

MDS 3.0 vs. 2.0 Comparison

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
AB3	Lived Alone (Prior to Entry)	D					0. No 1. Yes 2. In other facility	Demographic Information AB3. Lived Alone (Prior to Entry) 0. No 1. Yes 2. In other facility
AB4	Zip Code of Prior Primary Residence	D					Zip Code of Prior Primary Residence	Demographic Information AB4. Zip Code of Prior Primary Residence
AB5a	Prior stay at this nursing home	D				Y	a. Prior stay at this nursing home	Demographic Information AB5. Residential History 5 Years Prior to Entry (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) a. Prior stay at this nursing home
AB5b	Stay in other nursing home	D				Y	b. Stay in other nursing home	Demographic Information AB5. Residential History 5 Years Prior to Entry (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) b. Stay in other nursing home
AB5c	Other residential facility - board and care home, assisted living, group home	D				Y	c. Other residential facility - board and care home, assisted living, group home	Demographic Information AB5. Residential History 5 Years Prior to Entry (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) c. Other residential facility - board and care home, assisted living, group home
AB5d	MH/psychiatric setting	D				Y	D. MH/psychiatric setting	Demographic Information AB5. Residential History 5 Years Prior to Entry (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) D. MH/psychiatric setting
AB5e	MR/DD setting	D				Y	E. MR/DD setting	Demographic Information AB5. Residential History 5 Years Prior to Entry (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) E. MR/DD setting

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AB5f	NONE OF ABOVE	D				Y	f. NONE OF ABOVE	Demographic Information AB5. Residential History 5 Years Prior to Entry (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above) f. NONE OF ABOVE
AB7	Education	D					1. No schooling 2. 8th grade/less 3. 9-11 days 4. High school 5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree	Demographic Information AB7. Education (Highest Level Completed) 1. No schooling 2. 8th grade/less 3. 9-11 days 4. High school 5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree
AB10a	Not applicable-no MR/DD (Skip to AB11)	D					a. Not applicable-no MR/DD (Skip to AB11)	Demographic Information AB10. Conditions related to MR/DD Status (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) a. Not applicable-no MR/DD (Skip to AB11)
AB10b	Down's syndrome	D					b. Down's syndrome	Demographic Information AB10. Conditions related to MR/DD Status (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) b. Down's syndrome
AB10c	Autism	D					c. Autism	Demographic Information AB10. Conditions related to MR/DD Status (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) c. Autism

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AB10d	Epilepsy	D					d. Epilepsy	Demographic Information AB10. Conditions related to MR/DD Status (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) d. Epilepsy
AB10e	Other organic condition related to MR/DD	D					e. Other organic condition related to MR/DD	Demographic Information AB10. Conditions related to MR/DD Status (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) e. Other organic condition related to MR/DD
AB10f	MR/DD with no organic condition	D					f. MR/DD with no organic condition	Demographic Information AB10. Conditions related to MR/DD Status (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely) f. MR/DD with no organic condition
AB11	Date Background Information Completed	D					Month Day Year	Demographic Information AB11. Date Background Information Completed Month Day Year
AC1b	Naps regularly during day	D					b. Naps regularly during day (at least 1 hour)	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Cycle of Daily Events b. Naps regularly during day (at least 1 hour)
AC1c	Goes out 1+ days a week	D					c. Goes out 1+ days a week	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Cycle of Daily Events c. Goes out 1+ days a week

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AC1d	Stays busy with hobbies, reading, or fixed daily routine	D					D. Stays busy with hobbies, reading, or fixed daily routine	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Cycle of Daily Events D. Stays busy with hobbies, reading, or fixed daily routine
AC1e	Spends most of time alone or watching TV	D					E. Spends most of time alone or watching TV	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Cycle of Daily Events E. Spends most of time alone or watching TV
AC1f	Moves independently indoors (with appliances, if used)	D					f. Moves independently indoors (with appliances, if used)	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Cycle of Daily Events f. Moves independently indoors (with appliances, if used)
AC1h	NONE OF ABOVE	D					h. NONE OF ABOVE	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Cycle of Daily Events h. NONE OF ABOVE
AC1i	Distinct food preferences	D					1. Distinct food preferences	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Eating Patterns 1. Distinct food preferences
AC1k	Use of alcoholic beverage(s) at least weekly	D					k. Use of alcoholic beverage(s) at least weekly	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Eating Patterns k. Use of alcoholic beverage(s) at least weekly
AC1l	NONE OF ABOVE	D					l. NONE OF ABOVE	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Eating Patterns l. NONE OF ABOVE

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AC1m	In bedclothes much of day	D					m. In bedclothes much of day	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) ADL Patterns m. In bedclothes much of day
AC1n	Wakens to toilet all or most nights	D					n. Wakens to toilet all or most nights	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) ADL Patterns n. Wakens to toilet all or most nights
AC1o	Has irregular bowel movement pattern	D					o. Has irregular bowel movement pattern	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) ADL Patterns o. Has irregular bowel movement pattern
AC1p	Showers for bathing	D					p. Showers for bathing	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) ADL Patterns p. Showers for bathing
AC1q	Bathing in PM	D					q. Bathing in PM	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) ADL Patterns q. Bathing in PM
AC1r	NONE OF ABOVE	D					r. NONE OF ABOVE	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) ADL Patterns r. NONE OF ABOVE
AC1s	Daily contact with relatives/close friends	D					s. Daily contact with relatives/close friends	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Involvement Patterns s. Daily contact with relatives/close friends

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AC1u	Finds strength in faith	D					u. Finds strength in faith	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Involvement Patterns u. Finds strength in faith
AC1x	NONE OF ABOVE	D					x. NONE OF ABOVE	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Involvement Patterns x. NONE OF ABOVE
AC1y	UNKNOWN-Resident/family unable to provide information	D					y. UNKNOWN-Resident/family unable to provide information	Customary Routine AC1. Customary Routine (In year prior to Date of Entry to this nursing home, or year last in community if now being admitted from another nursing home) (Check all that apply. If all information Unknown, check last box only.) Involvement Patterns y. UNKNOWN-Resident/family unable to provide information
A4a	Date of Reentry	D					Month Day Year	Identification and Background Information (Status in last 7 days, unless other time frame indicated) A4a. Date of Reentry Date of reentry from most temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days) Month Day Year
A7a	Medicaid per diem	D					a. Medicaid per diem	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) a. Medicaid per diem
A7b	Medicare per diem	D					b. Medicare per diem	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) b. Medicare per diem

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A7c	Medicare ancillary part A	D					c. Medicare ancillary part A	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) c. Medicare ancillary part A
A7d	Medicare ancillary part B	D					D. Medicare ancillary part B	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) D. Medicare ancillary part B
A7e	Champus per diem	D					E. Champus per diem	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) E. Champus per diem
A7f	VA per diem	D					f. VA per diem	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) f. VA per diem
A7g	Self or family pays for full per diem	D					g. Self or family pays for full per diem	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) g. Self or family pays for full per diem
A7h	Medicaid resident liability or Medicare co-payment	D					h. Medicaid resident liability or Medicare co-payment	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) h. Medicaid resident liability or Medicare co-payment
A7i	Private insurance per diem (including co-payment)	D					1.Private insurance per diem (including co-payment)	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) 1.Private insurance per diem (including co-payment)

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A7j	Other per diem	D					j. Other per diem	Identification and Background Information A7. Current Payment Sources for N.H. Stay (Billing Office to indicate; check all that apply in last 30 days) j. Other per diem
A8b	Codes for assessments required by Medicare PPS or the State	D					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	Identification and Background Information A8. Reasons for Assessment [Note-If this is a discharge or reentry assessment, only a limited subset of MDS items need be completed] 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
A9a	Legal guardian	D					a. Legal guardian	Identification and Background Information A9. Responsibility/Legal Guardian (Status in last 7 days, unless other time frame indicated) (Check all that apply) a. Legal guardian
A9b	Other legal oversight	D					b. Other legal oversight	Identification and Background Information A9. Responsibility/Legal Guardian (Status in last 7 days, unless other time frame indicated) (Check all that apply) b. Other legal oversight
A9c	Durable power of attorney/health care	D					c. Durable power of attorney/health care	Identification and Background Information A9. Responsibility/Legal Guardian (Status in last 7 days, unless other time frame indicated) (Check all that apply) c. Durable power of attorney/health care

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A9d	Durable power of attorney / financial	D					D. Durable power of attorney/financial	<p>Identification and Background Information A9. Responsibility/Legal Guardian</p> <p>(Status in last 7 days, unless other time frame indicated) (Check all that apply)</p> <p>D. Durable power of attorney/financial</p>
A9e	Family member responsible	D					E. Family member responsible	<p>Identification and Background Information A9. Responsibility/Legal Guardian</p> <p>(Status in last 7 days, unless other time frame indicated) (Check all that apply)</p> <p>E. Family member responsible</p>
A9f	Patient responsible for self	D					f. Patient responsible for self	<p>Identification and Background Information A9. Responsibility/Legal Guardian</p> <p>(Status in last 7 days, unless other time frame indicated) (Check all that apply)</p> <p>f. Patient responsible for self</p>
A9g	NONE OF ABOVE	D					g. NONE OF ABOVE	<p>Identification and Background Information A9. Responsibility/Legal Guardian</p> <p>(Status in last 7 days, unless other time frame indicated) (Check all that apply)</p> <p>g. NONE OF ABOVE</p>
A10a	Living will	D					a. Living will	<p>Identification and Background Information A10. Advanced Directives</p> <p>(Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply)</p> <p>a. Living will</p>
A10b	Do not resuscitate	D					b. Do not resuscitate	<p>Identification and Background Information A10. Advanced Directives</p> <p>(Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply)</p> <p>b. Do not resuscitate</p>

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A10c	Do not hospitalize	D					c. Do not hospitalize	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) c. Do not hospitalize
A10d	Organ donation	D					D. Organ donation	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) D. Organ donation
A10e	Autopsy request	D					E. Autopsy request	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) E. Autopsy request
A10f	Feeding restrictions	D					f. Feeding restrictions	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) f. Feeding restrictions
A10g	Medication restrictions	D					g. Medication restrictions	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) g. Medication restrictions

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A10h	Other treatment restrictions	D					h. Other treatment restrictions	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) h. Other treatment restrictions
A10i	NONE OF ABOVE	D					1.NONE OF ABOVE	Identification and Background Information A10. Advanced Directives (Status in last 7 days, unless other time frame indicated) (For those items with supporting documentation in the medical record, check all that apply) 1.NONE OF ABOVE
B5b	Periods of Altered Perception or Awareness of Surroundings	D			Y	Y	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)	Cognitive Patterns Status in last 7 days, unless other time frame indicated. B5. Indicators of Delirium-Periodic Disordered Thinking/Awareness (Code for behavior in last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time.] 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) 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)

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B5d	Periods of Restlessness	D			Y	Y	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)	Cognitive Patterns Status in last 7 days, unless other time frame indicated. B5. Indicators of Delirium-Periodic Disordered Thinking/Awareness (Code for behavior in last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time.] D. Periods of Restlessness-(e.g., fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out) 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)
B5f	Mental Function Varies Over the Course of the Day	D			Y	Y	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)	Cognitive Patterns Status in last 7 days, unless other time frame indicated. B5. Indicators of Delirium-Periodic Disordered Thinking/Awareness (Code for behavior in last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time.] f. Mental Function Varies Over the Course of the Day-(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not) 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)
B6	Change in Cognitive Status	D			Y		0. No change 1. Improved 2. Deteriorated	Cognitive Patterns Status in last 7 days, unless other time frame indicated. B6. Change in Cognitive Status 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
C2b	Hearing aid, present and not used regularly	D					b. Hearing aid, present and not used regularly	Communication/Hearing Patterns C2. Communication Devices/Techniques (Status in last 7 days, unless other time frame indicated) (Check all that apply during last 7 days) b. Hearing aid, present and not used regularly

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C2c	Other receptive comm. techniques used (e.g., lip reading)	D					c. Other receptive comm. techniques used (e.g., lip reading)	Communication/Hearing Patterns C2. Communication Devices/Techniques (Status in last 7 days, unless other time frame indicated) (Check all that apply during last 7 days) c. Other receptive comm. techniques used (E.g., lip reading)
C3a	Speech	D					a. Speech	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated) C3. Modes of Expression (Check all used by resident to make needs known) a. Speech
C3b	Writing messages to express or clarify needs	D					b. Writing messages to express or clarify needs	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated) C3. Modes of Expression (Check all used by resident to make needs known) b. Writing messages to express or clarify needs
C3c	American sign language or Braille	D					c. American sign language or Braille	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated) C3. Modes of Expression (Check all used by resident to make needs known) c. American sign language or Braille
C3d	Signs/gestures/sounds	D					D. Signs/gestures/sounds	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated) C3. Modes of Expression (Check all used by resident to make needs known) D. Signs/gestures/sounds
C3e	Communication board	D					E. Communication board	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated) C3. Modes of Expression (Check all used by resident to make needs known) E. Communication board

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C3f	Other	D					f. Other	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated) C3. Modes of Expression (Check all used by resident to make needs known) f. Other
C3g	NONE OF ABOVE	D					g. NONE OF ABOVE	Communication/Hearing Patterns C2. Communication Devices/Techniques (Status in last 7 days, unless other time frame indicated) (Check all that apply during last 7 days) D. NONE OF ABOVE
C7	Change in Communication/Hearing	D			Y		0. No change 1. Improved 2. Deteriorated	Cognitive Patterns C7. Change in Communication/Hearing 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) (Status in last 7 days, unless other time frame indicated) 0. No change 1. Improved 2. Deteriorated
D2a	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)	D			Y		a. 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)	Vision Patterns D2. Visual Limitations/Difficulties (Status in last 7 days, unless other time frame indicated) a. 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)
D2b	Experiences any of the following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes	D					b. Experiences any of the following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes	Vision Patterns D2. Visual Limitations/Difficulties (Status in last 7 days, unless other time frame indicated) b. Experiences any of the following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes

MDS 3.0 vs. 2.0 Comparison

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
D2c	NONE OF ABOVE	D					c. NONE OF ABOVE	Vision Patterns D2. Visual Limitations/Difficulties (Status in last 7 days, unless other time frame indicated) c. NONE OF ABOVE
E1a	Resident made negative statements	D	Y	Y	Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress a. Resident made negative statements-e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die"
E1b	Repetitive questions	D	Y		Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress b. Repetitive questions-e.g., "Where do I go; What do I do?"
E1c	Repetitive verbalizations	D	Y		Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress c. Repetitive verbalizations-e.g., calling out for help, (God help me")
E1d	Persistent anger with self or others	D	Y		Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress d. Persistent anger with self or others-e.g., easily annoyed, anger at placement in nursing home; anger at care received.
E1e	Self deprecation	D	Y		Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress e. Self-deprecation-e.g., "I am nothing; I am no use to anyone."

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
E1f	Expressions of what appear to be unrealistic fears	D	Y		Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress f. Expressions of what appear to be unrealistic fears-e.g., fear of being abandoned, left alone, being with others.
E1g	Recurrent statements that something terrible is about to happen	D	Y	Y	Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress g. Recurrent statements that something terrible is about to happen-e.g., believes he or she is about to die, have a heart attack.
E1h	Repetitive health complaints	D	Y		Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress h. Repetitive health complaints-e.g., persistently seeks medical attention, obsessive concern with body functions.
E1i	Repetitive anxious complaints/concerns	D	Y		Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Verbal Expressions of Distress i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues.
E1j	Unpleasant mood in morning	D	Y	Y	Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Sleep-Cycle Issues j. Unpleasant mood in morning.
E1k	Insomnia/change in usual sleeping pattern	D	Y		Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Sleep-Cycle Issues k. Insomnia/change in usual sleep pattern.

MDS 3.0 vs. 2.0 Comparison

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
E1l	Sad, pained, worried facial expressions	D	Y		Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Sad, Apathetic, Anxious Appearance l. Sad, pained, worried facial expressions-e.g., furrowed brows
E1m	Crying, tearfulness	D	Y		Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Sad, Apathetic, Anxious Appearance m. Crying, tearfulness
E1n	Repetitive physical movements	D	Y	Y	Y	Y	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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Sad, Apathetic, Anxious Appearance n. Repetitive physical movements-e.g., pacing, hand wringing, restlessness, fidgeting, picking.
E1o	Withdrawal from activities of interest	D	Y	Y	Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Loss of Interest. o. Withdrawal from activities of interest-e.g., no interest in long standing activities or being with family/friends.
E1p	Reduced social interaction	D	Y	Y	Y		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).	Mood and Behavior Patterns E1. Indicators of Depression, Anxiety, Sad Mood (Code for indicators observed in last 30 days, irrespective of the assumed cause). Loss of Interest. p. Reduced social interaction.
E2	Mood Persistence	D		Y	Y	Y	0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered	Mood and Behavior Patterns E2. Mood Persistence One or more indicators of depressed, sad, or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days 0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
E3	Change in Mood	D			Y		0. No change 1. Improved 2. Deteriorated	Mood and Behavior Patterns E3. Change in Mood Resident's mood 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
E4aB	Wandering	D					B. Behavioral symptom alterability in last 7 days. 0. Behavior not present or behavior was easily altered 1. Behavior not easily altered	Mood and Behavior Patterns E4. Behavioral Symptoms a. Wandering (moved with no rational purpose, seemingly oblivious to needs or safety). B. Behavioral symptom alterability in last 7 days. 0. Behavior not present OR behavior was easily altered 1. Behavior not easily altered
E4bB	Verbally Abusive Behavioral Symptoms	D					B. Behavioral symptom alterability in last 7 days. 0. Behavior not present or behavior was easily altered 1. Behavior not easily altered	Mood and Behavior Patterns E4. Behavioral Symptoms b. Verbally Abusive Behavioral Symptoms (others were threatened, screamed at, cursed at) B. Behavioral symptom alterability in last 7 days. 0. Behavior not present OR behavior was easily altered 1. Behavior not easily altered
E4cB	Physically Abusive Behavioral symptoms	D					B. Behavioral symptom alterability in last 7 days. 0. Behavior not present or behavior was easily altered 1. Behavior not easily altered	Mood and Behavior Patterns E4. Behavioral Symptoms c. Physically abusive behavioral Symptoms (others were hit, shoved, scratched, sexually abused) B. Behavioral symptom alterability in last 7 days. 0. Behavior not present OR behavior was easily altered 1. Behavior not easily altered
E4dB	Socially Inappropriate/Disruptive Behavioral Symptoms	D					B. Behavioral symptom alterability in last 7 days. 0. Behavior not present or behavior was easily altered 1. Behavior not easily altered	Mood and Behavior Patterns E4. Behavioral Symptoms D. 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. Behavioral symptom alterability in last 7 days. 0. Behavior not present OR behavior was easily altered 1. Behavior not easily altered

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
E4eB	Resists Care	D					B. Behavioral symptom alterability in last 7 days. 0. Behavior not present or behavior was easily altered 1. Behavior not easily altered	Mood and Behavior Patterns E4. Behavioral Symptoms E. Resists Care (resisted taking medications/injections, ADL assistance, or eating) B. Behavioral symptom alterability in last 7 days. 0. Behavior not present OR behavior was easily altered 1. Behavior not easily altered
F1a	At ease interacting with others	D					a. At ease interacting with others	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) a. At ease interacting with others
F1b	At ease doing planned or structured activities	D					b. At ease doing planned or structured activities	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) b. At ease doing planned or structured activities
F1c	At ease doing self-initiated activities	D					c. At ease doing self-initiated activities	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) c. At ease doing self-initiated activities
F1d	Establishes own goals	D			Y		D. Establishes own goals	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) D. Establishes own goals
F1e	Pursues involvement in life of facility	D					E. Pursues involvement in life of facility (e.g., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) E. Pursues involvement in life of facility (E.g., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)
F1f	Accepts invitations into most group activities	D					f. Accepts invitations into most group activities	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) f. Accepts invitations into most group activities
F1g	NONE OF ABOVE	D					g. NONE OF ABOVE	Psychosocial Well-Being F1. Sense of Initiative/Involvement (Status in last 7 days, unless other time frame indicated) g. NONE OF ABOVE
F2a	Covert/open conflict with or repeated criticism of staff	D			Y		a. Covert/open conflict with or repeated criticism of staff	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) a. Covert/open conflict with or repeated criticism of staff
F2b	Unhappy with roommate	D			Y		b. Unhappy with roommate	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) b. Unhappy with roommate

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
F2c	Unhappy with residents other than roommate	D			Y		c. Unhappy with residents other than roommate	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) c. Unhappy with residents other than roommate
F2d	Openly expresses conflict/anger with family/friends	D			Y		D. Openly expresses conflict/anger with family/friends	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) D. Openly expresses conflict/anger with family/friends
F2e	Absence of personal contact with family/friends	D					E. Absence of personal contact with family/friends	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) E. Absence of personal contact with family/friends
F2f	Recent loss of close family member/friend	D					f. Recent loss of close family member/friend	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) f. Recent loss of close family member/friend
F2g	Does not adjust easily to change in routines	D					g. Does not adjust easily to change in routines	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) g. Does not adjust easily to change in routines
F2h	NONE OF ABOVE	D					h. NONE OF ABOVE	Psychosocial Well-Being F2. Unsettled Relationships (Status in last 7 days, unless other time frame indicated) NONE OF ABOVE
F3a	Strong identification with past roles and life status	D			Y		a. Strong identification with past roles and life status	Psychosocial Well-Being F3. Past Roles (Status in last 7 days, unless other time frame indicated) a. Strong identification with F3. Past Roles and life status
F3b	Expresses sadness/anger/empty feeling over lost roles/status	D			Y		b. Expresses sadness/anger/empty feeling over lost roles/status	Psychosocial Well-Being F3. Past Roles (Status in last 7 days, unless other time frame indicated) b. Expresses sadness/anger/empty feeling over lost roles/status
F3c	Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community	D			Y		c. Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community	Psychosocial Well-Being F3. Past Roles (Status in last 7 days, unless other time frame indicated) c. Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community
F3d	NONE OF ABOVE	D					D. NONE OF ABOVE	Psychosocial Well-Being F3. Past Roles (Status in last 7 days, unless other time frame indicated) D. NONE OF ABOVE

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
G4aA	Neck	D		Y			(A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides	Physical Functioning and Structural Problems G4. Functional Limitation in Range of Motion (see training manual) (Code for limitations during last 7 days that interfered with daily functions or paced resident at risk of injury) a. Neck (A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides
G4aB	Neck	D					(B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss	Physical Functioning and Structural Problems G4. Functional Limitation in Range of Motion (see training manual) (Code for limitations during last 7 days that interfered with daily functions or paced resident at risk of injury) a. Neck B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss
G4bB, G4cB	Arm-Including shoulder or elbow Hand-Including wrist or fingers	D					(B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss	Physical Functioning and Structural Problems G4. Functional Limitation in Range of Motion (see training manual) (Code for limitations during last 7 days that interfered with daily functions or paced resident at risk of injury) b. Arm-Including shoulder or elbow c. Hand-Including wrist or fingers (B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss
G4dB, G4eB	Leg-Including hip or knee Foot-Including ankle or toes	D					(B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss	Physical Functioning and Structural Problems G4. Functional Limitation in Range of Motion (see training manual) (Code for limitations during last 7 days that interfered with daily functions or paced resident at risk of injury) d. Leg-Including hip or knee e. Foot-Including ankle or toes (B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
G4fA	Other limitation or loss	D		Y			(A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides	Physical Functioning and Structural Problems G4. Functional Limitation in Range of Motion (see training manual) (Code for limitations during last 7 days that interfered with daily functions or paced resident at risk of injury) f. Other limitation or loss (A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides
G4fB	Other limitation or loss	D					(B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss	Physical Functioning and Structural Problems G4. Functional Limitation in Range of Motion (see training manual) (Code for limitations during last 7 days that interfered with daily functions or paced resident at risk of injury) f. Other limitation or loss (B) Voluntary Movement 0. No loss 1. Partial loss 2. Full loss
G6b	Bed rails used for bed mobility or transfer	D					b. Bedrails used for bed mobility or transfer	Physical Functioning and Structural Problems G6. Modes of Transfer (Check all that apply during last 7 days) b. Bedrails used for bed mobility or transfer
G6c	Lifted manually	D					c. Lifted manually	Physical Functioning and Structural Problems G6. Modes of Transfer (Check all that apply during last 7 days) c. Lifted manually
G6d	Lifted mechanically	D					d. Lifted mechanically	Physical Functioning and Structural Problems G6. Modes of Transfer (Check all that apply during last 7 days) d. Lifted mechanically
G6e	Transfer aid	D					e. Transfer aid used (e.g.; slide board, trapeze, cane, walker, brace)	Physical Functioning and Structural Problems G6. Modes of Transfer (Check all that apply during last 7 days) e. Transfer aid used (e.g., slide board, trapeze, cane, walker, brace)
G6f	NONE OF ABOVE	D					f. NONE OF ABOVE	Physical Functioning and Structural Problems G6. Modes of Transfer (Check all that apply during last 7 days) f. NONE OF ABOVE

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
G7	Task Segmentation	D					0. No 1. Yes	Physical Functioning and Structural Problems G7. Task Segmentation Some or all of the ADL activities were broken into subtasks during last 7 days so that resident could perform them 0. No 1. Yes
G8c	Resident able to perform tasks/activity but is very slow	D					c. Resident able to perform tasks/activity but is very slow	Physical Functioning and Structural Problems G8. ADL Functional Rehabilitation Potential (Status in last 7 days, unless other time frame indicated) c. Resident able to perform tasks/activity but is very slow
G8d	Difference in ADL Self-performance or ADL Support comparing morning to evenings	D					d. Difference in ADL Self-Performance or ADL Support, comparing mornings to evenings	Physical Functioning and Structural Problems G8. ADL Functional Rehabilitation Potential (Status in last 7 days, unless other time frame indicated) d. Difference in ADL Self-Performance or ADL Support, comparing mornings to evenings
G8e	NONE OF ABOVE	D					e. NONE OF ABOVE	Physical Functioning and Structural Problems G8. ADL Functional Rehabilitation Potential (Status in last 7 days, unless other time frame indicated) e. NONE OF ABOVE
G9	Change in ADL function	D					0. No change 1. Improved 2. Deteriorated	Physical Functioning and Structural Problems G9. Change in ADL Function (Status in last 7 days, unless other time frame indicated) 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
H2a	Bowel elimination pattern regular	D					a. Bowel elimination pattern regular-at least one movement every three days	Continence in Last 14 Days H2. Bowel Elimination Pattern a. Bowel elimination pattern regular-at least one movement every three days
H2c	Diarrhea	D					c. Diarrhea	Continence in Last 14 Days H2. Bowel Elimination Pattern c. Diarrhea
H2d	Fecal impaction	D		Y	Y		d. Fecal Impaction	Continence in Last 14 Days H2. Bowel Elimination Pattern d. Fecal Impaction
H2e	NONE OF ABOVE	D					e. NONE OF ABOVE	Continence in Last 14 Days H2. Bowel Elimination Pattern e. NONE OF ABOVE
H3f	Did not use toilet room/commode/urinal	D					f. Did not use toilet room/commode/urinal	Continence in last 14 days H3. Appliances and Programs f. Did not use toilet room/commode/urinal

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
H3g	Pads/briefs used	D			Y		g. Pads/briefs used	Continence in last 14 days H3. Appliances and Programs g. Pads/briefs used
H3h	Enemas/irrigation	D					h. Enemas/irrigation	Continence in last 14 days H3. Appliances and Programs h. Enemas/irrigation
H4	Change in Urinary Continence	D					0. No change 1. Improved 2. Deteriorated	Continence in Last 14 Days H4. Change in Urinary Continence 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
I1a	Diabetes mellitus	D	Y			Y	a. Diabetes mellitus	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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Endocrine/Metabolic/Nutritional a. Diabetes mellitus
I1b	Hyperthyroidism	D					b. Hyperthyroidism	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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Endocrine/Metabolic/Nutritional b. Hyperthyroidism
I1c	Hypothyroidism	D					c. Hypothyroidism	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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Endocrine/Metabolic/Nutritional c. Hypothyroidism

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
I1i	Hypotension	D			Y		i. Hypotension	Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Heart/Circulation i. Hypotension
I1k	Other cardiovascular disease	D					k. Other cardiovascular disease	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). (Status in last 7 days , unless other time frame indicated) I1. Diseases Heart/Circulation k. Other cardiovascular disease
I1n	Missing limb (e.g. amputation)	D					n. Missing limb (e.g., amputation)	Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Musculoskeletal n. Missing limb (e.g., amputation)
I1t	Cerebrovascular accident (stroke)	D					t. Cerebrovascular accident (stroke)	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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological t. Cerebrovascular accident (stroke)
I1bb	Transient ischemic attack (TIA)	D					bb. Transient ischemic attack (TIA)	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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological bb. Transient ischemic attack (TIA)

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
I1hh	Asthma	D					hh. Asthma	Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Pulmonary hh. Asthma
I1ii	Emphysema/COPD	D					ii. Emphysema/COPD	Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Pulmonary ii. Emphysema/COPD
I1jj	Cataracts	D			Y		jj. Cataracts	Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Sensory jj. Cataracts
I1kk	Diabetic retinopathy	D	Y			Y	kk. Diabetic retinopathy	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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Sensory kk. Diabetic retinopathy
I1ll	Glaucoma	D			Y		ll. Glaucoma	Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Sensory ll. Glaucoma

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
I1mm	Macular degeneration	D			Y		mm. Macular degeneration	<p>Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Sensory</p> <p>mm. Macular degeneration</p>
I1nn	Allergies	D					nn. Allergies	<p>Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Other nn. Allergies</p>
I1rr	NONE OF ABOVE	D					rr. NONE OF THE ABOVE	<p>Disease Diagnosis 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Other rr. NONE OF THE ABOVE</p>
I2a	Antibiotic resistant infection (e.g., Methicillin resistant staph)	D					a. Antibiotic resistant infection (e.g., Methicillin resistant staph)	<p>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). (Status in last 7 days , unless other time frame indicated) (If none apply, Check the None of the Above box) I2. Infections a. Antibiotic resistant infection (e.g., Methicillin resistant staph)</p>
I2b	Clostridium difficile (c. diff.)	D					b. Clostridium difficile (c. diff.)	<p>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). (Status in last 7 days , unless other time frame indicated) (If none apply, Check the None of the Above box) I2. Infections b. Clostridium difficile (c. diff.)</p>

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

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I2c	Conjunctivitis	D					c. Conjunctivitis	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). (Status in last 7 days , unless other time frame indicated) (If none apply, Check the NONE OF ABOVE box). I2. Infections c. Conjunctivitis
I2f	Respiratory infection	D					f. Respiratory infection	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). (Status in last 7 days , unless other time frame indicated) (If none apply, Check the NONE OF ABOVE box). I2. Infections f. Respiratory infection
I2h	Sexually transmitted diseases	D					h. Sexually transmitted diseases	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). (Status in last 7 days , unless other time frame indicated) (If none apply, Check the NONE OF ABOVE box). I2. Infections h. Sexually transmitted diseases
I2m	NONE OF ABOVE	D					m. NONE OF ABOVE	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). (Status in last 7 days , unless other time frame indicated) (If none apply, Check the None of Above box). I2. Infections m. NONE OF ABOVE
J1a	Weight gain or loss of 3 or more pounds within a 7 day period	D			Y		a. Weight gain or loss of 3 or more pounds within a 7 day period	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Indicators of Fluid Status a. Weight gain or loss of 3 or more pounds within a 7 day period
J1d	Insufficient fluid: did NOT consume all/almost all liquids provided during last 3 days	D			Y		d. Insufficient fluid: did not consume all/almost all liquids provided during last 3 days	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Indicators of Fluid Status d. Insufficient fluid: did NOT consume all/almost all liquids provided during last 3 days

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

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J1f	Dizziness/Vertigo	D			Y		f. Dizziness/Vertigo	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other f. Dizziness/Vertigo
J1g	Edema	D					g. Edema	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other g. Edema
J1k	Recurrent lung aspirations in last 90 days	D			Y		k. Recurrent lung aspirations in last 90 days	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other k. Recurrent lung aspirations in last 90 days
J1m	Syncope (fainting)	D			Y		m. Syncope (fainting)	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other m. Syncope (fainting)
J1p	NONE OF ABOVE	D					p. NONE OF ABOVE	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other p. NONE OF ABOVE
J2a	Frequency with which resident complains or shows evidence of pain	D				Y	0. No pain (skip to J4) 1. Pain less than daily 2. Pain daily	Health Conditions J2. Pain Symptoms (Code the highest level of pain present in the last 7 days) a. Frequency with which resident complains or shows evidence of pain 0. No pain (skip to J4) 1. Pain less than daily 2. Pain daily
J2b	Intensity of pain	D				Y	1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating	Health Conditions J2. Pain Symptoms (Code the highest level of pain present in the last 7 days) b. Intensity of pain 1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating
J3a	Back pain	D					a. Back pain	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) a. Back pain

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

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J3b	Bone pain	D					b. Bone pain	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) b. Bone pain
J3c	Chest pain while doing usual activities	D					c. Chest pain while doing usual activities	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) c. Chest pain while doing usual activities
J3d	Headache	D					d. Headache	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) d. Headache
J3e	Hip pain	D					e. Hip pain	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) e. Hip pain
J3f	Incisional pain	D					f. Incisional pain	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) f. Incisional pain
J3g	Joint pain (other than hip)	D					g. Joint pain (other than hip)	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) g. Joint pain (other than hip)
J3h	Soft tissue pain (e.g., lesion, muscle)	D					h. Soft tissue pain (e.g., lesion, muscle)	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) h. Soft tissue pain (e.g., lesion, muscle)
J3i	Stomach pain	D					i. Stomach pain	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) i. Stomach pain
J3j	Other	D					j. Other	Health Conditions J3. Pain Site (If pain present, check all sites that apply in last 7 days) j. Other
J4c	Hip fracture in last 180 days	D		Y	Y		c. Hip fracture in last 180 days	Health Conditions J4. Accidents (Check all that apply) c. Hip fracture in last 180 days
J4d	Other fracture in last 6 months	D		Y	Y		d. Other fracture in last 180 days	Health Conditions J4. Accidents (Check all that apply) d. Other fracture in last 180 days

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
J4e	NONE OF ABOVE	D					e. NONE OF ABOVE	Health Conditions J4. Accidents (Status in last 7 days, unless other time frame indicated) (Check all that apply) e. NONE OF ABOVE
J5a	Conditions/diseases make resident's cognitive/ADL, mood, or behavior patterns unstable-(fluctuating, precarious, or deteriorating)	D					a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable-fluctuating, precarious, or deteriorating)	Health Conditions J5. Stability of Conditions (Status in last 7 days, unless other time frame indicated) a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable-fluctuating, precarious, or deteriorating)
J5b	Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem	D					b. Resident experiencing an acute episode or flare up of a recurrent or chronic problem	Health Conditions J5. Stability of Conditions (Status in last 7 days, unless other time frame indicated) b. Resident experiencing an acute episode or flare up of a recurrent or chronic problem
J5d	NONE OF ABOVE	D					d. NONE OF ABOVE	Health Conditions J5. Stability of Conditions (Status in last 7 days, unless other time frame indicated) d. NONE OF ABOVE
K1a	Chewing problem	D					a. Chewing problem	Oral/Nutritional Status K1. Oral Problems (Status in last 7 days, unless other time frame indicated) a. Chewing problem
K3b	Weight gain-5% or more in last 30 days; or 10% or more in last 180 days	D					0. No 1. Yes	Oral Nutritional Status K3. Weight Change b. Weight gain-5% or more in last 30 days; or 10% or more in last 180 days 0. No 1. Yes
K4a	Complains about the taste of many foods	D			Y		a. Complains about the taste of many foods	Oral/Nutritional Status K4. Nutritional Problems (Check all that apply in last 7 days) a. Complains about the taste of many foods
K4b	Regular or repetitive complaints of hunger	D					b. Regular or repetitive complaints of hunger	Oral/Nutritional Status K4. Nutritional Problems (Check all that apply in last 7 days) b. Regular or repetitive complaints of hunger
K4c	Leaves 25% or more food uneaten at most meals	D			Y	Y	C. Leaves 25% or more food uneaten at most meals	Oral/Nutritional Status K4. Nutritional Problems (Check all that apply in last 7 days) c. Leaves 25% or more food uneaten at most meals

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

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K4d	NONE OF ABOVE	D					d. NONE OF ABOVE	Oral/Nutritional Status K4. Nutritional Problems (Check all that apply in last 7 days) d. NONE OF ABOVE
K5d	Syringe	D			Y		d. Syringe (oral feeding)	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) d. Syringe (oral feeding)
K5f	Dietary supplement between meals	D					f. Dietary supplement between meals	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) f. Dietary supplement between meals
K5g	Plate guard, stabilized built-up utensil, etc	D					g. Plate guard, stabilized built-up utensil, etc	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) g. Plate guard, stabilized built-up utensil, etc
K5h	On a planned weight change program	D					h. On a planned weight change program	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) h. On a planned weight change program
L1f	Daily cleaning of teeth/dentures or daily mouth care-by resident or staff	D			Y		f. Daily cleaning teeth/dentures or daily mouth care-by resident or staff	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) f. Daily cleaning teeth/dentures or daily mouth care-by resident or staff
M4a	Abrasions, bruises	D					a. Abrasions, bruises	Skin Condition M4. Other Skin Problems or Lesions Present (Check all that apply during last 7 days) a. Abrasions, bruises
M4d	Rashes--e.g...., intertrigo, eczema, drug rash, heat rash, herpes zoster	D					d. Rashes--e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster	Skin Condition M4. Other Skin Problems or Lesions Present (Check all that apply during last 7 days) d. Rashes--e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster
M4e	Skin desensitized to pain or pressure	D			Y		e. Skin desensitized to pain or pressure	Skin Condition M4. Other Skin Problems or Lesions Present (Check all that apply during last 7 days) e. Skin desensitized to pain or pressure
M4f	Skin tears or cuts (other than surgery)	D					f. Skin tears or cuts (other than surgery)	Skin Condition M4. Other Skin Problems or Lesions Present (Check all that apply during last 7 days) f. Skin tears or cuts (other than surgery)

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

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M5i	Other preventive or protective skin care (other than to feet)	D					i. Other preventive or protective skin care (other than feet)	Skin Condition M5. Skin Treatments (Check all that apply during last 7 days) i. Other preventive or protective skin care (other than feet)
M6a	Resident has one or more foot problems-e.g., corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems	D					a. Resident has one or more foot problems-e.g., corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems	Skin Condition M6. Foot Problems and Care (Check all that apply during last 7 days) a. Resident has one or more foot problems-e.g., corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems
M6d	Nails/calluses trimmed during 90 days	D					d. Nails/calluses trimmed during 90 days	Skin Condition M6. Foot Problems and Care (Check all that apply during last 7 days) d. Nails/calluses trimmed during 90 days
M6e	Received preventive or protective foot care (e.g., used special shoes, inserts, pads, toe separators)	D					e. Received preventive or protective foot care (e.g., used special shoes, inserts, pads, toe separators)	Skin Condition M6. Foot Problems and Care (Check all that apply during last 7 days) e. Received preventive or protective foot care (e.g., used special shoes, inserts, pads, toe separators)
M6g	NONE OF ABOVE	D					g. NONE OF ABOVE	Skin Condition M6. Foot Problems and Care (Check all that apply during last 7 days) g. NONE OF ABOVE
N1a	Morning	D	Y	Y	Y		A. Morning	Activity Pursuit Patterns F0100. Time Awake (Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: A. morning
N1b	Afternoon	D	Y	Y			B. Afternoon	Activity Pursuit Patterns F0100. Time Awake (Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: B. Afternoon

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N1c	Evening	D	Y	Y			C. Evening	Activity Pursuit Patterns F0100. Time Awake (Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: C. Evening
N1d	NONE OF ABOVE	D		Y			Z. NONE OF ABOVE	Activity Pursuit Patterns F0100. Time Awake (Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: Z. NONE OF ABOVE
N2	Average Time Involved in Activities	D		Y	Y		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	Activity Pursuit Patterns (If resident is comatose, skip to Section O) N2. Average Time Involved in Activities (When awake and not receiving treatments or ADL care) (Status in last 7 days, unless other time frame indicated) 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
N3a	Own room	D					a. Own room	Activity Pursuit Patterns (If resident is comatose, skip to Section O) N3. Preferred Activity Settings (Check all settings in which activities are preferred) (Status in last 7 days, unless other time frame indicated) a. Own room
N3b	Day/activity room	D					b. Day/activity room	Activity Pursuit Patterns (If resident is comatose, skip to Section O) N3. Preferred Activity Settings (Check all settings in which activities are preferred) (Status in last 7 days, unless other time frame indicated) b. Day/activity room

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N3c	Inside NH/off unit	D					c. Inside NH/off unit	Activity Pursuit Patterns (If resident is comatose, skip to Section O) N3. Preferred Activity Settings (Check all settings in which activities are preferred) (Status in last 7 days, unless other time frame indicated) c. Inside NH/off unit
N3d	Outside facility	D					d. Outside facility	Activity Pursuit Patterns (If resident is comatose, skip to Section O) N3. Preferred Activity Settings (Check all settings in which activities are preferred) (Status in last 7 days, unless other time frame indicated) d. Outside facility
N3e	NONE OF ABOVE	D					e. NONE OF ABOVE	Activity Pursuit Patterns (If resident is comatose, skip to Section O) N3. Preferred Activity Settings (Check all settings in which activities are preferred) (Status in last 7 days, unless other time frame indicated) e. NONE OF ABOVE
N4a	Cards/other games	D					a. Cards/other games	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) a. Cards/other games
N4b	Crafts/arts	D					b. Crafts/arts	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) b. Crafts/arts
N4c	Exercise/sports	D					c. Exercise/sports	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) c. Exercise/sports

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N4i	Watching TV	D					i. Watching TV	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) i. Watching TV
N4j	Gardening or plants	D					j. Gardening or plants	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) j. Gardening or plants
N4k	Talking or conversing	D					k. Talking or conversing	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) k. Talking or conversing
N4l	Helping others	D					l. Helping others	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) l. Helping others
N4m	NONE OF ABOVE	D					m. NONE OF ABOVE	Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Check all Preferences whether or not activity is currently available to resident) (Status in last 7 days, unless other time frame indicated) m. NONE OF ABOVE
N5a	Type of activities in which resident is currently involved	D			Y		0. No change 1. Slight change 2. Major change	Activity Pursuit Patterns N5. Prefers Change in Daily Routine (Status in last 7 days, unless other time frame indicated) a. Type of activities in which resident is currently involved Code for resident preferences in daily routines 0. No change 1. Slight change 2. Major change

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MDS 2.0 Items Not Included in the MDS 3.0 vs. MDS 2.0 Crosswalk

MDS 2.0 Item #	MDS 2.0 Item Label	2.0 vs. 3.0 Comparison	2.0 RG	2.0 QI	2.0 RP	2.0 QM	MDS 2.0 9/2000 Item Response Values	MDS 2.0 9/2000 Complete Item Information
N5b	Extent of resident involvement in activities	D			Y		0. No change 1. Slight change 2. Major change	Activity Pursuit Patterns N5. Prefers Change in Daily Routine (Status in last 7 days, unless other time frame indicated) b. Extent of resident involvement in activities Code for resident preferences in daily routines 0. No change 1. Slight change 2. Major change
O1	Number of Medications	D		Y			number of medications	Medications O1. Number of Medications (Record the number of different medications used in the last 7 days; enter "0" if none used) number of medications
O2	New Medications	D					0. No 1. Yes	Medications O2. New Medications (Resident currently receiving medications that were initiated during last 90 days) 0. No 1. Yes
O4e	Diuretic	D			Y		number of days	Medications O4. Days Received the Following Medication (Record the number of Days during last 7 days; enter "0" if not used. Note-enter "1" for long-acting meds used less than weekly) e. Diuretic number of days
P1ad	Intake/output	D					d. Intake/output	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs Check treatments or programs received during the last 14 days. Treatments Check all that apply. d. Intake/output
P1ae	Monitoring acute medical condition	D					e. Monitoring acute medical condition	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs a. Special Care-Check treatments or programs received during the last 14 days Treatments e. Monitoring acute medical condition

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P1af	Ostomy care	D					f. Ostomy care	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs a. Special Care-Check treatments or programs received during the last 14 days Treatments f. Ostomy care
P1am	Alcohol /drug treatment program	D					m. Alcohol /drug treatment program	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs a. Special Care-Check treatments or programs received during the last 14 days Programs m. Alcohol /drug treatment program
P1an	Alzheimer's/dementia special care unit	D					n. Alzheimer's/dementia special care unit	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs a. Special Care-Check treatments or programs received during the last 14 days Programs n. Alzheimer's/dementia special care unit
P1ap	Pediatric unit	D					p. Pediatric unit	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs a. Special Care-Check treatments or programs received during the last 14 days Programs p. Pediatric unit
P1ar	Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	D					r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs a. Special Care-Check treatments or programs received during the last 14 days Programs r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)
P2a	Special behavior symptom evaluation program	D					a. Special behavior symptom evaluation program	Special Treatments and Procedures P2. Intervention Programs for Mood, Behavior, Cognitive Loss (Check all interventions or strategies used in last 7 days-no matter where received) a. Special behavior symptom evaluation program
P2b	Evaluation by a licensed mental health specialist in last 90 days	D					b. Evaluation by a licensed mental health specialist in last 90 days	Special Treatments and Procedures P2. Intervention Programs for Mood, Behavior, Cognitive Loss (Check all interventions or strategies used in last 7 days-no matter where received) b. Evaluation by a licensed mental health specialist in last 90 days

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P2c	Group therapy	D					c. Group therapy	Special Treatments and Procedures P2. Intervention Programs for Mood, Behavior, Cognitive Loss (Check all interventions or strategies used in last 7 days-no matter where received) c. Group therapy
P2d	Resident specific deliberate changes in the environment to address mood/behavior patterns-e.g....., providing bureau in which to rummage	D					d. Resident specific deliberate changes in the environment to address mood/behavior patterns-e.g., providing bureau in which to rummage	Special Treatments and Procedures P2. Intervention Programs for Mood, Behavior, Cognitive Loss (Check all interventions or strategies used in last 7 days-no matter where received) d. Resident specific deliberate changes in the environment to address mood/behavior patterns-e.g., providing bureau in which to rummage
P2e	Reorientation-e.g., cueing	D					e. Reorientation-e.g., cueing	Special Treatments and Procedures P2. Intervention Programs for Mood, Behavior, Cognitive Loss (Check all interventions or strategies used in last 7 days-no matter where received) e. Reorientation-e.g., cueing
P2f	NONE OF ABOVE	D					f. NONE OF ABOVE	Special Treatments and Procedures P2. Intervention Programs for Mood, Behavior, Cognitive Loss (Check all interventions or strategies used in last 7 days-no matter where received) f. NONE OF ABOVE
P3k	Other	D					number of days	Special Treatments and Procedures P3. 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.) Training and Skill Practice In: k. Other number of days
P5	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).	D					Enter number	Special Treatments and Procedures P5. 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)

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P6	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).	D					Enter number	Special Treatments and Procedures P6. 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).
P9	Abnormal Lab Values	D					0. No 1. Yes	Special Treatments and Procedures P9. Abnormal Lab Values Has the resident had any abnormal lab values during the last 90 days (or since admission)? 0. No 1. Yes
Q1b	Resident has a support person who is positive towards discharge	D					0. No 1. Yes	Discharge Potential and Overall Status Q1. Discharge Potential (Status in last 7 days, unless other time frame indicated) b. Resident has a support person who is positive towards discharge 0. No 1. Yes
Q1c	Stay projected to be of a short duration-- discharge projected within 90 days (do not include expected discharge due to death)	D					0. No 1. Within 30 days 2. Within 31-90 days 3. Discharge status uncertain	Discharge Potential and Overall Status Q1. Discharge Potential c. Stay Projected to be of short duration-discharge potential 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
Q2	Overall change in care needs	D					0. No change 1. Improved-receives fewer supports, needs less restrictive level of care 2. Deteriorated-receives more support	Discharge Potential and Overall Status Q2. 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

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R3a	Code for resident disposition upon discharge	D					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. Another nursing facility 5. Acute care hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation hospital 8. Deceased 9. Other	Discharge Tracking Form Assessment/Discharge Information R3. Discharge Status a. Code for resident disposition upon discharge 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. Another nursing facility 5. Acute care hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation hospital 8. Deceased 9. Other
R3b	Optional State Code	D					b. Optional State Code	Discharge Tracking Form Assessment/Discharge Information R3. Discharge Status b. Optional State Code
T2a	Furthest distance walked without sitting down during this episode.	D					0. 150+ feet 1. 51-149 feet 2. 26-50 feet 3. 10-25 feet 4. Less than 10 feet	Therapy Supplement for Medicare PPS T2. Walking When Most Self Sufficient 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: Resident received physical therapy involving gait training (P.1.b.c) Physical therapy was ordered for the resident involving gait training (T.1.b) Resident received nursing rehabilitation for walking (P.3.f) Physical therapy involving walking has been discontinued within the past 180 days Skip to item 3 if resident did not walk in last 7 days (For Following Five Items, Base Coding on the Episode When the Resident Walked the Farthest Without Sitting Down. Include Walking During Rehabilitation Sessions.) a. Furthest distance walked without sitting down during this episode. 0. 150+ feet 1. 51-149 feet 2. 26-50 feet 3. 10-25 feet 4. Less than 10 feet

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T2b	Time walked without sitting down during this episode.	D					0. 1-2 minutes 1. 3-4 minutes 2. 5-10 minutes 3. 11-15 minutes 4. 16-30 minutes 5. 31+ minutes	Therapy Supplement for Medicare PPS T2. Walking When Most Self Sufficient 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: Resident received physical therapy involving gait training (P.1.b.c) Physical therapy was ordered for the resident involving gait training (T.1.b) Resident received nursing rehabilitation for walking (P.3.f) Physical therapy involving walking has been discontinued within the past 180 days Skip to item 3 if resident did not walk in last 7 days (For Following Five Items, Base Coding on the Episode When the Resident Walked the Farthest Without Sitting Down. Include Walking During Rehabilitation Sessions.) b. Time walked without sitting down during this episode. 0. 1-2 minutes 1. 3-4 minutes 2. 5-10 minutes 3. 11-15 minutes 4. 16-30 minutes 5. 31+ minutes
T2c	Self-Performance in walking during this episode	D					0. Independent-No help or oversight 1. Supervision-Oversight, encouragement or cueing provided 2. Limited Assistance-Resident highly involved in walking; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3. Extensive Assistance-Resident received weight bearing assistance while walking	Therapy Supplement for Medicare PPS T2. Walking When Most Self Sufficient 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: Resident received physical therapy involving gait training (P.1.b.c) Physical therapy was ordered for the resident involving gait training (T.1.b) Resident received nursing rehabilitation for walking (P.3.f) Physical therapy involving walking has been discontinued within the past 180 days Skip to item 3 if resident did not walk in last 7 days (For Following Five Items, Base Coding on the Episode When the Resident Walked the Farthest Without Sitting Down. Include Walking During Rehabilitation Sessions.) c. Self-Performance in walking during this episode 0. Independent-No help or oversight 1. Supervision-Oversight, encouragement or cueing provided 2. Limited Assistance-Resident highly involved in walking; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3. Extensive Assistance-Resident received weight bearing assistance while walking

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T2d	Walking support provided associated with this episode (code regardless of resident's self-performance classification).	D					0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist	Therapy Supplement for Medicare PPS T2. Walking When Most Self Sufficient 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: Resident received physical therapy involving gait training (P.1.b.c) Physical therapy was ordered for the resident involving gait training (T.1.b) Resident received nursing rehabilitation for walking (P.3.f) Physical therapy involving walking has been discontinued within the past 180 days Skip to item 3 if resident did not walk in last 7 days (For Following Five Items, Base Coding on the Episode When the Resident Walked the Farthest Without Sitting Down. Include Walking During Rehabilitation Sessions.) d. Walking support provided associated with this episode (code regardless of resident's self-performance classification). 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist
T2e	Parallel bars used by resident in association with this episode.	D					0. No 1. Yes	Therapy Supplement for Medicare PPS T2. Walking When Most Self Sufficient 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: Resident received physical therapy involving gait training (P.1.b.c) Physical therapy was ordered for the resident involving gait training (T.1.b) Resident received nursing rehabilitation for walking (P.3.f) Physical therapy involving walking has been discontinued within the past 180 days Skip to item 3 if resident did not walk in last 7 days (For Following Five Items, Base Coding on the Episode When the Resident Walked the Farthest Without Sitting Down. Include Walking During Rehabilitation Sessions.) e. Parallel bars used by resident in association with this episode. 0. No 1. Yes