

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| | | | <p>HEALTH STATUS SECTION SPECIFICATIONS</p> <p><u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR</p> <p><u>SEASON</u> If SAMPLE_TYPE= CFR, then SEASON=FALL If SAMPLE_TYPE in (CFC, FFC, FCF), then SEASON= ALL If SAMPLE_TYPE= IPR, then SEASON= FALL</p> <p><u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed.</p> | | |
| | BOX HSBEG | routing | IF HSDISP = 1/ConsentRequired OR HSDISP = 4/InitialRefusal, GO TO HSCONREF - CONREFFN. ELSE GO TO HSPRE - HSPRECT. | | |
| CONREFFN | HSCONREF | CODE ONE | PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION. | (01) CONSENT OBTAINED (CONTINUE INTERVIEW) (02) FINAL CONSENT DENIED (03) REFUSAL CONVERTED (CONTINUE INTERVIEW) (04) FINAL REFUSAL | (01) HSPRE - HSPRECT (02) HSFINSCR2 - FINSCRN2 (03) HSPRE - HSPRECT (04) HSFINSCR2 - FINSCRN2 |
| HSPRECT | HSPRE | CODE ONE | THIS SCREEN BEGINS THE HEALTH STATUS SECTION FOR (SP). IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE. | (01) CONTINUE (02) CONSENT REQUIRED (03) INITIAL REFUSAL | (01) BOX HA1B (02) HSFINSCR2 - FINSCRN2 (03) HSFINSCR2 - FINSCRN2 |
| | BOX HA1B | routing | IF PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility, AND (CAIDCERT=1 OR CARECERT=1 OR CAIDCRT1=1 OR CARECRT1=1) AND CCN in (MISSING, DK, RF), GO TO HS1-CCNINTRO. ELSE GO TO BOX HA1. | | |
| CCNINTRO | HS1 | yes/no | <p>A CMS Certification Numberhas not yet been reported for this facility even though this facility is certified by [Medicare/Medicaid/Medicare and Medicaid].</p> <p>Please confirm, does [FACILITY] have a CMS Certification Number, also referred to as a Medicare/Medicaid Provider Number, or Medicare Identification Number? The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicare and/or Medicaid.</p> <p>IF THERE IS A MDS IN THE CHART FOR THE CASE, THE CCN CAN BE FOUND IN SECTION A0100, QUESTION B.</p> <p>[IF NEEDED: The CMS Certification Number is a unique number assigned to any facility certified to participate in Medicare and/or Medicaid.The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.]</p> <p>[IF NEEDED: The CMS Certification Number also used to be called the OSCAR Provider Number.]</p> | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA1 (01) CASPER_LU-CCN (-8) BOX HA1 (-9) FBOX HA1 |
| CCN | CASPER_LUH | lookup | <p>Please tell me the CMS Certification Number. It would be helpful if I could look at a document with the CMS Certification Number on it, such as an MDS form or other document. These materials will ensure that I record the number accurately.</p> <p>[IF NEEDED: If you don't know the CMS Certification Number I can look up the number using your Facility name and address.]</p> <p>[IF REFERENCING THE MDS : The CMS Certification Number can be found in section A0100 B. of the MDS form.]</p> <p>START TYPING OR DOUBLE CLICK IN THE "CASPER_LU" BOX TO LAUNCH THE LOOKUP.</p> <p>IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, PROBE TO CONFIRM THAT THE FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID. AFTER YOU HAVE CONFIRMED THIS, YOU CAN SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME AND/ OR ADDRESS.</p> <p>ACCORDING TO THE ADDRESS OF THIS FACILITY, THE FIRST TWO DIGITS OF THE CMS CERTIFICATION NUMBER SHOULD BE [STATE PREFIX FILL].</p> | (01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND | (01) BOX HA1 (-8) BOX HA1 (-9) BOX HA1 (NF) BOX HA1 |

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| | | lookup | SEARCH FOR THE FACILITY'S CCN BY TYPING THE CCN IN THE "SEARCH" BOX.WHEN YOU FIND THE CORRECT CCN, HIGHLIGHT THE ROW AND PRESS THE SELECT BUTTON. IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME OR ADDRESS. IF YOU CANNOT FIND THE FACILITY'S CCN, PRESS THE "NOT FOUND" BUTTON. IF YOU NEED TO EXIT THE LOOKUP, PRESS THE "CLOSE" BUTTON. | | |
| | BOX HA1 | routing | IF ONLY TIME 2, GO TO BOX HAT2BEG. ELSE IF FACR.HAINTFLG <> 1/Indicated , GO TO HA1PRE1 - HA1PRE1C. ELSE GO TO HA1PRE2 - HA1PRE2C. | | |
| HA1PRE1C | HA1PRE1 | CODE ONE | RECORD IDENTIFICATION The next questions are about (SP)'s health status on or around (HS 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. Please take a moment to locate the records now and confirm they are the records closest to (HS REF DATE). PRESS "1" TO CONTINUE. | (01) CONTINUE | HA1PRE2 - HA1PRE2C |
| HA1PRE2C | HA1PRE2 | CODE ONE | RECORD IDENTIFICATION The following questions are about (SP)'s health status on or around (HS REF DATE). PRESS "1" TO CONTINUE. | (01) CONTINUE | BOX HA2 |
| | BOX HA2 | routing | IF BASELINE INTERVIEW OR (CORE AND NO MDS AT PREVIOUS HS) GO TO HA1 - RECHAVE. ELSE IF CORE AND SP HAD A MDS AT LAST HS APPLICATION ADMINISTERED FOR THIS SP, GO TO HA2 - RECFORMS. | | |
| RECHAVE | HA1 | YES/NO | RECORD IDENTIFICATION Do you have (SP)'s medical records for the (admission) period on or around (HS REF DATE)? | (0) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA1B - HSCONTN1 (01) BOX HA2A (-8)HA1B - HSCONTN1 (-9) HA9PREB - HA9PRBC |
| HSCONTN1 | HA1B | CODE ONE | Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS? GO TO HA2 - RECFORMS. | (00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MEDICAL RECORDS | (00) BOX HCEND (01) HA9PREB - HA9PRBC |
| | BOX HA2A | routing | GO TO HA2 - RECFORMS. | | |
| RECFORMS | HA2 | YES/NO | RECORD IDENTIFICATION [The last MDS form we collected was dated (LAST MDS DATE).] Do (SP)'s medical records contain (a full./another) MDS assessment (or Quarterly Review) form dated [on or around [HSREFDATE]/after (LAST MDS DATE)]. [A MDS for on or around (HS REF DATE) is preferable.] PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) NO (01) YES | (00) HA2B1 - HSCONTN2 (01) BOX HA3 |
| HSCONTN2 | HA2B1 | CODE ONE | Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS? GO TO HA3A - ASSESDT1. | (00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MDS | (00) BOX HCEND (01) HA9PREB - HA9PRBC |
| | BOX HA3 | routing | GO TO HA3A - ASSESDT1. | | |
| ASSESDT1 | HA3A | DATE | RECORD IDENTIFICATION [What is the assessment date on the full MDS assessment that was completed for (SP) on or around (HS REF DATE)/What is the assessment date on the full MDS assessment that was completed for (SP) at admission, that is, on or around (HS REF DATE)/What is the assessment date on the full MDS assessment or Quarterly Review that was completed for (SP) closest to (HS REF DATE) after (HA3A DISPLAY DATE/LAST HS REF DATE)/What is the assessment date on that form?] ENTER DATE IN "MM DD YY" FORMAT. (IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.) | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | BOX HA4 |
| | BOX HA4 | routing | IF HA3A - ASSESDT1 = DK, RF AND FIRST TIME AT HA3A - ASSESDT1, GO TO HA9PREB - HA9PRBC. ELSE, GO TO BOX HA5. | | |

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| | BOX HA5 | routing | IF LAST ASSESSMENT DATE ENTRY COLLECTED IN HA3A - ASSESDT1 IS VALID, SET A FLAG AND GO TO HA4 - FORMTYPE1. ELSE GO TO HA5 - CLOFORM. | | |
| FORMTYPE1 | HA4 | CODE ONE | RECORD IDENTIFICATION Please tell me if the form with the assessment date of (LAST ASSESSMENT DATE) is a full MDS or a quarterly review. | (00) QUARTERLY REVIEW (01) FULL MDS (-8) Don't Know (-9) Refused | (00) BOX HA7 (01) BOX HA7 (-8) BOX HA7 (-9) BOX HA7 |
| | BOX HA7 | routing | IF MOST RECENT ASSESSMENT DATE IS COMPLETE THEN COMPARE WITH HS REF DATE. IF NUMBER OF DAYS BETWEEN ASSESSMENT DATE AND HS REF DATE MORE THAN +/- 7, OR IF HA3A - ASSESDT1 IS DK OR RF, GO TO HA5 - CLOFORM. ELSE, GO TO BOX HA9AA. | | |
| CLOFORM | HA5 | YES/NO | Besides the form you just told me about, does (SP)'s medical record contain any other (full) MDS form (or Quarterly Review form) dated closer to (HS REF DATE)? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA8 (01) BOX HA8 (-8) BOX HA8 (-9) BOX HA8 |
| | BOX HA8 | routing | IF HA5 - CLOFORM = 1/Yes, GO TO HA3A - ASSESDT1. ELSE, GO TO BOX HA9AA. | | |
| | BOX HA9AA | routing | IF HSTOT = 1 AND FORMTYPE = DK, RF, OR EMPTY, GO TO HA9PREB - HA9PRBC. ELSE GO TO BOX HA9BB. | | |
| | BOX HA9BB | routing | GO TO BOX HA9CC. | | |
| | BOX HA9CC | routing | IF CVATYPE = 1/FullMDS, GO TO HA6 - FORMREAS. ELSE IF CVATYPE = 0/QuarterlyReview AND XBACKUP = EMPTY, GO TO HA7A - RECMDS. ELSE GO TO HA7C - MDSINT1. | | |
| FORMREAS | HA6 | CODE ONE | RECORD IDENTIFICATION 3.0, A0310A ASSESSMENT DATE: {ASSESSMENT DATE} What was the primary reason for the assessment on the full MDS assessment dated (BCVAD/CCVAD)? | (01) ADMISSION (02) ANNUAL (03) SIGNIFICANT CHANGE IN STATUS (91) OTHER (-8) Don't Know (-9) Refused | (01) HA7C - MDSINT1 (02) HA7C - MDSINT1 (03) HA7C - MDSINT1 (91) HA6 - FORMREOS (-8) HA7C - MDSINT1 (-9) HA7C - MDSINT1 |
| FORMREOS | HA6 | VERBATIM TEXT | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | HA7C - MDSINT1 |
| RECMDS | HA7A | YES/NO | Does (SP)'s medical record contain a full MDS assessment dated between (HS DATE RANGE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA7C - MDSINT1 (01) HA7B - ASSESDT2 (-8) HA7C - MDSINT1 (-9) HA7C - MDSINT1 |
| ASSESDT2 | HA7B | date | What is the date of the full MDS assessment closest to (HS REF DATE)? IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE. | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | (01) HA7C - MDSINT1 (-8) HA7C - MDSINT1 (-9) HA7C - MDSINT1 |
| MDSINT1 | HA7C | CODE ONE | RECORD IDENTIFICATION Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home). Please refer to (SP)'s medical record.] [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 (BACKUP MDS ASSESSMENT DATE)/please refer to (SP)'s medical record) to answer the questions.]] PRESS "1" TO CONTINUE. | (01) CONTINUE | BOX HA19A |
| | BOX HA19A | routing | IF BASELINE INTERVIEW AND CCN='NF', MISSING, DK, RF, GO TO HA9PREB - HA9PRBC. ELSE GOTO BOX HA9B | | |
| HA9PRBC | HA9PREB | CODE ONE | Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home)]. [(Please refer to (SP)'s medical record/Since I will be collecting information about (SP) on or around (HS 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 "1" TO CONTINUE. | (01) CONTINUE | BOX HA9B |
| | BOX HA9B | routing | IF BASELINE INTERVIEW AND CCN= 'NF', MISSING, DK, RF, GO TO HA9B - MENTAL ELSE IF CCN=NON-MISSING AND PERS.AGE <= 65 AND SP is Incoming Panel Respondent (IPR), GO TO HA9B-MENTAL. ELSE GO TO BOX HA10 | | |

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| MENTAL | HA9B | CODE ALL | <p>MENTAL HEALTH (ID/DD) [3.0, A1550]</p> <p>Did (SP)'s record indicate any history of intellectual disability or developmental disability problems?</p> <p>SELECT ALL THAT APPLY. IF SP HAS NO ID/DD PROBLEMS, SELECT NONE OF THE ABOVE</p> | <p>(01) DOWN SYNDROME (02) AUTISM (03) EPILEPSY (04) OTHER ORGANIC CONDITION RELATED TO ID/DD (05) ID/DD WITH NO ORGANIC CONDITION (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused</p> | <p>(01) BOX HA10 (02) BOX HA10 (03) BOX HA10 (04) BOX HA10 (05) BOX HA10 (-8) BOX HA10 (-9) BOX HA10</p> |
| | BOX HA10 | ROUTING | <p>IF CCN=NON-MISSING GO TO BOX HA28 ELSE GO TO HA11B- COMATOSE.</p> | | |
| COMATOSE | HA11B | CODE ONE | <p>COMATOSE [3.0, B01000]</p> <p>Was (SP) in a persistent vegetative state with no discernible consciousness on (HS REF DATE)?</p> | <p>(00) NO (NOT COMATOSE) (01) YES (COMATOSE) (-8) Don't Know (-9) Refused</p> | <p>(00) HA16B - HCHECOND (01) HA28PREB - HA28PRBC (-8) HA16B - HCHECOND (-9) HA16B - HCHECOND</p> |
| HCHECOND | HA16B | CODE ONE | <p>HEARING/COMMUNICATION [3.0, B0200]</p> <p>What was the condition of (SP)'s hearing, with a hearing appliance, if used, on or around (HS REF DATE)? Did (she/he) hear adequately, did (she/he) have minimal difficulty, did (she/he) have moderate difficulty, or was (her/his) hearing highly impaired?</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS.</p> | <p>(00) HEARS ADEQUATELY (01) HEARS WITH MINIMAL DIFFICULTY (02) HEARS WITH MODERATE DIFFICULTY (03) HEARING HIGHLY IMPAIRED (-8) Don't Know (-9) Refused</p> | <p>(00) HA17B - HCHEAID (01) HA17B - HCHEAID (02) HA17B - HCHEAID (03) HA17B - HCHEAID (-8) HA17B - HCHEAID (-9) HA17B - HCHEAID</p> |
| HCHEAID | HA17B | YES/NO | <p>HEARING/COMMUNICATION [3.0, B0300]</p> <p>Did (she/he) have a hearing aid?</p> | <p>(00) NO (01) YES (-8) Don't Know (-9) Refused</p> | <p>(00) HA18PREB - HA18PRBC (01) HA18PREB - HA18PRBC (-8) HA18PREB - HA18PRBC (-9) HA18PREB - HA18PRBC</p> |
| HA18PRBC | HA18PREB | CODE ONE | <p>HEARING/COMMUNICATION</p> <p>The next section deals with how (SP) communicated with others and how well (she/he) was understood by others.</p> <p>PRESS "1" TO CONTINUE.</p> | <p>(01) CONTINUE</p> | <p>HA18B - HCUNCOND</p> |
| HCUNCOND | HA18B | CODE ONE | <p>HEARING/COMMUNICATION [3.0, B0700]</p> <p>Which statement best describes how effective (SP) was at making (herself/himself) understood on or around (HS REF DATE)? Was (she/he) always understood, usually understood, sometimes understood, or rarely or never understood?</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS.</p> | <p>(00) UNDERSTOOD (01) USUALLY UNDERSTOOD (02) SOMETIMES UNDERSTOOD (03) RARELY/NEVER UNDERSTOOD (-8) Don't Know (-9) Refused</p> | <p>(00) HA19B - HCUNDOTH (01) HA19B - HCUNDOTH (02) HA19B - HCUNDOTH (03) HA19B - HCUNDOTH (-8) HA19B - HCUNDOTH (-9) HA19B - HCUNDOTH</p> |
| HCUNDOTH | HA19B | CODE ONE | <p>HEARING/COMMUNICATION [3.0, B0800]</p> <p>Which statement best describes how well (SP) understood others on or around (HS REF DATE)? Did (SP) always understand, usually understand, sometimes understand, or rarely or never understand?</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS.</p> | <p>(00) UNDERSTAND (01) USUALLY UNDERSTAND (02) SOMETIMES UNDERSTAND (03) RARELY/NEVER UNDERSTAND (-8) Don't Know (-9) Refused</p> | <p>(00) HA20PREB - HA20PRBC (01) HA20PREB - HA20PRBC (02) HA20PREB - HA20PRBC (03) HA20PREB - HA20PRBC (-8) HA20PREB - HA20PRBC (-9) HA20PREB - HA20PRBC</p> |
| HA20PRBC | HA20PREB | CODE ONE | <p>VISION</p> <p>Next is a question concerning (SP)'s vision on or around (HS REF DATE).</p> <p>PRESS "1" TO CONTINUE.</p> | <p>(01) CONTINUE</p> | <p>HA20B - VISION</p> |
| VISION | HA20B | CODE ONE | <p>VISION [3.0, B1000]</p> <p>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, moderately impaired, highly impaired, or severely impaired?</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS.</p> | <p>(00) ADEQUATE (01) IMPAIRED (02) MODERATELY IMPAIRED (03) HIGHLY IMPAIRED (04) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused</p> | <p>(00) HA20AB - VISAPPL (01) HA20AB - VISAPPL (02) HA20AB - VISAPPL (03) HA20AB - VISAPPL (04) HA20AB - VISAPPL (-8) HA20AB - VISAPPL (-9) HA20AB - VISAPPL</p> |
| VISAPPL | HA20AB | YES/NO | <p>VISION [3.0, B1200]</p> <p>Does (SP) use a visual appliance such as glasses, contact lenses, or a magnifying glass?</p> | <p>(00) NO (01) YES (-8) Don't Know (-9) Refused</p> | <p>(00) HA12AAB - MENTCON (01) HA12AAB - MENTCON (-8) HA12AAB - MENTCON (-9) HA12AAB - MENTCON</p> |
| MENTCON | HA12AAB | YES/NO | <p>COGNITIVE PATTERNS [3.0, C0100]</p> <p>Should a brief interview for Mental Status (C0200-C0500) be conducted?</p> | <p>(00) NO (01) YES (-8) Don't Know (-9) Refused</p> | <p>(00) HA12PREB - HA12PRBC (01) HA12AB - MENTSUM (-8) HA12PREB - HA12PRBC (-9) HA12PREB - HA12PRBC</p> |

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| MENTSUM | HA12AB | numeric | BRIEF INTERVIEW FOR MENTAL STATUS (BIMS) SUMMARY SCORE [3.0, C0500] ENTER SUMMARY SCORE (0-15) FROM BIMS. ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW. | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | (01) BOX HA12 (-8) HA36B - HALLUC (-9) HA36B - HALLUC |
| | BOX HA12 | routing | IF MENTSUM=99, GO TO HA12PREB-HA12PRBC. ELSE GO TO HA36B-HALLUC. | | |
| HA12PRBC | HA12PREB | CODE ONE | MEMORY/COGNITIVE SKILLS [[Since (SP) was recorded as being unable to complete the Brief Interview for Mental Status, the next series of questions deal with (SP)'s memory or recall ability./The next series of questions deal with (SP)'s memory or recall ability.]] PRESS "1" TO CONTINUE. | (01) CONTINUE | HA12B - CSMEMST |
| CSMEMST | HA12B | CODE ONE | MEMORY/COGNITIVE SKILLS [3.0, C0700] On or around (HS REF DATE), was (SP)'s short-term memory okay, that is, did (she/he) seem or appear to recall things after 5 minutes? | (00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused | (00) HA13B - CSMEMLT (01) HA13B - CSMEMLT (-8) HA13B - CSMEMLT (-9) HA13B - CSMEMLT |
| CSMEMLT | HA13B | CODE ONE | MEMORY/COGNITIVE SKILLS [3.0, C0800] Was (SP)'s long-term memory okay; that is, did (she/he) seem or appear to recall events in the distant past? | (00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused | (00) HA14B - HA14BCOD (01) HA14B - HA14BCOD (-8) HA14B - HA14BCOD (-9) HA14B - HA14BCOD |
| HA14BCOD | HA14B | code all | MEMORY/COGNITIVE SKILLS [3.0, C0900] On or around (HS REF DATE), was (SP) able to recall... SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) the current season? (02) the location of (her/his) own room? (03) staff names or faces? (04) the fact that (she/he) was in a nursing home? (96) NONE CHECKED (-8) Don't Know | (01) HA15B - CSDECIS (02) HA15B - CSDECIS (03) HA15B - CSDECIS (04) HA15B - CSDECIS (96) HA15B - CSDECIS (-8) HA15B - CSDECIS |
| CSDECIS | HA15B | CODE ONE | MEMORY/COGNITIVE SKILLS [3.0, C1000] 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? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) INDEPENDENT (01) MODIFIED INDEPENDENCE (02) MODERATELY IMPAIRED (03) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused | (00) HA36B - HALLUC (01) HA36B - HALLUC (02) HA36B - HALLUC (03) HA36B - HALLUC (-8) HA36B - HALLUC (-9) HA36B - HALLUC |
| HALLUC | HA36B | YES/NO | DEHYDRATION/DELUSIONS/HALLUCINATIONS [3.0, E0100] Did (SP) experience hallucinations on or around (HS REF DATE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA35B - DELUS (01) HA35B - DELUS (-8) HA35B - DELUS (-9) HA35B - DELUS |
| DELUS | HA35B | YES/NO | DEHYDRATION/DELUSIONS/HALLUCINATIONS [3.0, E0100] Did (SP) experience delusions on or around (HS REF DATE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21B - BSAYSOT (01) HA21B - BSAYSOT (-8) HA21B - BSAYSOT (-9) HA21B - BSAYSOT |
| BSAYSOT | HA21B | code one | BEHAVIORAL SYMPTOMS [3.0, E0200] How often did the following behavioral problems occur on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily? Physical behavior symptoms directed toward others. | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) HA21B - BSVERBOT (01) HA21B - BSVERBOT (02) HA21B - BSVERBOT (03) HA21B - BSVERBOT (-8) HA21B - BSVERBOT (-9) HA21B - BSVERBOT |
| BSVERBOT | HA21B | code one | BEHAVIORAL SYMPTOMS [3.0, E0200] Verbal behavior symptoms directed toward others. | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) HA21B - BSNOTOT (01) HA21B - BSNOTOT (02) HA21B - BSNOTOT (03) HA21B - BSNOTOT (-8) HA21B - BSNOTOT (-9) HA21B - BSNOTOT |

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|---------------|----------------|---------------|--|--|---------------------|
| PFTRNSFR | HA22B | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] Please tell me (SP)'s level of self-performance in... PRESS F1 KEY FOR COMPLETE DEFINITIONS. transferring (for example, in and out of bed). | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | HA22B - PFLOCOMO |
| PFLOCOMO | HA22B | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] locomotion on unit. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | HA22B - PFDRSSNG |
| PFDRSSNG | HA22B | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] dressing. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | HA22B - PFEATING |
| PFEATING | HA22B | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] eating. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | HA22B - PFTOILET |
| PFTOILET | HA22B | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] using the toilet. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | HA23B - PFBATHNG |
| PFBATHNG | HA23B | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0120] Again referring to the time on or around (HS 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? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) INDEPENDENT (01) SUPERVISION (02) PHYSICAL HELP LIMITED TO TRANSFER ONLY (03) PHYSICAL HELP IN PART OF BATHING ACTIVITY (04) TOTAL DEPENDENCE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | HA24PREB - HA24PRBC |
| HA24PRBC | HA24PREB | CODE ONE | MODES OF LOCMOTION The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (HS REF DATE). PRESS "1" TO CONTINUE. | (01) CONTINUE | HA24B - HA24BCOD |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|---------------------|
| HA24BCOD | HA24B | CODE ALL | <p>MODES OF LOCOMOTION [3.0, G0600]</p> <p>On or around (HS REF DATE) did (he/she) use...</p> <p>SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.</p> | <p>(01) a cane or crutch? (02) a walker? (03) a manual or electric wheelchair? (04) a limb prosthesis? (96) NONE CHECKED (-8) Don't Know (-9) Refused</p> | BOX HA14B |
| | BOX HA14B | routing | GO TO HA25PREB - HA25PRBC. | | |
| HA25PRBC | HA25PREB | CODE ONE | <p>CONTINENCE</p> <p>The next questions are about (SP)'s bowel and bladder control on or around (HS REF DATE).</p> <p>PRESS "1" TO CONTINUE.</p> | (01) CONTINUE | HA25B - CTBOWELC |
| CTBOWELC | HA25B | CODE ONE | <p>CONTINENCE [3.0, H0400]</p> <p>What was the level of (SP)'s bowel control on or around (HS REF DATE)? Was (she/he) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (she/he) not rated?</p> | <p>(00) ALWAYS CONTINENT (01) OCCASIONALLY INCONTINENT (02) FREQUENTLY INCONTINENT (03) ALWAYS INCONTINENT (04) NOT RATED (-8) Don't Know (-9) Refused</p> | HA26B - CTBLADDC |
| CTBLADDC | HA26B | CODE ONE | <p>CONTINENCE [3.0, H0300]</p> <p>What was the level of (SP)'s bladder control on or around (HS REF DATE)? Was (she/he) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (she/he) not rated?</p> | <p>(00) ALWAYS CONTINENT (01) OCCASIONALLY INCONTINENT (02) FREQUENTLY INCONTINENT (03) ALWAYS INCONTINENT (04) NOT RATED (-8) Don't Know (-9) Refused</p> | HA28PREB - HA28PRBC |
| | BOX HA28 | routing | IF CCN=NON-MISSING AND NOT (FQ.CCN=NON-MISSING AND PERS.AGE <=65 AND SP is Incoming Panel) GO TO HA10B, ELSE GO TO HA28PREB-HA28PRBC. | | |
| HA28PRBC | HA28PREB | CODE ONE | <p>The questions in the next section deal with (SP)'s active diagnoses or conditions during the time on or around (HS REF DATE). [By active I mean those diseases associated with (her/his) ADL status, cognition, behavior, medical treatments, or risk of death on or around (HS REF DATE). Please think about what is in (SP)'s medical record when answering the following questions.]</p> <p>PRESS "1" TO CONTINUE.</p> | (01) CONTINUE | BOX HA28B |
| | BOX HA28B | routing | IF XPRIMARY <> EMPTY OR CCN=NON-MISSING , GO TO HA28B - HA28BCD1. ELSE GO TO HA28B2 - HA28BCD2. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| HA28BCD1 | HA28B | CODE ALL | <p>DIAGNOSES/CONDITIONS [3.0, Section I MDS ASSESSMENT DATE: (ASSESSMENT DATE)]</p> <p>What active diseases were checked on (SP)'s MDS assessment?</p> <p>SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.</p> | <p>(01) ALZHEIMER'S DISEASE (02) ANEMIA (03) ANXIETY DISORDER (04) APHASIA (05) ARTHRITIS (06) ASTHMA, COPD, OR CHRONIC LUNG DISEASE (07) ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS (08) BENIGN PROSTATIC HYPERPLASIA (09) CANCER (10) CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION (11) CEREBRAL PALSY (12) CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIA), OR STROKE (13) CIRRHOSIS (14) CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD) (15) DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE) (16) DEMENTIA, OTHER THAN ALZHEIMER'S (17) DEPRESSION (18) DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY) (19) GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER (20) HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA) (21) HEMIPLEGIA/HEMIPARESIS (22) HIP FRACTURE (23) HUNTINGTON'S DISEASE (24) HYPERKALEMIA (25) HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA) (26) HYPERTENSION (27) HYPONATREMIA (28) MALNUTRITION OR AT RISK FOR MALNUTRITION (29) MANIC DEPRESSION (BIPOLAR DISEASE) (30) MULTIPLE SCLEROSIS (31) NEUROGENIC BLADDER (32) OBSTRUCTIVE UROPATHY (33) ORTHOSTATIC HYPOTENSION (34) OSTEOPOROSIS (35) OTHER FRACTURE (36) PARAPLEGIA (37) PARKINSON'S DISEASE (38) PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD) (39) POST TRAUMATIC STRESS DISORDER (PTSD) (40) PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA) (41) QUADRIPLEGIA (42) RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD) (43) RESPIRATORY FAILURE (44) SCHIZOPHRENIA (45) SEIZURE DISORDER OR EPILEPSY (46) THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS) (47) TOURETTE'S SYNDROME (48) TRAUMATIC BRAIN INJURY (49) ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE (91) OTHER (96) NONE OF THE ABOVE</p> | <p>(01) HA29B - HA29BCOD (02) HA29B - HA29BCOD (03) HA29B - HA29BCOD (04) HA29B - HA29BCOD (05) HA29B - HA29BCOD (06) HA29B - HA29BCOD (07) HA29B - HA29BCOD (08) HA29B - HA29BCOD (09) HA29B - HA29BCOD (10) HA29B - HA29BCOD (11) HA29B - HA29BCOD (12) HA29B - HA29BCOD (13) HA29B - HA29BCOD (14) HA29B - HA29BCOD (15) HA29B - HA29BCOD (16) HA29B - HA29BCOD (17) HA29B - HA29BCOD (18) HA29B - HA29BCOD (19) HA29B - HA29BCOD (20) HA29B - HA29BCOD (21) HA29B - HA29BCOD (22) HA29B - HA29BCOD (23) HA29B - HA29BCOD (24) HA29B - HA29BCOD (25) HA29B - HA29BCOD (26) HA29B - HA29BCOD (27) HA29B - HA29BCOD (28) HA29B - HA29BCOD (29) HA29B - HA29BCOD (30) HA29B - HA29BCOD (31) HA29B - HA29BCOD (32) HA29B - HA29BCOD (33) HA29B - HA29BCOD (34) HA29B - HA29BCOD (35) HA29B - HA29BCOD (36) HA29B - HA29BCOD (37) HA29B - HA29BCOD (38) HA29B - HA29BCOD (39) HA29B - HA29BCOD (40) HA29B - HA29BCOD (41) HA29B - HA29BCOD (42) HA29B - HA29BCOD (43) HA29B - HA29BCOD (44) HA29B - HA29BCOD (45) HA29B - HA29BCOD (46) HA29B - HA29BCOD (47) HA29B - HA29BCOD (48) HA29B - HA29BCOD (49) HA29B - HA29BCOD (91) HA28B - HA28BOSP (96) HA29B - HA29BCOD</p> |
| HA28BOSP | HA28B | VERBATIM TEXT | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | HA29B - HA29BCOD |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| HA28BCD2 | HA28B2 | CODE ALL | <p>(SHOW CARD HA3)</p> <p>Look at the following list and tell me what active diseases did (SP) have on or around (HS REF DATE).</p> <p>SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.</p> | <p>(01) ALZHEIMER'S DISEASE (02) ANEMIA (03) ANXIETY DISORDER (04) APHASIA (05) ARTHRITIS (06) ASTHMA, COPD, OR CHRONIC LUNG DISEASE (07) ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS (08) BENIGN PROSTATIC HYPERPLASIA (09) CANCER (10) CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION (11) CEREBRAL PALSY (12) CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIA), OR STROKE (13) CIRRHOSIS (14) CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD) (15) DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE) (16) DEMENTIA, OTHER THAN ALZHEIMER'S (17) DEPRESSION (18) DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY) (19) GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER (20) HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA) (21) HEMIPLEGIA/HEMIPARESIS (22) HIP FRACTURE (23) HUNTINGTON'S DISEASE (24) HYPERKALEMIA (25) HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA) (26) HYPERTENSION (27) HYPONATREMIA (28) MALNUTRITION OR AT RISK FOR MALNUTRITION (29) MANIC DEPRESSION (BIPOLAR DISEASE) (30) MULTIPLE SCLEROSIS (31) NEUROGENIC BLADDER (32) OBSTRUCTIVE UROPATHY (33) ORTHOSTATIC HYPOTENSION (34) OSTEOPOROSIS (35) OTHER FRACTURE (36) PARAPLEGIA (37) PARKINSON'S DISEASE (38) PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD) (39) POST TRAUMATIC STRESS DISORDER (PTSD) (40) PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA) (41) QUADRIPLEGIA (42) RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD) (43) RESPIRATORY FAILURE (44) SCHIZOPHRENIA (45) SEIZURE DISORDER OR EPILEPSY (46) THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS) (47) TOURETTE'S SYNDROME (48) TRAUMATIC BRAIN INJURY (49) ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE (91) OTHER (96) NONE OF THE ABOVE (-8) DON'T KNOW (-9) REFUSED</p> | <p>(01) HA29B - HA29BCOD (02) HA29B - HA29BCOD (03) HA29B - HA29BCOD (04) HA29B - HA29BCOD (05) HA29B - HA29BCOD (06) HA29B - HA29BCOD (07) HA29B - HA29BCOD (08) HA29B - HA29BCOD (09) HA29B - HA29BCOD (10) HA29B - HA29BCOD (11) HA29B - HA29BCOD (12) HA29B - HA29BCOD (13) HA29B - HA29BCOD (14) HA29B - HA29BCOD (15) HA29B - HA29BCOD (16) HA29B - HA29BCOD (17) HA29B - HA29BCOD (18) HA29B - HA29BCOD (19) HA29B - HA29BCOD (20) HA29B - HA29BCOD (21) HA29B - HA29BCOD (22) HA29B - HA29BCOD (23) HA29B - HA29BCOD (24) HA29B - HA29BCOD (25) HA29B - HA29BCOD (26) HA29B - HA29BCOD (27) HA29B - HA29BCOD (28) HA29B - HA29BCOD (29) HA29B - HA29BCOD (30) HA29B - HA29BCOD (31) HA29B - HA29BCOD (32) HA29B - HA29BCOD (33) HA29B - HA29BCOD (34) HA29B - HA29BCOD (35) HA29B - HA29BCOD (36) HA29B - HA29BCOD (37) HA29B - HA29BCOD (38) HA29B - HA29BCOD (39) HA29B - HA29BCOD (40) HA29B - HA29BCOD (41) HA29B - HA29BCOD (42) HA29B - HA29BCOD (43) HA29B - HA29BCOD (44) HA29B - HA29BCOD (45) HA29B - HA29BCOD (46) HA29B - HA29BCOD (47) HA29B - HA29BCOD (48) HA29B - HA29BCOD (49) HA29B - HA29BCOD (91) DO NOT DISPLAY (96) HA29B - HA29BCOD (-8) HA29B - HA29BCOD (-9) HA29B - HA29BCOD</p> |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| HA29BCOD | HA29B | CODE ALL | <p>DIAGNOSES/CONDITIONS [3.0, Section I MDS ASSESSMENT DATE: (ASSESSMENT DATE)] (SHOW CARD HA4)</p> <p>[What active infections were checked on (SP)'s MDS assessment?] [Look at the following list and tell me what active infections (SP) had on or around (HS REF DATE) according to the medical record notes.]</p> <p>SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.</p> | <p>(01) MULTIDRUG-RESISTANT ORGANISM (MDRO) (02) PNEUMONIA (03) SEPTICEMIA (04) TUBERCULOSIS (05) URINARY TRACT INFECTION IN LAST 30 DAYS (06) VIRAL HEPATITIS (07) WOUND INFECTION (OTHER THAN FOOT) (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused</p> | BOX HA15B |
| | BOX HA15B | routing | <p>IF XPRIMARY <> EMPTY, GO TO HA30B - OTMDS DIA. ELSE GO TO BOX HA16B.</p> | | |
| OTMDS DIA | HA30B | YES/NO | <p>DIAGNOSES/CONDITIONS [3.0, 18000 MDS ASSESSMENT DATE: (ASSESSMENT DATE)]</p> <p>Were there any active diagnoses entered on the MDS form in the section for additional active diagnoses?</p> | <p>(00) NO (01) YES (-8) Don't Know (-9) Refused</p> | <p>(00) BOX HA16B (01) HA31B - HA31BCOD (-8) BOX HA16B (-9) BOX HA16B</p> |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| HA31BCOD | HA31B | code all | <p>DIAGNOSES/CONDITIONS [3.0, Section I] SHOW CARD HA5</p> <p>What were the diagnoses? SELECT ALL THAT APPLY SEPARATE RESPONSES BY USING THE SPACEBAR.</p> <p>ENTER ICD 10 CODES WHEN DIAGNOSIS TEXT IS MISSING OR ILLEGIBLE.</p> | <p>(01) AGITATION (02) ALCOHOL DEPENDENCY (03) ALLERGIES (04) ANOREXIA (05) AORTIC STENOSIS (06) ATAXIA (07) ATYPICAL PSYCHOSIS (08) BLINDNESS (09) BREAST DISORDERS (10) CATARACTS (11) CEREBRAL DEGENERATION (12) CLINICAL OBESITY (13) CLOSTRIDIUM DIFFICILE (C.DIFF.) (14) CONJUNCTIVITIS (15) CONSTIPATION (16) DEGENERATIVE JOINT DISEASE (17) DIAPHRAGMATIC HERNIA (HIATAL HERNIA) (18) DIVERTICULA OF COLON (20) DYSPHAGIA (SWALLOWING DIFFICULTIES) (21) EDEMA (OTHER THAN PULMONARY) (22) GASTRITIS/DUODENITIS (23) GASTROENTERITIS, NONINFECTIOUS (24) GASTROINTESTINAL HEMORRHAGE (25) GOUT (26) HEMORRHAGE OF ESOPHAGUS (27) HIV INFECTION (28) HYPERPLASIA OF PROSTATE (29) HYPOPOTASSEMIA/HYPOKALEMIA (30) HYPOTENSION (OTHER THAN ORTHOSTATIC) (31) INSOMNIA (32) KYPHOSIS (33) MISSING LIMB (E.G., AMPUTATION) (34) NONPSYCHOTIC BRAIN SYNDROME (35) ORGANIC BRAIN SYNDROME (36) OSTEOARTHRITIS (37) PATHOLOGICAL BONE FRACTURE (38) RENAL URETERAL DISORDER (39) RESPIRATORY INFECTION (40) SCOLIOSIS (41) SEXUALLY TRANSMITTED DISEASES (42) SPINAL STENOSIS (43) ULCER OF LEG, CHRONIC (44) URINARY RETENTION (45) VERTIGO (91) OTHER DIAGNOSIS 1 (92) OTHER DIAGNOSIS 2 (93) OTHER DIAGNOSIS 3 (94) OTHER DIAGNOSIS 4 (95) OTHER DIAGNOSIS 5 (96) OTHER DIAGNOSIS 6 (97) OTHER DIAGNOSIS 7 (98) OTHER DIAGNOSIS 8 (99) OTHER DIAGNOSIS 9 (100) OTHER DIAGNOSIS 10</p> | <p>(01) BOX HA16A1 (02) BOX HA16A1 (03) BOX HA16A1 (04) BOX HA16A1 (05) BOX HA16A1 (06) BOX HA16A1 (07) BOX HA16A1 (08) BOX HA16A1 (09) BOX HA16A1 (10) DO NOT DISPLAY. (11) BOX HA16A1 (12) BOX HA16A1 (13) BOX HA16A1 (14) BOX HA16A1 (15) BOX HA16A1 (16) BOX HA16A1 (17) BOX HA16A1 (18) BOX HA16A1 (20) BOX HA16A1 (21) BOX HA16A1 (22) BOX HA16A1 (23) BOX HA16A1 (24) BOX HA16A1 (25) BOX HA16A1 (26) BOX HA16A1 (27) BOX HA16A1 (28) BOX HA16A1 (29) BOX HA16A1 (30) BOX HA16A1 (31) BOX HA16A1 (32) BOX HA16A1 (33) BOX HA16A1 (34) BOX HA16A1 (35) BOX HA16A1 (36) BOX HA16A1 (37) BOX HA16A1 (38) BOX HA16A1 (39) BOX HA16A1 (40) BOX HA16A1 (41) BOX HA16A1 (42) BOX HA16A1 (43) BOX HA16A1 (44) BOX HA16A1 (45) BOX HA16A1 (91) BOX HA16A1 (92) BOX HA16A1 (93) BOX HA16A1 (94) BOX HA16A1 (95) BOX HA16A1 (96) BOX HA16A1 (97) BOX HA16A1 (98) BOX HA16A1 (99) BOX HA16A1 (100) BOX HA16A1</p> |
| | BOX HA16A1 | routing | IF HA31B - HA31BCOD INCLUDES 91/Other1, THEN GO TO HA31BO1 - MDCOTH1. ELSE GO TO BOX HA16A2. | | |
| MDCOTH1 | HA31BO1 | text | ENTER OTHER DIAGNOSIS 1. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A2 |
| | BOX HA16A2 | routing | IF HA31B - HA31BCOD INCLUDES 92/Other2, THEN GO TO HA31BO2 - MDCOTH2. ELSE GO TO BOX HA16A3. | | |
| MDCOTH2 | HA31BO2 | TEXT | ENTER OTHER DIAGNOSIS 2. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A3 |
| | BOX HA16A3 | routing | IF HA31B - HA31BCOD INCLUDES 93/Other3, THEN GO TO HA31BO3 - MDCOTH3. ELSE GO TO BOX HA16A4. | | |
| MDCOTH3 | HA31BO3 | TEXT | ENTER OTHER DIAGNOSIS 3. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A4 |
| | BOX HA16A4 | routing | IF HA31B - HA31BCOD INCLUDES 94/Other4, THEN GO TO HA31BO4 - MDCOTH4. ELSE GO TO BOX HA16B. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| MDCOTH4 | HA31BO4 | TEXT | ENTER OTHER DIAGNOSIS 4. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A5 |
| | BOX HA16A5 | routing | IF HA31B - HA31BCOD INCLUDES 95/Other5, THEN GO TO HA31BO5 - MDCOTH5. ELSE GO TO BOX HA16B. | | |
| MDCOTH5 | HA31BO5 | TEXT | ENTER OTHER DIAGNOSIS 5. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A6 |
| | BOX HA16A6 | routing | IF HA31B - HA31BCOD INCLUDES 96/Other6, THEN GO TO HA31BO6 - MDCOTH6. ELSE GO TO BOX HA16B. | | |
| MDCOTH6 | HA31BO6 | TEXT | ENTER OTHER DIAGNOSIS 6. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A7 |
| | BOX HA16A7 | routing | IF HA31B - HA31BCOD INCLUDES 97/Other7, THEN GO TO HA31BO7 - MDCOTH7. ELSE GO TO BOX HA16B. | | |
| MDCOTH7 | HA31BO7 | TEXT | ENTER OTHER DIAGNOSIS 7. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A8 |
| | BOX HA16A8 | routing | IF HA31B - HA31BCOD INCLUDES 98/Other8, THEN GO TO HA31BO8 - MDCOTH8. ELSE GO TO BOX HA16B. | | |
| MDCOTH8 | HA31BO8 | TEXT | ENTER OTHER DIAGNOSIS 8. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A9 |
| | BOX HA16A9 | routing | IF HA31B - HA31BCOD INCLUDES 99/Other9, THEN GO TO HA31BO9 - MDCOTH9. ELSE GO TO BOX HA16B. | | |
| MDCOTH9 | HA31BO9 | TEXT | ENTER OTHER DIAGNOSIS 9. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16A10 |
| | BOX HA16A10 | routing | IF HA31B - HA31BCOD INCLUDES 100/Other10, THEN GO TO HA31BO10 - MDCOTH10. ELSE GO TO BOX HA16B. | | |
| MDCOTH10 | HA31BO10 | TEXT | ENTER OTHER DIAGNOSIS 10. OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | BOX HA16B |
| | BOX HA16B | routing | IF HA11B - COMATOSE = 1/YesComatose, GO TO BOX HA16AB. ELSE IF CCN=NON-MISSING THEN GO TO HA10B-HA10BCOD. ELSE, GO TO HA34PREB - HA34PRBC. | | |
| HA34PRBC | HA34PREB | CODE ONE | DEHYDRATION The next few items are about the other conditions (SP) may have had on or around (HS REF DATE). (Again, please refer to the MDS.) PRESS "1" TO CONTINUE. | (01) CONTINUE | HA34B - DEHYD |
| DEHYD | HA34B | YES/NO | DEHYDRATION [3.0, J1550] Did (SP) experience dehydration on or around (HS REF DATE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) NO (01) YES (-8) Don't Know (-9) Refused | HA37AB - HA37ABCO |
| HA37ABCO | HA37AB | CODE ALL | SWALLOWING/ORAL PROBLEMS [3.0, K0100] On or around (HS REF DATE), did (SP) experience the swallowing problem of... SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS. | (01) a loss of liquids or solids from mouth when eating or drinking? (02) holding food in mouth or cheeks or residual food in mouth after meals? (03) coughing or choking during meals or when swallowing medications? (04) complaints of difficulty or pain with swallowing? (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused | (01) HA37BB - HA37BBCO (02) HA37BB - HA37BBCO (03) HA37BB - HA37BBCO (04) HA37BB - HA37BBCO (96) HA37BB - HA37BBCO |
| HA37BBCO | HA37BB | CODE ALL | SWALLOWING/ORAL PROBLEMS [3.0, L0200] On or around (HS REF DATE), did (SP) experience the oral problem of... SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS. | (01) broken or loosely fitting full or partial denture? (02) no natural teeth or tooth fragments? (03) abnormal mouth tissue (ulcers, masses, oral lesions)? (04) obvious or likely cavity or broken natural teeth? (05) inflamed or bleeding gums or loose natural teeth? (06) mouth or facial pain, discomfort or difficulty with chewing? (07) UNABLE TO EXAMINE (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused | (01) BOX HA16AB (02) BOX HA16AB (03) BOX HA16AB (04) BOX HA16AB (05) BOX HA16AB (06) BOX HA16AB (07) BOX HA16AB (96) BOX HA16AB |
| | BOX HA16AB | routing | IF PERS.PERSRND = CURRENT ROUND, OR CURRENT ROUND IS FALL ROUND, GO TO HA38B - HEIGHT. ELSE, GO TO HA39B - FCWEIGHT. | | |
| HEIGHT | HA38B | CODE ONE | ORAL/NUTRITIONAL STATUS [3.0, K0200] What (is/was) (SP)'s height in inches? | (01) Continuous (-8) Don't Know (-9) Refused | (01) HA39B - FCWEIGHT (-8) HA39B - FCWEIGHT (-9) HA39B - FCWEIGHT |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|---|
| FCWEIGHT | HA39B | CODE ONE | ORAL/NUTRITIONAL STATUS [3.0, K0200] What was (SP)'s weight on or around (HS REF DATE)? | (01) Continuous (-8) Don't Know (-9) Refused | (01) BOX HA17BB (-8) BOX HA17BB (-9) BOX HA17BB |
| | BOX HA17BB | routing | GO TO HA10B - HA10BCOD. | | |
| HA10BCOD | HA10B | CODE ALL | ADVANCED DIRECTIVES NOT ON MDS (The rest of the health status questionnaire is not from the MDS.) Now, please tell me which of the following advanced directives were listed in (SP)'s record or chart for the period on or around (HS REF DATE). Did (SP)'s record indicate... SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01)a Living Will? (02) instructions not to resuscitate? (03) instructions not to hospitalize? (04) restrictions on feeding, medication, or other treatment restrictions? (96) NONE CHECKED (-8) Don't Know | (01)HA32 - OTACTDIA (02) HA32 - OTACTDIA (03) HA32 - OTACTDIA (04) HA32 - OTACTDIA (96) HA32 - OTACTDIA (-8) HA32 - OTACTDIA |
| OTACTDIA | HA32 | YES/NO | DIAGNOSES/CONDITIONS NOT ON MDS Can you add any other active diagnoses for (SP) on or around (HS REF DATE) that have not yet been mentioned? Please refer to the medical record including (SP)'s medications chart for (HS REF DATE MONTH). PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA15A (01) HA33 - HA33CODE (-8) BOX HA15A (-9) BOX HA15A |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| HA33CODE | HA33 | CODE ALL | <p>DIAGNOSES/CONDITIONS NOT ON MDS</p> <p>SHOW CARD HA5</p> <p>What were the diagnoses?</p> <p>SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.</p> <p>ENTER ICD-10 CODES, IF AVAILABLE, WHEN DIAGNOSIS TEXT IS MISSING OR ILLEGIBLE.</p> | <p>(1) AGITATION (2) ALCOHOL DEPENDENCY (3) ALLERGIES (4) ANOREXIA (5) AORTIC STENOSIS (6) ATAXIA (7) ATYPICAL PSYCHOSIS (8) BLINDNESS (9) BREAST DISORDERS (10) CATARACTS (11) CEREBRAL DEGENERATION (12) CLINICAL OBESITY (13) CLOSTRIDIUM DIFFICILE (C.DIFF.) (14) CONJUNCTIVITIS (15) CONSTIPATION (16) DEGENERATIVE JOINT DISEASE (17) DIAPHRAGMATIC HERNIA (HIATAL HERNIA) (18) DIVERTICULA OF COLON (20) DYSPHAGIA (SWALLOWING DIFFICULTIES) (21) EDEMA (OTHER THAN PULMONARY) (22) GASTRITIS/DUODENITIS (23) GASTROENTERITIS, NONINFECTIOUS (24) GASTROINTESTINAL HEMORRHAGE (25) GOUT (26) HEMORRHAGE OF ESOPHAGUS (27) HIV INFECTION (28) HYPERPLASIA OF PROSTATE (29) HYPOPOTASSEMIA/HYPOKALEMIA (30) HYPOTENSION (OTHER THAN ORTHOSTATIC) (31) INSOMNIA (32) KYPHOSIS (33) MISSING LIMB (E.G., AMPUTATION) (34) NONPSYCHOTIC BRAIN SYNDROME (35) ORGANIC BRAIN SYNDROME (36) OSTEOARTHRITIS (37) PATHOLOGICAL BONE FRACTURE (38) RENAL URETERAL DISORDER (39) RESPIRATORY INFECTION (40) SCOLIOSIS (41) SEXUALLY TRANSMITTED DISEASES (42) SPINAL STENOSIS (43) ULCER OF LEG, CHRONIC (44) URINARY RETENTION (45) VERTIGO (91) OTHER DIAGNOSIS 1 (92) OTHER DIAGNOSIS 2 (93) OTHER DIAGNOSIS 3 (94) OTHER DIAGNOSIS 4 (95) OTHER DIAGNOSIS 5 (96) OTHER DIAGNOSIS 6 (97) OTHER DIAGNOSIS 7 (98) OTHER DIAGNOSIS 8 (99) OTHER DIAGNOSIS 9 (100) OTHER DIAGNOSIS 10</p> | <p>(1) BOX HA15AA1 (2) BOX HA15AA1 (3) BOX HA15AA1 (4) BOX HA15AA1 (5) BOX HA15AA1 (6) BOX HA15AA1 (7) BOX HA15AA1 (8) BOX HA15AA1 (9) BOX HA15AA1 (10) DO NOT DISPLAY (11) BOX HA15AA1 (12) BOX HA15AA1 (13) BOX HA15AA1 (14) BOX HA15AA1 (15) BOX HA15AA1 (16) BOX HA15AA1 (17) BOX HA15AA1 (18) BOX HA15AA1 (20) BOX HA15AA1 (21) BOX HA15AA1 (22) BOX HA15AA1 (23) BOX HA15AA1 (24) BOX HA15AA1 (25) BOX HA15AA1 (26) BOX HA15AA1 (27) BOX HA15AA1 (28) BOX HA15AA1 (29) BOX HA15AA1 (30) BOX HA15AA1 (31) BOX HA15AA1 (32) BOX HA15AA1 (33) BOX HA15AA1 (34) BOX HA15AA1 (35) BOX HA15AA1 (36) BOX HA15AA1 (37) BOX HA15AA1 (38) BOX HA15AA1 (39) BOX HA15AA1 (40) BOX HA15AA1 (41) BOX HA15AA1 (42) BOX HA15AA1 (43) BOX HA15AA1 (44) BOX HA15AA1 (45) BOX HA15AA1 (91) BOX HA15AA1 (92) BOX HA15AA1 (93) BOX HA15AA1 (94) BOX HA15AA1 (95) BOX HA15AA1 (96) BOX HA15AA1 (97) BOX HA15AA1 (98) BOX HA15AA1 (99) BOX HA15AA1 (100) BOX HA15AA1</p> |
| | BOX HA15AA1 | routing | IF HA33 - HA33CODE INCLUDES 91/Other1, THEN GO TO HA33O1 - NMDCOTH1. ELSE GO TO BOX HA15AA2. | | |
| NMDCOTH1 | HA33O1 | TEXT | ENTER OTHER DIAGNOSIS 1. OTHER (SPECIFY) | (01) Continuous | BOX HA15AA2 |
| | BOX HA15AA2 | routing | IF HA33 - HA33CODE INCLUDES 92/Other2, THEN GO TO HA33O2 - NMDCOTH2. ELSE GO TO BOX HA15AA3. | | |
| NMDCOTH2 | HA33O2 | TEXT | ENTER OTHER DIAGNOSIS 2. OTHER (SPECIFY) | (01) Continuous | BOX HA15AA3 |
| | BOX HA15AA3 | routing | IF HA33 - HA33CODE INCLUDES 93/Other3, THEN GO TO HA33O3 - NMDCOTH3. ELSE GO TO BOX HA15AA4. | | |
| NMDCOTH3 | HA33O3 | TEXT | ENTER OTHER DIAGNOSIS 3. OTHER (SPECIFY) | (01) Continuous | BOX HA15AA4 |
| | BOX HA15AA4 | routing | IF HA33 - HA33CODE INCLUDES 94/Other4, THEN GO TO HA33O4 - NMDCOTH4. ELSE GO TO BOX HA15A. | | |

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|---------------|----------------|---------------|---|--|---|
| NMDCOTH4 | HA3304 | TEXT | ENTER OTHER DIAGNOSIS 4. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15AA5 |
| | BOX HA15AA5 | routing | IF HA33 - HA33CODE INCLUDES 95/Other5, THEN GO TO HA3305 - NMDCOTH5. ELSE GO TO BOX HA15A. | | |
| NMDCOTH5 | HA33045 | TEXT | ENTER OTHER DIAGNOSIS 5. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15AA6 |
| | BOX HA15AA6 | routing | IF HA33 - HA33CODE INCLUDES 96/Other6, THEN GO TO HA3306 - NMDCOTH6. ELSE GO TO BOX HA15A. | | |
| NMDCOTH6 | HA3306 | TEXT | ENTER OTHER DIAGNOSIS 6. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15AA7 |
| | BOX HA15AA7 | routing | IF HA33 - HA33CODE INCLUDES 97/Other7, THEN GO TO HA3307 - NMDCOTH7. ELSE GO TO BOX HA15A. | | |
| NMDCOTH7 | HA3307 | TEXT | ENTER OTHER DIAGNOSIS 7. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15AA8 |
| | BOX HA15AA8 | routing | IF HA33 - HA33CODE INCLUDES 98/Other8, THEN GO TO HA3308 - NMDCOTH8. ELSE GO TO BOX HA15A. | | |
| NMDCOTH8 | HA3308 | TEXT | ENTER OTHER DIAGNOSIS 8. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15AA9 |
| | BOX HA15AA9 | routing | IF HA33 - HA33CODE INCLUDES 99/Other9, THEN GO TO HA3309 - NMDCOTH9. ELSE GO TO BOX HA15A. | | |
| NMDCOTH9 | HA3309 | TEXT | ENTER OTHER DIAGNOSIS 9. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15AA10 |
| | BOX HA15AA10 | routing | IF HA33 - HA33CODE INCLUDES 100/Other10, THEN GO TO HA33010 - NMDCOTH10. ELSE GO TO BOX HA15A. | | |
| NMDCOTH10 | HA3310 | TEXT | ENTER OTHER DIAGNOSIS 10. OTHER (SPECIFY) | (01) CONTINUE | BOX HA15A |
| | BOX HA15A | routing | IF HA28B - HA28BCD1 OR HA28B2 - HA28BCD2 INCLUDES 9/Cancer, GO TO HA33PRE - HA33PREC. ELSE, GO TO HA33D - MYOCARD. | | |
| HA33PREC | HA33PRE | CODE ONE | [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). PRESS "1" TO CONTINUE. | (01) CONTINUE | HA33B - HA33BCOD |
| HA33BCOD | HA33B | CODE ALL | Please refer to (SP)'s medical record and tell me in what part or parts of the body was the cancer found? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) BLADDER (02) BREAST (03) CERVIX (04) COLON, RECTUM, OR BOWEL (05) LUNG (06) OVARY (07) PROSTATE (08) SKIN (09) STOMACH (10) UTERUS (91) OTHER | (01) HA33D - MYOCARD (02) HA33D - MYOCARD (03) HA33D - MYOCARD (04) HA33D - MYOCARD (05) HA33D - MYOCARD (06) HA33D - MYOCARD (07) HA33D - MYOCARD (08) HA33D - MYOCARD (09) HA33D - MYOCARD (10) HA33D - MYOCARD (91) HA33B - CNROTHOS |
| CNROTHOS | HA33B | TEXT | OTHER (SPECIFY) | (01) Continuous answer | HA33D - MYOCARD |
| MYOCARD | HA33D | YES/NO | CONDITIONS NOT ON MDS Still referring to the medical record, has (SP) ever had a myocardial infarction or heart attack? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA33E - CATAROP (01) HA33E - CATAROP (-8) HA33E - CATAROP (-9) HA33E - CATAROP |
| CATAROP | HA33E | YES/NO | VISION NOT ON MDS Has (SP) ever had an operation for cataracts? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA15F (01) BOX HA15F (-8) BOX HA15F (-9) BOX HA15F |
| | BOX HA15F | routing | IF CORE OR (SP IS CFR, FCF, CFC, OR FFC) OR (SP IS IPR AND PERS.AGE >= 65), GO TO BOX HA17B. IF NO CONDITIONS ARE INDICATED, GO TO HA33G - OTHCAUS. ELSE, GO TO HA33F - CAUSEMCR. | | |
| CAUSEMCR | HA33F | YES/NO | You told me that (SP) has had [READ CONDITIONS LISTED BELOW.] (Was this/Were any of these) the original cause of (SP)'s becoming eligible for Medicare? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA33G - OTHCAUS (01) BOX HA15E (-8) BOX HA17B (-9) BOX HA17B |
| OTHCAUS | HA33G | VERBATIM TEXT | What was the original cause of (SP)'s becoming eligible for Medicare? RECORD VERBATIM | (01) Continuous | BOX HA17B |
| | BOX HA15E | routing | IF RESPONDENT REPORTED MORE THAN ONE CONDITION IN HA28B-HA33E, GO TO HA33H - HA33HCOD. ELSE, GO TO BOX HA17B. | | |
| HA33HCOD | HA33H | CODE ALL | Which of these conditions was a cause of (him/her) becoming eligible for Medicare? | (01) PLEASE SEE ITEM DISPLAY INSTRUCTIONS | BOX HA17B |
| | BOX HA17B | routing | IF SP IS FEMALE, GO TO HA43APRE - HA43APRC. ELSE GO TO HA43DAPR - HA43DAPC. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| HA43APRC | HA43APRE | CODE ONE | MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS The next items are about procedures (SP) may have had since (CURRENT MONTH AND DAY) a year ago. PRESS "1" TO CONTINUE. | (01) Continue | HA43A - MAMMOGR |
| MAMMOGR | HA43A | YES/NO | MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a mammogram or breast x-ray? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA43B - PAPSMEAR (01) HA43B - PAPSMEAR (-8) HA43B - PAPSMEAR (-9) HA43B - PAPSMEAR |
| PAPSMEAR | HA43B | YES/NO | MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a Pap smear? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17C (01) BOX HA17C (-8) BOX HA17C (-9) BOX HA17C |
| | BOX HA17C | routing | IF SP IS CFC or SP IS IPR OR ((SP IS FFC OR SP IS FCF) AND PreloadSP.HYSTFLAG <> 1/Indicated), GO TO HA43D - EVERHYST. ELSE IF PreloadSP.HYSTFLAG = 1/Indicated, GO TO BOX HA17CB. ELSE, GO TO HA43C - HYSTEREC. | | |
| HYSTEREC | HA43C | YES/NO | MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a hysterectomy? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17CB (01) BOX HA17CB (-8) BOX HA17CB (-9) BOX HA17CB |
| EVERHYST | HA43D | YES/NO | MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Has (SP) ever had a hysterectomy? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17CB (01) BOX HA17CB (-8) BOX HA17CB (-9) BOX HA17CB |
| HA43DAPC | HA43DAPR | CODE ONE | The next items are about procedures (SP) may have had since (MONTH & DAY OF TODAY'S DATE) a year ago. PRESS "1" TO CONTINUE. | (01) Continue | HA43DA - DRECEXAM |
| DRECEXAM | HA43DA | YES/NO | Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a digital rectal examination of the prostate? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA43DB - BLOODPSA (01) HA43DB - BLOODPSA (-8) HA43DB - BLOODPSA (-9) HA43DB - BLOODPSA |
| BLOODPSA | HA43DB | YES/NO | Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a blood test for detection of prostate cancer, such as a PSA? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17CB (01) BOX HA17CB (-8) BOX HA17CB (-9) BOX HA17CB |
| | BOX HA17CB | routing | IF FALL ROUND, GO TO HA43DC - FLUSHOT. ELSE GO TO BOX HA17CA. | | |
| FLUSHOT | HA43DC | YES/NO | INFLUENZA VACCINE Next, a question or two about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter? [EXPLAIN IF NECESSARY: Did (SP) have a flu shot anytime during the period from September (HS PREVIOUS YEAR) through December (HS PREVIOUS YEAR)?] IF THE FACILITY RESPONDENT IS UNSURE AND THIS INFORMATION CANNOT BE FOUND IN THE MEDICAL CHART, BUT THERE IS AN MDS AVAILABLE, YOU CAN REFERENCE THE MDS ITEM [3.0, O0250]. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17CA (01) BOX HA17CA (-8) BOX HA17CA (-9) BOX HA17CA |
| | BOX HA17CA | routing | IF PreloadSP.PSHOTFLG = 1/Indicated, GO TO HA43E - EVRSMOKE. ELSE GO TO HA43DD - PNUESHOT. | | |
| PNUESHOT | HA43DD | YES/NO | PNEUMOCOCCAL VACCINE Has (SP) ever had a shot for pneumonia? IF THE FACILITY RESPONDENT IS UNSURE AND THIS INFORMATION CANNOT BE FOUND IN THE MEDICAL CHART, BUT THERE IS AN MDS AVAILABLE, YOU CAN REFERENCE THE MDS ITEM [3.0, O0300]. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA43E - EVRSMOKE (01) HA43E - EVRSMOKE (-8) HA43E - EVRSMOKE (-9) HA43E - EVRSMOKE |
| EVRSMOKE | HA43E | YES/NO | SMOKING NOT ON MDS The next couple of questions are about smoking. Has (SP) ever smoked cigarettes, cigars, or pipe tobacco? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17D (01) BOX HA17D (-8) BOX HA17D (-9) BOX HA17D |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
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| | BOX HA17D | routing | IF HA11B - COMATOSE = 1/YesComatose, GO TO BOX HA23B. ELSE IF HA43E - EVRSMOKE = 1/Yes AND SP IS ALIVE, GO TO HA43F - NOWSMOKE. ELSE GO TO HA43GPRE - HA43GPRC. | | |
| NOWSMOKE | HA43F | YES/NO | SMOKING NOT ON MDS Does (SP) smoke now? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA43GPRE - HA43GPRC (01) HA43GPRE - HA43GPRC (-8) HA43GPRE - HA43GPRC (-9) HA43GPRE - HA43GPRC |
| HA43GPRC | HA43GPRE | CODE ONE | IADLS NOT ON MDS 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 (HS 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 was not able to do it. PRESS "1" TO CONTINUE. | (01) CONTINUE | HA43G - IADSTOOP |
| IADSTOOP | HA43G | CODE ONE | IADLS NOT ON MDS SHOW CARD HA6 On or around (HS REF DATE), how much difficulty, if any, did (SP) have... stooping, crouching, or kneeling? | (00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | (00) HA43G - IADLIFT (01) HA43G - IADLIFT (02) HA43G - IADLIFT (03) HA43G - IADLIFT (04) HA43G - IADLIFT (-8) Don't Know (-9) Refused |
| IADLIFT | HA43G | CODE ONE | IADLS NOT ON MDS SHOW CARD HA6 lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? | (00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | (00) HA43G - IADREACH (01) HA43G - IADREACH (02) HA43G - IADREACH (03) HA43G - IADREACH (04) HA43G - IADREACH (-8) HA43G - IADREACH (-9) HA43G - IADREACH |
| IADREACH | HA43G | CODE ONE | IADLS NOT ON MDS SHOW CARD HA6 reaching or extending arms above shoulder level? | (00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | (00) HA43G - IADGRASP (01) HA43G - IADGRASP (02) HA43G - IADGRASP (03) HA43G - IADGRASP (04) HA43G - IADGRASP (-8) HA43G - IADGRASP (-9) HA43G - IADGRASP |
| IADGRASP | HA43G | CODE ONE | IADLS NOT ON MDS SHOW CARD HA6 either writing or handling and grasping small objects? | (00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | (00) HA43G - IADWALK (01) HA43G - IADWALK (02) HA43G - IADWALK (03) HA43G - IADWALK (04) HA43G - IADWALK (-8) HA43G - IADWALK (-9) HA43G - IADWALK |
| IADWALK | HA43G | CODE ONE | IADLS NOT ON MDS SHOW CARD HA6 walking a quarter of a mile - that is, about 2 or 3 blocks? | (00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused | (00) HA43H1 - DIFUSEPH (01) HA43H1 - DIFUSEPH (02) HA43H1 - DIFUSEPH (03) HA43H1 - DIFUSEPH (04) HA43H1 - DIFUSEPH (-8) HA43H1 - DIFUSEPH (-9) HA43H1 - DIFUSEPH |
| DIFUSEPH | HA43H1 | CODE ONE | IADLS NOT ON MDS Now I'm going to ask about some everyday activities and whether (SP) had any difficulty doing them by (himself/herself) because of a health or physical problem on or around (HS REF DATE). Did (SP) have any difficulty on or around (HS REF DATE) using the telephone? | (00) NO (01) YES (03) DOESN'T DO (-8) Don't Know (-9) Refused | (00) HA43H2 - DIFSHOP (01) HA43H2 - DIFSHOP (03) HA43H1 - REASNOPH (-8) HA43H2 - DIFSHOP (-9) HA43H2 - DIFSHOP |
| REASNOPH | HA43H1 | CODE ONE | IADLS NOT ON MDS You said that using the telephone is something that (SP) doesn't do. Is this because of a health or physical problem? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA43H2 - DIFSHOP (01) HA43H2 - DIFSHOP (-8) HA43H2 - DIFSHOP (-9) HA43H2 - DIFSHOP |
| DIFSHOP | HA43H2 | CODE ONE | IADLS NOT ON MDS Did (SP) have any difficulty on or around (HS REF DATE) shopping for personal items (such as toilet items or medicines)? | (00) NO (01) YES (03) DOESN'T DO (-8) Don't Know (-9) Refused | (00) HA43H3 - DIFMONEY (01) HA43H3 - DIFMONEY (03) HA43H2 - REASNOSH (-8) HA43H3 - DIFMONEY (-9) HA43H3 - DIFMONEY |

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|---------------|----------------|---------------|---|--|---|
| REASNOSH | HA43I2 | CODE ONE | IADLS NOT ON MDS You said that shopping is something that (SP) doesn't do. Is this because of a health or physical problem? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA43H3 - DIFMONEY (01) HA43H3 - DIFMONEY (-8) HA43H3 - DIFMONEY (-9) HA43H3 - DIFMONEY |
| DIFMONEY | HA43H3 | CODE ONE | IADLS NOT ON MDS Did (SP) have any difficulty on or around (HS REF DATE) managing money (like keeping track of money or paying bills)? | (00) NO (01) YES (03) DOESN'T DO (-8) Don't Know (-9) Refused | (00) BOX HA17F (01) BOX HA17F (03)HA43I3 - REASNOMM (-8) BOX HA17F (-9) BOX HA17F |
| REASNOMM | HA43I3 | CODE ONE | IADLS NOT ON MDS You said that managing money is something that (SP) doesn't do. Is this because of a health or physical problem? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA17F (01) BOX HA17F (-8) BOX HA17F (-9) BOX HA17F |
| | BOX HA17F | routing | IF SP IS ALIVE, GO TO HA43J - SPHEALTH. ELSE GO TO BOX HA23B. | | |
| SPHEALTH | HA43J | CODE ONE | GENERAL HEALTH NOT ON MDS [Finally, I have a few questions on (SP)'s general health.] In general, compared to other people of (his/her) age, would you say that (SP)'s health is excellent, very good, good, fair or poor? | (00) EXCELLENT (01) VERY GOOD (02) GOOD (03) FAIR (04) POOR (-8) Don't Know (-9) Refused | (00) HA43K - GENHLTH (01) HA43K - GENHLTH (02) HA43K - GENHLTH (03) HA43K - GENHLTH (04) HA43K - GENHLTH (-8) HA43K - GENHLTH (-9) HA43K - GENHLTH |
| GENHLTH | HA43K | CODE ONE | GENERAL HEALTH NOT ON MDS Compared to one year ago, how would you rate (SP)'s health in general now? Would you say (SP)'s health is . . . | (00) much better now than one year ago, (01) somewhat better now than one year ago, (02) about the same, (03) somewhat worse now than one year ago, or (04) much worse now than one year ago? (-8) Don't Know (-9) Refused | (00) HA43L - LIMACTIV (01) HA43L - LIMACTIV (02) HA43L - LIMACTIV (03) HA43L - LIMACTIV (04) HA43L - LIMACTIV (-8) HA43L - LIMACTIV (-9) HA43L - LIMACTIV |
| LIMACTIV | HA43L | CODE ONE | GENERAL HEALTH NOT ON MDS How much of the time during the past month has (SP)'s health limited (his/her) social activities, like visiting with friends or close relatives? Would you say . . . | (00) none of the time, (01) some of the time, (02) most of the time, or (03) all of the time? (-8) Don't Know (-9) Refused | (00) BOX HA23B (01) BOX HA23B (02) BOX HA23B (03) BOX HA23B (-8) BOX HA23B (-9) BOX HA23B |
| | BOX HA23B | routing | IF BQ9-EDLEVELF = DK, RF, OR EMPTY, GO TO HA51B - HEDULEV. ELSE GO TO BOX HA24. | | |
| HEDULEV | HA51B | CODE ONE | EDUCATION LEVEL NOT ON MDS As far as you know, what (is/was) the highest level of schooling (SP) completed? IF DK, USE CATEGORIES AS PROBES. | (01) NO FORMAL SCHOOLING (02) ELEMENTARY (1ST-8TH GRADES) (03) SOME HIGH SCHOOL (9TH-12TH GRADES) (04) COMPLETED HIGH SCHOOL, NO COLLEGE (05) TECHNICAL OR TRADE SCHOOL (06) SOME COLLEGE (07) COLLEGE GRADUATE (08) GRADUATE DEGREE (-8) Don't Know (-9) Refused | (01) BOX HA24 (02) BOX HA24 (03) BOX HA24 (04) BOX HA24 (05) BOX HA24 (06) BOX HA24 (07) BOX HA24 (08) BOX HA24 (-8) BOX HA24 (-9) BOX HA24 |
| | BOX HA24 | routing | IF HS2REF <> EMPTY OR DK AND (HS2DOI = EMPTY OR HA1PRE2T2 - HA1PRE2C = 1/Continue), GO TO BOX HAT2BEG. ELSE GO TO HC2 - DIDABSTR. | | |
| DIDABSTR | HC2 | CODE ONE | DID YOU ABSTRACT? TO ABSTRACT MEANS TO OBTAIN INFORMATION FROM THE BENEFICIARY'S RECORDS FOR ENTRY INTO THE QUESTIONNAIRE. EXAMPLES OF RECORDS YOU MAY HAVE ABSTRACTED FROM INCLUDE THE MINIMUM DATA SET (MDS), NURSES NOTES, PHYSICIANS ORDERS, AND/OR OTHER DOCUMENTS PROVIDED BY THE FACILITY. USE YOUR BEST JUDGMENT TO DETERMINE WHICH ANSWER IS THE MOST ACCURATE CHOICE FOR THE AMOUNT YOU ABSTRACTED. IF THERE WAS NO ABSTRACTION AT ALL, PLEASE SELECT "NONE". | (01) ALL (02) MAJORITY (03) HALF (04) SOME (05) NONE | (01) HC3 - WHYABSTR (02) HC3 - WHYABSTR (03) HC3 - WHYABSTR (04) HC3 - WHYABSTR (05) BOX HCEND |
| WHYABSTR | HC3 | CODE ONE | WHY DID YOU ABSTRACT? | (01) NO KNOWLEDGEABLE RESPONDENT AVAILABLE (02) NO TIME/STAFF BURDEN TOO GREAT (03) REFUSAL--UNWILLING TO COOPERATE (91) OTHER | (01) BOX HCEND (02) BOX HCEND (03) BOX HCEND (91)HC3 - WHYABSOS |
| WHYABSOS | HC3 | VERBATIM TEXT | OTHER(SPECIFY) | (01) CONTINUOUS ANSWER | BOX HCEND |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| | BOX HCEND | routing | GO TO HSFINSCR2 - FINSCRN2. | | |
| | BOX HAT2BEG | routing | IF FACR.HAINTFLG <> 1/Indicated, GO TO HA1PRE1T2 - HA1PRE1C. ELSE GO TO HA1PRE2T2 - HA1PRE2C. | | |
| HA1PRE1C | HA1PRE1T2 | CODE ONE | <p>RECORD IDENTIFICATION</p> <p>The next questions are about (SP)'s medical records for the period on or around (T2 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 (T2 REF DATE).</p> <p>The next questions are about (SP)'s health status on or around (T2 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 (T2 REF DATE).</p> <p>PRESS "1" TO CONTINUE.</p> | (01) CONTINUE | HA1PRE2T2 - HA1PRE2C |
| HA1PRE2C | HA1PRE2T2 | CODE ONE | <p>RECORD IDENTIFICATION</p> <p>Now, I would like to ask some questions about (his/her) medical records for the period on or around (T2 REF DATE). Those are all of the questions we have about (SP)'s health on (HS 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 (T2 REF DATE).</p> <p>PRESS "1" TO CONTINUE.</p> | (01) CONTINUE | BOX HA2T2 |
| | BOX HA2T2 | routing | IF HA2-RECFORMS = 1/Yes OR (HA2-RECFORMS = EMPTY AND Preload.HSFORMS = 1/Indicated), GO TO HA2BT2 - RECFORM2. ELSE IF HS1REF <> EMPTY, GO TO BOX HA9PRBCT2. ELSE GO TO HA1T2 - RECHAVE. | | |
| RECHAVE | HA1T2 | YES/NO | <p>RECORD IDENTIFICATION</p> <p>Do you have (SP)'s medical records for the period on or around (T2 REF DATE)?</p> | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA1BT2 - HSCONTN1 (01) BOX HA2AT2 (-8) HA1BT2 - HSCONTN1 (-9) BOX HA9PRBCT2 |
| HSCONTN1 | HA1BT2 | CODE ONE | <p>Is there someone else I should speak with, or do the records exist elsewhere?</p> <p>DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS?</p> | (00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MEDICAL RECORDS | (00) BOX HCENDT2 (01) BOX HA9PRBCT2 |
| | BOX HA2AT2 | routing | IF (PLACTYPE = 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF OR 17/RehabilitationFacility) OR FQ.COMPLEXF = 1/Indicated, GO TO HA2T2 - RECFORMS. ELSE GO TO BOX HA9PRBCT2. | | |
| RECFORMS | HA2T2 | YES/NO | <p>RECORD IDENTIFICATION</p> <p>Do the medical records contain any full MDS assessment or Quarterly Review Forms?</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS.</p> | (00) NO (01) YES | (00) HA2B1T2 - HSCONTN2 (01) HA2BT2 - RECFORM2 |
| HSCONTN2 | HA2B1T2 | CODE ONE | <p>Is there someone else I should speak with, or do the records exist elsewhere?</p> <p>DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?</p> | (00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MDS | (00) BOX HCENDT2 (01) BOX HA9PRBCT2 |
| RECFORM2 | HA2BT2 | YES/NO | <p>RECORD IDENTIFICATION</p> <p>Do (SP)'s medical records contain (a full/another) MDS assessment or Quarterly Review form dated [after (PreloadSP.PRVSREF)/after (PreloadSP.LASTVAD)/on or around (T2 REF DATE)/after BCVAD]]?</p> | (00) NO (01) YES | (00) HA2CT2 - HSCONTN3 (01) HA3BT2 - ASSESDT1 |
| HSCONTN3 | HA2CT2 | CODE ONE | <p>Is there someone else I should speak with, or do the records exist elsewhere?</p> <p>DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT?</p> | (00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITH THIS RESPONDENT | (00) BOX HCENDT2 (01) BOX HA9PRBCT2 |
| ASSESDT1 | HA3BT2 | DATE | <p>RECORD IDENTIFICATION</p> <p>What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to (T2 REF DATE) for (SP) after (RAD+14)/BCVAD/PreloadSP.LASTVAD].</p> <p>ENTER DATE IN "MM DD YY" FORMAT.</p> <p>(IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)</p> | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | (01) BOX HA4T2 (-8) BOX HA4T2 (-9) BOX HA4T2 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| | BOX HA4T2 | routing | IF HA3BT2 - ASSESDT1 = DK, RF AND FIRST TIME AT HA3BT2 - ASSESDT1, GO TO BOX HA9PRBCT2. ELSE GO TO BOX HA5T2. | | |
| | BOX HA5T2 | routing | IF LAST ASSESSMENT DATE ENTRY COLLECTED IN HA3BT2 - ASSESDT1 IS VALID, GO TO HA4T2 - FORMTYPE1. ELSE GO TO HA5T2 - CLOFORM. | | |
| FORMTYPE1 | HA4T2 | CODE ONE | RECORD IDENTIFICATION Please tell me if the form with the assessment date of (T2 ASSESS DATE) is a full MDS or a quarterly review. | (00) QUARTERLY REVIEW (01) FULL MDS (-8) Don't Know (-9) Refused | (00) BOX HA7T2 (01) BOX HA7T2 (-8) BOX HA7T2 (-9) BOX HA7T2 |
| | BOX HA7T2 | routing | IF MOST RECENT ASSESSMENT DATE IS COMPLETE THEN COMPARE WITH T2 REF DATE. IF NUMBER OF DAYS BETWEEN ASSESSMENT DATE AND T2 REF DATE MORE THAN +/- 7, GO TO HA5T2 - CLOFORM. ELSE GO TO BOX HA9T2A | | |
| CLOFORM | HA5T2 | YES/NO | 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 (T2 REF DATE)? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA8T2 (01) BOX HA8T2 (-8) BOX HA8T2 (-9) BOX HA8T2 |
| | BOX HA8T2 | routing | IF HA5T2 - CLOFORM = 1/Yes, GO TO HA3BT2 - ASSESDT1. ELSE GO TO BOX HA9T2A. | | |
| | BOX HA9T2A | routing | IF T2TOT = 1 AND (FORMTYPE = DK, RF, OR EMPTY), GO TO BOX HA9PRBCT2. ELSE GO TO BOX HA9T2B. | | |
| | BOX HA9T2B | routing | GO TO BOX HA9T2C. | | |
| | BOX HA9T2C | routing | IF CVATYPE = 1/FullMDS, GO TO HA6T2 - FORMREAS. ELSE IF CVATYPE = 0/QuarterlyReview, AND XBACKUP = EMPTY, GO TO HA7AT2 - RECMDS. ELSE GO TO BOX HA10T2. | | |
| FORMREAS | HA6T2 | CODE ONE | RECORD IDENTIFICATION [3.0, A0310A] ASSESSMENT DATE: {ASSESSMENT DATE} What was the primary reason for the assessment on the full MDS assessment dated (TCVAD)? | (01) ADMISSION (02) ANNUAL (03) SIGNIFICANT CHANGE IN STATUS (91) OTHER (-8) Don't Know (-9) Refused | (01)BOX HA10T2 (02) BOX HA10T2 (03) BOX HA10T2 (91) HA6T2 - FORMREOS (-8) BOX HA10T2 (-9) BOX HA10T2 |
| FORMREOS | HA6T2 | VERBATIM TEXT | OTHER (SPECIFY) | (01) Continuous answer | BOX HA10T2 |
| RECMDS | HA7AT2 | YES/NO | Does (SP)'s medical record contain a full MDS assessment dated between (T2 DATE RANGE). PRESS F1 KEY FOR COMPLETE DEFINITIONS | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX HA10T2 (01) HA7BT2 - ASSESDT2 (-8) BOX HA10T2 (-9) BOX HA10T2 |
| ASSESDT2 | HA7BT2 | NUMERIC | What is the date of the full MDS assessment closest to (T2 REF DATE)? IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE. | (01)Continuous Answer (-8) Don't Know (-9) Refused | (01) BOX HA10T2 (-8) BOX HA10T2 (-9) BOX HA10T2 |
| | BOX HA10T2 | routing | IF CCN=NON-MISSING THEN GO TO BOX HA17BBT2. ELSE GO TO HA7CT2 - MDSINT1. | | |
| MDSINT1 | HA7CT2 | CODE ONE | RECORD IDENTIFICATION 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 (BACKUP MDS ASSESSMENT DATE)/If the information is not found on the MDS form, please refer to (SP)'s medical record) to answer the questions.] PRESS "1" TO CONTINUE. | (01) Continue | BOX HA19AT2 |
| | BOX HA19AT2 | routing | GO TO HA11BT2 - COMATOSE. | | |
| | BOX HA9PRBCT2 | | IF CCN=NON-MISSING THEN GO TO BOX HA17BBT2. ELSE GO TO HA9PREBT2-HA9PRBC | | |
| HA9PRBC | HA9PREBT2 | CODE ONE | Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home)]. [(Please refer to (SP)'s medical record/Since I will be collecting information about (SP) on or around (HS 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 "1" TO CONTINUE. | (01) Continue | HA11BT2 - COMATOSE |
| COMATOSE | HA11BT2 | CODE ONE | COMATOSE [3.0, B0100] Was (SP) in a persistent vegetative state with no discernible consciousness on (T2 REF DATE)? | (00) NO (NOT COMATOSE) (01) YES (COMATOSE) (-8) Don't Know (-9) Refused | (00) HA12AABT2 - MENTCON (01) HA39BT2 - FCWEIGHT (-8) HA12AABT2 - MENTCON (-9) HA12AABT2 - MENTCON |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| MENTCON | HA12AABT2 | YES/NO | COGNITIVE PATTERNS [3.0, C0100] Should a brief interview for Mental Status (C0200-C0500) be conducted? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA12PREBT2 - HA12PRBC (01) HA12ABT2 - MENTSUM (-8) HA12PREBT2 - HA12PRBC (-9) HA12PREBT2 - HA12PRBC |
| MENTSUM | HA12ABT2 | NUMERIC | BRIEF INTERVIEW FOR MENTAL STATUS (BIMS) SUMMARY SCORE [3.0, C0500] ENTER SUMMARY SCORE (0 -15) FROM BIMS. ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW. | (01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused | (01) BOX HA12A (-8) BOX HA13BT2 (-9) BOX HA13BT2 |
| | BOX HA12A | routing | IF MENTSUM=99, GO TO HA12PREBT2-HA12PRBC. ELSE GO TO BOX HA13BT2. | | |
| HA12PRBC | HA12PREBT2 | CODE ONE | MEMORY/COGNITIVE SKILLS [[Since (SP) was recorded as being unable to complete the Brief Interview for Mental Status, the next series of questions deal with (SP)'s memory recall ability./The next series of questions deal with (SP)'s memory or recall ability.]] PRESS "1" TO CONTINUE. | (01) CONTINUE | HA12BT2 - CSMEMST |
| CSMEMST | HA12BT2 | CODE ONE | MEMORY/COGNITIVE SKILLS [3.0, C0700] On or around (T2 REF DATE), was (SP)'s short-term memory okay, that is, did (he/she) seem or appear to recall things after 5 minutes? | (00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused | (00) HA13BT2 - CSMEMLT (01) HA13BT2 - CSMEMLT (-8) HA13BT2 - CSMEMLT (-9) HA13BT2 - CSMEMLT |
| CSMEMLT | HA13BT2 | CODE ONE | MEMORY/COGNITIVE SKILLS [3.0, C0800] Was (SP)'s long-term memory okay; that is, did (she/he) seem or appear to recall events in the distant past? | (00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused | (00) HA14BT2 - HA14BCOD (01) HA14BT2 - HA14BCOD (-8) HA14BT2 - HA14BCOD (-9) HA14BT2 - HA14BCOD |
| HA14BCOD | HA14BT2 | CODE ALL | MEMORY/COGNITIVE SKILLS [3.0, C0900] On or around (T2 REF DATE), was (SP) able to recall... SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) the current season? (02) the location of (her/his) own room? (03) staff names or faces? (04) the fact that (she/he) was in a nursing home? (96) NONE CHECKED (-8) Don't Know | (01) HA15BT2 - CSDECIS (02) HA15BT2 - CSDECIS (03) HA15BT2 - CSDECIS (04) HA15BT2 - CSDECIS (96) HA15BT2 - CSDECIS (-8) HA15BT2 - CSDECIS |
| CSDECIS | HA15BT2 | CODE ONE | MEMORY/COGNITIVE SKILLS [3.0, C1000] 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? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) INDEPENDENT (01) MODIFIED INDEPENDENCE (02) MODERATELY IMPAIRED (03) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused | (00) BOX HA13BT2 (01) BOX HA13BT2 (02) BOX HA13BT2 (03) BOX HA13BT2 (-8) BOX HA13BT2 (-9) BOX HA13BT2 |
| | BOX HA13BT2 | routing | GO TO HA21BT2 - BSAYSOT | | |
| BSAYSOT | HA21BT2 | CODE ONE | BEHAVIORAL SYMPTOMS [3.0, E0200] How often did the following behavioral problems occur on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily? Physical behavior symptoms directed toward others. | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) HA21BT2 - BSVERBOT (01) HA21BT2 - BSVERBOT (02) HA21BT2 - BSVERBOT (03) HA21BT2 - BSVERBOT (-8) HA21BT2 - BSVERBOT (-9) HA21BT2 - BSVERBOT |
| BSVERBOT | HA21BT2 | CODE ONE | BEHAVIORAL SYMPTOMS [3.0, E0200] Verbal behavior symptoms directed toward others. | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) HA21BT2 - BSNOTOT (01) HA21BT2 - BSNOTOT (02) HA21BT2 - BSNOTOT (03) HA21BT2 - BSNOTOT (-8) HA21BT2 - BSNOTOT (-9) HA21BT2 - BSNOTOT |
| BSNOTOT | HA21BT2 | CODE ONE | BEHAVIORAL SYMPTOMS [3.0, E0200] Other behavioral symptoms not directed toward others. | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) BOX HA21BT2 (01) BOX HA21BT2 (02) BOX HA21BT2 (03) BOX HA21BT2 (-8) BOX HA21BT2 (-9) BOX HA21BT2 |
| | BOX HA21BT2 | routing | IF HA21BT2 - BSAYSOT and HA21BT2 - BSVERBOT and HA21BT2 - BSNOTOT = 0/BehaviorNotExhibited, GO TO HA21CBT2 - BSNOEVAL. ELSE GO TO HA21ABT2 - BSELFILL. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| BSELFILL | HA21ABT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E0500] Did any of (SP)'s behavior... put the resident at significant risk for physical illness or injury? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21ABT2 - BSELFCAR (01) HA21ABT2 - BSELFCAR (-8) HA21ABT2 - BSELFCAR (-9) HA21ABT2 - BSELFCAR |
| BSELFCAR | HA21ABT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E0500] significantly interfere with the resident's care? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21ABT2 - BSELFACT (01) HA21ABT2 - BSELFACT (-8) HA21ABT2 - BSELFACT (-9) HA21ABT2 - BSELFACT |
| BSELFACT | HA21ABT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E0500] significantly interfere with the resident's participation in activities or social interactions? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21BBT2 - BSOTHILL (01) HA21BBT2 - BSOTHILL (-8) HA21BBT2 - BSOTHILL (-9) HA21BBT2 - BSOTHILL |
| BSOTHILL | HA21BBT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E0600] Did any of (SP)'s behavior... put others at significant risk for physical illness or injury? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21BBT2 - BSOTHACT (01) HA21BBT2 - BSOTHACT (-8) HA21BBT2 - BSOTHACT (-9) HA21BBT2 - BSOTHACT |
| BSOTHACT | HA21BBT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E0600] significantly intrude on the privacy or activities of others? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21BBT2 - BSOTHENV (01) HA21BBT2 - BSOTHENV (-8) HA21BBT2 - BSOTHENV (-9) HA21BBT2 - BSOTHENV |
| BSOTHENV | HA21BBT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E0600] significantly disrupt care or living environment? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21CBT2 - BSNOEVAL (01) HA21CBT2 - BSNOEVAL (-8) HA21CBT2 - BSNOEVAL (-9) HA21CBT2 - BSNOEVAL |
| BSNOEVAL | HA21CBT2 | CODE ONE | BEHAVIORAL SYMPTOMS [3.0, E0800] How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily? | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) HA21DBT2 - BSOFTHAN (01) HA21DBT2 - BSOFTHAN (02) HA21DBT2 - BSOFTHAN (03) HA21DBT2 - BSOFTHAN (-8) HA21DBT2 - BSOFTHAN (-9) HA21DBT2 - BSOFTHAN |
| BSOFTHAN | HA21DBT2 | CODE ONE | BEHAVIORAL SYMPTOMS [3.0, E0900] How often did (SP) wander on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily? | (00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused | (00) HA22PREBT2 - HA22PRBC (01) HA21EBT2 - BSWDANGR (02) HA21EBT2 - BSWDANGR (03) HA21EBT2 - BSWDANGR (-8) HA21EBT2 - BSWDANGR (-9) HA21EBT2 - BSWDANGR |
| BSWDANGR | HA21EBT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E1000] Did any of (SP)'s wandering... place the resident at significant risk of getting to a potentially dangerous place? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA21EBT2 - BSWOTACT (01) HA21EBT2 - BSWOTACT (-8) HA21EBT2 - BSWOTACT (-9) HA21EBT2 - BSWOTACT |
| BSWOTACT | HA21EBT2 | YES/NO | BEHAVIORAL SYMPTOMS [3.0, E1000] BSWOTACT significantly intrude on the privacy or activities of others? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) HA22PREBT2 - HA22PRBC (01) HA22PREBT2 - HA22PRBC (-8) HA22PREBT2 - HA22PRBC (-9) HA22PREBT2 - HA22PRBC |
| HA22PRBC | HA22PREBT2 | CODE ONE | The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (T2 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 "1" TO CONTINUE. | (01) CONTINUE | HA22BT2 - PFTRNSFR |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| PFTRNSFR | HA22BT2 | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] (SHOW CARD HA1) Please tell me (SP)'s level of self-performance in... PRESS F1 KEY FOR COMPLETE DEFINITIONS. transferring (for example, in and out of bed). | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | (00) HA22BT2 - PFLOCOMO (01) HA22BT2 - PFLOCOMO (02) HA22BT2 - PFLOCOMO (03) HA22BT2 - PFLOCOMO (04) HA22BT2 - PFLOCOMO (07) HA22BT2 - PFLOCOMO (08) HA22BT2 - PFLOCOMO (-8) HA22BT2 - PFLOCOMO (-9) HA22BT2 - PFLOCOMO |
| PFLOCOMO | HA22BT2 | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] locomotion on unit. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | (00) IHA22BT2 - PFDRSSNG (01) HA22BT2 - PFDRSSNG (02) HA22BT2 - PFDRSSNG (03) HA22BT2 - PFDRSSNG (04) HA22BT2 - PFDRSSNG (07) HA22BT2 - PFDRSSNG (08) HA22BT2 - PFDRSSNG (-8) HA22BT2 - PFDRSSNG (-9) HA22BT2 - PFDRSSNG |
| PFDRSSNG | HA22BT2 | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] dressing. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | (00) HA22BT2 - PFEATING (01) HA22BT2 - PFEATING (02) HA22BT2 - PFEATING (03) HA22BT2 - PFEATING (04) HA22BT2 - PFEATING (07) HA22BT2 - PFEATING (08) AHA22BT2 - PFEATING (-8) HA22BT2 - PFEATING (-9) HA22BT2 - PFEATING |
| PFEATING | HA22BT2 | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] eating. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | (00) HA22BT2 - PFTOILET (01) HA22BT2 - PFTOILET (02) HA22BT2 - PFTOILET (03) HA22BT2 - PFTOILET (04) HA22BT2 - PFTOILET (07) HA22BT2 - PFTOILET (08) HA22BT2 - PFTOILET (-8) HA22BT2 - PFTOILET (-9) HA22BT2 - PFTOILET |
| PFTOILET | HA22BT2 | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0110] using the toilet. | (00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | (00) HA23BT2 - PFBATHNG (01) HA23BT2 - PFBATHNG (02) HA23BT2 - PFBATHNG (03) HA23BT2 - PFBATHNG (04) HA23BT2 - PFBATHNG (07) HA23BT2 - PFBATHNG (08) HA23BT2 - PFBATHNG (-8) HA23BT2 - PFBATHNG (-9) HA23BT2 - PFBATHNG |
| PFBATHNG | HA23BT2 | CODE ONE | ADLS/PHYSICAL FUNCTIONING [3.0, G0120] Again referring to the time on or around (T2 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? PRESS F1 KEY FOR COMPLETE DEFINITIONS. | (00) INDEPENDENT (01) SUPERVISION (02) PHYSICAL HELP LIMITED TO TRANSFER ONLY (03) PHYSICAL HELP IN PART OF BATHING ACTIVITY (04) TOTAL DEPENDENCE (07) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused | (00) HA24PREBT2 - HA24PRBC (01) HA24PREBT2 - HA24PRBC (02) HA24PREBT2 - HA24PRBC (03) HA24PREBT2 - HA24PRBC (04) HA24PREBT2 - HA24PRBC (07) HA24PREBT2 - HA24PRBC (-8) HA24PREBT2 - HA24PRBC (-9) HA24PREBT2 - HA24PRBC |
| HA24PRBC | HA24PREBT2 | CODE ONE | The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (T2 REF DATE). PRESS "1" TO CONTINUE. | (01) CONTINUE | HA24BT2 - HA24BCOD |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| HA24BCOD | HA24BT2 | CODE ALL | <p>MODES OF LOCOMOTION [3.0, G0600]</p> <p>On or around (T2 REF DATE) did (he/she) use...</p> <p>SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.</p> <p>PRESS F1 KEY FOR COMPLETE DEFINITIONS. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.</p> | <p>(01) a cane or crutch? (02) a walker? (03) a manual or electric wheelchair? (04) a limb prosthesis? (96) NONE CHECKED (-8) Don't Know (-9) Refused</p> | <p>(01) BOX HA14BT2 (02) BOX HA14BT2 (03) BOX HA14BT2 (04) BOX HA14BT2 (96) BOX HA14BT2 (-8) BOX HA14BT2 (-9) BOX HA14BT2</p> |
| | BOX HA14BT2 | routing | GO TO HA39BT2 - FCWEIGHT | | |
| FCWEIGHT | HA39BT2 | NUMERIC | <p>ORAL/NUTRITIONAL STATUS [3.0, K0200]</p> <p>What was (SP)'s weight on or around (T2 REF DATE)?</p> | <p>(01) CONTINUOUS (-8) Don't Know (-9) Refused</p> | <p>(01) BOX HA17BBT2 (-8) BOX HA17BBT2 (-9) BOX HA17BBT2</p> |
| | BOX HA17BBT2 | routing | GO TO HC2T2 - DIDABSTR. | | |
| DIDABSTR | HC2T2 | CODE ONE | <p>DID YOU ABSTRACT?</p> <p>TO ABSTRACT MEANS TO OBTAIN INFORMATION FROM THE BENEFICIARY'S RECORDS FOR ENTRY INTO THE QUESTIONNAIRE. EXAMPLES OF RECORDS YOU MAY HAVE ABSTRACTED FROM INCLUDE THE MINIMUM DATA SET (MDS), NURSES NOTES, PHYSICIANS ORDERS, AND/OR OTHER DOCUMENTS PROVIDED BY THE FACILITY.</p> <p>USE YOUR BEST JUDGMENT TO DETERMINE WHICH ANSWER IS THE MOST ACCURATE CHOICE FOR THE AMOUNT YOU ABSTRACTED. IF THERE WAS NO ABSTRACTION AT ALL, PLEASE SELECT "NONE".</p> | <p>(01) ALL (02) MAJORITY (03) HALF (04) SOME (05) NONE</p> | <p>(01) HC3T2 - WHYABSTR (02) HC3T2 - WHYABSTR (03) HC3T2 - WHYABSTR (04) HC3T2 - WHYABSTR (05) BOX HCENDT2</p> |
| WHYABSTR | HC3T2 | CODE ONE | WHY DID YOU ABSTRACT? | <p>(01) NO KNOWLEDGEABLE RESPONDENT AVAILABLE (02) NO TIME/STAFF BURDEN TOO GREAT (03) REFUSAL--UNWILLING TO COOPERATE (91) OTHER</p> | <p>(01) BOX HCENDT2 (02) BOX HCENDT2 (03) BOX HCENDT2 (91) HC3T2 - WHYABSOS</p> |
| WHYABSOS | HC3T2 | VERBATIM TEXT | OTHER (SPECIFY) | (01) Continuous Answer | BOX HCENDT2 |
| | BOX HCENDT2 | routing | GO TO HSFINSCR2 - FINSCRN2. | | |
| FINSCRN2 | HSFINSCR2 | CODE ONE | <p>(RETURN TO NAVIGATOR TO CONTINUE INTERVIEW. THE HEALTH STATUS SECTION WAS NOT COMPLETED./YOU HAVE COMPLETED THE HEALTH STATUS SECTION FOR THIS SP.)</p> <p>PRESS "1" TO TO CONTINUE.</p> | (01) CONTINUE | HSFINSCR - FINSCRN |
| FINSCRN | HSFINSCR | CODE ONE | PRESS "1" TO RETURN TO NAVIGATION SCREEN. | (01) CONTINUE | BOX HSEND |
| | BOX HSEND | routing | GO TO NAVIGATOR | | |