

OMB #  
Expires:

SP ID #: \_\_\_\_\_

SP NAME: \_\_\_\_\_

INTERVIEWER NAME: \_\_\_\_\_

INTERVIEWER ID: \_\_\_\_\_

FACILITY ID #: \_\_\_\_\_

START TIME: \_\_\_\_\_ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

HEALTH STATUS

ROUND 58  
2010

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## HA. HEALTH STATUS

## (BASELINE ONLY)

**1.0 General Structure of the Health Status Instrument**

## Paths

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

The two points in time during the admission year are:

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

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

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

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

**Nursing Homes and the Minimum Data Set (MDS)**

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

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

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

**1.1 Overview: Record Identification Section**

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

**Baseline**

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

**Time 2**

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

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

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

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

**Core**

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

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

**1.2 Overview: Health Status Instrument Items**

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

**Valid Assessment Date**

CAP1 determines the Closest Valid Assessment Date (CVAD) from assessment dates on the MDS forms listed by the respondent (HA3A/HA3B). A CVAD is established for each time period. The CVAD for Baseline is labeled the BCVAD; the CVAD for Time 2 is labeled the TCVAD; and the CVAD for the Core Supplement is labeled the CCVAD.

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

**Baseline**

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

**Time 2**

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

**Core**

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

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

**Reference Dates and Date Ranges**

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

**Health Status Sections and Items By Round**

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

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

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

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

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

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

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

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

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

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

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
<b>Con//w M'Care</b>			
HA33F	X		
HA33G	X		
BOX HA15E	X		
HA33H	X		
<b>Dehyd/Delus./Halluc.</b>			
BOX HA16	X		
HA34PRE	X		
HA34	X		X
HA35	X		X
HA36	X		X
<b>Oral/Nutrition</b>			
HA37	X		X
HA38	X	X	X
HA39	X	X	X
BOX HA17	X	X	X
<b>Dental Health</b>			
HA40	X		X
<b>Mamm./PAP/Hyster.</b>			
BOX HA17	X		X
HA43A	X		X
HA43B	X		X
HA43C	X		
HA43D	X		X
<b>Smoking</b>			
HA43E	X		X
HA43F	X		X
<b>IADLs</b>			
HA43GPPE	X		X
HA43G	X		X

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

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

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

**Baseline**

SSM in fall rounds.  
CFC in all rounds.

**Time 2**

CFR in non-fall rounds

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

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

**Core**

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

**HA. HEALTH STATUS**  
**(BASELINE ONLY)**

**INSTRUCTIONS**

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

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

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

**M SEC. E**  
**Q SEC. E**

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

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

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

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

BOX HA1	If this is the first time for this respondent in Section HA, go to HA1PRE1. Else, go to HA1PRE2.
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<b>PERM.HSREF1</b> <b>FACR.HA1LONG</b>	<b>PERS.HS1RND</b> <b>PERS.HS2RND</b>	<b>PERS.HSCREF</b> <b>PERS.HS1REF</b>
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<p>HA1PRE1 If facility is a nursing home, (PLACE TYPE = NURSING HOME) display "full Minimum Data Set (MDS) assessments, the Quarterly Report forms, and other medical chart notes". Else, display "medical record".</p>
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**RECORD IDENTIFICATION**

HA1PRE1

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

PRESS ENTER TO CONTINUE.

HA1PRE2  
 Display Current Stay Roster.  
 If Time 2, and Baseline and Time 2 done in same round, display "Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}." Otherwise display "The following questions are about {SP}'s health status on or around {REF DATE}."

**RECORD IDENTIFICATION**

HA1PRE2  
 {Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}./The following questions are about {SP}'s health status on or around {REF DATE}.

Current Stay Roster

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

USE ARROW KEYS. TO EXIT, PRESS ESC.

BOX HA2	If Baseline, go to HA1, If Time 2, and If Baseline and Time 2 done in same facility this round, and If at Baseline, SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to HA2B, Else, go to HA9PRE. If Baseline done in previous round in this facility, and If SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to HA2B; Else, go to HA1 If Core Supplement, If at last HS application administered for this SP, SP had a full MDS or QR (HA2 or HA2B=1 (YES), go to HA2B. Else, go to HA1.
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HA1  
 If baseline:  
     If not SSM1, display "admission".  
     Else, do not display.  
 If FCF or FFC, display "admission".  
 Else, do not display.

**RECORD IDENTIFICATION**

HA1  
 Do you have {SP's} medical records for the {admission} period on or around {REF DATE}?

- YES..... 1 (BOX HA2A)
- NO..... 0 (HA1A)
- DK..... -8 (HA1A)
- RF..... -7 (HA9PRE)

**HLTH.RECHAVE**

HA1A

Display as an overlay to HA1.

**RECORD IDENTIFICATION**

HA1A

Is there someone else I should speak with, or do the records exist elsewhere?

PRESS ENTER TO CONTINUE.

HA1B

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

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

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

BOX HA2A	If facility is a nursing home PLACE TYPE = NURSING HOME or a rehabilitation facility (PLACTYPE = 17), go to HA2. Else, go to HA9PRE.
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HA2  
If Baseline or FCF do not display "or Quarterly Review".

**RECORD IDENTIFICATION**

HA2

Do the medical records contain any full MDS assessment {or Quarterly Review} Forms?

- YES..... 1 (BOX HA3)
- NO..... 0 (HA2A)
- DK..... -8 (HA2A)
- RF ..... -7 (HA9PRE)

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.RECFORMS**  
**PERS.HSFORMS**

HA2A  
Display as an overlay to HA2.

**RECORD IDENTIFICATION**

HA2A

Is there someone else I should speak with, or do the records exist elsewhere?

PRESS ENTER TO CONTINUE.

HA2B1

DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?

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

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

BOX HA3	If Baseline, FCF, or FFC, go to HA3A. Else, go to HA2B.
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HA2B  
 If Time 2,  
     If baseline and Time 2 done in same round,  
         If no "BCVAD", display "another" and "on or around {Time 2 REF DATE}."  
         Else, display "another" and "after BCVAD".  
     If Baseline and Time 2 done in different rounds and Core not yet administered,  
         If no BCVAD, display "a full" and "after {DATE OF BASELINE INTERVIEW}."  
         Else, display "a full" and "BCVAD".  
 If Core,  
     If last HS application for this SP was Core,  
         If no CCVAD, display "a full" and "on or around {Core REF DATE}."  
         Else, display "another" and "after" and "CCVAD".  
     If last HS application of this SP was Time 2,  
         If no TCVAD, display "a full" and "on or around {Core REF DATE}."  
         Else, display "another" and "after" and "TCVAD".  
     If last HS application for this SP was Baseline,  
         If no "BCVAD", display "a full" and "on or around {Core REF DATE}."  
         Else, display "another" and "after BCVAD".

**RECORD IDENTIFICATION**

HA2B  
 Do {SP}'s medical records contain {another/a full} MDS assessment or Quarterly Review form dated {after/on or around} {{Time 2 REF DATE}/{BCVAD}/{DATE OF BASELINE INTERVIEW}/{CORE REF DATE}/{CCVAD}/{TCVAD}}?

YES.....	1	(HA3B)
NO.....	0	(HA2C)
DK.....	-8	(HA2C)
RF.....	-7	(HA9PRE)

**HLTH.RECFORM2**

HA2C  
 Display as an overlay to HA2B.

**RECORD IDENTIFICATION**

HA2C  
 Is there someone else I should speak with or do the records exist elsewhere?

CONTINUE WITH THIS RESPONDENT AND THIS SP .....	1	(HA9PRE)
RETURN TO NAVIGATE SCREEN TO BEGIN ANOTHER SP OR TO RETRIEVE RECORDS .....	0	(RETURN TO NAVIGATE SCREEN)
(RECORD NEW RESPONDENT/RECORDS ON FROG)		

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

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

The first time HA3A is administered:  
 If SSM1, display "... the full MDS ... for {SP} on or around ... {REF DATE}".  
 Else, also display "at admission, that is,".  
 Display the interviewer instruction.  
 Display "AROUND {REF DATE}" in the instruction.

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

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

HA3A  
 {What is the assessment date on the full MDS assessment that was completed for {SP} {at admission, that is,} on or around {REF DATE}}. {What is the assessment date on that form}?

{IF NO MDS AVAILABLE AROUND {REF DATE}}, ENTER SHIFT/5 IN MONTH.}

MONTH ( ) DAY ( ) YEAR ( ) (BOX HA4)

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

PROGRAMMER SPECS:

Date Ranges

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

ERROR MESSAGES:

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

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

Abbreviations:

BCVAD = Baseline Closest Valid Assessment Date

BL = Baseline

CCVAD = Core Closest Valid Assessment Date

DOI = Date of Interview

DOB = Date of Birth

FAD = First Admission Date

HS = Health Status

RAD = Recent Admission Date

TCVAD = Time 2 Closest Valid Assessment Date

DOD = Date of Death

HA3B

If second or subsequent times at HA3B,

display "ASSESSMENT DATE: {ASSESSMENT DATE}".

Display last assessment date entry in HA3B as {ASSESSMENT DATE}.

Do not display interviewer message.

If Time 2,

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

    Else, display "BCVAD".

If Core,

    If last HS application for SP was Core,

        If no CCVAD, display "{Core REF DATE}".

        Else, display "CCVAD".

    If last HS application for this SP was Time 2,

        If no TCVAD, display "{Time 2 REF DATE}".

        Else, display "TCVAD".

    If last HS application for this SP was Baseline,

        If no "BCVAD", display "{Baseline REF DATE}".

        Else, display "BCVD".

**{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}**

HA3B

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

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

MONTH ( ) DAY ( ) YEAR ( )

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

**PROGRAMMER SPECS:**

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

**ERROR MESSAGES:**

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

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

BOX HA4	If SHIFT/5 entered in month, and If first time at HA3A/HA3B, go to HA9PRE; Else, go to BOX HA5.
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BOX HA5	<p>Determine if last date in HA3A/HA3B is valid by applying the following criteria. Date is valid if it falls on or between the dates below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Baseline: SSM1</td> <td>5\1\{SAMPYR} to 2\31\{SAMPYR}/DOI/DOD</td> </tr> <tr> <td>SSM2/CFC</td> <td>FAD to FAD+14/DOI/DOD</td> </tr> <tr> <td>Time 2:</td> <td>BCVAD+1/FAD+14 to FAD+150/DOI/DOD</td> </tr> <tr> <td>Core:</td> <td></td> </tr> <tr> <td>If CFR:</td> <td></td> </tr> <tr> <td>  If LAST HS is BL</td> <td>BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td>  If LAST HS is T2:</td> <td></td> </tr> <tr> <td>    If TCVADYR = REFYR</td> <td>TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td>    Else</td> <td>5/1/{YR} to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td>  If LAST HS is Core:</td> <td></td> </tr> <tr> <td>    If CCVADYR = REFYR</td> <td>CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td>    Else</td> <td>5/1/{YR} to 12/31/{YR}/DOI/DOD</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>  If FFC or FCF</td> <td>RAD to RAD+14/DOI/DOD</td> </tr> </table> <p>And,          If year is not missing, and          If month is not missing, and          If date is valid, set a flag and go to Box HA6.          If date is invalid, go to HA5.</p>	Baseline: SSM1	5\1\{SAMPYR} to 2\31\{SAMPYR}/DOI/DOD	SSM2/CFC	FAD to FAD+14/DOI/DOD	Time 2:	BCVAD+1/FAD+14 to FAD+150/DOI/DOD	Core:		If CFR:		If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD	If LAST HS is T2:		If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	If LAST HS is Core:		If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	 		If FFC or FCF	RAD to RAD+14/DOI/DOD
Baseline: SSM1	5\1\{SAMPYR} to 2\31\{SAMPYR}/DOI/DOD																												
SSM2/CFC	FAD to FAD+14/DOI/DOD																												
Time 2:	BCVAD+1/FAD+14 to FAD+150/DOI/DOD																												
Core:																													
If CFR:																													
If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD																												
If LAST HS is T2:																													
If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD																												
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD																												
If LAST HS is Core:																													
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD																												
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD																												
If FFC or FCF	RAD to RAD+14/DOI/DOD																												

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

**FORM.FORMTYPE**

**RECORD IDENTIFICATION**

HA4

Please tell me if the form with the assessment date of {LAST ASSESSMENT DATE ENTRY IN HA3A/HA3B} is a full MDS or a quarterly review.

FULL MDS .....	1
QUARTERLY REVIEW .....	0
DK .....	-8
RF .....	-7

(HSC2)  
**FORM.FORMTYPE**

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

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

HA5  
 Display last assessment date entry in HA3A/HA3B above question text.  
 If Time 2 or Core, display "or Quarterly Review".  
 Fill "ASSESSMENT DATE" with last assessment date entry in HA3A/HA3B.

**RECORD IDENTIFICATION**  
**{ASSESSMENT DATE: {ASSESSMENT DATE}}**

HA5

Besides the form you just told me about, does {SP's} medical record contain any other MDS form {or Quarterly Review form} dated closer to {REF DATE}?

- YES ..... 1
- NO ..... 0
- DK ..... -8
- RF ..... -7

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

HA6  
 Display BCVAD/TCVAD/CCVAD as {ASSESSMENT DATE} above question text.  
 Suppress "full" and display "QUARTERLY REVIEW.....5 (HA7C)" if state name is MS, SD (states that use full MDS assessments for quarterly reviews).

**RECORD IDENTIFICATION**  
**ASSESSMENT DATE: {ASSESSMENT DATE}**

HA6

What was the primary reason for the assessment on the full MDS assessment dated {BCVAD/TCVAD}?

- |                                   |    |        |
|-----------------------------------|----|--------|
| ADMISSION .....                   | 1  | (HA7C) |
| ANNUAL .....                      | 2  | (HA7C) |
| SIGNIFICANT CHANGE IN STATUS..... | 3  | (HA7C) |
| OTHER (SPECIFY: _____).....       | 91 | (HA7C) |
| DK.....                           | -8 | (HA7C) |
| RF .....                          | -7 | (HA7C) |

<b>HLTH.FORMREAS</b>	<b>.FORMREOS</b>
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HA7A	
Display BCVAD/TCVAD/CCVAD as "ASSESSMENT DATE".	
Path/SP Type	Range
Baseline	
SSM1	1\1\{SAMPYR to 1\14\{SAMPYR+1}/DOI/DOD
SSM2	FAD-30 TO FAD+30/DOI/DOD
CFC	FAD-30 TO FAD+30/DOI/DOD
Time 2	
SSM2/CFC	BCVAD+1/FAD+15 to FAD+270/DOI/DOD
Core	
If CFR:	
If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD
If LAST HS is T2:	
If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
If LAST HS is Core:	
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
If FFC or	RAD to RAD+14/DOI/DOD
FCF	

**RECORD IDENTIFICATION**  
**{ASSESSMENT DATE: {ASSESSMENT DATE}}**

HA7A

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.RECMDS**

HA7B

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

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

MONTH ( ) DAY ( ) YEAR ( )

<b>FORM.FORMRND</b>	<b>.ASSESS</b>	<b>.ASSESSMM</b>	<b>.ASSESSDD</b>	<b>.ASSESSYY.FORMORIG</b>	<b>.FORMTYPE</b>
<b>HLTH.XBACKUP</b>					

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

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

**HA7C**  
 If HA3A/HA3B contains a valid date, for "FORM TYPE," display category text from HA4 for form with closest valid assessment date.  
 If FORM TYPE=0 (QUARTERLY REVIEW) and there is a valid Backup MDS Assessment Date from BOX HA10 display "If the information is not found on the Quarterly Review, please refer to the full MDS form with the assessment date of {BACKUP MDS ASSESSMENT DATE} to answer the question. Else, display "If the information is not found on the Quarterly Review, please refer to {SP}'s medical record to answer the questions."

**RECORD IDENTIFICATION**

**HA7C**  
 Please refer to the {FORM TYPE} with the assessment date of {CLOSEST VALID ASSESSMENT DATE} when answering the following questions. {If the information is not found on the Quarterly Review, {please refer to the full MDS form with the assessment date of {BACK MDS ASSESSMENT DATE}/please refer to {SP}'s medical record} to answer the questions.}

BOX HA11 OMITTED IN ROUND 58.  
 BOX HA19 OMITTED IN ROUND 58.

BOX HA19AAA	If no MDS Form (HA2 = NO, DK, RF or -1) and Baseline, go to HA9PRE. Else if no MDS Form (HA2 = NO, DK, RF or -1), and Time 2, go to HA11. Else if no MDS Form (HA2 = NO, DK, RF or -1), and Core, go to HA10. Else go to HAVER.
----------------	--

HAVER. INDICATE WHICH VERSION OF THE MDS FORM YOU ARE USING:

VERSION 2.0 ..... 2 (BOX HA19AA)  
VERSION 3.0 ..... 3 (BOX HA19A)

**HLTH.MDSVFLG**

BOX HA19AA	If Baseline, continue. If Time 2, go to HA11. If Core, go to HA10.
---------------	--

BOX HA19AB	<ol style="list-style-type: none"> <li>1. If IN1 and INSU.IC AidNUM=-8 or -7; or If IN1=-1, -8, or -7 Go to HA44PRE. Else, go to Step 2.</li> <li>2. If education level (BQ9) = -1, DK or RF, go to BOX HA23. Else, go to HA9PRE.</li> </ol>
---------------	--

BOX HA19A	If Baseline, go to BOX HA22B. Else go to HA11B.
--------------	--

HA44PRE

This next section asks for {SP}'s Medicaid number as recorded on the MDS assessment form.

PRESS ENTER TO CONTINUE.

BOX HA20 Deleted. HA44A-HA46 Deleted. BOX HA21 Deleted.

HA47  
Display {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} given by matching state of Facility's address with a state in the table of State Medicaid Names included in the Facility Questionnaire specifications.

**MEDICAID NUMBER**  
{VERSION, SECTION}

HA47

Please read me {SP}'s {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the MDS assessment form.

IF NO MEDICAID NUMBER, CODE SHIFT/5. (BOX HA23)

\_\_\_\_\_ MEDICAID ID NUMBER

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

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

{VERSION, SECTION}

HA48

I'd like to verify the {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID NUMBER} . Is this correct?

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

(HS69)

**HIRO.HCAIDVER**

{VERSION, SECTION}

HA49

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

\_\_\_\_\_ (HA48)  
MEDICAID ID NUMBER

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

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

<b>BOX HA23</b>	If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2, go to HA51. Else, go to HA9PRE.
-----------------	--

<b>EDUCATION LEVEL {VERSION, SECTION}</b>
---

HA51

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

IF DK, USE CATEGORIES AS PROBES.

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

<b>BACK.HEDULEV</b>
---------------------

HA9PRE  
 For 1st sentence, if Baseline and SP is not SSM1, display "{his/her} admission to the facility".  
 Else, display "REF DATE".  
 For Baseline:  
     If no MDS available in medical record (HA2=NO, DK, or RF), display "Please refer to {SP}'s medical record.";  
     Else, if the medical record does contain an MDS (HA2=YES), but HA3A does not contain at least one form with a valid assessment date (HA3A=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";  
     Else, if no medical record is available (HA1=NO, DK, or RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";  
     Else, do not display 2nd sentence.  
 For T2, or Core:  
     If no MDS available in medical record (HA2 or HA2B=NO, DK, or RF), display "Please refer to {SP}'s medical record.";  
     Else, if the medical record does contain a MDS (HA2 or HS2B=YES), but HA3B does not contain at least one form with a valid assessment date (HA3B=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";  
     Else, if no medical record is available (HA1=NO, DK, RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";  
     Else, do not display 2nd sentence.

**MENTAL HEALTH (MR/DD)**

HA9PRE  
 Now I have some questions concerning {SP}'s health on or around {REF DATE}/{his/her} admission to the facility}.  
 {{Please refer to {SP}'s medical record/Since I will be collecting information about {SP} on or around {REF DATE}  
 and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the  
 information./Since you do not have a medical record at hand for reference, please think about the information found  
 in {SP}'s medical record} to answer these questions.}

PRESS ENTER TO CONTINUE.

**MENTAL HEALTH (MR/DD)**  
 {VERSION, SECTION}

HA9  
 Did {SP}'s record indicate any history of mental retardation, mental illness, or developmental disability problems?  
 Exclude diagnoses of organic brain syndrome, Alzheimer's disease, and related dementia.

<b>MENTAL</b>	NO .....	0
	YES .....	1
	DK .....	-8
	RF .....	-7

**HLTH.MENTAL**

HA10

The third line varies:

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

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

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

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

Display choice list below question text.

**ADVANCED DIRECTIVES**

{VERSION, SECTION}

HA10

Now, please tell me which of the following advanced directives were listed in {SP}'s record or chart for the period on or around {REF DATE}.

Did {SP}'s record indicate  
{VARIABLE PART OF QUESTION}

- ADLIVWIL**            LIVING WILL
- ADDNRES**          DO NOT RESUSCITATE
- ADDNHOSP**        DO NOT HOSPITALIZE
- ADOTREST**        FEEDING/MEDICATION/OTHER TREATMENT RESTRICTION
- NONE CHECKED
- DON'T KNOW

**HLTH.ADLIVWIL**  
**.ADDNRES**  
**.ADDNHOSP**  
**.ADOTREST**

**COMATOSE**

{VERSION, SECTION}

HA11

Was {SP} comatose on {REF DATE}?

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

**HLTH.COMATOSE**

BOX HA12	If Baseline or Core, go to HA28PRE. If Time 2, go to HA39.
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HA12PRE-HA13

**SAMPLE LAYOUT**

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

**MEMORY/COGNITIVE SKILLS**

{VERSION, SECTION}

HA12-13

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

**CSMEMST**

MEMORY OK=0

MEMORY PROBLEM=1

On or around {REF DATE}, was {SP}'s short-term memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?

( )

SHORT-TERM  
{OK/PROBLEM}

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

( )

LONG-TERM  
{OK/PROBLEM}

{REVIEW RESPONSES. PRESS ENTER TO CONTINUE.}

**MEMORY/COGNITIVE SKILLS**

HA12PRE

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

**MEMORY/COGNITIVE SKILLS**  
{VERSION, SECTION}

HA12

On or around {REF DATE}, was {SP}'s short-term memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?

<b>CSMEMST</b>	MEMORY OK .....	0
	MEMORY PROBLEM.....	1

**HLTH.CSMEMST**

**MEMORY/COGNITIVE SKILLS**  
{VERSION, SECTION}

HA13

Was {SP}'s long-term memory okay; that is, did {she/he} seem or appear to recall events in the distant past?

<b>CSMEMLT</b>	MEMORY OK .....	0
	MEMORY PROBLEM.....	1

**HLTH.CSMEMLT**

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

HA14  
The following displays vary:  
 For item 1, display {the current season}.  
 For item 2, display {the location of {her/his} own room}.  
 For item 3, display {staff names or faces}.  
 For item 4, display {the fact that {she/he} was in a nursing home}.

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

**MEMORY/COGNITIVE SKILLS**  
{VERSION, SECTION}

HA14

Was {SP} able to recall {VARIABLE PART OF QUESTION} on or around {REF DATE}?

<b>CSCURSEA</b>	CURRENT SEASON
<b>CSLOCROM</b>	LOCATION OF OWN ROOM
<b>CSNAMFAC</b>	STAFF NAMES/FACES
<b>CSINNH</b>	THAT SHE/HE IS IN NURSING HOME
	NONE CHECKED
	DON'T KNOW

**HLTH.CSCURSEA**  
**.CSLOCROM**  
**.CSNAMFAC**  
**.CSINNH**

**MEMORY/COGNITIVE SKILLS**  
{VERSION, SECTION}

HA15

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

<b>CSDECIS</b>	INDEPENDENT .....	0
	MODIFIED INDEPENDENCE .....	1
	MODERATELY IMPAIRED .....	2
	SEVERELY IMPAIRED .....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.CSDECIS**

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

**HEARING/COMMUNICATION**  
{VERSION, SECTION}

HA16

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

<b>HCHECOND</b>	HEARS ADEQUATELY .....	0
	HEARS WITH MINIMAL DIFFICULTY .....	1
	HEARS IN SPECIAL SITUATIONS ONLY .....	2
	HEARING HIGHLY IMPAIRED .....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HCHECOND**

**HEARING/COMMUNICATION**  
{VERSION, SECTION}

HA17

Did {she/he} have a hearing aid?

<b>HCHEAID</b>	YES .....	1
	NO .....	0

**HLTH.HCHEAID**

**HEARING/COMMUNICATION**  
**\*CTRL/E OK\***

HA18PRE

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

PRESS ENTER TO CONTINUE.

**HEARING/COMMUNICATION**  
**{VERSION, SECTION}**

HA18

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

<b>HCUNCOND</b>	UNDERSTOOD.....	0
	USUALLY UNDERSTOOD .....	1
	SOMETIMES UNDERSTOOD .....	2
	RARELY/NEVER UNDERSTOOD .....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HCUNCOND**

**HEARING/COMMUNICATION**  
{VERSION, SECTION}

HA19

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

<b>HCUNDOETH</b>	UNDERSTAND .....	0
	USUALLY UNDERSTAND .....	1
	SOMETIMES UNDERSTAND .....	2
	RARELY/NEVER UNDERSTAND.....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HCUNDOETH**

**VISION**  
**\*CTRL/E OK\***

HA20PRE

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

PRESS ENTER TO CONTINUE.

**VISION**  
{VERSION, SECTION}

HA20

Which of the following statements best described {SP}'s ability to see in adequate light with visual aids, if used? Would you say {her/his} vision was adequate, impaired, moderately impaired, highly impaired, or severely impaired?

<b>VISION</b>	ADEQUATE .....	0
	IMPAIRED.....	1
	MODERATELY IMPAIRED .....	2
	HIGHLY IMPAIRED .....	3
	SEVERELY IMPAIRED.....	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.VISION**

**VISION**  
{VERSION, SECTION}

HA20A

Does {SP} use a visual appliance such as glasses, contact lenses, or a magnifying glass?

<b>VISAPPL</b>	YES.....	1
	NO .....	0

**HLTH.VISAPPL**

HA21

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

The following displays vary:

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

Highlight the VARIABLE PART OF QUESTION display.

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

**BEHAVIORAL SYMPTOMS**

{VERSION, SECTION}

HA21

How often did the following behavioral problems occur on or around {REF DATE}? Would you say {VARIABLE PART OF QUESTION} did not occur, occurred less than daily, or occurred daily or more frequently?

{CODE FROM {MDS/QR} COLUMN A.}

- 0. NOT AT ALL
- 1. LESS THAN DAILY
- 2. DAILY OR MORE FREQUENTLY

- |                 |   |     |
|-----------------|---|-----|
| <b>BSWANDER</b> | A. WANDERING .....                                  | ( ) |
| <b>BSVERBAB</b> | B. VERBALLY ABUSIVE BEHAVIOR .....                  | ( ) |
| <b>BSPHYSAB</b> | C. PHYSICALLY ABUSIVE BEHAVIOR .....                | ( ) |
| <b>BSDISRPT</b> | D. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR ..... | ( ) |
| <b>BSRESIST</b> | E. RESISTANCE TO CARE .....                         | ( ) |

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.BSWANDER**  
**.BSVERBAB**  
**.BSPHYSAB**  
**.BSDISRPT**  
**.BSRESIST**

BOX HA13A	If Baseline or Core, continue. If Time 2, go to HA22PRE.
-----------	--

HA27

Fills for {VARIABLE PART OF QUESTION};  
Display first and second sentences with item 1 only.

- For item A, display "was at ease interacting with others".
- For item B, display "was at ease doing planned or structured activities".
- For item C, display "was at ease doing self-initiated activities".
- For item D, display "established {his/her} own goals".
- For item E, display "pursued involvement in the life of the facility (that is, makes or keeps friends; is involved in group activities, responds positively to new activities, assists at religious services)".
- For item F, display "accepted invitations into most group activities".
- For item 2e, display "had absence of personal contact with family or friends".
- For item G, NONE OF THE ABOVE

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

**PSYCHOSOCIAL WELL-BEING**

{VERSION, SECTION}

HA27

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

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



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

- HLTH.PWINTOTH**
- .PWSTRACT**
- .PWSLFACT**
- .PWGOALS**
- .PWFACLIF**
- .PWGRPACT**
- .PWNOFC**

HA22PRE

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

**ADLS/PHYSICAL FUNCTIONING**

HA22PRE

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

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

PRESS ENTER TO CONTINUE.

HA22

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

- For item A, display {transferring (for example, in and out of bed)}.
- For item B, display {locomotion on unit}.
- For item C, display {dressing}.
- For item D, display {eating}.
- For item E, display {using the toilet}.

If no MDS available (HA2=NO, DK, or RF) or HA3=valid assessment date, display show card.  
Do not allow code "7".

**ADLS/PHYSICAL FUNCTIONING**  
{VERSION, SECTION}

HA22

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



CODE LEVEL OF SELF-PERFORMANCE

<b>PFTRNSFR</b>	A. TRANSFER .....	( )
<b>PFLOCOMO</b>	B. LOCOMOTION ON UNIT .....	( )
<b>PFDRSSNG</b>	C. DRESSING .....	( )
<b>PFEATING</b>	D. EATING .....	( )
<b>PFTOILET</b>	E. TOILET USE .....	( )

- |                         |                     |                           |
|-------------------------|---------------------|---------------------------|
| 0. INDEPENDENT          | 1. SUPERVISION      | 2. LIMITED ASSISTANCE     |
| 3. EXTENSIVE ASSISTANCE | 4. TOTAL DEPENDENCE | 8. ACTIVITY DID NOT OCCUR |

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.PFTRNSFR**  
**.PFLOCOMO**  
**.PFDRSSNG**  
**.PFEATING**  
**.PFTOILET**

HA23  
Highlight "bathing" on first line.

**ADLS/PHYSICAL FUNCTIONING**  
{VERSION, SECTION}

HA23

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.PFBATHNG**

**MODES OF LOCOMOTION**

HA24PRE

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

PRESS ENTER TO CONTINUE.

HA24

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

- For item 1, display {did {she/he} use a cane or walker}.
- For item 2, display {did {she/he} wheel {herself/himself}}.
- For item 3, display {did someone else wheel {her/him}}.
- For item 4, display {was wheelchair {his/her} primary mode of locomotion}.

Display choice list below question text.

**MODES OF LOCOMOTION**  
{VERSION, SECTION}

HA24

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

- |                  |                          |
|------------------|--------------------------|
| <b>MLCANE</b>    | CANE/WALKER              |
| <b>MLWHLSELF</b> | WHEELED SELF             |
| <b>MLWHLLOTH</b> | OTHER PERSON WHEELED     |
| <b>MLWHLPRIM</b> | WHEELCHAIR PRIMARY MEANS |
|                  | NONE CHECKED             |
|                  | DON'T KNOW               |

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**PROGRAMMER SPECS:**

If "WHEELCHAIR PRIMARY MEANS" only check, display SOFT RANGE MESSAGE: "Usually checked with 'WHEELED SELF' or 'OTHER PERSON WHEELED.' Please confirm."

**HLTH.MLCANE**

- .MLWHLSELF**
- .MLWHLLOTH**
- .MLWHLPRIM**

BOX HA14

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

**CONTINENCE**

HA25PRE

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

PRESS ENTER TO CONTINUE.

**CONTINENCE**  
{VERSION, SECTION}

HA25

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

<b>CTBOWEC</b>	CONTINENT .....	0
	USUALLY CONTINENT .....	1
	OCCASIONALLY INCONTINENT .....	2
	FREQUENTLY INCONTINENT .....	3
	INCONTINENT .....	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.CTBOWEC**

**CONTINENCE**  
{VERSION, SECTION}

HA26

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

<b>CTBADDC</b>	CONTINENT .....	0
	USUALLY CONTINENT .....	1
	OCCASIONALLY INCONTINENT .....	2
	FREQUENTLY INCONTINENT .....	3
	INCONTINENT .....	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**(HS33)**

**HLTH.CTBADDC**

HA28PRE

If medical record contains an MDS (HA2 = YES) and HA3A/HA3B contains at least one valid MDS assessment date,  
Display {MDS ASSESSMENT DATE: BCVAD/CCVAD}  
Display valid date recorded in item HA3A/HA3B and selected as closest to REF DATE in BOX HA9 for the relevant form to  
the right of MDS ASSESSMENT DATE.  
If an assessment date is unavailable (HA3A/HA3B) = NEVER WILL KNOW or RF), leave display blank.

If no MDS in medical record (HA2 = NO, DK, RF, or -1),  
Display {By active, I mean those diseases associated with {her/his} ADL status, cognition, behavior, medical treatments,  
or risk of death on or around {REF. DATE}. Please think about what is in {SP}'s Medical Record when answering the  
following question.}

**DIAGNOSES/CONDITIONS**

HA28PRE

{MDS ASSESSMENT DATE: {BCVAD}}

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

PRESS ENTER TO CONTINUE.

HA28  
 Display HA28 in a choice list with search function enabled.  
 If HA3A/HA3B = valid assessment date,  
     Display "VERSION/SECTION"  
     Display "What active diseases were checked on {SP's} MDS assessment?"  
         Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.  
 Else,  
     Display Show Card.  
     Display "Look at the following list and tell me what active diseases did {SP} have on or around {REF DATE}".  
     Display "Other {SPECIFY \_\_\_\_\_}"

**DIAGNOSES/CONDITIONS**  
**{VERSION, SECTION}**

HA28

{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}

{What active diseases were checked on {SP's} MDS assessment}? {Look at this list and tell me what active diseases did {SP} have on or around {REF DATE}}?

SELECT ALL THAT APPLY.



- |                 |                                       |
|-----------------|---------------------------------------|
| <b>ALLERGY</b>  | Allergies                             |
| <b>ALZHRM</b>   | Alzheimer's Disease                   |
| <b>ANEMIA</b>   | Anemia                                |
| <b>ANXIETY</b>  | Anxiety Disorder                      |
| <b>APHASIA</b>  | Aphasia                               |
| <b>ASHD</b>     | Arteriosclerotic Heart Disease (ASHD) |
| <b>ARTHRIT</b>  | Arthritis                             |
| <b>ASTHMA</b>   | Asthma                                |
| <b>CANCER</b>   | Cancer                                |
| <b>CARDYSR</b>  | Cardiac Dysrhythmia                   |
| <b>CARDIOV</b>  | Cardiovascular Disease (other)        |
| <b>CATARCT</b>  | Cataracts                             |
| <b>CERPALS</b>  | Cerebral Palsy                        |
| <b>STROKE</b>   | Cerebrovascular Accident (Stroke)     |
| <b>HRTFAIL</b>  | Congestive Heart Failure              |
| <b>VEINTHR</b>  | Deep Vein Thrombosis                  |
| <b>DEMENT</b>   | Dementia, Other Than Alzheimer's      |
| <b>DEPRESS</b>  | Depression                            |
| <b>DIABMEL</b>  | Diabetes Mellitus                     |
| <b>DIABRET</b>  | Diabetic Retinopathy                  |
| <b>EMPCOPD</b>  | Emphysema/COPD                        |
| <b>GLAUCOMA</b> | Glaucoma                              |
| <b>HEMIPLA</b>  | Hemiplegia/Hemiparesis                |
| <b>HIPFRACT</b> | Hip Fracture                          |
| <b>HYPETENS</b> | Hypertension                          |
| <b>HYPETHYR</b> | Hyperthyroidism                       |
| <b>HYPOTENS</b> | Hypotension                           |
| <b>HYPOTHYR</b> | Hypothyroidism                        |
| <b>MACDEGEN</b> | Macular Degeneration                  |
| <b>MANICDEP</b> | Manic Depression (Bipolar Disease)    |
| <b>MISSLIMB</b> | Missing Limb (e.g., amputation)       |
| <b>SCLEROS</b>  | Multiple Sclerosis                    |
| <b>OSTEOP</b>   | Osteoporosis                          |
| <b>PARAPLEG</b> | Paraplegia                            |
| <b>PARKNSON</b> | Parkinson's Disease                   |
| <b>BONEFRAC</b> | Pathological Bone Fracture            |
| <b>VASCULAR</b> | Peripheral Vascular Disease           |
| <b>QUADPLEG</b> | Quadriplegia                          |

**RENTFAIL** Renal Failure  
**SCHIZOPH** Schizophrenia  
**SEIZURE** Seizure Disorder  
**TIA** Transient Ischemic Attack (TIA)  
**BRAININJ** Traumatic Brain Injury  
 {Other {SPECIFY: \_\_\_\_\_}}  
 None of the Above

<b>DIAG.ALLERGY</b>	<b>.CARDYSR</b>	<b>.DIAMEL</b>	<b>.HYPOTHYR</b>	<b>.VASCULAR</b>	<b>VDIA.OTHDIA</b>
<b>.ALZHR</b>	<b>.CARDIOV</b>	<b>.DIABRET</b>	<b>.MACDEGEN</b>	<b>.QUADPLEG</b>	<b>.SOURCE</b>
<b>.ANEMIA</b>	<b>.CATARCT</b>	<b>.EMPCOPD</b>	<b>.MANICDEP</b>	<b>.RENTFAIL</b>	
<b>.ANXIETY</b>	<b>.CERPALSY</b>	<b>.GLAUCOMA</b>	<b>.MISSLIMB</b>	<b>.SCHIZOPH</b>	
<b>.APHASIA</b>	<b>.STROKE</b>	<b>.HEMIPLPA</b>	<b>.SCLEROS</b>	<b>.SEIZURE</b>	
<b>.ASHD</b>	<b>.HRTFAIL</b>	<b>.HIPFRACT</b>	<b>.OSTEOP</b>	<b>.TIA</b>	
<b>.ARTHRIT</b>	<b>.VEINTHR</b>	<b>.HYPETENS</b>	<b>.PARAPLEG</b>	<b>.BRAININJ</b>	
<b>.ASTHMA</b>	<b>.DEMENT</b>	<b>.HYPETHYR</b>	<b>.PARKNSON</b>	<b>.DCOTH</b>	
<b>.CANCER</b>	<b>.DEPRESS</b>	<b>.HYPOTENS</b>	<b>.BONEFRAC</b>		

HA29  
 Display HA29 in a choice list with search function enabled.  
 If HA3A/HA3B = valid assessment date,  
 Display "What active infections were checked on {SP's} MDS assessment?"  
 Display {VERSION, SECTION} in header.  
 Else,  
 Display "Look at the following list and tell me what active infection {SP} had on or around {REF. DATE} according to the medical record notes."  
 Display show card symbol.  
 Leave header display blank.

**DIAGNOSES/CONDITIONS**  
**{VERSION, SECTION}**

HA29  
 {What active infections were checked on {SP}'s MDS assessment?}  
 {Look at the following list and tell me what active infection {SP} had on or around {REF DATE} according to the medical record notes.}

SELECT ALL THAT APPLY.

SHOW CARD HA4	<b>INFMRSA</b> ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH) <b>INFCDIFF</b> CLOSTRIDIUM DIFFICILE (C.DIFF.) <b>INFCONJ</b> CONJUNCTIVITIS <b>INFHIV</b> HIV INFECTION <b>INFPNEU</b> PNEUMONIA <b>INFRESP</b> RESPIRATORY INFECTION <b>INFSEPT</b> SEPTICEMIA <b>INFSEXTR</b> SEXUALLY TRANSMITTED DISEASES <b>INFNBRC</b> TUBERCULOSIS <b>INFURNRY</b> URINARY TRACT INFECTION IN LAST 30 DAYS <b>INFHPPTS</b> VIRAL HEPATITIS <b>INFWOUND</b> WOUND INFECTION NONE OF THE ABOVE
---------------------	---

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

BOX HA15	If HA3A/HA3B = BCVD,/CCVD, go to HA30. Else go to BOX HA16.
----------	--

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

**DIAGNOSES/CONDITIONS**  
{VERSION, SECTION}

HA30

MDS ASSESSMENT DATE: {BCVAD/CCVAD}

Were there any active diagnoses entered on the MDS form in the section for other diagnoses?

YES.....	1	} (BOX HA16)
NO.....	0	
DK.....	-8	
RF.....	-7	

**DIAG.OTMDS DIA**

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

**DIAGNOSES/CONDITIONS**  
{VERSION, SECTION}

HA31

SHOW  
CARD  
HA5

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

- ALCOH** Agitation
- Alcohol dependency
- Anorexia
- Aortic stenosis
- Ataxia
- Atrial fibrillation
- Atypical psychosis
- Benign prostatic hyperplasia
- Blindness
- BREAST** Breast disorders
- CERDEG** Cerebral degeneration
- Clinical obesity
- CONST** Constipation
- Coronary artery disease
- DEGJNT** Degenerative joint disease (DJD)
- HERNIA** Diaphragmatic hernia (hiatal hernia)
- DIVCOL** Diverticula of colon
- Down's syndrome
- DYSPPHA** Dysphagia (swallowing difficulties)
- EDEMA** Edema
- EPILEP** Epilepsy
- GASTR** Gastritis/duodenitis
- GASTRO** Gastroenteritis, noninfectious
- GHEMOR** Gastrointestinal hemorrhage
- Gout
- Hemorrhage of esophagus
- Hypercholesterolemia
- Hyperlipidemia
- HYPHER** Hyperplasia of prostate
- HYPPOP** Hypopotassemia/hypokalemia
- Insomnia
- Kyphosis
- BRAINS** Nonpsychotic brain syndrome
- Organic brain syndrome
- OSARTH** Osteoarthritis
- PEPULC** Peptic ulcer
- RENTUR** Renal ureteral disorder
- SCOLIO** Scoliosis
- Spinal stenosis
- LEGULC** Ulcer of leg, chronic
- Urinary retention
- Vertigo
- OTHER: SPECIFY \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_

DIAG.MAGITAT	.MCKERDEG	.MEPILEP	.MINSOM	.MURIRET
.MALCOH	.MCLINOB	.MGASTR	.MKYPHO	.MVERTI
.MANOREX	.MCONST	.MGASTRO	.MBRAINS	.MDCOTH1
.MAOSTEN	.MORART	.MGHEMOR	.MORGBRN	.MDCOTH2
.MATAXIA	.MDEGJNT	.MGOUT	.MOSARTH	.MDCOTH3
.MAFIB	.MHERNIA	.MHESOPH	.MPEPULC	.MDCOTH4
.MAPSYCH	.MDIVCOL	.MHYPCHO	.MRENTUR	VDIA.OTHDIAG
.MBPRHYP	.MDOWNS	.MHYPLIP	.MSCOLIO	.SOURCE
.MBLIND	.MDYSPHA	.MHYPER	.MSPSTEN	
.MBREAST	.MEDEMA	.MHYPOP	.MLEGULC	

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

HA34PRE-HA36  
Sample Layout

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**

HA34-36

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

Did {he/she} experience...

YES = 1, NO = 0

dehydration on or around {REF DATE}? ..... ( )

delusions? ..... ( )

hallucinations? ..... ( )

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA34PRE  
If HA3A-HA3B contains at least one valid assessment date, display "Again, please refer to the MDS."

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**

HA34PRE

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

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**  
{VERSION, SECTION}

HA34

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

**DEHYD**      YES ..... 1  
                 NO ..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.DEHYD**

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**  
{VERSION, SECTION}

HA35

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

<b>DELUS</b>	YES .....	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.DELUS**

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**  
{VERSION, SECTION}

HA36

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

<b>HALLUC</b>	YES .....	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HALLUC**

HA37  
The second line varies:  
For item 1, display {A chewing problem}.  
For item 2, display {A swallowing problem}.  
For item 3, display {Mouth pain}.  
Display choice list below question text.

**ORAL/NUTRITIONAL STATUS**  
{VERSION, SECTION}

HA37

Did {SP} experience any of the following oral problems on or around {REF DATE}:  
{VARIABLE PART OF QUESTION}?

<b>ONCHEW</b>	CHEWING PROBLEM
<b>ONSWALL</b>	SWALLOWING PROBLEM
<b>ONMOUTH</b>	MOUTH PAIN
	NONE CHECKED
	DON'T KNOW

**HLTH.ONCHEW**  
**.ONSWALL**  
**.ONMOUTH**

BOX HA16A	If PERS.PERSRND = current round, or current round is fall round, continue. Else, go to HA39
-----------	--

**ORAL/NUTRITIONAL STATUS**  
{VERSION, SECTION}

HA38

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

**HEIGHT**

\_\_\_\_\_  
INCHES

**HLTH.HEIGHT**

PROGRAMMER SPECS: Allow the following height range:

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

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

**ORAL/NUTRITIONAL STATUS**  
{VERSION, SECTION}

HA39

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

**WEIGHT**

\_\_\_\_\_  
POUNDS

**HLTH.WEIGHT**

PROGRAMMER SPECS: Allow the following weight range:

Adults (Age 12+): 50 to 500 pounds

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

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

HA40

The third line varies:

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

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

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

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

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

Display choice list below question text.

**DENTAL HEALTH**  
{VERSION, SECTION}

HA40

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {REF DATE}. Did {she/he} have:  
{VARIABLE PART OF QUESTION}?

- DHDEBRIS** DEBRIS IN MOUTH .....HA32
- DHBRIDGE** DENTURES OR REMOVABLE BRIDGE .....HA32
- DHTEELOS** SOME/ALL NATURAL TEETH LOST.....HA32
- DHBROKEN** BROKEN, LOOSE, OR CARIOUS TEETH .....HA32
- DHINFGUM** INFLAMED, SWOLLEN, OR BLEEDING GUMS; .....HA32  
ORAL ABSCESSSES, ULCERS, OR RASHES .....HA32
- NONE CHECKED .....HA32
- DON'T KNOW .....HA32

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

BOX HA22B	<p>1. If IN1 and INSU.IC AidNUM=-8 or -7; or If IN1=-1, -8, or -7 Go to HA44PREB. Else, go to Step 2.</p> <p>2. If education level (BQ9) = -1, DK or RF, go to BOX HA23B. Else, go to HA9B.</p>
--------------	---

HA44PREB

This next section asks for {SP}'s Medicaid number as recorded on the MDS assessment form.

PRESS ENTER TO CONTINUE.

HA47B

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

**MEDICAID NUMBER**

3.0, A0700

HA47B

Please read me {SP}'s {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the MDS assessment form.

IF NO MEDICAID NUMBER, CODE SHIFT/5. (BOX HA23B)

\_\_\_\_\_ MEDICAID ID NUMBER

DK ..... -8 (BOX HA23B)  
RF ..... -7

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

3.0, A0700

HA48B

I'd like to verify the {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID NUMBER} . Is this correct?

- YES ..... 1 (BOX HA23B)
- NO ..... 0
- DK ..... -8 (BOX HA23B)
- RF ..... -7 (BOX HA23B)

**HIRO.HCAIDVER**

3.0, A0700

HA49B

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

- \_\_\_\_\_ (HA48B)  
MEDICAID ID NUMBER
- DK ..... -8 (BOX HA23B)
  - RF ..... -7 (BOX HA23B)

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

BOX HA23B	If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2, go to HA51B. Else, go to HA9PREB.
--------------	--

**EDUCATION LEVEL  
NOT ON MDS**

HA51B

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

IF DK, USE CATEGORIES AS PROBES.

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

**BACK.HEDULEV**

HA9PREB  
 For 1st sentence, if Baseline and SP is not SSM1, display "{his/her} admission to the facility".  
 Else, display "REF DATE".  
 For Baseline:  
     If no MDS available in medical record (HA2=NO, DK, or RF), display "Please refer to {SP}'s medical record.";  
     Else, if the medical record does contain an MDS (HA2=YES), but HA3A does not contain at least one form with a valid assessment date (HA3A=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";  
     Else, if no medical record is available (HA1=NO, DK, or RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";  
     Else, do not display 2nd sentence.  
 For T2, or Core:  
     If no MDS available in medical record (HA2 or HA2B=NO, DK, or RF), display "Please refer to {SP}'s medical record.";  
     Else, if the medical record does contain a MDS (HA2 or HS2B=YES), but HA3B does not contain at least one form with a valid assessment date (HA3B=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";  
     Else, if no medical record is available (HA1=NO, DK, RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";  
     Else, do not display 2nd sentence.

**MENTAL HEALTH (MR/DD)**

HA9PREB  
 Now I have some questions concerning {SP}'s health on or around {REF DATE}/{his/her} admission to the facility}.  
 {{Please refer to {SP}'s medical record/Since I will be collecting information about {SP} on or around {REF DATE}  
 and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the  
 information./Since you do not have a medical record at hand for reference, please think about the information found  
 in {SP}'s medical record} to answer these questions.}  
  
 PRESS ENTER TO CONTINUE.

**MENTAL HEALTH (MR/DD)**  
3.0, A1550

HA9B  
 Did {SP}'s record indicate any history of mental retardation, mental illness, or developmental disability problems?  
 Exclude diagnoses of organic brain syndrome, Alzheimer's disease, and related dementia.

<b>MENTAL</b>	NO .....	0
	YES .....	1
	DK .....	-8
	RF .....	-7

**HLTH.MENTAL**



**MEMORY/COGNITIVE SKILLS**

HA12PREB

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

**MEMORY/COGNITIVE SKILLS**

3.0, C0700

HA12B

On or around {REF DATE}, was {SP}'s short-term memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?

<b>CSMEMST</b>	MEMORY OK .....	0
	MEMORY PROBLEM.....	1

**HLTH.CSMEMST**

**MEMORY/COGNITIVE SKILLS**

3.0, C0800

HA13B

Was {SP}'s long-term memory okay; that is, did {she/he} seem or appear to recall events in the distant past?

<b>CSMEMLT</b>	MEMORY OK .....	0
	MEMORY PROBLEM.....	1

**HLTH.CSMEMLT**

PROGRAMMER SPECS:  
Display "REVIEW RESPONSES. PRESS ENTER TO CONTINUE." after entry in HA13B.

HA14B  
The following displays vary:  
 For item 1, display {the current season}.  
 For item 2, display {the location of {her/his} own room}.  
 For item 3, display {staff names or faces}.  
 For item 4, display {the fact that {she/he} was in a nursing home}.

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

**MEMORY/COGNITIVE SKILLS**

3.0, C0900

HA14B

Was {SP} able to recall {VARIABLE PART OF QUESTION} on or around {REF DATE}?

<b>CSCURSEA</b>	CURRENT SEASON
<b>CSLOCROM</b>	LOCATION OF OWN ROOM
<b>CSNAMFAC</b>	STAFF NAMES/FACES
<b>CSINNH</b>	THAT SHE/HE IS IN NURSING HOME
	NONE CHECKED
	DON'T KNOW

**HLTH.CSCURSEA  
.CSLOCROM  
.CSNAMFAC  
.CSINNH**

**MEMORY/COGNITIVE SKILLS**  
3.0, C1000

HA15B

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?

<b>CSDECIS</b>	INDEPENDENT .....	0
	MODIFIED INDEPENDENCE .....	1
	MODERATELY IMPAIRED .....	2
	SEVERELY IMPAIRED .....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.CSDECIS**

BOX HA13B	If Baseline or Core, go to HA16B. If Time 2, go to HA21B.
--------------	---

**HEARING/COMMUNICATION**  
3.0, B0200

HA16B

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

<b>HCHECOND</b>	HEARS ADEQUATELY .....	0
	HEARS WITH MINIMAL DIFFICULTY .....	1
	HEARS IN SPECIAL SITUATIONS ONLY .....	2
	HEARING HIGHLY IMPAIRED .....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HCHECOND**

**HEARING/COMMUNICATION**  
3.0, B0300

HA17B

Did {she/he} have a hearing aid?

<b>HCHEAID</b>	YES .....	1
	NO .....	0

**HLTH.HCHEAID**

**HEARING/COMMUNICATION**  
**\*CTRL/E OK\***

HA18PREB

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

PRESS ENTER TO CONTINUE.

**HEARING/COMMUNICATION**  
3.0, B0700

HA18B

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

<b>HCUNCOND</b>	UNDERSTOOD.....	0
	USUALLY UNDERSTOOD .....	1
	SOMETIMES UNDERSTOOD .....	2
	RARELY/NEVER UNDERSTOOD .....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HCUNCOND**

**HEARING/COMMUNICATION**  
3.0, B0800

HA19B

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

<b>HCUNDOTH</b>	UNDERSTAND .....	0
	USUALLY UNDERSTAND .....	1
	SOMETIMES UNDERSTAND .....	2
	RARELY/NEVER UNDERSTAND.....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HCUNDOTH**

**VISION**  
\*CTRL/E OK\*

HA20PREB

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

PRESS ENTER TO CONTINUE.

**VISION**  
3.0, B1000

HA20B

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?

<b>VISION</b>	ADEQUATE .....	0
	IMPAIRED.....	1
	MODERATELY IMPAIRED .....	2
	HIGHLY IMPAIRED .....	3
	SEVERELY IMPAIRED.....	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.VISION**

**VISION**  
3.0, B1200

HA20AB

Does {SP} use a visual appliance such as glasses, contact lenses, or a magnifying glass?

<b>VISAPPL</b>	YES.....	1
	NO .....	0

**HLTH.VISAPPL**

**BEHAVIORAL SYMPTOMS**

3.0, E0200

HA21B

How often did the following behavioral problems occur on or around {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?

- 0. BEHAVIOR NOT EXHIBITED
- 1. BEHAVIOR OCCURRED 1 TO 3 DAYS
- 2. BEHAVIOR OCCURRED 4 TO 6 DAYS
- 3. BEHAVIOR OCCURRED DAILY

**BSAYSOT** physical behavior symptoms directed toward others ( )

**BSVERBOT** verbal behavior symptoms directed toward others ( )

**BSNOTOT** other behavioral symptoms not directed toward others ( )

**HLTH.BSAYSOT**      **HLTH.BSVERBOT**      **HLTH.BSNOTOT**

BOX HA21B	IF ALL RESPONSES TO HA21B = 0, GO TO HA21CB. ELSE GO TO HA21AB.
--------------	--

HA21AB Display version and section if full MDS (HA4=1).  
Else, do not display.

**BEHAVIORAL SYMPTOMS**

{3.0, E0500}

HA21AB

Did any of (SP's) behavior:...

YES = 1, NO = 0

**BSELFILL** put the resident at significant risk for physical illness or injury? ( )

**BSELF CAR** significantly interfere with the resident's care? ( )

**BSELF ACT** significantly interfere with the resident's participation in activities or social interactions? ( )

**HLTH.BSELFILL**      **HLTH.BSELF CAR**      **HLTH.BSELF ACT**

HA21BB Display version and section if full MDS (HA4=1).  
Else, do not display.

**BEHAVIORAL SYMPTOMS**

{3.0, E0600}

HA21BB

Did any of (SP's) behavior:...

YES = 1, NO = 0

- BSOTHILL** put others at significant risk for physical illness or injury? ( )
- BSOTHACT** significantly intrude on the privacy or activity of others? ( )
- BSOTHENV** significantly disrupt care or living environment? ( )

**HLTH.BSOTHILL      HLTH.BSOTHACT      HLTH.BSOTHENV**

**BEHAVIORAL SYMPTOMS**

3.0, E0800

HA21CB

How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals or health and well-being on or around {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?

- BSNOEVAL**
- BEHAVIOR NOT EXHIBITED ..... 0
- BEHAVIOR OCCURRED 1 TO 3 DAYS . 1
- BEHAVIOR OCCURRED 4 TO 6 DAYS . 2
- BEHAVIOR OCCURRED DAILY..... 3

**HLTH.BSNOEVAL**

**BEHAVIORAL SYMPTOMS**

3.0, E0900

HA21DB

How often did (SP) wander on or around {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?

- BSOFTWAN** BEHAVIOR NOT EXHIBITED ..... 0 (HA22PREB)
- BEHAVIOR OCCURRED 1 TO 3 DAYS . 1 (HA21EB)
- BEHAVIOR OCCURRED 4 TO 6 DAYS . 2 (HA21EB)
- BEHAVIOR OCCURRED DAILY..... 3 (HA21EB)

**HLTH.BSOFTWAN**

HA21EB Display version and section if full MDS (HA4=1).  
Else, do not display.

**BEHAVIORAL SYMPTOMS**

{3.0, E1000}

HA21EB

Did any of (SP's) wandering:...

YES = 1, NO = 0

**BSWDANGR** place the resident at significant risk of getting to a potentially dangerous place? ( )

**BSWOTACT** significantly intrude on the privacy or activities of others? ( )

**HLTH.BSWDANGR**      **HLTH.BSWOTACT**

HA22PREB  
If no MDS (HA2=NO, DK, or RF) display "By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members".

**ADLS/PHYSICAL FUNCTIONING**

HA22PREB

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

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

PRESS ENTER TO CONTINUE.

HA22B  
 Display the first line of question for all 6 items.  
 The following displays vary:

For item A, display {transferring (for example, in and out of bed)}.  
 For item B, display {locomotion on unit}.  
 For item C, display {dressing}.  
 For item D, display {eating}.  
 For item E, display {using the toilet}.

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

**ADLS/PHYSICAL FUNCTIONING**  
 3.0, G0100

HA22B  
 Please tell me {SP}'s level of self-performance in  
 {VARIABLE PART OF QUESTION}

CODE LEVEL OF SELF-PERFORMANCE

<b>PFTRNSFR</b>	A. TRANSFER .....	( )
<b>PFLOCOMO</b>	B. LOCOMOTION ON UNIT .....	( )
<b>PFDRSSNG</b>	C. DRESSING .....	( )
<b>PFEATING</b>	D. EATING .....	( )
<b>PFTOILET</b>	E. TOILET USE .....	( )

- |   |                           |                       |
|---|---------------------------|-----------------------|
| 0. INDEPENDENT                          | 1. SUPERVISION            | 2. LIMITED ASSISTANCE |
| 3. EXTENSIVE ASSISTANCE                 | 4. TOTAL DEPENDENCE       |                       |
| 7. ACTIVITY OCCURRED ONLY ONCE OR TWICE | 8. ACTIVITY DID NOT OCCUR |                       |

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.PFTRNSFR**  
**.PFLOCOMO**  
**.PFDRSSNG**  
**.PFEATING**  
**.PFTOILET**

HA23B  
Highlight "bathing" on first line.

**ADLS/PHYSICAL FUNCTIONING**  
3.0, G0120

HA23B

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.PFBATHNG**

**MODES OF LOCOMOTION**

HA24PREB

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

PRESS ENTER TO CONTINUE.

HA24B

Display the first line of question for all four items.

The following displays vary:

For item 1, display {did {she/he} use a cane }.

For item 2, display {did {she/he} use a walker

For item 3, display {did {she/he} use a wheelchair }.

For item 4, display {did {she/he} use a limb prosthesis }.

Display choice list below question text.

**MODES OF LOCOMOTION**

3.0, G0600

HA24B

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

- MOLCANE** CANE
- MOLWLKR** WALKER
- MOLWCHR** WHEELCHAIR
- MOLPROS** LIMB PROSTHESIS
- NONE CHECKED
- DON'T KNOW

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.MOLCANE**

**.MOLWLKR**

**.MOLWCHR**

**.MOLPROS**

BOX  
HA14B

If Baseline or Core, go to HA25PREB. If Time 2, go to HA39B.

**CONTINENCE**

HA25PREB

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

PRESS ENTER TO CONTINUE.

<b>CONTINENCE</b> 3.0, H0400
---------------------------------

HA25B

What was the level of {SP}'s bowel control on or around {REF DATE}? Was {she/he} always continent, occasionally incontinent, frequently incontinent, always incontinent, or was {she/he} not rated?

- |                |                                |   |
|----------------|--------------------------------|---|
| <b>CTBOWEL</b> | ALWAYS CONTINENT .....         | 0 |
|                | OCCASIONALLY INCONTINENT ..... | 1 |
|                | FREQUENTLY INCONTINENT .....   | 2 |
|                | ALWAYS INCONTINENT .....       | 3 |
|                | NOT RATED .....                | 4 |

<b>HLTH.CTBOWEL</b>
---------------------

<b>CONTINENCE</b> 3.0, H0300
---------------------------------

HA26B

What was the level of {SP}'s bladder control on or around {REF DATE}? Was {she/he} always continent, occasionally incontinent, frequently incontinent, always incontinent, or was {she/he} not rated?

- |                |                                |   |
|----------------|--------------------------------|---|
| <b>CTBLADD</b> | ALWAYS CONTINENT .....         | 0 |
|                | OCCASIONALLY INCONTINENT ..... | 1 |
|                | FREQUENTLY INCONTINENT .....   | 2 |
|                | ALWAYS INCONTINENT .....       | 3 |
|                | NOT RATED .....                | 4 |

<b>HLTH.CLBLADD</b>
---------------------

## HA28PREB

If medical record contains an MDS (HA2 = YES) and HA3A/HA3B contains at least one valid MDS assessment date,  
Display {MDS ASSESSMENT DATE: BCVAD/CCVAD}

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

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

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

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

**DIAGNOSES/CONDITIONS**

## HA28PREB

{MDS ASSESSMENT DATE: {BCVAD}}

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

PRESS ENTER TO CONTINUE.

HA28B  
 Display HA28 in a choice list with search function enabled.  
 If HA3A/HA3B = valid assessment date,  
   Display "VERSION/SECTION"  
   Display "What active diseases were checked on {SP's} MDS assessment?"  
   Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.  
 Else,  
   Display Show Card.  
   Display "Look at the following list and tell me what active diseases did {SP} have on or around {REF DATE}".  
   Display "Other {SPECIFY\_\_\_\_\_}"

**DIAGNOSES/CONDITIONS**  
3.0, Section I

HA28B

{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}

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

SELECT ALL THAT APPLY.

- |                 |  |
|-----------------|--|
| <b>ALLERGY</b>  | Allergies                                    |
| <b>ALZHMR</b>   | Alzheimer's Disease                          |
| <b>ANEMIA</b>   | Anemia                                       |
| <b>ANXIETY</b>  | Anxiety Disorder                             |
| <b>APHASIA</b>  | Aphasia                                      |
| <b>ASHD</b>     | Arteriosclerotic Heart Disease (ASHD)        |
| <b>ARTHRIT</b>  | Arthritis                                    |
| <b>ASTHMA</b>   | Asthma                                       |
| <b>BPH</b>      | Benign Prostatic Hyperplasia                 |
| <b>CANCER</b>   | Cancer                                       |
| <b>CARDDYSR</b> | Cardiac Dysrhythmia                          |
| <b>CARDIOV</b>  | Cardiovascular Disease (other)               |
| <b>CATARCT</b>  | Cataracts                                    |
| <b>CERPALSY</b> | Cerebral Palsy                               |
| <b>STROKE</b>   | Cerebrovascular Accident (Stroke)            |
| <b>HRTFAIL</b>  | Congestive Heart Failure                     |
| <b>VEINTHR</b>  | Deep Vein Thrombosis                         |
| <b>DEMENT</b>   | Dementia, Other Than Alzheimer's             |
| <b>DEPRESS</b>  | Depression                                   |
| <b>DIABMEL</b>  | Diabetes Mellitus                            |
| <b>DIABRET</b>  | Diabetic Retinopathy                         |
| <b>EMPCOPD</b>  | Emphysema/COPD                               |
| <b>GLAUCOMA</b> | Glaucoma                                     |
| <b>HEMIPLPA</b> | Hemiplegia/Hemiparesis                       |
| <b>HIPFRACT</b> | Hip Fracture                                 |
| <b>HYPETENS</b> | Hypertension                                 |
| <b>HYPETHYR</b> | Hyperthyroidism                              |
| <b>HYPOTENS</b> | Hypotension                                  |
| <b>HYPOTHYR</b> | Hypothyroidism                               |
| <b>MACDEGEN</b> | Macular Degeneration                         |
| <b>MANICDEP</b> | Manic Depression (Bipolar Disease)           |
| <b>MISSLIMB</b> | Missing Limb (e.g., amputation)              |
| <b>SCLEROS</b>  | Multiple Sclerosis                           |
| <b>OSTEOP</b>   | Osteoporosis                                 |
| <b>PARAPLEG</b> | Paraplegia                                   |
| <b>PARKNSON</b> | Parkinson's Disease                          |
| <b>BONEFRAC</b> | Pathological Bone Fracture                   |
| <b>VASCULAR</b> | Peripheral Vascular Disease                  |
| <b>QUADPLEG</b> | Quadriplegia                                 |
| <b>RENESRD</b>  | Renal Failure/End-Stage Renal Disease (ESRD) |

**SCHIZOPH** Schizophrenia  
**SEIZURE** Seizure Disorder  
**TOURETTE** Tourette's Syndrome  
**BRAININJ** Traumatic Brain Injury  
          {Other {SPECIFY: \_\_\_\_\_}}  
          None of the Above

DIAG.ALLERGY	.CARDYSR	.DIAMEL	.HYPOTHYR	.VASCULAR	VDIA.OTHDIAG
.ALZHMR	.CARDIOV	.DIABRET	.MACDEGEN	.QUADPLEG	.SOURCE
.ANEMIA	.CATARCT	.EMPCOPD	.MANICDEP	.BPH	
.ANXIETY	.CERPALSY	.GLAUCOMA	.MISSLIMB	.SCHIZOPH	
.APHASIA	.STROKE	.HEMIPLPA	.SCLEROS	.SEIZURE	
.ASHD	.HRTFAIL	.HIPFRACT	.OSTEOP	.TOURETTE	
.ARTHRIT	.VEINTHR	.HYPETENS	.PARAPLEG	.BRAININJ	
.ASTHMA	.DEMENT	.HYPETHYR	.PARKNSON	.DCOTH	
.CANCER	.DEPRESS	.HYPOTENS	.BONEFRAC	.RENESRD	

HA29B  
 Display HA29B in a choice list with search function enabled.  
 If HA3A/HA3B = valid assessment date,  
 Display "What active infections were checked on {SP's} MDS assessment?"  
 Display {VERSION, SECTION} in header.  
 Else,  
 Display "Look at the following list and tell me what active infection {SP} had on or around {REF. DATE} according to the medical record notes."  
 Display show card symbol.  
 Leave header display blank.

**DIAGNOSES/CONDITIONS**  
3.0, Section I

HA29B  
 {What active infections were checked on {SP}'s MDS assessment?}  
 {Look at the following list and tell me what active infection {SP} had on or around {REF DATE} according to the medical record notes.}

SELECT ALL THAT APPLY.



- INFMRSA** ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH)
- INFCDIFF** CLOSTRIDIUM DIFFICILE (C.DIFF.)
- INFCONJ** CONJUNCTIVITIS
- INFHIV** HIV INFECTION
- INFPNEU** PNEUMONIA
- INFRESP** RESPIRATORY INFECTION
- INFSEPT** SEPTICEMIA
- INFSEXTR** SEXUALLY TRANSMITTED DISEASES
- INF TBRC** TUBERCULOSIS
- INFURNRY** URINARY TRACT INFECTION IN LAST 30 DAYS
- INFHPPTS** VIRAL HEPATITIS
- INF WOUND** WOUND INFECTION
- NONE OF THE ABOVE

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

BOX HA15B	If HA3A/HA3B = BCVAD,/CCVAD, go to HA30B. Else go to BOX HA16B.
--------------	--

HA30B  
 Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

**DIAGNOSES/CONDITIONS**  
 3.0, Section I

HA30B

MDS ASSESSMENT DATE: {BCVAD/CCVAD}

Were there any active diagnoses entered on the MDS form in the section for other diagnoses?

**OTMDS DIA**

YES.....	1	}	(BOX HA16B)
NO.....	0		
DK.....	-8		
RF.....	-7		

**DIAG.OTMDS DIA**

HA31B  
Display HA30B as a choice list with search function enabled.

**DIAGNOSES/CONDITIONS**  
3.0, Section I

HA31B

SHOW  
CARD  
HA5

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

- ALCOH** Agitation
- Alcohol dependency
- Anorexia
- Aortic stenosis
- Ataxia
- Atrial fibrillation
- Atypical psychosis
- Benign prostatic hyperplasia
- Blindness
- BREAST** Breast disorders
- CERDEG** Cerebral degeneration
- Clinical obesity
- CONST** Constipation
- Coronary artery disease
- DEGJNT** Degenerative joint disease (DJD)
- HERNIA** Diaphragmatic hernia (hiatal hernia)
- DIVCOL** Diverticula of colon
- Down's syndrome
- DYSPPHA** Dysphagia (swallowing difficulties)
- EDEMA** Edema
- EPILEP** Epilepsy
- GASTR** Gastritis/duodenitis
- GASTRO** Gastroenteritis, noninfectious
- GHEMOR** Gastrointestinal hemorrhage
- Gout
- Hemorrhage of esophagus
- Hypercholesterolemia
- Hyperlipidemia
- HYPER** Hyperplasia of prostate
- HYPOP** Hypopotassemia/hypokalemia
- Insomnia
- Kyphosis
- BRAINS** Nonpsychotic brain syndrome
- Organic brain syndrome
- OSARTH** Osteoarthritis
- PEPULC** Peptic ulcer
- RENTUR** Renal ureteral disorder
- SCOLIO** Scoliosis
- Spinal stenosis
- LEGULC** Ulcer of leg, chronic
- Urinary retention
- Vertigo
- OTHER: SPECIFY \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_
- OTHER: SPECIFY \_\_\_\_\_

DIAG.MAGITAT	.MCERDEG	.MEPILEP	.MINSOM	.MURIRET
.MALCOH	.MCLINOB	.MGASTR	.MKYPHO	.MVERTI
.MANOREX	.MCONST	.MGASTRO	.MBRAINS	.MDCOTH1
.MAOSTEN	.MCORART	.MGHEMOR	.MORGBRN	.MDCOTH2
.MATAXIA	.MDEGJNT	.MGOUT	.MOSARTH	.MDCOTH3
.MAFIB	.MHERNIA	.MHESOPH	.MPEPULC	.MDCOTH4
.MAPSYCH	.MDIVCOL	.MHYPCHO	.MRENTUR	VDIA.OTHDIAG
.MBPRHYP	.MDOWNS	.MHYPLIP	.MSCOLIO	.SOURCE
.MBLIND	.MDYSPHA	.MHYPER	.MSPSTEN	
.MBREAST	.MEDEMA	.MHYPOP	.MLEGULC	

BOX HA16B	If comatose (HA11B=1), go to HA38B. Else, go to HA34B.
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HA34PREB-HA36B  
Sample Layout

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**

HA34B-36B

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

Did {he/she} experience...

YES = 1, NO = 0

dehydration on or around {REF DATE}? ..... ( )

delusions? ..... ( )

hallucinations? ..... ( )

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA34PREB  
If HA3A-HA3B contains at least one valid assessment date, display "Again, please refer to the MDS."

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**

HA34PREB

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

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**

3.0, J1500

HA34B

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

DEHYD            YES ..... 1  
                    NO ..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DEHYD

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**  
3.0, E0100

HA35B

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

**DELUS**        YES ..... 1  
                  NO..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.DELUS**

**DEHYDRATION/DELUSIONS/HALLUCINATIONS**  
3.0, E0100

HA36B

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

**HALLUC**       YES ..... 1  
                  NO..... 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**HLTH.HALLUC**

**SWALLOWING/ORAL PROBLEMS**  
3.0, K0100

Display the first line of question for all four items.  
The following displays vary:  
For item 1, display {Did {she/he} experience a loss of liquids or solids from mouth when eating or drinking }.  
For item 2, display {Did {she/he} experience holding food in mouth or cheeks or residual food in mouth after meals}  
For item 3, display {Did {she/he} experience coughing or choking during meals or when swallowing medications}.  
For item 4, display {Did {she/he} experience complaints of difficulty or pain with swallowing}.  
Display choice list below question text.

HA37AB

Did {SP} experience any of the following swallowing problems on or around {REF DATE}?

SELECT ALL THAT APPLY.

- SOLOSS**    LOSS OF LIQUIDS/SOLIDS FROM MOUTH WHEN EATING OR DRINKING
- SOHOLD**    HOLDING FOOD IN MOUTH/RESIDUAL FOOD IN MOUTH AFTER MEALS
- SOCOUGH**    COUGHING/CHOKING DURING MEALS OR SWALLOWING MEDICATIONS
- SOPAIN**     COMPLAINTS OF DIFFICULTY OR PAIN WITH SWALLOWING
- NONE OF THE ABOVE

**HLTH.SOLOSS    HLTH.SOHOLD    HLTH.SOCOUGH    HLTH.SOPAIN**

**SWALLOWING/ORAL PROBLEMS**  
3.0, L0200

Display the first line of question for all five items.  
The following displays vary:  
For item 1, display {Did {she/he} experience broken or loosely fitting full or partial denture}.  
For item 2, display {Did {she/he} experience no natural teeth or tooth fragments}.  
For item 3, display {Did {she/he} experience coughing obvious or likely cavity or broken natural teeth}.  
For item 4, display {Did {she/he} experience inflamed or bleeding gums or loose natural teeth}.  
For item 5, display {Did {she/he} experience mouth or facial pain, discomfort or difficulty with chewing}.  
Display choice list below question text.

HA37BB

Did {SP} experience any of the following oral problems on or around {REF DATE}: {VARIABLE PART OF QUESTION}?

SELECT ALL THAT APPLY.

- SODENT** BROKEN OR LOOSELY FITTING FULL OR PARTIAL DENTURE
- SOTEETH** NO NATURAL TEETH OR TOOTH FRAGMENT(S)
- SOCAVITY** OBVIOUS OR LIKELY CAVITY OR BROKEN NATURAL TEETH
- SOGUMS** INFLAMED OR BLEEDING GUMS OR LOOSE NATURAL TEETH
- SOCHEW** MOUTH/FACIAL PAIN, DISCOMFORT OR DIFFICULTY WITH CHEWING
- SONOEXAM** UNABLE TO EXAMINE
- NONE OF THE ABOVE

**HLTH.SODENT HLTH.SOTEETH HLTH.SOCAVITY HLTH.SOGUMS HLTH.SOCHEW HLTH.SONOEXAM**

BOX HA16AB	If PERS.PERSRNDNC = current round, or current round is fall round, continue. Else, go to HA39B
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**ORAL/NUTRITIONAL STATUS**  
3.0, K0200

HA38B

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

**HEIGHT**

\_\_\_\_\_   
INCHES

**HLTH.HEIGHT**

PROGRAMMER SPECS: Allow the following height range:

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

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

**ORAL/NUTRITIONAL STATUS**  
3.0, K0200

HA39B

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

**WEIGHT**

\_\_\_\_\_   
POUNDS

**HLTH.WEIGHT**

PROGRAMMER SPECS: Allow the following weight range:

Adults (Age 12+): 50 to 500 pounds

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

BOX HA17BB	If Baseline or Core, go to HA10B. If Time 2, go to HC2.
---------------	---

**ADVANCED DIRECTIVES**

HA10B

The fourth line varies:

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

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

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

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

Display choice list below question text.

HA10B

(The rest of the health status questionnaire 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 {REF DATE}.

Did {SP}'s record indicate  
{VARIABLE PART OF QUESTION}

<b>ADLIVWIL</b>	LIVING WILL
<b>ADDNRES</b>	DO NOT RESUSCITATE
<b>ADDNHOSP</b>	DO NOT HOSPITALIZE
<b>ADOTREST</b>	FEEDING/MEDICATION/OTHER TREATMENT RESTRICTION
	NONE CHECKED
	DON'T KNOW

HLTH.ADLIVWIL  
.ADDNRES  
.ADDNHOSP  
.ADOTREST

HA32  
Display on Help Screen. "Active refers to those diseases associated with the resident's ADL status, performance in making everyday decisions, behavior, medical treatments, or risk of death."

**DIAGNOSES/CONDITIONS  
NOT ON MDS**

\*CTRL/E OK\*

HA32

(The rest of the health status questionnaire not from the MDS.)

Can you add any other active diagnoses for {SP} on or around {REF DATE} that have not yet been mentioned?  
Please refer to the medical record including {SP's} medications chart for {REF DATE MONTH}.

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS46)

**DIAG.OTACTDIA**

HA33  
Display HA33 in a choice list with search function enabled.

**DIAGNOSES/CONDITIONS  
NOT ON MDS**

HA33

SHOW  
CARD  
HA5

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

- ALCOH** Agitation  
Alcohol Dependency  
Anorexia  
Aortic stenosis  
Ataxia  
Atrial fibrillation  
Atypical psychosis  
Benign prostatic hyperplasia  
Blindness
- BREAST** Breast disorders
- CERDEG** Cerebral degeneration  
Clinical obesity
- CONST** Constipation  
Coronary artery disease
- DEGJNT** Degenerative joint disease (DJD)
- HERNIA** Diaphragmatic hernia (hiatal hernia)
- DIVCOL** Diverticula of colon  
Down's syndrome
- DYSPHA** Dysphagia (swallowing difficulties)
- EDEMA** Edema
- EPILEP** Epilepsy
- GASTR** Gastritis/duodenitis
- GASTRO** Gastroenteritis, noninfectious
- GHEMOR** Gastrointestinal hemorrhage  
Gout  
Hemorrhage of esophagus  
Hypercholesterolemia  
Hyperlipidemia
- HYPER** Hyperplasia of prostate
- HYPOP** Hypopotassemia/hypokalemia  
Insomnia  
Kyphosis
- BRAINS** Nonpsychotic brain syndrome  
Organic brain syndrome
- OSARTH** Osteoarthritis
- PEPULC** Peptic ulcer
- RENTUR** Renal ureteral disorder
- SCOLIO** Scoliosis  
Spinal stenosis
- LEGULC** Ulcer of leg, chronic  
Urinary retention  
Vertigo  
OTHER: SPECIFY \_\_\_\_\_  
OTHER: SPECIFY \_\_\_\_\_  
OTHER: SPECIFY \_\_\_\_\_  
OTHER: SPECIFY \_\_\_\_\_

(HS47)

<b>DIAG.NMAGITAT</b>	<b>.NMCERDEG</b>	<b>.NMEPILEP</b>	<b>.NMINSOM</b>	<b>.NMURIRET</b>
<b>.NMALCOH</b>	<b>.NMCLINO</b>	<b>.NMGASTR</b>	<b>.NMKYPHO</b>	<b>.NMVERTI</b>
<b>.NMANOREX</b>	<b>.NMCONST</b>	<b>.NMGASTRO</b>	<b>.NMBRAINS</b>	<b>.NMDCOTH1</b>

.NMAOSTEN	.NMCORART	.NMGHEMOR	.NMORGBRN	.NMDCOTH2
.NMATAXIA	.NMDEGJNT	.NMGOUT	.NMOSARTH	.NMDCOTH3
.NMAFIB	.NMHERNIA	.NMHESOPH	.NMPEPULC	.NMDCOTH4
.NMAPSYCH	.NMDIVCOL	.NMHYPCHO	.NMRENTUR	VDIA.OTHDIAG
.NMBPRHYP	.NMDOWNS	.NMHYPLIP	.NMSCOLIO	.SOURCE
.NMBLIND	.NMDYSPHA	.NMHYPER	.NMSPSTEN	
.NMBREAST	.NMEDEMA	.MHYPOP	.NMLEGULC	

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

HA33PRE  
If HA3A/HA3B=valid assessment date, display "While you are referring to {SP's} medical record", "additional" and "These questions cannot be found on the MDS".  
Else, display "Now".

**CONDITIONS**

HA33PRE  
{{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}.

HA33A DELETED.

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

**CONDITIONS**

HA33B  
Please refer to {SP's} medical record and tell me in what part or parts of the body was the cancer found?

SELECT ALL THAT APPLY

- |                 |                         |
|-----------------|-------------------------|
| <b>CNRBLADD</b> | BLADDER                 |
| <b>CNRBREAS</b> | BREAST                  |
| <b>CNRCERVI</b> | CERVIX                  |
| <b>CNRBOWEL</b> | COLON, RECTUM, OR BOWEL |
| <b>CNRLUNG</b>  | LUNG                    |
| <b>CNROVARY</b> | OVARY                   |
| <b>CNRPROST</b> | PROSTATE                |
| <b>CNRSKIN</b>  | SKIN                    |
| <b>CNRSTOMA</b> | STOMACH                 |
| <b>CNRUTERU</b> | UTERUS                  |
| <b>CNROTHER</b> | OTHER<br>DON'T KNOW     |

<b>DIAG.CNRBLADD</b>	<b>.CNRBREAS</b>	<b>.CNRCERVI</b>	<b>.CNRBOWEL</b>	<b>.CNRLUNG</b>	<b>.CNROVARY</b>
<b>.CNRPROST</b>	<b>.CNRSKIN</b>	<b>.CNRSTOMA</b>	<b>.CNRUTERU</b>	<b>.CNROTHER</b>	<b>.CNROTHOS</b>

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

**CONDITIONS**

HA33C

Please refer to {SP's} medical record and tell me if the cardiovascular disease was angina pectoris or coronary heart disease?

**CRDVTYPE**    YES ..... 1  
                  NO ..... 0

**DIAG.CRDVTYPE**

**CONDITIONS**

HA33D

Still referring to the medical record, has {SP} ever had a myocardial infarction or heart attack?

**MYOCARD**    YES ..... 1  
                  NO ..... 0

**DIAG.MYOCARD**

**VISION**

HA33E

Has {SP} ever had an operation for cataracts?

**CATAROP**    YES ..... 1  
                   NO ..... 0

**DIAG.CATAROP**

BOX HA15F	If Core, go to BOX HA17B. If SP is 65 or older, go to BOX HA17B. If number of yes responses is 0, go to HA33G. Else, go to HA33F.
--------------	--

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

**CONDITIONS LINKED TO MEDICARE**

HA33F

You told me that {SP} has had {MEDICAL CONDITIONS TO WHICH RESPONDENT ANSWERED YES IN HA28-HA33E}. {Was this/Were any of these} the original cause of {SP's} becoming eligible for Medicare?

YES ..... 1 (BOX HA15E)  
 NO ..... 0  
 DK ..... -8 (BOX HA17B)

**DIAG.CAUSEMCR**

**CONDITIONS LINKED TO MEDICARE**

HA33G

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

RECORD VERBATIM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(BOX HA17B)

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

BOX HA15E	If more than one condition to which respondent answered yes in HA28-HA33E, go to HA33H. Else, go to BOX HA17B.
--------------	---

HA33H  
Display all conditions mentioned in HA28-HA33E in choice list.  
Display choice list below question text.

**CONDITIONS LINKED TO MEDICARE**

HA33H  
Which of these conditions was a cause of {him/her} becoming eligible for Medicare?  
{ITEMS MENTIONED IN HA28-HA33E}

DIAG.ALLERGY	.CANCER	.DEMENT	.HYPETENS	.OSTEOP	.SCHIZOPH
.ALZHMR	.CARDYSR	.DEPRESS	.HYPETHYR	.PARAPLEG	.SEIZURE
.ANEMIA	.CARDIOV	.DIABMEL	.HYPOTENS	.PARKNSON	.TIA
.ANXIETY	.CATARCT	.DIABRET	.HYPOTHYR	.BONEFRAC	.BRAININJ
.APHASIA	.CERPALS	.EMPCOPD	.MACDEGEN	.VASCULAR	.DCOTH
.ASHD	.STROKE	.GLAUCOMA	.MANICDEP	.QUADPLEG	
.ARTHRIT	.HRTFAIL	.HEMIPLA	.MISSLIMB	.RENTFAIL	
.ASTHMA	.VEINTHR	.HIPFRACT	.SCLEROS		
DIAG.INFMRSA	.INFCONJ	.INFPNEU	.INFSEPT	.INFTBRC	.INFHPPTS
.INFCDIFF	.INFHIV	.INFRESP	.INFSEXTR	.INFURNRY	.INFWOUND
DIAG.MAGITAT	.MCERDEG	.MEPILEP	.MINSOM	.MURIRET	
.MALCOH	.MCLINOB	.MGASTR	.MKYPHO	.MVERTI	
.MANOREX	.MCONST	.MGASTRO	.MBRAINS	.MDCOTH1	
.MAOSTEN	.MCORART	.MGHEMOR	.MORGBRN	.MDCOTH2	
.MATAXIA	.MDEGJNT	.MGOUT	.MOSARTH	.MDCOTH3	
.MAFIB	.MHERNIA	.MHESOPH	.MPEPULC	.MDCOTH4	
.MAPSYCH	.MDIVCOL	.MHYPCHO	.MRENTUR		
.MBPRHYP	.MDOWNS	.MHYPLIP	.MCOLIO		
.MBLIND	.MDYSPHA	.MHYPER	.MSPSTEN		
.MBREAST	.MEDEMA	.MHYPOP	.MLEGULC		
DIAG.NMAGITAT	.NMCERDEG	.NMEPILEP	.NMINSOM	.NMURIRET	
.NMALCOH	.NMCLINOB	.NMGASTR	.NMKYPHO	.NMVERTI	
.NMANOREX	.NMCONST	.NMGASTRO	.NMBRAINS	.NMDCOTH1	
.NMAOSTEN	.NMCORART	.NMGHEMOR	.NMORGBRN	.NMDCOTH2	
.NMATAXIA	.NMDEGJNT	.NMGOUT	.NMOSARTH	.NMDCOTH3	
.NMAFIB	.NMHERNIA	.NMHESOPH	.NMPEPULC	.NMDCOTH4	
.NMAPSYCH	.NMDIVCOL	.NMHYPCHO	.NMRENTUR		
.NMBPRHYP	.NMDOWNS	.NMHYPLIP	.NMCOLIO		
.NMBLIND	.NMDYSPHA	.NMHYPER	.NMSPSTEN		
.NMBREAST	.NMEDEMA	.NMHYPOP	.NMLEGULC		
DIAG.CNRSKIN					
DIAG.MYOCARDDIAG.CATAROP					

HA41PRE-HA43 OMITTED

BOX HA17B	If SP is female, go to HA43APRE. Else, go to HA43DAPRE.
--------------	--

**SAMPLE LAYOUT**

**MAMMOGRAM/PAP SMEAR/HYSTERECTOMY**

HA43APRE-HA43C  
 The next items are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.  
 Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a ... YES=1,NO=0

mammogram or breast x-ray.....	( )
Pap smear?.....	( )
{hysterectomy? .....	( )}

**MAMMOGRAM/PAP SMEAR/HYSTERECTOMY**

HA43APRE  
 The next items are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.

**MAMMOGRAM/PAP SMEAR/HYSTERECTOMY**

HA43A  
 Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a mammogram or breast x-ray?

<b>MAMMOGR</b>	YES.....	1
	NO.....	0

**HLTH.MAMMOGR**

**MAMMOGRAM/PAP SMEAR/HYSTERECTOMY**

HA43B  
 Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a Pap smear?

<b>PAPSMEAR</b>	YES.....	1
	NO.....	0

**HLTH.PAPSMEAR**

BOX HA17C	If Baseline, go to HA43D. If Core: If in Baseline HA43D=1 or in previous Core HA43C=1, go to BOX 17CB. If CURRTYPE = FFC or FCF, go to HA43D Else, go to HA43C.
--------------	---





**SMOKING**

HA43E

The next couple of questions are about smoking. Has {SP} ever smoked cigarettes, cigars, or pipe tobacco?

**EVRSMOKE** YES..... 1  
NO..... 0

**HLTH.EVRSMOKE**

BOX HA17D	If comatose (HA11=1), go to BOX HA24. If HA43E=1 and alive, go to HA43F. Else, go to HA43GPRE.
--------------	--

**SMOKING**

HA43F

Does {SP} smoke now?

**NOWSMOKE** YES..... 1  
NO..... 0

**HLTH.NOWSMOKE**

**IADLS**

HA43GPRE

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

<p>HA43G Display the first line of the question for all 3 items. The following displays vary:</p> <p>For item A, display {stooping, crouching, or kneeling?}. For item B, display {lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?}. For item C, display {reaching or extending arms above shoulder level?}. For item D, display {either writing or handling and grasping small objects?}. For item E, display {walking a quarter of a mile - that is, about 2 or 3 blocks?}.</p>
---

**IADLS**

HA43G

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

SHOW  
CARD  
HA6

CODE LEVEL OF DIFFICULTY

- IADSTOOP** A. STOOPING/COUCHING/KNEELING ..... ( )
- IADLIFT** B. LIFTING HEAVY OBJECTS ..... ( )
- IADREACH** C. REACHING/EXTENDING ARMS..... ( )
- IADGRASP** D. WRITING/GRASPING SMALL OBJECTS ..... ( )
- IADWALK** E. WALKING QUARTER OF A MILE..... ( )

- 0. NO DIFFICULTY AT ALL
- 1. A LITTLE DIFFICULTY
- 2. SOME DIFFICULTY
- 3. A LOT OF DIFFICULTY
- 4. NOT ABLE TO DO IT

**HLTH.IADSTOOP .IADLIFT .IADREACH .IADGRASP .IADWALK**

**IADLS**

HA43H

Now I'm going to ask about some everyday activities and whether {SP} had any difficulty doing them by himself/herself because of a health or physical problem on or around {REF DATE}.

Did {SP} have any difficulty on or around {REF DATE} ...

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

- DIFUSEPH**      using the telephone?..... ( )
- DIFSHOP**      shopping for personal items (such as toilet items or medicines)? ..... ( )
- DIFMONEY**    managing money (like keeping track of money or paying bills) ..... ( )

**HLTH.DIFUSEPH .DIFSHOP .DIFMONEY**

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

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

**IADLS**

HA43I

You said that {HA43H ITEM CODED 3 (DOESN'T DO)} is something that {SP} doesn't do. Is this because of a health or physical problem?

YES=1,NO=0

- REASNOPH**    USING TELEPHONE ..... ( )
- REASNOSH**    SHOPPING ..... ( )
- REASNOMM**    MANAGING MONEY..... ( )

**HLTH.REASNOPH .REASNOSH .REASNOMM**

BOX HA17F	If SP is alive, continue. Else, go to BOX HA24.
--------------	--

HA43J  
If baseline, do not display "Finally. . . health."  
Else, display.

**GENERAL HEALTH NOT ON MDS**

HA43J

{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?

<b>SPHEALTH</b>	EXCELLENT .....	0
	VERY GOOD .....	1
	GOOD .....	2
	FAIR.....	3
	POOR .....	4

**HLTH.SPHEALTH**

HA43K

Compared to one year ago, how would you rate SP's health in general now? Would you say SP's health is . . .

- GENHLTH** much better now than one year ago, ..... 0
- somewhat better now than one year ago, ..... 1
- about the same, ..... 2
- somewhat worse now than one year ago, or ..... 3
- much worse now than one year ago? ..... 4

**HLTH.GENHLTH**

HA43L

How much of the time during the past month has {his/her} health limited SP's social activities, like visiting with friends or close relatives? Would you say . . .

- LIMACTIV** none of the time, ..... 0
- some of the time, ..... 1
- most of the time, or ..... 2
- all of the time?..... 3

**HLTH.LIMACTIV**

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

**RESPONDENT SCREEN**

HC2

DID YOU ABSTRACT?

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

**HIRO.DIDABSTR**

**RESPONDENT SCREEN**

HC3

WHY DID YOU ABSTRACT?

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

**HIRO.WHYABSTR**  
**HIRO.WHYABSOS**

PROGRAMMER SPECS:  
Disallow DK and RF entries.

HCEND

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



**LEVEL OF SELF-PERFORMANCE:**

INDEPENDENT

SUPERVISION

LIMITED ASSISTANCE

EXTENSIVE ASSISTANCE

TOTAL DEPENDENCE

ACTIVITY DID NOT OCCUR



**PSYCHOSOCIAL WELL-BEING:**

At Ease Interacting with Others

At Ease Doing Planned or Structured Activities

At Ease Doing Self-initiated Activities

Establishes Own Goals

Pursues Involvement in Life of Facility

Accepts Invitations Into Most Group activities

Has Absence of Personal Contact with  
Family/Friends

None of the Above

CARD HA3
-------------

**DIAGNOSES:**

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



**INFECTIONS:**

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

Clostridium Difficile (C.DIFF.)

Conjunctivitis

HIV Infection

Pneumonia

Respiratory Infection

Septicemia

Sexually Transmitted Diseases

Tuberculosis

Urinary Tract Infection in Last 30 Days

Viral Hepatitis

Wound Infection

None of the Above

CARD HA5
-------------

**OTHER DIAGNOSES:**

<b>Agitation</b>	<b>Epilepsy</b>
<b>Alcohol Dependency</b>	<b>Gastritis/Duodenitis</b>
<b>Anorexia</b>	<b>Gastroenteritis, Noninfectious</b>
<b>Aortic stenosis</b>	<b>Gastrointestinal Hemorrhage</b>
<b>Ataxia</b>	<b>Gout</b>
<b>Atrial fibrillation</b>	<b>Hemorrhage of esophagus</b>
<b>Atypical psychosis</b>	<b>Hypercholesterolemia</b>
<b>Blindness</b>	<b>Hyperlipidemia</b>
<b>Benign prostatic hyperplasia</b>	<b>Hyperplasia of Prostate</b>
<b>Breast Disorders</b>	<b>Hypopotassemia/Hypokalemia</b>
<b>Cerebral Degeneration</b>	<b>Insomnia</b>
<b>Clinical obesity</b>	<b>Kyphosis</b>
<b>Constipation</b>	<b>Nonpsychotic Brain Syndrome</b>
<b>Coronary artery disease</b>	<b>Organic brain syndrome</b>
<b>Degenerative joint disease (DJD)</b>	<b>Osteoarthritis</b>
<b>Diaphragmatic Hernia (Hiatal Hernia)</b>	<b>Peptic Ulcer</b>
<b>Diverticula of Colon</b>	<b>Rental Ureteral Disorder</b>
<b>Down's syndrome</b>	<b>Scoliosis</b>
<b>Dysphagia (swallowing difficulties)</b>	<b>Spinal stenosis</b>
<b>Edema</b>	<b>Ulcer of Leg, Chronic</b>
	<b>Urinary retention</b>
	<b>Vertigo</b>



## IADLS

NO DIFFICULTY AT ALL

A LITTLE DIFFICULTY

SOME DIFFICULTY

A LOT OF DIFFICULTY

NOT ABLE TO DO IT

**HEALTH STATUS HELP SCREENS****HA2**

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

**HA7A**

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

**HA15**

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

**HA16**

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

**HA18**

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

**HEALTH STATUS HELP SCREENS**

HA19  
 ABILITY TO UNDERSTAND OTHERS - understanding verbal information content

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

HA20

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

No MDS Available

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

HA21

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

**HEALTH STATUS HELP SCREENS**

## HA22

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

## HA23

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

## HA24

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

**HEALTH STATUS HELP SCREENS**

HA25

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

-

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

HA26

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

-

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

HA32

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

HA34

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

HA35

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

HA36

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

**HEALTH STATUS HELP SCREENS**

## HA15B

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**HEALTH STATUS HELP SCREENS**

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- 3 EXTENSIVE ASSISTANCE - performed part of the activity with help of the following type(s) provided 3 or more times a week: weight bearing support or full staff performance of task during part (but not all) of the time
- 4 TOTAL DEPENDENCE - full staff performance of activity
- 7 ACTIVITY OCCURRED ONLY ONCE OR TWICE
- 8 ACTIVITY DID NOT OCCUR

**HEALTH STATUS HELP SCREENS**

HA23B

BATHING - how resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair)

-

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- 4 TOTAL DEPENDENCE
- 8 ACTIVITY DID NOT OCCUR

HA24B

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