APPENDIX 4E

COCOA-B DATA VALIDATION CHECKS (SYFT VERSION)

After each COCOA-B form was encoded at the Research Center, a series of data validation checks was performed and if any errors were identified, a Data Inconsistency Report was generated. Data Inconsistency Reports provide a written record of all data problems identified on a specific COCOA-B form. This appendix contains a list of all (n=379) data validation checks implemented during the SYFT COCOA-B data entry process. The list is organized by COCOA-B data item. Error codes reference the type of error encountered (e.g., an error code beginning with a "2" indicates that a data item has been left blank). It is recommended that any data encoding system developed for programwide implementation incorporate a similar data validation methodology to ensure high quality data.

TABLE 4E.1: COCOA-B Data Validation Checks (SYFT Version).

Data Item	Error Code	Explanation
C0010	20010	C0010 (Site ID) cannot be blank.
C0020	20020	C0020 (Participant ID) cannot be blank.
C0030	20030a	C0030_LN (Participant Last Name) cannot be blank.
C0030	20030b	C0030_FN (Participant First Name) cannot be blank.
C0040	20040a	C0040 (Reason for Assessment) cannot be blank.
C0040	40040	Since the check box indicating "No changes have occurred since last assessment" is not checked, then at least one of the items C0060-C0160 must be completed.
C0040, C0170	40040-0170a	Since the response to C0040 (Reason for Assessment) is "1-Initial assessment," C0170 (Inpatient Facilities) should not be blank.
C0040, C0170	40040-0170b	Since the response to C0040 (Reason for Assessment) is "2-Reassessment," C0170 (Inpatient Facilities) should be blank.
C0040, C0180	40040-0180a	Since the response to C0040 (Reason for Assessment) is "1-Initial assessment," C0180 (Formal Services Received) should not be blank.
C0040, C0180	40040-0180b	Since the response to C0040 (Reason for Assessment) is "2-Reassessment," C0180 (Formal Services Received) should be blank.
C0040, C0570	40040-0570a	Since the response to C0040 (Reason for Assessment) is "1-Initial assessment," C0570 (Attend the Day Health Center) should be blank.
C0040, C0570	40040-0570b	Since the response to C0040 (Reason for Assessment) is "2-Reassessment," C0570 (Attend the Day Health Center) should not be blank.
C0040, C0800	40040-0800a	Since the response to C0040 (Reason for Assessment) is "1-Initial assessment," C0800_1 (Satisfaction with Care Provided for Pain) should be blank.
C0040, C0800	40040-0800B	Since the response to C0040 (Reason for Assessment) is "2-Reassessment," C0800_1 (Satisfaction with Care Provided for Pain) should not be blank.
C0040, C0800	40040-0800c	Since the response to C0040 (Reason for Assessment) is "1-Initial assessment," C0800_2 (Satisfaction with Care Provided for Pain) should be blank.
C0040, C0800	40040-0800d	Since the response to C0040 (Reason for Assessment) is "2-Reassessment," C0800_2 (Satisfaction with Care Provided for Pain) should not be blank.
C0040, C0800	40040-0800e	Since the response to C0040 (Reason for Assessment) is "1-Initial assessment," C0800_3 (Satisfaction with Care Provided for Pain) should be blank.
C0040, C0800	40040-0800f	Since the response to C0040 (Reason for Assessment) is "2-Reassessment," C0800_3 (Satisfaction with Care Provided for Pain) should not be blank.
C0050	10050a	C0050 (Date Assessment Completed) must be on or after May 1, 2003.
C0050	10050b	C0050 (Date Assessment Completed) must be on or before today's date.
C0050	10050c	C0050 (Date Assessment Completed) must be after C0060 (Program Enrollment Date).
C0050	20050	C0050 (Date Assessment Completed) cannot be blank.
C0060	10060a	C0060 (Program Enrollment Date) must be on or after participant's 55 birthday.
C0060	10060b	C0060 (Program Enrollment Date) must be on or before today's date.
C0060	20060	C0060 (Program Enrollment Date) cannot be blank.
C0060	40060a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0060 (Program Enrollment Date) should be blank.
C0070	20070	C0070 (Gender) cannot be blank.
C0070	40070a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0070 (Gender) should be blank.
C0080	10080a	C0080 (Date of Birth) must indicate that the participant is between the ages of 55 and 120.
C0080	20080	C0080 (Date of Birth) cannot be blank.

Data Item	Error Code	Explanation
C0080	40080a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0080 (Date of Birth) should be blank.
C0090	20090	C0090 (Participant Social Security Number) cannot be blank.
C0090	30090a	Since C0090_UK (Participant Social Security Number-Unknown) is checked, C0090 (Participant Social Security Number) should be blank.
C0090	30090b	Since C0090_UK (Participant Social Security Number-Unknown) is not checked, C0090 (Participant Social Security Number) should not be blank.
C0090	40090a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0090 (Participant Social Security Number) should be blank.
C0100	20100a	C0100_1 (Medicare Number) cannot be blank.
C0100	20100b	C0100_2 (Medicare Entitlement) cannot be blank.
C0100	30100a	Since C0100_1 (Medicare Number) is not applicable, C0100_2 (Medicare Entitlement) should be blank.
C0100	40100a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0100_1 (Medicare Number) should be blank.
C0100	40100b	Since the box indicating "No changes have occurred since the last assessment" is checked, C0100_2 (Medicare Entitlement) should be blank.
C0110	20110	C0110 (Medicaid Number) cannot be blank.
C0110	30110a	Since C0110_NA (NA-No Medicaid) is checked, C0110_1 (Medicaid Number) should be blank.
C0110	30110b	Since C0110_NA (NA-No Medicaid) is not checked, C0110_1 (Medicaid Number) should not be blank.
C0110	30110c	Since C0110_NA (NA-No Medicaid) is checked, C0110_2 (Medicaid Eligibility) should be blank.
C0110	30110d	Since C0110_NA (NA-No Medicaid) is not checked, C0110_2 (Medicaid Eligibility) should not be blank.
C0110	40110a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0110_1 (Medicaid Number) should be blank.
C0110	40110b	Since the box indicating "No changes have occurred since the last assessment" is checked, C0110_2 (Medicaid Eligibility) should be blank.
C0120	20120	C0120 (Participant Ethnicity) cannot be blank.
C0120	40120a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0120 (Ethnicity) should be blank.
C0130	20130	C0130 (Participant Race) cannot be blank.
C0130	30130a	Since C0130_UK (Participant Race: UK-Unknown) is checked, other responses for C0130 (Participant Race) cannot also be checked.
C0130	30130g	Since C0130 (Participant Race: 7-Other) is checked, the "specify" field should be completed.
C0130	40130a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0130 (Race) should be blank.
C0130	4NoChgO	Since this is the first Tracking and Demographics form we have received for this participant, the box indicating "No changes have occurred since the last assessment" should not be checked.
C0140	20140	C0140 (Marital Status) cannot be blank.
C0140	40140a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0140 (Current Marital Status) should be blank.
C0150	20150	C0150 (Highest Level of Education Completed) cannot be blank.

Data Item	Error Code	Explanation
C0150	40150a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0150 (Highest Level of Education Completed) should be blank.
C0160	20160a	C0160_1 (Primary Language) cannot be blank.
C0160	20160b	C0160_2 (English Fluency: Spoken) cannot be blank.
C0160	20160c	C0160_2 (English Fluency: Reading) cannot be blank.
C0160	30160b	Since C0160_1 (Primary Language: 4-Other) is checked, the "specify" field should be completed.
C0160	40160a	Since the box indicating "No changes have occurred since the last assessment" is checked, C0160_1 (Primary Language) should be blank.
C0160	40160b	Since the box indicating "No changes have occurred since the last assessment" is checked, C0160_2 (English Fluency) should be blank.
C0170	30170a	Since C0170_NA (Inpatient Facilities: Not Discharged From an Inpatient Facility) is checked, other responses for C0170 cannot also be checked.
C0170	30170f	Since C0170 (Inpatient Facilities: 5-Other) is checked, the "specify" field should be completed.
C0180	30180a	Since C0180 (Formal Services Received: 0-None) is checked, other responses for C0180 (Formal Services Received) cannot also be checked.
C0180	30180j	Since C0180 (Formal Services Received: 9-Other) is checked, the "specify" field should be completed.
C0190	10190a	C0190 (Disenrollment Date) must be on or after C0060 (Program Enrollment Date).
C0190	10190b	C0190 (Disenrollment Date) must be on or after May 1, 2003.
C0190	10190c	C0190 (Disenrollment Date) must be on or before today's date.
C0190	20190	C0190 (Disenrollment Date) cannot be blank.
C0200	20200	C0200 (Disenrollment Due to Death) cannot be blank.
C0200, C0210	40200-0210a	Since the response to C0200 (Disenrollment Due to Death) is "0-No," C0210 (Date of Participant's Death) should be blank.
C0200, C0210	40200-0210b	Since the response to C0200 (Disenrollment Due to Death) is "1-Yes," C0210 (Date of Participant's Death) should not be blank.
C0200, C0220	40200-0220a	Since the response to C0200 (Disenrollment Due to Death) is "0-No," C0220 (Reason for Disenrollment) should not be blank.
C0200, C0220	40200-0220b	Since the response to C0200 (Disenrollment Due to Death) is "1-Yes," C0220 (Reason for Disenrollment) should be blank.
C0200, C0230	40200-0230a	Since the response to C0200 (Disenrollment Due to Death) is "0-No," C0230 (Referral Following Disenrollment) should not be blank.
C0200, C0230	40200-0230b	Since the response to C0200 (Disenrollment Due to Death) is "1-Yes," C0230 (Referral Following Disenrollment) should be blank.
C0210	10210a	C0210 (Date of Death) must be on or before C0190 (Disenrollment Date).
C0210	10210b	C0210 (Date of Death) must be on or after January 1, 2003.
C0210	10210c	C0210 (Date of Death) must be on or before today's date.
C0210	10210d	C0210 (Date of Death) must be on or before C0050 (Date Assessment Completed).
C0210	20210	C0210 (Date of Participant's Death) cannot be blank.
C0220	30220a	Since C0220 (Reason for Disenrollment: 7-Other) is checked, the "specify" field should be completed.
C0230	30230a	Since C0230 (Referral Following Disenrollment: 8-Other) is checked, the "specify" field should be completed.
C0240	10240a	The (value) entered for C0240 (Diagnosis and Severity Index) is not a valid ICD-9.

Data Item	Error Code	Explanation
C0240	20240	C0240 (Diagnosis and Severity Index) cannot be blank.
C0240	30240A01	For C0240 (Diagnosis and Severity Index), the diagnosis for ICD-9 code (value) should not be blank.
C0240	30240a05	For C0240 (Diagnosis and Severity Index), the severity rating for ICD-9 code (value) should not be blank.
C0240	30240a06	For C0240 (Diagnosis and Severity Index), an Acute or Chronic designation for ICD-9 code (value) should not be blank.
C0240	30240A13	Duplicate ICD-9 codes have been listed in C0240 (Diagnosis and Severity Index). The duplicate is (value).
C0250	20250	C0250 (Overall Prognosis) cannot be blank.
C0260	20260	C0260 (Life Expectancy) cannot be blank.
C0270	20270	C0270 (Participant Pain) cannot be blank.
C0270	30270a	Since the response to C0270_1 (Any Pain) is "0-No," C0270_2 (Severity of Pain) should be blank.
C0270	30270b	Since the response to C0270_1 (Any Pain) is "0-No," C0270_3 (Frequency of Pain) should be blank.
C0270	30270c	Since the response to C0270_1 (Any Pain) is "0-No," C0270_4 (Pain Interfering with Daily Activities) should be blank.
C0270	30270d	Since the response to C0270_1 (Any Pain) is "0-No," C0270_5 (Intractable Pain) should be blank.
C0270	30270e	Since the response to C0270_1 (Any Pain) is "1-Yes," C0270_2 (Severity of Pain) should not be blank.
C0270	30270f	Since the response to C0270_1 (Any Pain) is "1-Yes," C0270_3 (Frequency of Pain) should not be blank.
C0270	30270g	Since the response to C0270_1 (Any Pain) is "1-Yes," C0270_4 (Pain Interfering with Daily Activities) should not be blank.
C0270	30270h	Since the response to C0270_1 (Any Pain) is "1-Yes," C0270_5 (Intractable Pain) should not be blank.
C0270	30270i	Since the response to C0270_1 (Any Pain) is "0-No," C0270_2 (Severity of Pain: UA) cannot also be checked.
C0270	30270j	Since C0270_2 (Severity of Pain: UA) is checked, C0270_2 (Severity of Pain) should be blank.
C0280	20280	C0280_1 (Surgical Wound) cannot be blank.
C0280	30280a	Since the response to C0280_1 (Surgical Wound) is "0-No," C0280_2 (Current Number of Surgical Wounds) should be blank.
C0280	30280b	Since the response to C0280_1 (Surgical Wound) is "0-No," C0280_3 (Surgical Wound that Cannot be Observed) should be blank.
C0280	30280c	Since the response to C0280_1 (Surgical Wound) is "0-No," C0280_4 (Status of Most Problematic Surgical Wound) should be blank.
C0280	30280d	Since the response to C0280_1 (Surgical Wound) is "1-Yes," C0280_2 (Current Number of Surgical Wounds) should not be blank.
C0280	30280e	Since the response to C0280_1 (Surgical Wound) is "1-Yes," C0280_3 (Surgical Wound that Cannot be Observed) should not be blank.
C0280	30280f	Since the response to C0280_1 (Surgical Wound) is "1-Yes," C0280_4 (Status of Most Problematic Surgical Wound) should not be blank.
C0290	20290	C0290_1 (Pressure Ulcer) cannot be blank.
C0290	30290a	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_2_a (Current

Data Item	Error Code	Explanation
		Number of Pressure Ulcers at Stage 1) should be blank.
C0290	30290b	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_2_b (Current Number of Pressure Ulcers at Stage 2) should be blank.
C0290	30290c	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_2_c (Current Number of Pressure Ulcers at Stage 3) should be blank.
C0290	30290d	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_2_d (Current Number of Pressure Ulcers at Stage 4) should be blank.
C0290	30290e	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_2_e (Unobservable Pressure Ulcer) should be blank.
C0290	30290f	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_3 (Stage of Most Problematic Pressure Ulcer) should be blank.
C0290	30290g	Since the response to C0290_1 (Pressure Ulcer) is "0-No," C0290_4 (Status of Most Problematic Pressure Ulcer) should be blank.
C0290	30290h	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_2_a (Current Number of Pressure Ulcers at Stage 1) should not be blank.
C0290	30290i	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_2_b (Current Number of Pressure Ulcers at Stage 2) should not be blank.
C0290	30290j	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_2_c (Current Number of Pressure Ulcers at Stage 3) should not be blank.
C0290	30290k	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_2_d (Current Number of Pressure Ulcers at Stage 4) should not be blank.
C0290	30290l	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_2_e (Unobservable Pressure Ulcer) should not be blank.
C0290	30290m	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_3 (Stage of Most Problematic Pressure Ulcer) should not be blank.
C0290	30290n	Since the response to C0290_1 (Pressure Ulcer) is "1-Yes," C0290_4 (Status of Most Problematic Pressure Ulcer) should not be blank.
C0300	20300	C0300_1 (Stasis Ulcer) cannot be blank.
C0300	30300a	Since the response to C0300_1 (Stasis Ulcer) is "0-No," C0300_2 (Current Number of Observable Stasis Ulcers) should be blank.
C0300	30300b	Since the response to C0300_1 (Stasis Ulcer) is "0-No," C0300_3 (Stasis Ulcer that Cannot be Observed) should be blank.
C0300	30300c	Since the response to C0300_1 (Stasis Ulcer) is "0-No," C0300_4 (Status of Most Problematic Stasis Ulcer) should be blank.
C0300	30300d	Since the response to C0300_1 (Stasis Ulcer) is "1-Yes," C0300_2 (Current Number of Observable Stasis Ulcers) should not be blank.
C0300	30300e	Since the response to C0300_1 (Stasis Ulcer) is "1-Yes," C0300_3 (Stasis Ulcer that Cannot be Observed) should not be blank.
C0300	30300f	Since the response to C0300_1 (Stasis Ulcer) is "1-Yes," C0300_4 (Status of Most Problematic Stasis Ulcer) should not be blank.
C0310	20310a	C0310_a1 (MMSE: Year) cannot be blank.
C0310	20310b	C0310_a2 (MMSE: Season) cannot be blank.
C0310	20310c	C0310_a3 (MMSE: Month) cannot be blank.
C0310	20310d	C0310_a4 (MMSE: Today's date) cannot be blank.
C0310	20310e	C0310_a5 (MMSE: Day of the week) cannot be blank.
C0310	20310f	C0310_b1 (MMSE: Country) cannot be blank.
C0310	20310g	C0310_b2 (MMSE: State/county) cannot be blank.

TABLE 4E.1: COCOA-B Data Validation Checks (SYFT Version). (Cont'd)

Data Item	Error Code	Explanation
C0310	20310h	C0310_b3 (MMSE: City/town) cannot be blank.
C0310	20310i	C0310_b4 (MMSE: Name/address) cannot be blank.
C0310	20310j	C0310_b5 (MMSE: Floor/room) cannot be blank.
C0310	20310k	C0310_c (MMSE: Three objects) cannot be blank.
C0310	20310l	C0310_d (MMSE: Spell "World") cannot be blank.
C0310	20310m	C0310_e (MMSE: Three objects recall) cannot be blank.
C0310	20310n	C0310_f (MMSE: Watch) cannot be blank.
C0310	20310o	C0310_i (MMSE: Pencil) cannot be blank.
C0310	20310p	C0310_h (MMSE: Repeat phrase) cannot be blank.
C0310	20310q	C0310_i (MMSE: Read instructions) cannot be blank.
C0310	20310r	C0310_j (MMSE: Paper fold) cannot be blank.
C0310	20310s	C0310_k (MMSE: Write sentence) cannot be blank.
C0310	20310t	C0310_l (MMSE: Copy design) cannot be blank.
C0310	20310u	C0310 (MMSE) cannot be blank.
C0320	20320	C0320 (High Risk Factors) cannot be blank.
C0320	30320a	Since C0320 (High Risk Factors: 5-None of the above) is checked, other responses for C0320 (High Risk Factors) cannot also be checked.
C0330	20330	C0330 (Therapies) cannot be blank.
C0330	30330a	Since C0330 (Therapies: 4-None of the above) is checked, other responses for C0330 (Therapies) cannot also be checked.
C0340	20340	C0340 (Respiratory Treatments) cannot be blank.
C0340	30340a	Since C0340 (Respiratory Treatments: 4-None of the above) is checked, other responses for C0340 (Respiratory Treatments) cannot also be checked.
C0350	20350	C0350 (Flu Immunization Status) cannot be blank.
C0360	20360	C0360 (Vision) cannot be blank.
C0370	20370	C0370 (Hearing) cannot be blank.
C0380	10380A	The participant's height must be between 30 and 96 inches.
C0380	10380B	The participant's weight must be at least 40 pounds.
C0380	20380a	C0380 (Height) cannot be blank.
C0380	20380b	C0380 (Weight) cannot be blank.
C0390	20390	C0390 (Hydration) cannot be blank.
C0400	20400	C0400 (Skin Turgor) cannot be blank.
C0410	20410a	C0410 (Nutritional Risk: Item 01) cannot be blank.
C0410	20410b	C0410 (Nutritional Risk: Item 02) cannot be blank.
C0410	20410c	C0410 (Nutritional Risk: Item 03) cannot be blank.
C0410	20410d	C0410 (Nutritional Risk: Item 04) cannot be blank.
C0410	20410e	C0410 (Nutritional Risk: Item 05) cannot be blank.
C0410	20410f	C0410 (Nutritional Risk: Item 06) cannot be blank.
C0410	20410g	C0410 (Nutritional Risk: Item 07) cannot be blank.
C0410	20410h	C0410 (Nutritional Risk: Item 08) cannot be blank.
C0410	20410i	C0410 (Nutritional Risk: Item 09) cannot be blank.
C0410	20410j	C0410 (Nutritional Risk: Item 10) cannot be blank.

Data Item	Error Code	Explanation
C0410	20410k	C0410 (Nutritional Risk: Item 11) cannot be blank.
C0410	20410l	C0410 (Nutritional Risk: Item 12) cannot be blank.
C0420	20420	C0420 (Dyspnea) cannot be blank.
C0430	20430a	C0430 (Edema: Legs/Feet) cannot be blank.
C0430	20430b	C0430 (Edema: Facial) cannot be blank.
C0430	20430c	C0430 (Edema: Sacral) cannot be blank.
C0430	30430a	Since C0430 (Edema [Legs/Feet]: None) is checked, C0430 (Edema [Legs/Feet]: Right) cannot also be checked.
C0430	30430b	Since C0430 (Edema [Legs/Feet]: None) is checked, C0430 (Edema [Legs/Feet]: Left) cannot also be checked.
C0440	20440	C0440_1 (Bladder Continence) cannot be blank.
C0440	30440a	Since the response to C0440_1 (Bladder Continence) is "0-Continent," C0440_2 (When Urinary Incontinence) should be blank.
C0440	30440b	Since the response to C0440_1 (Bladder Continence) is "5-Catheter," C0440_2 (When Urinary Incontinence) should be blank.
C0440	30440c	Since the response to C0440_1 (Bladder Continence) is either "1," "2," "3," or "4," C0440_2 (When Urinary Incontinence) should not be blank.
C0440	30440d	Since the response to C0440_1 (Bladder Continence) is validly missing, C0440_2 (When Urinary Incontinence) should be blank.
C0450	20450	C0450 (Urinary Tract Infection) cannot be blank.
C0460	20460	C0460 (Bowel Incontinence Frequency) cannot be blank.
C0470	20470	C0470_1 (Number of Falls) cannot be blank.
C0470	30470a	Since the response to C0470_1 (Number of Falls) is "0-None," C0470_2 (Number of Falls Resulting in Injury) should be blank.
C0470	30470b	Since the response to C0470_1 (Number of Falls) is either "1," "2," or "3," C0470_2 (Number of Falls Resulting in Injury) should not be blank.
C0490	20490	C0490 (Management of Oral Medications) cannot be blank.
C0500	20500	C0500 (Adherence to Medications) cannot be blank.
C0510	20510	C0510 (Adherence to Therapy/Medical Interventions) cannot be blank.
C0520	20520	C0520 (Self-Report of Health Status) cannot be blank.
C0530	20530Pa	C0530_P_a (Difficulty: Bathing/showering) cannot be blank.
C0530	20530Pb	C0530_P_b (Difficulty: Dressing) cannot be blank.
C0530	20530Pc	C0530_P_c (Difficulty: Eating) cannot be blank.
C0530	20530Pd	C0530_P_d (Difficulty: Getting in/out of bed) cannot be blank.
C0530	20530Pe	C0530_P_e (Difficulty: Walking) cannot be blank.
C0530	20530Pf	C0530_P_f (Difficulty: Toileting) cannot be blank.
C0530	20530Pg	C0530_P_g (Difficulty: Shopping) cannot be blank.
C0530	20530Ph	C0530_P_h (Difficulty: Light housekeeping) cannot be blank.
C0530	20530Pi	C0530_P_i (Difficulty: Friends/family) cannot be blank.
C0530N	20530PNa	C0530_PN_a (Difficulty: Bathing/showering) cannot be blank.
C0530N	20530PNb	C0530_PN_b (Difficulty: Dressing) cannot be blank.
C0530N	20530PNc	C0530_PN_c (Difficulty: Eating) cannot be blank.
C0530N	20530PNd	C0530_PN_d (Difficulty: Getting in/out of bed) cannot be blank.
C0530N	20530PNe	C0530_PN_e (Difficulty: Walking) cannot be blank.

Data Item	Error Code	Explanation
C0530N	20530PNf	C0530_PN_f (Difficulty: Toileting) cannot be blank.
C0530N	20530PNg	C0530_PN_g (Difficulty: Shopping) cannot be blank.
C0530N	20530PNh	C0530_PN_h (Difficulty: Light housekeeping) cannot be blank.
C0530N	20530PNi	C0530_PN_i (Difficulty: Friends/family) cannot be blank.
C0540	20540Pa	C0540_P_a (Assistance: Bathing/showering) cannot be blank.
C0540	20540Pb	C0540_P_b (Assistance: Dressing) cannot be blank.
C0540	20540Pc	C0540_P_c (Assistance: Eating) cannot be blank.
C0540	20540Pd	C0540_P_d (Assistance: Getting in/out of bed) cannot be blank.
C0540	20540Pe	C0540_P_e (Assistance: Walking) cannot be blank.
C0540	20540Pf	C0540_P_f (Assistance: Toileting) cannot be blank.
C0540	20540Pg	C0540_P_g (Assistance: Shopping) cannot be blank.
C0540	20540Ph	C0540_P_h (Assistance: Light housekeeping) cannot be blank.
C0540N	20540PNa	C0540_PN_a (Assistance: Bathing/showering) cannot be blank.
C0540N	20540PNb	C0540_PN_b (Assistance: Dressing) cannot be blank.
C0540N	20540PNc	C0540_PN_c (Assistance: Eating) cannot be blank.
C0540N	20540PNd	C0540_PN_d (Assistance: Getting in/out of bed) cannot be blank.
C0540N	20540PNe	C0540_PN_e (Assistance: Walking) cannot be blank.
C0580	20580	C0580 (Current Residence) cannot be blank.
C0580	30580a	Since C0580 (Current Residence: 10-Other) is checked, the "specify" field should be completed.
C0590	20590	C0590 (Participant Lives With) cannot be blank.
C0590	30590a	Since C0590 (Participant Lives With: 1-Lives alone) is checked, other responses for C0590 (Participant Lives With) cannot also be checked.
C0590	30590g	Since C0590 (Participant Lives With: 7-Other than above) is checked, the "specify" field should be completed.
C0600	20600	C0600 (Informal Caregiver assistance) cannot be blank.
C0600	30600a	Since C0600 (Informal Caregiver: 0-No informal caregiver) is checked, other responses for C0600 cannot also be checked.
C0600, C0610	40600-0610a	Since C0600 (Informal Caregiver: 0-No informal caregiver) is checked, C0610 (Number of Informal Caregivers) should be blank.
C0600, C0610	40600-0610b	Since C0600 (Informal Caregiver: 0-No informal caregiver) is not checked, C0610 (Number of Informal Caregivers) should not be blank.
C0600, C0620	40600-0620a	Since C0600 (Informal Caregiver: 0-No informal caregiver) is checked, C0620 (Frequency of Informal Caregiver Assistance) should be blank.
C0600, C0620	40600-0620b	Since C0600 (Informal Caregiver: 0-No informal caregiver) is not checked, C0620 (Frequency of Informal Caregiver Assistance) should not be blank.
C0600, C0630	40600-0630a	Since C0600 (Informal Caregiver: 0-No informal caregiver) is checked, C0630 (Type of Assistance) should be blank.
C0600, C0630	40600-0630b	Since C0600 (Informal Caregiver: 0-No informal caregiver) is not checked, C0630 (Type of Assistance) should not be blank.
C0640	20640a	C0640_1 (Financial Concerns: Rent/bills) cannot be blank.
C0640	20640b	C0640_2 (Financial Concerns: Food) cannot be blank.
C0650	20650	C0650_1 (Advance Directives) cannot be blank.
C0650	30650a	Since the response to C0650_1 (Advance Directives) is "0-No," C0650_2 (Advance

Data Item	Error Code	Explanation
		Directives: Discussion) should be blank.
C0650	30650b	Since the response to C0650_1 (Advance Directives) is "1-Yes," C0650_2 (Advance Directives: Discussion) should not be blank.
C0660	20660	C0660 (Frequency of Anxiety) cannot be blank.
C0670	20670	C0670_1 (Participant Stress/Concerns) cannot be blank.
C0670	30670a	Since the response to C0670_1 (Participant Stress/Concerns: Major Changes/Disruptions) is "0-No," C0670_2 (Participant Stress/Concerns: How Stressed) should be blank.
C0670	30670b	Since the response to C0670_1 (Participant Stress/Concerns: Major Changes/Disruptions) is "1-Yes," C0670_2 (Participant Stress/Concerns: How Stressed) should not be blank.
C0680	20680a	C0680_a (Depression or Depressive Symptoms: Decreased energy) cannot be blank.
C0680	20680b	C0680_b (Depression or Depressive Symptoms: Slow thinking) cannot be blank.
C0680	20680c	C0680_c (Depression or Depressive Symptoms: Decrease in appetite) cannot be blank.
C0680	20680d	C0680_d (Depression or Depressive Symptoms: Worthlessness) cannot be blank.
C0680	20680e	C0680_e (Depression or Depressive Symptoms: Crying) cannot be blank.
C0680	20680f	C0680_f (Depression or Depressive Symptoms: Sadness) cannot be blank.
C0680	20680g	C0680_g (Depression or Depressive Symptoms: Sleep disturbances) cannot be blank.
C0680	20680h	C0680_h (Depression or Depressive Symptoms: Recurrent fear of death) cannot be blank.
C0680	20680i	C0680_i (Depression or Depressive Symptoms: Withdrawn/Isolated) cannot be blank.
C0680	20680j	C0680_j (Depression or Depressive Symptoms: Loneliness) cannot be blank.
C0680	30680a	Since the response to C0680 (Observed Depression/Depressive Symptoms: Other) is either "1," "2," "3," "4," or "77" the "specify" field should be completed.
C0690	20690a	C0690_a (Behavior Problems: Verbal Disruption) cannot be blank.
C0690	20690b	C0690_b (Behavior Problems: Physical Aggression) cannot be blank.
C0690	20690c	C0690_c (Behavior Problems: Disruptive) cannot be blank.
C0690	20690d	C0690_d (Behavior Problems: Delirium) cannot be blank.
C0690	20690e	C0690_e (Behavior Problems: Agitated) cannot be blank.
C0700	20700	C0700 (Wandering) cannot be blank.
C0710	20710	C0710 (Cognitive Functioning) cannot be blank.
C0720	20720	C0720 (Memory Deficit) cannot be blank.
C0720	30720a	Since C0720 (Memory Deficit: 4-None of the above) is checked, other responses for C0720 (Memory Deficit) cannot also be checked.
C0730	20730	C0730 (Judgment) cannot be blank.
C0740	20740	C0740 (Ability to Understand Others) cannot be blank.
C0750	20750	C0750 (Ability to Express Thoughts, Wants, Needs) cannot be blank.
C0760	20760	C0760 (Satisfaction with Amount of Interaction/Contact) cannot be blank.
C0770	20770	C0770 (Satisfaction with Quality of Interaction/Contact) cannot be blank.
C0780	20780a	C0780_1 (Socialization/Isolation) cannot be blank.
C0780	20780b	C0780_2 (Socialization/Isolation: Lonely) cannot be blank.
C0790	20790	C0790 (Self-Rated Quality of Life) cannot be blank.
C0800	30800a	Since the response to C0800_1 (Satisfaction with Care Provided for Pain) is "NA-No pain," C0800_2 should be blank.

Data Item	Error Code	Explanation
C0800	30800b	Since the response to C0800_1 (Satisfaction with Care Provided for Pain) is "NA-No pain," C0800_3 should be blank.
C0800	30800c	Since the response to C0800_1 (Satisfaction with Care Provided for Pain) is not "NA-No pain," C0800_2 should not be blank.
C0800	30800d	Since the response to C0800_1 (Satisfaction with Care Provided for Pain) is not "NA-No pain," C0800_3 should not be blank.
C0810	40810a	Since "NA-No informal caregiver" is checked, C0810 (Caregiver Stress) should be blank.
C0810	40810b	Since "NA-No informal caregiver" is not checked, C0810 (Caregiver Stress) should not be blank.
C0820	40820a	Since "NA-No informal caregiver" is checked, C0820_1 (Caregiver Coping) should be blank.
C0820	40820b	Since "NA-No informal caregiver" is not checked, C0820_1 (Caregiver Coping) should not be blank.
C0820	40820c	Since "NA-No informal caregiver" is checked, C0820_2 (Caregiver Coping) should be blank.
C0820	40820d	Since "NA-No informal caregiver" is not checked, C0820_2 (Caregiver Coping) should not be blank.
C0830	40830a	Since "NA-No informal caregiver" is checked, C0830 (Caregiver Support) should be blank.
C0830	40830b	Since "NA-No informal caregiver" is not checked, C0830 (Caregiver Support) should not be blank.
C0840	20840	C0840 (Endurance) cannot be blank.
C0850	20850	C0850 (Ambulation/Locomotion) cannot be blank.
C0860	20860	C0860 (Transferring) cannot be blank.
C0870	20870	C0870 (Bathing) cannot be blank.
C0880	20880	C0880 (Grooming) cannot be blank.
C0890	20890	C0890 (Dressing Upper Body) cannot be blank.
C0900	20900	C0900 (Dressing Lower Body) cannot be blank.
C0910	20910	C0910 (Toileting) cannot be blank.
C0920	20920	C0920 (Feeding or Eating) cannot be blank.
C0930	20930	C0930 (Planning and Preparing Light Meals) cannot be blank.
C0940	20940	C0940 (Shopping) cannot be blank.
C0950	20950	C0950 (Housekeeping) cannot be blank.
C0960	20960	C0960 (Laundry) cannot be blank.
C0970	20970	C0970 (Telephone Use) cannot be blank.
C0980	20980	C0980 (Transportation) cannot be blank.
C0990	20990	C0990 (Functional Rehabilitative Prognosis) cannot be blank.
C1000	21000	C1000 (Safety Hazards) cannot be blank.
C1000	31000a	Since C1000 (Safety Hazards: 0-None) is checked, other responses for C1000 (Safety Hazards) cannot also be checked.
C1000	31000o	Since C1000 (Safety Hazards: 14-Other) is checked, the "specify" field should be completed.
C1010	21010	C1010 (Structural Barriers) cannot be blank.
C1010	31010a	Since C1010 (Structural Barriers: 0-None) is checked, other responses for C1010

Data Item	Error Code	Explanation
		(Structural Barriers) cannot also be checked.
C1010	31010g	Since C1010 (Structural Barriers: 6-Other) is checked, the "specify" field should be completed.
C1020	21020a	C1020_a (Communicating with PACE staff: PCPs) cannot be blank.
C1020	21020b	C1020_b (Communicating with PACE staff: SWs) cannot be blank.
C1020	21020c	C1020_c (Communicating with PACE staff: RNs) cannot be blank.
C1020	21020d	C1020_d (Communicating with PACE staff: Therapists [OT, PT]) cannot be blank.
C1020	21020e	C1020_e (Communicating with PACE staff: Van drivers) cannot be blank.
C1020	21020f	C1020_f (Communicating with PACE staff: Home Health Nurses) cannot be blank.
C1020	21020g	C1020_g (Communicating with PACE staff: Home Care Aides) cannot be blank.
C1020	21020h	C1020_h (Communicating with PACE staff: Involvement in making decisions) cannot be blank.
C1030	21030a	C1030_a (Problems with services: Medications/treatment) cannot be blank.
C1030	21030b	C1030_b (Problems with services: Equipment) cannot be blank.
C1030	21030c	C1030_c (Problems with services: Help at home) cannot be blank.
C1030	21030d	C1030_d (Problems with services: Help at Day Health Center) cannot be blank.
C1040	21040a	C1040_a (Day Center services: Meals) cannot be blank.
C1040	21040b	C1040_b (Day Center services: Activities/social events) cannot be blank.
C1040	21040c	C1040_c (Day Center services: Van safety) cannot be blank.
C1040	21040d	C1040_d (Day Center services: Van timeliness) cannot be blank.
C1050	21050	C1050 (Satisfaction with Care Overall) cannot be blank.
C1060	21060	C1060 (Recommend PACE to Friend/Family) cannot be blank.
C1070	21070a	C1070_a (Communicating with PACE staff: PCPs) cannot be blank.
C1070	21070b	C1070_b (Communicating with PACE staff: SWs) cannot be blank.
C1070	21070c	C1070_c (Communicating with PACE staff: RNs) cannot be blank.
C1070	21070d	C1070_d (Communicating with PACE staff: Therapists [OT, PT]) cannot be blank.
C1070	21070e	C1070_e (Communicating with PACE staff: Van drivers) cannot be blank.
C1070	21070f	C1070_f (Communicating with PACE staff: Home Health Nurses) cannot be blank.
C1070	21070g	C1070_g (Communicating with PACE staff: Home Care Aides) cannot be blank.
C1070	21070h	C1070_h (Communicating with PACE staff: Involvement in making decisions) cannot be blank.
C1080	21080a	C1080_a (Problems with Services: Medications/treatment) cannot be blank.
C1080	21080b	C1080_b (Problems with Services: Equipment) cannot be blank.
C1080	21080c	C1080_c (Problems with Services: Help at home) cannot be blank.
C1080	21080d	C1080_d (Problems with Services: Help at Day Health Center) cannot be blank.
C1090	21090a	C1090_a (Day Center services: Meals) cannot be blank.
C1090	21090b	C1090_b (Day Center services: Activities/social events) cannot be blank.
C1090	21090c	C1090_c (Day Center services: Van safety) cannot be blank.
C1090	21090d	C1090_d (Day Center services: Van timeliness) cannot be blank.
C1100	21100	C1100 (Satisfaction with Care Overall) cannot be blank.
C1110	21110	C1110 (Recommend PACE to Friend/Family) cannot be blank.
C1120	21120	C1120 (Caregiver Relationship) cannot be blank.

TABLE 4E.1: COCOA-B Data Validation Checks (SYFT Version). (Cont'd)

Data Item	Error Code	Explanation
C1120	31120a	Since C1120 (Caregiver's Relationship: 7-Guardian or other legal appointee) is checked, the "specify" field should be completed.
C1120	31120c	Since C1120 (Caregiver's Relationship: 8-Other) is checked, the "specify" field should be completed.
C1130	21130a	C1130_LN (Caregiver Last Name) cannot be blank.
C1130	21130b	C1130_FN (Caregiver First Name) cannot be blank.
C1140	21140	C1140 (Caregiver Gender) cannot be blank.
C1150	21150	C1150 (Caregiver Ethnicity) cannot be blank.
C1160	21160	C1160 (Caregiver Race) cannot be blank.
C1160	31160a	Since C1160 (Caregiver Race: 7-Other) is checked, the "specify" field should be completed.
C1170	21170	C1170 (Location last two weeks of life) cannot be blank.
C1170	31170a	Since C1170 (Last Two Weeks of Life: 4-Other) is checked, the "specify" field should be completed.
C1180	21180	C1180 (Extent Wishes Followed) cannot be blank.
C1190	21190	C1190 (Staff efforts to keep participant from pain) cannot be blank.
C1200	21200	C1200 (Staff open in communication) cannot be blank.
C1210	21210	C1210 (Staff sensitive) cannot be blank.
C1220	21220	C1220 (Participant felt peaceful) cannot be blank.
C1230	21230	C1230 (Caregiver felt peaceful) cannot be blank.
C1240	21240	C1240 (Satisfaction with care the participant received) cannot be blank.
C1250	21250	C1250 (Type of Admission) cannot be blank.
C1260	11260a	C1260 (Utilization Admission Date) must be on or before C1270 (Utilization Discharge Date).
C1260	11260b	C1260 (Utilization Admission Date) must be on or before today's date.
C1270	11270a	C1270 (Utilization Discharge Date) must be on or before today's date.
CP_FN	2CPFN	CP_FN (Staff Member First Name) cannot be blank.
CP_LN	2CPLN	CP_LN (Staff Member Last Name) cannot be blank.
NoICG	2NoICG	NoICG (NA - No Informal Caregiver) cannot be blank.
PTrack_NoChg	2Ptrack_NoChg	Ptrack_NoChg (No changes have occurred since the last assessment) cannot be blank.