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

ROUNDS 18 AND 19

SECTION HA

<table>
<tr><td>BOX HA1</td><td>If this is the first time for this respondent in Section HA, go to HA1PRE1.
Else, go to HA1PRE2.</td></tr>
</table>

PERM.HSREF1   **PERS.HS1RND**
FACR.HA1LONG   **PERS.HS2RND**

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.

RECORD IDENTIFICATION

HA1PRE2

{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}.

Current Stay Roster

PLACE NAME	START DATE	END DATE	PLACE TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
etc.			

USE ARROW KEYS. TO EXIT, PRESS ESC.

<table>
<tr><td>BOX HA2</td><td>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.</td></tr>
</table>

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

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 <u>WITHOUT THE MEDICAL RECORDS</u>?

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

BOX HA2A	If facility is a nursing home PLACE TYPE = NURSING HOME, go to HA2. Else, go to HA9PRE.

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                        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

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                        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 WITHOUT ANY MDS │
│      FORMS?                                                                   │
│                                                                               │
│                 YES, CONTINUE WITHOUT MDS  . . . . . . . . . . . . . . . . . . . . . . .    1    (HA9PRE) │
│                 NO, RETURN TO NAVIGATE SCREEN                                 │
│                    (RECORD NEW RESPONDENT/RECORDS ON FROG) . . .    0    (RETURN TO │
│                                                                         NAVIGATE SCREEN) │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
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```
┌──────────┬──────────────────────────────────────────────────────────────────┐
│ BOX HA3  │ If Baseline or an FCF and if first HS completed after readmission, go to HA3A.  Else, │
│          │     go to HA2B.                                                     │
└──────────┴──────────────────────────────────────────────────────────────────┘
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```
┌─────────────────────────────────────────────────────────────────────────────┐
│                          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

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                          RECORD IDENTIFICATION                                │
│  HA2C                                                                         │
│                                                                               │
│        Is there someone else I should speak with or do the records exist      │
│        elsewhere?                                                             │
│                                                                               │
│                CONTINUE WITH THIS RESPONDENT AND THIS SP  . . . . .  1  (HA9PRE)│
│                RETURN TO NAVIGATE SCREEN TO BEGIN ANOTHER                      │
│                  SP OR TO RETRIEVE RECORDS . . . . . . . . . . . . . .  0  (RETURN TO│
│                  (RECORD NEW RESPONDENT/RECORDS ON FROG)         NAVIGATE SCREEN)│
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
```

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                          RECORD IDENTIFICATION                                │
│              {LAST ASSESSMENT DATE COLLECTED:  {ASSESSMENT DATE}}              │
│  HA3A                                                                         │
│                                                                               │
│        {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}?                            │
│                                                                               │
│        {IF NO MDS AVAILABLE AROUND {REF DATE}}, ENTER SHIFT/5 IN MONTH.}       │
│                                                                               │
│        MONTH (   )  DAY (   )  YEAR 19(   )                 (BOX HA4)          │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
```

FORM.FORMRNDC .ASSESS   .ASSESSMM   .ASSESSDD   .ASSESSYY   .FORMORIG

```
┌────────────────────────────────────────────────────────────────────────────────┐
│                          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.FORMRNDC .ASSESS   .ASSESSMM   .ASSESSDD   .ASSESSYY   .FORMORIG

BOX HA4	If SHIFT/5 entered in month, and 　　If first time at HA3A/HA3B, go to HA9PRE; 　　Else, go to BOX HA5.

	Determine if last date in HA3A/HA3B is valid by applying the following criteria. Date is valid if it falls between the dates below:
	Baseline: SSMI　　　　　　　　1\1\{SAMPYR} to 1\14\{SAMPYR +1}/DOI 　　　　　　SSM2/CFC　　　　　FAD to 1\14\{ADMITYR+1}/DOI Time 2:　SSM2/CFC　　　　　BCVAD/FAD+14 to FAD+150/DOI Core: If CFR and REFYR = ADMITYR and at admission 　　SP TYPE = CFC and 　　　　Last HS=T2　　　　TCVAD/FA+120 to 12\1\{REFYR}/DOI 　　　　Last HS=BL　　　　BCVAD/FAD+15 to 12\1\{REFYR}/DOI 　　SP TYPE = FCF　　　　RAD to RAD+14 　　SP TYPE = FFC, and 　　　　RAD>9\1\{REFYR}　　RAD to RAD+14 　　　　RAD<9\1\{REFYR}　　5\1\{REFYR} to 12\31\{REFYR} 　　IF REFYR ≠ ADMITYR or 　　SP TYPE = SSM1　　　　6\1\{REFYR} to 12\1\{REFYR}/DOI 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.
BOX HA5	

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	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.

RECORD IDENTIFICATION
{ASSESSMENT DATE: {ASSESSMENT DATE}}

HA5

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}.

YES	1
NO	0
DK	-8
RF	-7

BOX HA8	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.

BOX HA9	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.
	    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.

PERS.BCVAD HLTH.CVATYPE
**   .TCVAD   .XBACKUP**
**   .CCVAD   .XPRIMARY**

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

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.FORMRNDC   .ACCESS   .ASSESSMM   .ASSESSDD   .ASSESSYY   .FORMORIG
 HLTH.XBACKUP

	Determine if date in HA7B is valid by applying the following criteria. Date in range if it falls between the dates below:
	PATH/SP TYPE **RANGE**

Determine if date in HA7B is valid by applying the following criteria. Date in range if it falls between the dates below:

PATH/SP TYPE	RANGE
Baseline	
SSM1	1\1\{SAMPYR} to 1\14\{SAMPYR+1}/DOI
SSM2	FAD-30 to 1\14\{SAMPYR+1}/DOI
CFC	FAD-30 to 1\14\{SAMPYR+1}/DOI
Time 2	
SSM2/CFC	BCVAD+1/FAD+14 to FAD+270/DOI
Core	
CFR and if REFYR = ADMITYR and at admission SP TYPE = CFC	
If last HS = T2	TCVAD +1/FAD+120 to 1\14\ {REFYR+1}/DOI
If last HS = BL	BCVAD +1/FAD+15 to 1\14\{REFYR}/DOI
If SP TYPE = FFC	RAD to RAD+30
If SP TYPE = FFC, If RAD >9\1\1{REFYR}	RAD to RAD +30
If RAD <9\1\{REFYR}	9\1\{REFYR} to 12\31\{REFYR}/DOI
If REFYR ≠ ADMITYR or if SSMI	CCVAD+1/10\1\{REFYR} TO 1\14\{REFYR+1}/DOI

BOX HA10

<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.

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.}

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 <u>think</u> 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.

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

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.

11

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   SHORT-TERM
to recall things after 5 minutes?   (   )   {OK/PROBLEM}

Was {SP}'s <u>long-term</u> memory okay, that is, did {she/he}   LONG-TERM
seem or appear to recall events in the distant past?   (   )   {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

```
┌──────────────────────────────────────────────────────────────────────────────┐
│                          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                                                     │
│                                                                                │
└──────────────────────────────────────────────────────────────────────────────┘
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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.                                      │
│                                                                                │
└──────────────────────────────────────────────────────────────────────────────┘
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HLTH.CSDECIS

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┌────────────┬─────────────────────────────────────────────────────────────────┐
│    BOX     │ If Baseline or Core, go to HA16.  If Time 2, go to HA21.         │
│   HA13     │                                                                  │
└────────────┴─────────────────────────────────────────────────────────────────┘
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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

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.

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

HA19

Which statement best describes how well {SP} understood <u>others</u> 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

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

```
                              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

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.

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

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 <u>bathing</u>: 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.

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 <u>bowel</u> 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 <u>bladder</u> 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.CTBADDC

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}?

{ SHOW CARD HA2 }   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
     .PWFACLIF
     .PWGRPACT
     .PWNOFC

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.

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA28

{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}

{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}}?

SELECT ALL THAT APPLY.

{ SHOW CARD HA3 }

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

DIAG.ALLERGY	.CARDDYSR	.DIABMEL	.HYPOTHYR	.VASCULAR	VDIA.OTHDIAG
.ALZHMR	.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		

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.

{ SHOW CARD HA4 }
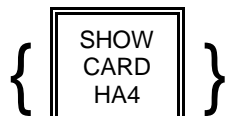
ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH)
CLOSTRIDIUM DIFFICILE (C.DIFF.)
CONJUNCTIVITIS
HIV INFECTION
PNEUMONIA
RESPIRATORY INFECTION
SEPTICEMIA
SEXUALLY TRANSMITTED DISEASES
TUBERCULOSIS
URINARY TRACT INFECTION IN LAST 30 DAYS
VIRAL HEPATITIS
WOUND INFECTION
NONE OF THE ABOVE

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.

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA30

MDS ASSESSMENT DATE: {BCVAD/CCVAD}
Were there any active diagnoses entered on the MDS form in the section for <u>other diagnoses</u>?

YES	1	
NO	0	
DK	-8	} (HA32)
RF	-7	

DIAG.OTMDSDIA

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA31

SHOW CARD HA5

What were the diagnoses?
ENTER ICD-9 CODES WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

Alcohol Dependency   Gastrointestinal hemorrhage
Breast disorders   Hyperplasia of prostate
Cerebral degeneration   Hypopotassemia/hypokalemia
Constipation   Nonpsychotic brain syndrome
Diaphragmatic hernia (hiatal hernia) Peptic ulcer
Diverticula of colon   Renal ureteral disorder
Epilepsy   Scoliosis
Gastritis/duodenitis   Ulcer of leg, chronic
Gastroenteritis, noninfectious   OTHER: SPECIFY _____
                                      OTHER: SPECIFY _____
                                      OTHER: SPECIFY _____
                                      OTHER: SPECIFY _____

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	

23

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}.

<div style="text-align:center">

YES   1
NO   0   (BOX HA15A)
DK . . . .   -8   (BOX HA15A)
RF . . . .   -7   (BOX HA15A)

</div>

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

DIAG.OTACTDIA

DIAGNOSES/CONDITIONS
NOT ON MDS

HA33

SHOW
CARD
HA5

What were the diagnoses?
ENTER ICD-9 CODES, IF AVAILABLE, WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

Alcohol Dependency	Gastrointestinal hemorrhage
Breast disorders	Hyperplasia of prostate
Cerebral degeneration	Hypopotassemia/hypokalemia
Constipation	Nonpsychotic brain syndrome
Diaphragmatic hernia (hiatal hernia)	Peptic ulcer
Diverticula of colon	Renal ureteral disorder
Epilepsy	Scoliosis
Gastritis/duodenitis	Ulcer of leg, chronic
Gastroenteritis, noninfectious	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____

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-HA33, go to HA33PRE. Else, go to HA33D.

CONDITIONS

HA33PRE

{{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}.

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

CONDITIONS

HA33A

What part or parts of {SP's} body have been affected by arthritis?

SELECT ALL THAT APPLY

ARMS, SHOULDERS OR HANDS
HIPS, KNEES, FEET OR ANYWHERE ON LEGS
BACK
NECK
ALL OVER OR JOINTS
OTHER
DON'T KNOW

DIAG.ARTHARMS .ARTHLEGS .ARTHNECK
**   .ARTHBACK .ARTHJOIIN .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 .CNROTHOS
**   .CNRUTERU .CNRPROST .CNRBLADD .CNROVARY .CNROTHER**

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

26

```
┌─────────────────────────────────────────────────────────────────────────────────┐
│                        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)                                        │
│                                                                                   │
└─────────────────────────────────────────────────────────────────────────────────┘
```

YDIA.OTHDIAG   .SOURCE

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

CONDITIONS LINKED TO MEDICARE

HA33H

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

{ITEMS MENTIONED IN HA28-HA33E)

DIAG.ALLERGY	.CANCER	.DEMENT	.HYPETENS	.OSTEOP	.SCHIOPH
.ALZHMR	.CARDDYSR	.DEPRESS	.HYPETHYR	.PARAPLEG	.SEIZURE
.ANEMIA	.CARDIOV	.DIABMEL	.HYPOTENS	.PARKNSON	.TIA
.ANXIETY	.CATARCT	.DIABRET	.HYPOTHYR	.BONEFRAC	.BRAINNJ
.APHASIA	.CERPALSY	.EMPCOPD	.MACDEGEN	.VASCULAR	.DCOTH
.ASHD	.STROKE	.GLAUCOMA	.MANICDEP	.QUADPLEG	VDIA.OTHDIAG
.ARTHRIT	.HRTFAIL	.HEMIPLPA	.MISSLIMB	.RENTFAIL	.SOURCE
.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	.MDEVCOL	.MGHEMOR	.MPEPULC	.MDCOTH1	VDIA.OTHDIAG
.MCERDEG	.MEPILEP	.MHYPER	.MRENTUR	.MDCOTH2	.SOURCE
.MCONST	.MGASTR	.MHYPOP	.MSCOLIO	.MDCOTH3	

DIAG.NMALCOH	.NMHERNIA	.NMGASTRO	.NMBRAINS	.NMLEGULC	.NMDCOTH4
.NMBREAST	.NMDEVCOL	.NMGHEMOR	.NMPEPULC	.NMDCOTH1	VDIA.OTHDIAG
.NMCERDEG	.NMEPILEP	.NMHYPER	.NMPENTUR	.NMDCOTH2	
.NMCONST	.NMGASTR	.MNHYPOP	.NMSOLIO	.NMDCOTH3	

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

DIAG.CNRSKIN	.CNRBOWEL	.CNRUTERU	.CNRBLADD	.CNRSTOMA	.CNROTHER
.CNRLUNG	.CNRBREAS	.CNRPROST	.CNROVARY	.CNRCERVI	.CNROTHOS

DIAG.MYOCARD   DIAG.CRDVTYPE   DIAG.CATAROP

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

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.

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 <u>hallucinations</u> on or around {REF DATE}?

YES 1
NO 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HALLUC

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
  .ONMOUTHP

ORAL/NUTRITIONAL STATUS
{VERSION, SECTION}

HA38

What {is/was} {SP}'s height in inches?

_____
INCHES

HLTH.HEIGHT

ORAL/NUTRITIONAL STATUS
{VERSION, SECTION}

HA39

What was {SP}'s weight on or around {REF DATE}?

_____
POUNDS

HLTH.WEIGHT

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

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 ABSCESSES, ULCERS, OR RASHES
NONE CHECKED
DON'T KNOW

HLTH.DHDEBRIS
    .DHBRIDGE
    .DHTEELOS
    .DHBROKEN
    .DHINFGUM

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

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43A-HA43C

{These next question{s} cannot be found on the MDS.} The next item{s} are about procedures {SP} may have had since {TODAY'S DATE} a year ago.

Since {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 {TODAY'S DATE} a year ago.

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43A

Since {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 {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 {TODAY'S DATE} a year ago has {SP} had a hysterectomy?

```
                              YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1    (HA43E)
                              NO   . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0    (HA43E)
```

HLTH.HYSTEREC

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43D

Has {SP} ever had a hysterectomy?

```
                              YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1
                              NO   . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0
```

HLTH.EVERHYST

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 HA43GPRE.

SMOKING

HA43F

Does {SP} smoke now?

```
                              YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1
                              NO   . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0
```

IADLS

HA43GPRE

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.

IADLS

HA43G

On or around {REF DATE}, how much difficulty, if any, did {SP} have

CODE LEVEL OF DIFFICULTY

SHOW CARD HA6		

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</u> <u>{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} ...

<div align="right">

YES=1, NO=0
DOESN'T DO=3

</div>

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.

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?

<div align="right">

YES=1,NO=0

</div>

USING TELEPHONE . . . .   ( )
SHOPPING . . . .   ( )
MANAGING MONEY . . . .   ( )

HLTH.REASNOPH   .REASNOSH   .REASNOMM

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	1. If no MDS Form (HA2 = NO, DK, RF or -1), go to BOX HA24. 2. If IN3 has a valid Medicaid number, <u>and</u> If IN15 (or IN15 in INMD in EX) has a valid Medicare number or Railroad Retirement Board number, or if IN14A=1, Go to Step 3. Else, go to HA44PRE. 3. If education level (BQ9) = -1, DK or RF, go to BOX HA23. Else, go to BOX HA24.

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 (or IN15 in INMD in EX) = -1, DK or RF), go to HA44A. All others, go to BOX HA21.

HA44A

Please look at the MDS and find {SP}'s Medicare ID number. Does the ID number begin with a number or a letter?

```
NUMBER  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1
LETTER  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   2
SP HAS NO MEDICARE NUMBER  . . . . . . . . . . . . . . . . . . . . . .   3  ⎤
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8  ⎥ (BOX HA21)
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7  ⎦
```

HIRO.HCAREFST

MEDICARE NUMBER

HA44B

Please read me {SP}'s Medicare ID number from the MDS assessment form.

```
MEDICARE: (            )-(       UP    )-(        D    )-(       C    )
                      AREA        GRO          EN         BI

RRB:  (                                    )
                       RRB#

DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8  ⎤
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7  ⎦ (BOX HA21)
```

HIRO.HCAREAR
     .HCAREGR
     .HCAREEND
     .HCAREBIC
     .HCARERRB
     .HCARENUM

HA45

I'd like to verify the Medicare ID number that I have recorded. I have entered {MEDICARE ID #/RRB #}. Is this correct?

```
YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (BOX HA21)
NO  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8  ⎤
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7  ⎦ (BOX HA21)
```

HIRO.HCARETNU

```
┌─────────────────────────────────────────────────────────────────────────────────┐
│                              {VERSION, SECTION}                                   │
│ HA46                                                                              │
│                                                                                   │
│      Let me enter it again.  (What {is/was} {SP}'s Medicare ID number?)           │
│                                                                                   │
│                  MEDICARE: (          )-(   UP   )-(   D   )-(   C   )   (HA45)    │
│                              AREA       GRO          EN         BI                 │
│                                                                                   │
│                  RRB:  (                )  (HA45)                                  │
│                           RRB#                                                    │
│                                                                                   │
│                              DK . . . . . . . . . . . . . . . . . . . . . . . . . . -8   (BOX HA21) │
│                              RF . . . . . . . . . . . . . . . . . . . . . . . . . . -7   (BOX HA21) │
│                                                                                   │
└─────────────────────────────────────────────────────────────────────────────────┘
```

HIRO.HCAREAR
.HCAREGR
.HCAREEND
.HCAREBIC
.HCARERRB
.HCARENUM

```
┌─────────┬───────────────────────────────────────────────────────────────────────┐
│  BOX    │ If SP's Medicaid number is missing (IN3 = -1, DK or RF and IN1≠0 or 2), go to HA47. │
│  HA21   │ Else, go to Box HA23.                                                 │
└─────────┴───────────────────────────────────────────────────────────────────────┘
```

(BOX HS14)

```
┌─────────────────────────────────────────────────────────────────────────────────┐
│                              MEDICAID NUMBER                                      │
│                              {VERSION, SECTION}                                   │
│ HA47                                                                              │
│                                                                                   │
│      Please read me {SP}'s {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} │
│      ID number from the MDS assessment form.                                      │
│                                                                                   │
│              IF NO MEDICAID NUMBER, CODE SHIFT/5.  (BOX HA23)                      │
│                                                                                   │
│          _____                                       │
│              MEDICAID ID NUMBER                                                   │
│                                                                                   │
│          DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . -8  ⎤           │
│          RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . -7  ⎦ (BOX HA23) │
│                                                                                   │
└─────────────────────────────────────────────────────────────────────────────────┘
```

HIRO.HCAIDNUM

```
                            {VERSION, SECTION}
HA48

        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?

                    YES  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .     1    (BOX HA23)
                    NO  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .     0
                    DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    -8    (BOX HA23)
                    RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    -7    (BOX HA23)
```

(HS69)

HIRO.HCAIDVER

```
                            {VERSION, SECTION}
HA49

        Let me enter it again.  (What {is/was} the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME
        FOR MEDICAID)} ID number?)

                    _____        (HA48)
                          MEDICAID ID NUMBER

                    DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    -8    (BOX HA23)
                    RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    -7    (BOX HA23)
```

HIRO.HCAIDNUM

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 $\leq$ 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

40

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

HCEND

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