD	.MACDEGEN	.VASCULAR	.DCOTH
.ASHD	.STROKE	.GLAUCOMA	.MANICDEP	.QUADPLEG	
.ARTHRIT	.HRTFAIL	.HEMIPLPA	.MISSLIMB	.RENTFAIL	
.ASTHMA	.VEINTHR	.HIPFRACT	.SCLEROS		
DIAG.INFMRSA	.INFCONJ	.INFPNEU	.INFSEPT	.INFTBRC	.INFHPPTS
.INFCDIFF	.INFHIV	.INFRESP	.INFSEXTR	.INFURNRY	.INFWOUND
DIAG.MALCOH	.MHERNIA	.MGASTRO	.MBRAINS	.MLEGULC	.MDCOTH4
.MBREAST	.MDIVCOL	.MGHEMOR	.MPEPULC	.MDCOTH1	
.MCERDEG	.MEPILEP	.MHYPER	.MRENTUR	.MDCOTH2	
.MCONST	.MGASTR	.MHYPOP	.MSCOLIO	.MDCOTH3	
DIAG.NMALCOH	.NMHERNIA	.NMGASTRO	.NMBRAINS	.NMLEGULC	
.NMBREAST	.NMDIVCOL	.NMGHEMOR	.NMPEPULC	.NMDCOTH1	
.NMCERDEG	.NMEPILEP	.NMHYPER	.NMRENTUR	.NMDCOTH2	
.NMCONST	.NMGASTR	.NMHYPOP	.NMCOLIO	.NMDCOTH3	
				.DNDCOTH4	

DIAG.CNRSKIN

DIAG.MYOCARD DIAG.CATAROP

BOX HA16	If comatose (HA11=1), go to HA38. Else, go to HA34.
----------	--

HA34PRE-HA36
Sample Layout

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34-36

The next few items are about the other conditions {SP} may have had on or around {REF DATE}. {Again, please refer to the MDS.}

Did {he/she} experience...

YES = 1, NO = 0

dehydration on or around {REF DATE}? ()

delusions? ()

hallucinations? ()

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA34PRE

If HA3A-HA3B contains at least one valid assessment date, display "Again, please refer to the MDS."

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34PRE

The next few items are about the other conditions {SP} may have had on or around {REF DATE}. {Again, please refer to the MDS.}

DEHYDRATION/DELUSIONS/HALLUCINATIONS

{VERSION, SECTION}

HA34

Did {SP} experience dehydration on or around {REF DATE}?

YES 1
NO..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DEHYD

DEHYDRATION/DELUSIONS/HALLUCINATIONS

{VERSION, SECTION}

HA35

Did {SP} experience delusions on or around {REF DATE}?

YES 1
NO..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DELUS

DEHYDRATION/DELUSIONS/HALLUCINATIONS

{VERSION, SECTION}

HA36

Did {SP} experience hallucinations on or around {REF DATE}?

YES 1
NO..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HALLUC

HA37

The second line varies:

For item 1, display {A chewing problem}.

For item 2, display {A swallowing problem}.

for item 3, display {Mouth pain}.

Display choice list below question text.

ORAL/NUTRITIONAL STATUS {VERSION, SECTION}
HA37
Did {SP} experience any of the following oral problems on or around {REF DATE}: {VARIABLE PART OF QUESTION}?
CHEWING PROBLEM SWALLOWING PROBLEM MOUTH PAIN NONE CHECKED DON'T KNOW

HLTH.ONCHEW
.ONSWALL
.ONMOUTH

ORAL/NUTRITIONAL STATUS {VERSION, SECTION}
HA38
What {is/was} {SP}'s height in inches?
_____ INCHES

HLTH.HEIGHT

PROGRAMMER SPECS:

Allow the following height range:

Adults:
(Age 12+) Inches = 48 to 84

Children:
(Age 12 or under) Inches = 12 to 84

ORAL/NUTRITIONAL STATUS {VERSION, SECTION}
HA39
What was {SP}'s weight on or around {REF DATE}?

POUNDS

HLTH.WEIGHT

PROGRAMMER SPECS:

Allow the following weight range:

Adults: 50 to 500 pounds
(Age 12+)

Children: 4 to 200 pounds
(Age 12 or under)

BOX HA17	If Baseline or Core, go to HA40. If Time 2, go to HC2.
----------	--

HA40

The third line varies:

For item 1, display {debris present in the mouth prior to going to bed at night}.

For item 2, display {dentures or removable bridge}.

For item 3, display {some or all natural teeth lost}.

For item 4, display {broken, loose, or carious teeth}.

For item 5, display {inflamed gums, swollen or bleeding gums, oral abscesses, ulcers or rashes}.

Display choice list below question text.

DENTAL HEALTH {VERSION, SECTION}
HA40
Please tell me which of the following items describe the condition of {SP}'s dental health on or around {REF DATE}. Did {she/he} have: {VARIABLE PART OF QUESTION}?
DEBRIS IN MOUTH DENTURES OR REMOVABLE BRIDGE SOME/ALL NATURAL TEETH LOST BROKEN, LOOSE, OR CARIOUS TEETH INFLAMED, SWOLLEN, OR BLEEDING GUMS; ORAL ABSCESSSES, ULCERS, OR RASHES NONE CHECKED DON'T KNOW

- HLTH.DHDEBRIS**
- .DHBRIDGE**
- .DHTEELOS**
- .DHBROKEN**
- .DHINFGUM**

HA41PRE-HA43 OMITTED

BOX HA17B	If SP is female, go to HA43A. Else, go to HA43E.
--------------	---

HA43APRE-HA43C

If using MDS (HA3=valid assessment date), display "These next questions cannot be found on the MDS".
If Core, and if in Baseline, HA43D=1 or in previous Core HA43C=1, do not display "hysterectomy.....()".

SAMPLE LAYOUT

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY	
HA43APRE-HA43C	
{These next question(s) cannot be found on the MDS.} The next item(s) are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.	
Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a ...	
YES=1,NO=0	
mammogram or breast x-ray	()
{Pap smear?.....	()}
{hysterectomy?.....	()}

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY	
HA43APRE	
{These next question(s) cannot be found on the MDS}. The next two item(s) are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.	

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY	
HA43A	
Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a mammogram or breast x-ray?	
YES.....	1
NO.....	0

HLTH.MAMMOGR

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY	
HA43B	
Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a Pap smear?	
YES	1
NO	0

HLTH.PAPSMEAR

BOX HA17C	If Baseline, go to HA43D. Else, go to HA43C.
--------------	--

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY	
HA43C	
Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a hysterectomy?	
YES	1 (HA43E)
NO	0 (HA43E)

MANAGEMENT SPECS:

If "YES" to HA43C or HA43D, set flag.

HLTH.HYSTEREC PERS.HYSTFLAG

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY	
HA43D	
Has {SP} ever had a hysterectomy?	
YES	1
NO	0

MANAGEMENT SPECS:

If "YES" to HA43D, set flag. (12-4)

HLTH.EVERHYST PERS.HYSTFLAG

HA43E

If using MDS (HA3=valid assessment date), display "These next questions cannot be found on the MDS".

SMOKING	
HA43E	
{These next questions cannot be found on the MDS.}	
The next couple of questions are about smoking. Has {SP} ever smoked cigarettes, cigars, or pipe tobacco?	
YES.....	1
NO.....	0

HLTH.EVRSMOKE

BOX HA17D	If comatose (HA11=1), go to BOX HA18. If HA43E=1 and alive, go to HA43F. Else, go to HA43GPRES.
--------------	---

SMOKING	
HA43F	
Does {SP} smoke now?	
YES.....	1
NO.....	0

HLTH.NOWSMOKE

IADLS	
HA43GPRES	
Now I'm going to ask about how difficult it was, on the average, for {SP} to do certain kinds of activities on or around {REF DATE}. Please tell me for each activity whether {SP} had no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it.	

HA43G

Display the first line of the question for all 3 items.
The following displays vary:

For item A, display {stooping, crouching, or kneeling?}.

For item B, display {lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?}.

For item C, display {reaching or extending arms above shoulder level?}.

For item D, display {either writing or handling and grasping small objects?}.

For item E, display {walking a quarter of a mile - that is, about 2 or 3 blocks?}.

IADLS	
HA43G	On or around {REF DATE}, how much difficulty, if any, did {SP} have
SHOW CARD HA6	CODE LEVEL OF DIFFICULTY
	A. STOOPING/COUCHING/KNEELING () B. LIFTING HEAVY OBJECTS () C. REACHING/EXTENDING ARMS () D. WRITING/GRASPING SMALL OBJECTS () E. WALKING QUARTER OF A MILE ()
	0. NO DIFFICULTY AT ALL 1. A LITTLE DIFFICULTY 2. SOME DIFFICULTY 3. A LOT OF DIFFICULTY 4. NOT ABLE TO DO IT

HLTH.IADSTOOP .IADLIFT .IADREACH .IADGRASP .IADWALK

IADLS	
HA43H	Now I'm going to ask about some everyday activities and whether {SP} had any difficulty doing them <u>by himself/herself</u> because of a <u>health</u> or <u>physical problem</u> on or around {REF DATE}.
	Did {SP} have any difficulty on or around {REF DATE} ...
	YES=1, NO=0 DOESN'T DO=3
	using the telephone? () shopping for personal items (such as toilet items or medicines)? () managing money (like keeping track of money or paying bills) ()

HLTH.DIFUSEPH .DIFSHOP .DIFMONEY

BOX HA17E	If any item in HA43H coded DOESN'T DO (3), go to HA43I. Else, go to HA43J.
--------------	--

HA43I
Display each item in HA43H coded DOESN'T DO (3)

IADLS	
HA43I	
You said that {HA43H ITEM CODED 3 (DOESN'T DO)} is something that {SP} doesn't do. Is this because of a health or physical problem?	
YES=1,NO=0	
USING TELEPHONE	()
SHOPPING	()
MANAGING MONEY	()

HLTH.REASNOPH .REASNOSH .REASNOMM

HA43J
If baseline, do not display "I ... condition".
Else, display.

GENERAL HEALTH NOT ON MDS	
HA43J	
{I have a final question on {SP's} health condition.}	
In general, would you say that {SP's} health is excellent, very good, good, fair or poor?	
EXCELLENT	0
VERY GOOD	1
GOOD	2
FAIR	3
POOR	4

HLTH.SPHEALTH

BOX HA18	If Time 2 or CORE, go to BOX HA24. Else, go to BOX HA19.
----------	--

BOX HA19	<ol style="list-style-type: none"> 1. If no MDS Form (HA2 = NO, DK, RF or -1), go to BOX HA24. 2. If IN1 and INSU.ICAIDNUM=-8 or -7; or If IN1=-1, -8, or -7; or If IN14A=0, -1, -8, or -7 and INSU.ICARENUM or INSU.ICARERRB=-1, -8, or -7; Go to HA44PRE. Else, go to Step 3. 3. If education level (BQ9) = -1, DK or RF, go to BOX HA23. Else, go to BOX HA24.
----------	--

HA44PRE

ID NUMBER TYPE:

Display {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} given by matching the state of the facility's address with a state in the table of State Medicaid Names included in the Facility Questionnaire specifications.

Else, display {Medicare and Medicaid} if SP's Medicare number is missing (IN15 = -1, DK or RF) and SP's Medicaid number is missing (IN3 = -1, DK or RF).

Else, display {Medicare} if SP's Medicare number is missing (IN15 = -1, DK or RF).

Else, display Medicaid if SP's Medicaid number is missing (IN3 = -1, DK or RF).

Note: Specifications for IN15 above include IN15 in INMD in EX.

HA44PRE

This next section asks for {SP}'s {ID NUMBER TYPE} number(s) as recorded on the MDS assessment form.

PRESS ENTER TO CONTINUE.

BOX HA20

If SP's Medicare number is missing (IN14A..1 and IN15 = -1, DK or RF), go to HA44A.
All others, go to BOX HA21.

{VERSION, SECTION}

HA44A

Please look at the MDS and find {SP}'s Medicare ID number. The Medicare ID number for {SP} that we show in our records is {MEDICARE #/RRB #}. Is this the same ID number that you have in your records?

YES.....	1	(BOX HA21)
NO.....	0	
SP HAS NO MEDICARE NUMBER	2	
DK.....	-8	
RF.....	-7	(BOX HA21)

HIRO.HCARMTCH

PERS.CAREFST

HA44AA

Does {SP}'s Medicare ID number begin with a letter or a number?

LETTER.....	1
NUMBER	2

HIRO.HCAREFST

PERS.CAREFST

PROGRAMMER SPECS:

Do not allow DK or RF.

HA48	{VERSION, SECTION}
<p>I'd like to verify the {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID NUMBER} . Is this correct?</p> <p>YES 1 (BOX HA23) NO 0 DK -8 (BOX HA23) RF -7 (BOX HA23)</p>	

(HS69)

HIRO.HCAIDVER

HA49	{VERSION, SECTION}
<p>Let me enter it again. (What {is/was} the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)</p> <p style="text-align: center;">_____ (HA48) MEDICAID ID NUMBER</p> <p>DK -8 (BOX HA23) RF -7 (BOX HA23)</p>	

**HIRO.HCAIDNUM
PERS.MCAIDFLG
.HCAIDNM**

BOX HA23	If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2, go to HA51. Else, go to BOX HA24.
----------	--

**EDUCATION LEVEL
{VERSION, SECTION}**

HA51

As far as you know, what {is/was} the highest level of schooling {SP} completed?

IF DK, USE CATEGORIES AS PROBES.

NO FORMAL SCHOOLING	1
ELEMENTARY (1ST-8TH GRADES)	2
SOME HIGH SCHOOL (9TH-12TH GRADES)	3
COMPLETED HIGH SCHOOL, NO COLLEGE	4
TECHNICAL OR TRADE SCHOOL	5
SOME COLLEGE	6
COLLEGE GRADUATE	7
GRADUATE DEGREE	8
DK	-8
RF	-7

BACK.HEDULEV

BOX HA24	If Baseline and if SP was a resident in an eligible unit of the facility at FAD+90 and if FAD+120 ≤ the round interview date, and if HA T2 not complete, go to BOX HA1. Else, go to HC2.
----------	--

RESPONDENT SCREEN

HC2

DID YOU ABSTRACT?

ALL	1
MAJORITY	2
HALF	3
SOME	4
NONE	5 (HCEND)

HIRO.DIDABSTR

RESPONDENT SCREEN

HC3

WHY DID YOU ABSTRACT?

NO KNOWLEDGEABLE RESPONDENT AVAILABLE	1
NO TIME/STAFF BURDEN TOO GREAT	2
REFUSAL--UNWILLING TO COOPERATE	3
OTHER, (SPECIFY: _____)	91

HIRO.WHYABSTR
HIRO.WHYABSOS

PROGRAMMER SPECS:
Disallow DK and RF entries.

HCEND

YOU HAVE COMPLETED THE HEALTH STATUS SECTION FOR THIS SP.
PRESS ENTER TO RETURN TO THE NAVIGATION SCREEN.

CARD
HA1

LEVEL OF SELF-PERFORMANCE:

INDEPENDENT

SUPERVISION

LIMITED ASSISTANCE

EXTENSIVE ASSISTANCE

TOTAL DEPENDENCE

ACTIVITY DID NOT OCCUR

CARD
HA2

PSYCHOSOCIAL WELL-BEING:

At Ease Interacting with Others

At Ease Doing Planned or Structured Activities

At Ease Doing Self-initiated Activities

Establishes Own Goals

Pursues Involvement in Life of Facility

Accepts Invitations Into Most Group activities

Has Absence of Personal Contact with
Family/Friends

None of the Above

CARD
HA3

DIAGNOSES:

Allergies	Hemiplegia/Hemiparesis
Alzheimer's Disease	Hip Fracture
Anemia	Hypertension
Anxiety Disorder	Hyperthyroidism
Aphasia	Hypotension
Arteriosclerotic Heart Disease (ASHD)	Hypothyroidism
Arthritis	Macular Degeneration
Asthma	Manic Depression (Bipolar Disease)
Cancer	Missing Limb (e.g., Amputation)
Cardiac Dysrhythmia	Multiple Sclerosis
Cardiovascular Disease (other)	Osteoporosis
Cataracts	Paraplegia
Cerebral Palsy	Parkinson's Disease
Cerebrovascular Accident (Stroke)	Pathological Bone Fracture
Congestive Heart Failure	Peripheral Vascular Disease
Deep Vein Thrombosis	Quadriplegia
Dementia, Other Than Alzheimer's	Renal Failure
Depression	Schizophrenia
Diabetes Mellitus	Seizure Disorder
Diabetic Retinopathy	Transient Ischemic Attack (TIA)
Emphysema/COPD	Traumatic Brain Injury
Glaucoma	None of the Above



INFECTIONS:

Antibiotic Resistant Infection (e.g., Methicillin Resistant Staph)

Clostridium Difficile (C.DIFF.)

Conjunctivitis

HIV Infection

Pneumonia

Respiratory Infection

Septicemia

Sexually Transmitted Diseases

Tuberculosis

Urinary Tract Infection in Last 30 Days

Viral Hepatitis

Wound Infection

None of the Above

CARD
HA5

OTHER DIAGNOSES:

Alcohol Dependency

Breast Disorders

Cerebral Degeneration

Constipation

Diaphragmatic Hernia (Hiatal Hernia)

Diverticula of Colon

Epilepsy

Gastritis/Duodenitis

Gastroenteritis, Noninfectious

Gastrointestinal Hemorrhage

Hyperplasia of Prostate

Hypopotassemia/Hypokalemia

Nonpsychotic Brain Syndrome

Peptic Ulcer

Renal Ureteral Disorder

Scoliosis

Ulcer of Leg, Chronic

CARD
HA6

IADLS

NO DIFFICULTY AT ALL

A LITTLE DIFFICULTY

SOME DIFFICULTY

A LOT OF DIFFICULTY

NOT ABLE TO DO IT

HEALTH STATUS HELP SCREENS

HA2

A full MDS assessment is the form completed at admission and on an annual basis thereafter. A Quarterly Review is the shortest form which contains only a few of the full MDS assessment items.

HA7A

A full MDS assessment is the form completed at admission and on an annual basis thereafter.

HA15

- 0 INDEPENDENT - decisions consistent/reasonable
- 1 MODIFIED INDEPENDENCE - some difficulty with new tasks or situations only
- 2 MODERATELY IMPAIRED - decision poor; cues/supervision required
- 3 SEVERELY IMPAIRED - never/rarely made decisions

HA16

- 0 HEARS ADEQUATELY - normal conversational speech, including telephone or watching TV
- 1 MINIMAL DIFFICULTY - when not in a quiet setting
- 2 HEARS IN SPECIAL SITUATIONS ONLY - speaker has to adjust tonal quality and speak distinctly
- 3 HIGHLY IMPAIRED - absence of useful hearing

HA18

- MAKING SELF UNDERSTOOD - expressing information content - however able
- - 0 UNDERSTOOD - expressed ideas clearly
 - 1 USUALLY UNDERSTOOD - difficulty finding words or finishing thoughts
 - 2 SOMETIMES UNDERSTOOD - ability limited to making concrete requests
 - 3 RARELY OR NEVER UNDERSTOOD - ability to understand the SP is limited to staff interpretation

HEALTH STATUS HELP SCREENS

HA19

ABILITY TO UNDERSTAND OTHERS - understanding verbal information content

- 0 UNDERSTAND - clearly comprehends the speaker's message
- 1 USUALLY UNDERSTANDS - may miss some part/intent of message
- 2 SOMETIMES UNDERSTANDS - simple direct communication
- 3 RARELY OR NEVER UNDERSTANDS - very limited ability to understand communication

HA20

MDS

MDS CODE	CAPI CODE	
-------------	--------------	--

- | | | |
|---|---|--|
| 0 | 0 | ADEQUATE - sees fine detail, including regular print in newspapers/books |
| 1 | 1 | IMPAIRED - sees large print but not regular print in newspapers/books |
| 2 | 2 | MODERATELY IMPAIRED - limited vision: not able to see newspaper headlines, but can identify objects. |
| 3 | 3 | HIGHLY IMPAIRED - object identification is in question but appears to follow objects with eyes |
| 4 | 4 | SEVERELY IMPAIRED - no vision or appears to see only light, colors, or shapes |

No MDS Available

MDS CODE	CAPI CODE	
-------------	--------------	--

- | | | |
|---|---|--|
| 0 | 0 | ADEQUATE - sees fine detail, including regular print in newspapers/books |
| 1 | 1 | IMPAIRED - sees large print but not regular print in newspapers/books |
| 2 | 2 | MODERATELY - limited vision: not able to see newspaper headlines; can identify objects in environment |
| 3 | 3 | HIGHLY IMPAIRED - ability to identify objectives in environment is in question but appears to follow objects with eyes |
| 4 | 4 | SEVERELY IMPAIRED - no vision or appears to see only light, colors, or shapes |

HA21

- A WANDERING - moved with no rational purpose, seemingly oblivious to needs or safety
- B VERBALLY ABUSIVE BEHAVIOR - others were threatened, screamed at, cursed at
- C PHYSICALLY ABUSIVE BEHAVIOR - others were hit, shoved, scratched, sexually abused
- D SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR - made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaging through others' belongings
- E RESISTANCE TO CARE - resisted taking medications/injections, ADL assistance, or eating

HEALTH STATUS HELP SCREENS

HA22

- A TRANSFER - how resident moves between surfaces - to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)
- B LOCOMOTION ON THE UNIT - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
- C DRESSING - how resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis
- D EATING - how resident eats and drinks (regardless of skill)
- E TOILET USE - how resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes
-
- O INDEPENDENT - no help or oversight OR help/oversight provided only once or twice a week
- 1 SUPERVISION - oversight, encouragement or cuing provided only once or twice a week
- 2 LIMITED ASSISTANCE - highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance three or more times OR more help provided only 1 or 2 times a week
- 3 EXTENSIVE ASSISTANCE - performed part of the activity with help of the following type(s) provided 3 or more times a week: weight bearing support or full staff performance of task during part (but not all) of the time
- 4 TOTAL DEPENDENCE - full staff performance of activity
- 8 ACTIVITY DID NOT OCCUR

HA23

- BATHING - how resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair)
-
- 0 INDEPENDENT - no help provided
- 1 SUPERVISION - oversight help only
- 2 PHYSICAL HELP LIMITED TO TRANSFER ONLY
- 3 PHYSICAL HELP IN PART OF BATHING ACTIVITY
- 4 TOTAL DEPENDENCE
- 8 ACTIVITY DID NOT OCCUR

HA24

- CANE/WALKER - includes residents who walk by pushing a wheelchair for support
- WHEELED SELF - includes using a hand-propelled or motorized wheelchair, as long as resident takes responsibility for own mobility, even for part of the time

HEALTH STATUS HELP SCREENS

HA25

BOWEL CONTINENCE - control of bowel movement, with appliance or bowel continence programs, if employed

-

- 0 CONTINENT - complete control (includes use of ostomy device that does not leak stool)
- 1 USUALLY CONTINENT - incontinent episodes less than weekly
- 2 OCCASIONALLY INCONTINENT - once a week
- 3 FREQUENTLY INCONTINENT - 2-3 times a week
- 4 INCONTINENT - all (or almost all) of the time

HA26

BLADDER CONTINENCE - control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances or continence programs, if employed

-

- 0 CONTINENT - complete control (includes use of indwelling urinary catheter or ostomy device that does not leak urine)
- 1 USUALLY CONTINENT - incontinent episodes once a week or less
- 2 OCCASIONALLY INCONTINENT - two or more times a week but not daily
- 3 FREQUENTLY INCONTINENT - tended to be incontinent daily but some control present (eg, day shift)
- 4 INCONTINENT - had inadequate control; multiple daily episodes

HA32

Active refers to those diseases associated with the resident's ADL status, cognition, behavior, medical treatments, or risk of death.

HA34

DEHYDRATION - the condition that occurs when fluid output exceeds fluid intake

HA35

DELUSIONS - the resident has fixed (false) ideas not shared by others

HA36

HALLUCINATIONS - the resident behaves as if he/she sees, hears, smells, or tastes things others do not