



HEALTH

DEVELOPMENT & VALIDATION  
OF A REVISED NURSING HOME  
ASSESSMENT TOOL:  
MDS 3.0

APPENDICES

Prepared by:

Debra Saliba, MD, MPH,  
Principal Investigator

Joan Buchanan, PhD,  
Co-Principal Investigator

Prepared for:

Mary J. Pratt, Director  
Division of Chronic and Post Acute Care

Robert P. Connolly, Health Insurance Specialist  
Division of Chronic and Post Acute Care

Quality Measurement and Health Assessment  
Group

Office of Clinical Standards and Quality  
Centers for Medicare & Medicaid Services  
7500 Security Blvd., Bldg. S3-020-01  
Baltimore, MD 21244

CMS MDS 3.0 Validation Contract  
No. 500-00-0027/Task Order #2

April 2008

The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Centers for Medicare & Medicaid Services. The contractor assumes responsibility for the accuracy and completeness of the information contained in this report.



**Appendix A**

**MDS 3.0 Reliabilities Summary Table**



## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>A Personal Information</b>							
<b>Summary Agreement Demographics (Items A2-A6)</b>		<b>Range: 0.993-1.000</b>	<b>0.871</b>		<b>Range: 0.983-1.000</b>	<b>0.898</b>	
A2	Gender	0.997	0.993		1.000	0.924	
A3	Resident needs Interpreter (complete only on admission)	0.997			0.998	0.922	
A4	Ethnicity (complete only on admission)	1.000			0.996	0.961	
A5	Race (complete only on admission). Responses shown in A5a-A5g						
A5a	American Indian or Alaska Native	1.000			0.998	0.956	
A5b	Asian	1.000			1.000		
A5c	Black or African American (complete only on admission)	1.000			1.000		
A5d	Native Hawaiian or Other Pacific Islander (complete only on admission)	1.000			1.000		
A5e	White (complete only on admission)	0.993	0.956		0.991	0.955	
A5f*	Other (complete only on admission)	1.000			0.989	0.780	
A5g	Unable to determine (complete only on admission)	0.993	0.664		1.000		
A6	Level II PASSR show serious mental illness and or mental retardation	1.000			0.983	0.830	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>B Hearing, Speech, Vision</b>							
B1	Comatose	0.989		.	0.993		
<b>Summary Agreement Hearing/Speech (Items B2-B6)</b>		<b>Range: 0.943-0.991</b>	<b>0.930</b>		<b>Range: 0.914-0.984</b>	<b>0.879</b>	
B2	Hearing	0.966	0.922	0.938	0.937	0.858	0.894
B3	Hearing Aid used in above assessment	0.991	0.939		0.984	0.903	.
B4	Speech Clarity	0.974	0.909	0.922	0.954	0.820	0.828
B5	Makes Self Understood	0.957	0.908	0.936	0.927	0.837	0.891
B6	Ability to Understand Others	0.943	0.889	0.917	0.914	0.827	0.880
<b>Summary Agreement Vision (Items B7-B8)</b>		<b>Range: 0.946-0.977</b>	<b>0.935</b>		<b>Range: 0.931-0.972</b>	<b>0.928</b>	
B7	Vision	0.946	0.899	0.917	0.931	0.865	0.917
B8	Corrective Lenses	0.977	0.952		0.972	0.939	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>C Cognitive Patterns</b>							
<b>Summary Agreement BIMS (Items C1-C5)</b>		<b>Range: 0.985-1.000</b>	<b>0.977</b>		<b>Range: 0.949-0.996</b>	<b>0.973</b>	
C1	Interview Attempted	0.988	0.914		0.981	0.862	
C2	Repetition of Three Words	0.994	0.984	0.991	0.983	0.955	0.981
C3a	Temporal Orientation: year	0.997	0.994	0.998	0.992	0.984	0.990
C3b	Temporal Orientation: month	0.987	0.973	0.984	0.993	0.985	0.991
C3c	Temporal Orientation: day of the week	1.000			0.991	0.983	
C4a	Recall: sock	1.000			0.996	0.994	0.996
C4b	Recall: blue	1.000			0.996	0.994	0.996
C4c	Recall: bed	1.000			0.988	0.981	0.984
C5	Summary score	0.985	0.982	0.998	0.949		
<b>Summary Agreement Organized Thinking (Items C6a-C7)</b>		<b>Range: 0.971-1.000</b>	<b>0.935</b>		<b>Range: 0.948-1.000</b>	<b>0.915</b>	
C6a	Organized Thinking: fish in the ocean	1.000			1.000		
C6b	Organized Thinking: 1 lb more than 2 lbs	0.971	0.927		0.948	0.867	
C6c	Organized Thinking: hammer pounds a nail	1.000			0.995	0.955	
C7	Interview completed	0.991	0.944		0.987	0.925	
<b>Summary Agreement 2.0 Cognitive (Items C8-C11)</b>		<b>Range: 0.868-0.943</b>	<b>0.795</b>		<b>Range: 0.896-0.983</b>	<b>0.900</b>	
C8	Short Term Memory OK	0.925	0.706		0.983	0.942	
C9	Long Term Memory OK	0.887	0.754		0.975	0.931	
C10a	Recalls current season	0.943	0.834		0.934	0.786	
C10b	Recalls location of own room	0.887	0.755		0.959	0.888	
C10c	Recalls staff names and faces	0.925	0.849		0.959	0.910	
C10d	Recalls that s/he in a nursing home	0.868	0.733		0.959	0.904	
C10e	Recalls none of the above	0.925	0.832		0.975	0.948	
C11	Cognitive Skills for Daily Decision Making	0.885	0.828	0.899	0.896	0.831	0.890

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Summary Agreement Delirium (C12a-C13)</b>		<b>Range: 0.968-0.994</b>	<b>0.893</b>		<b>Range: 0.962-0.983</b>	<b>0.850</b>	
C12a	Delirium: Inattention	0.971	0.902	0.913	0.962	0.870	0.882
C12b	Delirium: Disorganized Thinking	0.977	0.887	0.911	0.978	0.883	0.886
C12c	Delirium: Altered level of Consciousness	0.986	0.863	0.899	0.983	0.885	0.882
C12d	Delirium: Psychomotor retardation	0.968	0.784	0.844	0.975	0.823	0.850
C13	Is there evidence of an acute change in mental status from the resident's baseline in last 5 days?	0.994	0.897		0.982	0.748	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form



## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>D Mood</b>							
<b>Summary Agreement Resident PHQ-9 Interview (Items D1-D5)</b>		<b>Range: 0.961-1.000</b>	<b>0.935</b>		<b>Range: 0.959-1.000</b>	<b>0.968</b>	
D1	Interview attempted	0.991	0.929		0.991	0.944	
D2al	Little interest in doing things	0.991	0.981		0.994	0.987	
D2all	Little interest in doing things - frequency	1.000			1.000		
D2bl	Feeling down, depressed or hopeless	0.991	0.982		0.994	0.988	
D2bll	Feeling down, depressed - freq	1.000			0.994	0.991	0.994
D2cl	Trouble sleeping or sleeping too much	0.991	0.981		0.993	0.986	
D2cll	Trouble sleeping - freq	1.000			0.990	0.985	0.991
D2dl	Feeling tired	0.997	0.994		0.993	0.986	
D2dll	Feeling tired - freq	1.000			0.990	0.985	0.990
D2el	Poor appetite	1.000			0.995	0.987	
D2ell	Poor appetite - freq	1.000			0.990	0.983	0.990
D2fl	Feeling bad about yourself	1.000			0.995	0.987	
D2fll	Feeling bad about yourself - freq	1.000			0.994	0.992	0.995
D2gl	Trouble concentrating	1.000			0.999	0.996	
D2gll	Trouble concentrating - freq	0.985	0.978	0.984	1.000		
D2hl	Moving or speaking slowly	0.987	0.971		0.995	0.988	
D2hll	Moving or speaking slowly - freq	1.000			0.985	0.976	0.985
D2il	Thoughts of death	0.994	0.973		0.995	0.977	
D2ill	Thoughts of death = freq	1.000			0.988	0.982	0.990
D3	Total Severity Score	0.966		0.969	0.959		0.984
D3a	Some or all freq responses missing from total score	0.981	0.657		0.981	0.774	
D4	Evidence of Depression	0.961	0.912		0.960	0.903	
D5	Resident Interview Completed	0.979	0.887		0.983	0.905	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Summary Agreement Staff PHQ-9 Assessment (Items D6aI-D8)</b>		<b>Range: 0.946-1.000</b>	<b>0.873</b>		<b>Range: 0.864-1.000</b>	<b>0.923</b>	
D6aI	Little interest in doing things	0.974	0.943		0.982	0.967	
D6aII	Little interest in doing things - frequency	1.000			0.990	0.982	0.976
D6bI	Feeling down, depressed or hopeless	1.000			0.991	0.982	
D6bII	Feeling down, depressed - freq	1.000			0.979	0.948	0.947
D6cI	Trouble sleeping or sleeping too much	1.000			1.000		
D6cII	Trouble sleeping - freq	1.000			0.991	0.979	0.984
D6dI	Feeling tired	1.000			1.000		
D6dII	Feeling tired - freq	1.000			0.990	0.981	0.992
D6eI	Poor appetite	1.000			0.991	0.981	
D6eII	Poor appetite - freq	1.000			1.000		
D6fI	Feeling bad about yourself	0.974	0.911		0.991	0.979	
D6fII	Feeling bad about yourself - freq	1.000			1.000		
D6gI	Trouble concentrating	0.947	0.902		1.000		
D6gII	Trouble concentrating - freq	0.972	0.955	0.943	0.990	0.982	0.993
D6hI	Moving or speaking slowly	0.974	0.932		0.991	0.981	
D6hII	Moving or speaking slowly - freq	0.973	0.929	0.908	0.981	0.959	0.963
D6iI	Thoughts of death	0.947	0.645		0.991	0.978	
D6iII	Thoughts of death = freq	1.000			0.988	0.884	0.760
D6jI	Feeling short tempered, easily annoyed	0.973	0.943		1.000		
D6jII	Feeling short tempered - freq	0.973	0.952	0.931	0.981	0.961	0.947
D7	Total Severity Score	0.947			0.891		
D7a	Staff response based on observation less than 14 days	0.974	0.655		0.864	0.404	
D8	Evidence of Depression	0.946	0.892		0.973	0.935	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>E Behavior</b>							
<b>Summary Agreement Psychosis (Items E1a-E1c)</b>		<b>Range: 0.994-0.997</b>	<b>0.919</b>		<b>Range: 0.993-0.997</b>	<b>0.941</b>	
E1a	Hallucinations or illusions - last 5 days	0.997	0.922		0.997	0.939	
E1b	Delusions - last 5 days	0.994	0.906		0.995	0.946	
E1c	None of the above	0.994	0.930		0.993	0.938	
<b>Summary Agreement Behavioral Symptoms (Items E2-E11)</b>		<b>Range: 0.912-1.000</b>	<b>0.900</b>		<b>Range: 0.929-1.000</b>	<b>0.942</b>	
E2a	Physical behavioral symptoms directed toward others	1.000			0.999	0.983	0.988
E2b	Verbal behavioral symptoms directed toward others	0.997	0.972	0.982	0.999	0.984	0.990
E2c	Other behavioral symptoms not directed toward others	0.997	0.964	0.977	0.998	0.966	0.980
E3	Overall presence of behavioral symptoms	1.000			0.998	0.985	
E4a	Behaviors put resident at risk for illness or injury	1.000			1.000		
E4b	Behaviors interfere with care	1.000			0.929	0.850	
E4c	Behaviors interfere with activities or social interaction	1.000			0.986	0.971	
E5a	Behaviors put others at risk of injury	0.971	0.915		0.971	0.922	
E5b	Behaviors intrude on privacy of others	0.912	0.812		0.986	0.968	
E5c	Behaviors disrupt care or environment	1.000			1.000		
E6	Rejection of care -- presence	1.000			0.992	0.954	
E7	Rejection of care -- frequency	1.000			1.000		
E8	Wandering -- presence	0.994	0.920		0.998	0.967	
E9a	Wandering places resident at risk of danger	1.000			0.935	0.832	
E9b	Wandering intrudes on others	1.000			1.000		
E10	Wandering frequency	1.000			1.000		
E11	Change in Behavior	0.985	0.794		0.989	0.892	0.899

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>F Preferences for Customary Routine, Activities, Community Setting</b>							
<b>Summary Agreement Preferred Routine (Items F1a-F2)</b>		<b>Range: 0.991-1.000</b>	<b>0.992</b>		<b>Range: 0.989-0.997</b>	<b>0.989</b>	
F1a	Importance of choosing clothes	1.000			0.995	0.994	
F1b	Importance of caring for belongings	0.994	0.991		0.997	0.995	
F1c	Importance of choosing mode of bathing	0.997	0.996		0.991	0.988	
F1d	Importance of having snacks	0.991	0.988		0.992	0.989	
F1e	Importance of staying up late	0.994	0.992		0.989	0.986	
F1f	Importance of family involvement in care discussions	1.000			0.996	0.993	
F1g	Importance of using phone in private	1.000			0.994	0.992	
F1h	Importance of having a place to lock up belongings	1.000			0.990	0.987	
F2	Primary respondent	1.000			0.996	0.981	
<b>Summary Agreement Activity Patterns (Items F3a-F6)</b>		<b>Range: 0.994-1.000</b>	<b>0.986</b>		<b>Range: 0.990-0.996</b>	<b>0.979</b>	
F3a	Importance of books, etc	0.994	0.992		0.992	0.989	
F3b	Importance of listening to music?	0.997	0.996		0.995	0.994	
F3c	Importance of being around animals	0.994	0.992		0.993	0.991	
F3d	Importance of keeping up with news	0.997	0.995		0.994	0.991	
F3e	Importance of doing things in groups	0.997	0.996		0.990	0.987	
F3f	Importance of favorite activities	0.997	0.996		0.996	0.995	
F3g	Importance of doing things away from nursing home	0.997	0.996		0.990	0.987	
F3h	Importance of going outside	1.000			0.996	0.994	
F3i	Importance of religious services	0.997	0.995		0.996	0.995	
F3j	Importance of alcohol on occasion	0.997	0.994		0.993	0.986	
F4	Primary respondent	1.000			0.997	0.986	
F6	Staff Assessment of Preferences required	0.981	0.919		0.963	0.867	
<b>Return to Community (F5)</b>							
F5	Want to talk to someone about returning to community	0.986	0.972		0.990	0.979	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Summary Agreement Staff Assessment (Items F7a-F7u)</b>		<b>Range: 0.947-1.000</b>	<b>0.895</b>		<b>Range: 0.972-1.000</b>	<b>0.917</b>	
F7a	Choosing clothes	1.000			0.991	0.970	
F7b	Caring for personal belongings	0.974	0.924		1.000		
F7c	Receiving tub bath	0.947	0.721		0.981	0.658 **	
F7d	Receiving shower	0.974	0.947		0.991	0.980	
F7e	Receiving bed bath	0.947	0.721		0.991	0.928	
F7f	Receiving sponge bath	1.000			0.981	0.740	
F7g	Snacks between meals	1.000			0.991	0.980	
F7h	Staying up past 8PM	0.974	0.930		0.991	0.966	
F7i	Family involvement in care discussions	0.974	0.940		0.991	0.981	
F7j	Use of phone in private	1.000			1.000		
F7k	Place to lock personal belongings	1.000			0.981		
F7l	Reading books, newspapers, magazines	1.000			1.000		
F7m	Listening to music	0.974	0.944		0.972	0.944	
F7n	Being around animals	0.974	0.930		0.972	0.880	
F7o	Keeping up with the news	1.000			0.981	0.879	
F7p	Doing things in groups	0.947	0.855		0.981	0.946	
F7q	Participating in favorite activities	0.974	0.934		0.972	0.923	
F7r	Spending time away from nursing home	1.000			0.991	0.951	
F7s	Spending time outdoors	0.974	0.944		0.981	0.946	
F7t	Participating in religious activities	0.974	0.947		0.981	0.949	
F7u	None of the above	1.000			0.991	0.960	

\*\*Low prevalence may make kappa unreliable

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>G Functional Status</b>							
<b>Summary Agreement Functional Status (Items G1-G7)</b>		<b>Range: 0.911-1.000</b>	<b>0.960</b>		<b>Range: 0.913-1.000</b>	<b>0.896</b>	
<b>Summary Agreement ADL Assistance (Items G1a-G1l)</b>		<b>Range: 0.951-0.983</b>	<b>0.977</b>		<b>Range: 0.928-0.969</b>	<b>0.956</b>	
G1a	Bed Mobility	0.983	0.978	0.987	0.945	0.931	0.957
G1b	Transfer	0.974	0.968	0.987	0.969	0.962	0.973
G1c	Toilet transfer	0.977	0.972	0.981	0.942	0.928	0.959
G1d	Toileting	0.963	0.954	0.969	0.931	0.913	0.946
G1e	Walk in room	0.977	0.967	0.983	0.960	0.943	0.974
G1f	Walk in facility	0.983	0.973	0.990	0.959	0.935	0.963
G1g	Locomotion	0.980	0.974	0.981	0.948	0.933	0.961
G1h	Dressing upper body	0.974	0.965	0.980	0.932	0.909	0.945
G1i	Dressing lower body	0.954	0.934	0.964	0.945	0.924	0.951
G1j	Eating	0.963	0.949	0.975	0.932	0.908	0.955
G1k	Grooming/personal hygiene	0.951	0.938	0.968	0.928	0.908	0.943
G1l	Bathing	0.968	0.953	0.958	0.948	0.924	0.950
<b>Summary Agreement Mobility Prior to Admission (Items G2a-G2b5)</b>		<b>Range: 0.986-1.000</b>	<b>0.950</b>		<b>Range: 0.928-1.000</b>	<b>0.700</b>	
G2a	Hip fracture, hip replacement or knee replacement	0.986	0.950		1.000		
G2b1	Was independent in transfer	1.000			0.976	0.844	
G2b2	Was independent walking across room	1.000			0.976	0.886	
G2b3	Was independent walking 1 blk	1.000			0.928	0.853	
G2b4	Resident not independent in any of the above	1.000			0.928	0.362	
G2b5	Unable to determine	1.000			0.964	0.556	
<b>Summary Agreement Balance (Items G3a-G3e)</b>		<b>Range: 0.911-0.986</b>	<b>0.945</b>		<b>Range: 0.913-0.966</b>	<b>0.930</b>	
G3a	Balance moving from seated to standing	0.971	0.959	0.967	0.946	0.924	0.945
G3b	Balance walking	0.986	0.979	0.985	0.966	0.952	0.969
G3c	Balance turning around	0.971	0.958	0.972	0.939	0.913	0.940
G3d	Balance moving on and off toilet	0.951	0.929	0.946	0.946	0.923	0.934
G3e	Balance during surface to surface transfer	0.911	0.861	0.856	0.913	0.871	0.865

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Summary Agreement Range of Motion (Items G4a-G4b)</b>		<b>Range: 0.977-0.983</b>	<b>0.957</b>		<b>Range: 0.969-0.971</b>	<b>0.934</b>	
G4a	Range of motion in lower extremity	0.977	0.959	0.959	0.969	0.942	0.940
G4b	Range of motion in upper extremity	0.983	0.955	0.960	0.971	0.926	0.920
<b>Summary Agreement Assistive Devices (Items G5a-G5e)</b>		<b>Range: 0.968-1.000</b>	<b>0.931</b>		<b>Range: 0.953-0.999</b>	<b>0.900</b>	
G5a	Cane/crutch	1.000			0.990	0.886	
G5b	Walker	0.960	0.911		0.953	0.903	
G5c	Wheelchair	0.968	0.899		0.970	0.900	
G5d	Limb prosthesis	1.000			0.999	0.888	
G5e	None of the above	0.997	0.984		0.987	0.924	
<b>Bedfast (Item G6)</b>							
G6	Bedfast	0.989	0.903		0.991	0.906	
<b>Summary Agreement Increased Independence (Items G7a- G7b)</b>		<b>Range: 0.987-0.993</b>	<b>0.972</b>		<b>Range: 0.957-0.961</b>	<b>0.876</b>	
G7a	Resident believes capable of increased independence	0.987	0.967		0.957	0.891	
G7b	Staff believe resident capable of increased independence	0.993	0.977		0.961	0.866	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>H Bladder and Bowel</b>							
<b>Summary Agreement Bowel/Bladder (Items H1-H5)</b>		<b>Range: 0.974-1.000</b>	<b>0.949</b>		<b>Range: 0.947-1.000</b>	<b>0.945</b>	
H1a	Indwelling bladder catheter - 5 days	0.997	0.973		0.997	0.982	
H1b	External (condom) catheter - 5 days	1.000			1.000		
H1c	Ostomy (suprapubic catheter, ileostomy) - 5 days	1.000			0.997	0.902	
H1d	Intermittent catheterization - 5 days	0.997	0.887		0.999	0.962	
H1e	None of the above	0.997	0.981		0.993	0.971	
H2	Urinary Continence	0.977	0.969	0.977	0.973	0.964	0.984
H3a	Toileting program tried	0.994	0.980		0.982	0.944	
H3b	Response to toileting program	1.000			0.986	0.977	0.980
H3c	Current toileting program	0.985	0.970		0.977	0.950	
H4	Bowel continence - 5 days	0.977	0.963	0.981	0.947	0.914	0.939
H5	Constipation - 5 days	0.974	0.838		0.969	0.835	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form



## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>I Active Disease Diagnosis (Items I1-I56)</b>							
<b>Summary Agreement Active Disease Diagnosis (Items I1-I56)</b>		<b>Range: 0.860-1.000</b>	<b>0.858</b>		<b>Range: 0.787-1.000</b>	<b>0.768</b>	
I1	Cancer	0.986	0.894		0.989	0.908	
I2	Anemia	0.974	0.916		0.952	0.859	
I3	Atrial Fibrillation and Other Dysrhythmias	0.994	0.979		0.976	0.919	
I4	Coronary Artery Disease (includes angina, myocardial infarction)	0.971	0.909		0.962	0.844	
I5	Deep Venous Thrombosis/Pulmonary Embolus	0.994	0.934		0.991	0.814	
I6	Heart Failure (includes pulmonary edema)	0.977	0.935		0.946	0.820	
I7	Hypertension	0.963	0.922		0.941	0.875	
I8	Peripheral vascular disease/Peripheral Arterial Disease	0.991	0.910		0.983	0.895	
I9	Other Heart/ Circulation	0.954	0.576		0.941	0.630	
I10	Cirrhosis	1.000			0.999	0.857	
I11	GERD/Ulcer	0.963	0.889		0.928	0.771	
I12	Ulcerative Colitis/ Crohn's Disease/Inflammatory Bowel Disease	0.997	0.665		0.994	0.613	
I13	Other Gastrointestinal	0.968	0.430		0.944	0.390	
I14	Benign Prostatic Hyperplasia	0.997	0.922		0.989	0.843	
I15	Renal Insufficiency	0.986	0.857		0.972	0.782	
I16	Other Genitourinary	0.986	0.775		0.949	0.413	
I17	Human Immunodeficiency Virus (HIV) Infection (includes AIDS)	1.000			1.000		
I18	MRSA,VRE,Clostridium diff. Infection/Colonization	1.000			0.999	0.971	
I19	Pneumonia	0.994	0.930		0.991	0.917	
I20	Tuberculosis	0.997			1.000		
I21	Urinary tract infection	0.994	0.962		0.974	0.881	
I22	Viral Hepatitis	1.000			0.998	0.666	
I23	Wound Infection	0.997	0.922		0.994	0.862	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
I24	Other infections	0.986	0.820		0.972	0.547	
I25	Diabetes Mellitus (includes diabetic retinopathy, nephropathy, and neuropathy)	0.980	0.952		0.980	0.952	
I26	Hyponatremia	1.000			0.993	0.622	
I27	Hyperkalemia	0.994			0.993	0.247	
I28	Hyperlipidemia	0.966	0.874		0.952	0.804	
I29	Thyroid Disorder (includes hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)	0.989	0.959		0.981	0.938	
I30	Other Metabolic	0.989	0.708		0.962	0.395	
I31	Arthritis	1.000			1.000		
I32	Osteoporosis	0.963	0.908		0.941	0.847	
I33	Hip fracture	0.971	0.893		0.943	0.801	
I34	Other fracture	1.000			0.993	0.954	
I35	Other Musculoskeletal	0.989	0.869		0.984	0.843	
I36	Alzheimer's Disease	0.980	0.902		0.977	0.888	
I37	Aphasia	0.991	0.853		0.990	0.852	
I38	Cerebral Palsy	1.000			1.000		
I39	CVA/TIA/Stroke	0.991	0.965		0.977	0.918	
I40	Dementia (non-Alzheimer's dementia, includes Parkinson's, Huntington's, Pick's, or Creutzfeldt-Jacob diseases)	0.954	0.886		0.930	0.819	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
I41	Hemiplegia/Hemiparesis/Paraplegia/Quadriplegia	0.991	0.934		0.987	0.901	
I42	Multiple Sclerosis	1.000			1.000		
I43	Parkinson's Disease	0.991	0.937		0.994	0.941	
I44	Seizure Disorder	0.997	0.974		0.982	0.850	
I45	Traumatic Brain Injury	0.997	0.887		1.000		
I46	Other Neurological	0.977	0.764		0.956	0.501	
I47	Protein Calorie Malnutrition	1.000			0.993	0.697	
I48	Other Nutritional	0.994	0.872		0.976	0.565	
I49	Anxiety Disorder	0.989	0.941		0.962	0.781	
I50	Depression (other than Bipolar)	0.968	0.935		0.947	0.887	
I51	Manic Depression (Bipolar Disease)	0.994	0.934		0.997	0.937	
I52	Schizophrenia	0.991	0.865		0.993	0.893	
I53	Other Psychiatric/Mood Disorder	0.960	0.661		0.950	0.568	
I54	Asthma/COPD/Chronic Lung Disease	0.986	0.950		0.968	0.893	
I55	Other Pulmonary	0.977	0.544		0.976	0.409	
I56	Additional Diagnoses	0.860	0.649		0.787	0.565	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>J Health Conditions</b>							
<b>Summary Agreement Health Conditions (Items J1-J18)</b>		<b>Range: 0.956-1.000</b>	<b>0.963</b>		<b>Range: 0.891-1.000</b>	<b>0.951</b>	
<b>Summary Agreement Resident Pain Treatment (Items J1a-J1c)</b>		<b>Range: 0.988</b>	<b>0.968</b>		<b>Range: 0.950-0.967</b>	<b>0.876</b>	
J1a	Scheduled pain medication regimen last 5 days?	0.988	0.975		0.967	0.921	
J1b	Received PRN medication last 5 days	0.988	0.976		0.967	0.932	
J1c	Received non-medication intervention for pain last 5 days	0.988	0.954		0.950	0.775	
<b>Summary Agreement Resident Pain Interview (Items J2-J8)</b>		<b>Range: 0.970-1.000</b>	<b>0.961</b>		<b>Range: 0.944-0.999</b>	<b>0.967</b>	
J2	Interview attempted	0.983	0.875		0.979	0.872	
J3	Have you had pain or hurting?	0.997	0.994		0.999	0.998	
J4	How much time in pain last 5 days?	0.990	0.986	0.973	0.994	0.991	0.991
J5a	Pain made it hard to sleep last 5 days?	1.000			0.996	0.991	
J5b	Pain limited day-to-day activities last 5 days?	0.995	0.990		0.994	0.988	
J6a	Rate intensity using verbal descriptor scale	0.994	0.992	0.991	0.978	0.971	0.980
J6b	Rate pain intensity on 0-10 scale	0.994			0.997	0.997	0.993
J6c	Indicate which pain scale used	0.990	0.983		0.981	0.967	0.949
J7	How important to completely eliminate pain>	0.970	0.953	0.958	0.944	0.917	0.949
J8	Interview completed	0.988	0.927		0.994	0.961	
<b>Summary Agreement Staff Pain Assessment (Items J9a-J9e)</b>		<b>Range: 0.972-1.000</b>	<b>0.936</b>		<b>Range: 0.981-0.991</b>	<b>0.956</b>	
J9a	Staff indicate Non-verbal pain sounds	0.972	0.936		0.981	0.939	
J9b	Staff report vocal complaints of pain	1.000			0.981	0.952	
J9c	Staff report facial expressions of pain	1.000			0.981	0.954	
J9d	Staff report protective body movements or postures	1.000			0.991	0.958	
J9e	Staff report none of the above signs of pain	1.000			0.991	0.980	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Summary Agreement Symptoms: Shortness of Breath (Items J10a-J10d)</b>		<b>Range: 0.991-0.997</b>	<b>0.985</b>		<b>Range: 0.990-0.993</b>	<b>0.962</b>	
J10a	Shortness of breath with exertion (e.g. taking a bath)	0.997	0.991		0.991	0.971	
J10b	Shortness of breath when sitting at rest	0.997	0.985		0.991	0.939	
J10c	Shortness of breath when lying flat	0.997	0.986		0.993	0.967	
J10d	None of the above	0.991	0.976		0.990	0.972	
<b>Summary Agreement Other Symptoms (Items J11-J14)</b>		<b>Range: 0.991-1.000</b>	<b>0.926</b>		<b>Range: 0.970-1.000</b>	<b>0.964</b>	
J11	Cough present in last 5 days	0.991	0.980		0.970	0.929	
J12a	Chest pain or angina with exertion	1.000			1.000		
J12b	Chest pain or angina when sitting at rest	1.000			0.998	0.973	
J12c	None of the above	1.000			1.000		
J13	Current tobacco use	1.000			0.999	0.991	
J14	Prognosis	0.994	0.872		0.998	0.964	
<b>Summary Agreement Falls (Items J15-J18c)</b>		<b>Range: 0.956-1.000</b>	<b>0.966</b>		<b>Range: 0.891-0.997</b>	<b>0.945</b>	
J15	Admission or Follow-up assessment	1.000			0.997	0.993	
J16a	Resident fell in 30 days before admission	0.986	0.970		0.983	0.965	
J16b	Resident fell in 31-180 days prior to admission	1.000			0.983	0.956	
J16c	Resident fractured bone in fall in last 6 mos	0.993	0.973		0.987	0.961	
J16d	Resident has fallen since admission	0.993	0.956		0.989	0.939	
J17	Any falls since last assessment	0.995	0.988		0.986	0.964	
J18a	Number of "No-Injury" falls since last quarterly/annual assessment	0.956	0.923	0.933	0.891	0.820	0.827
J18b	Number of "Injury" falls since last assessment	0.986	0.969	0.975	0.968	0.922	0.938
J18c	Number of "Major Injury" falls since last quarterly/annual assessment	1.000			0.992	0.959	0.962

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>K Swallowing/Nutritional Status</b>							
<b>Summary Agreement Swallowing/Nutrition (Items K1-K5)</b>		Range: 0.938-1.000	0.946		Range: 0.912-1.000	0.949	
<b>Summary Agreement Swallowing Disorder (Items K1a-K1e)</b>		Range: 0.997-1.000	0.989		Range: 0.994-1.000	0.983	
K1a	Loss of liquids/solids from mouth when eating or drinking - last 5 days	1.000			0.999	0.984	
K1b	Holding food in mouth/cheeks or residual food in mouth after meals	1.000			1.000		
K1c	Coughing or choking during meals or when swallowing medications	0.997	0.985		0.997	0.981	
K1d	Complaints of difficulty or pain with swallowing	1.000			0.998	0.985	
K1e	None of the above	0.997	0.993		0.994	0.982	
<b>Summary Agreement Nutritional Status (Items K2a-K5b)</b>		Range: 0.938-1.000	0.933		Range: 0.912-1.000	0.925	
K2a	Height	0.986			0.964		
K2b	Weight	0.957			0.912		
K3	Weight loss of 5% or more in last 30 days or 10% or more in last 180 days	0.991	0.944	0.942	0.982	0.918	0.918
K4a	Parenteral /IV feeding - last 5 days	0.997	0.946		0.998	0.951	
K4b	Feeding tube -nasogastric or abdominal (PEG)	0.994	0.886		1.000		
K4c	Mechanically altered diet	0.983	0.960		0.960	0.899	
K4d	Therapeutic diet	0.965	0.931		0.946	0.892	
K4e	None of the above	0.980	0.952		0.963	0.916	
K5a	Proportion of total calories by parenteral or tube feeding	0.938	0.878	0.918	0.979	0.957	0.976
K5b	Average fluid intake per day by IV or tube	1.000			1.000		

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>L Oral/Dental Status</b>							
<b>Summary Agreement Oral/Dental (Items L1a-L1h)</b>		<b>Range: 0.974-0.997</b>	<b>0.951</b>		<b>Range: 0.956-0.997</b>	<b>0.890</b>	
L1a	Broken or loosely fitting denture or partial	0.997	0.978		0.986	0.873	
L1b	No natural teeth or tooth fragments	0.977	0.935		0.956	0.852	
L1c	Abnormal mouth tissue	0.997	0.961		0.997	0.962	
L1d	Obvious cavity or broken natural tooth	0.994	0.985		0.980	0.944	
L1e	Inflamed or bleeding gums or loose natural teeth	0.997	0.968		0.986	0.824	
L1f	Mouth or facial pain	0.989	0.883		0.991	0.906	
L1g	None of the above	0.974	0.944		0.959	0.917	
L1h	Unable to examine	0.991	0.954		0.974	0.847	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>M Skin Conditions</b>							
<b>Summary Agreement Skin Conditions (Items M1-M13i)</b>		<b>Range: 0.865-1.000</b>	<b>0.851</b>		<b>Range: 0.868-1.000</b>	<b>0.875</b>	
<b>Summary Agreement Pressure Ulcers (Items M1-M11d)</b>		<b>Range: 0.984-1.000</b>	<b>0.905</b>		<b>Range: 0.868-1.000</b>	<b>0.937</b>	
M1	Did the resident have a pressure ulcer in the last 5 days?	1.000			0.996	0.983	
M2	Number of existing stage 1 pressure ulcers	0.984			0.993	0.989	0.987
M3a	Number of existing stage 2 pressure ulcers	1.000			0.993	0.988	0.993
M3b	Number of stage 2 ulcers present on admission	1.000			0.963	0.945	0.966
M3ca	Current dimensions of largest stage 2 pressure ulcer (length)	1.000			0.988	0.986	0.997
M3cb	Current dimensions of largest stage 2 pressure ulcer (width)	1.000			0.963		
M4a	Number of stage 3 ulcers	1.000			1.000		
M4b	Number of stage 3 ulcers that were present at admission	1.000			1.000		
M4ca	Current dimensions of largest stage 3 pressure ulcer (length)	1.000			1.000		
M4cb	Current dimensions of largest stage 3 pressure ulcer (width)	1.000			1.000		
M4cc	Current dimensions of largest stage 3 pressure ulcer (depth)	1.000			1.000		
M5a	Number of existing stage 4 pressure ulcers	1.000			1.000		
M5b	Number of these stage 4 ulcers that were present on admission	1.000			1.000		
M5ca	Current dimensions of largest stage 4 pressure ulcer (length)	1.000			1.000		
M5cb	Current dimensions of largest stage 4 pressure ulcer (width)	1.000			1.000		
M5cc	Current dimensions of largest stage 4 pressure ulcer (depth)	1.000			1.000		
M6a	Number of nonstageable ulcers	1.000			1.000		
M6b	Number of nonstageable ulcers that were present at admission	1.000			1.000		
M7	Exudate amount for most advanced stage	1.000			0.979	0.956	0.936
M8	Tissue type for most advanced stage	0.985	0.980		0.972	0.963	
M9	Data source for information on pressure ulcers	1.000			0.868	0.699	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form



## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
M10a	No prior assessment	1.000			1.000		
M10b	Number of stage 2 ulcers not present or at a lesser stage on last assessment	0.992	0.830		0.999	0.888	0.909
M10c	Number of stage 3 ulcers not present or at a lesser stage on last assessment	1.000			1.000		
M10d	Number of stage 4 ulcers not present or at a lesser stage on last assessment	1.000			1.000		
M11a	No prior assessment or no pressure ulcers on prior assessment	1.000			1.000		
M11b	Number of stage 2 ulcers on last assessment that have completely healed	1.000			1.000		
M11c	Number of stage 3 ulcers on last assessment that have completely healed	1.000			1.000		
M11d	Number of stage 4 ulcers on last assessment that have completely healed	1.000			1.000		
<b>Summary Agreement Other Ulcers, Wounds, Problems (Items M12a-M12g)</b>		<b>Range: 0.962-1.000</b>	<b>0.852</b>		<b>Range: 0.987-1.000</b>	<b>0.906</b>	
M12a	Venous or arterial ulcers	0.997	0.908		1.000		
M12b	Diabetic foot ulcer	1.000			1.000		
M12c	Other foot or lower extremity infection (cellulitis)	0.994	0.747		0.997	0.868	
M12d	Surgical wounds	0.988	0.949		0.991	0.967	
M12e	Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)	0.983	0.777		0.987	0.851	
M12f	Burns	1.000			1.000		
M12g	None of the above	0.962	0.879		0.977	0.937	
<b>Summary Agreement Skin Treatments (Items M13a-M13i)</b>		<b>Range: 0.865-0.994</b>	<b>0.839</b>		<b>Range: 0.873-0.984</b>	<b>0.800</b>	
M13a	Pressure reducing device for chair	0.865	0.732		0.910	0.820	
M13b	Pressure reducing device for bed	0.971	0.852		0.915	0.696	
M13c	Turning/repositioning program	0.934	0.792		0.885	0.694	
M13d	Nutrition or hydration intervention to manage skin problems	0.937	0.696		0.929	0.692	
M13e	Ulcer care	0.994	0.978		0.987	0.946	
M13f	Surgical wound care	0.989	0.942		0.984	0.940	
M13g	Applications of dressings	0.948	0.858		0.964	0.905	
M13h	Applications of ointments/medications	0.880	0.751		0.873	0.738	
M13i	None of the above	0.994	0.947		0.969	0.765	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>N Medications</b>							
<b>Summary Agreement Medications (Items N1-N2f)</b>		<b>Range: 0.986-0.997</b>	<b>0.978</b>		<b>Range: 0.954-0.993</b>	<b>0.950</b>	
N1	Number of days injectible medications were received during last 5 days	0.994	0.989	0.990	0.954	0.922	0.944
N2a	Antipsychotic	0.994	0.983		0.982	0.942	
N2b	Antianxiety	0.986	0.949		0.982	0.929	
N2c	Antidepressant	0.991	0.983		0.977	0.953	
N2d	Hypnotic	0.994	0.958		0.993	0.952	
N2e	Anticoagulant	0.997	0.991		0.992	0.976	
N2f	None of the above	0.997	0.993		0.980	0.951	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>O Special Treatments and Procedures</b>							
<b>Summary Agreement Special Treat/Procedures (Items O1a-O1mll)</b>		<b>Range: 0.946-1.000</b>	<b>0.844</b>		<b>Range: 0.956-1.000</b>	<b>0.901</b>	
<p><b>These kappas are based on the national trial where we tested a shorter look-back and separate identification of pre-admit therapies. Items on the recommended MDS 3.0, however, have a different look-back period. In this form, we reverted to MDS 2.0 look-back because of large changes in RUGs crosswalk with tested MDS 3.0 changes. Calibration decisions for this section are pending CMM analysis.</b></p>							
O1	Not a 5-day assessment	1.000			1.000		
O1aI	Chemotherapy past 5 days	1.000			1.000		
O1aII	Chemotherapy 5 days prior to admission	1.000			1.000		
O1bI	Radiation last 5 days	1.000			0.999		
O1bII	Radiation 5 days prior to admission	1.000			1.000		
O1cI	Oxygen therapy past 5 days	0.988	0.955		0.979	0.925	
O1cII	Oxygen therapy 5 days prior to admission	0.964	0.918		0.989	0.976	
O1dI	Suctioning past 5 days	1.000			1.000		
O1dII	Suctioning 5 days prior to admission	1.000			1.000		
O1eI	Tracheostomy care past 5 days	1.000			1.000		
O1eII	Tracheostomy care 5 days prior to admission	1.000			1.000		
O1fI	Ventilator or respirator past 5 days	1.000			1.000		
O1fII	Ventilator or respirator 5 days prior to admission	1.000			1.000		
O1gI	IV medications past 5 days	1.000			0.994	0.952	
O1gII	IV medications 5 days prior to admission	0.946	0.893		0.956	0.912	
O1hI	Transfusions past 5 days	1.000			0.999	0.666 **	
O1hII	Transfusions 5 days prior to admission	0.964	0.648		1.000		
O1iI	Dialysis past 5 days	0.997	0.908		0.998	0.927	
O1iII	Dialysis 5 days prior to admission	1.000			1.000		
O1jI	Hospice care past 5 days	0.991	0.567		0.993	0.885	
O1jII	Hospice care 5 days prior to admission	1.000			1.000		
O1kI	Respite care past 5 days	1.000			1.000		
O1kII	Respite care 5 days prior to admission	1.000			1.000		

\*\*Low prevalence may make kappa unreliable

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
O1ll	Isolation or quarantine past 5 days	1.000			1.000		
O1lll	Isolation or quarantine 5 days prior to admission	1.000			1.000		
O1ml	None of the above past 5 days	0.979	0.944		0.975	0.935	
O1mll	None of the above 5 days prior to admission	0.964	0.918		0.967	0.929	
<b>Summary Agreement Special Treat/Procedures: Vaccines (Items O2a-O3b)</b>		<b>Range: 0.978-.994</b>	<b>0.978</b>		<b>Range: 0.862-.979</b>	<b>0.894</b>	
O2a	Influenza vaccine in this facility	0.994	0.989		0.963	0.941	
O2b	If no, why?	0.983	0.976		0.862	0.815	
O3a	Pneumococcal vaccine in this facility	0.991	0.979		0.979	0.952	
O3b	If no, why?	0.978	0.966		0.911	0.867	
<b>Summary Agreement Special Treat/Procedures: Therapy (Items O4a-O4fl)</b>		<b>Range: 0.983-1.000</b>	<b>0.945</b>		<b>Range: 0.981-.999</b>	<b>0.957</b>	
<p><b>These kappas are based on the national trial where we tested a shorter look-back. Items on the recommended MDS 3.0, however, have a different look-back period. In this form, we reverted to MDS 2.0 look-back because of large changes in RUGs crosswalk with tested MDS 3.0 changes. Calibration decisions for this section are pending CMM analysis.</b></p>							
O4al	Days of speech therapy in last 5 days	0.997	0.986	0.995	0.997	0.987	0.994
O4all	Minutes of speech therapy	0.997			0.991		
O4bl	Days of occupational therapy in last 5 days	0.994	0.990	0.988	0.992	0.989	0.995
O4bll	Minutes of occupational therapy	0.983			0.984		
O4cl	Days of physical therapy in last 5 days	0.997	0.995	0.999	0.989	0.984	0.993
O4cll	Minutes of physical therapy	0.983			0.981		
O4dl	Days of respiratory therapy in last 5 days	0.994			0.995	0.903	0.944
O4el	Days of psychological therapy in last 5 days	0.997	0.799		0.994	0.854	0.862
O4fl	Days of recreational therapy in last 5 days	1.000			0.999		

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Summary Agreement Special Treat/Procedures: Rehab/Restorative Care (Items O5a-O5j)</b>		<b>Range: 0.991-1.000</b>	<b>0.958</b>		<b>Range: 0.983-1.000</b>	<b>0.881</b>	
<p style="text-align: center;"><b>These kappas are based on the national trial where we tested a shorter look-back. Items on the recommended MDS 3.0, however, have a different look-back period. In this form, we reverted to MDS 2.0 look-back because of large changes in RUGs crosswalk with tested MDS 3.0 changes. Calibration decisions for this section are pending CMM analysis.</b></p>							
O5a	Days of passive range of motion in last 5 days	0.997	0.969	0.960	0.989	0.882	0.907
O5b	Days of active range of motion in last 5 days	0.991	0.949	0.929	0.988	0.929	0.939
O5c	Days of splint or brace assistance in last 5 days	1.000			0.994	0.831	0.861
O5d	Days of training and skill practice in bed mobility in last 5 days	1.000			0.999	0.980	0.990
O5e	Days of training and skill practice in transfer in last 5 days	1.000			0.993	0.925	0.941
O5f	Days of training and skill practice in walking in last 5 days	0.997	0.976	0.978	0.983	0.860	0.870
O5g	Days of training and skill practice in dressing or grooming in last 5 days	0.997	0.970	0.965	0.993	0.937	0.945
O5h	Days of training or skill practice in eating or swallowing in last 5 days	1.000			0.993	0.791	0.810
O5i	Days of training and skill practice in amputation/prosthesis care in last 5 days	0.997			1.000		
O5j	Days of training or skill practice in communication in last 5 days	1.000			0.999	0.666	
<b>Summary Agreement Special Treat/Proc: Physician Care (Items O6-O7)</b>		<b>Range: 0.897-.971</b>	<b>0.932</b>		<b>Range: 0.897-.954</b>	<b>0.933</b>	
O6	Days physician examined resident over last 5 days	0.971	0.949	0.955	0.954	0.924	0.947
O7	Days physician changed resident's orders over last 5 days	0.897	0.860	0.909	0.897	0.866	0.919

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>P Restraints</b>							
<b>Summary Agreement Restraints (Items P1a-P1i)</b>		<b>Range: 0.980-1.000</b>	<b>0.892</b>		<b>Range: 0.953-1.000</b>	<b>0.797</b>	
P1a	Full bed rails on all open sides of the bed	0.986	0.857		0.985	0.867	0.873
P1b	Other types of side rails used (e.g. half rail, one side)	0.980	0.934	0.933	0.953	0.862	0.865
P1c	Trunk restraint in bed	1.000			0.996		
P1d	Limb restraint in bed	1.000			1.000		
P1e	Other in bed	1.000			0.996		
P1f	Trunk restraint in chair or out of bed	1.000			0.991	0.746	0.742
P1g	Limb restraint in chair or out of bed	1.000			1.000		
P1h	Chair prevents rising	0.997	0.887		0.996	0.844	0.838
P1i	Other restraint used in chair or out of bed	1.000			0.998	0.666 **	
**Low prevalence (n = 6) may make kappa unreliable							

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form

## MDS 3.0 Item Reliabilities from National Evaluation Study

MDS 3.0		GS-GS (349 cases)			GS-FN (900 cases)		
Item #	Item Description	% Agreement	Kappa	Weighted Kappa	% Agreement	Kappa	Weighted Kappa
<b>Q Participation in Assessment and Goal Setting</b>							
<b>Summary Agreement Participation (Items Q1a-Q2b)</b>		<b>Range: 0.796-1.000</b>	<b>0.724</b>		<b>Range: 0.822-1.000</b>	<b>0.809</b>	
Q1a	Resident participated in assessment	0.974	0.743		0.978	0.771	
Q1b	Family participated in assessment	0.983	0.834		0.972	0.822	
Q1c	Significant other participated in assessment	0.796	0.417		0.822	0.548	
Q2a	Resident goals of care	1.000			0.984	0.969	
Q2b	Information source for resident goals of care	0.986	0.903		0.986	0.936	

## MDS 3.0 Item Reliabilities from National Evaluation Study MDS 3.0 Development and National Evaluation

\*Shaded items are not in the recommended MDS 3.0 form





**Appendix B**

**Quality Indicators and Quality Measures Map**



# Quality Indicators and Quality Measures Map

## Quality Indicators & Quality Measures

### Chronic Care Measures

---

#### 1.1 Incidence of new fractures since last assessment

**MDS 2.0** J4c. Hip fracture in last 180 days  
J4c(t-1). Hip fracture in last 180 days on prior assessment  
J4d. Other fracture in last 180 days  
J4d(t-1). Other fracture in last 180 days on prior assessment

**MDS 3.0** J17. Number of Falls Since Last Quarterly or Annual Assessment J18c. Number of Falls since last Assessment with Major Injury (bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma)

An alternative approach is to use the Hip fracture and other fractures from the diagnosis section. Like the MDS 2.0, the use of these would require multiple assessments.

I33. Hip fracture (includes any hip fracture that continues to have a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 90 days)  
I33(t-1). Hip fracture (includes any hip fracture that continues to have a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 90 days)  
I34. Other fracture  
I34(t-1). Other fracture

**Comparison** MDS 2.0 item requires current and prior assessment. Because the current study did not collect longitudinal data, we cannot provide frequency for this sample. New item does not require prior assessment. New item expands type of major injury.

**Assessment** This is an important content change. New item more directly measures intended content and does so without needing prior assessment.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 1.2 Prevalence of falls within past 30 days

- MDS 2.0** J4a. Fell in past 30 days (excludes admission assessment)
- MDS 3.0** J18a. Number of Falls Since Last Assessment (Quarterly or Annual Assessment) with No injury  
J18b. Number of Falls Since Last Assessment (Quarterly or Annual Assessment) with injury  
J18c. Number of Falls Since Last Assessment (Quarterly or Annual Assessment) with major injury
- Comparison** Sum of MDS 3.0 J18a + J18b + J18c should compare to MDS 2.0 J4a except that time frame has expanded from 30 to 90 days so one would expect the rate to be higher than that of the previous measure.
- Assessment** This is an important content change. New items allow distinction between falls with and without injury as well as with and without major injury. Changes should enhance the validity of this indicator.
-

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*2.1 Residents who have become more depressed or anxious \*\*\*\*\*

Mood scale scores increase from prior assessment. Mood scale is scored one point for each of the following:

1. Any verbal expression of distress (E1a>0, E1c>0, E1e>0, E1f>0, E1g>0, or E1h>0)
2. Shows signs of crying, tearfulness (E1m>0)
3. Motor agitation (E1n>0)
4. Leaves food uneaten (K4c checked) (uses prior assessments)
5. Repetitive health complaints (E1h>0)
6. Repetitive/recurrent verbalizations(E1a>0, E1c>0, or E1g>0)
7. Negative statements(E1a>0, E1e>0, or E1f>0)
8. Mood symptoms not easily altered.(E2=2)

**MDS 2.0** E1 Indicators of depression, anxiety, sad mood. Code for indicators observed in the last **30** days.

E1a-Resident made negative statements

E1c-Repetitive questions

E1e-Self deprecation

E1f-Expressions of what appear to be unrealistic fears

E1g-Recurrent statements that something terrible is about to happen

E1h-Repetitive health complaints

E1i- Repetitive anxious complaints

E1j-Unpleasant mood in morning

E1k-Insomnia, change in usual sleep pattern

E1l-Sad, pained, worried facial expression

E1m-Crying, tearfulness

E1n-Repetitive physical movements

E1o-Withdrawal from activities of interest

E1p-Reduced social interaction

Response format: 0-Not exhibited

1- Exhibited up to 5 days a week

2- Exhibited daily or almost daily

**MDS 3.0** The PHQ-9 is used to assess depression. Nine items are scored as present or not present and for frequency when present. Depression is indicated when 2 or more items are scored 2 or 3 (item 9 counts whenever it is >0) and item 1 and/or 2 is among the items scored 2 or 3. Depression severity is measured as the sum of the item frequency scores.

The resident is asked “Over the last 2 weeks, have you been bothered by any of the following problems?”

1. Little interest or pleasure in doing things (D2aI, D2aII)

2. Feeling down, depressed, or hopeless (D2bI, D2bII)

## Quality Indicators and Quality Measures Map

3. Trouble falling or staying asleep, or sleeping too much (D2cI D2cII)
4. Feeling tired or having little energy (D2dI, D2dII)
5. Poor appetite or overeating (D2eI, D2eII)
6. Feeling bad about yourself (D2fI, D2fII)
7. Trouble concentrating (D2gI, D2gII)
8. Moving or speaking slowly (D2hI, D2h2)
9. Thoughts that you would be better off dead (D2iL, D2iII)

Response format: Symptom present 0-No; 1-Yes; 9-No response.

Symptom frequency 0 – 0 or 1 day

1- 2-6 days

2- 7-11 days

3- 12-14 days

**Comparison** The measure requires current and prior assessment. Because the current study did not collect longitudinal data, we cannot provide frequency for this sample. However, MDS 2.0 has shown low sensitivity for detecting mood disorder and the PHQ-9 is expected to be more sensitive in detecting depression. We do not have the ability to present the QIQM change measures (the comparison for this would be a change in the MDS 3.0 severity score). Instead, we show the prevalence of depression in the chronic (follow-up) sample. The MDS 2.0 measure uses the definition of depression from QI 2.3 below. For the MDS 3.0, we use minor or major depression from the PHQ-9.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Depression Chronic sample	1,424	12.1%	27.2%	.18

**Assessment** The PHQ-9 is a recognized depression assessment instrument that is used in other settings. PHQ-9 items map to DSM-4 criteria for diagnosing depression. The national field trial validation work established its validity for nursing home residents. In addition, we have demonstrated that depression detection rates in nursing home residents are higher significantly more accurate with the PHQ-9 than with other MDS 2.0 depression measures. Other studies have established PHQ-9 sensitivity in detecting clinically meaningful symptom changes over time and PHQ-9 allow depression to be reported out at different severity levels.

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

### 2.2 Prevalence of behavior symptoms affecting others

**MDS 2.0** E4bA>0 Verbally abusive behavioral symptoms (others were threatened, screamed at, cursed at)  
E4cA>0 Physically abusive behavioral symptoms (others were hit, shoved, scratched, sexually abused)  
E4dA>0 Socially inappropriate/disruptive behavioral symptoms (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others belongings)  
Response format: 0. Behavior not exhibited in last 7 days  
1. Behavior occurred 1-3 of last 7 days  
2. Behavior occurred 4-6 of last 7 days  
3. Behavior occurred daily

**MDS 3.0** E2a>0 Physical behavioral symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing, abusing others sexually)  
E2b>0 Verbal behavioral symptoms directed toward others (threatening, screaming at others, cursing at others)  
E2c>0) Other behavioral symptoms not directed toward others (physical symptoms such as the resident hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, and throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)  
Response format: 0. Not present in last 5 days  
1. Present 1-2 days  
2. Present 3 or more days

**Comparison** Refined measure with reduced lookback from 7 days to 5 days. Prevalence rates by item for the chronic or follow-up sample and for any behavior along with the kappa for agreement are shown below.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Verbal	1,457	7.1%	7.2%	.67
Physical	1,458	4.5%	4.6%	.68
Other	1,458	11.8%	7.3%	.55
Any	1,458	15.9%	13.2%	.61

## Quality Indicators and Quality Measures Map

**Assessment** New item reflects wording change important to stakeholders and matched to clinical constructs. Time frame changed to create consistency with other MDS items (validation panel voted 5 days as a valid timeframe for assessment). Inclusion of impact items (not shown here) is to more correctly identify behaviors that need intervention. MDS 3.0 version has significantly better validity when measured against Cohen Mansfield Agitation Inventory than 2.0. MDS 3.0 offers potential for improvement through measures of impact of behaviors on resident and impact on others.

---



# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 2.3 Prevalence of symptoms of depression without antidepressant therapy

- MDS 2.0** No antidepressant therapy in last 7 days (O4c=0) and Sad Mood during last 7 days (E2>0) and at least 2 other symptoms of functional depression over last 30 days.
1. Distress (E1a>0 – Residents mad negative statements)
  2. Agitation or withdrawal (E1n>0 - repetitive physical movements or E4eA>0 – resists care or E1o>0 – withdrawal from activity or E1p>0 – reduced social activity)
  3. Waking problems (E1j>0 – wake with unpleasant mood or N1d=1 – not awake most of the day or N1a +N1b +N1c<=1 and B1=0 – not comatose and awake at most one period a day)
  4. Recurrent thoughts that something terrible is about to happen (E1g>0)
  5. Weight loss (K3a=1) – 5% or more in last 30 days; or 10% or more in last 180 days

- MDS 3.0** No antidepressant therapy received in last 5 days (N2c=0) and depression as identified over last 14 days in the PHQ-9. Nine items are scored as present or not present and for frequency when present.
1. Little interest or pleasure in doing things (D2aI, D2aII)
  2. Feeling down, depressed, or hopeless (D2bI, D2bII)
  3. Trouble falling or staying asleep, or sleeping too much (D2cI, D2cII)
  4. Feeling tired or having little energy (D2dI, D2dII)
  5. Poor appetite or overeating (D2eI, D2eII)
  6. Feeling bad about yourself (D2fI, D2fII)
  7. Trouble concentrating (D2gI, D2gII)
  8. Moving or speaking slowly (D2hI, D2h2)
  9. Thoughts that you would be better off dead (D2iL, D2iII)

**Comparison** Depression measures differ. Antidepressant therapy has a different time frame and MDS 3.0 instructions include an updated list of medication classes. In item 2.1 on prior pages, we showed the prevalence of depression for both MDS 2.0 and MDS 3.0 measures. Below we compare the prevalence of depressive symptoms (same measures as in item 2.1) in the chronic or follow-up sample but with no antidepressant.

## Quality Indicators and Quality Measures Map

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Depression – no antidepressant Chronic sample	1,424	4.2%	10.4%	.24

**Assessment** The introduction of the PHQ-9 is an important improvement as depression is known to be under-detected currently. The PHQ-9 is a recognized depression assessment instrument that is used in other settings. PHQ-9 items map to DSM-4 criteria for diagnosing depression. Our validation work established its validity for nursing home residents. The validation work showed that detection was higher and significantly more accurate when the PHQ-9 was compared to gold standard measures (MSADS and Cornell) than when the MDS 2.0 depression measure was compared to the gold standard. PHQ-9 would also permit reporting of measure by severity of mood disorder.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 3.1 Use of 9 or more different medications

<b>MDS 2.0</b>	O1. Number of different medications used in last 7 days
<b>MDS 3.0</b>	Item dropped because expert panel rated as an invalid measure of quality and not clinically useful.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

### 4.1 Incidence of cognitive impairment

Residents who are cognitively impaired on target assessment and who were not cognitively impaired on the prior assessment.

**MDS 2.0** Cognitive impairment is defined as any resident who has any difficulty with skills for daily decision making (B4>0) and has short term memory problems (B2a=1)

**MDS 3.0** The Brief Interview for Mental Status (BIMS) is a 7 item (15 point) interview that includes:  
C2. Number of words (out of 3) that the resident can repeat  
C3a. Orientation to year.  
C3b. Orientation to month  
C3c. Orientation to day of the week  
Let's go back to the first question. What were those three words that I asked you to repeat? If unable to remember a word, give a cue (something to wear, a color, a piece of furniture)  
C4a. Able to recall 1st word  
C4b. Able to recall 2<sup>nd</sup> word  
C4c. Able to recall 3rd word

**Comparison** Incidence cannot be measured as current and prior assessments are required for both MDS 2.0 and MDS 3.0. A comparison of prevalence rates for the follow-up or chronic sample is shown below.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Impaired	1,451	71.3%	68.7%	.57

**Assessment** The BIMS standardizes the assessment of cognition for residents who can be interviewed (93 percent). Feedback from nurse data collectors indicated that they appreciated the formal methods and were sometimes surprised to realize that persons thought to be impaired were not. The time required to interview residents is short, under 4 minutes on average and under 10 minutes in 97 percent of cases. The BIMS validated well against the gold standard measure, the 3MS. When tested against the MDS 2.0 cognitive performance scale (CPS), it outperformed this measure.

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*5.1 Low-risk residents who lost control of their bowels or bladder\*\*\*\*\*

- MDS 2.0** Residents who were frequently incontinent or fully incontinent in last **14** days.
- H1a. Control of bowel movement, with appliance or bowel continence programs, if employed
- H1b. Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants,) with appliances (eg foley) or continence programs, if employed
- Response format
- 0 – Continent – complete control (includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool)
  - 1 – Usually continent – bladder incontinent episodes once a week or less; bowel less than weekly
  - 2 – Occasionally incontinent – bladder 2 or more times a week but not daily; bowel, less than weekly
  - 3 – Frequently incontinent – bladder tended to be incontinent daily, but some control present (eg on day shift); bowel 2-3 times a week
  - 4 – Incontinent – Had inadequate control. Bladder, multiple daily episodes; bowel, all (or almost all) of the time.
- MDS 3.0**
- H2. Urinary incontinence in last **5** days.
- 0 - Always continent
  - 1 – Occasionally incontinent (<5 episodes of incontinence)
  - 2 – Frequently incontinent (5 or more episodes of incontinence but at least one episode of continent voiding)
  - 3 – Always incontinent (no episodes of continent voiding)
  - 9 - Not rated, resident had a catheter, urinary ostomy, or no urine output for entire 5 days
- H4. Bowel Continence in last 5 days.
- 0 - Always continent
  - 1 – Occasionally incontinent one episode of bowel incontinence)
  - 2 – Frequently incontinent (2 or more episodes of bowel incontinence but at least one continent bowel movement)
  - 3 – Always incontinent (no episodes of continent bowel movements)
  - 9 - Not rated, resident had an ostomy, or did not have a bowel movement for the entire 5 days
- Comparison** Time frame differences, word changes, and a collapsed response format but conceptually similar with respect to QI.

## Quality Indicators and Quality Measures Map

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Incontinence	48.1%	52.2%	90.5%	.81

**Assessment** New item removes those with catheter or ostomy from continence rating which current QI intentionally excludes catheters from continent response category. Agreement as measured by kappa is good.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*5.2 Residents who have/had a catheter inserted and left in their bladder\*\*\*\*\*

**MDS 2.0** H3d. Indwelling catheter (14-day look-back)

**MDS 3.0** H1a. Indwelling bladder catheter (in last 5 days)

**Comparison** Items differ only in the look-back period.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Catheter	8.6%	6.4%	96.9%	.78

**Assessment** Reduction in look-back from 14 days to 5 days may affect rates, however agreement (kappa) is good. MDS 3.0 may better reflect current clinical status by limiting sample to those with an indwelling catheter remaining in place more proximate to the ARD.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 5.3 Prevalence of occasional or frequent incontinence without a toileting plan

Residents with no scheduled toileting plan (2H3a=0) and no bladder retraining program (2H3b=0) and occasional (2) or frequent (3) bowel or bladder incontinence

- MDS 2.0** H3. Appliances and Programs (14 day lookback check all that apply response format)
- H3a. Any scheduled toileting plan
  - H3b. Bladder retraining program
  - H1a. Control of bowel movement, with appliance or bowel continence programs, if employed
  - H1b. Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants,) with appliances (eg foley) or continence programs, if employed
- Response format for H1a and b
- 0 – Continent – complete control (includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool)
  - 1 – Usually continent – bladder incontinent episodes once a week or less; bowel less than weekly
  - 2 – Occasionally incontinent – bladder 2 or more times a week but not daily; bowel, less than weekly
  - 3 – Frequently incontinent – bladder tended to be incontinent daily, but some control present (e.g., on day shift); bowel 2-3 times a week
  - 4 – Incontinent – Had inadequate control. Bladder, multiple daily episodes; bowel, all (or almost all) of the time.

- MDS 3.0** H3a. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder retraining) been attempted on admission or since urinary incontinence was noted in this facility?
- H3b. What was the resident's response to the trial program?
- H3c. Is a toileting program currently being used to manage the resident's urinary incontinence?
- H2. Urinary incontinence in last 5 days.
- 0 - Always continent
  - 1 – Occasionally incontinent (<5 episodes of incontinence)
  - 2 – Frequently incontinent (5 or more episodes of incontinence but at least one episode of continent voiding)
  - 3 – Always incontinent (no episodes of continent voiding)
  - 9 - Not rated, resident had a catheter, urinary ostomy, or no urine output for entire 5 days
- H4. Bowel Continence in last 5 days.
- 0 - Always continent



## Quality Indicators and Quality Measures Map

- 1 – Occasionally incontinent (one episode of bowel incontinence)
- 2 – Frequently incontinent (2 or more episodes of bowel incontinence but at least one continent bowel movement)
- 3 – Always incontinent (no episodes of continent bowel movements)
- 9 - Not rated, resident had an ostomy, or did not have a bowel movement for the entire 5 days

**Comparison** The toileting program requirements are more clearly specified and time frames for the lookback periods differ. MDS 3.0 collapses 2 of the MDS 2.0 incontinence response categories and does not rate individuals with an ostomy. Prevalence of toileting plans and bladder retraining programs is much higher in the MDS 2.0 checklist. Below we show the prevalence for the follow-up sample with incontinence and not on a toileting program.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
<b>Incontinence No toileting plan</b>	405	32.3%	51.6%	.44

**Assessment** Past coding accuracy for MDS 2.0 toileting program and bladder training has been problematic. New item seeks to define a toileting program and focuses on bladder training programs. MDS 3.0 asks about current and previous trials of toileting programs recognizing that some individuals with incontinence do not benefit from being on a toileting program. It thus allows for identification of residents who are appropriately not on toileting programs because it was tried and found not to work. We would recommend revising the quality indicator to account for this additional information (above rates do not make this adjustment because we were reflecting the existing measure). New item should improve accuracy of the quality indicator.

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 5.4 Prevalence of fecal impaction

**MDS 2.0** H2d. Fecal impaction (14 day lookback)

**MDS 3.0** Item dropped from MDS 3.0 because of significant accuracy concerns.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*6.1 Residents with a urinary tract infection\*\*\*\*\*

**MDS 2.0** I2j. Urinary Tract Infection in last 30 days checked

**MDS 3.0** I21. Urinary Tract Infection in last 30 days

**Comparison** Items are very similar. The only differences occur in the instructions. In the MDS 3.0 manual, explicit instructions on the determination of active disease are provided. In the MDS 2.0, UTI is in the infection section rather than in the diagnosis section.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
UTI	10.0%	7.2%	95.2%	.70

**Assessment** MDS 3.0 prevalence is lower than MDS 2.0, though kappa agreement is considered good. Lower prevalence likely reflects the addition of specific instructions to define urinary tract infection. Instruction was enhanced to improve specificity and is consistent with recommendations from CDC and geriatrics literature.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*7.1 Residents who lose too much weight\*\*\*\*\*

**MDS 2.0** K3a. Weight loss = 5% or more in last 30 days; or 10% or more in last 180 days  
0 – No  
1 - Yes

**MDS 3.0** K3. Weight Loss – Loss of 5% or more in last 30 days (or since last assessment if sooner) or loss of 10% or more in last 180 days  
0 – No;  
1 – Yes, planned loss  
2 – Yes, unplanned loss

**Comparison** Items should be comparable. Time frame is identical. MDS 3.0 distinguishes planned weight loss from unplanned but can be collapsed back to MDS 2.0 levels.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Weight Loss	8.3%	8.0%	96.1%	.74

**Assessment** Addition of the distinction between planned and unplanned weight loss should enhance the usefulness of this item in future measure refinement. Agreement as measured by kappa is good.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 7.2 Prevalence of tube feeding

Residents with tube feeding (K5b) on target assessment.

**MDS 2.0** K5b Feeding Tube in last 7 days

**MDS 3.0** K4b Feeding tube – nasogastric or abdominal (PEG) in last 5 days

**Comparison** Minor difference in time frames.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Feeding Tube	4.8%	4.3%	99.6%	.95

**Assessment** Agreement on this item is excellent.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 7.3 Prevalence of dehydration

Residents with dehydration: output exceeds input (J1c is checked) or I3a-e=ICD-9 276.5 on the target assessment.

**MDS 2.0** J1c – Dehydrated – output exceeds input

**MDS 3.0** Item dropped because Expert Panel voted it invalid. Evidence supports poor sensitivity and strong detection bias (more vigilant facilities may detect more cases)

---

## Quality Indicators and Quality Measures Map

### Chronic Care Measures (Nursing Home Compare)

---

#### \*\*\*\*\*8.1 Residents who have moderate to severe pain\*\*\*\*\*

Residents with moderate pain at least daily (J2a=2 AND J2b=2) or horrible excruciating pain at any frequency (J2b=3) on target assessment.

- MDS 2.0** J2a. Frequency with which resident complains or shows evidence of pain in last 7 days
- 0 No Pain
  - 1 Pain less than daily
  - 2 Pain daily
- J2b. Intensity of pain – Code for the highest level of pain present in last 7 days
- 1 Mild pain
  - 2 Moderate pain
  - 3 Times when pain is horrible or excruciating
- MDS 3.0** J3. “Have you had pain or hurting at any time in the last 5 days?”
- 0 No, skip out of interview
  - 1 Yes, proceed to J4-J8 below
  - 2 Unable to answer – skip to staff assessment
- J4. “How much of the time have you experienced pain or hurting over the last 5 days?”
- 1 Almost constantly
  - 2 Frequently
  - 3 Occasionally
  - 4 Rarely
  - 9 Unable to answer
- J6a. Pain Intensity assessed with Verbal Descriptor Scale. “Please rate the intensity of your worst pain over the last 5 days.”
- 1 Mild
  - 2 Moderate
  - 3 Severe
  - 4 Very severe, horrible
  - 9 Unable to answer
- J6b. Pain Intensity assessed with Numeric Rating Scale. “Please rate your worst pain over the last 5 days on a zero to ten scale with zero being no pain and ten as the worst pain you can imagine.”
- Comparison** The MDS 3.0 introduces a formal interview for pain assessment. Pain intensity is rated using 1 of 2 commonly used pain scales. Of those interviewed, 60% indicated that they had pain. Pain detection in the MDS 2.0 was 50%. The prevalence of moderate or severe pain (scored 5-9 on numeric pain scale) either frequently or almost constantly or any very

## Quality Indicators and Quality Measures Map

severe, horrible pain (scored 10 on numeric scale) in the MDS 3.0 chronic sample of interviewed residents is shown below.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Pain	1,157	11.1%	23.5%	.36

**Assessment** The introduction of a formal pain interview in the MDS 3.0 is intended to improve pain detection. Notably higher rates of moderate to severe pain detection with the new measure point to its success. For residents who are unable to complete the pain interview, a structured observational item is used. Because performance properties differ, we would suggest reporting observed pain behavior for the smaller observed sample separately. In addition, the interview includes items (not shown here) on the effects of pain on function which may serve as a useful quality of life measure and help frame better quality indicators.

---



## Quality Indicators and Quality Measures Map

### Chronic Care Measures (Nursing Home Compare)

---

#### \*\*\*\*\*9.1 Residents whose need for help with daily activities has increased\*\*\*\*\*

Residents with worsening (increasing MDS item score) in late-loss ADL self-performance at target relative to prior assessment. Residents meet the definition of Late-Loss ADL worsening when at least two of the following are true:

1. Bed mobility  $G1aA(t) - G1aA(t-1) > 0$ , or
2. Transfer  $G1bA(t) - G1bA(t-1) > 0$ , or
3. Eating  $G1hA(t) - G1hA(t-1) > 0$ , or
4. Toileting  $G1iA(t) - G1iA(t-1) > 0$ , or

OR at least one of the following is true:

5. Bed mobility  $G1aA(t) - G1aA(t-1) > 1$ , or
6. Transfer  $G1bA(t) - G1bA(t-1) > 1$ , or
7. Eating  $G1hA(t) - G1hA(t-1) > 1$ , or
8. Toileting  $G1iA(t) - G1iA(t-1) > 1$ .

#### MDS 2.0

Code for resident's performance over all shifts during last 7 days –Not including set up)

G1aA. Bed Mobility – How resident moves to and from lying position, turns side to side, and positions body while in bed.

G1bA. Transfer – How resident moves between surfaces – to/from bed, chair, wheelchair, standing position (exclude to/from bath/toilet)

G1hA. Eating – How resident eats and drinks (regardless of skill).

Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition)

G1iA. Toilet Use-How resident uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes

Response format

0. Independent- No help or oversight – OR – Help /oversight provided only 1 or 2 times during last 7 days

1. Supervision- Oversight, encouragement or cueing provided 3 or more times during last 7 days – OR – Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days

2. Limited Assistance – Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times –OR-More help provided only 1 or 2 times during last 7 days

3. Extensive Assistance – While resident performed part of activity, over last 7-day period, help of following types provided 3 or more times:

-weight-bearing support

-Full staff performance during part (but not all) of last 7 days

## Quality Indicators and Quality Measures Map

4. Total Dependence-Full staff performance of activity during entire 7 days
5. Activity Did Not Occur during entire 7 day

### MDS 3.0

Code for the most dependent episode in the last 5 days.

G1a. Bed Mobility moving to and from lying position, turning side to side, and positioning body while in bed.

G1b. Transfer moving between surfaces – to/from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)

G1j. Eating includes eating, drinking (regardless of skill), or intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition, IV fluids for hydration).

G1d. Toileting using the toilet room (or commode, bedpan, urinal); cleaning self after toileting or incontinent episode(s), changing pad, managing ostomy or catheter, adjusting clothes (excludes toilet transfer).

G1c. Toilet transfer how resident gets to and moves on and off toilet or commode.

Response format

0. Independent – resident completes activity with no help or oversight
1. Set up assistance
2. Supervision – oversight, encouragement or cueing provided throughout the activity
3. Limited assistance – guided maneuvering of limbs or other nonweight bearing assistance provided at least once
4. Extensive assistance, 1 person assist- resident performed part of the activity while one staff member provided weight-bearing support or completed part of the activity at least once
5. Extensive assistance, 2+ person assist - resident performed part of the activity while two or more staff members provided weight-bearing support or completed part of the activity at least once
6. Total dependence, 1 person assist – full staff performance of activity (requiring only 1 person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.
7. Total dependence, 2+ person assist – full staff performance of activity (requiring 2 or more person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity
8. Activity did not occur during entire period

**Comparison** The MDS 3.0 measure separates toilet use and toilet transfer into two items but combines self-performance and amount of assistance into a single scale. The MDS 2.0 self-performance item reports “typical” performance over a 7 day period but the assistance component reports the most dependent episode. The MDS 3.0 reports both self-performance and

## Quality Indicators and Quality Measures Map

amount of assistance on the most dependent episode over a 5 day period. MDS 3.0 separates set up from supervision which must be provided throughout the activity. This quality measure is a change item that we cannot assess because prior assessments are not available. Sensitivity to change in the MDS 3.0 measure is unknown.

If we collapse the MDS 3.0 response formats and map onto the 2.0, the prevalence distributions appear as follows:

	MDS 2.0 rate	MDS 3.0 rate
<b>Bed Mobility (n=1,401)</b>		
<b>Independent</b>	27.1%	30.6%
<b>Supervision (setup)</b>	5.1%	3.1%
<b>Limited assistance</b>	16.5%	12.8%
<b>Extensive assistance</b>	40.1%	36.5%
<b>Total dependence</b>	11.3%	17.0%
<b>Transfer (n=1,401)</b>		
<b>Independent</b>	19.6%	24.3%
<b>Supervision (setup)</b>	6.6%	4.6%
<b>Limited assistance</b>	16.9%	11.3%
<b>Extensive assistance</b>	37.5%	37.8%
<b>Total dependence</b>	18.7%	21.6%
<b>Activity did not occur</b>	0.6%	0.5%
<b>Eating (n=1,388)</b>		
<b>Independent</b>	48.7%	62.2%
<b>Supervision (setup)****</b>	23.4%	11.4%
<b>Limited assistance</b>	6.3%	5.3%
<b>Extensive assistance</b>	11.4%	9.4%
<b>Total dependence</b>	10.2%	11.7%
<b>Toilet Use</b>		
<b>Independent</b>	16.2%	19.2%
<b>Supervision (setup)</b>	4.1%	3.8%
<b>Limited assistance</b>	15.9%	11.2%
<b>Extensive assistance</b>	39.6%	37.5%
<b>Total dependence</b>	24.1%	28.4%

## Quality Indicators and Quality Measures Map

\*\*\*\*Set up is very common in Eating item (41%) so it has a major effect on cell size depending on where it is placed. To estimate the 3.0 rates here, we placed it with Supervision.

**Assessment** MDS 2.0 ADL has evidenced some problems with accuracy in previous evaluations. Nurse data collectors reported that the single rating associated with the MDS 3.0 was significantly easier to use. It offers an easy way to integrate the amount of assistance into the change measure if that is desired. The separation of toileting from toilet transfer and set-up from supervision is consistent with practice among rehabilitation therapists and has been hypothesized to improve reliability.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*9.2 Residents who spend most of their time in bed or in a chair\*\*\*\*\*

**MDS 2.0** Modes of transfer - check all that apply during last 7 days  
G6a Bedfast all or most of the time

**MDS 3.0** G6 **Bedfast** in bed or in recliner in room for more than 22 hours on at least 3 of the past 5 days  
0 No  
1 Yes

**Comparison** Item on MDS 3.0 form includes part of definition from manual. Timeframe differences and different response format. Figures reported are for the chronic or follow-up sample.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Bedfast	1,440	3.5%	5.6%	.53

**Assessment** Item definition is more precise in the MDS 3.0. Further, having the Item stand on its own rather than making it part of a checklist on modes of transfer provides greater prominence. IT contractors recommended use of Yes/No over check all that apply as more accurate. New item should improve accuracy of quality indicator.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*9.3 Residents whose ability to move in and around their room got worse\*\*\*\*\*

Residents whose value for locomotion self performance is greater on the target assessment relative to the prior assessment.

**MDS 2.0** G1eA(t)>G1eA(t-1) Locomotion self performance on unit. How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair.

#### Response format

0. Independent- No help or oversight – OR – Help /oversight provided only 1 or 2 times during last 7 days
1. Supervision- Oversight, encouragement or cueing provided 3 or more times during last 7 days – OR – Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days
2. Limited Assistance – Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times –OR-More help provided only 1 or 2 times during last 7 days
3. Extensive Assistance – While resident performed part of activity, over last 7-day period, help of following types provided 3 or more times:
  - weight-bearing support
  - Full staff performance during part (but not all) of last 7 days
4. Total Dependence-Full staff performance of activity during entire 7 days
5. Activity Did Not Occur during entire 7 days

**MDS 3.0** G1g. Locomotion – moving about facility, with wheelchair if used. Code for most dependent episode in last 5 days.

#### Response format

0. Independent – resident completes activity with no help or oversight
1. Set up assistance
2. Supervision – oversight, encouragement or cueing provided throughout the activity
3. Limited assistance – guided maneuvering of limbs or other nonweight bearing assistance provided at least once
4. Extensive assistance, 1 person assist- resident performed part of the activity while one staff member provided weight-bearing support or completed part of the activity at least once

## Quality Indicators and Quality Measures Map

5. Extensive assistance, 2+ person assist - resident performed part of the activity while two or more staff members provided weight-bearing support or completed part of the activity at least once
6. Total dependence, 1 person assist – full staff performance of activity (requiring only 1 person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.
7. Total dependence, 2+ person assist – full staff performance of activity (requiring 2 or more person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity
8. Activity did not occur during entire period

**Comparison** The MDS 2.0 has 2 locomotion items, one for on unit which is used in this quality measure and another for off unit. The MDS 3.0 uses a single locomotion item. The MDS 3.0 measure combines self-performance and amount of assistance into a single scale. These constitute 2 items in the MDS 2.0. The MDS 2.0 self-performance item reports “typical” performance over a 7 day period but the assistance component reports the most dependent episode. The MDS 3.0 reports both self-performance and amount of assistance on the most dependent episode. Neither measure focuses on ability to move around ones own room as indicated in the name of the quality measure. This quality measure is a change item that we cannot assess because prior assessments are not available.

If we collapse the MDS 3.0 response formats and map onto the 2.0 the prevalence distributions for the chronic population are as follows:

(n=1,406)	MDS 2.0 rate	MDS 3.0 rate
<b>Independent</b>	33.5%	36.6%
<b>Supervision</b>	12.3%	7.2%
<b>Limited assistance</b>	13.1%	7.5%
<b>Extensive assistance</b>	18.4%	21.5%
<b>Total dependence</b>	19.8%	24.9%
<b>Activity did not occur</b>	2.9%	2.3%

Agreement between the items indicates a weighted kappa of .69.

**Assessment** The MDS 3.0 combines the item self-performance and amount of support provided into a single item which the data collectors reported as being easier to use. The item also combines locomotion on and off unit.

# Quality Indicators and Quality Measures Map

---



# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 9.4 Incidence of decline in ROM

Residents with increases in functional limitation in ROM between prior and target assessments. Functional limitation in ROM is defined as the sum of items G4aA through G4fA.

**MDS 2.0** G4aA. Code for limitations during last 7 days that interfered with daily function or placed the resident at risk of injury  
G4aA. Neck  
G4bA. Arm-including shoulder or elbow  
G4cA. Hand-including wrist or fingers  
G4dA. Leg-including hip or knee  
G4eA. Foot-including ankle or toes  
G4fA. Other limitation or loss  
Response format  
0. No limitation  
1. Limitation on one side  
2. Limitation on both sides

**MDS 3.0** Functional limitation in range of motion. Code for limitation during last 5 days that interfered with daily function or placed resident at risk of injury.  
G4a Lower extremity (hip, knee, ankle, foot)  
G4b. Upper extremity (shoulder, elbow, wrist, hand)  
Response format  
0. No impairment  
1. Impairment on one side  
2. Impairment on both sides

**Comparison** Item collapsed from 6 areas to 2 that combined the separate joints. Measure requires current and prior assessment. Because the current study did not collect longitudinal data, we cannot provide frequency for this sample. By collapsing the 6 MDS 2.0 items into a single item that reports No impairment in all 6 areas, at least 1 area with impairment on one side and no area with impairment on both sides, or at least one area with impairment on both sides and comparing this to a similarly collapsed MDS 3.0 item we get the following prevalence rates in the chronic sample.

## Quality Indicators and Quality Measures Map

(n=1,453)	MDS 2.0 rate	MDS 3.0 rate
No impairment	49.9%	54.8%
Impairment on one side	22.3%	22.6%
Impairment on 2 sides	27.8%	22.6%

The weighted kappa is .63.

**Assessment** New Item simplifies MDS 2.0 item.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 10.1 Prevalence of antipsychotic use in the absence of psychotic or related conditions

**MDS 2.0** Record the number of days during the last 7 days that the resident received the following medication  
O4a. Antipsychotic

**MDS 3.0** Check all of the medications that the resident received during the last 5 days  
N2a. Antipsychotic

**Comparison** Minor wording and time frame differences.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Antipsychotic	16.8%	16.9 %	98.8%	.96

**Assessment** When the MDS 2.0 measure is converted to a use- no use measure, these items have very good agreement and appear comparable.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 10.2 Prevalence of antianxiety/hypnotic use in the absence of psychotic or related condition

**MDS 2.0** Record the number of days during the last 7 days that the resident received the following medication  
O4b. Antianxiety  
O4d. Hypnotic

**MDS 3.0** Check all of the medications that the resident received during the last 5 days  
N2b. Antianxiety  
N2d. Hypnotic

**Comparison** Minor wording and time frame differences.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Med use	18.9%	18.6%	96.5%	.88

**Assessment** When the MDS 2.0 measure is converted to a use- no use measure, these items have very good agreement and appear comparable.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 10.3 Prevalence of hypnotic use more than two times in last week

Residents who received hypnotics more than 2 times in last week (O4d>2) on the target assessment.

**MDS 2.0** Record the number of days during the last 7 days that the resident received the following medication

O4d. Hypnotic

**MDS 3.0** Hypnotic drug use recorded but the number of days on which it is used is not.

**Comparison** Non-risk adjusted quality indicator cannot be assessed.

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

### \*\*\*\*\*11.1 Residents who were physically restrained\*\*\*\*\*

Resident who were physically restrained daily (P4c, P4d, or P4e=2) on target assessment.

**MDS 2.0** P4c. Trunk restraint  
 P4d. Limb restraint  
 P4e Chair prevents rising  
 Response format  
 0. Not used  
 1. Used less than daily  
 2. Used daily

**MDS 3.0** P1. Physical restraints are any manual method, physical or mechanical devices, material or equipment attached or adjacent to the resident’s body that the individual cannot remove easily, which restricts freedom of movement or normal access to one’s body. Code for the last 5 days.  
 Used in Bed  
 P1c. Trunk restraint  
 P1d. Limb restraint  
 Used in Chair or Out of Bed  
 P1f. Trunk restraint  
 P1g. Limb restraint  
 P1h Chair prevents  
 Response format  
 0. Not used  
 1. Used less than daily  
 2. Used daily

**Comparison** Minor wording changes, differences in lookback period and definition placed directly on form. Can collapse MDS 3.0 categories to original ones. Bedrails and Other restraints, although on form, are not included in this comparison.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Restraints	3.8%	3.8%	98.8%	.83

**Assessment** MDS 3.0 items distinguish between trunk and limb restraints used in bed versus those used out of bed or in a chair. Agreement as measured by kappa statistic is considered very good.

# Quality Indicators and Quality Measures Map

## Chronic Care Measures

---

### 11.2 Prevalence of little or no activity

Residents with little or no activity (N2=2 or 3) on the target assessment.

- MDS 2.0** N2 Average time involved in Activities  
Response format
0. Most – more than 2/3 of the time
  1. Some – from 1/3 to 2/3 of time –
  2. Little – less than 1/3 of time
  3. None

**MDS 3.0** Item dropped

---

# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

### \*\*\*\*\*12.1 High-risk and low risk residents with pressure ulcers\*\*\*\*\*

Residents with pressure sores on target assessment (M2a >0 or ICD-9 707.0\*)

**MDS 2.0** Code for the highest stage in the last 7 days  
M2a. Pressure ulcer – any lesion caused by pressure resulting in damage of underlying tissue

**MDS 3.0** M1. Did the resident have a pressure ulcer in the last 5 days?  
0. No; 1 Yes

**Comparison** Conceptually items seek to measure the same thing though wording, use of deepest anatomical stage, and lookback periods differ.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
High risk Pressure ulcers	13.3%	13.3%	98.1%	.92
Low Risk Pressure ulcers	3.1%	3.2%	99.1%	.86

**Assessment** Despite wording and lookback period differences, item achieves very good agreement. Pressure ulcer section has undergone important changes to reflect current thinking of experts in this area. An additional item, not considered here, allows facilities to report whether PU was present on admission to facility. MDS 3.0 items also ask providers to note size of largest PU for Stages 2-4 (potentially allowing longitudinal assessment of improvement) and, now that reverse staging has been eliminated, a set of items that asks whether the # of PU at each of stages 2-4 has increased, and a set of items that asks whether any PU from stages 2-4 healed since the prior assessment.



# Quality Indicators and Quality Measures Map

## Chronic Care Measures (Nursing Home Compare)

### \*\*\*\*14.1 Percent of Long-Stay Residents Given Influenza Vaccination During the Flu Season\*\*\*\*

#### MDS 2.0

##### W2 Influenza Vaccine

W2a. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?

0. No (If No, go to item W2b)
1. Yes (If Yes, go to item W3)

W2b. If Influenza vaccine not received, state reason:

1. Not in facility during this year's flu season
2. Received outside of this facility
3. Not eligible
4. Offered and declined
5. Not offered
6. Inability to obtain vaccine

#### MDS 3.0

##### O2. Influenza Vaccine.

O2a. Did the resident receive the Influenza Vaccine in this facility for this year's Influenza season (October 1 through March 31)?

0. No
1. Yes (Skip to O3, Pneumococcal Vaccine)
2. Does not apply because assessment outside of influenza season (Skip to O3, Pneumococcal Vaccine)

O2b. If Influenza Vaccine not received, state reason:

1. Not in facility during this year's flu season
2. Received outside of this facility
3. Not eligible
4. Offered and declined
5. Not offered
6. Inability to obtain vaccine due to declared shortage
7. None of the above

#### Comparison

In national trial of MDS 3.0, response option 6 was defined, at CMS request, as "inability to obtain vaccine due to declared shortage." Since completion of trial, a more recently convened NQF consensus group on vaccination has agreed to change to "Vaccine on order but not yet received in the facility." We have incorporated this revision into our current recommendations. In addition, based on confusion about dates for season vs. relevant assessment and consistent with IT recommendations to include NA response where common response need, we are recommending a response option = 9. **Does not apply because assessment is between July 1 and Sept 30 → Skip to O3, Pneumococcal Vaccine**

## Quality Indicators and Quality Measures Map

**Assessment** Minor changes in response format that seek to clarify why a vaccination was not given. Comparability should be maintained.

---

## Quality Indicators and Quality Measures Map

### Chronic Care Measures (Nursing Home Compare)

---

#### \*\*\*\*\*14.2 Percent of Long-Stay Residents who Were Assessed and Given Pneumococcal Vaccination\*\*\*\*\*

- MDS 2.0** W3. Pneuococcal Vaccine
- W3a. Is the resident's PPV status up to date?
0. No (If No, go to item W3b)
  1. Yes (If Yes, skip item W3b)
- W3b. If PPV not received, state reason:
1. Not eligible
  2. Offered and declined
  3. Not offered

- MDS 3.0** O3. Pneumococcal Vaccine
- O3a. Is the resident's Pneumococcal Vaccine status up to date?
0. No
  1. Yes (Skip to O4, Therapies)
- O3b. If Pneumococcal Vaccine not received, state reason:
1. Not eligible
  2. Offered and declined
  3. Not offered
  4. Vaccine status not up to date by admission ARD

**Comparison** Based on vaccination consensus workgroup activities (after completion of field trial) and desire to obtain comparable items, whenever possible,<sup>1</sup> we are recommending deletion of the new response option 4 for O3b.

**Assessment** With deletion of option 4, comparability should be maintained.

---

---

<sup>1</sup> "Up to date" status in nursing home population includes re-vaccination because this is an important quality of care issue in this population. Community measure, because it addresses a younger population and more immunocompetent population only considers initial vaccination.

# Quality Indicators and Quality Measures Map

## Quality Measures

### Post Acute Care Measures (Nursing Home Compare)

---

#### \*\*\*\*\*13.1 Short-stay residents with delirium\*\*\*\*\*

Short stay resident at SNF PPS 14 day assessment with at least one symptom of delirium that represents a departure from usual functioning (at least one B5a through B5f=2).

- MDS 2.0** B5. Indicators of Delirium- Periodic disordered thinking/ awareness.  
Code for behavior in last 7 days  
B5a. Easily distracted-(e.g., difficulty paying attention; gets sidetracked)  
B5b. Periods of altered perception or awareness of surroundings-(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day)  
B5c. Episodes of disorganized speech-(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)  
B5d. Periods of restlessness-(e.g., fidgeting or picking at skin, clothing, napkins, etc.; frequent position changes; repetitive physical movements or calling out.).  
B5e. Periods of lethargy-(e.g., sluggishness; staring into space; difficult to arouse; little body movement).  
B5f. Mental function varies over the course of the day-(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)  
Response format
0. Behavior not present
  1. Behavior present, not of recent onset
  2. Behavior present, over the last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)
- MDS 3.0** C12. Signs and Symptoms of Delirium. After interviewing the resident, code the following behaviors (a-d) in last 5 days.  
C12a. Inattention – Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty keeping track of what was said)?  
C12b. Disorganized thinking – Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)/  
C12c. Altered level of consciousness- Did the resident have altered level of consciousness? (e.g., vigilant – startles easily to any sound or touch; lethargic-repeatedly dozes off when being asked questions, but responds to voice or touch; stuporous very difficult to arouse and keep aroused for the interview; comatose-cannot be aroused)

## Quality Indicators and Quality Measures Map

C12d. Psychomotor retardation – Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

C13 Is there evidence of an acute change in mental status from the resident’s baseline in last 5 days? 1 yes; 0 no.

**Comparison** The 3.0 measure represents a substantial change, both in the item and in content expert recommended structured cognitive assessment prior to delirium assessment. A comparison of the prevalence rates for the 2.0 and 3.0 are shown below.

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Post acute	478	2.3%	4.8%	.09

**Assessment** The MDS 3.0 introduces a 5 item CAM for delirium screening. The CAM has been validated in older adults in hospital settings and has undergone additional testing for delirium detection in post-acute care populations in nursing homes. This is potentially an important improvement in the MDS 3.0 and includes an assessment used in other care settings. Higher detection rates support its use.

---

## Quality Indicators and Quality Measures Map

### Post Acute Care Measures (Nursing Home Compare)

---

#### \*\*\*\*\*13.2 Short-stay residents who had moderate to severe pain\*\*\*\*\*

Residents with moderate pain at least daily (J2a=2 AND J2b=2) or horrible excruciating pain at any frequency (J2b=3) on target assessment.

- MDS 2.0** J2a. Frequency with which resident complains or shows evidence of pain in last 7 days
- 0 No Pain
  - 1 Pain less than daily
  - 2 Pain daily
- J2b. Intensity of pain – Code for the highest level of pain present in last 7 days
- 1 Mild pain
  - 2 Moderate pain
  - 3 Times when pain is horrible or excruciating

- MDS 3.0** J3. “Have you had pain or hurting at any time in the last 5 days?”
- 0 No, skip out of interview
  - 1 Yes, proceed to J4-J8 below
  - 2 Unable to answer – skip to staff assessment
- J4. “How much of the time have you experienced pain or hurting over the last 5 days?”
- 1 Almost constantly
  - 2 Frequently
  - 3 Occasionally
  - 4 Rarely
  - 9 Unable to answer
- J6a. Pain Intensity assessed with Verbal Descriptor Scale. “Please rate the intensity of your worst pain over the last 5 days.”
- 1 Mild
  - 2 Moderate
  - 3 Severe
  - 4 Very severe, horrible
  - 9 Unable to answer
- J6b. Pain Intensity assessed with Numeric Rating Scale. “Please rate your worst pain over the last 5 days on a zero to ten scale with zero being no pain and ten as the worst pain you can imagine.”

**Comparison** The MDS 3.0 introduces a formal interview for pain assessment. Pain intensity is rated using 1 of 2 commonly used pain scales. Prevalence of moderate to severe pain (scored 5-9 on numeric pain scale) either frequently or almost constantly or any Very severe, horrible pain (scored 10 on numeric scale) in the post acute sample is shown below.

## Quality Indicators and Quality Measures Map

	Sample size	MDS 2.0 rate	MDS 3.0 rate	kappa
Pain	444	27.9%	39.0%	.49

**Assessment** This is an important content change. Accuracy of pain assessment in MDS 2.0 has been challenged. The introduction of a formal pain interview in the MDS 3.0 is intended to improve pain detection and use rating scales common to other care settings. For residents who are unable to complete the pain interview, a structured observational item is used. In addition, the interview includes items (not shown here) on the effects of pain on function. This information can help frame better quality indicators.

---

# Quality Indicators and Quality Measures Map

## Post Acute Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*13.3 Short-stay residents with pressure ulcers\*\*\*\*\*

Residents with pressure sores on 14 day target assessment (M2a >0 or ICD-9 707.0\*) but not on 5 day assessment.

**MDS 2.0** Code for the highest stage in the last 7 days  
M2a. Pressure ulcer – any lesion caused by pressure resulting in damage of underlying tissue

**MDS 3.0** M1. Did the resident have a pressure ulcer in the last 5 days?  
0. No; 1 Yes

**Comparison** Conceptually items seek to measure the same thing though wording, use of deepest anatomical stage, and lookback periods differ. Actual item cannot be assessed since we do not have both 5 and 14 day assessments on anyone. Below we show comparability between MDS 2.0 and MDS 3.0 items. Sensitivity to change is unknown.

	MDS 2.0 rate	MDS 3.0 rate	Agreement	kappa
Pressure ulcers	25.1%	23.6%	97.0%	.92

**Assessment** Despite wording and lookback period differences, item achieves very good agreement. Pressure ulcer section has undergone important changes to reflect current thinking of experts in this area. In addition, providers can code whether a pressure ulcer was present on admission to facility which may be considered in future quality measures.

---



# Quality Indicators and Quality Measures Map

## Post Acute Care Measures (Nursing Home Compare)

---

### \*\*\*\*\*15.1 Percent of Short-Stay Residents Given Influenza Vaccination During the Flu Season\*\*\*\*\*

#### MDS 2.0

##### W2 Influenza Vaccine

W2a. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?

0. No (If No, go to item W2b)
1. Yes (If Yes, go to item W3)

W2b. If Influenza vaccine not received, state reason:

1. Not in facility during this year's flu season
2. Received outside of this facility
3. Not eligible
4. Offered and declined
5. Not offered
6. Inability to obtain vaccine

#### MDS 3.0

##### O2. Influenza Vaccine.

O2a. Did the resident receive the Influenza Vaccine in this facility for this year's Influenza season (October 1 through March 31)?

3. No
4. Yes (Skip to O3, Pneumococcal Vaccine)
5. Does not apply because assessment outside of influenza season (Skip to O3, Pneumococcal Vaccine)

O2b. If Influenza Vaccine not received, state reason:

8. Not in facility during this year's flu season
9. Received outside of this facility
10. Not eligible
11. Offered and declined
12. Not offered
13. Inability to obtain vaccine due to declared shortage
14. None of the above

#### Comparison

In national trial of MDS 3.0, response option 6 was defined, at CMS request, as "inability to obtain vaccine due to declared shortage." Since completion of trial, a more recently convened NQF consensus group on vaccination has agreed to change to "Vaccine on order but not yet received in the facility." We have incorporated this revision into our current recommendations. In addition, based on confusion about dates for season vs. relevant assessment and consistent with IT recommendations to include NA response where common response need, we are recommending a response option = 9. **Does not apply because assessment is between July 1 and Sept 30 → Skip to O3, Pneumococcal Vaccine**

## Quality Indicators and Quality Measures Map

**Assessment** Minor changes in response format that seek to clarify why a vaccination was not given. Comparability should be maintained.

---

## Quality Indicators and Quality Measures Map

### Post Acute Care Measures (Nursing Home Compare)

---

#### \*\*\*\*\*15.2 Percent of Short-Stay Residents who Were Assessed and Given Pneumococcal Vaccination\*\*\*\*\*

##### MDS 2.0

W3 Pneumococcal Vaccine

W3a. Is the resident's PPV status up to date?

0. No (If No, go to item W3b)

1. Yes (If Yes, skip item W3b)

W3b. If PPV not received, state reason:

1. Not eligible

2. Offered and declined

3. Not offered

##### MDS 3.0

O3. Pneumococcal Vaccine

O3a. Is the resident's Pneumococcal Vaccine status up to date?

2. No

3. Yes (Skip to O4, Therapies)

O3b. If Pneumococcal Vaccine not received, state reason:

1. Not eligible

2. Offered and declined

3. Not offered

4. Vaccine status not up to date by admission ARD

##### Comparison

Based on vaccination consensus workgroup activities (after completion of field trial) and desire to obtain comparable items, whenever possible,<sup>2</sup> we are recommending deletion of the new response option 4 for O3b.

##### Assessment

With deletion of option 4, comparability should be maintained.

---

<sup>2</sup> "Up to date" status in nursing home population includes re-vaccination because this is an important quality of care issue in this population. Community measure, because it addresses a younger population and more immunocompetent population only considers initial vaccination.



## **Appendix C**

### **Draft Administrative Items for Record Types**

The attached documents are draft versions of the MDS 3.0 record types currently being considered by Centers for Medicare & Medicaid Studies.



## Draft Administrative Items for Record Types

**Nursing Home  
Assessment Record**

# Identification Information

<b>A1. Facility Provider Numbers</b>	
	<p><b>a. National Provider Identifier (NPI)</b></p> <p>_____</p>
	<p><b>b. CMS Certification Number (CCN)</b></p> <p>_____</p>
	<p><b>c. State Provider Number</b></p> <p>_____</p>
<b>A2. Legal Name of Resident</b>	
	<p>_____</p> <p>a. (First)                      b. (Middle Initial)                      c. (Last)                      d. (Suffix)</p>
<b>A3. Social Security and Medicare Numbers</b>	
	<p><b>a. Social Security Number</b></p> <p>_____</p>
	<p><b>b. Medicare number</b> (or comparable railroad insurance number)</p> <p>_____</p>
<b>A4. Medicaid Number</b> (enter "+" if pending, "N" if not a Medicaid recipient)	
	<p>_____</p>
<b>A5. Gender</b>	
<p>Enter <input type="checkbox"/> Code</p>	<p>1. <b>Male</b></p> <p>2. <b>Female</b></p>
<b>A6. Birthdate</b>	
	<p>_____</p> <p>month                      day                      year</p>
<b>A8. Language</b> — complete only on admission, annual, and significant change assessment	
<p>Enter <input type="checkbox"/> Code</p>	<p><b>Does the resident need or want an interpreter to communicate with a doctor or health care staff?</b></p> <p>0. <b>No</b></p> <p>1. <b>Yes</b> → If yes, specify preferred language: _____</p> <p>9. <b>Unable to determine</b></p>

## Draft Administrative Items for Record Types

### Nursing Home Assessment Record

# Identification Information

#### A10. Type of Assessment/Tracking

Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>a. Federal OBRA Reason for Assessment/Tracking</b> 01. <b>Admission assessment</b> (required by day 14) 02. <b>Quarterly review assessment</b> 03. <b>Annual assessment</b> 04. <b>Significant change in status assessment</b> 05. <b>Significant correction to prior full assessment</b> 06. <b>Significant correction to prior quarterly assessment</b> 99. <b>Not OBRA required assessment/tracking</b>
Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>b. PPS Assessments</b> <b>PPS Scheduled Assessments for a Medicare Part A Stay</b> 1. <b>5-day scheduled assessment</b> 2. <b>14-day scheduled assessment</b> 3. <b>30-day scheduled assessment</b> 4. <b>60-day scheduled assessment</b> 5. <b>90-day scheduled assessment</b> 6. <b>Readmission/return assessment</b> <b>PPS Unscheduled Assessments for a Medicare Part A Stay</b> 7. <b>Unscheduled assessment used for PPS</b> (OMRA, significant change, or significant correction assessment) 9. <b>Not PPS assessment</b>
Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>c. PPS Other Medicare Required Assessment—OMRA</b> (required when all rehabilitation therapy discontinued) 0. <b>No</b> 1. <b>Yes</b>

#### A11. Submission Requirement

Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>a. Federal required submission</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>b. State required submission</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>c. Submission only required for other reasons (e.g. HMO, other insurance, etc.)</b> 0. <b>No</b> 1. <b>Yes</b>

#### A12. Preadmission Screening and Resident Review (PASRR) (Complete only if A9a = 01, 03, or 04)

Enter <input style="width: 20px; height: 20px;" type="text"/> Code	Has the resident been evaluated by Level II PASRR, and determined to have a serious mental illness and/or mental retardation or a related condition? 0. <b>No</b> 1. <b>Yes</b> 9. <b>Not a Medicaid certified unit</b>
--	--

#### A13. Medicare Stay

Enter <input style="width: 20px; height: 20px;" type="text"/> Code	<b>a. Is the resident currently in a Medicare-covered stay?</b> 0. <b>No</b> → Skip to A13, State Case Mix Group 1. <b>Yes</b> → Continue to A12b
	<b>b. Start date of current Medicare stay</b>  ____ — ____ — ____ month          day          year
	<b>c. Medicare Part A HIPPS code for billing</b>  ____ — ____ — ____ — ____ (RUG-III group followed by HIPPS modifier based on type of assessment)



## Draft Administrative Items for Record Types

<b>Nursing Home Assessment Record</b>	<b>Identification Information</b>
---	-----------------------------------

	<b>A14. State Case Mix Group</b> (If required by the state)
	_____

	<b>A15. Optional Facility Items</b>												
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>a.</b></td> <td><b>Medical Record Number</b></td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>b.</b></td> <td><b>Room number</b></td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td><b>c.</b></td> <td><b>Name by which resident prefers to be addressed:</b></td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> </tr> </table>	<b>a.</b>	<b>Medical Record Number</b>		_____	<b>b.</b>	<b>Room number</b>		_____	<b>c.</b>	<b>Name by which resident prefers to be addressed:</b>		_____
<b>a.</b>	<b>Medical Record Number</b>												
	_____												
<b>b.</b>	<b>Room number</b>												
	_____												
<b>c.</b>	<b>Name by which resident prefers to be addressed:</b>												
	_____												

	<b>A16. Assessment Reference Date</b>
	<p style="text-align: center;"><b>Observation end date</b></p> <p style="text-align: center;">___ ___ - ___ ___ - ___ ___</p> <p style="text-align: center;">month      day              year</p>

	<b>A22. Signature of Persons Completing the Assessment</b>			
	<p>I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.</p>			
	<b>Signature</b>	<b>Title</b>	<b>Sections</b>	<b>Date</b>
	a.			
	b.			
	c.			
	d.			
	e.			
	f.			
	g.			
	h.			
	i.			
	j.			
	k.			
	l.			

	<b>A23. Signature of RN Assessment Coordinator Verifying Assessment Completion</b>								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><b>a.</b></td> <td><b>Signature</b></td> </tr> <tr> <td><b>b.</b></td> <td><b>Date RN Assessment Coordinator signed assessment as complete</b></td> </tr> <tr> <td></td> <td style="text-align: center;">___ ___ - ___ ___ - ___ ___</td> </tr> <tr> <td></td> <td style="text-align: center;">month      day              year</td> </tr> </table>	<b>a.</b>	<b>Signature</b>	<b>b.</b>	<b>Date RN Assessment Coordinator signed assessment as complete</b>		___ ___ - ___ ___ - ___ ___		month      day              year
<b>a.</b>	<b>Signature</b>								
<b>b.</b>	<b>Date RN Assessment Coordinator signed assessment as complete</b>								
	___ ___ - ___ ___ - ___ ___								
	month      day              year								

## Draft Administrative Items for Record Types

<b>Entry Record</b>	Nursing Home Assessment Record
---------------------	--------------------------------

### A1. Facility Provider Numbers

a. **National Provider Identifier (NPI)**

\_\_\_\_\_

b. **CMS Certification Number (CCN)**

\_\_\_\_\_

c. **State Provider Number**

\_\_\_\_\_

### A2. Legal Name of Resident

\_\_\_\_\_

a. (First)

b. (Middle Initial)

c. (Last)

d. (Suffix)

### A3. Social Security and Medicare Numbers

a. **Social Security Number**

\_\_\_\_\_

b. **Medicare number** (or comparable railroad insurance number)

\_\_\_\_\_

### A4. Medicaid Number (enter "+" if pending, "N" if not a Medicaid recipient)

\_\_\_\_\_

### A5. Gender

Enter

Code

1. **Male**

2. **Female**

### A6. Birthdate

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

month

day

year

### A7. Race/Ethnicity — complete only on admission assessment

- |                       |                          |   |
|-----------------------|--------------------------|---|
| Check all that apply. | <input type="checkbox"/> | a. <b>American Indian or Alaska Native</b>          |
|                       | <input type="checkbox"/> | b. <b>Asian</b>                                     |
|                       | <input type="checkbox"/> | c. <b>Black or African American</b>                 |
|                       | <input type="checkbox"/> | d. <b>Hispanic or Latino</b>                        |
|                       | <input type="checkbox"/> | e. <b>Native Hawaiian or Other Pacific Islander</b> |
|                       | <input type="checkbox"/> | f. <b>White</b>                                     |

### A8. Language — complete only on admission, annual, and significant change assessment

Enter

Code

**Does the resident need or want an interpreter to communicate with a doctor or health care staff?**

0. **No**

1. **Yes** → If yes, specify preferred language: \_\_\_\_\_

9. **Unable to determine**

## Draft Administrative Items for Record Types

Entry Record	Identification Information
<b>A9. Marital Status</b>	
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<ol style="list-style-type: none"> <li>1. <b>Never married</b></li> <li>2. <b>Married</b></li> <li>3. <b>Widowed</b></li> <li>4. <b>Separated</b></li> <li>5. <b>Divorced</b></li> </ol>
<b>A10. Type of Assessment/Tracking</b>	
Enter <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Code	<ol style="list-style-type: none"> <li>a. <b>Federal OBRA Reason for Assessment/Tracking</b> <ol style="list-style-type: none"> <li>20. <b>Entry transaction</b></li> <li>99. <b>Not OBRA required assessment/tracking</b></li> </ol> </li> <li>b. <b>PPS Assessments</b> <ol style="list-style-type: none"> <li>01. <b>5-day scheduled assessment</b></li> <li>02. <b>14-day scheduled assessment</b></li> <li>03. <b>30-day scheduled assessment</b></li> <li>04. <b>60-day scheduled assessment</b></li> <li>05. <b>90-day scheduled assessment</b></li> <li>06. <b>Readmission/return assessment</b></li> <li>07. <b>Not a scheduled assessment</b></li> <li>99. <b>Not PPS assessment</b></li> </ol> </li> <li>c. <b>PPS Other Medicare Required Assessment—OMRA</b> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> </ol> </li> </ol>
Enter <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Code	
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	
<b>A11. Submission Requirement</b>	
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<ol style="list-style-type: none"> <li>a. <b>Federal required submission</b> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> </ol> </li> </ol>
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<ol style="list-style-type: none"> <li>b. <b>State required submission</b> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> </ol> </li> </ol>
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<ol style="list-style-type: none"> <li>c. <b>Submission only required for other reasons (e.g. HMO, other insurance, etc.)</b> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> </ol> </li> </ol>
<b>A12. Preadmission Screening and Resident Review (PASRR) (Complete only if A13a = 01, 03, or 04)</b>	
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<p>Has the resident been evaluated by Level II PASRR, and determined to have a serious mental illness and/or mental retardation or a related condition?</p> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> <li>9. <b>Not a Medicaid certified unit</b></li> </ol>
<b>A13. Medicare Stay</b>	
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<ol style="list-style-type: none"> <li>a. <b>Is the resident currently in a Medicare-covered stay?</b> <ol style="list-style-type: none"> <li>0. <b>No</b> → If no, skip to A21, State Case Mix Group</li> <li>1. <b>Yes</b></li> </ol> </li> <li>b. <b>Start date of current Medicare stay</b>            _____            month          day          year         </li> <li>c. <b>Medicare Part A HIPPS code for billing</b>            _____            (RUG-III group followed by HIPPS modifier based on type of assessment)         </li> </ol>

## Draft Administrative Items for Record Types

<b>Entry Record</b>	<h1 style="margin: 0;">Identification Information</h1>
---------------------	--

**A15. Optional Facility Items**

	<p><b>a. Medical Record Number</b></p> <p>_____</p>
	<p><b>b. Room number</b></p> <p>_____</p>
	<p><b>c. Name by which resident prefers to be addressed:</b></p> <p>_____</p>

**A17. Entry Date** (date of this entry into the facility)

	<p>__ __ - __ __ - __ __ __ __</p> <p>month      day              year</p>
--	--

**A18. Type of Entry**

<p style="text-align: center; font-size: small;">Enter</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center; font-size: x-small;">Code</p>	<ol style="list-style-type: none"> <li>1. <b>First time in this facility</b></li> <li>2. <b>Resident has been in this facility before</b></li> </ol>
--	--

**A19. Entered From**

<p style="text-align: center; font-size: small;">Enter</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> <p style="text-align: center; font-size: x-small;">Code</p>	<ol style="list-style-type: none"> <li>01. <b>Community</b> (private home/apt, board/care, assisted living, group home)</li> <li>02. <b>Another nursing home or swing bed</b></li> <li>03. <b>Acute hospital</b></li> <li>04. <b>Psychiatric hospital</b></li> <li>05. <b>Inpatient rehabilitation facility</b></li> <li>06. <b>MR/DD facility</b></li> <li>07. <b>Hospice</b></li> <li>09. <b>Other</b></li> </ol>
---	---

## Draft Administrative Items for Record Types

**Entry  
Record**

# Identification Information

### A22. Signature of Persons Completing the Assessment

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			

### A23. Signature of RN Assessment Coordinator Verifying Completion

<b>a.</b>	<b>Signature</b>
<b>b.</b>	<b>Date RN Assessment Coordinator signed as complete</b>  ___ ___ ___ ___ ___ ___ ___ ___ month      day              year

## Draft Administrative Items for Record Types

Discharge Record	Nursing Home Assessment Record			
<b>A1. Facility Provider Numbers</b>				
	<b>a.</b>	<b>National Provider Identifier (NPI)</b>	_____	
	<b>b.</b>	<b>CMS Certification Number (CCN)</b>	_____	
	<b>c.</b>	<b>State Provider Number</b>	_____	
<b>A2. Legal Name of Resident</b>				
	_____			
	a. (First)	b. (Middle Initial)	c. (Last)	d. (Suffix)
<b>A3. Social Security and Medicare Numbers</b>				
	<b>a.</b>	<b>Social Security Number</b>	_____	
	<b>b.</b>	<b>Medicare number</b> (or comparable railroad insurance number)	_____	
<b>A4. Medicaid Number</b> (enter "+" if pending, "N" if not a Medicaid recipient)				
	_____			
<b>A5. Gender</b>				
	Enter <input type="checkbox"/> Code		<b>1. Male</b>  <b>2. Female</b>	
<b>A6. Birthdate</b>				
	____	____	____	
	month	day	year	
<b>A10. Type of Assessment/Tracking</b>				
	Enter <input type="checkbox"/> Code		<b>a. Federal OBRA Reason for Assessment/Tracking</b> 10. Discharge transaction—return not anticipated 11. Discharge transaction—return anticipated 99. Not OBRA required assessment/tracking	
	Enter <input type="checkbox"/> Code		<b>b. PPS Assessments</b> 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment 07. Not a scheduled assessment 99. Not PPS assessment	
	Enter <input type="checkbox"/> Code		<b>c. PPS Other Medicare Required Assessment—OMRA</b> 0. No 1. Yes	

## Draft Administrative Items for Record Types

<b>Discharge Record</b>	<h1 style="margin: 0;">Identification Information</h1>
-------------------------	--

<b>A11. Submission Requirement</b>	
------------------------------------	--

Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<b>a. Federal required submission</b> 0. No 1. Yes
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<b>b. State required submission</b> 0. No 1. Yes
Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<b>c. Submission only required for other reasons (e.g. HMO, other insurance, etc.)</b> 0. No 1. Yes

<b>A13. Medicare Stay</b>	
---------------------------	--

Enter <input style="width: 30px; height: 20px;" type="text"/> Code	<b>a. Is the resident currently in a Medicare-covered stay?</b> 0. No → If no, skip to A21, State Case Mix Group 1. Yes
	<b>b. Start date of current Medicare stay</b>  ____ ____ — ____ ____ — ____ ____ month            day            year

<b>A20. Discharge Date</b>	
----------------------------	--

	____ ____ — ____ ____ — ____ ____ month            day            year
--	---

<b>A21. Discharge Status</b>	
------------------------------	--

Enter <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> Code	01. <b>Community</b> (private home/apt, board/care, assisted living, group home) 02. <b>Another nursing home or swing bed</b> 03. <b>Acute hospital</b> 04. <b>Psychiatric hospital</b> 05. <b>Inpatient rehabilitation facility</b> 06. <b>MR/DD facility</b> 07. <b>Hospice</b> 08. <b>Deceased</b> 09. <b>Other</b>
--	--

## Draft Administrative Items for Record Types

**Discharge  
Record**

# Identification Information

### A22. Signature of Persons Completing the Assessment

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			

### A23. Signature of RN Assessment Coordinator Verifying Completion

a. **Signature**

b. **Date RN Assessment Coordinator signed as complete**

\_\_\_\_ \_\_\_\_ — \_\_\_\_ \_\_\_\_ — \_\_\_\_ \_\_\_\_ \_\_\_\_  
 month            day                    year



## Draft Administrative Items for Record Types

Swing Bed  
Assessment  
Record

# Identification Information

### A1. Facility Provider Numbers

a. National Provider Identifier (NPI)

\_\_\_\_\_

b. CMS Certification Number (CCN)

\_\_\_\_\_

c. State Provider Number

\_\_\_\_\_

### A2. Legal Name of Resident

\_\_\_\_\_

a. (First)

b. (Middle Initial)

c. (Last)

d. (Suffix)

### A3. Social Security and Medicare Numbers

a. Social Security Number

\_\_\_\_\_

b. Medicare number (or comparable railroad insurance number)

\_\_\_\_\_

### A4. Medicaid Number (enter "+" if pending, "N" if not a Medicaid recipient)

\_\_\_\_\_

### A5. Gender

Enter

Code

1. Male

2. Female

### A6. Birthdate

\_\_\_\_\_

month

day

year

### A8. Language — complete only on admission, annual, and significant change assessment

Enter

Code

**Does the resident need or want an interpreter to communicate with a doctor or health care staff?**

0. No

1. Yes → If yes, specify preferred language: \_\_\_\_\_

9. Unable to determine

## Draft Administrative Items for Record Types

Swing Bed Assessment Record	Identification Information
<b>A10. Type of Assessment/Tracking</b>	
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>a. Federal OBRA Reason for Assessment/Tracking</b> 1. <b>Admission assessment</b> (required by day 14) 2. <b>Quarterly review assessment</b> 3. <b>Annual assessment</b> 4. <b>Significant change in status assessment</b> 5. <b>Significant correction to prior full assessment</b> 6. <b>Significant correction to prior quarterly assessment</b> 9. <b>Not OBRA required assessment/tracking</b>
Enter <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Code	<b>b. PPS Assessments</b> 01. <b>5-day scheduled assessment</b> 02. <b>14-day scheduled assessment</b> 03. <b>30-day scheduled assessment</b> 04. <b>60-day scheduled assessment</b> 05. <b>90-day scheduled assessment</b> 06. <b>Readmission/return assessment</b> 07. <b>Not a scheduled assessment</b> 90. <b>Not PPS assessment</b>
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>c. PPS Other Medicare Required Assessment—OMRA</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>d. PPS Swing Bed clinical change assessment</b> 0. <b>No</b> 1. <b>Yes</b>
<b>A11. Submission Requirement</b>	
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>a. Federal required submission</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>b. State required submission</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>c. Submission only required for other reasons (e.g. HMO, other insurance, etc.)</b> 0. <b>No</b> 1. <b>Yes</b>
<b>A13. Medicare Stay</b>	
Enter <input style="width: 40px; height: 20px;" type="text"/> Code	<b>a. Is the resident currently in a Medicare-covered stay?</b> 0. <b>No</b> → If no, skip to A21, State Case Mix Group 1. <b>Yes</b>
	<b>b. Start date of current Medicare stay</b>  ____ ____ ____ ____ month          day          year
	<b>c. Medicare Part A HIPPS code for billing</b>  ____ ____ ____ ____ (RUG-III group followed by HIPPS modifier based on type of assessment)

## Draft Administrative Items for Record Types

Swing Bed Assessment Record	<h1 style="margin: 0;">Identification Information</h1>
-----------------------------------	--

<b>A14. State Case Mix Group</b> (If required by the state)	_____
---	-------

<b>A15. Optional Facility Items</b>	_____
<b>a. Medical Record Number</b>	_____
<b>b. Room number</b>	_____
<b>c. Name by which resident prefers to be addressed:</b>	_____

<b>A16. Assessment Reference Date</b>	<b>Observation end date</b>
---------------------------------------	-----------------------------

	_____ month          day          year
--	---

<b>A22. Signature of Persons Completing the Assessment</b>	
--	--

	I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.		
	<b>Signature</b>	<b>Title</b>	<b>Sections</b>
<b>a.</b>			
<b>b.</b>			
<b>c.</b>			
<b>d.</b>			
<b>e.</b>			
<b>f.</b>			
<b>g.</b>			
<b>h.</b>			
<b>i.</b>			
<b>j.</b>			
<b>k.</b>			
<b>l.</b>			

<b>A23. Signature of RN Assessment Coordinator Verifying Completion</b>	
---	--

<b>a. Signature</b>	_____
<b>b. Date RN Assessment Coordinator signed as complete</b>	_____ month          day          year



**MDS 3.0**

**Field Trial MDS 3.0 Form**

**Appendix D**

**Field Trial MDS 3.0 Form**



# MDS 3.0 Test Items

## TEAR SHEET CONFIDENTIAL

1. Facility Name \_\_\_\_\_
2. Facility Location \_\_\_\_\_  
City, State
3. State ID number \_\_\_\_\_
4. Facility ID number \_\_\_\_\_
5. Data Collector name \_\_\_\_\_
6. Data Collector ID number \_\_\_\_\_
7. Resident name \_\_\_\_\_  
Last name, First name Middle or nickname
8. Resident Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
9. Resident date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
10. Is the Resident comatose?  

Enter Code
---------------

 0. **No**  
1. **Yes** → **STOP** this case. Do not include in sample.

## Study Information

MDS3 1-4/

**FS1. Resident 7-digit study ID:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

5-11/

Card 01 12-13/

**FS2. Data Collector ID** \_\_\_\_

14 /

**FS3. Resident Age** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

15-17/

**FS4. Resident Admission Date (Date of Entry, Item AB1 from MDS 2.0)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
if unable to determine, enter 99/99/9999

18-25/

**FS5. Date MDS 3.0 Interviews Started** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
M M / D D / Y Y Y Y

26-33/

**FS6. Role of data collector in interview**

34/

Enter  
  
Code

1. **Conduct and score**
2. **Observe and score**

**FS7. Hearing amplifier used during MDS 3.0 interviews?** (Only code yes if external amplifier used. Do not code yes if only device used is resident's hearing aid.)

35/

Enter  
  
Code

0. **No**
1. **Yes**

<b>TM1.</b>	<b>Enter times</b>	<b>Circle one</b>	<b>Enter times</b>	<b>Circle one</b>	
		AM		AM	36-40/
Start time: _____	:	PM	Stop time: _____	PM	41-45/
		AM		AM	46-50/
Start time: _____	:	PM	Stop time: _____	PM	51-55/
		AM		AM	56-60/
Start time: _____	:	PM	Stop time: _____	PM	61-65/
		AM		AM	66-70/
Start time: _____	:	PM	Stop time: _____	PM	71-75/
		AM		AM	76-80/
Start time: _____	:	PM	Stop time: _____	PM	81-85/



**Section  
A**

# Select Demographic Items

Resident ID  
Begin Card 02

1-7/  
8-9/

**A1. Assessment Reference Date** (last day of MDS observation period)

10-  
17/

/  /   
 M M / D D / Y Y Y Y

**A2. Gender**

18/

Enter  1. **Male**  
 Code  2. **Female**

**A3. Language**

19/

Enter  Does the resident need or want an interpreter to communicate with a doctor or health care staff?  
 Code  0. **No**  
 1. **Yes** → If yes, specify primary language: \_\_\_\_\_  
 9. **Unable to determine**

20-  
31/

**A4. Ethnicity**

↓ **Complete only on admission assessment** ↓

32/

Enter  Is the resident of Hispanic or Latino origin or descent?  
 Code  0. **No**  
 1. **Yes**  
 9. **Unable to determine**

**A5. Race**

↓ **Complete only on admission assessment** ↓

Check all that apply.  a. **American Indian or Alaska Native**  
 b. **Asian**  
 c. **Black or African American**  
 d. **Native Hawaiian or Other Pacific Islander**  
 e. **White**  
 f. **Other**  
 g. **Unable to determine**

33/

34/

35/

36/

37/

38/

39/

**A6. Mental Health History**

↓ **Complete only on admission assessment** ↓

40/

Enter  The resident has been evaluated by Level II PASRR, and determined to have a serious mental illness and/or mental  
 Code  retardation.  
 0. **No**  
 1. **Yes**  
 9. **Not applicable** (Unit not Medicaid certified)

**B1. Comatose**

Enter  
  
Code

**Persistent vegetative state/no discernible consciousness** last 5 days.

0. **No**
1. **Yes** → If yes, skip to section G, Functional Status.

41/

**B2. Hearing**

Enter  
  
Code

**Ability to hear** (with hearing aid or hearing appliance if normally used) last 5 days.

0. **Adequate**—no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty**—difficulty in some environments (e.g. when person speaks softly or setting is noisy)
2. **Moderate difficulty**—speaker has to increase volume and speak distinctly
3. **Highly impaired**—absence of useful hearing

42/

**B3. Hearing Aid**

Enter  
  
Code

**Hearing aid or other hearing appliance used in above 5-day assessment.**

0. **No**
1. **Yes**

43/

**B4. Speech Clarity**

Enter  
  
Code

**Select best description of speech pattern in last 5 days.**

0. **Clear speech**—distinct intelligible words
1. **Unclear speech**—slurred, mumbled words
2. **No speech**—absence of spoken word

44/

**B5. Makes Self Understood**

Enter  
  
Code

**Ability to express ideas and wants**, consider both verbal and non-verbal expression in last 5 days.

0. **Understood**—clear comprehension
1. **Usually understood**—difficulty communicating some words or finishing thoughts **but** if given time or some prompting is able
2. **Sometimes understood**—ability is limited to making concrete requests
3. **Rarely/never understood**

45/

**B6. Ability to Understand Others**

Enter  
  
Code

**Understanding verbal content**, however able (with hearing aid or device if used) in last 5 days.

0. **Understands**—clear comprehension
1. **Usually understands**—misses some part/intent of message BUT comprehends most conversation
2. **Sometime understands**—responds adequately to simple, direct communication only
3. **Rarely/never understands**

46/

**B7. Vision**

Enter  
  
Code

**Ability to see in adequate light** (with glasses or other visual appliances) in last 5 days.

0. **Adequate**—sees fine detail, including regular print in newspapers/books
1. **Impaired**—sees large print, but not regular print in newspapers/books
2. **Moderately impaired**—limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired**—object identification in question, but eyes appear to follow objects
4. **Severely impaired**—no vision or sees only light, colors or shapes; eyes do not appear to follow object

47/

**B8. Corrective Lenses**

Enter  
  
Code

**Corrective lenses (contacts, glasses, or magnifying glass) used in above 5-day assessment.**

0. **No**
1. **Yes**

48/

## Brief Interview for Mental Status (BIMS)

## C1. Interview Attempted

49/

 Enter  
  
 Code

0. **No** (resident is rarely/never understood or needed interpreter not present) → Skip to C8, Staff Assessment for Mental Status
1. **Yes**

## C2. Repetition of Three Words

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."

 Enter  
  
 Code

## Number of words repeated after first attempt

0. **None**
1. **One**
2. **Two**
3. **Three**

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

50/

## C4. Recall

Ask resident: "Let's go back to the first question. What were those three words that I asked you to repeat?"  
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

 Enter  
  
 Code

## a. Able to recall "sock"

2. **Yes, no cue required**
1. **Yes, after cueing** ("something to wear")
0. **No**—could not recall

54/

 Enter  
  
 Code

## b. Able to recall "blue"

2. **Yes, no cue required**
1. **Yes, after cueing** ("a color")
0. **No**—could not recall

55/

 Enter  
  
 Code

## c. Able to recall "bed"

2. **Yes, no cue required**
1. **Yes, after cueing** ("a piece of furniture")
0. **No**—could not recall

56/

## C3. Temporal Orientation (orientation to year, month, and day)

 Enter  
  
 Code

Ask resident: "Please tell me what year it is right now."

## a. Able to report correct year

3. **Correct**
2. **Missed by 1 year**
1. **Missed by 2–5 years**
0. **Missed by > 5 years or no answer**

51/

 Enter  
  
 Code

Ask resident: "What month are we in right now?"

## b. Able to report correct month

2. **Accurate within 5 days**
1. **Missed by 6 days to 1 month**
0. **Missed by > 1 month or no answer**

52/

 Enter  
  
 Code

Ask resident: "What day of the week is today?"

## c. Able to report correct day of the week

1. **Correct**
0. **Incorrect or no answer**

53/

## C5. Summary Score

57-58/

   
 Enter Numbers

**Add scores** for questions C2–C4 and fill in total score (00–15).

**Enter 99 if unable to complete interview**

## C6. Organized Thinking

59/

 Enter  
  
 Code

## a. Ask resident: "Are there fish in the ocean?"

1. **Correct** ("yes")
0. **Incorrect or no answer**

60/

 Enter  
  
 Code

## b. Ask resident: "Does one pound weigh more than two pounds?"

1. **Correct** ("no")
0. **Incorrect or no answer**

61/

 Enter  
  
 Code

## c. Ask resident: "Can a hammer be used to pound a nail?"

1. **Correct** ("yes")
0. **Incorrect or no answer**

62/

## C7. Skip Item: Interview Completed

62/

 Enter  
  
 Code

0. **No** (resident was unable to complete interview) → Continue to C8, Staff Assessment for Mental Status
1. **Yes** → Skip to C12, Signs and Symptoms of Delirium



**Staff Assessment for Mental Status**—Complete only if resident interview (C2–C6) not completed

**C8. Short Term Memory OK**

63/

Enter <input type="text"/> Code	Seems or appears to recall after 5 minutes.
	0. <b>Memory OK</b>
	1. <b>Memory problem</b>

**C9. Long Term Memory OK**

64/

Enter <input type="text"/> Code	Seems or appears to recall long past.
	0. <b>Memory OK</b>
	1. <b>Memory problem</b>

**C10. Memory/Recall Ability**

Check all that the resident was normally able to recall during the last 5 days:

Check all that apply.	<input type="checkbox"/>	a. <b>Current season</b>	65/
	<input type="checkbox"/>	b. <b>Location of own room</b>	66/
	<input type="checkbox"/>	c. <b>Staff names and faces</b>	67/
	<input type="checkbox"/>	d. <b>That he or she is in a nursing home</b>	68/
	<input type="checkbox"/>	e. <b>None of the above</b> is recalled	69/

**C11. Cognitive Skills for Daily Decision Making**

70/

Enter <input type="text"/> Code	<b>Makes decisions regarding tasks of daily life.</b>
	0. <b>Independent</b> —decisions consistent/reasonable
	1. <b>Modified independent</b> —some difficulty in new situations only
	2. <b>Moderately impaired</b> —decisions poor; cues/supervision required
	3. <b>Severely impaired</b> —never/rarely made decisions

**Delirium**

**C12. Signs and Symptoms of Delirium** (from CAM)

After interviewing the resident, code the following behaviors (a–d) in last 5 days.

<b>Coding:</b> <b>0. Behavior not present</b> <b>1. Behavior continuously present, does not fluctuate</b> <b>2. Behavior present, fluctuates</b> (comes and goes, changes in severity)	→ Enter Codes in Boxes →	Enter <input type="text"/> Code	<b>a. Inattention</b> —Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty keeping track of what was said)?	71/
		Enter <input type="text"/> Code	<b>b. Disorganized thinking</b> —Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	72/
		Enter <input type="text"/> Code	<b>c. Altered level of consciousness</b> —Did the resident have altered level of consciousness? (e.g., <b>vigilant</b> —startles easily to any sound or touch; <b>lethargic</b> —repeatedly dozes off when being asked questions, but responds to voice or touch; <b>stuporous</b> —very difficult to arouse and keep aroused for the interview; <b>comatose</b> —cannot be aroused)	73/
		Enter <input type="text"/> Code	<b>d. Psychomotor retardation</b> —Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?	74/

**C13. Acute Onset Mental Status Change**

75/

Enter <input type="text"/> Code	<b>Is there evidence of an acute change in mental status</b> from the resident's baseline in last 5 days?
	1. <b>Yes</b>
	0. <b>No</b>

**Self-Rated Mood Interview**—Complete D1–D4 for all residents who are capable of any communication (B5 = 0, 1, or 2), and for whom an interpreter is present or not required.

**D1. Interview Attempted**

10/

Enter  Code  
0. **No** (resident is rarely/never understood or needed interpreter not present) → Skip to D6, Staff Assessment  
1. **Yes**

**D2. Interview** (From PHQ-9)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"	<b>I. Symptom Presence</b> If yes, obtain frequency.		<b>II. Symptom Frequency</b> Circle one response			
	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0.</b> <b>0–1</b> <b>day</b> (Not at all)	<b>1.</b> <b>2–6</b> <b>days</b> (Several days)	<b>2.</b> <b>7–11</b> <b>days</b> (More than half the days)	<b>3.</b> <b>12–14</b> <b>days</b> (Nearly every day)
<b>a. Little interest or pleasure in doing things</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>b. Feeling down, depressed, or hopeless</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>c. Trouble falling or staying asleep, or sleeping too much</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>d. Feeling tired or having little energy</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>e. Poor appetite or overeating</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>g. Trouble concentrating on things, such as reading the newspaper or watching television</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>h. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</b>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>i. Thoughts that you would be better off dead, or of hurting yourself in some way</b> 1) If i = "Yes", check here to indicate that the charge nurse has been informed: <input type="checkbox"/>	Enter <input type="checkbox"/> Code	0. <b>No</b> 1. <b>Yes →</b> 9. <b>No response</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

11/

12/

13/

14/

15/

16/

17/

18/

19/

20/

21/

22/

23/

24/

25/

26/

27/

28/

29/

**D3. Total Severity Score**

Enter Numbers

**Sum of all circled frequency responses** (D2–II; items a–i). Score may be between 00 and 27. Enter 99 if unable to complete interview (3 or more items in column I marked "No response")

**Check here** if some or all frequency responses (D2–II; items a–i) are missing from total score.

30-

31/

32/



**D4. Evidence of Depression**

Enter  Are 2 or more frequency items in **shaded** columns circled (D2–II, a–i), and at least one of these is question a or b?  
Code

0. No  
1. Yes

33/

**D5. Skip Item: Resident Interview Completed**

Enter  0. No (3 or more items in D2–I, items a–i marked “No response”) → Continue to D6, Staff Assessment of Depression  
Code 1. Yes → Skip to Section E, Behavior

34/

**Staff Assessment of Mood**—Complete D6–D8 only if resident interview (D1–D5) not completed. (From PHQ-9)

**D6. Staff Assessment**

Say to staff: “Over the last 2 weeks, did the resident have any of the following problems?”	I. Symptom Presence		II. Symptom Frequency			
	If yes, obtain frequency.		Circle one response			
			0. 0–1 day (Not at all)	1. 2–6 days (Several days)	2. 7–11 days (More than half the days)	3. 12–14 days (Nearly every day)
a. <b>Little interest or pleasure in doing things</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
b. <b>Feeling down, depressed, or hopeless</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
c. <b>Trouble falling or staying asleep, or sleeping too much</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
d. <b>Feeling tired or having little energy</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
e. <b>Poor appetite or overeating</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
f. <b>Feeling bad about themselves—or that he or she is a failure or has let themselves or their family down</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
g. <b>Trouble concentrating on things, such as reading the newspaper or watching television</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
h. <b>Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
i. <b>Thoughts that they would be better off dead, or of hurting themselves in some way</b> 1) If i = “Yes”, check here to indicate that the charge nurse has been informed: <input type="checkbox"/>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3
j. <b>Feeling short-tempered, easily annoyed</b>	Enter <input type="checkbox"/> Code	0. No 1. Yes → 9. No response	0	1	2	3

35/

36/

37/

38/

39/

40/

41/

42/

43/

44/

45/

46/

47/

48/

49/

50/

51/

52/

53/

54/

55/

**D7. Total Severity Score**

Enter Numbers

**Sum of all circled frequency responses** (D6-II, a-i; do not include D6j). Score may be between 00 and 27.**Check here** if staff responses are based on observation for less than 14 days.56-  
57/  
58/**D8. Evidence of Depression**

Enter

Code

**Are 2 or more frequency items in shaded columns circled** (D6-II, a-i), **and at least one of these is question a or b?**0. **No**1. **Yes**

59/

## E1. Psychosis

Check all that apply.

- Check if problem condition was present at any time in last 5 days:
- a. **Hallucinations** (perceptual experiences in the *absence* of real external sensory stimuli) **or Illusions** (misperceptions in the *presence* of real external sensory stimuli)
- b. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
- c. **None of the above**

60/

61/

62/

## Behavioral Symptoms

## E2. Behavioral Symptom—Presence &amp; Frequency

Note presence of symptoms and their frequency in the last 5 days:

<b>Coding:</b> <b>0. Not present</b> in last 5 days <b>1. Present 1–2 days</b> <b>2. Present 3 or more days</b>	→ <b>Enter Codes in Boxes</b> →	Enter <input type="text"/> Code	<b>a. Physical behavioral symptoms directed toward others</b> (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
		Enter <input type="text"/> Code	<b>b. Verbal behavioral symptoms directed toward others</b> (e.g., threatening, screaming at others; cursing at others)
		Enter <input type="text"/> Code	<b>c. Other behavioral symptoms not directed toward others</b> (e.g., physical symptoms such as the resident hitting or scratching Self, pacing, rummaging, public sexual acts, disrobing in public, and throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

63/

64/

65/

## E3. Overall Presence of Behavioral Symptoms in the last 5 days

Enter  
  
 Code

**Were any behavioral symptoms in questions E2 coded 1 or 2?**

0. **No** → Skip to E6, Rejection of Care

1. **Yes** → Considering all of the symptoms together, answer E4 and E5 below

66/

## E4. Impact on Resident

Did any of the identified symptom(s):

Enter <input type="text"/> Code	<b>a. Put the resident at significant risk for physical illness or injury?</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input type="text"/> Code	<b>b. Significantly interfere with the resident's care?</b> 0. <b>No</b> 1. <b>Yes</b>
Enter <input type="text"/> Code	<b>c. Significantly interfere with the resident's participation in activities or social interactions?</b> 0. <b>No</b> 1. <b>Yes</b>

67/

68/

69/



**E5. Impact on Others**

Did any of the identified symptom(s):

Enter <input type="text"/> Code	<b>a. Put others at clinically significant risk for physical injury?</b> 0. No 1. Yes	70/
Enter <input type="text"/> Code	<b>b. Significantly intrude on the privacy or activity of others?</b> 0. No 1. Yes	71/
Enter <input type="text"/> Code	<b>c. Significantly disrupt care or living environment?</b> 0. No 1. Yes	72/

**E6. Rejection of Care—Presence**

Enter <input type="text"/> Code	In the last 5 days, <b>did the resident reject evaluation or care</b> (e.g., bloodwork, taking medications, ADL assistance) <b>that is necessary to achieve the resident's goals for health and well-being?</b> Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and/or determined to be consistent with resident values, preferences, or goals. 0. No → Skip to E8, Wandering 1. Yes	73/
---------------------------------------	--	-----

**E7. Rejection of Care—Frequency**

Enter <input type="text"/> Code	<b>Number of days on which care was rejected</b> 1. 1–2 days 2. 3 or more days	74/
---------------------------------------	--	-----

**Wandering****E8. Wandering—Presence**

Enter <input type="text"/> Code	In the last 5 days, <b>has the resident wandered</b> on at least one occasion? 0. No → Skip to E11, Change in Behavioral Symptoms 1. Yes	75/
---------------------------------------	--	-----

**E9. Wandering—Impact**

Enter <input type="text"/> Code	<b>a. Does the wandering place the resident at significant risk of getting to a place having greater risk of danger</b> (e.g., stairs, outside of the facility)? 0. No 1. Yes	76/
Enter <input type="text"/> Code	<b>b. Does the wandering significantly intrude on the privacy or activities of others?</b> 0. No 1. Yes	77/

**E10. Wandering—Frequency**

Enter <input type="text"/> Code	<b>Of the last 5 days, on how many days has wandering occurred?</b> 1. 1–2 days 2. 3 or more days	78/
---------------------------------------	---	-----

**E11. Change in Behavioral or Other Symptoms**—Consider all of the symptoms assessed in items E1 through E10.↓ **Complete only on follow-up assessment** ↓

Enter <input type="text"/> Code	<b>How does resident's current behavior status, care rejection, or wandering compare to last assessment?</b> 0. Same 1. Improved 2. Worse	79/
---------------------------------------	--	-----

# Preferences for Customary Routine, Activities, Community Setting

Resident ID  
Begin Card 041-7/  
8-9/

## F1. Preferred Routine

All residents should be asked about preferences. Complete F1 for all residents who are capable of any communication (B5 is coded 0, 1, or 2), and for whom an interpreter is present or not required. For residents who are not able to communicate, interview family member, or significant other who knows the resident and can provide information on past customs and preferences.

Preface a–h by saying to resident: “While you are in the nursing home...”

<b>Coding:</b> <b>1. Very important</b> <b>2. Somewhat important</b> <b>3. Not very important</b> <b>4. Not important at all</b> <b>5. Important, but can't do or no choice</b> <b>9. No response or non-responsive</b>	→ <b>Enter Codes in Boxes</b> →	Enter <input type="text"/> Code	<b>a.</b> How important is it to you to <b>choose what clothes to wear?</b>	10/
		Enter <input type="text"/> Code	<b>b.</b> How important is it to you to <b>take care of your personal belongings or things?</b>	11/
		Enter <input type="text"/> Code	<b>c.</b> How important is it to you to <b>choose between a tub bath, shower, bed bath, or sponge bath?</b>	12/
		Enter <input type="text"/> Code	<b>d.</b> How important is it to you to have <b>snacks available between meals?</b>	13/
		Enter <input type="text"/> Code	<b>e.</b> If you could go to bed whenever you wanted, how important would it be to you to <b>stay up past 8:00 p.m.?</b>	14/
		Enter <input type="text"/> Code	<b>f.</b> How important is it to you to have your <b>family or a close friend involved in discussions about your care?</b>	15/
		Enter <input type="text"/> Code	<b>g.</b> How important is it to you to be able to <b>use the phone in private?</b>	16/
		Enter <input type="text"/> Code	<b>h.</b> How important is it to you to have a <b>place to lock your things to keep them safe?</b>	17/

## F2. Primary Respondent

Enter <input type="text"/> Code	Indicate primary respondent for F1, Preferred Routine: <b>1. Resident</b> <b>2. Significant Other</b> (family, close friend, or other representative) <b>9. Could not be completed by resident or significant other</b>	18/
---------------------------------------	--	-----



# Preferences for Customary Routine, Activities, Community Setting

## F3. Activity Pursuit Patterns

All residents who are able to communicate should be asked about activity pursuit patterns—even if they have not been able to complete F1. Complete F3 for all residents who are capable of any communication (B5 is coded 0, 1, or 2), and for whom an interpreter is present or not required. For residents who are not able to communicate, interview family, or significant other who knows the resident and can provide information on past customs and preferences.

Preface a–j by saying to resident: “While you are in the nursing home...”

<p><b>Coding:</b></p> <ol style="list-style-type: none"> <li>1. <b>Very important</b></li> <li>2. <b>Somewhat important</b></li> <li>3. <b>Not very important</b></li> <li>4. <b>Not important at all</b></li> <li>5. <b>Important, but can't do or no choice</b></li> <li>9. <b>No response or non-responsive</b></li> </ol>	<p>Enter Codes in Boxes</p> <p>→</p>	<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>a.</b> How important is it to you to have <b>books, newspapers, and magazines</b> to read?</p>	19/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>b.</b> How important is it to you to listen to <b>music</b> you like?</p>	20/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>c.</b> How important is it to you to be around <b>animals</b> such as pets?</p>	21/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>d.</b> How important is it to you to keep up with the <b>news</b>?</p>	22/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>e.</b> How important is it to you to do things with <b>groups of people</b>?</p>	23/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>f.</b> How important is it to you to do your <b>favorite activities</b>?</p>	24/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>g.</b> How important is it to you to do things <b>away from the nursing home</b>?</p>	25/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>h.</b> How important is it to you to <b>go outside</b> to get fresh air when the weather is good?</p>	26/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>i.</b> How important is it to you to participate in <b>religious services or practices</b>?</p>	27/

<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>j.</b> If your doctor approves, would you like to be offered <b>alcohol on occasion</b> at meals or social events?</p> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> <li>5. <b>Yes, but can't do or no choice</b></li> <li>9. <b>No response or non-responsive answer</b></li> </ol>	28/
---	--	-----

## F4. Primary Respondent

<p>Enter</p> <input type="text"/> <p>Code</p>	<p>Indicate primary respondent for F3, Activity Pursuit Patterns:</p> <ol style="list-style-type: none"> <li>1. <b>Resident</b></li> <li>2. <b>Significant Other</b> (family, close friend, or other representative)</li> <li>9. <b>Could not be completed by resident or significant other</b></li> </ol>	29/
---	--	-----



Section  
**F**

# Preferences for Customary Routine, Activities, Community Setting

**F5. Return to Community**

30/

↓ **Complete only on admission assessment** ↓

Ask resident (or family or significant other if resident unable to respond):

Enter <input type="text"/> Code	<p><i>"Do you want to talk to someone about the possibility of <b>returning to the community?</b>"</i></p> <p>0. <b>No</b></p> <p>1. <b>Yes</b></p>
---------------------------------------	---

**F6. Skip Item: Staff Assessment Required**

31/

Enter <input type="text"/> Code	<p>Was either F2, Preferred Routine Respondent, or F4, Activity Respondent coded 9?</p> <p>0. <b>No</b> → Skip to Section G, Functional Status</p> <p>1. <b>Yes</b> → Complete F7, Staff Assessment of Activity and Daily Preferences</p>
---------------------------------------	---

**F7. Staff Assessment of Activity and Daily Preferences**—Complete only if unable to interview resident or other representative for either F1, Preferred Routine, or F3, Activity Pursuit Patterns.

**Resident Prefers:**

Check all that apply.	<input type="checkbox"/>	<b>a. Choosing clothes to wear</b>	32/	Check all that apply.	<input type="checkbox"/>	<b>k. Place to lock personal belongings</b>	42/
	<input type="checkbox"/>	<b>b. Caring for personal belongings</b>	33/		<input type="checkbox"/>	<b>l. Reading books, newspapers, or magazines</b>	43/
	<input type="checkbox"/>	<b>c. Receiving tub bath</b>	34/		<input type="checkbox"/>	<b>m. Listening to music</b>	44/
	<input type="checkbox"/>	<b>d. Receiving shower</b>	35/		<input type="checkbox"/>	<b>n. Being around animals such as pets</b>	45/
	<input type="checkbox"/>	<b>e. Receiving bed bath</b>	36/		<input type="checkbox"/>	<b>o. Keeping up with the news</b>	46/
	<input type="checkbox"/>	<b>f. Receiving sponge bath</b>	37/		<input type="checkbox"/>	<b>p. Doing things with groups of people</b>	47/
	<input type="checkbox"/>	<b>g. Snacks between meals</b>	38/		<input type="checkbox"/>	<b>q. Participating in favorite activities</b>	48/
	<input type="checkbox"/>	<b>h. Staying up past 8:00 p.m.</b>	39/		<input type="checkbox"/>	<b>r. Spending time away from the nursing home</b>	49/
	<input type="checkbox"/>	<b>i. Family or close friend involvement in care discussions</b>	40/		<input type="checkbox"/>	<b>s. Spending time outdoors</b>	50/
	<input type="checkbox"/>	<b>j. Use of phone in private</b>	41/		<input type="checkbox"/>	<b>t. Participating in religious activities or practices</b>	51/
				<input type="checkbox"/>	<b>u. None of the above</b>	52/	



## G1. Activities of Daily Living (ADL) Assistance

Code for most dependent episode in last 5 days:

<p><b>Coding:</b></p> <p><b>0. Independent</b>—resident completes activity with no help or oversight</p> <p><b>1. Set up assistance</b></p> <p><b>2. Supervision</b>—oversight, encouragement or cueing provided throughout the activity</p> <p><b>3. Limited assistance</b>—guided maneuvering of limbs or other non-weight bearing assistance provided at least once</p> <p><b>4. Extensive assistance, 1 person assist</b>—resident performed part of the activity while one staff member provided weight-bearing support or completed part of the activity at least once</p> <p><b>5. Extensive assistance, 2 + person assist</b>—resident performed part of the activity while two or more staff members provided weight-bearing support or completed part of the activity at least once</p> <p><b>6. Total dependence, 1 person assist</b>—full staff performance of activity (requiring only 1 person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.</p> <p><b>7. Total dependence, 2 + person assist</b>—full staff performance of activity (requiring 2 or more person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.</p> <p><b>8. Activity did not occur</b> during entire period</p>	<p>→</p> <p>Enter Codes in Boxes</p> <p>→</p>	<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>a. Bed mobility</b> moving to and from lying position, turning side to side and positioning body while in bed.</p>	53/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>b. Transfer</b> moving between surfaces—to or from: bed, chair, wheelchair, standing position (<b>excludes</b> to/from bath/toilet).</p>	54/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>c. Toilet transfer</b> how resident gets to and moves on and off toilet or commode.</p>	55/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>d. Toileting</b> using the toilet room (or commode, bedpan, urinal); cleaning self after toileting or incontinent episode(s), changing pad, managing ostomy or catheter, adjusting clothes (<b>excludes</b> toilet transfer).</p>	56/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>e. Walk in room</b> walking between locations in his/her room.</p>	57/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>f. Walk in facility</b> walking in corridor or other places in facility.</p>	58/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>g. Locomotion</b> moving about facility, with wheelchair if used.</p>	59/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>h. Dressing upper body</b> dressing and undressing above the waist, includes prostheses, orthotics, fasteners, pullovers.</p>	60/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>i. Dressing lower body</b> dressing and undressing from the waist down, includes prostheses, orthotics, fasteners, pullovers.</p>	61/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>j. Eating</b> includes eating, drinking (regardless of skill) or intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids for hydration).</p>	62/
		<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>k. Grooming/personal hygiene</b> includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (<b>excludes</b> bath and shower).</p>	63/
<p>Enter</p> <input type="text"/> <p>Code</p>	<p><b>l. Bathing</b> how resident takes full-body bath/shower, sponge bath and transfers in/out of tub/shower (<b>excludes</b> washing of back and hair).</p>	64/		

**G2. Mobility Prior to Admission**

↓ Complete only on admission assessment ↓

Enter <input type="text"/> Code	<p><b>a.</b> Did resident have a <b>hip fracture, hip replacement, or knee replacement</b> in the 30 days prior to this admission?</p> <p>0. <b>No</b> → Skip to G3, Balance During Transitions and Walking</p> <p>1. <b>Yes</b> → Complete G2b</p> <p>9. <b>Unable to determine</b> → Skip to G3, Balance During Transitions and Walking</p>	65/
	<p><b>b. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement.</b></p>	
↓ Check all that apply.	<p><input type="checkbox"/> 1. <b>Transfer</b></p>	66/
	<p><input type="checkbox"/> 2. <b>Walk across room</b></p>	67/
	<p><input type="checkbox"/> 3. <b>Walk 1 block on a level surface</b></p>	68/
	<p><input type="checkbox"/> 4. <b>Resident was not independent in any of these activities</b></p>	69/
	<p><input type="checkbox"/> 9. <b>Unable to determine</b></p>	70/

**G3. Balance During Transitions and Walking**

After observing the resident, code the following **walking and transition items for most dependent** over the last 5 days:

<p><b>Coding:</b></p> <p>0. <b>Steady at all times</b></p> <p>1. <b>Not steady, but able to stabilize without human assistance</b></p> <p>2. <b>Not steady, only able to stabilize with human assistance</b></p> <p>3. <b>Activity did not occur</b></p>	→	Enter <input type="text"/> Code	<p><b>a. Moving from seated to standing position</b></p>	71/
	→	Enter <input type="text"/> Code	<p><b>b. Walking</b> (with assistive device if used)</p>	72/
	→	Enter <input type="text"/> Code	<p><b>c. Turning around</b> and facing the opposite direction while walking</p>	73/
	→	Enter <input type="text"/> Code	<p><b>d. Moving on and off toilet</b></p>	74/
	→	Enter <input type="text"/> Code	<p><b>e. Surface-to-surface transfer</b> (transfer from wheelchair to bed or bed to wheelchair)</p>	75/

**G4. Functional limitation in range of motion**

Code for limitation during last 5 days that interfered with daily functions or placed resident at risk of injury.

<p><b>Coding:</b></p> <p>0. <b>No impairment</b></p> <p>1. <b>Impairment on one side</b></p> <p>2. <b>Impairment on both sides</b></p>	↓ Enter Codes in Boxes ↓	Enter <input type="text"/> Code	<p><b>a. Lower extremity</b> (hip, knee, ankle, foot)</p>	76/
	↓	Enter <input type="text"/> Code	<p><b>b. Upper extremity</b> (shoulder, elbow, wrist, hand)</p>	77/

**G5. Gait and Locomotion**

Check all that were normally used in the past 5 days:

Check all that apply.	<input type="checkbox"/>	a. Cane/Crutch	78/
	<input type="checkbox"/>	b. Walker	79/
	<input type="checkbox"/>	c. Wheelchair (manual or electric)	80/
	<input type="checkbox"/>	d. Limb prosthesis	81/
	<input type="checkbox"/>	e. None of the above were used	82/

**G6. Bedfast**

Enter <input type="text"/> Code	In bed or in recliner in room for more than 22 hours on at least three of the past 5 days.	83/
	0. No	
	1. Yes	

**G7. Functional Rehabilitation Potential**

↓ Complete only on admission assessment ↓

Enter <input type="text"/> Code	a. Resident believes s/he is capable of increased independence in at least some ADL's.	84/
	0. No	
	1. Yes	
	9. Unable to determine	
Enter <input type="text"/> Code	b. Direct care staff believe resident is capable of increased independence in at least some ADL's.	85/
	0. No	
	1. Yes	

**H1. Urinary Appliances**

Check all that applied in last 5 days:

Check all that apply.	<input type="checkbox"/>	a. Indwelling bladder catheter	86/
	<input type="checkbox"/>	b. External (condom) catheter	87/
	<input type="checkbox"/>	c. Ostomy (suprapubic catheter, ileostomy)	88/
	<input type="checkbox"/>	d. Intermittent catheterization	89/
	<input type="checkbox"/>	e. None of the above	90/

**H2. Urinary Continence**

Enter <input type="text"/> Code	<p><b>Urinary continence</b> in last 5 days. Select the one category that best describes the resident over the last 5 days:</p> <p>0. <b>Always continent</b></p> <p>1. <b>Occasionally incontinent</b> (less than 5 episodes of incontinence)</p> <p>2. <b>Frequently incontinent</b> (5 or more episodes of incontinence but at least one episode of continent voiding)</p> <p>3. <b>Always incontinent</b> (no episodes of continent voiding)</p> <p>9. <b>Not rated</b>, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 5 days</p>	91/
---------------------------------------	---	-----

**H3. Urinary Incontinence Management**

Enter <input type="text"/> Code	<p>a. <b>Has a trial of a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) been attempted</b> on admission or since urinary incontinence was noted in this facility?</p> <p>0. <b>No</b> → Skip to item H4, Bowel Continence</p> <p>1. <b>Yes</b></p> <p>9. <b>Unable to determine</b></p>	92/
Enter <input type="text"/> Code	<p>b. <b>Response</b>—What was the resident's response to the trial program?</p> <p>0. <b>No improvement</b></p> <p>1. <b>Decreased wetness</b></p> <p>2. <b>Completely dry</b> (continent)</p> <p>9. <b>Unable to determine</b></p>	93/
Enter <input type="text"/> Code	<p>c. <b>Current toileting program</b>—Is a toileting program currently being used to manage the resident's urinary incontinence?</p> <p>0. <b>No</b></p> <p>1. <b>Yes</b></p>	94/

**H4. Bowel Continence**

Enter <input type="text"/> Code	<p><b>Bowel continence</b> in last 5 days. Select the one category that best describes the resident over the last 5 days:</p> <p>0. <b>Always continent</b></p> <p>1. <b>Occasionally incontinent</b> (one episode of bowel incontinence)</p> <p>2. <b>Frequently incontinent</b> (2 or more episodes of bowel incontinence but at least one continent bowel movement)</p> <p>3. <b>Always incontinent</b> (no episodes of continent bowel movements)</p> <p>9. <b>Not rated</b>, resident had an ostomy or did not have a bowel movement for the entire 5 days</p>	95/
---------------------------------------	---	-----

**H5. Bowel Patterns**

Enter <input type="text"/> Code	<p><b>Constipation present</b> in the past 5 days?</p> <p>0. <b>No</b></p> <p>1. <b>Yes</b></p>	96/
---------------------------------------	---	-----



## Active Diseases in the last 30 days

	Resident ID Begin Card 05	1-7/ 8-9/
<b>Cancer</b>		
<input type="checkbox"/> 1. <b>Cancer</b> (with or without metastasis)		10/
<b>Heart/Circulation</b>		
<input type="checkbox"/> 2. <b>Anemia</b> (includes aplastic, iron deficiency, pernicious, and sickle cell)		11/
<input type="checkbox"/> 3. <b>Atrial Fibrillation and Other Dysrhythmias</b> (includes bradycardias, tachycardias)		12/
<input type="checkbox"/> 4. <b>Coronary Artery Disease</b> (includes angina, myocardial infarction)		13/
<input type="checkbox"/> 5. <b>Deep Venous Thrombosis/ Pulmonary Embolus</b>		14/
<input type="checkbox"/> 6. <b>Heart Failure</b> (includes pulmonary edema)		15/
<input type="checkbox"/> 7. <b>Hypertension</b>		16/
<input type="checkbox"/> 8. <b>Peripheral Vascular Disease/Peripheral Arterial Disease</b>		17/
<input type="checkbox"/> 9. <b>Other Heart/ Circulation:</b> enter diagnosis and ICD-9: _____		18/ 19-23/ 24-33/
<b>Gastrointestinal</b>		
<input type="checkbox"/> 10. <b>Cirrhosis</b>		34/
<input type="checkbox"/> 11. <b>GERD/Ulcer</b> (includes esophageal, gastric, and peptic ulcers)		35/
<input type="checkbox"/> 12. <b>Ulcerative Colitis/ Crohn's Disease/Inflammatory Bowel Disease</b>		36/
<input type="checkbox"/> 13. <b>Other Gastrointestinal:</b> enter diagnosis and ICD-9: _____		37/ 38-42/ 43-52/
<b>Genitourinary</b>		
<input type="checkbox"/> 14. <b>Benign Prostatic Hyperplasia</b>		53/
<input type="checkbox"/> 15. <b>Renal Insufficiency</b>		54/
<input type="checkbox"/> 16. <b>Other Genitourinary:</b> enter diagnosis and ICD-9: _____		55/ 56-60/ 61-70/
<b>Infections</b>		
<input type="checkbox"/> 17. <b>Human Immunodeficiency Virus (HIV) Infection</b> (includes AIDS)		71/
<input type="checkbox"/> 18. <b>MRSA, VRE, Clostridium diff. Infection / Colonization</b>		72/
<input type="checkbox"/> 19. <b>Pneumonia</b>		73/
<input type="checkbox"/> 20. <b>Tuberculosis</b>		74/
<input type="checkbox"/> 21. <b>Urinary Tract Infection</b>		75/
<input type="checkbox"/> 22. <b>Viral Hepatitis</b> (includes Hepatitis A, B, C, D, and E)		76/
<input type="checkbox"/> 23. <b>Wound Infection</b>		77/
<input type="checkbox"/> 24. <b>Other Infections:</b> enter diagnosis and ICD-9: _____		78/ 79-83/ 84-93/
<b>Metabolic</b>		
<input type="checkbox"/> 25. <b>Diabetes Mellitus</b> (includes diabetic retinopathy, nephropathy, and neuropathy)		94/
<input type="checkbox"/> 26. <b>Hyponatremia</b>		95/
<input type="checkbox"/> 27. <b>Hyperkalemia</b>		96/
<input type="checkbox"/> 28. <b>Hyperlipidemia</b>		97/
<input type="checkbox"/> 29. <b>Thyroid Disorder</b> (Includes hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)		98/
<input type="checkbox"/> 30. <b>Other Metabolic:</b> enter diagnosis and ICD-9: _____		99/ 100-104/ 105-114/

Check all that apply.

	Resident ID Begin Card 06	1-7/ 8-9/
<b>Musculoskeletal</b>		
<input type="checkbox"/> 31. <b>Arthritis</b> (Degenerative Joint Disease, Osteoarthritis, and Rheumatoid Arthritis)		10/
<input type="checkbox"/> 32. <b>Osteoporosis</b>		11/
<input type="checkbox"/> 33. <b>Hip Fracture</b> (includes any hip fracture that continues to have a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 90 days)		12/
<input type="checkbox"/> 34. <b>Other Fracture</b>		13/
<input type="checkbox"/> 35. <b>Other Musculoskeletal:</b> enter diagnosis and ICD-9: _____		14/ 15-19/ 20-29/
<b>Neurological</b>		
<input type="checkbox"/> 36. <b>Alzheimer's Disease</b>		30/
<input type="checkbox"/> 37. <b>Aphasia</b>		31/
<input type="checkbox"/> 38. <b>Cerebral Palsy</b>		32/
<input type="checkbox"/> 39. <b>CVA/ TIA/ Stroke</b>		33/
<input type="checkbox"/> 40. <b>Dementia</b> (Non-Alzheimer's dementia, including vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia (e.g., Pick's disease), and dementia related to stroke, Parkinson's, Huntington's, Pick's, or Creutzfeldt-Jakob diseases)		34/
<input type="checkbox"/> 41. <b>Hemiplegia/Hemiparesis/Paraplegia/Quadriplegia</b>		35/
<input type="checkbox"/> 42. <b>Multiple Sclerosis</b>		36/
<input type="checkbox"/> 43. <b>Parkinson's Disease</b>		37/
<input type="checkbox"/> 44. <b>Seizure Disorder</b>		38/
<input type="checkbox"/> 45. <b>Traumatic Brain Injury</b>		39/
<input type="checkbox"/> 46. <b>Other Neurological:</b> enter diagnosis and ICD-9: _____		40/ 41-45/ 46-55/
<b>Nutritional</b>		
<input type="checkbox"/> 47. <b>Protein Calorie Malnutrition</b> or at risk for malnutrition		56/
<input type="checkbox"/> 48. <b>Other Nutritional:</b> enter diagnosis and ICD-9: _____		57/ 58-62/ 63-72/
<b>Psychiatric/Mood Disorder</b>		
<input type="checkbox"/> 49. <b>Anxiety Disorder</b>		73/
<input type="checkbox"/> 50. <b>Depression</b> (other than Bipolar)		74/
<input type="checkbox"/> 51. <b>Manic Depression</b> (Bipolar Disease)		75/
<input type="checkbox"/> 52. <b>Schizophrenia</b>		76/
<input type="checkbox"/> 53. <b>Other Psychiatric/Mood Disorder:</b> enter diagnosis and ICD-9: _____		77/ 78-82/ 83-92/
<b>Pulmonary</b>		
<input type="checkbox"/> 54. <b>Asthma/ COPD Chronic Lung Disease</b> (includes restrictive lung diseases such as asbestosis and chronic bronchitis)		93/
<input type="checkbox"/> 55. <b>Other Pulmonary:</b> enter diagnosis and ICD-9: _____		94/ 95-99/ 100-109/
<b>Other</b>		
<input type="checkbox"/> 56. <b>Note Additional Diagnoses:</b> enter diagnosis and ICD-9: _____		110/ 111-115/ 116-125/ 126-130/ 131-140/ 141-145/ 146-155/ 156-160/ 161-170/ 171-175/ 176-185/

**J1. Pain Management** (answer for all residents, regardless of current pain level)

At any time in the last 5 days, has the resident:

Enter <input type="checkbox"/> Code	<b>a. Been on a scheduled pain medication regimen?</b>	10/
	0. <b>No</b>	
	1. <b>Yes</b>	
Enter <input type="checkbox"/> Code	<b>b. Received PRN pain medications?</b>	11/
	0. <b>No</b>	
	1. <b>Yes</b>	
Enter <input type="checkbox"/> Code	<b>c. Received non-medication intervention for pain?</b>	12/
	0. <b>No</b>	
	1. <b>Yes</b>	

**Pain Assessment Interview**—All residents should be asked about pain. Complete J2–J7 for all residents who are capable of any communication (B5 is coded 0, 1, or 2), and for whom an interpreter is present or not required.

**J2. Interview Attempted**

Enter <input type="checkbox"/> Code	0. <b>No</b> (resident is rarely/never understood or needed interpreter is not present) → Skip to J9, Staff Assessment of Pain	13/
	1. <b>Yes</b>	

**J3. Pain Presence**

Enter <input type="checkbox"/> Code	Ask resident: <b><i>“Have you had pain or hurting at any time in the last 5 days?”</i></b>	14/
	0. <b>No</b> → Skip to J8, Interview Completed	
	1. <b>Yes</b> → Proceed to items J4–J8 below	
	9. <b>Unable to answer</b> → Skip to J8, Interview Completed	

**J4. Pain Frequency**

Enter <input type="checkbox"/> Code	Ask resident: <b><i>“How much of the time have you experienced pain or hurting over the last 5 days?”</i></b>	15/
	1. <b>Almost constantly</b>	
	2. <b>Frequently</b>	
	3. <b>Occasionally</b>	
	4. <b>Rarely</b>	
	9. <b>Unable to answer</b>	

**J5. Pain Effect on Function**

Enter <input type="checkbox"/> Code	<b>a.</b> Ask resident: <b><i>“Over the past 5 days, has pain made it hard for you to sleep at night?”</i></b>	16/
	0. <b>No</b>	
	1. <b>Yes</b>	
	9. <b>Unable to answer</b>	
Enter <input type="checkbox"/> Code	<b>b.</b> Ask resident: <b><i>“Over the past 5 days, have you limited your day-to-day activities because of pain?”</i></b>	17/
	0. <b>No</b>	
	1. <b>Yes</b>	
	9. <b>Unable to answer</b>	



**J6. Pain Intensity**—Administer **one** of the following pain intensity questions (a or b)

Administer one scale.

Enter

Code

**a. Verbal Descriptor Scale**

Ask resident: *"Please rate the intensity of your worst pain over the last 5 days"*  
(Show resident verbal scale.)

1. **Mild**
2. **Moderate**
3. **Severe**
4. **Very severe, horrible**
9. **Unable to answer or not attempted**

Enter

Number

**b. Numeric Rating Scale (00–10)**

Ask resident:

*"Please rate your worst pain over the last 5 days on a zero to ten scale with zero being no pain and ten as the worst pain you can imagine."*  
(Show resident 0–10 pain scale.)

**Enter two-digit response. Enter 99 if unable to answer or not attempted.**

18/  
19-  
20/

Enter

Code

**c. Indicate which Pain Intensity question was administered.**

1. **Verbal Descriptor Scale only**
2. **Numeric Rating Scale (00–10) only**
3. **Both were tried and one scale completed**
9. **Both were tried, and neither scale completed**

21/

**J7. Pain Treatment Goals**

Enter

Code

Ask resident: *"In your opinion, how important is it for your pain treatment to **completely eliminate** your pain?"*

1. **Extremely important**
2. **Very important**
3. **Somewhat important**
4. **Not at all important**
9. **Unable to answer**

22/

**J8. Skip Item: Interview Completed**

Enter

Code

0. **No** (Resident was unable to answer whether pain was present in J3, **or** unable to answer 3 or more pain descriptors in items J4–J7) → Proceed to J9, Staff Assessment for Pain
1. **Yes** → Skip to J10, Shortness of Breath

23/

**Staff Assessment for Pain****J9. Staff Assessment for Pain**—Complete only if pain interview (J2–J8) not completed

Indicators of pain or possible pain in the last 5 days. Check all that apply:

Check all that apply.

**a. Non-verbal sounds** (crying, whining, gasping, moaning, or groaning)

24/

**b. Vocal complaints of pain** (that hurts, ouch, stop)

25/

**c. Facial expressions** (grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)

26/

**d. Protective body movements or postures** (bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)

27/

**e. None of these signs observed or documented**

28/



**Other Health Conditions****J10. Shortness of Breath (dyspnea)**

Select all that apply in last 5 days:

- |                       |                          |   |     |
|-----------------------|--------------------------|---|-----|
| Check all that apply. | <input type="checkbox"/> | a. Shortness of breath or trouble breathing with exertion (e.g. walking, bathing, transferring) | 29/ |
|                       | <input type="checkbox"/> | b. Shortness of breath or trouble breathing when sitting at rest                                | 30/ |
|                       | <input type="checkbox"/> | c. Shortness of breath or trouble breathing when lying flat                                     | 31/ |
|                       | <input type="checkbox"/> | d. None of the above  | 32/ |

**J11. Cough Present**Enter  Cough present in last 5 days.

- |               |                      |        |     |
|---------------|----------------------|--------|-----|
| Enter<br>Code | <input type="text"/> | 0. No  | 33/ |
|               | <input type="text"/> | 1. Yes |     |

**J12. Chest Pain or Angina**

Select all that apply in last 5 days:

- |                       |                          |   |     |
|-----------------------|--------------------------|---|-----|
| Check all that apply. | <input type="checkbox"/> | a. Chest pain or angina with exertion (e.g. walking, bathing, transferring) | 34/ |
|                       | <input type="checkbox"/> | b. Chest pain or angina when sitting or at rest                             | 35/ |
|                       | <input type="checkbox"/> | c. None of the above  | 36/ |

**J13. Current Tobacco Use**Enter  Tobacco use in last 5 days.

- |               |                      |        |     |
|---------------|----------------------|--------|-----|
| Enter<br>Code | <input type="text"/> | 0. No  | 37/ |
|               | <input type="text"/> | 1. Yes |     |

**J14. Prognosis**Enter  Does the resident have a condition or chronic disease that may result in a **life expectancy of less than 6 months?**  
Requires physician documentation. If not documented, discuss with physician and request supporting documentation)

- |               |                      |        |     |
|---------------|----------------------|--------|-----|
| Enter<br>Code | <input type="text"/> | 0. No  | 38/ |
|               | <input type="text"/> | 1. Yes |     |

## Falls Assessment

## J15. Skip Item for Falls: Admission or Follow-up

39/

- Enter  
Code
- What assessment type are you completing?
1. **Admission assessment** → Complete J16, Fall History (Admission)
  2. **Follow-up assessment (quarterly or annual)** → Skip to J17, Any Falls Since Last Assessment

## J16. Fall History (Admission)

## ↓ Complete J16a-d only on Admission Assessment ↓

40/

- Enter  
Code
- a. Did the resident fall one or more times in the **30 days** (i.e., month) before admission?
0. **No**
  1. **Yes**
  9. **Unable to determine**

41/

- Enter  
Code
- b. Did the resident fall one or more times in the **31–180 days** (i.e., 1–6 months) before admission?
0. **No**
  1. **Yes**
  9. **Unable to determine**

42/

- Enter  
Code
- c. Did the resident have any **fracture related to a fall in the 6 months** prior to admission?
0. **No**
  1. **Yes**
  9. **Unable to determine**

43/

- Enter  
Code
- d. Has the resident **fallen since admission** to the nursing home?
0. **No** → Skip to Section K, Swallowing
  1. **Yes** → Skip to Section K, Swallowing

44/

## J17. Any Falls Since Last Assessment (Quarterly or Annual Assessment)

## ↓ Complete J17 only on Quarterly or Annual Assessment ↓

- Enter  
Code
- Has the resident **had any falls since the last assessment**?
0. **No** → Skip to Section K, Swallowing
  1. **Yes**

## J18. Number of Falls Since Last Assessment (Quarterly or Annual Assessment)

## ↓ Complete only on Quarterly or Annual Assessment ↓

Code the number of falls in each category since the last assessment.

- |  |                             |               |  |
|--|-----------------------------|---------------|--|
| <b>Coding:</b><br><b>0. None</b><br><b>1. One</b><br><b>2. Two or more</b> | Enter Codes in Boxes ↓<br>↓ | Enter<br>Code | a. <b>No injury</b> —no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall |
|  |                             | Enter<br>Code | b. <b>Injury (except major)</b> —skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain   |
|  |                             | Enter<br>Code | c. <b>Major injury</b> —bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma   |

45/

46/

47/

**K1. Swallowing Disorder**

Signs and symptoms of possible swallowing disorder. Check all that applied in last 5 days:

Check all that apply.	<input type="checkbox"/>	<b>a. Loss of liquids/solids from mouth when eating or drinking</b>	48/
	<input type="checkbox"/>	<b>b. Holding food in mouth/cheeks or residual food in mouth after meals</b>	49/
	<input type="checkbox"/>	<b>c. Coughing or choking during meals or when swallowing medications</b>	50/
	<input type="checkbox"/>	<b>d. Complaints of difficulty or pain with swallowing</b>	51/
	<input type="checkbox"/>	<b>e. None of the above</b>	52/

**K2. Height and Weight**

<input type="text"/> <input type="text"/>	<b>a. Height</b> (in inches) most recent height measure since admission. (If height includes a fraction, round up to nearest inch.)	53-54/
inches		
<input type="text"/> <input type="text"/> <input type="text"/>	<b>b. Weight</b> (in pounds) base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc). (If weight includes a fraction, round up to nearest pound.)	55-57/
pounds		

**K3. Weight Loss**

Enter <input type="text"/> Code	<b>Loss of 5% or more in last 30 days</b> (or since last assessment if sooner) <b>or loss of 10% or more in last 180 days.</b>	58/
	0. <b>No</b> or unknown	
	1. <b>Yes</b> , planned loss	
	2. <b>Yes</b> , unplanned loss	

**K4. Nutritional Approaches**

Check all that applied in last 5 days:

Check all that apply.	<input type="checkbox"/>	<b>a. Parenteral/IV feeding</b>	59/
	<input type="checkbox"/>	<b>b. Feeding-tube</b> —nasogastric or abdominal (PEG)	60/
	<input type="checkbox"/>	<b>c. Mechanically altered diet</b> —require change in texture of food or liquids (e.g., pureed food, thickened liquids)	61/
	<input type="checkbox"/>	<b>d. Therapeutic diet</b> (low salt, diabetic, low cholesterol)	62/
	<input type="checkbox"/>	<b>e. None of the above</b>	63/

**K5. Percent Intake by Artificial Route** → Skip to Section L, Oral/Dental Status, if neither K4a or K4b is checked

Enter <input type="text"/> Code	<b>a. Proportion of total calories the resident received through parenteral or tube feedings</b> in the last 5 days.	64/
	1. <b>25% or less</b>	
	2. <b>26–50%</b>	
	3. <b>51% or more</b>	
Enter <input type="text"/> Code	<b>b. Average fluid intake per day by IV or tube</b> in last 5 days.	65/
	1. <b>500 cc/day or less</b>	
	2. <b>501 cc/day or more</b>	

## L1. Dental

Check all that applied in last 5 days:

Check all that apply.	<input type="checkbox"/>	<b>a. Broken or loosely fitting denture or partial</b> (chipped, cracked, uncleanable, or loose)	66/
	<input type="checkbox"/>	<b>b. No natural teeth or tooth fragment(s)</b> (edentulous)	67/
	<input type="checkbox"/>	<b>c. Abnormal mouth tissue</b> (ulcers, masses, oral lesions, including under denture or partial if one is worn)	68/
	<input type="checkbox"/>	<b>d. Obvious cavity or broken natural teeth</b>	69/
	<input type="checkbox"/>	<b>e. Inflamed or bleeding gums or loose natural teeth</b>	70/
	<input type="checkbox"/>	<b>f. Mouth or facial pain</b> , discomfort or difficulty with chewing	71/
	<input type="checkbox"/>	<b>g. None of the above</b> were present	72/
	<input type="checkbox"/>	<b>h. Unable to examine</b>	73/

**M1. Current Pressure Ulcer**

74/

Enter <input type="text"/> Code	<p><b>Did the resident have a pressure ulcer in the last 5 days?</b></p> <p>0. <b>No</b> → Skip to M11, Healed Pressure Ulcers, Page 26</p> <p>1. <b>Yes</b></p>
---------------------------------------	--

**M2. Stage 1 Ulcers**

75/

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage.	
Enter <input type="text"/> Number	<p><b>Number of existing pressure ulcers at Stage 1</b>—Observable pressure-related alteration of an area of intact skin whose indicators may include change in: skin temperature (warm or cool), tissue consistency (firm or boggy feel), or sensation (pain, itching). In lightly pigmented skin, appears as an area of persistent redness. In darker skin tones, may appear with persistent red, blue, or purple hues.</p>

**M3. Stage 2 Ulcers**

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage.	
Enter <input type="text"/> Number	<p><b>a. Number of existing pressure ulcers at Stage 2</b>—Partial thickness skin loss involving epidermis, dermis, or both. The ulcer presents clinically as an abrasion, blister, or shallow crater. <b>If number entered = 0 → Skip to M4, Stage 3 ulcers.</b></p>
Enter <input type="text"/> Number	<p><b>b. Number of these Stage 2 pressure ulcers that were present on admission.</b> Of the pressure ulcers listed in M3a, how many were first noted at Stage 2 within 48 hours of admission and not acquired in the facility?</p>
Length (cm) <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>c. Current dimensions of largest Stage 2 pressure ulcer.</b> Enter 99.9 if unable to determine (for study purposes only).</p>
Width (cm) <input type="text"/> <input type="text"/> <input type="text"/>	

76/

77/

78-80/

81-83/

**M4. Stage 3 Ulcers**

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage.	
Enter <input type="text"/> Number	<p><b>a. Number of existing pressure ulcers at Stage 3</b>—Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue. <b>If number entered = 0 → Skip to M5, Stage 4 ulcers.</b></p>
Enter <input type="text"/> Number	<p><b>b. Number of these Stage 3 pressure ulcers that were present on admission.</b> Of the pressure ulcers listed in M4a, how many were first noted at Stage 3 within 48 hours of admission and not acquired in the facility?</p>
Length (cm) <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>c. Current dimensions of largest Stage 3 pressure ulcer.</b> Enter 99.9 if unable to determine (for study purposes only).</p>
Width (cm) <input type="text"/> <input type="text"/> <input type="text"/>	
Depth (cm) <input type="text"/> <input type="text"/> <input type="text"/>	

84/

85/

86-88/

89-91/

92-94/

**M5. Stage 4 Ulcers**

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage.	
Enter <input type="text"/> Number	<p><b>a. Number of existing pressure ulcers at Stage 4</b>—Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint, capsule). Undermining and sinus tracts also may be associated with Stage 4 pressure ulcers. <b>If number entered = 0 → Skip to M6, Nonstageable ulcers.</b></p>
Enter <input type="text"/> Number	<p><b>b. Number of these Stage 4 pressure ulcers that were present on admission.</b> Of the pressure ulcers listed in M5a, how many were first noted at Stage 4 within 48 hours of admission and not acquired in the facility?</p>
Length (cm) <input type="text"/> <input type="text"/> <input type="text"/>	<p><b>c. Current dimensions of largest Stage 4 pressure ulcer.</b> Enter 99.9 if unable to determine (for study purposes only).</p>
Width (cm) <input type="text"/> <input type="text"/> <input type="text"/>	
Depth (cm) <input type="text"/> <input type="text"/> <input type="text"/>	

95/

96/

97-99/

100-102/

103-105/



**M6. Nonstageable Ulcers**

Enter <input type="text"/> Number	<b>a. Not Stageable</b> —Cannot be observed due to presence of eschar that is intact and fully adherent to edges of wound or wound covered with non-removable dressing/cast and no prior staging known.	106/
Enter <input type="text"/> Number	<b>b. Number of these nonstageable pressure ulcers that were present on admission.</b> Of the pressure ulcers listed in M6a, how many were first noted as nonstageable within 48 hours of admission and not acquired in the facility?	107/

**M7. Exudate Amount for Most Advanced Stage**

Enter <input type="text"/> Code	Select the item that best describes the <b>amount of exudate in the largest pressure ulcer at the most advanced stage.</b>	108/
	<ul style="list-style-type: none"> <li>0. <b>None</b></li> <li>1. <b>Light</b></li> <li>2. <b>Moderate</b></li> <li>3. <b>Heavy</b></li> <li>9. <b>Not observable/not documented</b></li> </ul>	

**M8. Tissue Type for Most Advanced Stage**

Enter <input type="text"/> Code	Select the item that best describes the <b>type of tissue present in the ulcer bed of the largest pressure ulcer at the most advanced stage.</b>	109/
	<ul style="list-style-type: none"> <li>0. <b>Closed/resurfaced</b>—completely covered with epithelium</li> <li>1. <b>Epithelial Tissue</b> —new skin growing in superficial ulcer</li> <li>2. <b>Granulation Tissue</b> —pink or red tissue with shiny, moist, granular appearance</li> <li>3. <b>Slough</b>—yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous</li> <li>4. <b>Necrotic Tissue (Eschar)</b> —black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.</li> <li>9. <b>Not observable/not documented</b></li> </ul>	

**M9. Data Source for Current Pressure Ulcer items (M2–M8)**

This item is for study analysis purposes; not for consideration for MDS 3.0.

Enter <input type="text"/> Code	<b>Select the data source</b> used for information on pressure ulcers. <ul style="list-style-type: none"> <li>1. <b>Research nurse direct observation with facility nurse</b></li> <li>2. <b>Facility nurse completing MDS 3.0 assessment</b></li> <li>3. <b>Chart review</b></li> </ul>	110/
---------------------------------------	--	------

**M10. Worsening in Pressure Ulcer Status Since Last Assessment**

Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** on last MDS (if no current pressure ulcer at a given stage, enter 0).

<input type="text"/>	<b>a. Check here if N/A</b> (no prior assessment)	111/
Enter <input type="text"/> Number	<b>b. Stage 2</b>	112/
Enter <input type="text"/> Number	<b>c. Stage 3</b>	113/
Enter <input type="text"/> Number	<b>d. Stage 4</b>	114/

**M11. Healed Pressure Ulcers**

Indicate the number of pressure ulcers that were noted on last MDS that have **completely healed**. (If no current pressure ulcer at a given stage, enter 0).

<input type="checkbox"/>	<b>a. Check here if N/A</b> (no prior assessment <b>or</b> no pressure ulcers on prior assessment)	115/
Enter <input type="text"/> Number	<b>b. Stage 2</b>	116/
Enter <input type="text"/> Number	<b>c. Stage 3</b>	117/
Enter <input type="text"/> Number	<b>d. Stage 4</b>	118/

**M12. Other Ulcers, Wounds, and Skin Problems**

Check all that apply in the past 5 days:

Check all that apply.	<input type="checkbox"/>	<b>a. Venous or arterial ulcer(s)</b>	119/
	<input type="checkbox"/>	<b>b. Diabetic foot ulcer(s)</b>	120/
	<input type="checkbox"/>	<b>c. Other foot or lower extremity infection</b> (cellulitis)	121/
	<input type="checkbox"/>	<b>d. Surgical wound(s)</b>	122/
	<input type="checkbox"/>	<b>e. Open lesion(s) other than ulcers, rashes, cuts</b> (e.g., cancer lesion)	123/
	<input type="checkbox"/>	<b>f. Burn(s)</b>	124/
	<input type="checkbox"/>	<b>g. None of the above</b> were present	125/

**M13. Skin Treatments**

Check all that apply in the past 5 days:

Check all that apply.	<input type="checkbox"/>	<b>a. Pressure reducing device for chair</b>	126/
	<input type="checkbox"/>	<b>b. Pressure reducing device for bed</b>	127/
	<input type="checkbox"/>	<b>c. Turning/repositioning program</b>	128/
	<input type="checkbox"/>	<b>d. Nutrition or hydration intervention</b> to manage skin problems	129/
	<input type="checkbox"/>	<b>e. Ulcer care</b>	130/
	<input type="checkbox"/>	<b>f. Surgical wound care</b>	131/
	<input type="checkbox"/>	<b>g. Application of dressings</b> (with or without topical medications) other than to feet	132/
	<input type="checkbox"/>	<b>h. Applications of ointments/medications</b> other than to feet	133/
	<input type="checkbox"/>	<b>i. None of the above</b> were provided	134/

**N1. Injections**

Days

Record the **number of days that injectable medications were received** during the last 5 days or since admission if less than 5 days.**N2. Medications Received****Check all medications the resident received** at any time during the last 5 days or since admission if less than 5 days:

- |                       |                          |   |     |
|-----------------------|--------------------------|---|-----|
| Check all that apply. | <input type="checkbox"/> | a. Antipsychotic  | 11/ |
|                       | <input type="checkbox"/> | b. Antianxiety  | 12/ |
|                       | <input type="checkbox"/> | c. Antidepressant   | 13/ |
|                       | <input type="checkbox"/> | d. Hypnotic   | 14/ |
|                       | <input type="checkbox"/> | e. Anticoagulant (warfarin, heparin, or low-molecular weight heparin) | 15/ |
|                       | <input type="checkbox"/> | f. None of the above  | 16/ |

## O1. Special Treatments and Programs

↓ Complete for all Assessments ↓  
I. Past 5 days, or since admission if less than 5 days

↓ Complete only for ↓  
5-day Assessment  
II. In 5 days prior to admission

Check here if not a 5-day assessment:

Cancer Treatment

→ Skip this column

a. Chemotherapy

b. Radiation

Respiratory Treatments

c. Oxygen therapy

d. Suctioning

e. Tracheostomy care

f. Ventilator or respirator

Other

g. IV medications

h. Transfusions

i. Dialysis

j. Hospice care

k. Respite care

l. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)

m. None of the above

Check all that apply.

## O2. Influenza Vaccine

Enter

Code

a. Did the resident receive the Influenza Vaccine in this facility for this year's Influenza season (October 1 through March 31)?

0. No

1. Yes → Skip to O3, Pneumococcal Vaccine

9. Does not apply because assessment outside influenza season → Skip to O3, Pneumococcal Vaccine

Enter

Code

b. If Influenza Vaccine not received, state reason:

1. Not in facility during this year's flu season

2. Received outside of this facility

3. Not eligible

4. Offered and declined

5. Not offered

6. Inability to obtain vaccine due to declared shortage

7. None of the above

## O3. Pneumococcal Vaccine

Enter

Code

a. Is the resident's Pneumococcal Vaccine status up to date?

0. No

1. Yes → Skip to O4, Therapies

Enter

Code

b. If Pneumococcal Vaccine not received, state reason:

1. Not eligible

2. Offered and declined

3. Not offered

4. Vaccine status not up to date by admission ARD

**04. Therapies**

Record the **number of days each of the following therapies was administered** for at least 15 minutes a day in the last 5 calendar days (column I). Enter 0 if none or less than 15 minutes daily. For Therapies a–c also record the total number of minutes (column II). Note: Count only post admission therapies.

I. Days	II. Minutes		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	a. Speech-language pathology and audiology services	48/ 49-51/
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	b. Occupational Therapy	52/ 53-55/
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	c. Physical Therapy	56/ 57-59/
<input type="text"/>		d. Respiratory Therapy	60/
<input type="text"/>		e. Psychological Therapy (by any licensed mental health professional)	61/
<input type="text"/>		f. Recreational Therapy (includes recreational and music therapy)	62/

**05. Nursing Rehabilitation/ Restorative Care**

Record the **number of days** each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 5 calendar days (enter 0 if none or less than 15 minutes daily).

Number of Days		
<input type="text"/>	a. Range of motion (passive)	63/
<input type="text"/>	b. Range of motion (active)	64/
<input type="text"/>	c. Splint or brace assistance	65/
	<b>Training and skill practice in:</b>	
<input type="text"/>	d. Bed mobility	66/
<input type="text"/>	e. Transfer	67/
<input type="text"/>	f. Walking	68/
<input type="text"/>	g. Dressing or grooming	69/
<input type="text"/>	h. Eating or swallowing	70/
<input type="text"/>	i. Amputation/prostheses care	71/
<input type="text"/>	j. Communication	72/

**06. Physician Examinations**

<input type="text"/> Days	Over the last 5 days, <b>on how many days did the physician (or authorized assistant or practitioner) examine the resident?</b>	73/
------------------------------	---	-----

**07. Physician Orders**

<input type="text"/> Days	Over the last 5 days, <b>on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?</b>	74/
------------------------------	---	-----

**P1. Physical Restraints**

Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body. Code for last 5 days:

		Used in Bed			
<b>Coding:</b> <b>0. Not used</b> <b>1. Used less than daily</b> <b>2. Used daily</b>	→ Enter Codes in Boxes →	Enter <input type="text"/> Code	<b>a. Full bed rails on all open sides of the bed</b>	75/	
		Enter <input type="text"/> Code	<b>b. Other type of side rail used (e.g., half rail, one side)</b>	76/	
		Enter <input type="text"/> Code	<b>c. Trunk restraint</b>	77/	
		Enter <input type="text"/> Code	<b>d. Limb restraint</b>	78/	
		Enter <input type="text"/> Code	<b>e. Other</b>	79/	
		<b>Used in Chair or Out of Bed</b>			
		Enter <input type="text"/> Code	<b>f. Trunk restraint</b>	80/	
		Enter <input type="text"/> Code	<b>g. Limb restraint</b>	81/	
		Enter <input type="text"/> Code	<b>h. Chair prevents rising</b>	82/	
		Enter <input type="text"/> Code	<b>i. Other</b>	83/	

## Q1. Participation in Assessment

Enter

Code

## a. Resident

0. No

1. Yes

84/

Enter

Code

## b. Family

0. No

1. Yes

9. No family

85/

Enter

Code

## c. Significant other

0. No

1. Yes

9. None

86/

## Q2. Resident's Overall Goals



Complete only on Admission Assessment



Enter

Code

## a. Select one for resident's goals established during assessment process.

1. Post acute care—expects to return to community

2. Post acute care—expects to have continued NH needs

3. Respite stay—expects to return home

4. Other reason for admit—expects to return to community.

5. Long term care for medical, functional, and/or cognitive impairments

6. End-of-life care

9. Unknown or uncertain

87/

Enter

Code

## b. Indicate information source for this item

1. Resident

2. Close family member or significant other

3. Neither

88/





**Appendix F**

**Reference Materials:  
MDS 2.0 Reliability Data from Prior Evaluations**



## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
<b>A Personal Information</b>					
A1a and AA1a	Resident First Name				
A1b and AA1b	Resident Middle Initial				
A1c and AA1c	Resident Last Name				
A1d and AA1d	Resident Name Suffix				
AA2	Gender				0.96
AA3	Birthdate				
AA4	Race/Ethnicity				(white only: 0.82)
AA4.4	Race/Ethnicity: Hispanic				0.87
AA5a	Social Security Number				
AA5b	Medicare number (or comparable number)				
AA6a	State facility Medicaid Provider Number				
AA6b	Federal facility Medicare Provider Number				
AA7	Medicaid Number ("+" if pending, "N" if not a Medicaid recipient)				
AB1	Date of Entry				
AB2	Admitted From at Entry	0.75			-
AB3	Lived Alone prior to entry	0.79			
AB4	Zip code of prior primary residence				
AB5a	Prior stay at this nursing home	0.82			
AB5b	Stay in other nursing home	0.8			
AB5c	Other residential facility - board and care home, assisted living, group home	0.76			
AB5d	MH/psychiatric setting	0.89			
AB5e	MR/DD setting	0.92			
AB5f	None of the above	0.84			
AB6	Lifetime Occupation(s) (put "/" between two occupations)				
AB7	Education (Highest Level Completed)	0.97			0.97
AB9	Mental health history	0.88			0.59
AB10a	No MR/DD	0.58			
AB10b	Down's syndrome	0.61			
AB10c	Autism	-			
AB10d	Epilepsy	1			

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
AB10e	Other organic condition related to MR/DD	-			
AB10f	MR/DD with no organic condition	1			
AB11	Date background info completed				
AC1a	Stays up late at night (e.g. after 9pm0	0.83			
AC1b	Naps regularly during day (at least 1 hour)	0.82			
AC1c	Goes out 1+ days a week	0.85			
AC1d	Stays busy with hobbies, reading, or fixed daily routine	0.85			
AC1e	Spends most of time alone or watching TV	0.82			
AC1f	Moves independently indoors (with appliances, if used)	0.83			
AC1g	Use of tobacco products at least daily	0.79			
AC1h	NONE OF ABOVE	0.74			
AC1i	Distinct food preferences	0.77			
AC1j	Eats between meals all or most days	0.8			
AC1k	Use of alcoholic beverage(s) at least weekly	0.79			
AC1l	NONE OF ABOVE	0.81			
AC1m	In bedclothes much of day	0.79			
AC1n	Wakens to toilet all or most nights	0.85			
AC1o	Has irregular bowel movement pattern	0.85			
AC1p	Showers for bathing	0.81			
AC1q	Bathing in PM	0.75			
AC1r	NONE OF ABOVE	0.75			
AC1s	Daily contact with relatives/close friends	0.87			
AC1t	Usually attends church, temple, synagogue, etc.	0.84			
AC1u	Finds strength in faith	0.84			
AC1v	Daily animal companion/presence	0.91			
AC1x	NONE OF ABOVE	0.8			
AC1y	UNKNOWN	0.8			
Ac1w	Involved in group activities	0.83			
AD	Signatures of persons completing the assessment				
A1a and AA1a	Resident First Name				
A1b and AA1b	Resident Middle Initial				
A1c and AA1c	Resident Last Name				
A1d and AA1d	Resident Name Suffix				
A2	Room number				

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
A3a	Assessment Reference Date				
A4a	Date of Reentry				
A4b	Admitted from at Reentry				
A5	Marital Status	0.99			0.97
A6	Medical Record Number				
A7a	Medicaid per diem	0.89			
A7b	Medicare per diem	0.7			
A7c	Medicare ancillary part A	0.77			
A7d	Medicare ancillary part B	0.66			
A7e	Champus	-			
A7f	VA per diem	0.92			
A7g	Self or family pays per diem	0.8			
A7h	Medicaid resident liability or Medicare co-payment	-			
A7i	Private insurance per diem	0.78			
A7j	Other per diem	0.34			
A8a	Primary Reason for Assessment				0.99
A8a,b	Primary language	0.85			0.79
A8b	Codes for assessment required by Medicare PPS or the State				
A8b	Codes for assessment required by Medicare PPS or the State				
A8b	Codes for assessment required by Medicare PPS or the State				
A8b	Codes for assessment required by Medicare PPS or the State				
A8b	Codes for assessment required by Medicare PPS or the State				
A9a	Legal guardian	0.86			1
A9b	Other legal oversight	0.54			-
A9c	Durable power of attorney/health care	0.71			0.74
A9d	Durable power of attorney / financial	0.59			-
A9e	Family member responsible	0.77			-
A9f	Patient responsible for self	0.75			0.77
A9g	None of the above	0.52			0.17
A10a	Living will	0.84		0.61	0.65
A10b	Do not resuscitate	0.9		0.83	0.9
A10c	Do not hospitalize	0.8		0.39	-
A10d	Organ donation	0.88			
A10e	Autopsy request	-			
A10f	Feeding restrictions	0.81		0.89	
A10g	Medication restrictions	0.72		0.83	
A10h	Other treatment restrictions	0.83		0.69	-
A10i	None of the above	0.92		0.93	0.87

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol <small>Abt Report to CMS Feb 27, 2001</small>	3. QI Validation Project <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	4. Rehab Study <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### B. Cognitive Patterns

B1	Comatose	-	0.569		0.94
B2a	Short Term Memory OK	0.91	0.664	0.63	0.87
B2b	Long Term Memory OK	0.9	0.767		0.91
B3a	Recalls current season	0.85	0.749		
B3b	Recalls location of own room	0.86	0.809		
B3c	Recalls staff names and faces	0.78	0.678		(combined with BCd: 0.83)
B3d	Recalls that s/he in a nursing home	0.86	0.766		-
B3e	Recalls none of the above	0.79			
B4	Cognitive Skills for Daily Decision Making	0.93	0.739	0.89	0.92
B5a	Delirium: Easily distracted	kappa = .65 0-1 vs. 2 = 0.24	0.523	0.79	0.86
B5b	Delirium: Periods of Altered Perception or Awareness of Surroundings	kappa = .68 0-1 vs. 2 = 0.54	0.497	0.75	0.62
B5c	Delirium: Periods of Disorganized Speech	kappa = .74 0-1 vs. 2 = 0.34	0.471	0.72	0.72
B5d	Delirium: Periods of Restlessness	kappa = .77 0-1 vs. 2 = 0.38	0.546	0.66	0.9
B5e	Delirium: Periods of Lethargy	kappa = .62 0-1 vs. 2 = 0.65	0.434	0.78	0.77
B5f	Delirium: Mental function varies over day	kappa = .63 0-1 vs. 2 = 0.34	0.466	0.71	0.81
B6	Change in Cognitive status, skills, or abilities as compared to 90 days ago or last assessment?	0.63	0.285		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan

### C. Communication/Hearing Patterns

C1	Hearing	0.78	0.575		0.88
C2a	Hearing Aid present and used	0.93	0.79		(combined with C2b: .81)
C2b	Hearing aid present and not used regularly	0.7	0.686		-
C2c	Other receptive communication techniques used (e.g. lip reading)	-	0.583		
C2d	None of the above	0.88			
C3a	Modes of expression: speech	0.63	0.741		
C3b	Modes of expression: writing messages	0.47	0.611		0.92
C3c	American sign language or Braille	-	-		
C3d	Signs/gestures/sounds	0.74	0.705		0.91
C3e	Communication board	0.8	0.397		
C3f	Other mode of expression	-	0.748		
C3g	None of the above	0.41			0.85
C4	Making self understood	0.92	0.785	0.82	0.94
C5	Speech Clarity	0.86	0.701		0.93
C6	Ability to Understand Others	0.92	0.679	0.8	0.9
C7	Change in communication/Hearing	0.45	0.033		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
<b>Item #</b>	<b>Item Description</b>	<b>1. Morris 2.0 Validation Project</b> <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	<b>2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol</b> <small>Abt Report to CMS Feb 27, 2001</small>	<b>3. QI Validation Project</b> <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	<b>4. Rehab Study</b> <small>Reliability from PAC/Rehab study--courtesy of Joan Buchanan</small>

### D Vision Patterns

D1	Vision	0.85	0.581		0.73
D2a	Side vision problems	0.19	0.629		
D2b	Halos, rings, light flashes,curtains over eyes	-	0.277		
D2c	None of the above	0.32			
D3	Visual appliances	0.87	0.77		



## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
<b>E Mood and Behavior</b>					
E1a	Negative statements	0.7	0.413	0.89	0.59
E1b	Repetitive questions	0.76	0.514		
E1c	Repetitive verbalizations	0.69	0.479	0.71	
E1d	Persistent anger with self/others	0.72	0.551	0.86	0.82
E1e	Self deprecation	0.76	0.257	0.56	
E1f	Expression of unrealistic fears	0.8	0.426	0.76	0.88
E1g	Recurrent statements that something terrible is about to happen	0.65	0.409	0.8	
E1h	Repetitive health complaints	0.58	0.481	0.73	
E1i	Repetitive anxious complaints/concerns	0.69	0.432	0.73	0.61
E1j	Unpleasant mood in morning	0.69	0.448		
E1k	Insomnia/change in sleeping pattern	0.53	0.382		
E1l	Sad, pained, worried facial expressions	0.85	0.402	0.71	0.69
E1m	Crying/tearfulness	0.82	0.509	0.78	0.72
E1n	Repetitive Physical Movements	0.73	0.514	0.86	0.84
E1o	Withdrawal from activities	0.65	0.323		0.81
E1p	Reduced social interaction	0.65	0.294		0.69
E2	Mood Persistence	0.93	0.41	0.81	0.54
E3	Change in Mood	0.65	0.173		
E4aA	Wandering -- presence	0.83	0.626	(frequent wandering = .85)	0.92
E4aB	Wandering -- alterability	0.82	0.54		
E4bA	Verbally abusive Behavioral symptoms	0.68	0.5	(frequent verbally abusive = 1.00)	0.66
E4bB	Verbally abusive behavior alterability	0.65	0.593		
E4cA	Physically abusive behavioral symptoms	0.6	0.393	(frequent physically abusive = 1.00)	1
E4cB	Physically abusive behavior alterability	0.51	0.375		
E4dA	Socially Inappropriate behavioral symptoms	0.68	0.513	(frequent socially inappropriate = .87)	0.59
E4dB	Socially inappropriate behavior alterability	0.75	0.56		
E4eA	Resists care -- presence	0.64	0.461		0.67
E4eB	Resists care -- alterability	0.37	0.454		
E5	Change in Behavioral symptoms	0.38	0.239		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol <small>Abt Report to CMS Feb 27, 2001</small>	3. QI Validation Project <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	4. Rehab Study <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### F Psychosocial Well-Being

F1a	At ease interacting with others	0.79	0.412		
F1b	At ease doing planned activities	0.78	0.545		
F1c	At ease doing self-initiated activities	0.72	0.588		
F1d	Establishes own goals	0.81	0.447		
F1e	Pursues involvement in life of facility	0.69	0.525		
F1f	accepts invitations to most group activities	0.6	0.57		
F1g	NONE OF ABOVE	0.75			
F2a	Covert/open conflict with staff	0.74	0.456		
F2b	Unhappy with roommate	0.81	0.209		
F2c	Unhappy with other residents	0.76	0.371		
F2d	Open conflict/anger with family/friends	0.54	0.522		
F2e	Absence of contact with family/friends	0.65	0.395		
F2f	Recent loss family/friend	0.89	0.306		
F2g	Does not adjust easily to changes in routine	0.56	0.604		
F2h	NONE OF ABOVE	0.67			
F3a	Strong identification with past roles and life status	0.7	0.467		
F3b	Expresses sadness over lost roles	0.53	0.403		
F3c	Resident perceives that routine very different from prior pattern in community	0.58	0.403		
F3d	NONE OF ABOVE	0.55			

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol <small>Abt Report to CMS Feb 27, 2001</small>	3. QI Validation Project <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	4. Rehab Study <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### G Physical Functioning and Structural Problems

G1aA	Bed Mobility	0.91	0.654	self-perform = 0.86	0.92
G1aB	Bed Mobility support	0.86	0.625		
G1bA	Transfer	0.91	0.718	self-perform = 0.82	0.94
G1bB	Transfer support	0.91	0.738		
G1cA	Walk in room	0.92	0.743	self-perform = 0.91	
G1cB	Walk in room support	0.92	0.74		
G1dA	Walk in corridor	0.89	0.695	self-perform = 0.86	(walk in facility = .93)
G1dB	Walk in corridor support	0.92	0.698		
G1eA and G1fA	Locomotion on unit and locomotion off unit	(G1eA = .92 G1fA = .89)	G1eA = .697 G1fA = .603	Perform = .85 self-perform = .89	0.89
G1eB	Locomotion on unit support	0.84	0.621		
G1fB	Locomotion off unit support	0.81	0.536		
G1gA	Dressing	0.9	0.637	self-perform = .85	0.87
G1gB	Dressing support	0.81	0.507		
G1hA	Eating	0.94	0.71	self-perform = .88	0.94
G1hB	Eating support	0.88	0.67		
G1iA	Toilet use	0.93	0.696		0.94
G1iA	Toilet use			self-perform = .91	0.86
G1iB	Toilet use support	0.85	0.605		
G1jA	Personal hygiene	0.87	0.636	self-perform = .89	0.91
G1jB	Personal hygiene support	0.79	0.513		
G2A	Bathing	0.86	0.587		0.86
G2B	Bathing support	0.95	0.466		
G3a, G3b	Balance while standing and Balance while sitting	G3A = .86 G3B = .76	G3A = .604 G3B = .608		(balance moved from seated to standing = 0.86)
G4aA	Range of motion in neck	0.6	0.374		0.73
G4aB	Voluntary movement in neck	0.76	0.484		
G4bA, G4cA	Range of motion in arm and Range of motion in hand	G4bA = .78 G5cA = .86	G4BA = .523 G5CA = .62		0.8
G4bB, G4cB	Voluntary movement in arm and hand	G4BB = .86 G5CB = .67	G4BB = .538 G5CB = .592		0.88
G4dA, G4eA	Range of motion in leg and Range of motion in foot	G5DA = .62 G5EA = .72	G5DA = .521 G5EA = .523		0.81
G4dB, G4eB	Voluntary movement in leg and foot	G5DB = .65 G5EB = .73	G5DB = .545 G5EB = .604		0.83
G4fA	Range of motion other loss	0.84	0.344		0.84

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
G4fB	Voluntary movement other loss	0.81	0.324		
G5a	Cane/walker/crutch	0.84	0.767		0.84
G5a	Cane/walker/crutch	0.84			0.89
G5b, G5c, G5d	Wheeled self or Other person wheeled or wheelchair primary mode of locomotion	G5b = .81 G6c = .72 G6d = .55	G5b = .686 G6c = .622 G6d = .715		0.77
g5e	NONE OF ABOVE	0.38			
G6a	Bedfast	0.63	0.743		
G6b	Bed rails	0.4	0.621		
G6c	Lifted manually	0.66	0.476		
G6d	Lifted mechanically	0.86	0.654		
G6e	transfer aid used	0.45	0.621		
G6f	NONE OF ABOVE	0.56			
G8a	Resident believes capable of increased independence	0.68	0.632	0.74	
G8b	Staff believe resident capable of increased independence	0.52	0.563	0.73	
G8c	Resident is able to perform tasks/activity but is very slow	0.55	0.427	0.47	
G8d	Difference in ADL self-performance or support comparing morning to evenings	0.2	0.354	0.26	
G8e	NONE OF ABOVE	0.54		0.72	
G9	Change in ADL function	0.69	0.184		

**MDS 2.0 Item Reliabilities  
(prior evaluations)**

<b>MDS 2.0</b>		<b>Sources</b>			
<b>Item #</b>	<b>Item Description</b>	<b>1. Morris 2.0 Validation Project</b> HRCA/John Morris, from the testing of the MDS 2.0	<b>2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol</b> Abt Report to CMS Feb 27, 2001	<b>3. QI Validation Project</b> Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	<b>4. Rehab Study</b> Reliability from PAC/Rehab study-- courtesy of Joan Buchanan

**H. Continence in last 14 days**

H1a	Bowel continence with appliance 14 days	0.94	0.774	0.88	0.92
H1b	Bladder continence 14 days	0.93	0.76	0.88	0.78
H2a	Regular bowel elimination	0.44	0.383		
H2b	Constipation 14 days	0.58	0.378		0.72
H2c	Diarrhea	0.65	0.376		0.8
H2d	Fecal impaction	0.52	0.282		
H2e	NONE OF ABOVE	-			
H3a	Any scheduled toileting plan	0.74	0.412		
H3a	Any scheduled toileting plan	0.74			
H3b	Bladder retraining program	-	0.282		0.74
H3c	External (condom) catheter - 14 days	0.92	0.725		0.99
H3d	Indwelling catheter-14 days	0.95	0.793	0.79	0.99
H3e	Intermittent catheterization 14 days	1		0.8	0.8
H3f	Did not use toilet room/commode/urinal	0.7	0.584	0.53	
H3g	Pads/Briefs used	0.89	0.664	0.78	0.85
H3h	Enemas/Irrigation	0.56	0.319		
H3i	Ostomy present - 14 days	0.85	0.573	0.8	0.83
H3j	NONE OF ABOVE	0.9		0.81	
H4	Change in urinary continence	0.68	0.25		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
<b>I Disease Diagnosis</b>					
I1a, I1kk	Diabetes Mellitus and Diabetic retinopathy	I1a = .90	I1a = .933		0.99
I1aa	Seizure Disorder	0.85	0.938		0.66
I1b, I1c	Hyperthyroidism, hypothyroidism	I1c = .94	I1b = 0.666 I1c = .919		(hypothyroidism = .92)
I1cc	Traumatic Brain Injury	-	0.282		0.95
I1d	Arteriosclerotic heart disease	0.78	0.592		0.92
I1dd	Anxiety Disorder	0.79	0.776		1
I1e	Cardiac dysrhythmias	0.6	0.66		0.86
I1ee	Depression	0.88	0.77		0.63
I1f	Congestive heart failure	0.83	0.853		0.95
I1ff	Manic Depression (Bipolar Disease)	0.85	0.878	1	-
I1g	Deep vein thrombosis	0.66	0.589		0.79
I1gg	Schizophrenia	0.8	0.81	0.9	0.98
I1h	Hypertension	0.81	0.806		0.86
I1hh and I1ii	Asthma and Emphysema/COPD	I1hh = .74 I1ii = .92	I1hh = .894 I1ii = .856		(asthma = .92 COPD = .91)
I1i	Hypotension	1	0.424		0.58
I1j	Peripheral vascular disease	0.74	0.777		0.8
I1jj	Cataracts	0.71	0.708		0.49
I1k	Other cardiovascular disease	0.75	0.527		0.71
I1l	Arthritis	0.74	0.694		(osteoarthritis = .65) (rheumatoid arthritis = .95)
I1ll	Glaucoma	0.86	0.923		-
I1m	Hip fracture	0.67	0.856		0.97
I1mm	Macular degeneration	0.68	0.839		0.64
I1n	Missing limb (e.g.amputation)	0.78	0.889		0.99
I1nn	Allergies	0.78	0.628		
I1o	Osteoporosis	0.76	0.825		0.66
I1oo	Anemia	0.8	0.627		
I1pp	Cancer	0.81	0.795		0.57
I1q	Alzheimer's Disease	0.89	0.805		0.97
I1qq	Renal failure	0.39	0.733		(renal failure = .84)
I1r	Aphasia	0.7	0.742		
I1rr	NONE OF THE ABOVE	-		0.78	-
I1s	Cerebral palsy	0.8	1		-
I1t, I1bb	CVA and TIA	I1t = .86 I1bb = .74	I1t = .854 I1bb = .468		(CVA = .89 TIA = 1.00)
I1u	Dementia other than Alzheimer's disease	0.79	0.668		0.77

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
I1v, I1x, I1z	Hemiplegia/hemiparesis and Paraplegia and Quadraplegia	I1v = .79 I1x = .57 I1z = .65	I1v = .804 I1x = .798 I1z = .748	(paraplegia = .39)	(hemiplegia/hemiparesis = .84 quadriplegia = 1.00)
I1w	Multiple sclerosis	1	0.947		-
I1y	Parkinson's Disease	0.85	0.886		0.49
I2a	Antibiotic resistant infection (e.g., methicillin resistant staph)	0.66	0.779		1
I2b	Clostridium difficile (c. diff.)	-	0.597		1
I2c	Conjunctivitis	1	0.747		
I2d	HIV infection	1	-		-
I2e	Pneumonia	0.65	0.583	0.85	0.97
I2f	Respiratory infection	-	0.432	0.89	(recurrent respiratory infection = .88)
I2g	Septicemia	0.57	0.248	1	0.79
I2h	Sexually transmitted diseases	-	-		
I2i	Tuberculosis	-	-0.002		-
I2j	Urinary tract infection in last 30 days	0.69	0.655	0.88	0.97
I2k	Viral Hepatitis	-	0		0.8
I2l	Wound Infection	0.87	0.618	0.8	1
I2m	NONE OF ABOVE	0.65		0.85	0.9
I3	Other current or more detailed diagnoses				

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
<b>J Health Conditions</b>					
J1a	Weight gain or loss of 3 or more pounds within a 7 day period	0.65	0.297		
J1b	Inability to lie flat due to shortness of breath	0.59	0.513	(unable to lie flat = .59 shortness of breath = .71)	0.55 (shortness of breath with exertion = .68) (difficulty coughing and clearing airways = .89)
J1c	Dehydrated; output exceeds input	-	0.327		0.52
J1d	Insufficient fluid: did not consume all/almost all liquids provided in last 3 days	0.76	0.306		
J1e	Delusions - last 7 days	0.52	0.381		-
J1f	Dizziness/Vertigo	0.74	0.336		0.52
J1g	Edema	0.65	0.515		(generalized = .75 localized = .73 pitting = .76)
J1h	Fever	0.54	0.385	0.88	0.74
J1i	Hallucinations - last 7 days	0.49	0.639	1	-
J1j	Internal bleeding	0.57	0.393		0.72
J1k	Recurrent lung aspirations in last 90 days	0.8	0.495		0.8
J1m	Syncope (fainting)	-	0		0.8
J1n	Unsteady gait				
J1o	Vomiting	0.55	0.36		0.6
J1p	NONE OF ABOVE	0.6		0.78	0.63
J2a	Pain frequency - 7 days	0.79	0.465	0.78	0.81
J2b	Pain intensity - mild, moderate, horrible	0.73	0.462	0.82	0.85
J3a	Back pain	0.78	0.578		
J3b	Bone pain	0.63	0.303		
J3c	Chest pain while doing usual activities	0.8	0.3		(chest pain/pressure on exertion = 1.00)
J3d	Headache	0.52	0.261		
J3e	Hip pain	0.65	0.591		
J3f	Incisional pain	0.65	0.432		
J3g	Joint pain other than hip	0.72	0.398		
J3h	Soft tissue pain	0.56	0.416		
J3i	Stomach pain	-	0.267		
J3j	Other	0.51	0.34		
J4a	Fell in past 30 days	0.66	0.638	0	(fell in past 7 days = .67)



## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
J4b	Fell in 41-180 days	0.69	0.703		(fell in past 8-180 days = .82)
J4c, J4d	Hip fracture in last 180 days and Other fracture in last 180 days	J4c = .70 J4d = .78	J4c = .803 J4d = .71		
J4e	NONE OF ABOVE	0.75			
J5a	Conditions/diseases make resident's cognitive/ADL, mood, or behavior patterns unstable (fluctuating, precarious, or deteriorating)	0.44	0.474		
J5b	Resident experiencing an acute episode or flare up of a recurrent or chronic condition	0.38	0.453		
J5c	End-stage disease (6 months or fewer to live)	0.58	0.417		-
J5d	NONE OF ABOVE	0.75			

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol <small>Abt Report to CMS Feb 27, 2001</small>	3. QI Validation Project <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	4. Rehab Study <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### K Oral/Nutritional Status

K1a	Chewing problem	0.61	0.485		0.64
K1b	Swallowing problem	0.87	0.677		
K1c	Mouth pain	0.8	0.202		
K1d	NONE OF ABOVE	0.75			(swallowing/diet needs item = .86)
K2a	Height	0.92	0.95		
K2b	Weight	0.96	0.955		
K3a	Weight loss of 5% or more in last 30 days or 10% or more in last 180 days	0.85	0.468		0.81
K3b	Weight gain or loss of 3 or more pounds within a 7 day period	0.85	0.543		(weight gain = .56)
K4a	Complains about the taste of many foods	0.42	0.379		
K4b	Regular or repetitive complaints of hunger	-	0.663		
K4c	Leaves 25% or more food uneaten most meals	0.74	0.659		
K4d	NONE OF ABOVE	0.72			
K5a	Parenteral/IV last 7 days	-	0.213	0.83	
K5b	Feeding tube - last 7 days	0.98	0.98		
K5c	Mechanically altered diet	0.86	0.884	0.82	
K5d	Syringe (oral feeding)	-	1		
K5e	Therapeutic diet	0.88	0.797		
K5f	Dietary supplement between meals	0.62	0.641		
K5g	Plate guard, stabilized built-up utensil, etc	0.65	0.513		
K5h	On a planned weight change program	0.67	0.339		
K5i	NONE OF ABOVE	0.81		0.84	
K6a	Proportion of total calories by parenteral or tube feeding	0.81	0.945		0.75
K6b	Average fluid intake per day by IV or tube	0.65	0.843	0.92	0.94

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol <small>Abt Report to CMS Feb 27, 2001</small>	3. QI Validation Project <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	4. Rehab Study <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### L Oral/Dental Status

L1a	Debris in Mouth Before Bed	0.72	-0.002		
L1b	Has dentures or removable bridge	0.85	0.795		(dental problems = .62)
L1c	Some/all natural teeth lost	0.79	0.599		
L1d	Broken. Loose, or carious teeth	0.82	0.586		
L1e	Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes	0.74	0.463		
L1e	Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes	0.74	0.463		
L1g	Daily cleaning teeth/Dentures or Mouth Care				
L1g	NONE OF ABOVE	-			

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol <small>Abt Report to CMS Feb 27, 2001</small>	3. QI Validation Project <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	4. Rehab Study <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### M Skin Condition

M1a	Number of stage 1 pressure ulcers	0.39	0.339		(highest current PU stage = .78)
M1b	Number of stage 2 pressure ulcers	0.71	0.547		
M1c	Number of stage 3 pressure ulcers	0.85	0.513		
M1d	Number of stage 4 pressure ulcers	1	0.427		
M2a	Highest stage of any pressure ulcer in last 7 days	0.92	0.61	0.83	
M2a	Highest stage of any pressure ulcer in last 7 days				
M2a	Highest stage of any pressure ulcer in last 7 days				
M2b	Highest stage of any stasis ulcer in last 7 days	1	0.632		
M3	Resident has had an ulcer that was resolved or cured in last 90 days	0.56	0.567		
M3	Resident has had an ulcer that was resolved or cured in last 90 days				
M3	Resident has had an ulcer that was resolved or cured in last 90 days				(ulcer resolved or healed in last 90 days = .66)
M4a	Abrasions, bruises	0.57	0.381		0.68
M4b	Burns (second or third degree)	-	0.665		
M4c	Open lesions other than ulcers, rashes, cuts (e.g. cancer lesions)	0.49	0.307		
M4d	Rashes--e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster	0.6	0.546		0.72
M4e	Skin desensitized to pain or pressure	0.54	0.361		
M4f	Skin tears or cuts (other than surgery)	0.55	0.403	0.76	0.72
M4g	surgical wounds	0.84	0.591		0.79
M4h	NONE OF ABOVE	0.63		0.72	
M5a	Pressure reducing device for chair	0.56	0.332		(pressure relieving device for bed/chair = .61)
M5b	Pressure reducing device for bed	0.54	0.193		0.77
M5c	Turning/repositioning program	0.83	0.264		
M5d	Nutrition or hydration intervention to manage skin problems	0.34	0.54		0.71
M5e	Ulcer care	0.76	0.763		0.7
M5f	Surgical wound care	0.65	0.502		0.68
M5g	Applications of dressings	0.72	0.607		0.75
M5h	Applications of ointments/medications	0.62	0.558		-
M5i	Other preventive skin care	0.5	0.352		
M5j	None of the above	0.85			

**MDS 2.0 Item Reliabilities  
(prior evaluations)**

<b>MDS 2.0</b>		<b>Sources</b>			
<b>Item #</b>	<b>Item Description</b>	<b>1. Morris 2.0 Validation Project</b> HRCA/John Morris, from the testing of the MDS 2.0	<b>2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol</b> Abt Report to CMS Feb 27, 2001	<b>3. QI Validation Project</b> Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	<b>4. Rehab Study</b> Reliability from PAC/Rehab study--courtesy of Joan Buchanan
M6a	Resident has one or more foot problems	0.52	0.442		
M6b	Infection of the foot--e.g., cellulitis, purulent drainage	0.49	0.569		
M6c	Open lesions of the foot	0.8	0.552		
M6d	Nails/calluses trimmed during 90 days	0.44	0.508		
M6e	Received preventive foot cae	0.67	0.541		
M6f	Applications of dressings to feet	0.62	0.669		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
<b>N Activity Pursuit Patterns</b>					
N1a	Resident awake all or most of morning	0.34	0.303		
N1b	Resident awake all or most of afternoon	0.61	0.36		
N1c	Resident awake all or most of evening	0.59	0.353		
N1d	None of the above	0.52			
N2	Average time involved in activities	0.78	0.437	0.65	
N3a	Prefers activity in own room	0.42	0.413		
N3b	Prefers activity in Day/Activity room	0.74	0.556		
N3c	Prefers activity inside NH/off unit	0.78	0.51		
N3d	Prefers activity outside facility	0.71	0.538		
N3e	None of the above	0.44			
N4a	Cards/Other games	0.7	0.534		
N4b	Crafts/arts	0.77	0.581		
N4c	Exercise/sports	0.75	0.553		
N4d	Prefers music	0.67	0.49		
N4d	Prefers music				
N4e	Prefers reading/writing	0.78	0.568		
N4e	Prefers reading/writing				
N4f	Spiritual/religious activities	0.77	0.542		
N4f	Spiritual/religious activities				
N4g	Prefers trips/shopping	0.78	0.582		
N4g	Prefers trips/shopping				
N4h	Walking/wheeling outdoors	0.82	0.515		
N4h	Walking/wheeling outdoors				
N4i	Watching TV	0.7	0.634		
N4j	Gardening or plants	0.71	0.405		
N4k	Talking or conversing				
N4k	Talking or conversing (also CR topic)	0.67	0.585		
N4l	Helping others	0.71	0.442		
N4m	NONE OF ABOVE	0.71			
N5a	Prefers change in type of activities currently involved in	-	0.189		
N5b	Prefers change in extent of involvement	-	0.181		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan

### O Medications

O1	Number of medications in last 7 days	0.79	0.731		
O2	Resident currently receiving medications initiated during last 90 days	0.68	0.582		
O3	Number of days injections of any type received during last 7 days	0.72	0.783		0.91
O4a	Antipsychotic	0.96	0.879	0.92	
O4b	Antianxiety	0.91	0.826		
O4c	Antidepressant	0.92	0.859		
O4d	Hypnotic	0.62	0.633		
O4e	Diuretic	0.82			

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
<b>P Special Treatments and Procedures</b>					
P1aa	Chemotherapy last 14 days	0.8	0.695		
P1ab	Dialysis in last 14 days	0.92	0.965		
P1ac	IV medications past 14 days	0.92	0.564		(IV line - peripheral = .69)
P1ad	Intake/output in last 14 days	0.79	0.536		
P1ae	Monitoring acute medical condition in last 14 days	0.46	0.505		
P1af	Ostomy care	0.75	0.673		
P1ag	Oxygen therapy last 14 days	0.87	0.821		0.81
P1ah	Radiation last 14 days	0.66	1		(radiologic services = .68)
P1ai	Suctioning last 14 days	0.89	0.775		(oral/nasopharyngeal = .86 tracheal = .97)
P1aj	Tracheostomy care past 14 days	1	1		0.96
P1ak	Transfusions in past 14 days	0.57	0.304		
P1al	Ventilator or respirator last 14 days		0.498		0.95
P1am	Alcohol /drug treatment program in last 14 days	-	-		
P1an	Alzheimer's/dementia special care unit in last 14 days	0.66	0.865		
P1ao	Hospice care in last 14 days	1	0.569	0.66	
P1ap	Pediatric unit in last 14 days	-	-		
P1aq	Respite care in last 14 days	-	-		
P1ar	Training in skills required to return to community	-	0.741		
P1as	None of the above in last 14 days	0.67		0.66	
P1ba(A)	Days of speech therapy	0.61			0.92
P1ba(B)	Minutes of speech therapy	0.6	0.738		
P1bb(A)	Days: Occupational therapy	0.92	0.733		0.91
P1bb(B)	Minutes: Occupational therapy	0.92	0.714		
P1bc(A)	Days: Physical therapy	0.89	0.738		0.87
P1bc(B)	Minutes: Physical Therapy	0.89	0.702		
P1bd(A)	Days: Respiratory therapy	0.9	0.516		0.93
P1bd(B)	Minutes of respiratory therapy	-	0.484		
p1be(A)	Days: Psychological therapy (by any licensed mental health professional)	0.43	0.195		0.75



## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
P1be(B)	Minutes of psychological therapy	0.57	0.282		
P2a	Special behavior symptom evaluation program	0.8	0.119		
P2b	Evaluation by a licensed mental health specialist in last 90 days	0.65	0.69		
P2c	Group therapy	0.8	1		
P2d	Resident specific deliberate changes in the environment to address mood/behavior patterns	0.61	0.283		
P2e	Reorientation	0.57	0.387		
P2f	None of the above	0.44			
P3a	Days of passive range of motion in last 14 days	0.73	0.409		0.69
P3b	Days of active range of motion in last 7 days	0.64	0.242		0.74
P3c	Days of splint or brace assistance in last 7 days	0.6	0.333		0.8
P3d	Days of training and skill practice in bed mobility in last 7 days	0.64	0		0.75
P3e	Days of training and skill practice in transfer in last 7 days	0.53	0.165		0.83
P3f	Days of training and skill practice in walking in last 7 days	0.73	0.259		0.85
P3g	Days of training and skill practice in dressing or grooming in last 7 days	0.59	0.181		0.8
P3h	Days of training or skill practice in eating or swallowing in last 7 days	0.65	0.521		0.77
P3i	Days of training and skill practice in amputation/prosthesis care in last 7 days	-	-		0.84
P3j	Days of training or skill practice in communication in last 7 days	-	0		0.59
P3k	Other	-			
P4a	Full bed rails on all open sides of the bed	0.8	0.743		0.84
P4b	Other types of side rails used (e.g. half rail, one side)	0.69	0.717		0.65
P4c	Trunk restraint	0.75	0.553	0.72	0.7
P4c	Trunk restraint		0.553		
P4d	Limb restraint	0.95	0.244		0.81
P4d	Limb restraint		0.242		
P4e	Chair prevents rising	0.61	0.559	0.8	0.34
P5	Hospital stays in last 90 days	0.6	0.163		
P6	ER visits in last 90 days	0.71	0.157		
P7	Days physician examined resident over last 14 days	0.53	0.323		0.2

**MDS 2.0 Item Reliabilities  
(prior evaluations)**

<b>MDS 2.0</b>		<b>Sources</b>			
<b>Item #</b>	<b>Item Description</b>	<b>1. Morris 2.0 Validation Project</b> HRCA/John Morris, from the testing of the MDS 2.0	<b>2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol</b> Abt Report to CMS Feb 27, 2001	<b>3. QI Validation Project</b> Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	<b>4. Rehab Study</b> Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
P8	Days physician changed resident's orders over last 14 days	0.66	0.393		0.82
P9	Abnormal lab values in last 90 days	0.8	0.56		

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study-- courtesy of Joan Buchanan
<b>Q Discharge Potential and Overall Status</b>					
Q1a	Resident expresses /indicates preference to return to community	0.73			
Q1b	Resident has a support person who is positive towards discharge	0.87			
Q1c	Stay projected to be of a short duration-- discharge projected within 90 days (do not include expected discharge due to death)	0.7		0.66	
Q2	Overall change in cae needs	0.69			
R1a	Resident participated in assessment	0.66			
R1b	Family participated in assessment	0.63			
R1c	Significant other participated in assessment	0.54			
R3	Discharge Status				
R4	Discharge date				

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
Item #	Item Description	1. Morris 2.0 Validation Project HRCA/John Morris, from the testing of the MDS 2.0	2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol Abt Report to CMS Feb 27, 2001	3. QI Validation Project Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003	4. Rehab Study Reliability from PAC/Rehab study--courtesy of Joan Buchanan
<b>T Therapy Supplement for PPS</b>					
T1a(A)	Days of recreational therapy in last 7 days		-		(therapeutic recreation = .83)
T1a(B)	Recreation Therapy minutes		-		
T1b	Ordered therapies				
T1c	Estimated days for ordered therapies				
T1d	Estimated minutes for ordered therapies				
T2a	Furthest distance walked		0.6		
T2b	Time walked		0.437		
T2c	Self performance in walking		0.498		
T2d	Walking support provided associated with this episode (code regardless of resident's self-performance classification)		0.47		
T2e	Parallel bars used by resident in association with this episode		0.695		
T3a	Medicare Case Mix Group				
T3b	State Case Mix Group				
X1	Influenza Vaccine (To be asked only during January through March and October through December of each calendar year) If eligible, has the resident received a dose of influenza vaccine since October 1 of the current influenza season? (if no or unknown, go to infection control RAP)				
X2	Pneumococcal Vaccine: If eligible, has the resident received a dose of pneumococcal polysaccharide vaccine (PPV) in less than or equal to 5 years? (if no or unknown, go to infection control RAP)				
X3	Tetanus Vaccine: If eligible, has the resident received a tetanus-containing vaccine in less than or equal to 10 years? (if no or unknown, go to infection control RAP)				

## MDS 2.0 Item Reliabilities (prior evaluations)

MDS 2.0		Sources			
<b>Item #</b>	<b>Item Description</b>	<b>1. Morris 2.0 Validation Project</b> <small>HRCA/John Morris, from the testing of the MDS 2.0</small>	<b>2. Development and Testing of a Minimum Data Set Accuracy Verification Protocol</b> <small>Abt Report to CMS Feb 27, 2001</small>	<b>3. QI Validation Project</b> <small>Validation of Long-term and Post-Acute Care Quality Indicators, ABT Report, June 10, 2003</small>	<b>4. Rehab Study</b> <small>Reliability from PAC/Rehab study-- courtesy of Joan Buchanan</small>

### Data Sources

1. Reliability estimates from Morris et al validation work on MDS 2.0 for HCFA. Partially reported in: Morris JN et al. *A Commitment to Change: Revision of HCFA's RAI*. JAGS 45: 1997. Complete set of reliability estimates provided by Terry Moore on 6/6/07 as a PDF scanned from original hard copy. Available in "reliabilities" notebook, marked Morris et al. HCFA reliability estimates from MDS 2.0 Validation Project. Full project report not available. Also referenced as Appendix 1 in the Pilot QI Project Final Report, *Identification and Evaluation of Existing Quality Indicators that are Appropriate for Use in Long-Term Care Settings*.

---

2. *Development and Testing of a Minimum Data Set Accuracy Verification Protocol*, Abt Final Report to CMS 2/27/2001. Estimates contained in Appendix E, available in "reliabilities" notebook.

---

3. *Validation of Long-term and Post-Acute Care Quality Indicators*, ABT Final Report to CMS, June 10, 2003. Estimates on page 27 of main report

---

4. PAC/Rehab study, reliability estimates courtesy Joan Buchanan.



## **Appendix G**

### **Reference Materials:**

#### **MDS 2.0**

- **Basic Assessment and Tracking Form**
- **Background (Face Sheet) Information at Admission**
- **Full Assessment Form**





## MINIMUM DATA SET (MDS) — VERSION 2.0 FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

### BASIC ASSESSMENT TRACKING FORM

#### SECTION AA. IDENTIFICATION INFORMATION

<b>1.</b>	<b>RESIDENT NAME<sup>Ⓞ</sup></b>																																												
		<b>a. (First)</b>	<b>b. (Middle Initial)</b>	<b>c. (Last)</b>	<b>d. (Jr/Sr)</b>																																								
<b>2.</b>	<b>GENDER<sup>Ⓞ</sup></b>	1. Male                      2. Female																																											
<b>3.</b>	<b>BIRTHDATE<sup>Ⓞ</sup></b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td colspan="8" style="text-align: center;">Year</td> </tr> </table>														Month	Day	Year																											
Month	Day	Year																																											
<b>4.</b>	<b>RACE/<sup>Ⓞ</sup> ETHNICITY</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1. American Indian/Alaskan Native</td> <td style="width: 50%;">4. Hispanic</td> </tr> <tr> <td>2. Asian/Pacific Islander</td> <td>5. White, not of Hispanic origin</td> </tr> <tr> <td>3. Black, not of Hispanic origin</td> <td></td> </tr> </table>				1. American Indian/Alaskan Native	4. Hispanic	2. Asian/Pacific Islander	5. White, not of Hispanic origin	3. Black, not of Hispanic origin																																			
1. American Indian/Alaskan Native	4. Hispanic																																												
2. Asian/Pacific Islander	5. White, not of Hispanic origin																																												
3. Black, not of Hispanic origin																																													
<b>5.</b>	<b>SOCIAL SECURITY<sup>Ⓞ</sup> AND MEDICARE NUMBERS<sup>Ⓞ</sup></b> [C in 1 <sup>st</sup> box if non med. no.]	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10"><b>a. Social Security Number</b></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10"><b>b. Medicare number (or comparable railroad insurance number)</b></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				<b>a. Social Security Number</b>																				<b>b. Medicare number (or comparable railroad insurance number)</b>																			
<b>a. Social Security Number</b>																																													
<b>b. Medicare number (or comparable railroad insurance number)</b>																																													
<b>6.</b>	<b>FACILITY PROVIDER NO.<sup>Ⓞ</sup></b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10"><b>a. State No.</b></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10"><b>b. Federal No.</b></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				<b>a. State No.</b>																				<b>b. Federal No.</b>																			
<b>a. State No.</b>																																													
<b>b. Federal No.</b>																																													
<b>7.</b>	<b>MEDICAID NO. ["+" if pending, "N" if not a Medicaid recipient]<sup>Ⓞ</sup></b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																																											
<b>8.</b>	<b>REASONS FOR ASSESSMENT</b>	<p>[Note—Other codes do not apply to this form]</p> <p><b>a. Primary reason for assessment</b></p> <ol style="list-style-type: none"> <li>1. Admission assessment (required by day 14)</li> <li>2. Annual assessment</li> <li>3. Significant change in status assessment</li> <li>4. Significant correction of prior full assessment</li> <li>5. Quarterly review assessment</li> <li>10. Significant correction of prior quarterly assessment</li> <li>0. NONE OF ABOVE</li> </ol> <p><b>b. Codes for assessments required for Medicare PPS or the State</b></p> <ol style="list-style-type: none"> <li>1. Medicare 5 day assessment</li> <li>2. Medicare 30 day assessment</li> <li>3. Medicare 60 day assessment</li> <li>4. Medicare 90 day assessment</li> <li>5. Medicare readmission/return assessment</li> <li>6. Other state required assessment</li> <li>7. Medicare 14 day assessment</li> <li>8. Other Medicare required assessment</li> </ol>																																											

<b>9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form</b>		
I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.		
Signature and Title	Sections	Date
<b>a.</b>		
<b>b.</b>		
<b>c.</b>		
<b>d.</b>		
<b>e.</b>		
<b>f.</b>		
<b>g.</b>		
<b>h.</b>		
<b>i.</b>		
<b>j.</b>		
<b>k.</b>		
<b>l.</b>		

**GENERAL INSTRUCTIONS**

*Complete this information for submission with all full and quarterly assessments (Admission, Annual, Significant Change, State or Medicare required assessments, or Quarterly Reviews, etc.)*

Ⓞ = Key items for computerized resident tracking  
 = When box blank, must enter number or letter    **a.**  = When letter in box, check if condition applies

## MINIMUM DATA SET (MDS) — VERSION 2.0 FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

### BACKGROUND (FACE SHEET) INFORMATION AT ADMISSION

#### SECTION AB. DEMOGRAPHIC INFORMATION

1.	<b>DATE OF ENTRY</b>	Date the stay began. Note — Does not include readmission if record was closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date <div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> — <input style="width: 20px; height: 20px;" type="text"/> — <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="text-align: center; font-size: small;">                     Month                  Day                  Year                 </div>
2.	<b>ADMITTED FROM (AT ENTRY)</b>	1. Private home/apt. with no home health services 2. Private home/apt. with home health services 3. Board and care/assisted living/group home 4. Nursing home 5. Acute care hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation hospital 8. Other
3.	<b>LIVED ALONE (PRIOR TO ENTRY)</b>	0. No 1. Yes 2. In other facility
4.	<b>ZIP CODE OF PRIOR PRIMARY RESIDENCE</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5.	<b>RESIDENTIAL HISTORY 5 YEARS PRIOR TO ENTRY</b>	(Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) Prior stay at this nursing home <span style="float: right;">a.</span> Stay in other nursing home <span style="float: right;">b.</span> Other residential facility—board and care home, assisted living, group home <span style="float: right;">c.</span> MH/psychiatric setting <span style="float: right;">d.</span> MR/DD setting <span style="float: right;">e.</span> NONE OF ABOVE <span style="float: right;">f.</span>
6.	<b>LIFETIME OCCUPATION(S) [Put "/" between two occupations]</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
7.	<b>EDUCATION (Highest Level Completed)</b>	1. No schooling 2. 8th grade/less 3. 9-11 grades 4. High school 5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree
8.	<b>LANGUAGE</b>	(Code for correct response) a. Primary Language 0. English    1. Spanish    2. French    3. Other b. If other, specify <input style="width: 20px; height: 20px;" type="text"/>
9.	<b>MENTAL HEALTH HISTORY</b>	Does resident's RECORD indicate any history of mental retardation, mental illness, or developmental disability problem? 0. No                  1. Yes
10.	<b>CONDITIONS RELATED TO MR/DD STATUS</b>	(Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) Not applicable—no MR/DD (Skip to AB11) <span style="float: right;">a.</span> MR/DD with organic condition <span style="float: right;">b.</span> Down's syndrome <span style="float: right;">c.</span> Autism <span style="float: right;">d.</span> Epilepsy <span style="float: right;">e.</span> Other organic condition related to MR/DD <span style="float: right;">f.</span> MR/DD with no organic condition
11.	<b>DATE BACKGROUND INFORMATION COMPLETED</b>	<div style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> — <input style="width: 20px; height: 20px;" type="text"/> — <input style="width: 20px; height: 20px;" type="text"/> </div> <div style="text-align: center; font-size: small;">                     Month                  Day                  Year                 </div>

#### SECTION AC. CUSTOMARY ROUTINE

1.	<b>CUSTOMARY ROUTINE</b>	(Check all that apply. If all information UNKNOWN, check last box only)
(In year prior to DATE OF ENTRY to this nursing home, or year last in community if now being admitted from another nursing home)		<b>CYCLE OF DAILY EVENTS</b> Stays up late at night (e.g., after 9 pm) <span style="float: right;">a.</span> Naps regularly during day (at least 1 hour) <span style="float: right;">b.</span> Goes out 1+ days a week <span style="float: right;">c.</span> Stays busy with hobbies, reading, or fixed daily routine <span style="float: right;">d.</span> Spends most of time alone or watching TV <span style="float: right;">e.</span> Moves independently indoors (with appliances, if used) <span style="float: right;">f.</span> Use of tobacco products at least daily <span style="float: right;">g.</span> NONE OF ABOVE <span style="float: right;">h.</span>
		<b>EATING PATTERNS</b> Distinct food preferences <span style="float: right;">i.</span> Eats between meals all or most days <span style="float: right;">j.</span> Use of alcoholic beverage(s) at least weekly <span style="float: right;">k.</span> NONE OF ABOVE <span style="float: right;">l.</span>
		<b>ADL PATTERNS</b> In bedclothes much of day <span style="float: right;">m.</span> Wakens to toilet all or most nights <span style="float: right;">n.</span> Has irregular bowel movement pattern <span style="float: right;">o.</span> Showers for bathing <span style="float: right;">p.</span> Bathing in PM <span style="float: right;">q.</span> NONE OF ABOVE <span style="float: right;">r.</span>
		<b>INVOLVEMENT PATTERNS</b> Daily contact with relatives/close friends <span style="float: right;">s.</span> Usually attends church, temple, synagogue (etc.) <span style="float: right;">t.</span> Finds strength in faith <span style="float: right;">u.</span> Daily animal companion/presence <span style="float: right;">v.</span> Involved in group activities <span style="float: right;">w.</span> NONE OF ABOVE <span style="float: right;">x.</span> UNKNOWN—Resident/family unable to provide information <span style="float: right;">y.</span>

#### SECTION AD. FACE SHEET SIGNATURES

<b>SIGNATURES OF PERSONS COMPLETING FACE SHEET:</b>		
a. Signature of RN Assessment Coordinator		Date
I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.		
Signature and Title	Sections	Date
b.		
c.		
d.		
e.		
f.		
g.		

**MINIMUM DATA SET (MDS) — VERSION 2.0**  
**FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING**  
**FULL ASSESSMENT FORM**

(Status in last 7 days, unless other time frame indicated)

**SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION**

<b>1.</b>	<b>RESIDENT NAME</b>				
	a. (First)	b. (Middle Initial)	c. (Last)	d. (Jr/Sr)	
<b>2.</b>	<b>ROOM NUMBER</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>3.</b>	<b>ASSESSMENT REFERENCE DATE</b>	a. Last day of MDS observation period <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="text"/> <input type="text"/></span> <span>—</span> <span><input type="text"/> <input type="text"/></span> <span>—</span> <span><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></span> </div> <p style="font-size: small; margin: 0;">Month                  Day                  Year</p> b. Original (0) or corrected copy of form (enter number of correction)			
<b>4a.</b>	<b>DATE OF REENTRY</b>	Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days)  <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="text"/> <input type="text"/></span> <span>—</span> <span><input type="text"/> <input type="text"/></span> <span>—</span> <span><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></span> </div> <p style="font-size: small; margin: 0;">Month                  Day                  Year</p>			
<b>5.</b>	<b>MARITAL STATUS</b>	1. Never married	3. Widowed	5. Divorced	
		2. Married	4. Separated		
<b>6.</b>	<b>MEDICAL RECORD NO.</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>7.</b>	<b>CURRENT PAYMENT SOURCES FOR N.H. STAY</b>	(Billing Office to indicate; check all that apply in last 30 days) Medicaid per diem <span style="float:right">a.</span> VA per diem <span style="float:right">f.</span> Medicare per diem <span style="float:right">b.</span> Self or family pays for full per diem <span style="float:right">g.</span> Medicare ancillary part A <span style="float:right">c.</span> Medicaid resident liability or Medicare co-payment <span style="float:right">h.</span> Medicare ancillary part B <span style="float:right">d.</span> Private insurance per diem (including co-payment) <span style="float:right">i.</span> CHAMPUS per diem <span style="float:right">e.</span> Other per diem <span style="float:right">j.</span>			
<b>8.</b>	<b>REASONS FOR ASSESSMENT</b>	a. Primary reason for assessment 1. Admission assessment (required by day 14) 2. Annual assessment 3. Significant change in status assessment 4. Significant correction of prior full assessment 5. Quarterly review assessment 6. Discharged—return not anticipated 7. Discharged—return anticipated 8. Discharged prior to completing initial assessment 9. Reentry 10. Significant correction of prior quarterly assessment 0. NONE OF ABOVE  b. Codes for assessments required for Medicare PPS or the State 1. Medicare 5 day assessment 2. Medicare 30 day assessment 3. Medicare 60 day assessment 4. Medicare 90 day assessment 5. Medicare readmission/return assessment 6. Other state required assessment 7. Medicare 14 day assessment 8. Other Medicare required assessment			
	<i>[Note—If this is a discharge or reentry assessment, only a limited subset of MDS items need be completed]</i>				
<b>9.</b>	<b>RESPONSIBILITY/LEGAL GUARDIAN</b>	(Check all that apply)		Durable power attorney/financial	
	Legal guardian	a.	Family member responsible	d.	
	Other legal oversight	b.	Patient responsible for self	e.	
	Durable power of attorney/health care	c.	NONE OF ABOVE	f.	
<b>10.</b>	<b>ADVANCED DIRECTIVES</b>	(For those items with supporting documentation in the medical record, check all that apply)			
	Living will	a.	Feeding restrictions	f.	
	Do not resuscitate	b.	Medication restrictions	g.	
	Do not hospitalize	c.	Other treatment restrictions	h.	
	Organ donation	d.		i.	
	Autopsy request	e.	NONE OF ABOVE		

**SECTION B. COGNITIVE PATTERNS**

<b>1.</b>	<b>COMATOSE</b>	(Persistent vegetative state/no discernible consciousness) 0. No                          1. Yes (If yes, skip to Section G)			
<b>2.</b>	<b>MEMORY</b>	(Recall of what was learned or known) a. Short-term memory OK—seems/appears to recall after 5 minutes 0. Memory OK                  1. Memory problem  b. Long-term memory OK—seems/appears to recall long past 0. Memory OK                  1. Memory problem			

<b>3.</b>	<b>MEMORY/RECALL ABILITY</b>	(Check all that resident was normally able to recall during last 7 days) Current season <span style="float:right">a.</span> Location of own room <span style="float:right">b.</span> That he/she is in a nursing home Staff names/faces <span style="float:right">c.</span> NONE OF ABOVE are recalled <span style="float:right">e.</span>			
<b>4.</b>	<b>COGNITIVE SKILLS FOR DAILY DECISION-MAKING</b>	(Made decisions regarding tasks of daily life) 0. INDEPENDENT—decisions consistent/reasonable 1. MODIFIED INDEPENDENCE—some difficulty in new situations only 2. MODERATELY IMPAIRED—decisions poor; cues/supervision required 3. SEVERELY IMPAIRED—never/rarely made decisions			
<b>5.</b>	<b>INDICATORS OF DELIRIUM—PERIODIC DISORDERED THINKING/AWARENESS</b>	(Code for behavior in the last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time]. 0. Behavior not present 1. Behavior present, not of recent onset 2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)			
		a. EASILY DISTRACTED—(e.g., difficulty paying attention; gets sidetracked) b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS—(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day) c. EPISODES OF DISORGANIZED SPEECH—(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought) d. PERIODS OF RESTLESSNESS—(e.g., fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out) e. PERIODS OF LETHARGY—(e.g., sluggishness; staring into space; difficult to arouse; little body movement) f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY—(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)			
<b>6.</b>	<b>CHANGE IN COGNITIVE STATUS</b>	Resident's cognitive status, skills, or abilities have changed as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change                  1. Improved                  2. Deteriorated			

**SECTION C. COMMUNICATION/HEARING PATTERNS**

<b>1.</b>	<b>HEARING</b>	(With hearing appliance, if used) 0. HEARS ADEQUATELY—normal talk, TV, phone 1. MINIMAL DIFFICULTY when not in quiet setting 2. HEARS IN SPECIAL SITUATIONS ONLY—speaker has to adjust tonal quality and speak distinctly 3. HIGHLY IMPAIRED/absence of useful hearing			
<b>2.</b>	<b>COMMUNICATION DEVICES/TECHNIQUES</b>	(Check all that apply during last 7 days) Hearing aid, present and used Hearing aid, present and not used regularly Other receptive comm. techniques used (e.g., lip reading) NONE OF ABOVE			
		a.		d.	
		b.		e.	
		c.		f.	
				g.	
<b>3.</b>	<b>MODES OF EXPRESSION</b>	(Check all used by resident to make needs known) Speech <span style="float:right">a.</span> Signs/gestures/sounds <span style="float:right">d.</span> Writing messages to express or clarify needs <span style="float:right">b.</span> Communication board <span style="float:right">e.</span> American sign language or Braille <span style="float:right">c.</span> Other <span style="float:right">f.</span> NONE OF ABOVE <span style="float:right">g.</span>			
<b>4.</b>	<b>MAKING SELF UNDERSTOOD</b>	(Expressing information content—however able) 0. UNDERSTOOD 1. USUALLY UNDERSTOOD—difficulty finding words or finishing thoughts 2. SOMETIMES UNDERSTOOD—ability is limited to making concrete requests 3. RARELY/NEVER UNDERSTOOD			
<b>5.</b>	<b>SPEECH CLARITY</b>	(Code for speech in the last 7 days) 0. CLEAR SPEECH—distinct, intelligible words 1. UNCLEAR SPEECH—slurred, mumbled words 2. NO SPEECH—absence of spoken words			
<b>6.</b>	<b>ABILITY TO UNDERSTAND OTHERS</b>	(Understanding verbal information content—however able) 0. UNDERSTANDS 1. USUALLY UNDERSTANDS—may miss some part/intent of message 2. SOMETIMES UNDERSTANDS—responds adequately to simple, direct communication 3. RARELY/NEVER UNDERSTANDS			
<b>7.</b>	<b>CHANGE IN COMMUNICATION/HEARING</b>	Resident's ability to express, understand, or hear information has changed as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change                  1. Improved                  2. Deteriorated			

= When box blank, must enter number or letter    **a.**  = When letter in box, check if condition applies

**SECTION D. VISION PATTERNS**

1. <b>VISION</b>	(Ability to see in adequate light and with glasses if used) 0. <b>ADEQUATE</b> —sees fine detail, including regular print in newspapers/books 1. <b>IMPAIRED</b> —sees large print, but not regular print in newspapers/books 2. <b>MODERATELY IMPAIRED</b> —limited vision; not able to see newspaper headlines, but can identify objects 3. <b>HIGHLY IMPAIRED</b> —object identification in question, but eyes appear to follow objects 4. <b>SEVERELY IMPAIRED</b> —no vision or sees only light, colors, or shapes; eyes do not appear to follow objects	
2. <b>VISUAL LIMITATIONS/DIFFICULTIES</b>	Side vision problems—decreased peripheral vision (e.g., leaves food on one side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self)  Experiences any of following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes  <i>NONE OF ABOVE</i>	a. b. c.
3. <b>VISUAL APPLIANCES</b>	Glasses; contact lenses; magnifying glass 0. No 1. Yes	

**SECTION E. MOOD AND BEHAVIOR PATTERNS**

1. <b>INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD</b>	(Code for indicators observed in last 30 days, irrespective of the assumed cause) 0. Indicator not exhibited in last 30 days 1. Indicator of this type exhibited up to five days a week 2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)  <b>VERBAL EXPRESSIONS OF DISTRESS</b> <b>a.</b> Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die" <b>b.</b> Repetitive questions—e.g., "Where do I go; What do I do?" <b>c.</b> Repetitive verbalizations—e.g., calling out for help, ("God help me") <b>d.</b> Persistent anger with self or others—e.g., easily annoyed, anger at placement in nursing home; anger at care received <b>e.</b> Self deprecation—e.g., "I am nothing; I am of no use to anyone" <b>f.</b> Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others <b>g.</b> Recurrent statements that something terrible is about to happen—e.g., believes he or she is about to die, have a heart attack	<b>h.</b> Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions <b>i.</b> Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues  <b>SLEEP-CYCLE ISSUES</b> <b>j.</b> Unpleasant mood in morning <b>k.</b> Insomnia/change in usual sleep pattern  <b>SAD, APATHETIC, ANXIOUS APPEARANCE</b> <b>l.</b> Sad, pained, worried facial expressions—e.g., furrowed brows <b>m.</b> Crying, tearfulness <b>n.</b> Repetitive physical movements—e.g., pacing, hand wringing, restlessness, fidgeting, picking  <b>LOSS OF INTEREST</b> <b>o.</b> Withdrawal from activities of interest—e.g., no interest in long standing activities or being with family/friends <b>p.</b> Reduced social interaction	
2. <b>MOOD PERSISTENCE</b>	<b>One or more indicators</b> of depressed, sad or anxious mood <b>were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days</b> 0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered		
3. <b>CHANGE IN MOOD</b>	Resident's mood status has changed as compared to status of <b>90 days ago</b> (or since last assessment if less than 90 days) 0. No change 1. Improved 2. Deteriorated		
4. <b>BEHAVIORAL SYMPTOMS</b>	(A) <b>Behavioral symptom frequency in last 7 days</b> 0. Behavior not exhibited in last 7 days 1. Behavior of this type occurred 1 to 3 days in last 7 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily  (B) <b>Behavioral symptom alterability in last 7 days</b> 0. Behavior not present OR behavior was easily altered 1. Behavior was not easily altered  <b>a.</b> WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety) <b>b.</b> VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were threatened, screamed at, cursed at) <b>c.</b> PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused) <b>d.</b> SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings) <b>e.</b> RESISTS CARE (resisted taking medications/ injections, ADL assistance, or eating)	(A) (B)	

5. <b>CHANGE IN BEHAVIORAL SYMPTOMS</b>	Resident's behavior status has changed as compared to <b>status of 90 days ago</b> (or since last assessment if less than 90 days) 0. No change 1. Improved 2. Deteriorated	
---	--	--

**SECTION F. PSYCHOSOCIAL WELL-BEING**

1. <b>SENSE OF INITIATIVE/ INVOLVEMENT</b>	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 (e.g., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)  Accepts invitations into most group activities <i>NONE OF ABOVE</i>	a. b. c. d. e. f. g.
2. <b>UNSETTLED RELATIONSHIPS</b>	Covert/open conflict with or repeated criticism of staff Unhappy with roommate Unhappy with residents other than roommate Openly expresses conflict/anger with family/friends Absence of personal contact with family/friends Recent loss of close family member/friend Does not adjust easily to change in routines <i>NONE OF ABOVE</i>	a. b. c. d. e. f. g. h.
3. <b>PAST ROLES</b>	Strong identification with past roles and life status Expresses sadness/anger/empty feeling over lost roles/status Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community <i>NONE OF ABOVE</i>	a. b. c. d.

**SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS**

1. (A) <b>ADL SELF-PERFORMANCE—(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup)</b>	0. <b>INDEPENDENT</b> —No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days  1. <b>SUPERVISION</b> —Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days  2. <b>LIMITED ASSISTANCE</b> —Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times —OR—More help provided only 1 or 2 times during last 7 days  3. <b>EXTENSIVE ASSISTANCE</b> —While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: —Weight-bearing support — Full staff performance during part (but not all) of last 7 days  4. <b>TOTAL DEPENDENCE</b> —Full staff performance of activity during entire 7 days  8. <b>ACTIVITY DID NOT OCCUR</b> during entire 7 days		
(B) <b>ADL SUPPORT PROVIDED—(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)</b>	0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist	8. ADL activity itself did not occur during entire 7 days	(A) (B) SELF-PERF SUPPORT
a. <b>BED MOBILITY</b>	How resident moves to and from lying position, turns side to side, and positions body while in bed		
b. <b>TRANSFER</b>	How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		
c. <b>WALK IN ROOM</b>	How resident walks between locations in his/her room		
d. <b>WALK IN CORRIDOR</b>	How resident walks in corridor on unit		
e. <b>LOCOMOTION ON UNIT</b>	How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		
f. <b>LOCOMOTION OFF UNIT</b>	How resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
g. <b>DRESSING</b>	How resident puts on, fastens, and takes off all items of <b>street clothing</b> , including donning/removing prosthesis		
h. <b>EATING</b>	How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
i. <b>TOILET USE</b>	How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes		
j. <b>PERSONAL HYGIENE</b>	How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		

2.	<b>BATHING</b>	How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.) <b>Code for most dependent in self-performance and support.</b> <b>(A) BATHING SELF-PERFORMANCE</b> codes appear below 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 itself did not occur during entire 7 days <i>(Bathing support codes are as defined in Item 1, code B above)</i>	(A) (B)
3.	<b>TEST FOR BALANCE</b> <i>(see training manual)</i>	<i>(Code for ability during test in the last 7 days)</i> 0. Maintained position as required in test 1. Unsteady, but able to rebalance self without physical support 2. Partial physical support during test; or stands (sits) but does not follow directions for test 3. Not able to attempt test without physical help a. Balance while standing b. Balance while sitting—position, trunk control	
4.	<b>FUNCTIONAL LIMITATION IN RANGE OF MOTION</b> <i>(see training manual)</i>	<i>(Code for limitations during last 7 days that interfered with daily functions or placed resident at risk of injury)</i> <b>(A) RANGE OF MOTION</b> (B) <b>VOLUNTARY MOVEMENT</b> 0. No limitation 0. No loss 1. Limitation on one side 1. Partial loss 2. Limitation on both sides 2. Full loss a. Neck b. Arm—including shoulder or elbow c. Hand—including wrist or fingers d. Leg—including hip or knee e. Foot—including ankle or toes f. Other limitation or loss	(A) (B)
5.	<b>MODES OF LOCOMOTION</b>	<i>(Check all that apply during last 7 days)</i> Cane/walker/crutch Wheeled self Other person wheeled a. Wheelchair primary mode of locomotion b. NONE OF ABOVE	d. e.
6.	<b>MODES OF TRANSFER</b>	<i>(Check all that apply during last 7 days)</i> Bedfast all or most of time Bed rails used for bed mobility or transfer Lifted manually a. Lifted mechanically b. Transfer aid (e.g., slide board, trapeze, cane, walker, brace) c. NONE OF ABOVE	d. e. f.
7.	<b>TASK SEGMENTATION</b>	Some or all of ADL activities were broken into subtasks during last 7 days so that resident could perform them 0. No 1. Yes	
8.	<b>ADL FUNCTIONAL REHABILITATION POTENTIAL</b>	Resident believes he/she is capable of increased independence in at least some ADLs Direct care staff believe resident is capable of increased independence in at least some ADLs Resident able to perform tasks/activity but is very slow Difference in ADL Self-Performance or ADL Support, comparing mornings to evenings NONE OF ABOVE	a. b. c. d. e.
9.	<b>CHANGE IN ADL FUNCTION</b>	Resident's ADL self-performance status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change 1. Improved 2. Deteriorated	

**SECTION H. CONTINENCE IN LAST 14 DAYS**

1.	<b>CONTINENCE SELF-CONTROL CATEGORIES</b> <i>(Code for resident's PERFORMANCE OVER ALL SHIFTS)</i>	0. CONTINENT—Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool] 1. USUALLY CONTINENT—BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly 2. OCCASIONALLY INCONTINENT—BLADDER, 2 or more times a week but not daily; BOWEL, once a week 3. FREQUENTLY INCONTINENT—BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week 4. INCONTINENT—Had inadequate control BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time
a.	<b>BOWEL CONTINENCE</b>	Control of bowel movement, with appliance or bowel continence programs, if employed
b.	<b>BLADDER CONTINENCE</b>	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed
2.	<b>BOWEL ELIMINATION PATTERN</b>	Bowel elimination pattern regular—at least one movement every three days a. Diarrhea b. Fecal impaction c. Constipation d. NONE OF ABOVE

3.	<b>APPLIANCES AND PROGRAMS</b>	Any scheduled toileting plan Bladder retraining program External (condom) catheter Indwelling catheter Intermittent catheter	a. b. c. d. e.	Did not use toilet room/commode/urinal Pads/briefs used Enemas/irrigation Ostomy present NONE OF ABOVE	f. g. h. i. j.
4.	<b>CHANGE IN URINARY CONTINENCE</b>	Resident's urinary continence has changed as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change 1. Improved 2. Deteriorated			

**SECTION I. DISEASE DIAGNOSES**

**Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses)**

1.	<b>DISEASES</b> <i>(If none apply, CHECK the NONE OF ABOVE box)</i>	<b>ENDOCRINE/METABOLIC/NUTRITIONAL</b> Diabetes mellitus Hyperthyroidism Hypothyroidism <b>HEART/CIRCULATION</b> Arteriosclerotic heart disease (ASHD) Cardiac dysrhythmias Congestive heart failure Deep vein thrombosis Hypertension Hypotension Peripheral vascular disease Other cardiovascular disease <b>MUSCULOSKELETAL</b> Arthritis Hip fracture Missing limb (e.g., amputation) Osteoporosis Pathological bone fracture <b>NEUROLOGICAL</b> Alzheimer's disease Aphasia Cerebral palsy Cerebrovascular accident (stroke) Dementia other than Alzheimer's disease	a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u.	Hemiplegia/Hemiparesis Multiple sclerosis Paraplegia Parkinson's disease Quadriplegia Seizure disorder Transient ischemic attack (TIA) Traumatic brain injury <b>PSYCHIATRIC/MOOD</b> Anxiety disorder Depression Manic depression (bipolar disease) Schizophrenia <b>PULMONARY</b> Asthma Emphysema/COPD <b>SENSORY</b> Cataracts Diabetic retinopathy Glaucoma Macular degeneration <b>OTHER</b> Allergies Anemia Cancer Renal failure NONE OF ABOVE	v. w. x. y. z. aa. bb. cc. dd. ee. ff. gg. hh. ii. jj. kk. ll. mm. nn. oo. pp. qq. rr.
2.	<b>INFECTIONS</b> <i>(If none apply, CHECK the NONE OF ABOVE box)</i>	Antibiotic resistant infection (e.g., Methicillin resistant staph) Clostridium difficile (c. diff.) Conjunctivitis HIV infection Pneumonia Respiratory infection	a. b. c. d. e. f.	Septicemia Sexually transmitted diseases Tuberculosis Urinary tract infection in last 30 days Viral hepatitis Wound infection NONE OF ABOVE	g. h. i. j. k. l. m.
3.	<b>OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES</b>	a. _____ b. _____ c. _____ d. _____ e. _____			

**SECTION J. HEALTH CONDITIONS**

1.	<b>PROBLEM CONDITIONS</b> <i>(Check all problems present in last 7 days unless other time frame is indicated)</i>	<b>INDICATORS OF FLUID STATUS</b> Weight gain or loss of 3 or more pounds within a 7 day period Inability to lie flat due to shortness of breath Dehydrated; output exceeds input Insufficient fluid; did NOT consume all/almost all liquids provided during last 3 days <b>OTHER</b> Delusions	a. b. c. d. e.	Dizziness/Vertigo Edema Fever Hallucinations Internal bleeding Recurrent lung aspirations in last 90 days Shortness of breath Syncope (fainting) Unsteady gait Vomiting NONE OF ABOVE	f. g. h. i. j. k. l. m. n. o. p.
----	--	---	----------------	---	----------------------------------

**SECTION M. SKIN CONDITION**

<b>2. PAIN SYMPTOMS</b>	(Code the <b>highest level of pain</b> present in the <b>last 7 days</b> ) <b>a. FREQUENCY</b> with which resident complains or shows evidence of pain 0. No pain ( <i>skip to J4</i> ) 1. Pain less than daily 2. Pain daily <b>b. INTENSITY</b> of pain 1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating	
<b>3. PAIN SITE</b>	(If pain present, <b>check all sites</b> that apply in <b>last 7 days</b> ) Back pain Bone pain Chest pain while doing usual activities Headache Hip pain	a. Incisional pain b. Joint pain (other than hip) c. Soft tissue pain (e.g., lesion, muscle) d. Stomach pain e. Other f. g. h. i. j.
<b>4. ACCIDENTS</b>	( <b>Check all that apply</b> ) Fell in <b>past 30 days</b> Fell in <b>past 31-180 days</b>	a. Hip fracture in <b>last 180 days</b> b. Other fracture in <b>last 180 days</b> c. d. e. NONE OF ABOVE
<b>5. STABILITY OF CONDITIONS</b>	Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable—(fluctuating, precarious, or deteriorating) Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem End-stage disease, 6 or fewer months to live NONE OF ABOVE	a. b. c. d.

<b>1. ULCERS</b> (Due to any cause)	(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during <b>last 7 days</b> . Code 9 = 9 or more.) [Requires full body exam.] <b>a. Stage 1.</b> A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. <b>b. Stage 2.</b> A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. <b>c. Stage 3.</b> A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue. <b>d. Stage 4.</b> A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	Number at Stage
<b>2. TYPE OF ULCER</b>	(For each type of ulcer, <b>code for the highest stage in the last 7 days</b> using scale in item M1—i.e., 0=none; stages 1, 2, 3, 4) <b>a. Pressure ulcer</b> —any lesion caused by pressure resulting in damage of underlying tissue <b>b. Stasis ulcer</b> —open lesion caused by poor circulation in the lower extremities	
<b>3. HISTORY OF RESOLVED ULCERS</b>	Resident had an ulcer that was resolved or cured in <b>LAST 90 DAYS</b> 0. No 1. Yes	
<b>4. OTHER SKIN PROBLEMS OR LESIONS PRESENT</b>	( <b>Check all that apply during last 7 days</b> ) Abrasions, bruises Burns (second or third degree) Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions) Rashes—e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster Skin desensitized to pain or pressure Skin tears or cuts (other than surgery) Surgical wounds NONE OF ABOVE	a. b. c. d. e. f. g. h.
<b>5. SKIN TREATMENTS</b>	( <b>Check all that apply during last 7 days</b> ) Pressure relieving device(s) for chair Pressure relieving device(s) for bed Turning/repositioning program Nutrition or hydration intervention to manage skin problems Ulcer care Surgical wound care Application of dressings (with or without topical medications) other than to feet Application of ointments/medications (other than to feet) Other preventative or protective skin care (other than to feet) NONE OF ABOVE	a. b. c. d. e. f. g. h. i. j.
<b>6. FOOT PROBLEMS AND CARE</b>	( <b>Check all that apply during last 7 days</b> ) Resident has one or more foot problems—e.g., corns, callouses, bunions, hammer toes, overlapping toes, pain, structural problems Infection of the foot—e.g., cellulitis, purulent drainage Open lesions on the foot Nails/calluses trimmed during <b>last 90 days</b> Received preventative or protective foot care (e.g., used special shoes, inserts, pads, toe separators) Application of dressings (with or without topical medications) NONE OF ABOVE	a. b. c. d. e. f. g.

**SECTION K. ORAL/NUTRITIONAL STATUS**

<b>1. ORAL PROBLEMS</b>	Chewing problem Swallowing problem Mouth pain NONE OF ABOVE	a. b. c. d.
<b>2. HEIGHT AND WEIGHT</b>	Record (a.) <b>height in inches</b> and (b.) <b>weight in pounds</b> . Base weight on most recent measure in <b>last 30 days</b> ; measure weight consistently in accord with standard facility practice—e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes a. HT (in.) <input type="text"/> <input type="text"/> <input type="text"/> b. WT (lb.) <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3. WEIGHT CHANGE</b>	<b>a. Weight loss</b> —5 % or more in <b>last 30 days</b> ; or 10 % or more in <b>last 180 days</b> 0. No 1. Yes <b>b. Weight gain</b> —5 % or more in <b>last 30 days</b> ; or 10 % or more in <b>last 180 days</b> 0. No 1. Yes	
<b>4. NUTRITIONAL PROBLEMS</b>	Complains about the taste of many foods Regular or repetitive complaints of hunger	a. Leaves 25% or more of food uneaten at most meals b. NONE OF ABOVE c. d.
<b>5. NUTRITIONAL APPROACHES</b>	( <b>Check all that apply in last 7 days</b> ) Parenteral/IV Feeding tube Mechanically altered diet Syringe (oral feeding) Therapeutic diet	a. Dietary supplement between meals b. Plate guard, stabilized built-up utensil, etc. c. On a planned weight change program d. NONE OF ABOVE e. f. g. h. i.
<b>6. PARENTERAL OR ENTERAL INTAKE</b>	( <i>Skip to Section L if neither 5a nor 5b is checked</i> ) <b>a.</b> Code the proportion of <b>total calories</b> the resident received through parenteral or tube feedings in the <b>last 7 days</b> 0. None 1. 1% to 25% 2. 26% to 50% 3. 51% to 75% 4. 76% to 100% <b>b.</b> Code the average <b>fluid intake</b> per day by IV or tube in <b>last 7 days</b> 0. None 1. 1 to 500 cc/day 2. 501 to 1000 cc/day 3. 1001 to 1500 cc/day 4. 1501 to 2000 cc/day 5. 2001 or more cc/day	

**SECTION L. ORAL/DENTAL STATUS**

<b>1. ORAL STATUS AND DISEASE PREVENTION</b>	Debris (soft, easily movable substances) present in mouth prior to going to bed at night Has dentures or removable bridge Some/all natural teeth lost—does not have or does not use dentures (or partial plates) Broken, loose, or carious teeth Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes Daily cleaning of teeth/dentures or daily mouth care—by resident or staff NONE OF ABOVE	a. b. c. d. e. f. g.
--	--	--

**SECTION N. ACTIVITY PURSUIT PATTERNS**

<b>1. TIME AWAKE</b>	( <b>Check appropriate time periods over last 7 days</b> ) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: Morning <input type="text"/> Evening Afternoon <input type="text"/> NONE OF ABOVE	c. d.
<b>(If resident is comatose, skip to Section O)</b>		
<b>2. AVERAGE TIME INVOLVED IN ACTIVITIES</b>	(When awake and not receiving treatments or ADL care) 0. Most—more than 2/3 of time 1. Some—from 1/3 to 2/3 of time 2. Little—less than 1/3 of time 3. None	
<b>3. PREFERRED ACTIVITY SETTINGS</b>	( <b>Check all settings in which activities are preferred</b> ) Own room Day/activity room Inside NH/off unit	a. Outside facility b. NONE OF ABOVE c. d. e.
<b>4. GENERAL ACTIVITY PREFERENCES (adapted to resident's current abilities)</b>	( <b>Check all PREFERENCES</b> whether or not activity is currently available to resident) Cards/other games Crafts/arts Exercise/sports Music Reading/writing Spiritual/religious activities	a. Trips/shopping b. Walking/wheeling outdoors c. Watching TV d. Gardening or plants e. Talking or conversing f. Helping others g. h. i. j. k. l. m. NONE OF ABOVE

5. PREFERENCES CHANGE IN DAILY ROUTINE	Code for resident preferences in daily routines 0. No change      1. Slight change      2. Major change	
	a. Type of activities in which resident is currently involved	
	b. Extent of resident involvement in activities	

**SECTION O. MEDICATIONS**

1. NUMBER OF MEDICATIONS	(Record the number of different medications used in the last 7 days; enter "0" if none used)		
2. NEW MEDICATIONS	(Resident currently receiving medications that were initiated during the last 90 days) 0. No      1. Yes		
3. INJECTIONS	(Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used)		
4. DAYS RECEIVED THE FOLLOWING MEDICATION	a. Antipsychotic		d. Hypnotic
	b. Antianxiety		e. Diuretic
	c. Antidepressant		

**SECTION P. SPECIAL TREATMENTS AND PROCEDURES**

1. SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	a. SPECIAL CARE—Check treatments or programs received during the last 14 days			
	TREATMENTS	Ventilator or respirator	l.	
	Chemotherapy	a. PROGRAMS		
	Dialysis	b. Alcohol/drug treatment program	m.	
	IV medication	c. Alzheimer's/dementia special care unit	n.	
	Intake/output	d. Hospice care	o.	
	Monitoring acute medical condition	e. Pediatric unit	p.	
	Ostomy care	f. Respite care	q.	
	Oxygen therapy	g. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	r.	
	Radiation	h. NONE OF ABOVE	s.	
Suctioning				
Tracheostomy care				
Transfusions				
b. THERAPIES - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note—count only post admission therapies]				
(A) = # of days administered for 15 minutes or more (B) = total # of minutes provided in last 7 days				
			DAYS MIN (A) (B)	
a. Speech - language pathology and audiology services				
b. Occupational therapy				
c. Physical therapy				
d. Respiratory therapy				
e. Psychological therapy (by any licensed mental health professional)				
2. INTERVENTION PROGRAMS FOR MOOD, BEHAVIOR, COGNITIVE LOSS	(Check all interventions or strategies used in last 7 days—no matter where received)			
	Special behavior symptom evaluation program		a.	
	Evaluation by a licensed mental health specialist in last 90 days		b.	
	Group therapy		c.	
	Resident-specific deliberate changes in the environment to address mood/behavior patterns—e.g., providing bureau in which to rummage		d.	
	Reorientation—e.g., cueing		e.	
	NONE OF ABOVE		f.	
3. NURSING REHABILITATION/ RESTORATIVE CARE	Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days (Enter 0 if none or less than 15 min. daily.)			
	a. Range of motion (passive)		f. Walking	
	b. Range of motion (active)		g. Dressing or grooming	
	c. Splint or brace assistance		h. Eating or swallowing	
	TRAINING AND SKILL PRACTICE IN:			i. Amputation/prosthesis care
	d. Bed mobility		j. Communication	
	e. Transfer		k. Other	

4. DEVICES AND RESTRAINTS	(Use the following codes for last 7 days:) 0. Not used 1. Used less than daily 2. Used daily	
	Bed rails	
	a. — Full bed rails on all open sides of bed	
	b. — Other types of side rails used (e.g., half rail, one side)	
	c. Trunk restraint	
	d. Limb restraint	
	e. Chair prevents rising	
5. HOSPITAL STAY(S)	Record number of times resident was admitted to hospital with an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no hospital admissions)	
6. EMERGENCY ROOM (ER) VISIT(S)	Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no ER visits)	
7. PHYSICIAN VISITS	In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none)	
8. PHYSICIAN ORDERS	In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter 0 if none)	
9. ABNORMAL LAB VALUES	Has the resident had any abnormal lab values during the last 90 days (or since admission)? 0. No      1. Yes	

**SECTION Q. DISCHARGE POTENTIAL AND OVERALL STATUS**

1. DISCHARGE POTENTIAL	a. Resident expresses/indicates preference to return to the community 0. No      1. Yes	
	b. Resident has a support person who is positive towards discharge 0. No      1. Yes	
	c. Stay projected to be of a short duration— discharge projected within 90 days (do not include expected discharge due to death) 0. No      1. Within 30 days      2. Within 31-90 days      3. Discharge status uncertain	
2. OVERALL CHANGE IN CARE NEEDS	Resident's overall self sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change    1. Improved—receives fewer supports, needs less restrictive level of care    2. Deteriorated—receives more support	

**SECTION R. ASSESSMENT INFORMATION**

1. PARTICIPATION IN ASSESSMENT	a. Resident:	0. No	1. Yes
	b. Family:	0. No	1. Yes    2. No family
	c. Significant other:	0. No	1. Yes    2. None
2. SIGNATURE OF PERSON COORDINATING THE ASSESSMENT:			
a. Signature of RN Assessment Coordinator (sign on above line)			
b. Date RN Assessment Coordinator signed as complete			
		Month	Day      Year

**SECTION T.THERAPY SUPPLEMENT FOR MEDICARE PPS**

1.	SPECIAL TREATMENTS AND PROCEDURES	<p><b>a. RECREATION THERAPY</b>—Enter number of days and total minutes of recreation therapy administered (for at least 15 minutes a day) in the last 7 days (Enter 0 if none)</p> <table border="1"> <thead> <tr> <th colspan="2">DAYS</th> <th colspan="2">MIN</th> </tr> <tr> <th>(A)</th> <th>(B)</th> <th>(A)</th> <th>(B)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>(A) = # of days administered for 15 minutes or more (B) = total # of minutes provided in last 7 days</p> <p><i>Skip unless this is a Medicare 5 day or Medicare readmission/return assessment.</i></p> <p><b>b. ORDERED THERAPIES</b>—Has physician ordered any of following therapies to begin in FIRST 14 days of stay—physical therapy, occupational therapy, or speech pathology service? 0. No                      1. Yes</p> <p><i>If not ordered, skip to item 2</i></p> <p><b>c.</b> Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered.</p> <p><b>d.</b> Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered?</p>	DAYS		MIN		(A)	(B)	(A)	(B)				
		DAYS		MIN										
(A)	(B)	(A)	(B)											
2.	WALKING WHEN MOST SELF SUFFICIENT	<p><b>Complete item 2 if ADL self-performance score for TRANSFER (G.1.b.A) is 0,1,2, or 3 AND at least one of the following are present:</b></p> <ul style="list-style-type: none"> <li>Resident received physical therapy involving gait training (P.1.b.c)</li> <li>Physical therapy was ordered for the resident involving gait training (T.1.b)</li> <li>Resident received nursing rehabilitation for walking (P.3.f)</li> <li>Physical therapy involving walking has been discontinued within the past 180 days</li> </ul> <p><i>Skip to item 3 if resident did not walk in last 7 days</i></p> <p><b>(FOR FOLLOWING FIVE ITEMS, BASE CODING ON THE EPISODE WHEN THE RESIDENT WALKED THE FARTHEST WITHOUT SITTING DOWN. INCLUDE WALKING DURING REHABILITATION SESSIONS.)</b></p> <p><b>a. Furthest distance walked</b> without sitting down during this episode.</p> <table border="0"> <tr> <td>0. 150+ feet</td> <td>3. 10-25 feet</td> </tr> <tr> <td>1. 51-149 feet</td> <td>4. Less than 10 feet</td> </tr> <tr> <td>2. 26-50 feet</td> <td></td> </tr> </table> <p><b>b. Time walked</b> without sitting down during this episode.</p> <table border="0"> <tr> <td>0. 1-2 minutes</td> <td>3. 11-15 minutes</td> </tr> <tr> <td>1. 3-4 minutes</td> <td>4. 16-30 minutes</td> </tr> <tr> <td>2. 5-10 minutes</td> <td>5. 31+ minutes</td> </tr> </table> <p><b>c. Self-Performance in walking</b> during this episode.</p> <p>0. <i>INDEPENDENT</i>—No help or oversight 1. <i>SUPERVISION</i>—Oversight, encouragement or cueing provided 2. <i>LIMITED ASSISTANCE</i>—Resident highly involved in walking; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3. <i>EXTENSIVE ASSISTANCE</i>—Resident received weight bearing assistance while walking</p> <p><b>d. Walking support provided</b> associated with this episode (code regardless of resident's self-performance classification).</p> <p>0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist</p> <p><b>e. Parallel bars</b> used by resident in association with this episode.</p> <p>0. No                      1. Yes</p>	0. 150+ feet	3. 10-25 feet	1. 51-149 feet	4. Less than 10 feet	2. 26-50 feet		0. 1-2 minutes	3. 11-15 minutes	1. 3-4 minutes	4. 16-30 minutes	2. 5-10 minutes	5. 31+ minutes
0. 150+ feet	3. 10-25 feet													
1. 51-149 feet	4. Less than 10 feet													
2. 26-50 feet														
0. 1-2 minutes	3. 11-15 minutes													
1. 3-4 minutes	4. 16-30 minutes													
2. 5-10 minutes	5. 31+ minutes													
3.	CASE MIX GROUP	<p>Medicare <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>												



## MINIMUM DATA SET (MDS) - VERSION 2.0

### FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

#### SECTION W. SUPPLEMENTAL MDS ITEMS

<b>1.</b>	<b>National Provider ID</b>	Enter for all assessments and tracking forms, if available.  <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100px; height: 15px; margin: 0 auto;"></div>	
If the ARD of this assessment or the discharge date of this discharge tracking form is between July 1 and September 30, skip to W3.			
<b>2.</b>	<b>Influenza Vaccine</b>	a . Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?  0. No (If No, go to item W2b) 1. Yes (If Yes, go to item W3)  b. If Influenza vaccine not received, state reason: 1. Not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine	
<b>3.</b>	<b>Pneumo- coccal Vaccine</b>	a. Is the resident's PPV status up to date? 0. No (If No, go to item W3b) 1. Yes (If Yes, skip item W3b)  b. If PPV not received, state reason: 1. Not eligible 2. Offered and declined 3. Not offered	