

## MDS 3.0 vs. MDS 2.0 Crosswalk Introduction

This draft crosswalk provides information to assist in the transition to the MDS 3.0. This crosswalk is a draft and does not contain the final list of MDS 3.0 items. Ongoing research and analysis could result in items being deleted or revised or in the addition of new items. The final list of MDS 3.0 items will be available by March, 2009. This crosswalk introduces the new MDS 3.0 item numbering scheme, identifies the differences between potential 3.0 items and 2.0 items, as well as identifying applications that utilized the specific MDS 2.0 items. To assist in the review of the crosswalk, columns are identified below along with a brief description of each column.

**Draft MDS 3.0 Item #** - contains the Item number for the draft MDS 3.0 item

**Draft MDS 3.0 Item Label** – contains the Item label for the draft MDS 3.0 item

**MDS 2.0 Item #** - contains the Item number for the MDS 2.0 item

**MDS 2.0 Item Label** – contains the Item label for the draft MDS 2.0 item

**2.0 vs. 3.0 Comparison** – contains the code to identify the status of the item on the draft MDS 3.0 data set when compared to the MDS 2.0 item. The codes are:

**N** = New item - Item was added to this version of the MDS 3.0 draft item set and does not have a corresponding or similar MDS 2.0 item

**R** = Revised item - Any change to an item that makes it differ from the MDS 2.0 item. Includes item or instruction word changes and item format changes (i.e., change from check boxes to a yes/no response)

**NC** = No Change - Item is an exact match to the MDs 2.0 item (labels and values)

**D** = Dropped - Item was not included in the MDS 3.0 draft item set.

**2.0 RG** – A 'Y' in this column indicates the MDS 2.0 item is used for MDS 2.0 RUG-III calculations

**2.0 QI** – A 'Y' in this column indicates the MDS 2.0 item is used for MDS 2.0 QI calculations

**2.0 RP** – A 'Y' in this column indicates the MDS 2.0 item is used for MDS 2.0 RAP calculations

**2.0 QM** – A 'Y' in this column indicates the MDS 2.0 item is used for MDS 2.0 QM calculations

**Draft MDS 3.0 8/2008 Item Response Values** – contains the item response values for the draft MDS 3.0 item

**MDS 2.0 9/2000 Item Response Values** – contains the item response values for the MDS 2.0 item

**Draft MDS 3.0 8/2008 Complete Item Information** – contains the entire item text from the form, including the label(s), definitions, instructions, and values for each draft MDS 3.0 item.

**MDS 2.0 9/2000 Complete Item Information** - contains the entire item text from the form, including the label(s), definitions, instructions, and values for each MDS 2.0 item.

**MDS 3.0 vs. 2.0 Comparison**

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>A. Identification Information</b>												
A0100A	National Provider Identifier (NPI)	W1	National Provider ID	R					A. National Provider Identifier (NPI)	National Provider ID	Identification Information A0100. Facility Provider Numbers  A. National Provider Identifier (NPI)	Supplemental MDS Items W1. National Provider Id  Enter for all assessments and tracking forms, if available.
A0100B	CMS Certification Number (CCN)	AA6b	Federal No.	R					B. CMS Certification Number (CCN)	b. Federal No.	Identification Information A0100. Facility Provider Numbers  B. CMS Certification Number (CCN)	Identification Information AA6. Facility Provider No.  b. Federal No.
A0100C	State Provider Number	AA6a	State No.	R					C. State Provider Number	a. State No.	Identification Information A0100. Facility Provider Numbers  C. State Provider Number	Identification Information AA6. Facility Provider No.  a. State No.
A0200	Type of Provider			N					1. Nursing home (SNF/NF) 2. Swing bed		Identification Information A0200. Type of Provider  1. Nursing home (SNF/NF) 2. Swing bed	
A0300A	First	A1a and AA1a	First	R					A. (First)	a. (First)	Identification Information A0300. Legal Name of Resident  A. (First)	Identification Information A1. and AA1. Resident Name  a. (First)
A0300B	Middle Initial	A1b and AA1b	Middle Initial	R					B. (Middle Initial)	b. (Middle Initial)	Identification Information A0300. Legal Name of Resident  B. (Middle Initial)	Identification Information A1 and AA1. Resident Name  b. (Middle Initial)
A0300C	Last	A1c and AA1c	Last	R					C. (Last)	c. (Last)	Identification Information A0300. Legal Name of Resident  C. (Last)	Identification Information A1. and AA1. Resident Name  c. (Last)
A0300D	Suffix	A1d and AA1d	(Jr./Sr.)	R					D. (Suffix)	D. (Jr./Sr.)	Identification Information A0300. Legal Name of Resident  D. (Suffix)	Identification Information A1. and AA1. Resident Name  D. (Jr./Sr.)
A0400A	Social Security Number	AA5a	Social Security Number	NC					A. Social Security Number	a. Social Security Number	Identification Information A0400. Social Security and Medicare Numbers  A. Social Security Number	Identification Information AA5. Social Security and Medicare Numbers [C in 1st box if non med. No.]  a. Social Security Number

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A0400B	Medicare number (or comparable railroad insurance number)	AA5b	Medicare number (or comparable railroad insurance number)	NC					B. Medicare number (or comparable railroad insurance number)	b. Medicare number (or comparable railroad insurance number)	Identification Information A0400. Social Security and Medicare Numbers  B. Medicare number (or comparable railroad insurance number)	Identification Information AA5. Social Security and Medicare Numbers [C in 1st box if non med. No.]  b. Medicare number (or comparable railroad insurance number)
A0500	Medicaid Number ("+" if pending, "N" if not a Medicaid recipient)	AA7	Medicaid No. ["+" if pending, "N" if not a Medicaid recipient]	NC					Medicaid Number (enter "+" if pending, "N" if not Medicaid recipient)	Medicaid No. ["+" if pending, "N" if not a Medicaid recipient]	Identification Information A0500. Medicaid Number (enter "+" if pending, "N" if not a Medicaid recipient)	Identification Information AA7. Medicaid No. ["+" if pending, "N" if not a Medicaid recipient]
A0600	Gender	AA2	Gender	NC					1. Male 2. Female	1. Male 2. Female	Identification Information A0600. Gender  Enter Code  1. Male 2. Female	Identification Information AA2. Gender  1. Male 2. Female
A0700	Birthdate	AA3	Birthdate	NC					month day year	Month Day Year	Identification Information A0700. Birthdate  month day year	Identification Information AA3. Birthdate  Month Day Year
A0800A	American Indian or Alaska Native	AA4	Race/Ethnicity	R					A. American Indian or Alaska Native	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin	Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  A. American Indian or Alaska Native	Identification Information AA4. Race/Ethnicity  1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin

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A0800B	Asian	AA4	Race/Ethnicity	R					B. Asian	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin	Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  B. Asian	Identification Information AA4. Race/Ethnicity  1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin
A0800C	Black or African American	AA4	Race/Ethnicity	R					C. Black or African American	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin	Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  C. Black or African American	Identification Information AA4. Race/Ethnicity 1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin
A0800D	Hispanic or Latino	AA4	Race/Ethnicity	R					D. Hispanic or Latino	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin	Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  D. Hispanic or Latino	Identification Information AA4. Race/Ethnicity  1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin
A0800E	Native Hawaiian or Other Pacific islander	AA4	Race/Ethnicity	R					E. Native Hawaiian or Other Pacific islander	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin	Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  E. Native Hawaiian or Other Pacific islander	Identification Information AA4. Race/Ethnicity  1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin

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A0800F	White	AA4	Race/Ethnicity	R					F. White	1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin	Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  F. White	Identification Information AA4. Race/Ethnicity  1. American Indian/Alaskan Native 2. Asian/Pacific Islander 3. Black, not of Hispanic origin 4. Hispanic 5. White, not of Hispanic origin
A0800Z	Unable to determine or unknown			N					Z. Unable to determine or unknown		Nursing Home assessment Record A0800. Race/Ethnicity  Complete only on admission assessment (A1200A = 01) Check all that apply.  Z. Unable to determine or unknown	
A0900A	Does the resident need or want an interpreter to communicate with a doctor or health care staff?	AB8a	Primary Language	R					0. No 1. Yes -> If yes, specify preferred language: B.____ 9. Unable to determine	0. English 1. Spanish 2. French 3. Other	Identification Information A0900. Language--Complete only on admission, annual, and significant change assessment (A1200A = 01, 03, or 04)  A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?  Enter Code  0. No 1. Yes -> If yes, specify preferred language: B._____ 9. Unable to determine	Demographic Information AB8. Language  (Code for correct response)  a. Primary Language  0. English 1. Spanish 2. French 3. Other

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A0900B	If yes, specify preferred language	AB8b	If other, specify	<b>R</b>					1. If yes, specify preferred language: B. _____	b. If other, specify	Identification Information A0900. Language--Complete only on admission, annual, and significant change assessment (A1200A = 01, 03, or 04)  A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?  Enter Code  0. No 1. Yes -> If yes, specify preferred language: B. _____ 9. Unable to determine	Demographic Information AB8. Language (Code for correct response)  a. Primary Language  0. English 1. Spanish 2. French 3. Other  b. If other, specify
A1000	Marital Status	A5	Marital Status	<b>NC</b>					1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced	1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced	Identification Information A1000. Marital Status  Enter Code  1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced	Identification and Background Information A5. Marital Status  1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced
A1100A	Medical Record Number	A6	Medical Record No.	<b>NC</b>					A. Medical Record Number	Medical Record No.	Identification Information A1100. Optional Resident Items  A. Medical Record Number	Identification and Background Information  A6. Medical Record No.
A1100B	Room number	A2	Room number	<b>NC</b>					B. Room number	Room Number	Identification Information A1100. Optional Resident Items  B. Room number	Identification and Background Information  A2. Room Number
A1100C	Name by which resident prefers to be addressed:			<b>N</b>					C. Name by which resident prefers to be addressed:		Identification Information A1100. Optional Resident Items  C. Name by which resident prefers to be addressed:	

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A1100D	Lifetime occupation(s) - put "/" between two occupations	AB6	Lifetime Occupations(s) [Put "/" between two occupations]	<b>NC</b>					D. Lifetime occupation(s) - put "/" between two occupations	Lifetime Occupations(s) [Put "/" between two occupations]	Identification Information A1100. Optional Resident Items  D. Lifetime occupation(s) -- put "/" between two occupations	Demographic Information  AB6. Lifetime Occupations(s) [Put "/" between two occupations]
A1200A	Federal OBRA Reason for Assessment/ Tracking	AA8a	Primary reason for Assessment	<b>R</b>		<b>Y</b>		<b>Y</b>	01. Admissions assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior full assessment 06. Significant correction to prior quarterly assessment 10. Discharge transaction-return not anticipated 11. Discharge transaction-return anticipated 20. Entry transaction 99. Not OBRA required assessment/tracking	1. Admission assessment (required by day 14) 2. Annual assessment 3. Significant change in status assessment 4. Significant correction of prior full assessment 5. Quarterly review assessment 6. Discharge-return not anticipated 7. Discharge-return anticipated 8. Discharge prior to completing initial assessment 9. Reentry 10. Significant correction or prior quarterly assessment 0. NONE OF ABOVE	Identification Information A1200. Type of Assessment/Tracking  A. Federal OBRA Reason for Assessment/Tracking  Enter Code  01. Admissions assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior full assessment 06. Significant correction to prior quarterly assessment 10. Discharge transaction-return not anticipated 11. Discharge transaction-return anticipated 20. Entry transaction 99. Not OBRA required assessment/tracking	Identification Information AA8. Reasons for Assessment [Note-Other codes do not apply to this form]  a. Primary reason for assessment  1. Admission assessment (required by day 14) 2. Annual assessment 3. Significant change in status assessment 4. Significant correction of prior full assessment 5. Quarterly review assessment [6. Discharge-return not anticipated] [7. Discharge-return anticipated] [8. Discharge prior to completing initial assessment] [9. Reentry] 10. Significant correction or prior quarterly assessment 0. NONE OF ABOVE

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A1200B	PPS Assessments	AA8b	Codes for assessments required for Medicare PPS or the State	R	Y	Y		Y	01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant change, or significant correction assessment) 08. Swing Bed clinical change assessment 09. Assessment at end of Medicare coverage Not PPS assessment 99. Not PPS assessment	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 Information A1200. Types of Assessment Tracking  B. PPS Assessments  PPS Scheduled Assessments for a Medicare Part A Stay Enter Code  01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant change, or significant correction assessment) 08. Swing Bed clinical change assessment 09. Assessment at end of Medicare coverage Not PPS assessment 99. Not PPS assessment	Identification Information AA8. Reasons for Assessment  [Note-Other codes do not apply to this form]  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

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A1200C	PPS Other Medicare Required Assessment-- OMRA	AA8b	Codes for assessments required for Medicare PPS or the State	R					0. No 1. Yes	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 Information A1200. Types of Assessment Tracking  C. PPS Other Medicare Required Assessment -- OMRA (required when all rehabilitation therapy discontinued)  Enter Code  0. No 1. Yes	Identification Information AA8. Reasons for Assessment  [Note-Other codes do not apply to this form]  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
A1200D	State Required Assessment			N					0. No 1. Yes		Identification Information A1200. Type of Assessment/Tracking  D. State Required Assessment  0. No 1. Yes	
A1300A	Federal required submission			N					0. No 1. Yes		Identification Information A1300. Submission Requirement  A. Federal required submission  Enter Code  0. No 1. Yes	

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A1300B	State required submission			N					0. No 1. Yes		Identification Information A1300. Submission Requirement  B. State required submission  Enter Code  0. No 1. Yes	
A1300C	Submission only required for other reasons (e.g. HMO, other insurance, etc.)			N					0. No 1. Yes		Identification Information A1300. Submission Requirement  C. Submission only required for other reasons (e.g. HMO, other insurance, etc.)  Enter Code  0. No 1. Yes	
A1400A	Has the resident had a Medicare-covered stay?			N					0. No-> Skip to A1500, Preadmission screening and resident review (PASRR) 1. Yes-> Continue to A1400B		Identification Information A1400. Medicare Stay  A. Has the resident had a Medicare-covered stay?  Enter Code  0. No-> Skip to A1500, Preadmission screening and resident review (PASRR) 1. Yes-> Continue to A1400B	
A1400B	Start date of most recent Medicare stay			N					month day year		Identification Information A1400. Medicare Stay  B. Start date of most recent Medicare stay  month day year	

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A1400C	End Date of Most recent Medicare Stay			N					month day year		<p>Identification Information A1400. Medicare Stay</p> <p>C. End date of most recent Medicare stay (leave blank if stay is ongoing)</p> <p>month day year</p>	
A1500	Preadmission Screening and Resident Review (PASRR)	AB9	Mental Health History	R					0. No 1. Yes 9. Not a Medicaid certified unit	0. No 1. Yes	<p>Identification Information A1500. Preadmission Screening and Resident Review (PASRR) (Complete only if A1200A = 01, 03, or 04)</p> <p>Has the resident been evaluated by Level II PASRR, and determined to have a serious mental illness and/or mental retardation or a related condition?</p> <p>Enter Code</p> <p>0. No 1. Yes 9. Not a Medicaid certified unit</p>	<p>Demographic Information AB9. Mental Health History</p> <p>Does the resident's RECORD indicate any history of mental retardation, mental illness, or developmental disability problem?</p> <p>0. No 1. Yes</p>
A1600	Entry Date	AB1	Date of Entry	R					month day year	Month Day Year	<p>Identification Information A1600. Entry Date (date of this entry into the facility)</p> <p>month day year</p>	<p>Demographic Information AB. Date of Entry</p> <p>Date the stay began. Note-Does not include readmission if record was closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date.</p> <p>Month Day Year</p>

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A1700	Type of Entry	AB5a	Prior stay at this nursing home	R				Y	1. First time in this facility 2. Resident has been in this facility before	a. Prior stay at this nursing home	Identification Information A1700. Type of Entry  1. First time in this facility 2. Resident has been in this facility before  Enter Code	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
A1800	Entered From	AB2	Admitted From (at Entry)	R					01. Community (private home/apt, board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. MR/DD facility 07. Hospice 99. Other	1. Private home/apt. with no home health services 2. Private home/apt. with home health services 3. Board and care/assisted living/group home 4. Nursing home 5. Acute care hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation hospital 8. Other	Identification Information A1800. Entered From  01. Community (private home/apt, board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. MR/DD facility 07. Hospice 99. Other  Enter Code	Demographic Information AB2. Admitted From (at entry)(text)  1. Private home/apt. with no home health services 2. Private home/apt. with home health services 3. Board and care/assisted living/group home 4. Nursing home 5. Acute care hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation hospital 8. Other
A2000	Discharge Date	R4	Discharge Date	R					month day year	Month Day Year	Discharge Record Identification Information  A2000. Discharge Date  month day year	Discharge Tracking Form Assessment/Discharge Information  R4. Discharge Date  Date of death or discharge  Month Day Year

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
A2100	Discharge Status	R3	Discharge Status	R					01. Community (private home/apt, board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. MR/DD facility 07. Hospice 08. Deceased 99. Other	a. Code for resident disposition upon discharge b. Optional State Code	Discharge Record Identification Information  A2100. Discharge Status  01. Community (private home/apt, board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. MR/DD facility 07. Hospice 08. Deceased 99. Other  Enter code	Discharge Tracking Form Assessment/Discharge Information  R3. Discharge Status  a. Code for resident disposition upon discharge b. Optional State Code
A2200	Previous Assessment Reference Date for Significant Correction			N					month day year		Identification Information A2200. Previous Assessment Reference Date for Significant Correction (when A1200A = 05 or 06)  month day year	
A2300	Assessment Reference Date	A3a	Assessment Reference Date	R		Y		Y	month day year	Month Day Year	Identification Information A2300. Assessment Reference Date  Observation end date  month day year	Identification and Background Information A3. Assessment Reference Date  a. Last day of MDS observation period  Month Day Year

**MDS 3.0 vs. 2.0 Comparison**

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>B. Hearing, Speech, and Vision</b>												
Look back period is 7 days unless another time frame is indicated												
B0100	Comatose	B1	Comatose	R	Y	Y		Y	0. No -> Continue to B0200, Hearing 1. Yes -> Skip to G0100, Activities of Daily Living (ADL) Assistance	0. No 1. Yes (If yes, skip to Section G)	Hearing, Speech, Vision B0100. Comatose  Persistent vegetative state/no discernable consciousness in last 7 days  Enter Code  0. No -> Continue to B0200, Hearing 1. Yes -> Skip to G0100, Activities of Daily Living (ADL) Assistance	Cognitive Patterns B1. Comatose  (Status in last 7 days, unless other time frame indicated) (Persistent vegetative state/no discernable consciousness)  0. No 1. Yes (If yes, skip to Section G)
B0200	Hearing	C1	Hearing	R				Y	0. Adequate-no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty-difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. Moderate difficulty-speaker has to increase volume and speak distinctly 3. Highly impaired-absence of useful hearing	0. Hears Adequately-normal talk, TV, phone 1. Minimal Difficulty when not in quiet setting 2. Hears in Special Situations Only-speaker has to adjust tonal quality and speak distinctly 3. Highly Impaired/absence of useful hearing	Hearing, Speech, Vision B0200. Hearing  Ability to hear (with hearing aid or hearing appliances if normally used) in last 7 days.  Enter Code  0. Adequate-no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty-difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. Moderate difficulty-speaker has to increase volume and speak distinctly 3. Highly impaired-absence of useful hearing	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated)  C1. Hearing (With hearing appliance, if used)  0. Hears Adequately-normal talk, TV, phone 1. Minimal Difficulty when not in quiet setting 2. Hears in Special Situations Only-speaker has to adjust tonal quality and speak distinctly 3. Highly Impaired/absence of useful hearing

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B0300	Hearing Aid	C2a	Hearing aid, present and used	<b>R</b>					0. No 1. Yes	a. Hearing aid, present and used	Hearing, Speech, Vision B0300. Hearing Aid  Hearing aid or other hearing appliance used.  Enter Code.  0. No 1. Yes	Communication/Hearing Patterns (Status in last 7 days, unless other time frame indicated)  C2. Communication Devices/Techniques (Check all that apply during last 7 days)  a. Hearing aid, present and used
B0600	Speech Clarity	C5	Speech Clarity	<b>NC</b>					0. Clear Speech-distinct intelligible words 1. Unclear Speech-slurred or mumbled words 2. No Speech-absence of spoken words	0. Clear Speech-distinct, intelligible words 1. Unclear Speech-slurred, mumbled words 2. No Speech-absence of spoken words	Hearing, Speech, and Vision B0600. Speech Clarity  Select best description of speech pattern in last 7 days.  Enter Code  0. Clear Speech-distinct intelligible words 1. Unclear Speech-slurred or mumbled words 2. No Speech-absence of spoken words	Cognitive Patterns C5. Speech Clarity  (Status in last 7 days, unless other time frame indicated)  (Code for speech in the last 7 days)  0. Clear Speech-distinct, intelligible words 1. Unclear Speech-slurred, mumbled words 2. No Speech-absence of spoken words
B0700	Makes Self Understood	C4	Making Self Understood	<b>R</b>	<b>Y</b>		<b>Y</b>		0. Understood 1. Usually understood-difficulty communicating some words or finishing thoughts but is able if prompted or given time. 2. Sometimes understood-ability is limited to making concrete requests. 3. Rarely/never understood	0. Understood 1. Usually understood-difficulty finding words or finishing thoughts. 2. Sometimes understood-ability is limited to making concrete requests. 3. Rarely/Never Understood	Hearing, Speech, and Vision B0700. Makes Self Understood  Ability to express ideas and wants, consider both verbal and non-verbal expression in last 7 days.  Enter Code  0. Understood 1. Usually understood-difficulty communicating some words or finishing thoughts but is able if prompted or given time. 2. Sometimes understood-ability is limited to making concrete requests. 3. Rarely/never understood	Cognitive Patterns C4. Making Self Understood  (Expressing information content-however able)  (Status in last 7 days, unless other time frame indicated)  0. Understood 1. Usually understood-difficulty finding words or finishing thoughts. 2. Sometimes understood-ability is limited to making concrete requests. 3. Rarely/Never Understood

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
B0800	Ability to Understand Others	C6	Ability to Understand Others	R			Y		0. Understands-clear comprehension 1. Usually understands-misses some part/intent of message but comprehends most conversation 2. Sometimes understands-responds adequately to simple, direct communication only 3. Rarely/never understands	0. Understands 1. Usually Understands-may miss some part/intent of message 2. Sometimes Understands-responds adequately to simple, direct communication 3. Rarely/Never Understands	Hearing, Speech, and Vision B0800. Ability to Understand Others  Understanding verbal content, however able (with hearing aid or device if used) in last 7 days.  Enter Code  0. Understands-clear comprehension 1. Usually understands-misses some part/intent of message but comprehends most conversation 2. Sometimes understands-responds adequately to simple, direct communication only 3. Rarely/never understands	Cognitive Patterns C6. Ability to Understand Others  (Understanding verbal information content-however able)  (Status in last 7 days, unless other time frame indicated)  0. Understands 1. Usually Understands-may miss some part/intent of message 2. Sometimes Understands-responds adequately to simple, direct communication 3. Rarely/Never Understands
B1000	Vision	D1	Vision	NC			Y		0. Adequate-sees fine detail, including regular print in newspapers/books 1. Impaired-sees large print, but not regular print in newspapers/books 2. Moderately Impaired-limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired-object identification in question, but eyes appear to follow objects 4. Severely impaired-no vision or sees only light, colors or shapes; eyes do not appear to follow objects	0. Adequate-sees fine detail, including regular print in newspapers/books 1. Impaired-sees large print, but not regular print in newspapers/books 2. Moderately Impaired-limited vision; not able to see newspaper headlines, but can identify objects 3. Highly Impaired-object identification in question, but eyes appear to follow objects 4. Severely Impaired-no vision or sees only light, colors, or shapes; eyes do not appear to follow objects	Hearing, Speech, Vision B1000. Vision  Ability to see in adequate light (with glasses or other visual appliances) in the last 7 days  Enter Code  0. Adequate-sees fine detail, including regular print in newspapers/books 1. Impaired-sees large print, but not regular print in newspapers/books 2. Moderately Impaired-limited vision; not able to see newspaper headlines but can identify objects 3. Highly impaired-object identification in question, but eyes appear to follow objects 4. Severely impaired-no vision or sees only light, colors or shapes; eyes do not appear to follow objects	Vision Patterns D1. Vision  (Ability to see in adequate light and with glasses if used) (Status in last 7 days, unless other time frame indicated)  0. Adequate-sees fine detail, including regular print in newspapers/books 1. Impaired-sees large print, but not regular print in newspapers/books 2. Moderately Impaired-limited vision; not able to see newspaper headlines, but can identify objects 3. Highly Impaired-object identification in question, but eyes appear to follow objects 4. Severely Impaired-no vision or sees only light, colors, or shapes; eyes do not appear to follow objects

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
B1200	Corrective Lenses	D3	Visual Appliances	R					0. No 1. Yes	0. No 1. Yes	Hearing, Speech, Vision B1200. Corrective Lenses  Corrective lenses (contacts, glasses, or magnifying glass) used.  Enter Code  0. No 1. Yes	Vision Patterns D3. Visual Appliances  (Status in last 7 days, unless other time frame indicated)  Glasses; contact lenses; magnifying glass  0. No 1. Yes

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<b>C. Cognitive Patterns</b>												
Look back period is 7 days unless another time frame is indicated												
C0100	Should Brief Interview for Mental Status be Conducted?			<b>N</b>					0. No (resident is rarely/never understood) -> Skip to C0600, Should the Staff Assessment for Mental Status be Conducted? 1. Yes -> Continue to C0200, Repetition of Three Words		Cognitive Patterns C0100. Should Brief Interview for Mental Status (C0200 - C0500) be Conducted? - Attempt to conduct interview with all residents (Conduct interview on day before, day of, or day after Assessment Reference Date (A2300)  Enter Code  0. No (resident is rarely/never understood) -> Skip to C0600, Should the Staff Assessment for Mental Status be Conducted? 1. Yes -> Continue to C0200, Repetition of Three Words	

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C0200	Repetition of Three Words			N					0. None 1. One 2. Two 3. Three		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0200. Repetition of Three Words  Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."  Number of words repeated after the first attempt Enter Code  0. None 1. One 2. Two 3. Three  After the resident's first attempt, repeat the words using cues ('sock, something to wear; blue, a color; bed, a piece of furniture'). You may repeat the words up to two more times.	

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C0300A	Able to report correct year			<b>N</b>					3. Correct 2. Missed by 1 year 1. Missed by 2-5 years 0. Missed by > 5 years or no answer		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0300. Temporal Orientation (orientation to year, month, and day)  Ask resident: "Please tell me what year it is right now."  A. Able to report correct year Enter Code  3. Correct 2. Missed by 1 year 1. Missed by 2-5 years 0. Missed by > 5 years or no answer	
C0300B	Able to report correct month			<b>N</b>					2. Accurate within 5 days 1. Missed by 6 days to 1 month 0. Missed by > 1 month or no answer		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0300. Temporal Orientation (orientation to year, month, and day)  Ask resident: "What month are we in right now?"  B. Able to report correct month Enter Code  2. Accurate within 5 days 1. Missed by 6 days to 1 month 0. Missed by > 1 month or no answer	

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C0300C	Able to report correct day of the week			<b>N</b>					1. Correct 0. Incorrect or no answer		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0300. Temporal Orientation (orientation to year, month, and day)  Ask resident: "What day of the week is today?"  C. Able to report correct day of the week Enter Code  1. Correct 0. Incorrect or no answer	
C0400A	Able to recall "sock"			<b>N</b>					2. Yes, no cue required 1. Yes, after cueing ("something to wear") 0. No - could not recall		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0400. Recall Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.  A. Able to recall "sock" Enter Code  2. Yes, no cue required 1. Yes, after cueing ("something to wear") 0. No - could not recall	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

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C0400B	Able to recall "blue"			<b>N</b>					2. Yes, no cue required 1. Yes, after cueing ("a color") 0. No - could not recall		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0400. Recall Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.  B. Able to recall "blue" Enter Code  2. Yes, no cue required 1. Yes, after cueing ("a color") 0. No - could not recall	
C0400C	Able to recall "bed"			<b>N</b>					2. Yes, no cue required 1. Yes, after cueing ("a piece of furniture") 0. No - could not recall		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0400. Recall Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.  C. Able to recall "bed" Enter Code  2. Yes, no cue required 1. Yes, after cueing ("a piece of furniture") 0. No - could not recall	

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C0500	Summary Score			N					Enter Numbers		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0500. Summary Score  Enter Numbers  Add scores for questions C0200 - C0400 and fill in total score (00-15) Enter 99 if unable to complete interview	
C0600	Should the Staff Assessment for Mental Status (C7-C10) be Conducted?			N					0. No (resident was able to complete interview) -> Skip to C1100, Procedural Memory 1. Yes (resident was unable to complete interview) -> Continue to C0700, Short-term Memory OK		Cognitive Patterns Brief Interview for Mental Status (BIMS)  C0600. Should the Staff Assessment for Mental Status (C0700-C1000) be Conducted? Enter Code  0. No (resident was able to complete interview) -> Skip to C1100, Procedural Memory 1. Yes (resident was unable to complete interview) -> Continue to C0700, Short-term Memory OK	
C0700	Short-term Memory OK	B2a	Short Term Memory OK	R	Y	Y	Y	Y	0. Memory OK 1. Memory problem	0. Memory OK 1. Memory problem	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0700. Short-term Memory OK Seems or appears to recall after 5 minutes Enter Code  0. Memory OK 1. Memory problem	Cognitive Patterns B2. Memory (Status in last 7 days, unless other time frame indicated)  (Recall of what was learned or known) Seems/appears to recall after 5 minutes.  0. Memory OK 1. Memory problem

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C0800	Long-term Memory OK	B2b	Long Term Memory OK	R			Y		0. Memory OK 1. Memory problem	0. Memory OK 1. Memory problem	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0800. Long-term Memory OK Seems or appears to recall long past Enter Code  0. Memory OK 1. Memory problem	Cognitive Patterns B2. Memory (Status in last 7 days unless other time frame indicated)  (Recall of what was learned or known) Long-term memory OK-seems/appears to recall long past  0. Memory OK 1. Memory problem
C0900A	Current season	B3a	Current season	R					A. Current season	a. Current season	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0900. Memory/Recall ability Check all that the resident was normally able to recall during the last 7 days. Check all that apply.  A. Current season	Cognitive Patterns B3. Memory/Recall/Ability (Status in last 7 days unless other time frame indicated)  (Check all that resident was normally able to recall during last 7 days)  a. Current season

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C0900B	Location of own room	B3b	Location of own room	R					B. Location of own room	b. Location of own room	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0900. Memory/Recall ability Check all that the resident was normally able to recall during the last 7 days. Check all that apply.  B. Location of own room	Cognitive Patterns B3. Memory/Recall/Ability (Status in last 7 days unless other time frame indicated)  (Check all that resident was normally able to recall during last 7 days)  b. Location of own room
C0900C	Staff names and faces	B3c	Staff names/faces	R					C. Staff names and faces	c. Staff names/faces	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0900. Memory/Recall ability Check all that the resident was normally able to recall during the last 7 days. Check all that apply.  C. Staff names and faces	Cognitive Patterns B3. Memory/Recall/Ability (Status in last 7 days unless other time frame indicated)  (Check all that resident was normally able to recall during last 7 days)  c. Staff names/faces

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C0900D	That he or she is in a nursing home	B3d	That he/she is in a nursing home	R					D. That he or she is in a nursing home	D. That he/she is in a nursing home	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0900. Memory/Recall ability Check all that the resident was normally able to recall during the last 7 days. Check all that apply.  D. That he or she is in a nursing home	Cognitive Patterns B3. Memory/Recall/Ability (Status in last 7 days unless other time frame indicated)  (Check all that resident was normally able to recall during last 7 days)  D. That he/she is in a nursing home
C0900Z	None of the above were recalled	B3e	NONE OF ABOVE are recalled	R					Z. None of the above were recalled	E. NONE OF ABOVE are recalled	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C0900. Memory/Recall ability Check all that the resident was normally able to recall during the last 7 days. Check all that apply.  Z. None of the above were recalled	Cognitive Patterns B3. Memory/Recall/Ability (Status in last 7 days unless other time frame indicated) (Check all that resident was normally able to recall during last 7 days)  E. NONE OF ABOVE are recalled

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C1000	Cognitive Skills for Daily Decision Making	B4	Cognitive Skills for Daily Decision Making	R	Y	Y	Y	Y	0. Independent-decisions consistent/reasonable 1. Modified independence-some difficulty in new situations only 2. Moderately impaired-decisions poor; cues/supervision required 3. Severely impaired-never/rarely made decisions	0. Independent-decisions consistent/reasonable 1. Modified independence-some difficulty in new situations only 2. Moderately impaired- decisions poor; cues/supervision required 3. Severely impaired-never/rarely made decisions	Cognitive Patterns Staff assessment for Mental Status Staff Assessment for Mental Status-Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed  C1000. Cognitive Skills for Daily Decision Making Made decisions regarding tasks of daily life. Enter Code  0. Independent-decisions consistent/reasonable 1. Modified independence-some difficulty in new situations only 2. Moderately impaired-decisions poor; cues/supervision required 3. Severely impaired-never/rarely made decisions	Cognitive Patterns Status in 7 days unless other time frame indicated.  B4. Cognitive Skills for Daily Decision-Making (Made decisions regarding tasks of daily life)  0. Independent-decisions consistent/reasonable 1. Modified independence-some difficulty in new situations only 2. Moderately impaired- decisions poor; cues/supervision required 3. Severely impaired-never/rarely made decisions
C1100	Procedural Memory			N					0. Yes, Memory OK 1. Memory problem		Cognitive Patterns C1100. Procedural Memory  Procedural Memory OK - Can perform all or almost all steps in a multitask sequence without cues. Code for the last 7 days recall of what was learned or known:  0. Yes, Memory OK 1. Memory problem	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
C1300A	Inattention	B5a	Easily Distracted	R			Y	Y	0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	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 Delirium - Complete on all residents  C1300. Signs and Symptoms of Delirium - from the Confusion Assessment Method (CAM©) After completing Brief Interview for Mental Status or Staff Assessment and reviewing medical record, code A-D for the last 7 days.  A. Inattention-Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? Enter Codes in Boxes  0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	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.]  a. Easily distracted-(e.g., difficulty paying attention; gets sidetracked)  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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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
C1300B	Disorganized thinking	B5c	Episodes of Disorganized Speech	R			Y	Y	0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	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 Delirium-Complete on all residents  C1300. Signs and Symptoms of Delirium - from the Confusion Assessment Method (CAM©) After completing Brief Interview for Mental Status or Staff Assessment and reviewing medical record, code A-D for the last 7 days.  B. Disorganized thinking-Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? Enter Codes in Boxes  0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	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.]  c. Episodes of disorganized Speech-(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)  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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### MDS 3.0 vs. MDS 2.0 Crosswalk

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C1300C	Altered level of consciousness			N					0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)		Cognitive Patterns Delirium-Complete on all residents  C1300. Signs and Symptoms of Delirium - from the Confusion Assessment Method (CAM©) After completing Brief Interview for Mental Status or Staff Assessment and reviewing medical record, code A-D for the last 7 days. Enter Codes in Boxes Enter Code  C. Altered level of consciousness-Did the resident have altered level of consciousness? (e.g., vigilant-startles easily to any sound or touch; lethargic-repeatedly dozes off when being asked questions, but responds to voice or touch; stuporous-very difficult to arouse and keep aroused for the interview; comatose-cannot be aroused)  0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

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C1300D	Psychomotor retardation	B5e	Periods of Lethargy	R			Y	Y	0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	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 Delirium-Complete on all residents  C1300. Signs and Symptoms of Delirium - from the Confusion Assessment Method (CAM©) After completing Brief Interview for Mental Status or Staff Assessment and reviewing medical record, code A-D for the last 7 days.  D. Psychomotor retardation-Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? Enter Codes in Boxes  0. Behavior not present 1. Behavior continuously present, does not fluctuate. 2. Behavior present, fluctuates (comes and goes, changes in severity)	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.]  E. Periods of Lethargy-e.g., sluggishness; staring into space; difficult to arouse; little body movement)  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)
C1600	Acute Onset Mental Status Change			N					0. No 1. Yes		Cognitive Patterns Delirium-Complete on all residents  C1600. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the resident's baseline in last 7 days? Enter Code  0. No 1. Yes	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>D. Mood</b>												
Look back period is 7 days unless another time frame is indicated												
D0100	Should Resident Mood Interview be Conducted?			N					0. No (resident is rarely/never understood) -> Skip to D0400, Should the Staff Assessment of Mood be Conducted? 1. Yes -> Continue to D0200, Resident Mood Interview - from the Patient Health Questionnaire (PHQ-9©)		Mood D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents (Conduct interview on day before, day of, or day after Assessment Reference Date (A2300) Enter Code  0. No (resident is rarely/never understood) -> Skip to D0400, Should the Staff Assessment of Mood be Conducted? 1. Yes -> Continue to D0200, Resident Mood Interview - from the Patient Health Questionnaire (PHQ-9©)	
D0200A1	Little interest or pleasure in doing things			N					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" A. Little interest or pleasure in doing things  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2.  Enter Code  0. No 1. Yes -> 9. No response	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

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D0200A2	Little interest or pleasure in doing things			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" A. Little interest or pleasure in doing things  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0200B1	Feeling down, depressed, or hopeless			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" B. Feeling down, depressed, or hopeless  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0200B2	Feeling down, depressed, or hopeless			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" B. Feeling down, depressed, or hopeless  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0200C1	Trouble falling or staying asleep, or sleeping too much			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" C. Trouble falling or staying asleep, or sleeping too much  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0200C2	Trouble falling or staying asleep, or sleeping too much			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" C. Trouble falling or staying asleep, or sleeping too much  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0200D1	Feeling tired or having little energy			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" D. Feeling tired or having little energy  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0200D2	Feeling tired or having little energy			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" D. Feeling tired or having little energy  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0200E1	Poor appetite or overeating			N					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" E. Poor appetite or overeating  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0200E2	Poor appetite or overeating			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" E. Poor appetite or overeating  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0200F1	Feeling bad about yourself - or that you are a failure or have let yourself or your family down			N					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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D0200F2	Feeling bad about yourself - or that you are a failure or have let yourself or your family down			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0200G1	Trouble concentrating on things, such as reading the newspaper or watching television			N					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" G. Trouble concentrating on things, such as reading the newspaper or watching television  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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D0200G2	Trouble concentrating on things, such as reading the newspaper or watching television			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" G. Trouble concentrating on things, such as reading the newspaper or watching television  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

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D0200H1	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual			N					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" H. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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D0200H2	Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" H. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

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D020011	Thoughts that you would be better off dead, or of hurting yourself in some way			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0200. Resident Mood Interview (PHQ-9©)  Show resident the response options and say: "Over the last 2 weeks, have you been bothered by any of the following problems?" 1. Thoughts that you would be better off dead, or of hurting yourself in some way  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

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D020012	Thoughts that you would be better off dead, or of hurting yourself in some way			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?" I. Thoughts that you would be better off dead, or of hurting yourself in some way  2.Symptom Frequency If yes in column 1, Symptom Presence, then ask the resident: "about how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response below.  0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D020013	If "Yes," check here to indicate that responsible staff or provider has been informed:			<b>N</b>					3. If "Yes," check here to indicate that responsible staff or provider has been informed:		Mood D0200. Resident Mood Interview (PHQ-9©)  Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"  1. Thoughts that you would be better off dead, or of hurting yourself in some way  1.Symptom Presence If symptom is present, enter yes (1), then obtain symptom frequency in Column 2. Enter Code  0. No 1. Yes -> 9. No response  3. If "Yes," check here to indicate that responsible staff or provider has been informed:	
D0300	Total Severity Score			<b>N</b>					Enter Numbers		Mood D0300. Total Severity Score  Add scores for all selected frequency responses in column 2, Symptom Frequency. Score may be between 00 and 27. Enter 99 if unable to complete interview (i.e., "No response" to 3 or more items).  Enter Numbers	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0400	Should the Staff Assessment of Mood be conducted?			N					0. No (because Resident Mood Interview was completed) -> Skip to E0100, Psychosis 1. Yes (because 3 or more items in Resident Mood Interview not completed) -> Continue to D0500, Staff Assessment of Mood		Mood D0400. Should the Staff Assessment of Mood be conducted?  Enter Code 0. No (because Resident Mood Interview was completed) -> Skip to E0100, Psychosis 1. Yes (because 3 or more items in Resident Mood Interview not completed) -> Continue to D0500, Staff Assessment of Mood	
D0500A1	Little interest or pleasure in doing things			N					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" A. Little interest or pleasure in doing things  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500A2	Little interest or pleasure in doing things			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" A. Little interest or pleasure in doing things  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0500B1	Feeling or appearing down, depressed, or hopeless			N					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" B. Feeling or appearing down, depressed, or hopeless  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500B2	Feeling or appearing down, depressed, or hopeless			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" B. Feeling or appearing down, depressed, or hopeless  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0500C1	Trouble falling or staying asleep, or sleeping too much			N					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" C. Trouble falling or staying asleep, or sleeping too much  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500C2	Trouble falling or staying asleep, or sleeping too much			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" C. Trouble falling or staying asleep, or sleeping too much  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0500D1	Feeling tired or having little energy			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" D. Feeling tired or having little energy  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500D2	Feeling tired or having little energy			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" D. Feeling tired or having little energy  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0500E1	Poor appetite or overeating			N					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" E. Poor appetite or overeating  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500E2	Poor appetite or overeating			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" E. Poor appetite or overeating  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	
D0500F1	Indicating that s/he feels bad about self, is a failure, or has let self or family down			N					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" F. Indicating that s/he feels bad about self, is a failure, or has let self or family down  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500F2	Indicating that s/he feels bad about self, is a failure, or has let self or family down			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" F. Indicating that s/he feels bad about self, is a failure, or has let self or family down  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

**MDS 3.0 vs. 2.0 Comparison**  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500G1	Trouble concentrating on things, such as reading the newspaper or watching television			N					0. No 1. Yes -> 9. No response		<p>Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.</p> <p>Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" G. Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code</p> <p>0. No 1. Yes -&gt; 9. No response</p>	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500G2	Trouble concentrating on things, such as reading the newspaper or watching television			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" G. Trouble concentrating on things, such as reading the newspaper or watching television  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500H1	Moving or speaking so slowly that other people have noticed. Or the opposite-being so fidgety or restless that s/he has been moving around a lot more than usual			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" H. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that s/he has been moving around a lot more than usual  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500H2	Moving or speaking so slowly that other people have noticed. Or the opposite-being so fidgety or restless that s/he has been moving around a lot more than usual			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" H. Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that s/he has been moving around a lot more than usual  2. Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D050011	States that life isn't worth living, wishes for death, or attempts to harm self.			N					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" I. States that life isn't worth living, wishes for death, or attempts to harm self.  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	
D050012	States that life isn't worth living, wishes for death, or attempts to harm self.			N					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed. Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" I. States that life isn't worth living, wishes for death, or attempts to harm self.  2. Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D050013	If "Yes," (in D050012) check here to indicate that responsible staff or provider has been informed			<b>N</b>					If "Yes," check here to indicate that responsible staff or provider has been informed:		<p>Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.</p> <p>Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?"</p> <p>I. States that life isn't worth living, wishes for death, or attempts to harm self.</p> <p>1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code</p> <p>3) If "Yes," check here to indicate that responsible staff or provider has been informed:</p>	

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0500J1	Being short-tempered, easily annoyed			<b>N</b>					0. No 1. Yes -> 9. No response		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" J. Being short-tempered, easily annoyed  1.Symptom Presence If symptom is present, enter yes (1), then move to column 2 and select symptom frequency. Enter Code  0. No 1. Yes -> 9. No response	
D0500J2	Being short-tempered, easily annoyed			<b>N</b>					0.1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"		Mood D0500. Staff Assessment of Mood (PHQ-9©)-Do not conduct if Resident Mood Interview (D0200-D0300) was completed.  Say to staff: "Over the last 2 weeks, did the resident have any of the following problems or behaviors?" J. Being short-tempered, easily annoyed  2.Symptom Frequency If yes in column 1, Symptom Presence, select frequency.  0. 1 Day "Rarely" 1. 2-6 Days "Several days" 2. 7-11 Days "More than half the days" 3. 12-14 Days "Nearly every day"	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
D0600	Total Severity Score			<b>N</b>					Enter Numbers		Mood Staff Assessment of Mood  D0600. Total Severity Score Add scores for all selected frequency responses in column 2, Symptom Frequency. Score may be between 00 and 30. Enter Numbers	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>E. Behavior</b>												
Look back period is 7 days unless another time frame is indicated												
E0100A	Hallucinations	J1i	Hallucinations	R	Y	Y	Y		A. Hallucinations	1.Hallucinations	Behavior E0100. Psychosis  Check if problem condition was present at any time in last 7 days. Check all that apply.  A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other  1.Hallucinations
E0100B	Illusions			N					B. Illusions		Behavior E0100. Psychosis  Check if problem condition was present at any time in last 7 days. Check all that apply.  B. Illusions (misperceptions in the presence of real external sensory stimuli)	
E0100C	Delusions	J1e	Delusions	R	Y				C. Delusions	E. Delusions	Behavior E0100. Psychosis  Check if problem condition was present at any time in last 7 days. Check all that apply.  C. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other  E. Delusions
E0100Z	None of the above	J1p	None of Above	NC					Z. None of the above	p. None of Above	Behavior E0100. Psychosis  Check if problem condition was present at any time in last 7 days. Check all that apply.  Z. None of the above	Health Conditions J1. Problem Conditions Check all problems present in last 7 days unless other time frame is indicated  p. None of Above

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
E0200A	Physical behavioral symptoms directed toward others	E4cA	Physically Abusive Behavioral Symptoms	R	Y	Y	Y		0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Behavior Behavioral Symptoms  E0200. Behavioral Symptom-Presence & Frequency. Note presence of symptoms and their frequency in the last 7 days. Enter Code.  A. Physical behavioral symptoms directed toward others- (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually).  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Mood and Behavior Patterns E4. Behavioral Symptoms c. Physically abusive behavioral symptoms (others were hit, shoved, scratched, sexually abused.) (A) Behavioral symptom frequency in last 7 days.  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily
E0200B	Verbal behavioral symptoms directed toward others	E4bA	Verbally Abusive Behavioral symptoms	R	Y	Y	Y		0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Behavior Behavioral Symptoms  E0200. Behavioral Symptom-Presence & Frequency. Note presence of symptoms and their frequency in the last 7 days. Enter Code.  B. Verbal behavioral symptoms directed toward others- (e. g., threatening others, screaming at others, cursing at others).  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Mood and Behavior Patterns E4. Behavioral Symptoms b. Verbally Abusive Behavioral Symptoms- (others were threatened, screamed at, cursed at.) A. Behavioral symptom frequency in last 7 days.  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily

**MDS 3.0 vs. 2.0 Comparison**

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
E0200C	Other behavioral symptoms not directed toward others	E4dA	Socially Inappropriate/ Disruptive Behavioral symptoms	R	Y	Y	Y		0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Behavior Behavioral Symptoms  E0200. Behavioral Symptom- Presence & Frequency. Note presence of symptoms and their frequency in the last 7 days. Enter Code.  C. Other behavioral symptoms not directed toward others- (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds).  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	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.) A. Behavioral symptom frequency in last 7 days.  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily
E0300	Overall Presence of Behavioral Symptoms in the last 7 days.			N					0. No -> Skip to E0800, Rejection of Care-Presence and Frequency 1. Yes -> Considering all of E0200, Behavioral Symptoms-Presence and Frequency, answer E0500 and E0600 below		Behavior Behavioral Symptoms  E0300. Overall Presence of Behavioral Symptoms in the last 7 days Were any behavioral symptoms in questions E0200 coded 1, 2, or 3? Enter Code  0. No -> Skip to E0800, Rejection of Care-Presence and Frequency 1. Yes -> Considering all of E0200, Behavioral Symptoms-Presence and Frequency, answer E0500 and E0600 below	

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E0500A	Put the resident at significant risk for physical illness or injury?			<b>N</b>					0. No 1. Yes		Behavior Behavioral Symptoms  E0500. Impact on Resident Did any of the identified symptom(s):  A. Put the resident at significant risk for physical illness or injury? Enter Code  0. No 1. Yes	
E0500B	Significantly interfere with the resident's care?			<b>N</b>					0. No 1. Yes		Behavior Behavioral Symptoms  E0500. Impact on Resident Did any of the identified symptom(s):  B. Significantly interfere with the resident's care? Enter Code  0. No 1. Yes	
E0500C	Significantly interfere with the resident's participation in activities or social interactions?			<b>N</b>					0. No 1. Yes		Behavior Behavioral Symptoms  E0500. Impact on Resident Did any of the identified symptom(s):  C. Significantly interfere with the resident's participation in activities or social interactions? Enter Code  0. No 1. Yes	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
E0600A	Put others at significant risk for physical injury?			N					0. No 1. Yes		Behavior Behavioral Symptoms  E0600. Impact on Others Did any of the identified symptom(s):  A. Put others at significant risk for physical injury?  0. No 1. Yes	
E0600B	Significantly intrude on the privacy or activity of others?			N					0. No 1. Yes		Behavior Behavioral Symptoms  E0600. Impact on Others Did any of the identified symptom(s):  B. Significantly intrude on the privacy or activity of others?  0. No 1. Yes	
E0600C	Significantly disrupt care or living environment?			N					0. No 1. Yes		Behavior Behavioral Symptoms  E0600. Impact on Others Did any of the identified symptom(s):  C. Significantly disrupt care or living environment?  0. No 1. Yes	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

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E0800	Rejection of Care -- Presence & Frequency	E4eA	Resists Care	R	Y	Y	Y		0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Behavior E0800. Rejection of care -- Presence & Frequency  In the last 7 days, did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and/or determined to be consistent with resident values, preferences, or goals. Enter Code  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Mood and Behavior Patterns E4. Behavioral Symptoms E. Resists Care (resisted taking medications/injections, ADL assistance, or eating) A. Behavioral symptom frequency in last 7 days.  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily
E0900	Wandering -- Presence & Frequency	E4aA	Wandering	R	Y		Y		0. Behavior not exhibited in last 7 days ->Skip to E1100, Change in Behavioral or other Symptoms 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Behavior E0900. Wandering -- Presence & Frequency  In the last 7 days, has the resident wandered? Enter Code  0. Behavior not exhibited in last 7 days ->Skip to E1100, Change in Behavioral or other Symptoms 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily	Mood and Behavior Patterns E4. Behavioral Symptoms a. Wandering (moved with no rational purpose, seemingly oblivious to needs or safety). A. Behavioral symptom frequency in last 7 days.  0. Behavior not exhibited in last 7 days. 1. Behavior of this type occurred 1 to 3 days in last 7 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
E1000A	Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?			<b>N</b>					0. No 1. Yes		Behavior E1000. Wandering-Impact  A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)? Enter Code  0. No 1. Yes	
E1000B	Does wandering significantly intrude on the privacy or activities of others?			<b>N</b>					0. No 1. Yes		Behavior E1000. Wandering-Impact  B. Does the wandering significantly intrude on the privacy or activities of others? Enter Code  0. No 1. Yes	
E1100	Change in Behavioral or Other Symptoms	E5	Change in Behavioral Symptoms	<b>R</b>			<b>Y</b>		0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment	0. No change 1. Improved 2. Deteriorated	Behavior E1100. Change in Behavioral or Other Symptoms-Consider all the symptoms assessed in Items E0100 through E1000.  How does resident's current behavior status, care rejection, or wandering compare to prior assessment? Enter Code  0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment	Mood and Behavior Patterns E5. Change in Behavioral Symptoms Resident's behavior 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

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<b>F Preferences for Customary Routine, Activities, Community Setting</b>												
Look back period is 7 days unless another time frame is indicated												
F0300	Should Interview for Daily and Activity Preferences be Conducted?			N					0. No (resident is rarely/never understood and family not available) -> Skip to F0700, Should the Staff Assessment of Daily and Activity Preferences be Conducted? 1. Yes -> Continue to F0400, Interview for Daily Preferences		Preferences for Customary Routine and Activities F0300. Should Interview for Daily and Activity Preferences be Conducted?-Attempt to interview all residents able to communicate. If resident unable to complete, attempt to complete interview with family member or significant other.  (Conduct interview on day before, day of, or day after Assessment Reference Date (A2300)  Enter Code  0. No (resident is rarely/never understood and family not available) -> Skip to F0700, Should the Staff Assessment of Daily and Activity Preferences be Conducted? 1. Yes -> Continue to F0400, Interview for Daily Preferences	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
F0400A	how important is it to you to choose what clothes to wear?			N					1. Very important 2. Somewhat important 3. Not very important 4. Not very important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." A. how important is it to you to choose what clothes to wear? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	
F0400B	how important is it to you to take care of your personal belongings or things?			N					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." B. how important is it to you to take care of your personal belongings or things? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
F0400C	how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?			<b>N</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	
F0400D	how important is it to you to have snacks available between meals?	AC1j	Eats between meals all or most days	<b>R</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	j. Eats between meals all or most days	Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." D. how important is it to you to have snacks available between meals? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	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 j. Eats between meals all or most days

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F0400E	how important is it to choose your own bedtime?			<b>N</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." E. how important is it to you to choose your own bedtime? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not very important at all 5. Important, but can't do or no choice 9. No response or non-responsive	
F0400F	how important is it to you to have your family or a close friend involved in discussions about your care?			<b>N</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." F. how important is it to you to have your family or a close friend involved in discussions about your care? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	

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F0400G	how important is it to you to be able to use the phone in private?			<b>N</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." G. how important is it to you to be able to use the phone in private? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	
F0400H	how important is it to you to have a place to lock your things to keep them safe?			<b>N</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0400. Interview for Daily Preferences  Show resident the response options and say: "While you are in this facility..." H. how important is it to you to have a place to lock your things to keep them safe? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	

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F0500A	how important is it to you to have books, newspapers, and magazines to read?	N4e	Reading/writing	R					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	E. Reading/writing	<p>Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences</p> <p>Show resident the response options and say: "While you are in this facility..."            A. how important is it to you to have books, newspapers, and magazines to read?            Enter Code            Enter Code in Boxes</p> <p>1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive</p>	<p>Activity Pursuit Patterns            If resident is comatose, skip to Section O            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)            e. Reading/writing</p>
F0500B	how important is it to you to listen to music you like?	N4d	Music	R					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	D. Music	<p>Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences</p> <p>Show resident the response options and say: "While you are in this facility..."            B. how important is it to you to listen to music you like?            Enter Code            Enter Code in Boxes</p> <p>1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive</p>	<p>Activity Pursuit Patterns            If resident is comatose, skip to Section O            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)            d. Music</p>

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F0500C	how important is it to you to be around animals such as pets?	AC1v	Daily animal companion/pr esence	<b>R</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	v. Daily animal companion/presence	Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences  Show resident the response options and say: "While you are in this facility..." C. how important is it to you to be around animals such as pets? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	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 v. Daily animal companion/presence
F0500D	how important is it to you to keep up with the news?			<b>N</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences  Show resident the response options and say: "While you are in this facility..." D. how important is it to you to keep up with the news? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
F0500E	how important is it to you to do things with groups of people?	AC1w	Involved in group activities	R					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	w. Involved in group activities	Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences  Show resident the response options and say: "While you are in this facility..." E. how important is it to you to do things with groups of people? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	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 w. Involved in group activities
F0500F	how important is it to you to do your favorite activities?			N					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive		Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences  Show resident the response options and say: "While you are in this facility..." F. how important is it to you to do your favorite activities? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
F0500G	how important is it to you to go outside to get fresh air when the weather is good?	N4h  AC1c	Walking/wheeling outdoors  Goes out 1+ days a week	R					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	h. Walking/wheeling outdoors  c. Goes out 1+ days a week	Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences  Show resident the response options and say: "While you are in this facility..." G. how important is it to you to go outside to get fresh air when the weather is good? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	Activity Pursuit Patterns If resident is comatose, skip to Section O 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) h. Walking/wheeling outdoors  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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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
F0500H	how important is it to you to participate in religious services or practices?	N4f  AC1t	Spiritual/religious activities  Usually attends church, temple, synagogue, (etc.)	<b>R</b>					1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	f. Spiritual/religious activities  t. Usually attends church, temple, synagogue, (etc.)	Preferences for Customary Routine and Activities F0500. Interview for Activity Preferences  Show resident the response options and say: "While you are in this facility..." H. how important is it to you to participate in religious services or practices? Enter Code Enter Code in Boxes  1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive	Activity Pursuit Patterns If resident is comatose, skip to Section O 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) f. Spiritual/religious activities  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 t. Usually attends church, temple, synagogue, (etc.)
F0600	Daily and Activity Preferences Primary Respondent			<b>N</b>					1. Resident 2. Family or significant other(close friend or other representative) 9. Interview could not be completed by resident or family/significant other ("No Response" to 3 or more items)		Preferences for Customary Routine and Activities F0600. Daily and Activity Preferences Primary Respondent  Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500) Enter Code  1. Resident 2. Family or significant other (close friend or other representative) 9. Interview could not be completed by resident or family/significant other ("No Response" to 3 or more items)	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

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F0700	Should the Staff Assessment of Daily and Activity Preferences be Conducted?			N					0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) -> Skip to G0100, Activities of Daily Living (ADL) Assistance 1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) -> Continue to F0800, Staff Assessment of Daily and Activity Preferences		Preferences for Customary Routine and Activities F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?  Enter Code  0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) -> Skip to G0100, Activities of Daily Living (ADL) Assistance 1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) -> Continue to F0800, Staff Assessment of Daily and Activity Preferences	
F0800A	Choosing clothes to wear			N					A. Choosing clothes to wear		Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences  Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:  Check all that apply.  A. Choosing clothes to wear	

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F0800B	Caring for personal belongings			N					B. Caring for personal belongings		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>B. Caring for personal belongings</p>	
F0800C	Receiving tub bath			N					C. Receiving tub bath		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>C. Receiving tub bath</p>	
F0800D	Receiving shower	AC1p	Showers for bathing	R					D. Receiving shower	p. Showers for bathing	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>D. Receiving shower</p>	<p>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.)</p> <p>ADL Patterns</p> <p>p. Showers for bathing</p>

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F0800E	Receiving bed bath			N					E. Receiving bed bath		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>E. Receiving bed bath</p>	
F0800F	Receiving sponge bath			N					F. Receiving sponge bath		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>F. Receiving sponge bath</p>	
F0800G	Snacks between meals			N					G. Snacks between meals		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>G. Snacks between meals</p>	

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F0800H	Staying up past 8:00 p.m.	AC1a	Stays up late at night (e.g., after 9 pm)	R					H. Staying up past 8:00 p.m.	a. Stays up late at night (E.g. after 9pm)	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>H. Staying up past 8:00 p.m.</p>	<p>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.)</p> <p>Cycle of Daily Events</p> <p>a. Stays up late at night (e.g. after 9pm)</p>
F0800I	Family or significant other involvement in care discussions			N					I. Family or significant other involvement in care discussions		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>I. Family or significant other involvement in care discussions</p>	
F0800J	Use of phone in private			N					J. Use of phone in private		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>J. Use of phone in private</p>	

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F0800K	Place to lock personal belongings			<b>N</b>					K. Place to lock personal belongings		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>K. Place to lock personal belongings</p>	
F0800L	Reading books, newspapers, or magazines	N4e	Reading/writing	<b>R</b>					L. Reading books, newspapers, or magazines	E. Reading/writing	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>L. Reading books, newspapers, or magazines</p>	<p>Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Status in last 7 days, unless other time frame indicated) (Check all Preferences whether or not activity is currently available to resident)</p> <p>E. Reading/writing</p>
F0800M	Listening to music	N4d	Music	<b>R</b>					M. Listening to music	D. Music	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>M. Listening to music</p>	<p>Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Status in last 7 days, unless other time frame indicated) (Check all Preferences whether or not activity is currently available to resident)</p> <p>D. Music</p>

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F0800N	Being around animals such as pets			N					N. Being around animals such as pets		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>N. Being around animals such as pets</p>	
F0800O	Keeping up with the news			N					O. Keeping up with the news		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>O. Keeping up with the news</p>	
F0800P	Doing things with groups of people	AC1w	Involved in group activities	R					P. Doing things with groups of people	w. Involved in group activities	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>P. Doing things with groups of people</p>	<p>Customary Routine Involvement Patterns</p> <p>Check all that apply. If all information UNKNOWN, check last box only.</p> <p>W. Involved in group activities</p>

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F0800Q	Participating in favorite activities			<b>N</b>					Q. Participating in favorite activities		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>Q. Participating in favorite activities</p>	
F0800R	Spending time away from the nursing home	N4g	Trips/shopping	<b>R</b>					R. Spending time away from the nursing home	g. Trips/shopping	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>R. Spending time away from the nursing home</p>	<p>Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Status in last 7 days, unless other time frame indicated) (Check all Preferences whether or not activity is currently available to resident)</p> <p>g. Trips/shopping</p>
F0800S	Spending time outdoors	N4h	Walking/wheeling outdoors	<b>R</b>					S. Spending time outdoors	h. Walking/wheeling outdoors	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>S. Spending time outdoors</p>	<p>Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Status in last 7 days, unless other time frame indicated) (Check all Preferences whether or not activity is currently available to resident)</p> <p>h. Walking/wheeling outdoors</p>

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F0800T	Participating in religious activities or practices	N4f	Spiritual/religious activities	<b>R</b>					T. Participating in religious activities or practices	f. Spiritual/religious activities	<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>T. Participating in religious activities or practices</p>	<p>Activity Pursuit Patterns N4. General Activity Preferences (adapted to resident's current abilities) (Status in last 7 days, unless other time frame indicated) (Check all Preferences whether or not activity is currently available to resident)</p> <p>t. Participating in religious activities or practices</p>
F0800Z	None of the above			<b>N</b>					Z. None of the above		<p>Preferences for Customary Routine and Activities F0800. Staff Assessment of Daily and Activity Preferences</p> <p>Do not conduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed. Resident Prefers:</p> <p>Check all that apply.</p> <p>Z. None of the above</p>	

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<b>G. Functional Status</b>												
Look back period is 7 days unless another time frame is indicated												
G0100	Activities of Daily Living (ADL) Assistance	G1	ADL Self-Performance and ADL Support Provided	R							Functional Status G0100. Activities for Daily Living (ADL) Assistance <b>G0100 Value Descriptions:</b> 0. Independent-resident completes activity with no help or oversight 1. Set up assistance 2. Supervision-oversight, encouragement or cueing provided throughout the activity 3. Limited assistance-guided maneuvering of limbs or other non-weight bearing assistance provided at least once 4. Extensive assistance, 1 person assist-resident performed part of the activity while one staff member provided weight-bearing support or completed part of the activity at least once 5. Extensive assistance, 2+ person assist-resident performed part of the activity while two or more staff members provided weight-bearing support or completed part of the activity at least once 6. Total dependence, 1 person assist-full staff performance of activity (requiring only 1 person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.	G1A. ADL Self-Performance- (Code for resident's Performance Over All Shifts during last 7 days- Not including setup) <b>G1 Value Descriptions:</b> 0. Independent-No help or oversight-OR-Help/oversight provided only 1 or 2 times during last 7 days 1. Supervision-Oversight, encouragement or cueing provided 3 or more times during last 7 days-OR-Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days 2. Limited Assistance-Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times-OR-More help provided only 1 or 2 times during last 7 days 3. Extensive Assistance-While resident performed part of activity over last 7 day period, help of following type(s) provided 3 or more times: -weight-bearing support -Full staff performance during part (but not all) of last 7 days 4. Total Dependence-Full staff performance of activity during entire 7 days 8. Activity did not occur during entire 7 days

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(continued)	Activities of Daily Living (ADL) Assistance (continued)										7. Total dependence, 2+ person assist-full staff performance of activity (requiring 2 or more person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity. 8. Activity did not occur during entire period	G1B. ADL Support Provided - (Code for Most Support Provided Over All Shifts during last 7 days; code regardless of resident's self-performance classification) <b>G1B Value Descriptions:</b>  0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days
G0100A	Bed mobility	G1aA/B	Bed Mobility	R	Y	Y	Y	Y	0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. A. Bed mobility-moving to and from lying position, turning side to side and positioning body while in bed. Enter Code  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems a. Bed Mobility-How resident moves to and from lying position, turns side to side, and positions body while in bed.  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100B	Transfer	G1b A/B	Transfer	R	Y	Y	Y	Y	0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. B. Transfer-moving between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet). Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems b. Transfer-How resident moves between surfaces-to/from bed, chair, wheelchair, standing position (Exclude to/from bath/toilet).  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100C	Toilet transfer	G1iA/B	Toilet Use	R	Y	Y	Y	Y	0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. C. Toilet transfer-how resident gets to and moves on and off toilet or commode. Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems i. Toilet Use-How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100D	Toileting	G1iA/B	Toilet Use	R	Y	Y	Y	Y	0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. D. Toileting-using the toilet room (or commode, bedpan, urinal); cleaning self after toileting or incontinent episode(s), changing pad, managing ostomy or catheter, adjusting clothes (excludes toilet transfer). Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems i. Toilet Use-How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes.  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100E	Walk in room	G1cA/B	Walk in Room	R		Y	Y		0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. ADL activity itself did not occur during entire 7 days B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance Code for most dependent episode in last 7 days. E. Walk in room-walking between locations in his/her room. Enter Code. 0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems c. Walk in Room How resident walks between locations in his/her room (Status in last 7 days, unless other time frame indicated) A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100F	Walk in facility	G1dA/B	Walk in Corridor	R		Y	Y		0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. ADL activity itself did not occur during entire 7 days B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. F. Walk in facility-walking in corridor or other places in facility. Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems d. Walk in Corridor How resident walks in corridor on unit (Status in last 7 days, unless other time frame indicated)  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100G	Locomotion	G1eA/B G1fA/B	Locomotion On Unit Locomotion Off Unit	R		Y	Y	Y	0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. ADL activity itself did not occur during entire 7 days B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. G. Locomotion-moving about facility, with wheelchair if used. Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems e. Locomotion On Unit How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair f. Locomotion Off Unit How resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments) If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair (Status in last 7 days, unless other time frame indicated)  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100H	Dressing upper body	G1gA/B	Dressing	R		Y	Y		0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity did not occur (7 days)	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. H. Dressing upper body-dressing and undressing above the waist, includes prostheses, orthotics, fasteners, pullovers. Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems g. Dressing How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis (Status in last 7 days, unless other time frame indicated)  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100I	Dressing lower body	G1gA/B	Dressing	R		Y	Y		0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity did not occur (7 days)	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. I. Dressing lower body-dressing and undressing from the waist down, includes prostheses, orthotics, fasteners, pullovers. Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems g. Dressing How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis (Status in last 7 days, unless other time frame indicated)  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100J	Eating	G1hA/B	Eating	R	Y	Y	Y	Y	0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance Code for most dependent episode in last 7 days. J. Eating-includes eating, drinking (regardless of skill) or intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids for hydration). Enter Code. 0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems h. Eating-How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., feeding, total parenteral nutrition) A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100K	Grooming/personal hygiene	G1jA/B	Personal Hygiene	R		Y	Y		0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity itself did not occur during entire 7 days	Functional Status G0100. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. K. Grooming/personal hygiene- includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands ( <b>excludes</b> bath and shower). Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems j. Personal Hygiene How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0100L	Bathing	G2A/B	Bathing	R					0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	(A) Bathing Self-Performance codes appear below. 0. Independent-No help provided 1. Supervision-Oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total Dependence 8. Activity itself did not occur during entire 7 days (Bathing support codes are defined in Item 1, code B above) B. ADL Support Provided-(Code for Most Support Provided Over All Shifts during last 7 days; 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 8. ADL activity itself did not occur during entire 7 days	Functional Status G1. Activities for Daily Living (ADL) Assistance  Code for most dependent episode in last 7 days. L. Bathing-how resident takes full-body bath/shower, sponge bath and transfers in/out of tub/shower (excludes washing of back and hair). Enter Code.  0. Independent 1. Set up assistance 2. Supervision 3. Limited assistance 4. Extensive assistance, 1 person assist 5. Extensive assistance, 2+ person assist 6. Total dependence, 1 person assist 7. Total dependence, 2+ person assist 8. Activity did not occur during entire period	Physical Functioning and Structural Problems G2. Bathing How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (Exclude washing of back and hair.) (Status in last 7 days, unless other time frame indicated) Code for most dependent in self-performance and support.  A. ADL Self-Performance 0. Independent 1. Supervision 2. Limited Assistance 3. Extensive Assistance 4. Total Dependence 8. Activity did not occur during entire 7 days  B. ADL Support Provided 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur during entire 7 days

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0200A	Did resident have a hip fracture, hip replacement, or knee replacement in the 30 days prior to this admission?			N					0. No -> Skip to G0300, Balance During Transitions and Walking 1. Yes -> Continue to G0200B		Functional Status G0200. Mobility Prior to Admission-complete only on admission assessment (A1200A=01)  A. Did resident have a hip fracture, hip replacement, or knee replacement in the 30 days prior to this admission? Enter Code  0. No -> Skip to G0300, Balance During Transitions and Walking 1. Yes -> Continue to G0200B,	
G0200B1	Transfer			N					1. Transfer		Functional Status G0200. Mobility Prior to Admission-complete only on admission assessment (A1200A=01)  B. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement. Check all that apply.  1. Transfer	
G0200B2	Walk across room			N					2. Walk across room		Functional Status G0200. Mobility Prior to Admission-complete only on admission assessment (A1200A=01)  B. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement. Check all that apply.  2. Walk across room	

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N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0200B3	Walk 1 block on a level surface			N					3. Walk 1 block on a level surface		Functional Status G0200. Mobility Prior to Admission-complete only on admission assessment (A1200A=01)  B. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement. Check all that apply.  3. Walk 1 block on a level surface	
G0200B4	Resident was not independent in any of these activities			N					4. Resident was not independent in any of these activities		Functional Status G0200. Mobility Prior to Admission-complete only on admission assessment (A1200A=01)  B. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement. Check all that apply.  4. Resident was not independent in any of these activities	
G0200B9	Unable to determine			N					9. Unable to determine		Functional Status G0200. Mobility Prior to Admission-complete only on admission assessment (A1200A=01)  B. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement. Check all that apply.  9. Unable to determine	

**MDS 3.0 vs. 2.0 Comparison**

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 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0300A	Moving from seated to standing position	G3a, G3b	Balance while standing Balance while sitting-position, trunk control	R			Y		0. Steady at all times 1. Not steady, but able to stabilize without human assistance 2. Not steady, only able to stabilize with human assistance 8. Activity did not occur	0. Maintained position as required in test 1. Unsteady, but able to rebalance self without physical support 2. Partial physical support during test; or stands (sits) but does not follow directions for test 3. Not able to attempt test without physical help	Functional Status G0300. Balance During Transitions and Walking  After observing the resident, code the following walking and transition items for most dependent over the last 7 days: Enter Codes in Boxes A. Moving from seated to standing position  0. Steady at all times 1. Not steady, but <u>able</u> to stabilize without human assistance 2. Not steady, <u>only able</u> to stabilize with human assistance 8. Activity did not occur	Physical Functioning and Structural Problems G3. Test for Balance (see training manual) (Code for ability during test in the last 7 days) a. Balance while standing b. Balance while sitting-position, trunk control 0. Maintained position as required in test 1. Unsteady, but able to rebalance self without physical support 2. Partial physical support during test; or stands (sits) but does not follow directions for test 3. Not able to attempt test without physical help
G0300B	Walking (with assistive device if used)	J1n	Unsteady gait	R			Y		0. Steady at all times 1. Not steady, but able to stabilize without human assistance 2. Not steady, only able to stabilize with human assistance 8. Activity did not occur	n. Unsteady gait	Functional Status G0300. Balance During Transitions and Walking  After observing the resident, code the following walking and transition items for most dependent over the last 7 days: Enter Codes in Boxes B. Walking (with assistive device if used)  0. Steady at all times 1. Not steady, but <u>able</u> to stabilize without human assistance 2. Not steady, <u>only able</u> to stabilize with human assistance 8. Activity did not occur	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated) Other n. Unsteady gait

<b>MDS 3.0 vs. 2.0 Comparison</b>	
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### MDS 3.0 vs. MDS 2.0 Crosswalk

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G0300C	Turning around and facing the opposite direction while walking			N					0. Steady at all times 1. Not steady, but able to stabilize without human assistance 2. Not steady, only able to stabilize with human assistance 8. Activity did not occur		Functional Status G0300. Balance During Transitions and Walking  After observing the resident, code the following walking and transition items for most dependent over the last 7 days: Enter Codes in Boxes C. Turning around and facing the opposite direction while walking  0. Steady at all times 1. Not steady, but <u>able</u> to stabilize without human assistance 2. Not steady, <u>only able</u> to stabilize with human assistance 8. Activity did not occur	
G0300D	Moving on and off toilet			N					0. Steady at all times 1. Not steady, but able to stabilize without human assistance 2. Not steady, only able to stabilize with human assistance 8. Activity did not occur		Functional Status G0300. Balance During Transitions and Walking  After observing the resident, code the following walking and transition items for most dependent over the last 7 days: Enter Codes in Boxes D. Moving on and off toilet  0. Steady at all times 1. Not steady, but <u>able</u> to stabilize without human assistance 2. Not steady, <u>only able</u> to stabilize with human assistance 8. Activity did not occur	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0300E	Surface-to-surface transfer (transfer between bed and chair or wheelchair)			<b>N</b>					0. Steady at all times 1. Not steady, but able to stabilize without human assistance 2. Not steady, only able to stabilize with human assistance 8. Activity did not occur		Functional Status G0300. Balance During Transitions and Walking  After observing the resident, code the following walking and transition items for most dependent over the last 7 days: Enter Codes in Boxes E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)  0. Steady at all times 1. Not steady, but able to stabilize without human assistance 2. Not steady, <u>only able</u> to stabilize with human assistance 8. Activity did not occur	
G0400A	Upper extremity (shoulder, elbow, wrist, hand)	G4bA, G4cA	Arm-Including shoulder or elbow Hand-Including wrist or fingers	<b>R</b>		<b>Y</b>			0. No impairment 1. Impairment on one side 2. Impairment on both sides	(A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides	Functional Status G0400. Functional Limitation in Range of motion  Code for limitation during last 7 days that interfered with daily functions or placed resident at risk of injury. Enter Codes in Boxes A. Upper extremity (shoulder, elbow, wrist, hand)  0. No impairment 1. Impairment on one side 2. Impairment 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) b. Arm-Including shoulder or elbow c. Hand-Including wrist or fingers (A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0400B	Lower extremity (hip, knee, ankle, foot)	G4dA, G4eA	Leg-Including hip or knee Foot-Including ankle or toes	R		Y			0. No impairment 1. Impairment on one side 2. Impairment on both sides	(A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides	Functional Status G0400. Functional Limitation in Range of motion  Code for limitation during last 7 days that interfered with daily functions or placed resident at risk of injury. Enter Codes in Boxes B. Lower extremity (hip, knee, ankle, foot)  0. No impairment 1. Impairment on one side 2. Impairment 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) d. Leg-Including hip or knee e. Foot-Including ankle or toes (A) Range of Motion 0. No limitation 1. Limitation on one side 2. Limitation on both sides
G0600A	Cane/crutch	G5a	Cane/walker/crutch	R					A. Cane/crutch	a. Cane/walker/crutch	Functional Status G0600. Mobility Devices  Check all that were normally used in the past 7 days: Check all that apply.  A. Cane/crutch	Physical Functioning and Structural Problems G5. Modes of Locomotion  (Check all that apply during last 7 days)  a. Cane/walker/crutch
G0600B	Walker	G5a	Cane/walker/crutch	R					B. Walker	a. Cane/walker/crutch	Functional Status G0600. Mobility Devices  Check all that were normally used in the past 7 days: Check all that apply.  B. Walker	Physical Functioning and Structural Problems G5. Modes of Locomotion (Check all that apply during last 7 days)  a. Cane/walker/crutch
G0600C	Wheelchair (manual or electric)	G5b, G5c, G5d	Wheeled self  Other person wheeled  Wheelchair primary mode of locomotion	R					C. Wheelchair (manual or electric)	b. Wheeled self c. Other person wheeled d. Wheelchair primary mode of locomotion	Functional Status G0600. Mobility Devices  Check all that were normally used in the past 7 days: Check all that apply.  C. Wheelchair (manual or electric)	Physical Functioning and Structural Problems G5. Modes of Locomotion (Check all that apply during last 7 days) b. Wheeled self c. Other person wheeled d. Wheelchair primary mode of locomotion

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
G0600D	Lower extremity limb prosthesis			<b>N</b>					D. Lower extremity limb prosthesis		Functional Status G0600. Mobility Devices  Check all that were normally used in the past 7 days: Check all that apply.  D. Lower extremity limb prosthesis	
G0600Z	None of the above were used	G5e	NONE OF ABOVE	<b>NC</b>					Z. None of the above were used	e. NONE OF ABOVE	Functional Status G0600. Mobility Devices  Check all that were normally used in the past 7 days: Check all that apply.  Z. None of the above were used	Physical Functioning and Structural Problems G5. Modes of Locomotion (Check all that apply during last 7 days) e. NONE OF ABOVE
G0800	Bedfast	G6a	Bedfast all or most of time	<b>R</b>		<b>Y</b>	<b>Y</b>	<b>Y</b>	0. No 1. Yes	a. Bedfast all or most of time	Functional Status G0800. Bedfast  Has the resident been in bed or in recliner in room for more than 22 hours on at least 4 out of 7 days? Enter Code  0. No 1. Yes	Physical Functioning and Structural Problems G6. Modes of Transfer (Check all that apply during last 7 days) a. Bedfast all or most of time
G0900A	Resident believes he or she is capable of increased independence in at least some ADLs	G8a	Resident believes he/she is capable of increased independence in at least some ADLs	<b>R</b>			<b>Y</b>		0. No 1. Yes 9. Unable to determine	a. Resident believes he/she is capable of increased independence in at least some ADLs	Functional Status G0900. Functional Rehabilitation Potential -complete only on full assessment (A1200A=01)  A. Resident believes he or she is capable of increased independence in at least some ADLs Enter Code  0. No 1. Yes 9. Unable to determine	Physical Functioning and Structural Problems G8. ADL Functional Rehabilitation Potential (Status in last 7 days, unless other time frame indicated) a. Resident believes he/she is capable of increased independence in at least some ADLs

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G0900B	Direct care staff believe resident is capable of increased independence in at least some ADLs	G8b	Direct care staff believe resident is capable of increased independence in at least some ADLs.	R			Y		0. No 1. Yes	b. Direct care staff believe resident is capable of increased independence in at least some ADLs	Functional Status G0900. Functional Rehabilitation Potential -complete only on full assessment (A1200A=01)  B. Direct care staff believe resident is capable of increased independence in at least some ADLs. Enter Code  0. No 1. Yes	Physical Functioning and Structural Problems G8. ADL Functional Rehabilitation Potential (Status in last 7 days, unless other time frame indicated) b. Direct care staff believe resident is capable of increased independence in at least some ADLs

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>H. Bladder and Bowel</b>												
Look back period is 7 days unless another time frame is indicated												
H0100A	Indwelling bladder catheter	H3d	Indwelling catheter	R		Y	Y	Y	A. Indwelling bladder catheter	d. Indwelling catheter	Bladder and Bowel H0100. Appliances  Check all that applied in last 7 days:  A. Indwelling bladder catheter	Continence in last 14 days H3. Appliances and Programs  d. Indwelling catheter
H0100B	External (condom) catheter	H3c	External (condom) catheter	NC			Y		B. External (condom) catheter	c. External (condom) catheter	Bladder and Bowel H0100. Appliances  Check all that applied in last 7 days:  B. External (condom) catheter	Continence in last 14 days H3. Appliances and Programs  c. External (condom) catheter
H0100C	Ostomy (including suprapubic catheter, ileostomy, and colostomy)	H3i	Ostomy present	R		Y		Y	C. Ostomy (including suprapubic catheter, ileostomy, and colostomy)	i. Ostomy present	Bladder and Bowel H0100. Appliances  Check all that applied in last 7 days:  C. Ostomy (including suprapubic catheter, ileostomy, and colostomy)	Continence in last 14 days H3. Appliances and Programs  i. Ostomy present
H0100D	Intermittent catheterization	H3e	Intermittent catheter	R			Y		D. Intermittent catheterization	e. Intermittent catheter	Bladder and Bowel H0100. Appliances  Check all that applied in last 7 days:  D. Intermittent catheterization	Continence in last 14 days H3. Appliances and Programs  e. Intermittent catheter
H0100Z	None of the above	H3j	NONE OF ABOVE	NC					Z. None of the above	j. NONE OF ABOVE	Bladder and Bowel H0100. Appliances  Check all that applied in last 7 days:  Z. None of the above	Continence in last 14 days H3. Appliances and Programs  j. NONE OF ABOVE

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H0200A	Has a trial of a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) been attempted on admission or since urinary incontinence was noted in this facility?			<b>N</b>					0. No -> Skip to H0300, Urinary Continence 1. Yes -> Continue to H0200B, Response 9. Unable to determine -> Skip to H0200C, Current toileting program or trial		Bladder and Bowel H0200. Urinary Toileting Program  A. Has a trial of a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) been attempted on admission/re-entry or since urinary incontinence was noted in this facility?  Enter Code  0. No -> Skip to H0300, Urinary Continence 1. Yes -> Continue to H0200B, Response 9. Unable to determine -> Skip to H0200C, Current toileting program or trial	
H0200B	Response-What was the resident's response to the trial program?			<b>N</b>					0. No improvement 1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress		Bladder and Bowel H0200. Urinary Toileting Program  B. Response-What was the resident's response to the trial program?  Enter Code  0. No improvement 1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

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H0200C	Current toileting program or trial	H3a H3b	Any scheduled toileting plan  Bladder retraining program	R	Y	Y			0. No 1. Yes	a. Any scheduled toileting plan b. Bladder retraining program	Bladder and Bowel H0200. Urinary Toileting Program  C. Current toileting program or trial-Is a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary continence?  Enter Code  0. No 1. Yes	Continence in Last 14 Days H3. Appliances and Programs a. Any scheduled toileting plan b. Bladder retraining program
H0300	Urinary Continenace	H1b	Bladder continence	R		Y	Y	Y	0. Always continent 1. Occasionally incontinent 2. Frequently incontinent 3. Always incontinent 9. Not rated	0. Continent-Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]. 1. Usually Continent-Bladder, incontinent episodes once a week or less; Bowel, less than weekly. 2. Occasionally Incontinent-Bladder, 2 or more times a week but not daily; Bowel, once a week. 3. Frequently Incontinent-Bladder, tended to be incontinent daily, but some control present (e.g., on day shift); Bowel, 2-3 times a week. 4. Incontinent-Had inadequate control Bladder, multiple daily episodes; Bowel, all (or almost all) of the time.	Bladder and Bowel H0300. Urinary Continenace  Urinary continence in last 7 days. Select the one category that best describes the resident over the last 7 days:  Enter Code  0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (greater than or equal to 7 with at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days.	Continence in Last 14 Days H1. Continenace Self-Control Categories (Code for resident's Performance Over All Shifts) Bladder Continenace-Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed. 0. Continent-Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]. 1. Usually Continent-Bladder, incontinent episodes once a week or less; Bowel, less than weekly. 2. Occasionally Incontinent-Bladder, 2 or more times a week but not daily; Bowel, once a week. 3. Frequently Incontinent-Bladder, tended to be incontinent daily, but some control present (e.g., on day shift); Bowel, 2-3 times a week. 4. Incontinent-Had inadequate control Bladder, multiple daily episodes; Bowel, all (or almost all) of the time.

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H0400	Bowel Continence	H1a	Bowel continence	R		Y	Y	Y	0. Always continent 1. Occasionally incontinent 2. Frequently incontinent 3. Always incontinent 9. Not rated	0. Continent-Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]. 1. Usually Continent-Bladder, incontinent episodes once a week or less; Bowel, less than weekly. 2. Occasionally Incontinent-Bladder, 2 or more times a week but not daily; Bowel, once a week. 3. Frequently Incontinent-Bladder, tended to be incontinent daily, but some control present (e.g., on day shift); Bowel, 2-3 times a week. 4. Incontinent-Had inadequate control Bladder, multiple daily episodes; Bowel, all (or almost all) of the time.	Bladder and Bowel H0400. Bowel Continence  Bowel continence in last 7 days. Select the one category that best describes the resident over the last 7 days.  Enter Code  0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 3 days	Continence in Last 14 Days H1. Continence Self-Control Categories (Code for resident's Performance Over All Shifts) Bowel Continence-Control of bowel movement with appliance or bowel continence programs, if employed. 0. Continent-Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]. 1. Usually Continent-Bladder, incontinent episodes once a week or less; Bowel, less than weekly. 2. Occasionally Incontinent-Bladder, 2 or more times a week but not daily; Bowel, once a week. 3. Frequently Incontinent-Bladder, tended to be incontinent daily, but some control present (e.g., on day shift); Bowel, 2-3 times a week. 4. Incontinent-Had inadequate control Bladder, multiple daily episodes; Bowel, all (or almost all) of the time.
H0500	Bowel Toileting Program			N					0. No 1. Yes		Bladder and Bowel H0500. Bowel Toileting Program  Is a toileting program currently being used to manage the resident's bowel continence?  Enter Code  0. No 1. Yes	

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H0600	Bowel Patterns	H2b	Constipation	R			Y		0. No 1. Yes	b. Constipation	Bladder and Bowel H0600. Bowel Patterns  Constipation present in the past 7 days?  Enter Code  0. No 1. Yes	Contenance in Last 14 Days H2. Bowel Elimination Pattern b. Constipation

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<b>I. Active Disease Diagnosis</b>												
I0100	Cancer (with or without metastasis)	I1pp	Cancer	R					I0100. Cancer (with or without metastasis)	pp. Cancer	Active Disease Diagnosis Cancer  Active Diseases in last 30 days Check all that apply.  I0100. Cancer (with or without metastasis)	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 Other pp. Cancer
I0200	Anemia (includes aplastic, iron deficiency, pernicious, and sickle cell)	I1oo	Anemia	R					I0200. Anemia (includes aplastic, iron deficiency, pernicious, and sickle cell)	oo. Anemia	Active Disease Diagnosis Heart/Circulation  Active Diseases in last 30 days Check all that apply.  I0200. Anemia (includes aplastic, iron deficiency, pernicious, and sickle cell)	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 Other oo. Anemia
I0300	Atrial Fibrillation and Other Dysrhythmias (includes bradycardias, tachycardias)	I1e	Cardiac dysrhythmias	R					I0300. Atrial Fibrillation and Other Dysrhythmias (includes bradycardias, tachycardias)	e. Cardiac dysrhythmias	Active Disease Diagnosis Active Diseases in last 30 days  Heart/Circulation Check all that apply.  I0300. Atrial Fibrillation and Other Dysrhythmias (includes bradycardias, tachycardias)	Disease Diagnoses 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 e. Cardiac dysrhythmias

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I0400	Coronary Artery Disease (CAD) (includes angina, myocardial infarction, ASHD)	I1d	Arteriosclerotic heart disease	R					I0400. Coronary Artery Disease (CAD) (includes angina, myocardial infarction, ASHD)	d. Arteriosclerotic heart disease (ASHD)	Active Disease Diagnosis Active Diseases in last 30 days  Heart/Circulation Check all that apply.  I0400. Coronary Artery Disease (CAD) (includes angina, myocardial infarction, ASHD)	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 d. Arteriosclerotic heart disease (ASHD)
I0500	Deep Venous Thrombosis (DVT) /Pulmonary Embolus (PE or PTE)	I1g	Deep vein thrombosis	R					I0500. Deep Venous Thrombosis (DVT) /Pulmonary Embolus (PE or PTE)	g. Deep vein thrombosis	Active Disease Diagnosis Active Diseases in last 30 days  Heart/Circulation Check all that apply.  I0500. Deep Venous Thrombosis (DVT) /Pulmonary Embolus (PE or PTE)	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 g. Deep vein thrombosis
I0600	Heart Failure (includes CHF, pulmonary edema)	I1f	Congestive heart failure	R					I0600. Heart Failure (includes CHF, pulmonary edema)	f. Congestive heart failure	Active Disease Diagnosis Active Diseases in last 30 days  Heart/Circulation Check all that apply.  I0600. Heart Failure (includes CHF, pulmonary edema)	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 f. Congestive heart failure

<b>MDS 3.0 vs. 2.0 Comparison</b>	
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I0700	Hypertension	I1h	Hypertension	R					I0700. Hypertension	h. Hypertension	Active Disease Diagnosis Active Diseases in last 30 days  Heart/Circulation Check all that apply.  I0700. Hypertension	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 h. Hypertension
I0900	Peripheral vascular disease/Peripheral Arterial Disease	I1j	Peripheral vascular disease	R			Y	Y	I0900. Peripheral vascular disease/Peripheral Arterial Disease	j. Peripheral vascular disease	Active Disease Diagnosis Active Diseases in last 30 days  Heart/Circulation Check all that apply.  I0900. Peripheral vascular disease/Peripheral Arterial 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 j. Peripheral vascular disease
I1100	Cirrhosis			N					I1100. Cirrhosis		Active Disease Diagnosis Active Diseases in last 30 days  Gastrointestinal Check all that apply. I1100. Cirrhosis	
I1200	GERD/Ulcer (includes esophageal, gastric, and peptic ulcers)			N					I1200. GERD/Ulcer (includes esophageal, gastric, and peptic ulcers)		Active Disease Diagnosis Active Diseases in last 30 days  Gastrointestinal Check all that apply.  I1200. GERD/Ulcer (includes esophageal, gastric, and peptic ulcers)	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I1300	Ulcerative Colitis/Chrohn's Disease/Inflammatory Bowel Disease			<b>N</b>					I1300. Ulcerative Colitis/ Chrohn's Disease/Inflammator y Bowel Disease		Active Disease Diagnosis Active Diseases in last 30 days  Gastrointestinal Check all that apply.  I1300. Ulcerative Colitis/ Chrohn's Disease/Inflammatory Bowel Disease	
I1400	Benign Prostatic Hyperplasia (BPH)			<b>N</b>					I1400. Benign Prostatic Hyperplasia (BPH)		Active Disease Diagnosis Active Diseases in last 30 days  Genitourinary Check all that apply.  I1400. Benign Prostatic Hyperplasia (BPH)	
I1500	Renal Insufficiency or Renal Failure (ESRD)	I1qq	Renal failure	<b>R</b>					I1500. Renal Insufficiency or Renal Failure (ESRD)	qq. Renal failure	Active Disease Diagnosis Active Diseases in last 30 days  Genitourinary Check all that apply.  I1500. Renal Insufficiency or Renal Failure (ESRD)	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 Other qq. Renal failure
I1600	Human Immunodeficiency Virus (HIV) Infection (includes AIDS)	I2d	HIV infection	<b>R</b>					I1600. Human Immunodeficiency Virus (HIV) Infection (Includes AIDS)	d. HIV infection	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I1600. Human Immunodeficiency Virus (HIV) Infection (Includes AIDS)	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 d. HIV infection

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I1700	MRSA, VRE, Clostridium diff. Infection/Colonization	I2a  I2b	Antibiotic resistant infection (e.g., Methicillin resistant staph)  Clostridium difficile	<b>R</b>					I1700. MRSA, VRE, Clostridium diff. Infection/Colonization	a. Antibiotic resistant infection (e.g., Methicillin resistant staph) b. Clostridium difficile (c. diff.)	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I1700. MRSA, VRE, Clostridium diff. Infection/Colonization	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) b. Clostridium difficile (c. diff.)
I2000	Pneumonia	I2e	Pneumonia	<b>R</b>	<b>Y</b>				I2000. Pneumonia	c. Pneumonia	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I2000. Pneumonia	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 c. Pneumonia
I2100	Septicemia	I2g	Septicemia	<b>R</b>	<b>Y</b>				I2100. Septicemia	g. Septicemia	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I2100. Septicemia	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 g. Septicemia

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I2200	Tuberculosis	I2i	Tuberculosis	R					I2200. Tuberculosis	i. Tuberculosis	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I2200. Tuberculosis	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 i. Tuberculosis
I2300	Urinary tract infection (UTI)	I2j	Urinary tract infection in last 30 days	R		Y	Y	Y	I2300. Urinary Tract Infection (UTI)	j. Urinary tract infection in last 30 days	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I2300. Urinary Tract Infection (UTI)	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 j. Urinary tract infection in last 30 days
I2400	Viral Hepatitis (includes Hepatitis A, B, C, D, and E)	I2k	Viral Hepatitis	R					I2400. Viral Hepatitis (includes Hepatitis A, B, C, D, and E)	k. Viral hepatitis	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I2400. Viral Hepatitis (includes Hepatitis A, B, C, D, and E)	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 k. Viral hepatitis

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I2500	Wound Infection	I2I	Wound Infection	R					I2500. Wound Infection	I. Wound infection	Active Disease Diagnosis Active Diseases in last 30 days  Infections Check all that apply.  I2500. Wound 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 the Above box) I2. Infections I. Wound infection
I2900	Diabetes Mellitus (DM) (includes diabetic retinopathy, nephropathy, and neuropathy)	I1a I1kk	Diabetes mellitus Diabetic retinopathy	R	Y			Y	I2900. Diabetes Mellitus (DM)	a. Diabetes mellitus kk. Diabetic retinopathy	Active Disease Diagnosis Active Diseases in last 30 days  Metabolic Check all that apply.  I2900. Diabetes Mellitus (DM) (includes diabetic retinopathy, nephropathy, and neuropathy)	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 Sensory kk. Diabetic retinopathy
I3100	Hyponatremia			N					I3100. Hyponatremia		Active Disease Diagnosis Active Diseases in last 30 days  Metabolic Check all that apply.  I3100. Hyponatremia	
I3200	Hyperkalemia			N					I3200. Hyperkalemia		Active Disease Diagnosis Active Diseases in last 30 days  Metabolic Check all that apply.  I3200. Hyperkalemia	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I3300	Hyperlipidemia (includes hypercholesterolemia)			<b>N</b>					I3300. Hyperlipidemia (includes hypercholesterolemia)		Active Disease Diagnosis Active Diseases in last 30 days  Metabolic Check all that apply.  I3300. Hyperlipidemia (includes hypercholesterolemia)	
I3400	Thyroid Disorder (includes hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)	I1b  I1c	Hyperthyroidism  Hypothyroidism	<b>R</b>					I3400. Thyroid Disorder (Includes hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)	b. Hyperthyroidism  c. Hypothyroidism	Active Disease Diagnosis Active Diseases in last 30 days  Metabolic Check all that apply.  I3400. Thyroid Disorder (Includes hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)	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 c. Hypothyroidism
I3700	Arthritis (Degenerative Joint Disease (DJD), Osteoarthritis , and Rheumatoid Arthritis (RA))	I1I	Arthritis	<b>R</b>					I3700. Arthritis (Degenerative Joint Disease (DJD), Osteoarthritis, and Rheumatoid Arthritis (RA))	I. Arthritis	Active Disease Diagnosis Active Diseases in last 30 days  Musculoskeletal Check all that apply.  I3700. Arthritis (Degenerative Joint Disease (DJD), Osteoarthritis, and Rheumatoid Arthritis (RA))	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 I. Arthritis

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I3800	Osteoporosis	I1o	Osteoporosis	R					I3800. Osteoporosis	o. Osteoporosis	Active Disease Diagnosis Active Diseases in last 30 days  Musculoskeletal Check all that apply.  I3800. Osteoporosis	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 o. Osteoporosis
I3900	Hip Fracture (includes any hip fracture that has a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 60 days)	I1m	Hip fracture	R					I3900. Hip Fracture (includes any hip fracture that has a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 60 days)	m. Hip fracture	Active Disease Diagnosis Active Diseases in last 30 days  Musculoskeletal Check all that apply.  I3900. Hip Fracture (includes any hip fracture that has a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 60 days)	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 m. Hip fracture

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I4000	Other fracture	I1p	Pathological bone fracture	R					I4000. Other Fracture	p. Pathological bone fracture	Active Disease Diagnosis Active Diseases in last 30 days  Musculoskeletal Check all that apply.  I4000. Other Fracture	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) Musculoskeletal p. Pathological bone fracture
I4200	Alzheimer's Disease	I1q	Alzheimer's disease	R					I4200. Alzheimer's Disease	q. Alzheimer's disease	Active Disease Diagnosis Active Diseases in last 30 days  Neurological Check all that apply.  I4200. Alzheimer's 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological q. Alzheimer's disease
I4300	Aphasia	I1r	Aphasia	R	Y				I4300. Aphasia	r. Aphasia	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I4300. Aphasia	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 r. Aphasia

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

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I4400	Cerebral Palsy	I1s	Cerebral palsy	R	Y				I4400. Cerebral Palsy	s. Cerebral palsy	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I4400. Cerebral Palsy	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 s. Cerebral palsy
I4500	CVA/TIA/Stroke	I1t  I1bb	Cerebrovascular accident (stroke) Transient ischemic attack (TIA)	R					I4500. CVA/TIA/Stroke	t. Cerebrovascular accident (stroke) bb. Transient ischemic attack (TIA)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I4500. CVA/TIA/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) bb. Transient ischemic attack (TIA)

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I4800	Dementia (Non-Alzheimer's dementia, including vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia (e.g., Pick's disease), and dementia related to stroke, Parkinson's, Huntington's, Pick's, or Crueutzfeldt-Jakob diseases)	I1u	Dementia other than Alzheimer's disease	R					I4800. Dementia (Non-Alzheimer's dementia, including vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia (e.g., Pick's disease), and dementia related to stroke, Parkinson's, Huntington's, Pick's, or Crueutzfeldt-Jakob diseases)	u. Dementia other than Alzheimer's disease	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I4800. Dementia (Non-Alzheimer's dementia, including vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia (e.g., Pick's disease), and dementia related to stroke, Parkinson's, Huntington's, Pick's, or Crueutzfeldt-Jakob 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). I1. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological u. Dementia other than Alzheimer's disease
I4900	Hemiplegia/Hemiparesis	I1v I1x	Hemiplegia/Hemiparesis	R	Y				I4900. Hemiplegia/Hemiparesis	v. Hemiplegia/Hemiparesis	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I4900. Hemiplegia/Hemiparesis	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  v. Hemiplegia/Hemiparesis

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I5000	Paraplegia	I1x	Paraplegia	R	Y				I5000. Paraplegia	x. Paraplegia	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I5000. Paraplegia	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). 11. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological  x. Paraplegia
I5100	Quadriplegia	I1z	Quadriplegia	R	Y				I5100. Quadriplegia	z. Quadriplegia	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I5100. Quadriplegia	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). 11. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological z. Quadriplegia
I5200	Multiple Sclerosis	I1w	Multiple sclerosis	R	Y				I5200. Multiple Sclerosis	w. Multiple sclerosis	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I5200. Multiple Sclerosis	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). 11. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Neurological w. Multiple sclerosis

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I5300	Parkinson's Disease	I1y	Parkinson's disease	R					I5300. Parkinson's Disease	y. Parkinson's disease	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I5300. Parkinson's Disease	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) Neurological y. Parkinson's disease
I5400	Seizure Disorder	I1aa	Seizure disorder	R					I5400. Seizure Disorder	aa. Seizure disorder	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I5400. Seizure Disorder	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) Neurological aa. Seizure disorder
I5500	Traumatic Brain Injury	I1cc	Traumatic brain injury	R					I5500. Traumatic Brain Injury	cc. Traumatic brain injury	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Neurological  I5500. Traumatic Brain Injury	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) Neurological cc. Traumatic brain injury

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I5600	Malnutrition (protein or calorie) or at risk for malnutrition			<b>N</b>					I5600. Malnutrition (protein or calorie) or at risk for malnutrition		Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Nutritional  I5600. Malnutrition (protein or calorie) or at risk for malnutrition	
I5700	Anxiety Disorder	I1dd	Anxiety disorder	<b>R</b>					I5700. Anxiety Disorder	dd. Anxiety disorder	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Psychiatric/Mood Disorder  I5700. Anxiety Disorder	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) Psychiatric/Mood dd. Anxiety disorder
I5800	Depression (other than Bipolar)	I1ee	Depression	<b>R</b>			<b>Y</b>		I5800. Depression (other than Bipolar)	ee. Depression	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Psychiatric/Mood Disorder  I5800. Depression (other than Bipolar)	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) Psychiatric/Mood ee. Depression

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
I5900	Manic Depression (Bipolar Disease)	I1ff	Manic depression (bipolar disease)	R		Y			I5900. Manic Depression (Bipolar Disease)	ff. Manic depression (bipolar disease)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Psychiatric/Mood Disorder  I5900. Manic Depression (Bipolar Disease)	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). 11. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Psychiatric/Mood ff. Manic depression (bipolar disease)
I6000	Schizophrenia	I1gg	Schizophrenia	R		Y			I6000. Schizophrenia	gg. Schizophrenia	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Psychiatric/Mood Disorder  I6000. Schizophrenia	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). 11. Diseases (If none apply, Check the None of the Above box) (Status in last 7 days , unless other time frame indicated) Psychiatric/Mood gg. Schizophrenia
I6100	Post-Traumatic Stress Disorder			N					I6100. Post-Traumatic Stress Disorder		Active Disease Diagnoses Disease Diagnoses  Check all that apply. Psychiatric/Mood Disorder  I6100. Post-Traumatic Stress Disorder	

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I6200	Asthma/COPD or Chronic Lung Disease (includes chronic bronchitis and restrictive lung diseases such as asbestosis)	I1hh  I1ii	Asthma  Emphysema/COPD	<b>R</b>					I6200. Asthma/COPD or Chronic Lung Disease (includes chronic bronchitis and restrictive lung diseases such as asbestosis)	hh. Asthma ii. Emphysema/COPD	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Pulmonary  I6200. Asthma/COPD or Chronic Lung Disease (includes chronic bronchitis and restrictive lung diseases such as asbestosis)	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 ii. Emphysema/COPD
I6500	Cataracts, Glaucoma, or Macular Degeneration	I1jj  I1mm  I1ll	Cataracts  Glaucoma  Macular degeneration	<b>R</b>			<b>Y</b>		I6500. Cataracts, Glaucoma, or Macular Degeneration	jj. Cataracts ll. Glaucoma mm. Macular degeneration	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Vision  I6500. Cataracts, Glaucoma, or Macular Degeneration	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 ll. Glaucoma mm. Macular degeneration
I8000A	Enter ICD-9 and diagnosis	I3a	Other Current or More Detailed Diagnoses and ICD-9 Codes	<b>R</b>		<b>Y</b>	<b>Y</b>	<b>Y</b>	A. (text)	a. (text)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Other  I8000. Additional Diagnoses  Enter ICD-9 and diagnosis. A. (text)	Disease Diagnoses (Status in last 7 days, unless other time frame indicated) I3. Other Current or More Detailed Diagnoses and ICD-9 Codes a. (text)

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I8000B	Enter ICD-9 and diagnosis	I3b	Other Current or More Detailed Diagnoses and ICD-9 Codes	R		Y	Y	Y	B. (text)	b. (text)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Other  I8000. Additional Diagnoses B. (text)	Disease Diagnoses (Status in last 7 days, unless other time frame indicated) I3. Other Current or More Detailed Diagnoses and ICD-9 Codes b. (text)
I8000C	Enter ICD-9 and diagnosis	I3c	Other Current or More Detailed Diagnoses and ICD-9 Codes	R		Y	Y	Y	C. (text)	c. (text)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Other I8000. Additional Diagnoses  Enter ICD-9 and diagnosis. C. (text)	Disease Diagnoses (Status in last 7 days, unless other time frame indicated) I3. Other Current or More Detailed Diagnoses and ICD-9 Codes c. (text)
I8000D	Enter ICD-9 and diagnosis	I3d	Other Current or More Detailed Diagnoses and ICD-9 Codes	R		Y	Y	Y	D. (text)	d. (text)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Other  I8000. Additional Diagnoses  Enter ICD-9 and diagnosis. D. (text)	Disease Diagnoses (Status in last 7 days, unless other time frame indicated) 3. Other Current or More Detailed Diagnoses and ICD-9 Codes d. (text)
I8000E	Enter ICD-9 and diagnosis	I3e	Other Current or More Detailed Diagnoses and ICD-9 Codes	R		Y	Y	Y	E. (text)	e. (text)	Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Other  I8000. Additional Diagnoses  Enter ICD-9 and diagnosis. E. (text)	Disease Diagnoses (Status in last 7 days, unless other time frame indicated) I3. Other Current or More Detailed Diagnoses and ICD-9 Codes e. (text)

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I8000F	Enter ICD-9 and diagnosis			<b>N</b>					F. (text)		Active Disease Diagnosis Active Diseases in last 30 days  Check all that apply. Other  I8000. Additional Diagnoses  Enter ICD-9 and diagnosis. F. (text)	

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<b>J. Health Conditions</b>												
Look back period is 7 days unless another time frame is indicated												
J0100A	Been on a scheduled pain medication regimen?			<b>N</b>					0. No 1. Yes		Health Conditions J0100. Pain Management (answer for all residents, regardless of current pain level)  At any time in the last 7 days, has the resident:  Enter Code A. Been on a scheduled pain medication regimen?  0. No 1. Yes	
J0100B	Received PRN pain medications?			<b>N</b>					0. No 1. Yes		Health Conditions J0100. Pain Management (answer for all residents, regardless of current pain level)  At any time in the last 7 days, has the resident: Enter Code  B. Received PRN pain medications?  0. No 1. Yes	
J0100C	Received non-medication intervention for pain?			<b>N</b>					0. No 1. Yes		Health Conditions J0100. Pain Management (answer for all residents, regardless of current pain level)  At any time in the last 7 days, has the resident: Enter Code  C. Received non-medication intervention for pain?  0. No 1. Yes	

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J0200	Should Pain Assessment Interview be Conducted?			N					0. No (resident rarely/never understood) -> Skip to J0700, Pain Control 1. Yes -> Continue to J0300, Pain Presence		Health Conditions If resident is comatose, skip to Staff Assessment for Pain, starting with J0800, Indicators of pain J0200. Should Pain Assessment Interview be conducted? -- Attempt to conduct interview with all residents (Conduct interview on day before, day of, or day after Assessment Reference Date (A2300)  Enter Code  0. No (resident rarely/never understood) -> Skip to Staff Assessment for Pain, starting with J0800, Indicators of pain 1. Yes -> Continue to J0300, Pain Presence	
J0300	Pain Presence			N					0. No -> Skip to J100, Shortness of Breath (dyspnea) 1. Yes -> Continue to J0400, Pain Frequency 9. Unable to answer -> Skip to J0700, Pain Control		Health Conditions J0300. Pain Presence  Ask resident: "Have you had pain or hurting at any time in the last 7 days?"  0. No -> Skip to J1100, Shortness of Breath (dyspnea) 1. Yes -> Continue to J0400, Pain Frequency 9. Unable to answer -> Skip to J0700, Pain Control	

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J0400	Pain Frequency	J2a	Frequency with which resident complains or shows evidence of pain	R				Y	1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer	0. No pain (skip to J4) 1. Pain less than daily 2. Pain daily	Health Conditions Pain Assessment Interview  J0400. Pain Frequency  Ask resident, "How much of the time have you experienced pain or hurting over the last 7 days?" Enter Code  1. Almost constantly 2. Frequently 3. Occasionally 4. Rarely 9. Unable to answer	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
J0500A	Ask resident: "Over the past 7 days, has pain made it hard for you to sleep at night?"			N					0. No 1. Yes 9. Unable to answer		Health Conditions J0500. Pain Effect on Function  A. Ask resident: "Over the past 7 days, has pain made it hard for you to sleep at night?" Enter Code  0. No 1. Yes 9. Unable to answer	
J0500B	Ask resident: "Over the past 7 days, have you limited your day-to-day activities because of pain?"			N					0. No 1. Yes 9. Unable to answer		Health Conditions J0500. Pain Effect on Function  B. Ask resident: "Over the past 7 days, have you limited your day-to-day activities because of pain?" Enter Code  0. No 1. Yes 9. Unable to answer	

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J0600A	Numeric Rating Scale (00-10)			<b>N</b>					Enter Number		Health Conditions J0600. Pain Intensity-Administer <b>one</b> of the following pain intensity questions (A or B)  A. Ask resident: "Please rate your worst pain over the last 7 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 0-10 pain scale). Enter Number  Enter two-digit response. Enter 99 if unable to answer.	
J0600B	Verbal Descriptor Scale	J2b	Intensity of pain	<b>R</b>				<b>Y</b>	1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer	1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating	Health Conditions J0600. Pain Intensity-Administer <b>one</b> of the following pain intensity questions (A or B)  B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 7 days". (Show resident verbal scale). Enter Code  1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer	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
J0800	Staff Assessment for Pain											

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J0800A	Non-verbal sounds (crying, whining, gasping, moaning, or groaning)			<b>N</b>					A. Non-verbal sounds (crying, whining, gasping, moaning, or groaning)		Health Conditions Staff Assessment for Pain  J0800. Indicators of Pain or possible pain.  Conduct the Staff Assessment for Pain (J0800 - J0900) whether or not the Pain Assessment Interview (J0300 - J0600) was conducted. Check all that apply.  A. Non-verbal sounds (crying, whining, gasping, moaning, or groaning)	
J0800B	Vocal complaints of pain (that hurts, ouch, stop)			<b>N</b>					B. Vocal complaints of pain (that hurts, ouch, stop)		Health Conditions Staff Assessment for Pain  J0800. Indicators of Pain or possible pain.  Conduct the Staff Assessment for Pain (J0800 - J0900) whether or not the Pain Assessment Interview (J0300 - J0600) was conducted. Check all that apply.  B. Vocal complaints of pain (that hurts, ouch, stop)	

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J0800C	Facial expressions (grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)			N					C. Facial expressions (grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)		Health Conditions Staff Assessment for Pain  J0800. Indicators of Pain or possible pain.  Conduct the Staff Assessment for Pain (J0800 - J0900) whether or not the Pain Assessment Interview (J0300 - J0600) was conducted. Check all that apply.  C. Facial expressions (grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)	
J0800D	Protective body movements or postures (bracing, guarding, rubbing, or massaging a body part/area, clutching or holding a body part during movement)			N					D. Protective body movements or postures (bracing, guarding, rubbing, or massaging a body part/area, clutching or holding a body part during movement)		Health Conditions Staff Assessment for Pain  J0800. Indicators of Pain or possible pain.  Conduct the Staff Assessment for Pain (J0800 - J0900) whether or not the Pain Assessment Interview (J0300 - J0600) was conducted. Check all that apply..  D. Protective body movements or postures (bracing, guarding, rubbing, or massaging a body part/area, clutching or holding a body part during movement)	

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J0800Z	None of these signs observed or documented			N					Z. None of these signs observed or documented		Health Conditions Staff Assessment for Pain  J0800. Indicators of Pain or possible pain.  Conduct the Staff Assessment for Pain (J0800 - J0900) whether or not the Pain Assessment Interview (J0300 - J0600) was conducted. Check all that apply.  Z. None of these signs observed or documented	
J0900	Pain Control								0. No issue of pain 1. Pain intensity acceptable to resident, no treatment regimen or change in regimen required 2. Controlled adequately by therapeutic regimen 3. Controlled when therapeutic regimen followed, but not always followed as ordered 4. Therapeutic regimen followed, but pain control not adequate 5. No therapeutic regimen being followed for pain; pain not adequately controlled		Health Conditions J0900. Pain Control  0. No issue of pain 1. Pain intensity acceptable to resident, no treatment regimen or change in regimen required 2. Controlled adequately by therapeutic regimen 3. Controlled when therapeutic regimen followed, but not always followed as ordered 4. Therapeutic regimen followed, but pain control not adequate 5. No therapeutic regimen being followed for pain; pain not adequately controlled	

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J1100A	Shortness of breath or trouble breathing with exertion (e.g. walking, bathing, transferring)	J1I	Shortness of breath	<b>R</b>					A. Shortness of breath or trouble breathing with exertion (e.g. walking, bathing, transferring)	I. Shortness of breath	Health Conditions Other Health Conditions - Complete for all residents  J1100. Shortness of Breath (dyspnea) Select all that apply in last 7 days: Check all that apply  A. Shortness of breath or trouble breathing with exertion (e.g. walking, bathing, transferring)	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other I. Shortness of breath
J1100B	Shortness of breath or trouble breathing when sitting at rest			<b>N</b>					B. Shortness of breath or trouble breathing when sitting at rest		Health Conditions Other Health Conditions - Complete for all residents  J1100. Shortness of Breath (dyspnea) Select all that apply in last 7 days: Check all that apply  B. Shortness of breath or trouble breathing when sitting at rest	
J1100C	Shortness of breath or trouble breathing when lying flat	J1b	Inability to lie flat due to shortness of breath	<b>R</b>					C. Shortness of breath or trouble breathing when lying flat	b. Inability to lie flat due to shortness of breath	Health Conditions Other Health Conditions - Complete for all residents  J1100. Shortness of Breath (dyspnea) Select all that apply in last 7 days: Check all that apply  C. Shortness of breath or trouble breathing when lying flat	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Indicators of Fluid Status b. Inability to lie flat due to shortness of breath
J1100Z	None of the above			<b>N</b>					Z. None of the above		Health Conditions Other Health Conditions - Complete for all residents  J1100. Shortness of Breath (dyspnea) Select all that apply in last 7 days: Check all that apply  Z. None of the above	

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J1300	Current Tobacco Use	AC1g	Use of tobacco products at least daily	R					0. No 1. Yes	g. Use of tobacco products at least daily	Health Conditions Other Health Conditions- Complete for all residents  J1300. Current Tobacco Use Tobacco use in last 7 days. Enter Code  0. No 1. Yes	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 g. Use of tobacco products at least daily
J1400	Prognosis	J5c	End-stage disease, 6 months or fewer to live	R		Y		Y	0. No 1. Yes	c. End-stage disease, 6 months or fewer to live	Health Conditions Other Health Conditions - Complete for all residents  J1400. Prognosis Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation. If not documented, discuss with physician and request supporting documentation). Enter Code  0. No 1. Yes	Health Conditions J5. Stability of Conditions (Status in last 7 days, unless other time frame indicated) c. End-stage disease, 6 months or fewer to live
J1500A	Fever	J1h	Fever	R	Y		Y		A. Fever	h. Fever	Health Conditions J1500. Problem Conditions. Select all that apply in last 7 days:  Check all that apply.  A. Fever	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other h. Fever
J1500B	Vomiting	J1o	Vomiting	R	Y				B. Vomiting	o. Vomiting	Health Conditions J1500. Problem Conditions. Select all that apply in last 7 days:  Check all that apply.  B. Vomiting	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other o. Vomiting

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
J1500D	Dehydrated; output exceeds input	J1c	Dehydrated; output exceeds input	R	Y	Y	Y		D. Dehydrated; output exceeds input	c. Dehydrated; output exceeds input	Health Conditions J1500. Problem Conditions. Select all that apply in last 7 days:  Check all that apply.  D. Dehydrated; output exceeds input	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Indicators of Fluid Status c. Dehydrated; output exceeds input
J1500H	Internal bleeding	J1j	Internal bleeding	R	Y		Y		H. Internal bleeding	g. Internal bleeding	Health Conditions J1500. Problem Conditions. Select all that apply in last 7 days:  Check all that apply.  H. Internal bleeding	Health Conditions J1. Problem Conditions (Check all problems present in last 7 days unless other time frame is indicated). Other j. Internal bleeding
J1500Z	None of the above	J1p	NONE OF ABOVE	NC					Z. None of the above	p. NONE OF ABOVE	Health Conditions J1500. Problem Conditions. Select all that apply in last 7 days:  Check all that apply.  Z. None of the 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
J1700A	Did the resident fall one or more times in the last month before admission/re-entry?	J4a	Fell in past 30 days	R		Y	Y	Y	0. No 1. Yes 9. Unable to determine	a. Fell in past 30 days	Health Conditions J1700. Fall History on Admission - complete only on admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)  A. Did the resident fall one or more times in the last month before admission/re-entry? Enter Code  0. No 1. Yes 9. Unable to determine	Health Conditions J4. Accidents (Check all that apply) a. Fell in past 30 days

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
J1700B	Did the resident fall one or more times in the last 1 - 6 months before admission/re-entry?	J4b	Fell in past 31-180 days	R			Y	Y	0. No 1. Yes 9. Unable to determine	b. Fell in 31-180 days	Health Conditions J1700. Fall History on Admission - complete only on admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)  B. Did the resident fall one or more times in the last 1 - 6 months before admission/re-entry? Enter Code  0. No 1. Yes 9. Unable to determine	Health Conditions J4. Accidents (Check all that apply) b. Fell in 31-180 days
J1700C	Did the resident have any fracture related to a fall in the 6 months prior to admission/re-entry?	J4c J4d	Hip fracture in last 180 days Other fracture in last 180 days	R		Y	Y		0. No 1. Yes 9. Unable to determine	c. Hip fracture in last 180 days d. Other fracture in last 180 days	Health Conditions J1700. Fall History on Admission - complete only on admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)  C. Did the resident have any fracture related to a fall in the 6 months prior to admission/re-entry? Enter Code  0. No 1. Yes 9. Unable to determine	Health Conditions J4. Accidents (Check all that apply) c. Hip fracture in last 180 days d. Other fracture in last 180 days

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
J1700D	Has the resident fallen since admission/re-entry to the nursing home?			N					0. No -> Skip to K0100 Swallowing Disorder 1. Yes -> Skip to K0100, Swallowing Disorder		Health Conditions J1700. Fall History on Admission - complete only on admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)  D. Has the resident fallen since admission/re-entry to the nursing home? Enter Code  0. No -> Skip to K0100 Swallowing Disorder 1. Yes -> Skip to K0100, Swallowing Disorder	
J1800	Any Falls Since Last Assessment			N					0. No -> Skip to K0100, Swallowing Disorder 1. Yes -> Continue to J1900, Number of Falls Since Last Assessment		Health Conditions J1800. Any Falls Since Last Assessment-complete on ALL assessments EXCEPT admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)  Has the resident had any falls since the last assessment? Enter Code  0. No -> Skip to K0100, Swallowing Disorder 1. Yes -> Continue to J1900, Number of Falls Since Last Assessment	

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
J1900A	No Injury			<b>N</b>					0. None 1. One 2. Two or more		<p>Health Conditions            J1900. Any Falls Since Last Assessment-complete on ALL assessments EXCEPT admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)</p> <p>Code the number of falls in each category since the last assessment.            Enter Codes in Boxes.            A. No injury-no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall</p> <p>0. None            1. One            2. Two or more</p>	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
J1900B	Injury (except major)			N					0. None 1. One 2. Two or more		Health Conditions J1900. Any Falls Since Last Assessment-complete on ALL assessments EXCEPT admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)  Code the number of falls in each category since the last assessment. Enter Codes in Boxes. B. Injury (except major)-skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain  0. None 1. One 2. Two or more	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
J1900C	Major injury			<b>N</b>					0. None 1. One 2. Two or more		<p>Health Conditions            J1900. Any Falls Since Last Assessment-complete on ALL assessments EXCEPT admission (A1200A=01), PPS 5-day (A1200B = 01), and Readmission/return assessment (A1200B = 06)</p> <p>Code the number of falls in each category since the last assessment.            Enter Codes in Boxes.            C. Major injury -- bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma</p> <p>0. None            1. One            2. Two or more</p>	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>K. Swallowing/Nutritional Status</b>												
Look back period is 7 days unless another time frame is indicated												
K0100A	Loss of liquids/solids from mouth when eating or drinking			<b>N</b>					A. Loss of liquids/solids from mouth when eating or drinking		Swallowing/Nutritional Status K0100. Swallowing Disorder  Signs and symptoms of possible swallowing disorder. Check all that applied in last 7 days. Check all that apply.  A. Loss of liquids/solids from mouth when eating or drinking	
K0100B	Holding food in mouth/cheeks or residual food in mouth after meals	L1a	Debris (soft, easily movable substances) present in mouth prior to going to bed at night	<b>R</b>			<b>Y</b>		B. Holding food in mouth/cheeks or residual food in mouth after meals	a. Debris (soft, easily movable substances) present in mouth prior to going to bed at night	Swallowing/Nutritional Status K0100. Swallowing Disorder  Signs and symptoms of possible swallowing disorder. Check all that applied in last 7 days: Check all that apply.  B. Holding food in mouth/cheeks or residual food in mouth after meals	Oral/Dental Status L1. Oral Status and disease Prevention a. Debris (soft, easily movable substances) present in mouth prior to going to bed at night
K0100C	Coughing or choking during meals or when swallowing medications			<b>N</b>					C. Coughing or choking during meals or when swallowing medications		Swallowing/Nutritional Status K0100. Swallowing Disorder  Signs and symptoms of possible swallowing disorder. Check all that applied in last 7 days: Check all that apply.  C. Coughing or choking during meals or when swallowing medications	
K0100D	Complaints of difficulty or pain with swallowing	K1b	Swallowing problem	<b>R</b>			<b>Y</b>		D. Complaints of difficulty or pain with swallowing	b. Swallowing problem	Swallowing/Nutritional Status K0100. Swallowing Disorder  Signs and symptoms of possible swallowing disorder. Check all that applied in last 7 days: Check all that apply.  D. Complaints of difficulty or pain with swallowing	Oral/Nutritional Status K1. Oral Problems (Status in last 7 days, unless other time frame indicated) b. Swallowing problem

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### MDS 3.0 vs. MDS 2.0 Crosswalk

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K0100Z	None of the above	K1d	NONE OF ABOVE	NC					Z. None of the above	d. NONE OF ABOVE	Swallowing/Nutritional Status K0100. Swallowing Disorder  Signs and symptoms of possible swallowing disorder. Check all that applied in last 7 days: Check all that apply.  Z. None of the above	Oral/Nutritional Status K1. Oral Problems (Status in last 7 days, unless other time frame indicated) d. NONE OF ABOVE
K0200A	Height (in inches)	K2a	HT (in.)	R				Y	inches	a. HT (in.)	Swallowing/Nutritional Status K0200. Height and Weight  A. Height (in inches). Record most recent height measure since admission. (If height includes a fraction, round up to nearest inch.) inches	Oral/Nutritional Status K2. Height and Weight Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in last 30 days; measure weight consistently in accord with standard facility practice-e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes a. HT (in.)
K0200B	Weight (in pounds)	K2b	WT (lb.)	R				Y	pounds	b. WT (lb.)	Swallowing/Nutritional Status K0200. Height and Weight  B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.). (If weight includes a fraction, round up to nearest pound.) pounds	Oral/Nutritional Status K2. Height and Weight Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in last 30 days; measure weight consistently in accord with standard facility practice-e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes b. WT (lb.)

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
K0300	Weight Loss	K3a	Weight loss	R	Y	Y	Y	Y	0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen	0. No 1. Yes	Swallowing/Nutritional Status K0300. Weight Loss  Loss of 5% or more in the last month (or since last assessment if sooner) or loss of 10% or more in last 6 months. Enter Code  0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen	Oral/Nutritional Status K3. Weight Change a. Weight loss-5% or more in last 30 days; or 10% or more in last 180 days 0. No 1. Yes
K0500A	Parenteral /IV feeding	K5a	Parenteral/IV	R	Y		Y		A. Parenteral/IV feeding	a. Parenteral/IV	Swallowing/ Nutritional Status K0500. Nutritional Approaches  Check all that applied in last 7 days: Check all that apply.  A. Parenteral/IV feeding	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days). a. Parenteral/IV
K0500B	Feeding tube -nasogastric or abdominal (PEG)	K5b	Feeding tube	R	Y	Y	Y		B. Feeding tube - nasogastric or abdominal (PEG)	b. Feeding tube	Swallowing/Nutritional Status K0500. Nutritional Approaches  Check all that applied in last 7 days: Check all that apply.  B. Feeding-tube-nasogastric or abdominal (PEG)	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) b. Feeding tube
K0500C	Mechanically altered diet-require change in texture of food or liquids (e.g., pureed food, thickened liquids)	K5c	Mechanically altered diet	R			Y		C. Mechanically altered diet-require change in texture of food or liquids (e.g., pureed food, thickened liquids)	c. Mechanically altered diet	Swallowing/Nutritional Status K0500. Nutritional Approaches  Check all that applied in last 7 days: Check all that apply.  C. Mechanically altered diet-require change in texture of food or liquids (e.g., pureed food, thickened liquids)	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) c. Mechanically altered diet

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
K0500D	Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	K5e	Therapeutic diet	R			Y		D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	e. Therapeutic diet	Swallowing/Nutritional Status K0500. Nutritional Approaches  Check all that applied in last 7 days: Check all that apply.  D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) e. Therapeutic diet
K0500Z	None of the above	K5i	NONE OF ABOVE	R					Z. None of the above	i. NONE OF ABOVE	Swallowing/Nutritional Status K0500. Nutritional Approaches  Check all that applied in last 7 days: Check all that apply.  Z. None of the above	Oral/Nutritional Status K5. Nutritional Approaches (Check all that apply in last 7 days) i. NONE OF ABOVE
K0700A	Proportion of total calories the resident received through parenteral or tube feedings in the last 7 days	K6a	Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days.	R	Y				1. 25% or less 2. 26-50% 3. 51% or more	0. None 1. 1% to 25% 2. 26% to 50% 3. 51% to 75% 4. 76% to 100%	Swallowing/Nutritional Status K0700. Percent Intake by Artificial Route-Complete K0700 only if K0600A or K0600B is checked.  A. Proportion of total calories the resident received through parenteral or tube feedings in the last 7 days. Enter Code  1. 25% or less 2. 26-50% 3. 51% or more.	Oral/Nutritional Status K6. Parenteral or Enteral Intake (Skip to Section L if neither 5a nor 5b is checked). a. Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days. 0. None 1. 1% to 25% 2. 26% to 50% 3. 51% to 75% 4. 76% to 100%
K0700B	Average fluid intake per day by parenteral or tube in last 7 days.	K6b	Code the average fluid intake per day by IV or tube in last 7 days.	R	Y				1. 500 cc/day or less 2. 501 cc/day or more	0. None 1. 1 to 500 cc/day 2. 501 to 1000 cc/day 3. 1001 to 1500 cc/day 4. 1501 to 2000 cc/day 5. 2001 or more cc/day	Swallowing/Nutritional Status K0700. Percent Intake by Artificial Route-Complete K0700 only if K0600A or K0600B is checked.  B. Average fluid intake per day by parenteral or tube in last 7 days. Enter Code  1. 500 cc/day or less 2. 501 cc/day or more	Oral/Nutritional Status K6. Parenteral or Enteral Intake (Skip to Section L if neither 5a nor 5b is checked). b. Code the average fluid intake per day by IV or tube in last 7 days. 0. None 1. 1 to 500 cc/day 2. 501 to 1000 cc/day 3. 1001 to 1500 cc/day 4. 1501 to 2000 cc/day 5. 2001 or more cc/day

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<b>L. Oral/Dental Status</b>												
Look back period is 7 days unless another time frame is indicated												
L0100	Able to Perform Dental Exam			<b>N</b>					0. No -> Skip to M0100, Risk of Pressure Ulcer 1. Yes		Oral/Dental Status L0100. Able to Perform Dental Exam  0. No -> Skip to M0100, Risk of Pressure Ulcer 1. Yes	
L0200A	Broken or loosely fitting full or partial denture	L1b	Has dentures or removable bridge	<b>R</b>					A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)	b. Has dentures or removable bridge	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days:  A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) b. Has dentures or removable bridge
L0200B	No natural teeth or tooth fragment(s)	L1c	Some/all natural teeth lost-does not have or does not use dentures (or partial plates)	<b>R</b>			<b>Y</b>		B. No natural teeth or tooth fragment(s) (edentulous)	c. Some/all natural teeth lost-does not have or does not use dentures (or partial plates)	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days:  B. No natural teeth or tooth fragment(s) (edentulous)	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) c. Some/all natural teeth lost-does not have or does not use dentures (or partial plates)
L0200C	Abnormal mouth tissue	L1e	Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes	<b>R</b>			<b>Y</b>		C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)	e. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days:  C. Abnormal mouth tissue (Ulcers, masses, oral lesions, including under denture or partial if one is worn)	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) e. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes
L0200D	Obvious or likely cavity or broken natural teeth	L1d	Broken, loose, or carious teeth	<b>R</b>			<b>Y</b>		D. Obvious or likely cavity or broken natural teeth	d. Broken, loose, or carious teeth	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days:  D. Obvious or likely cavity or broken natural teeth	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) d. Broken, loose, or carious teeth

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L0200E	Inflamed or bleeding gums or loose natural teeth	L1e  L1d	Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes  Broken, loose or carious teeth	R			Y		E. Inflamed or bleeding gums or loose natural teeth	d. Broken, loose or carious teeth e. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days:  E. Inflamed or bleeding gums or loose natural teeth	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) d. Broken, loose or carious teeth e. Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes
L0200F	Mouth or facial pain, discomfort or difficulty with chewing	K1c	Mouth pain	R			Y		F. Mouth or facial pain, discomfort or difficulty with chewing	c. Mouth pain	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days: Check all that apply  F. Mouth or facial pain, discomfort or difficulty with chewing	Oral/Nutritional Status K1. Oral Problems (Status in last 7 days, unless other time frame indicated) c. Mouth pain
L0200Z	None of the above were present	L1g	NONE OF ABOVE	R					Z. None of the above were present	g. NONE OF ABOVE	Oral/Dental Status L0200. Dental  Check all that applied in last 7 days:  Z. None of the above were present	Oral/Dental Status L1. Oral Status and Disease Prevention (Status in last 7 days, unless other time frame indicated) g. NONE OF ABOVE

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<b>M. Skin Conditions</b>												
Look back period is 7 days unless another time frame is indicated												
M0100A	Determination of Risk			N					1. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing, or device. 2. Formal assessment (e.g., Braden) 3. Clinical judgment only		Skin Conditions M0100. Risk of Pressure Ulcers  A. Determination of Risk  Enter Code  1. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing, or device. 2. Formal assessment (e.g., Braden) 3. Clinical judgment only	
M0100B	Is this resident at risk of developing pressure ulcers?			N					0. No 1. Yes		Skin Conditions M0100. Risk of Pressure Ulcers B. Is this resident at risk of developing pressure ulcers?  Enter Code  0. No 1. Yes	
M0200A	Date of Assessment			N					mm/dd/yyyy		Skin Conditions M0200. Presence of Pressure Ulcers  A. Date of Assessment	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0200B	Presence of Pressure Ulcer			<b>N</b>					0. No (Skip to M1000, Other Ulcers, Wounds, and Skin Problems) 1. Yes		<p>Skin Conditions M0200. Presence of Pressure Ulcers</p> <p>Does this resident have one or more unhealed pressure ulcer(s) at stage 2 or higher, or one or more likely pressure ulcers that are unstageable at this time?</p> <p>Enter Code</p> <p>0. No (Skip to M1000, Other Ulcers, Wounds, and Skin Problems) 1. Yes</p>	
M0300	Number of Stage 1 Pressure Ulcers	M1a	Ulcers - stage 1	<b>R</b>	<b>Y</b>				Enter Number	Number at Stage (number)	<p>Skin Conditions M0300. Number of Stage 1 Pressure Ulcers</p> <p>Enter Number</p> <p>Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.</p>	<p>Skin Condition M1. Ulcers (due to any cause)</p> <p>(Record the number of ulcers at each ulcer stage-regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9=9 or more.) [Requires full body examine.]</p> <p>a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.</p>

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400A1	Stage 2 - Number Present	M1b	Ulcers - stage 2	R	Y				Enter Number	Number at Stage (number)	<p>Skin Conditions M0400. Current Number of Unhealed (non epithelialized) Pressure Ulcers at Each Stage Stage description - unhealed pressure ulcers</p> <p>A. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.</p> <p>1. Number present (enter "0" if none at this stage enter "9" if 9 or more)</p> <p>Enter Number</p>	<p>Skin Condition M1. Ulcers (due to any cause)</p> <p>(Record the number of ulcers at each ulcer stage-regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9=9 or more.) [Requires full body examine.]</p> <p>b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. Number at Stage (number)</p>
M0400A2	Stage 2 - Number on admission/re-entry			N					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>A. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.</p> <p>2. Number of these that were present on admission/re-entry - enter how many were not acquired in this facility.</p> <p>Enter Number</p>	

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400B1	Stage 3 - Number Present	M1c	Ulcers - stage 3	R	Y				Enter Number	Number at Stage (number)	<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>B. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May includes undermining and tunneling.</p> <p>1. Number present (enter "0" if none at this stage enter "9" if 9 or more)</p> <p>Enter Number</p>	<p>Skin Condition M1. Ulcers (due to any cause)</p> <p>(Record the number of ulcers at each ulcer stage-regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9=9 or more.) [Requires full body examine.]</p> <p>c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues-presents as a deep crater with or without undermining adjacent tissue.</p> <p>Number at Stage (number)</p>
M0400B2	Stage 3 - Number on Admission/re-entry			N					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>B. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May includes undermining and tunneling.</p> <p>2. Number of these that were present on admission/re-entry - enter how many were not acquired in this facility</p> <p>Enter Number</p>	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400B3A	Stage 3 - Date of Onset - Oldest			N					mm/dd/yyyy		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage            Stage description-unhealed pressure ulcers</p> <p>B. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May includes undermining and tunneling.</p> <p>3. Date of Onset in this facility's care (if date unknown, enter dashes)</p> <p>A. Oldest or only</p>	
M0400B3B	Stage 3 - Date of Onset - Newest			N					mm/dd/yyyy		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage            Stage description-unhealed pressure ulcers</p> <p>B. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May includes undermining and tunneling.</p> <p>3. Date of Onset in this facility's care (if date unknown, enter dashes)</p> <p>B. Newest</p>	

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400C1	Stage 4 - Number Present		Ulcers - stage 4	R	Y				Enter Number	Number at Stage (number)	<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>C. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>1. Number present (enter "0" if none at this stage enter "9" if 9 or more)</p> <p>Enter Number</p>	<p>Skin Condition M1. Ulcers (due to any cause)</p> <p>(Record the number of ulcers at each ulcer stage-regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9=9 or more.) [Requires full body examine.]</p> <p>d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.</p> <p>Number at Stage (number).</p>
M0400C2	Stage 4 - Number on Admission/re-entry			N					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>C. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>2. Number of these that were present on admission/re-entry - enter how many were not acquired in this facility.</p> <p>Enter Number</p>	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400C3A	Stage 4 - Oldest			N					mm/dd/yyyy		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>C. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>3. Date of Onset in this facility's care (if date unknown, enter dashes)</p> <p>A. Oldest or only</p>	
M0400C3B	Stage 4 - Newest			N					mm/dd/yyyy		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>C. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>3. Date of Onset in this facility's care (if date unknown, enter dashes)</p> <p>B. Newest</p>	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400D1	Unstageable Ulcers Present - dressing			<b>N</b>					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>D. Unstageable: Known or likely but not stageable due to non-removable dressing or device</p> <p>1. Number present (enter "0" if none at this stage enter "9" if 9 or more)</p> <p>Enter Number</p>	
M0400D2	Unstageable Ulcers Present on Admission/re-entry - dressing			<b>N</b>					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>D. Unstageable: Known or likely but not stageable due to non-removable dressing</p> <p>2. Number of these that were present on admission/re-entry - enter how many were not acquired in this facility.</p> <p>Enter Number</p>	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400E1	Unstageable Ulcers Present - eschar			<b>N</b>					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage            Stage description-unhealed pressure ulcers</p> <p>E. Unstageable: Known or likely but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>1. Number present (enter "0" if none at this stage enter "9" if 9 or more)</p> <p>Enter Number</p>	
M0400E2	Unstageable Ulcers Present on Admission/re-entry - eschar			<b>N</b>					Enter Number		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage            Stage description-unhealed pressure ulcers</p> <p>E. Unstageable: Known or likely but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>2. Number of these that were present on admission/re-entry - enter how many were not acquired in this facility.</p> <p>Enter Number</p>	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400E3A	Unstageable Ulcers Present on Admission/re-entry - eschar - oldest			N					mm/dd/yyyy		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>E. Unstageable: Known or likely but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>3. Date of Onset in this facility's care (if date unknown, enter dashes)</p> <p>A. Oldest or only</p>	
M0400E4	Unstageable Ulcers Present on Admission/re-entry - eschar - newest			N					mm/dd/yyyy		<p>Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers</p> <p>E. Unstageable: Known or likely but not stageable due to coverage of wound bed by slough and/or eschar</p> <p>3. Date of Onset in this facility's care (if date unknown, enter dashes)</p> <p>B. Newest</p>	

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0400F1	Unstageable Ulcers Present - deep tissue injury			<b>N</b>					Enter Number		Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers  F. Unstageable: Suspected deep tissue injury in evolution  1. Number present (enter "0" if none at this stage enter "9" if 9 or more)  Enter Number	
M0400F2	Unstageable Ulcers Present on Admission/re-entry - deep tissue injury			<b>N</b>					Enter Number		Skin Conditions M0400. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Stage description-unhealed pressure ulcers  F. Unstageable: Suspected deep tissue injury in evolution  2. Number of these that were present on admission/re-entry-enter how many were not acquired at this facility  Enter Number	
M0500	Number of Unhealed Stage 2 Pressure Ulcers			<b>N</b>					Enter Number		Skin Conditions M0500. Number of unhealed stage 2 pressure ulcers known to be present for more than one month. If the resident has one or more unhealed stage 2 pressure ulcers, record the number present today that were first observed more than one month ago.  Enter Number	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0600A	Stage 3 or 4 Length			N					Length (cm)		<p>Skin Conditions M0600. If the patient has one or more unhealed (non-epithelialized) Stage 3 or 4 pressure ulcers or one that is unstageable due to slough or eschar (M0400E), identify the pressure ulcers with the longest dimension and record in centimeters:</p> <p>A. Pressure Ulcer Length: Longest length in any direction <u>  </u> <u>  </u> . <u>  </u> (cm)</p>	
M0600B	Stage 3 or 4 Width			N					Width (cm)		<p>Skin Conditions M0600. If the patient has one or more unhealed (non-epithelialized) Stage 3 or 4 pressure ulcers or one that is unstageable due to slough or eschar (M0400E), identify the pressure ulcers with the longest dimension and record in centimeters:</p> <p>B. Pressure Ulcer Width: Width of the same pressure ulcer, greatest width measured at right angles to length <u>  </u> <u>  </u> . <u>  </u> (cm)</p>	
M0600C	Stage 3 or 4 Date Measured			N					mm/dd/yyyy		<p>Skin Conditions M0600. If the patient has one or more unhealed (non-epithelialized) Stage 3 or 4 pressure ulcers or an eschar, identify the pressure ulcers with the longest dimension and record in centimeters:</p> <p>C. Date Measured: <u>  </u> / <u>  </u> / <u>  </u></p>	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0700	Tissue Type for Most Advanced Stage			N					1. Epithelial Tissue-new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin. 2. Granulation Tissue-pink or red tissue with shiny, moist, granular appearance 3. Slough-yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous 4. Necrotic Tissue (Eschar)-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.		Skin Conditions M0700. Tissue Type for Most Advanced Stage  Select the best description of the most severe type of tissue present in the ulcer bed of the largest pressure ulcer at the most advanced stage. Enter code  1. Epithelial Tissue-new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin. 2. Granulation Tissue-pink or red tissue with shiny, moist, granular appearance 3. Slough-yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous 4. Necrotic Tissue (Eschar)-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.	
M0800A	Check here if N/A (no prior MDS assessment during this stay)			N					A. Check here if N/A (no prior MDS assessment during this stay)		Skin Conditions M0800. Worsening in Pressure Ulcer Status Since Last Assessment  Indicate the number of current pressure ulcers that were not present or were at a lesser stage on last MDS. If no current pressure ulcer at a given stage, enter 0.  A. Check here if N/A (no prior MDS assessment during this stay)	

**MDS 3.0 vs. 2.0 Comparison**  
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 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0800B	Stage 2			N					Enter Number		<p>Skin Conditions M0800. Worsening in Pressure Ulcer Status Since Last Assessment</p> <p>Indicate the number of current pressure ulcers that were not present or were at a lesser stage on last MDS. If no current pressure ulcer at a given stage, enter 0. Enter Number</p> <p>B. Stage 2</p>	
M0800C	Stage 3			N					Enter Number		<p>Skin Conditions M0800. Worsening in Pressure Ulcer Status Since Last Assessment</p> <p>Indicate the number of current pressure ulcers that were not present or were at a lesser stage on last MDS. If no current pressure ulcer at a given stage, enter 0. Enter Number</p> <p>C. Stage 3</p>	
M0800D	Stage 4			N					Enter Number		<p>Skin Conditions M0800. Worsening in Pressure Ulcer Status Since Last Assessment</p> <p>Indicate the number of current pressure ulcers that were not present or were at a lesser stage on last MDS. If no current pressure ulcer at a given stage, enter 0. Enter Number</p> <p>D. Stage 4</p>	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
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D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0900A	Check here if N/A	M3	History of Resolved Ulcers	R			Y	Y	A. Check here if N/A (no prior MDS assessment during this stay or no pressure ulcers on prior assessment)	0. No 1. Yes	Skin Conditions M0900. Healed Pressure Ulcers- Complete on all residents  Indicate the number of pressure ulcers that were noted on last MDS that have been completely closed (resurfaced with epithelium). If no healed Pressure Ulcer at a given stage since last assessment, enter 0.  A. Check here if N/A (no prior MDS assessment during this stay or no pressure ulcers on prior assessment)	Skin Condition M3. History of Resolved Ulcers  Resident had an ulcer that was resolved or cured in Last 90 Days 0. No 1. Yes
M0900B	Stage 2	M3	History of Resolved Ulcers	R			Y	Y	Enter Number	0. No 1. Yes	Skin Conditions M0900. Healed Pressure Ulcers- Complete on all residents  Indicate the number of pressure ulcers that were noted on last MDS that have been completely closed (resurfaced with epithelium). If no healed Pressure Ulcer at a given stage since last assessment, enter 0.  B. Stage 2  Enter Number	Skin Condition M3. History of Resolved Ulcers  Resident had an ulcer that was resolved or cured in Last 90 Days 0. No 1. Yes

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M0900C	Stage 3	M3	History of Resolved Ulcers	R			Y	Y	Enter Number	0. No 1. Yes	Skin Conditions M0900. Healed Pressure Ulcers- Complete on all residents  Indicate the number of pressure ulcers that were noted on last MDS that have been completely closed (resurfaced with epithelium). If no healed Pressure Ulcer at a given stage since last assessment, enter 0.  C. Stage 3  Enter Number	Skin Condition M3. History of Resolved Ulcers  Resident had an ulcer that was resolved or cured in Last 90 Days 0. No 1. Yes
M0900D	Stage 4	M3	History of Resolved Ulcers	R			Y	Y	Enter Number	0. No 1. Yes	Skin Conditions M0900. Healed Pressure Ulcers- Complete on all residents  Indicate the number of pressure ulcers that were noted on last MDS that have been completely closed (resurfaced with epithelium). If no healed Pressure Ulcer at a given stage since last assessment, enter 0.  D. Stage 4  Enter Number	Skin Condition M3. History of Resolved Ulcers  Resident had an ulcer that was resolved or cured in Last 90 Days 0. No 1. Yes
M1000A	Venous or arterial ulcer(s)	M2b	Stasis Ulcer- Open lesion caused by poor circulation in the lower extremities.	R					A. Venous or arterial ulcers	Enter Stage (number)	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days: A. Venous or arterial ulcers	Skin Condition M2. Type of Ulcer  (For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1-i.e., 0=none; stages 1,2,3,4)  b. Stasis Ulcer-Open lesion caused by poor circulation in the lower extremities. Enter stage (number)

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M1000B	Diabetic foot ulcer(s)	M6c	Open lesions on the foot	<b>N</b>	<b>Y</b>				B. Diabetic foot ulcer(s)	c. Open lesions on the foot	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days:  B. Diabetic foot ulcer(s)	Skin Condition M6. Foot Problems and Care  (Check all that apply during last 7 days) c. Open lesions on the foot
M1000C	Other foot or lower extremity open lesions or infections (cellulitis)	M6b	Infection of the foot--e.g., cellulitis, purulent drainage	<b>N</b>	<b>Y</b>				C. Other foot or lower extremity open lesion(s) or infection (cellulitis)	b. Infection of the foot-e.g., cellulitis, purulent drainage	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days:  C. Other foot or lower extremity open lesion(s) or infection (cellulitis)	Skin Condition M6. Foot Problems and Care  (Check all that apply during last 7 days) b. Infection of the foot-e.g., cellulitis, purulent drainage
M1000D	Surgical wounds	M4g	Surgical wounds	<b>N</b>	<b>Y</b>				D. Surgical wound(s)	g. Surgical wounds	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days:  D. Surgical wound(s)	Skin Condition M4. Other Skin Problems or Lesions Present  (Check all that apply during last 7 days) g. Surgical wounds
M1000E	Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesions)	M4c	Open lesions other than ulcers, rashes, cuts (e.g. cancer lesions)	<b>N</b>	<b>Y</b>				E. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)	c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days:  E. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)	Skin Condition M4. Other Skin Problems or Lesions Present  (Check all that apply during last 7 days) c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)

**MDS 3.0 vs. 2.0 Comparison**

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 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M1000F	Burn(s) (second or third degree)	M4b	Burns (second or third degree)	<b>N</b>	<b>Y</b>				F. Burn(s) (second or third degree)	b. Burns (second or third degree)	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days:  F. Burn(s) (second or third degree)	Skin Condition M4. Other Skin Problems or Lesions Present  (Check all that apply during last 7 days) b. Burns (second or third degree)
M1000Z	None of the above were present	M4h	NONE OF ABOVE	<b>N</b>					Z. None of the above were present	h. NONE OF ABOVE	Skin Conditions M1000. Other ulcers, wounds, and skin problems  Check all that apply in the past 7 days:  Z. None of the above were present	Skin Condition M4. Other Skin Problems or Lesions Present  (Check all that apply during last 7 days) h. NONE OF ABOVE
M1100	Number of venous and arterial ulcers	M2b	Stasis Ulcer-Open lesion caused by poor circulation in the lower extremities.	<b>R</b>					Enter Number	Enter Stage (number)	Skin Conditions M1100. Other ulcers, wounds, and skin problems  Complete only if M1000A is checked.  Enter total number of venous and arterial ulcers present in last 7 days.  Enter Number	Skin Condition M2. Type of Ulcer  (For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1-i.e., 0=none; stages 1,2,3,4)  b. Stasis Ulcer-Open lesion caused by poor circulation in the lower extremities. Enter stage (number)
M1200A	Pressure reducing device for chair	M5a	Pressure relieving device(s) for chair	<b>R</b>	<b>Y</b>				A. Pressure reducing device for chair	a. Pressure relieving device(s) for chair	Skin Conditions M1200. Skin and ulcer treatments  Check all that apply in the past 7 days:  A. Pressure reducing device for chair	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) a. Pressure relieving device(s) for chair

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M1200B	Pressure reducing device for bed	M5b	Pressure relieving device(s) for bed	R	Y				B. Pressure reducing device for bed	b. Pressure relieving device(s) for bed	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  B. Pressure reducing device for bed	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) b. Pressure relieving device(s) for bed
M1200C	Turning/repositioning	M5c	Turning/repositioning program	R	Y				C. Turning/repositioning	c. Turning/repositioning program	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  C. Turning/repositioning	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) c. Turning/repositioning program
M1200D	Nutrition or hydration intervention to manage skin problems	M5d	Nutrition or hydration intervention to manage skin problems	R	Y				D. Nutrition or hydration intervention to manage skin problems	d. Nutrition or hydration intervention to manage skin problems	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  D. Nutrition or hydration intervention to manage skin problems	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) d. Nutrition or hydration intervention to manage skin problems
M1200E	Ulcer care	M5e	Ulcer care	R	Y				E. Ulcer care	e. Ulcer care	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  E. Ulcer care	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) e. Ulcer care
M1200F	Surgical wound care	M5f	Surgical wound care	R	Y				F. Surgical wound care	f. Surgical wound care	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  F. Surgical wound care	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) f. Surgical wound care
M1200G	Application of dressings (with or without topical medications) other than to feet	M5g	Application of dressings (with or without topical medications) other than to feet	R	Y				G. Application of dressings (with or without topical medications) other than to feet	g. Application of dressings (with or without topical medications) other than to feet	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  G. Application of dressings (with or without topical medications) other than to feet	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) g. Application of dressings (with or without topical medications) other than to feet

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
M1200H	Application of ointments/medications other than to feet	M5h	Application of ointments/medications (other than to feet).	R	Y				H. Application of ointments/medications other than to feet	h. Application of ointments/medications (other than to feet).	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  H. Application of ointments/medications other than to feet	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) h. Application of ointments/medications (other than to feet).
M1200I	Application of dressings to feet (with or without topical medications)	M6f	Application of dressings(with or without topical medications)	R	Y				I. Application of dressings to feet (with or without topical medications)	f. Application of dressings(with or without topical medications)	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  I. Application of dressings to feet (with or without topical medications)	Skin Condition M6. Foot Problems and Care  (Check all that apply during last 7 days) f. Application of dressings(with or without topical medications)
M1200Z	None of the above were provided	M5j	NONE OF ABOVE	R					Z. None of the above were provided	j. NONE OF ABOVE	Skin Conditions M1200. Skin and ulcer treatments Check all that apply in the past 7 days:  Z. None of the above were provided	Skin Condition M5. Skin Treatments  (Check all that apply during last 7 days) j. NONE OF ABOVE

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>N. Medications</b>												
Look back period is 7 days unless another time frame is indicated												
N0300	Injections Received	O3	Injections (Record the number of Days injections of any type received during the last 7 days; enter "0" if none used)	R	Y				Days	Days	Medications N0300. Injections  Record the number of days that injectable medications were received during the last 7 days or since admission/re-entry if less than 7 days.  Days	Medications O3. Injections  (Record the number of Days injections of any type received during the last 7 days; enter "0" if none used)
N0400A	Antipsychotic	O4a	Antipsychotic	R		Y	Y		A. Antipsychotic	number of days	Medications N0400. Medications Received  Check all medications the resident received at any time during the last 7 days or since admission/re-entry if less than 7 days: Check all that apply.  A. Antipsychotic	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)  a. Antipsychotic number of days
N0400B	Antianxiety	O4b	Antianxiety	R		Y	Y		B. Antianxiety	number of days	Medications N0400. Medications Received  Check all medications the resident received at any time during the last 7 days or since admission/re-entry if less than 7 days: Check all that apply.  B. Antianxiety	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)  b. Antianxiety number of days

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N0400C	Antidepressant	O4c	Antidepressant	R		Y	Y		C. Antidepressant	number of days	<p>Medications N0400. Medications Received</p> <p>Check all medications the resident received at any time during the last 7 days or since admission/re-entry if less than 7 days: Check all that apply.</p> <p>C. Antidepressant</p>	<p>Medications O4. Days Received the Following Medication</p> <p>(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)</p> <p>c. Antidepressant number of days</p>
N0400D	Hypnotic	O4d	Hypnotic	R		Y			D. Hypnotic	number of days	<p>Medications N0400. Medications Received</p> <p>Check all medications the resident received at any time during the last 7 days or since admission/re-entry if less than 7 days: Check all that apply.</p> <p>D. Hypnotic</p>	<p>Medications O4. Days Received the Following Medication</p> <p>(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)</p> <p>d. Hypnotic number of days</p>
N0400E	Anticoagulant (warfarin, heparin, or low-molecular weight heparin)			N					E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)		<p>Medications N0400. Medications Received</p> <p>Check all medications the resident received at any time during the last 7 days or since admission/re-entry if less than 7 days: Check all that apply.</p> <p>E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)</p>	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
N0400Z	None of the above were received			<b>N</b>					Z. None of the above were received		Medications N0400. Medications Received  Check all medications the resident received at any time during the last 7 days or since admission/re-entry if less than 7 days: Check all that apply.  Z. None of the above were received	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>O Special Treatments and Procedures</b>												
Look back period is 7 days unless another time frame is indicated												
O0100A1	Chemotherapy - Prior	P1aa	Chemotherapy	R	Y				0. No 1. Yes	a. Chemotherapy	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. A. Chemotherapy  1. Procedures performed prior to admission to this facility and within the last <b>14 days</b> . Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments a. Chemotherapy
O0100A2	Chemotherapy - Post	P1aa	Chemotherapy	R	Y				0. No 1. Yes	a. Chemotherapy	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. A. Chemotherapy  2. Procedures performed after admission to this facility and within the last <b>14 days</b> . Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments a. Chemotherapy

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100B1	Radiation - Prior	P1ah	Radiation	R	Y				0. No 1. Yes	h. Radiation	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. B. Radiation  1. Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments  h. Radiation
O0100B2	Radiation - Post	P1ah	Radiation	R	Y				0. No 1. Yes	h. Radiation	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. B. Radiation  2. Procedures performed after admission to this facility and within the last 14 <b>days</b> . Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments  h. Radiation

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100C1	Oxygen therapy - Prior	P1ag	Oxygen therapy	R	Y				0. No 1. Yes	g. Oxygen therapy	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. C. Oxygen Therapy  1. Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments  g. Oxygen therapy
O0100C2	Oxygen therapy - Post	P1ag	Oxygen therapy	R	Y				0. No 1. Yes	g. Oxygen therapy	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. C. Oxygen Therapy  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments  g. Oxygen therapy

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100D1	Suctioning - Prior	P1ai	Suctioning	R	Y				0. No 1. Yes	i. Suctioning	<p>Special Treatments and Procedures O0100. Special Treatments and Programs</p> <p>Indicate whether and when each of the following procedures were performed during the last 14 days. D. Suctioning</p> <p>1. Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.</p> <p>Enter Code 0. No 1. Yes</p>	<p>Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs</p> <p>a. Special Care-Check treatments or programs received during the last 14 days Treatments i. Suctioning</p>
O0100D2	Suctioning - Post	P1ai	Suctioning	R	Y				0. No 1. Yes	i. Suctioning	<p>Special Treatments and Procedures O0100. Special Treatments and Programs</p> <p>Indicate whether and when each of the following procedures were performed during the last 14 days. D. Suctioning</p> <p>2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.</p> <p>Enter Code 0. No 1. Yes</p>	<p>Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs</p> <p>a. Special Care-Check treatments or programs received during the last 14 days Treatments i. Suctioning</p>

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100E1	Tracheostomy care - Prior	P1aj	Tracheostomy care	R	Y				0. No 1. Yes	j. Tracheostomy care	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. E. Tracheostomy care  1. Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments j. Tracheostomy care
O0100E2	Tracheostomy care - Post	P1aj	Tracheostomy care	R	Y				0. No 1. Yes	j. Tracheostomy care	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. E. Tracheostomy care  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments j. Tracheostomy care

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O0100F1	Ventilator or respirator - Prior	P1a1	Ventilator or respirator	R	Y				0. No 1. Yes	I. Ventilator or respirator	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. F. Ventilator or Respirator  1. Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments I. Ventilator or respirator
O0100F2	Ventilator or respirator - Post	P1a1	Ventilator or respirator	R	Y				0. No 1. Yes	I. Ventilator or respirator	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. F. Ventilator or Respirator  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments I. Ventilator or respirator

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O0100G1	BIPAP/CPAP machine - Prior			<b>N</b>					0. No 1. Yes		Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. G. BIPAP/CPAP Machine  1. Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	
O0100G2	BIPAP/CPAP machine - Post			<b>N</b>					0. No 1. Yes		Special Treatments and Procedures O0100. Special Treatments and Programs G. BIPAP/CPAP machine  Indicate whether and when each of the following procedures were performed during the last 14 days. 2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	

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 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100H1	IV medications - Prior	P1ac	IV medication	R	Y				0. No 1. Yes	c. IV medication	<p>Special Treatments and Procedures                      O0100. Special Treatments and Programs</p> <p>Indicate whether and when each of the following procedures were performed during the last 14 days.                      H. IV Medications</p> <p>1) Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.</p> <p>Enter Code                      0. No                      1. Yes</p>	<p>Special Treatments and Procedures                      P1. Special Treatments, Procedures, and Programs</p> <p>a. Special Care-Check treatments or programs received during the last 14 days                      Treatments</p> <p>c. IV medication</p>
O0100H2	IV medications - Post	P1ac	IV medication	R	Y				0. No 1. Yes	c. IV medication	<p>Special Treatments and Procedures                      O0100. Special Treatments and Programs</p> <p>Indicate whether and when each of the following procedures were performed during the last 14 days.                      H. IV Medications</p> <p>2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.</p> <p>Enter Code                      0. No                      1. Yes</p>	<p>Special Treatments and Procedures                      P1. Special Treatments, Procedures, and Programs</p> <p>a. Special Care-Check treatments or programs received during the last 14 days                      Treatments</p> <p>c. IV medication</p>

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O010011	Transfusions - Prior	P1ak	Transfusions	R	Y				0. No 1. Yes	k. Transfusions	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. l. Transfusions  1) Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments k. Transfusions
O010012	Transfusions - Post	P1ak	Transfusions	R	Y				0. No 1. Yes	k. Transfusions	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. l. Transfusions  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments k. Transfusions

**MDS 3.0 vs. 2.0 Comparison**

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100J1	Dialysis - Prior	P1ab	Dialysis	R	Y				0. No 1. Yes	b. Dialysis	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. J. Dialysis  1) Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments b. Dialysis
O0100J2	Dialysis - Post	P1ab	Dialysis	R	Y				0. No 1. Yes	b. Dialysis	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. J. Dialysis  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Treatments b. Dialysis

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100K1	Hospice care - Prior	P1ao	Hospice care	R				Y	0. No 1. Yes	o. Hospice care	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. K. Hospice care  1) Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Programs o. Hospice care
O0100K2	Hospice care - Post	P1ao	Hospice care	R				Y	0. No 1. Yes	o. Hospice care	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. K. Hospice care  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Programs o. Hospice care

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100L1	Respite care - Prior	P1aq	Respite care	R					0. No 1. Yes	q. Respite care	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. L. Respite care  1) Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Programs q. Respite care
O0100L2	Respite care - Post	P1aq	Respite care	R					0. No 1. Yes	q. Respite care	Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. L. Respite care  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs  a. Special Care-Check treatments or programs received during the last 14 days Programs q. Respite care

**MDS 3.0 vs. 2.0 Comparison**  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100M1	Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) - Prior			<b>N</b>					0. No 1. Yes		Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)  1) Procedures performed prior to admission to this facility and within the last 14 days. Only code column 1 if resident has been admitted IN THE LAST 14 DAYS. Leave column 1 blank for residents admitted more than 14 days ago.  Enter Code 0. No 1. Yes	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0100M2	Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) - Post			<b>N</b>					0. No 1. Yes		Special Treatments and Procedures O0100. Special Treatments and Programs  Indicate whether and when each of the following procedures were performed during the last 14 days. M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)  2. Procedures performed after admission to this facility and within the last 14 days. Code for all residents.  Enter Code 0. No 1. Yes	
O0200A	Did the resident receive the Influenza Vaccine <u>in this facility</u> for this year's influenza season (October 1 through March 31)?	W2a	Did the resident receive the influenza vaccine in this facility for this year's influenza season (October 1 through March 31)?	<b>R</b>				<b>Y</b>	0, No -> Continue to O0200B, If influenza not received 1. Yes -> Skip to O0300, Pneumococcal Vaccine 9. Does not apply because assessment is between July 1 and Sept 30 -> Skip to O0300, Pneumococcal Vaccine	0. No (If No, go to item W2b) 1. Yes (If Yes, go to item W3)	Special Treatments and Procedures O0200. Influenza Vaccine  A. Did the resident receive the Influenza Vaccine <u>in this facility</u> for this year's influenza season (October 1 through March 31)? Enter Code  0, No -> Continue to O0200B, If influenza vaccine not received 1. Yes -> Skip to O0300, Pneumococcal Vaccine 9. Does not apply because assessment is between July 1 and Sept 30 -> Skip to O0300, Pneumococcal Vaccine	Supplemental MDS Items W2. Influenza Vaccine  If the ARD of this assessment or the discharge date of this discharge tracking form is between July 1 and September 30, skip to W3.  a. Did the resident receive the W2. Influenza Vaccine in this facility for this year's influenza season (October 1 through March 31)?  0. No (If No, go to item W2b) 1. Yes (If Yes, go to item W3)

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0200B	If influenza Vaccine not received, state reason	W2b	If influenza Vaccine not received, state reason	R				Y	1. Not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine 9. None of the above	1. Not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine	Special Treatments and Procedures O0200. Influenza Vaccine  B. If influenza Vaccine not received, state reason: Enter Code  1. Not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine 9. None of the above	Supplemental MDS Items W2. Influenza Vaccine  If the ARD of this assessment or the discharge date of this discharge tracking form is between July 1 and September 30, skip to W3.  b. If W2. Influenza Vaccine not received, state reason 1. Not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine
O0300A	Is the resident's Pneumococcal Vaccination up to date?	W3a	Is the resident's PPV status up to date?	R				Y	0. No -> Continue to O0300B, If Pneumococcal vaccine not received 1. Yes -> Skip to O0400, Therapies	0. No (If No, go to item W3b) 1. Yes (If Yes, skip item W3b)	Special Treatments and Procedures O0300. Pneumococcal Vaccine  A. Is the resident's Pneumococcal Vaccination up to date?  Enter Code  0. No -> Continue to O0300B, If Pneumococcal vaccine not received 1. Yes -> Skip to O0400, Therapies	Supplemental MDS Items W3. Pneumococcal Vaccine  a. Is the resident's PPV status up to date? 0. No (If No, go to item W3b) 1. Yes (If Yes, skip item W3b)

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0300B	If Pneumococcal Vaccine not received, state reason:	W3b	If PPV not received, state reason:	R				Y	1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered	1. Not eligible 2. Offered and declined 3. Not offered	Special Treatments and Procedures O0300. Pneumococcal Vaccine  B. If Pneumococcal Vaccine not received, state reason:  Enter Code  1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered	Supplemental MDS Items W3. Pneumococcal Vaccine  If PPV not received, state reason: 1. Not eligible 2. Offered and declined 3. Not offered
O0400A1	Speech-language pathology and audiology services - Days	P1ba(A)	Speech - language pathology and audiology services	R	Y				1. Days	(A) DAYS	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  A. Speech-language pathology and audiology services - Days 1. Days	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note-count only post admission therapies]  (A) = # of days administered for 15 minutes or more. a. Speech - language pathology and audiology services (A) DAYS

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0400A2	Speech-language pathology and audiology services - Minutes	P1ba(B)	Speech - language pathology and audiology services	R	Y				2. Minutes	(B) MIN.	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  A. Speech-language pathology and audiology services - Minutes  2. Minutes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note- count only post admission therapies]  (B) = # of minutes provided in last 7 days. a. Speech - language pathology and audiology services (B) MIN.
O0400A3	Speech-language pathology and audiology services - Start Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies A. Speech-language pathology and audiology services  Enter the date therapy started.  3. Therapy Start Date  Enter Date	
O0400A4	Speech-language pathology and audiology services - End Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies A. Speech-language pathology and audiology services  Enter the date therapy ended. Leave date blank if therapy is on going.  4. Therapy End Date  Enter Date	

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0400B1	Occupational Therapy - Days	P1bb(A)	Occupational Therapy	R	Y				1. Days	(A) DAYS	<p>Special Treatments and Procedures O0400. Therapies</p> <p>Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).</p> <p>B. Occupational Therapy - Days 1. Days</p>	<p>Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note-count only post admission therapies]</p> <p>(A) = # of days administered for 15 minutes or more. b. Occupational Therapy (A) DAYS</p>
O0400B2	Occupational Therapy - Minutes	P1bb(B)	Occupational Therapy	R	Y				2. Minutes	(B) MIN.	<p>Special Treatments and Procedures O0400. Therapies</p> <p>Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).</p> <p>B. Occupational Therapy - Minutes 2. Minutes</p>	<p>Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note-count only post admission therapies]</p> <p>(B) = # of minutes provided in last 7 days. b. Occupational Therapy (B) MIN.</p>

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O0400B3	Occupational Therapy - Start Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies B. Occupational Therapy  Enter the date therapy started.  3. Therapy Start Date  Enter Date	
O0400B4	Occupational Therapy - End Date			N					mm/dd/yyyy		O0400. Therapies B. Occupational Therapy  Enter the date therapy ended. Leave date blank if therapy is on going.  4. Therapy End Date  Enter Date	
O0400C1	Physical Therapy - Days	P1bc(A )	Physical therapy	R	Y				1. Days	(A) DAYS	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  C. Physical Therapy - Days 1. Days	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note- count only post admission therapies]  (A) = # of days administered for 15 minutes or more. c. Physical therapy (A) Days

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O0400C2	Physical Therapy - Minutes	P1bc(B )	Physical therapy	R	Y				2. Minutes	(B) MIN.	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  C. Physical Therapy - Minutes 2. Minutes	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note-count only post admission therapies]  (B) = # of minutes provided in last 7 days. c. Physical therapy (B) MIN.
O0400C3	Physical Therapy - Start Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies C. Physical Therapy  Enter the date therapy started. 3. Therapy Start Date  Enter Date	
O0400C4	Physical Therapy - End Date			N					mm/dd/yyyy		O0400. Therapies C. Physical Therapy  Enter the date therapy ended. Leave date blank if therapy is on going. 4. Therapy End Date  Enter Date	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

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O0400D1	Respiratory Therapy - Days	P1bd(A)	Respiratory therapy	R	Y				1. Days	(A) DAYS	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  D. Respiratory Therapy - Days 1. Days	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note-count only post admission therapies]  (A) = # of days administered for 15 minutes or more. d. Respiratory therapy (A) DAYS
O0400D2	Respiratory Therapy - Minutes			N					2. Minutes		Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  D. Respiratory Therapy - Minutes 2. Minutes	

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Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0400D3	Respiratory Therapy - Start Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies D. Respiratory Therapy  Enter the date therapy started.  3. Therapy Start Date  Enter Date	
O0400D4	Respiratory Therapy - End Date			N					mm/dd/yyyy		O0400. Therapies D. Respiratory Therapy  Enter the date therapy ended. Leave date blank if therapy is on going.  4. Therapy End Date  Enter Date	
O0400E1	Psychological Therapy (by any licensed mental health professional) - Days	p1be(A )	Psychological therapy (by any licensed mental health professional)	R					1. Days	(A) DAYS	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  E. Psychological Therapy (by any licensed mental health professional) - Days  1. Days	Special Treatments and Procedures P1. Special Treatments, Procedures, and Programs b. Therapies - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note-count only post admission therapies]  (A) = # of days administered for 15 minutes or more. e. Psychological therapy (by any licensed mental health professional) (A) DAYS

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0400E2	Psychological Therapy (by any licensed mental health professional) - Minutes			N					2. Minutes		Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  D. Psychological Therapy (by any licensed mental health professional) - Minutes  2. Minutes	
O0400E3	Psychological Therapy (by any licensed mental health professional) - Start Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies E. Psychological Therapy (by any licensed mental health professional)  Enter the date therapy started.  3. Therapy Start Date  Enter Date	

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0400E4	Psychological Therapy (by any licensed mental health professional) - End Date			<b>N</b>					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies E. Psychological Therapy (by any licensed mental health professional)  Enter the date therapy ended. Leave date blank if therapy is on going.  4. Therapy End Date  Enter Date	
O0400F1	Recreational Therapy (includes recreational and music therapy) - Days	T1a(A)	Recreation Therapy	<b>R</b>					1. Days	A. DAYS	Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  F. Recreational Therapy (includes recreational and music therapy) - Days  1. Days	Therapy Supplement for Medicare PPS T1. Special Treatments and Procedures  a. Recreation therapy-Enter number of days and total minutes of recreational therapy administered (for at least 15 minutes a day) in the last 7 days (Enter 0 if none)  (A) # of days administered for 15 minutes or more a. Recreation Therapy A. DAYS

**MDS 3.0 vs. 2.0 Comparison**

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 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0400F2	Recreational Therapy (includes recreational and music therapy) - Minutes			N					2. Minutes		Special Treatments and Procedures O0400. Therapies  Record the number of days each of the following therapies was administered for at least 15 minutes a day in the last 7 days (column 1). Enter 0 if none or less than 15 minutes daily. For Therapies A-C also record the total number of minutes (column 2).  F. Recreational Therapy (includes recreational and music therapy) - Minutes	
O0400F3	Recreational Therapy (includes recreational and music therapy) - Start Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies F. Recreational Therapy (includes recreational and music therapy)  Enter the date therapy started.	
O0400F4	Recreational Therapy (includes recreational and music therapy) - End Date			N					mm/dd/yyyy		Special Treatments and Procedures O0400. Therapies F. Recreational Therapy (includes recreational and music therapy)  Enter the date therapy ended. Leave date blank if therapy is on going.	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New            R = Revised  
 D = Dropped      NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0500A	Range of motion (passive)	P3a	Range of motion (passive)	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures            O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Technique            A. Range of motion (passive)</p> <p>Number of Days</p>	<p>Special Treatments and Procedures            P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>a. Range of motion (passive) number of days</p>
O0500B	Range of motion (active)	P3b	Range of motion (active)	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures            O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Technique            B. Range of motion (active)</p> <p>Number of Days</p>	<p>Special Treatments and Procedures            P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>b. Range of motion (active) number of days</p>

**MDS 3.0 vs. 2.0 Comparison**

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0500C	Splint or brace assistance	P3c	Sprint or brace assistance	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures                      O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Technique                      C. Splint or brace assistance</p> <p>Number of Days</p>	<p>Special Treatments and Procedures                      P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>c. Sprint or brace assistance number of days</p>
O0500D	Bed mobility	P3d	Bed mobility	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures                      O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Training and skill practice in:</p> <p>D. Bed mobility</p> <p>Number of Days</p>	<p>Special Treatments and Procedures                      P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>Training and Skill Practice In:</p> <p>d. Bed mobility number of days</p>

**MDS 3.0 vs. 2.0 Comparison**

N = New                      R = Revised  
 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0500E	Transfer	P3e	Transfer	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures                      O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Training and skill practice in:                      Technique                      E. Transfer</p> <p>Number of Days</p>	<p>Special Treatments and Procedures                      P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>Training and Skill Practice In:                      e. Transfer                      number of days</p>
O0500F	Walking	P3f	Walking	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures                      O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Training and skill practice in:                      Technique                      F. Walking</p> <p>Number of Days</p>	<p>Special Treatments and Procedures                      P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>Training and Skill Practice In:                      f. Walking                      number of days</p>

<b>MDS 3.0 vs. 2.0 Comparison</b>	
N = New	R = Revised
D = Dropped	NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0500G	Dressing or grooming	P3g	Dressing or grooming	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Training and skill practice in:</p> <p>G. Dressing or grooming</p> <p>Number of Days</p>	<p>Special Treatments and Procedures P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>Training and Skill Practice In: g. Dressing or grooming number of days</p>
O0500H	Eating or swallowing	P3h	Eating or swallowing	R	Y				Number of Days	Number of Days	<p>Special Treatments and Procedures O0500. Nursing Rehabilitation/Restorative Care</p> <p>Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).</p> <p>Training and skill practice in:</p> <p>H. Eating or swallowing</p> <p>Number of Days</p>	<p>Special Treatments and Procedures P3. Nursing Rehabilitation/Restorative Care</p> <p>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.)</p> <p>Training and Skill Practice In: h. Eating or swallowing number of days</p>

**MDS 3.0 vs. 2.0 Comparison**

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 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0500I	Amputation/p rosthesis care	P3i	Amputation/p rosthesis care	R	Y				Number of Days	Number of Days	Special Treatments and Procedures O0500. Nursing Rehabilitation/Restorative Care  Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).  Training and skill practice in:  I. Amputation/prostheses care  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: i. Amputation/prosthesis care number of days
O0500J	Communicati on	P3j	Communicati on	R	Y				Number of Days	Number of Days	Special Treatments and Procedures O0500. Nursing Rehabilitation/Restorative Care  Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily).  Training and skill practice in:  J. Communication  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: j. Communication number of days

**MDS 3.0 vs. 2.0 Comparison**  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
O0600	Physician Examinations	P7	Physician Visits	R	Y				Days	number of days	Special Treatments and Procedures O0600. Physician Examinations  Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?  Days	Special Treatments and Procedures P7. Physician Visits  In the Last 14 days (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none) number of days
O0700	Physician Orders	P8	Physician Orders	R	Y				Days	number of days	Special Treatments and Procedures O0700. Physician Orders  Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders? Days	Special Treatments and Procedures P8. Physician Orders  In the Last 14 days (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change (Enter 0 if none). number of days

**MDS 3.0 vs. 2.0 Comparison**

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 D = Dropped                NC = No Change

**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>P. Restraints</b>												
Look back period is 7 days unless another time frame is indicated												
P0100A	Bed rail (any type; e.g., full, half, one side)	P4a, P4b	Full bed rails on all open sides of the bed  Other types of side rails used (e.g. half rail, one side)	<b>R</b>					0. Not used 1. Used less than daily 2. Used daily	0. Not used 1. Used less than daily 2. Used daily	Restraints P0100. Physical Restraints - Code for last 7 days:  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Bed Enter Code  A. Bed rail (any type; e.g., full, half, one side)  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	Special Treatments and Procedures P4. Devices and Restraints  Bed Rails a. -Full bed rails on all open sides of bed b. -Other types of side rails used (e.g., half rail, one side)  (Use the following codes for last 7 days) 0. Not used 1. Used less than daily 2. Used daily

**MDS 3.0 vs. 2.0 Comparison**

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100B	Trunk restraint	P4c	Trunk restraint	R		Y	Y	Y	0. Not used 1. Used less than daily 2. Used daily	0. Not used 1. Used less than daily 2. Used daily	Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Bed Enter Code  B. Trunk restraint  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	Special Treatments and Procedures P4. Devices and Restraints  Bed Rails c. Trunk restraint  (Use the following codes for last 7 days) 0. Not used 1. Used less than daily 2. Used daily

**MDS 3.0 vs. 2.0 Comparison**  
 N = New            R = Revised  
 D = Dropped      NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100C	Limb restraint	P4d	Limb restraint	R		Y	Y	Y	0. Not used 1. Used less than daily 2. Used daily	0. Not used 1. Used less than daily 2. Used daily	Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Bed Enter Code  C. Limb restraint  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	Special Treatments and Procedures P4. Devices and Restraints  Bed Rails d. Limb restraint  (Use the following codes for last 7 days) 0. Not used 1. Used less than daily 2. Used daily

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100D	Other			<b>N</b>					0. Not used 1. Used less than daily 2. Used daily		Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Bed Enter Code  D. Other  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	

**MDS 3.0 vs. 2.0 Comparison**  
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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100E	Trunk restraint	P4c	Trunk restraint	R		Y	Y	Y	0. Not used 1. Used less than daily 2. Used daily	0. Not used 1. Used less than daily 2. Used daily	Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Chair or Out of Bed Enter Code  E. Trunk restraint  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	Special Treatments and Procedures P4. Devices and Restraints  Bed Rails c. Trunk restraint  (Use the following codes for last 7 days) 0. Not used 1. Used less than daily 2. Used daily

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100F	Limb restraint	P4d	Limb restraint	R		Y	Y	Y	0. Not used 1. Used less than daily 2. Used daily	0. Not used 1. Used less than daily 2. Used daily	Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Chair or Out of Bed Enter Code  F. Limb restraint  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	Special Treatments and Procedures P4. Devices and Restraints  Bed Rails d. Limb restraint  (Use the following codes for last 7 days) 0. Not used 1. Used less than daily 2. Used daily

**MDS 3.0 vs. 2.0 Comparison**  
 N = New            R = Revised  
 D = Dropped     NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100G	Chair prevents rising	P4e	Chair prevents rising	R		Y	Y	Y	0. Not used 1. Used less than daily 2. Used daily	0. Not used 1. Used less than daily 2. Used daily	Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Chair or Out of Bed Enter Code  G. Chair prevents rising  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	Special Treatments and Procedures P4. Devices and Restraints  Bed Rails e. Chair prevents rising  (Use the following codes for last 7 days) 0. Not used 1. Used less than daily 2. Used daily

**MDS 3.0 vs. 2.0 Comparison**  
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 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
P0100H	Other			<b>N</b>					0. Not used 1. Used less than daily 2. Used daily		Restraints P0100. Physical Restraints - Code for last 7 days  Physical restraints are any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.  Used in Chair or Out of Bed Enter Code  H. Other  Enter Codes in Boxes  0. Not used 1. Used less than daily 2. Used daily	

**MDS 3.0 vs. 2.0 Comparison**  
 N = New                      R = Revised  
 D = Dropped                NC = No Change

### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>Q. Participation in Assessment and Goal Setting</b>												
Look back period is 7 days unless another time frame is indicated												
Q0100A	Resident participation in assessment	R1a	Resident	R					0. No 1. Yes	0. No 1. Yes	Participation in Assessment and Goal Setting Q0100. Participation in Assessment  A. Resident participation in assessment  0. No 1. Yes	Assessment Information R1. Participation in Assessment  (Status in last 7 days, unless other time frame indicated)  a. Resident 0. No 1. Yes
Q0100B	Family or significant other participation in assessment	R1b R1c	Family Significant other	R					0. No 1. Yes 9. No family or significant other	0. No 1. Yes 2. No family  0. No 1. Yes 2. None	Participation in Assessment and Goal Setting Q0100. Participation in Assessment  B. Family or significant other participation in assessment  0. No 1. Yes 9. No family or significant other	Assessment Information R1. Participation in Assessment  (Status in last 7 days, unless other time frame indicated)  b. Family: 0. No 1. Yes 2. No family  c. Significant other: 0. No 1. Yes 2. None

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
Q0200	Return to Community	Q1a	Resident expresses /indicates preference to return to community	<b>R</b>					0. No 1. Yes 9. Resident unable to respond and family or significant other not available	0. No 1. Yes	Participation in Assessment and Goal Setting Q0200. Return to Community  Ask resident (or family or significant other if resident unable to respond): "Do you want to talk to someone about the possibility of returning to the community?"  Enter Code  0. No 1. Yes 9. Resident unable to respond and family or significant other not available	Discharge Potential and Overall Status Q1. Discharge Potential  (Status in last 7 days, unless other time frame indicated)  a. Resident expresses/indicates preference to return to the community 0. No 1. Yes
Q0300A	Select one for resident's goals established during assessment process.			<b>N</b>					1. Post acute care-expects to return to live in community 2. Post acute care-expects to have continued NH needs 3. Respite stay-expects to return home 4. Other reason for admit-expects to return to live in community 5. Long term care for medical, functional, and/or cognitive impairments 6. End-of-life care (includes palliative care and hospice) 9. Unknown or uncertain		Participation in Assessment and Goal Setting Q0300. Resident's Overall Goals-Complete only on admission assessment (A1200A = 01)  A. Select one for resident's goals established during assessment process.  1. Post acute care-expects to return to live in community 2. Post acute care-expects to have continued NH needs 3. Respite stay-expects to return home 4. Other reason for admit-expects to return to live in community 5. Long term care for medical, functional, and/or cognitive impairments 6. End-of-life care (includes palliative care and hospice) 9. Unknown or uncertain	

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
Q0300B	Indicate information source for this item			<b>N</b>					1. Resident 2. Family or significant other 3. Neither		Participation in Assessment and Goal Setting Q0300. Resident's Overall Goals-Complete only on admission assessment (A1200A = 01)  B. Indicate information source for this item  1. Resident 2. Family or significant other 3. Neither	

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>T. Therapy Supplement for PPS</b>												
Look back period is 7 days unless another time frame is indicated												
T0100A	Has the physician ordered any of the following therapies to begin in first 14 days of stay: physical therapy, occupational therapy, or speech pathology service?	T1b	Ordered Therapies-Has the physician ordered any of the following therapies to begin in FIRST 14 days of stay-physical therapy, occupational therapy, or speech pathology service?	R	Y				0. No 1. Yes	0. No 1. Yes	Therapy Supplement for Medicare PPS T0100. Ordered Therapies Complete only if this is a Medicare PPS 5-day scheduled assessment or Medicare PPS readmission/return assessment (A1200B = 01 or 06)  A. Has the physician ordered any of the following therapies to begin in first 14 days of stay: physical therapy, occupational therapy, or speech pathology service? Enter Code  0. No --> Skip to Section Z, 1. Yes	Therapy Supplement for Medicare PPS T1. Special Treatments and Procedures  Skip unless this is a Medicare 5 day or Medicare readmission/return assessment.  b Ordered Therapies-Has the physician ordered any of the following therapies to begin in FIRST 14 days of stay-physical therapy, occupational therapy, or speech pathology service?  0. No 1. Yes  If not ordered, skip to item 2
T0100B	Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered	T1c	Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered.	R	Y				Enter Number	Number of days	Therapy Supplement for Medicare PPS T0100. Ordered Therapies  B. Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered  Enter Number	Therapy Supplement for Medicare PPS T1. Special Treatments and Procedures  Skip unless this is a Medicare 5 day or Medicare readmission/return assessment.  c. Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered.

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### MDS 3.0 vs. MDS 2.0 Crosswalk

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
T0100C	Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered	T1d	Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered?	R	Y				Enter Number	Number of minutes	Therapy Supplement for Medicare PPS T0100. Ordered Therapies  C. Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered?  Enter Number	Therapy Supplement for Medicare PPS T1. Special Treatments and Procedures  Skip unless this is a Medicare 5 day or Medicare readmission/return assessment.  d. Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered?

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**MDS 3.0 vs. MDS 2.0 Crosswalk**

Draft MDS 3.0 Item #	Draft MDS 3.0 Item Label	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	Draft MDS 3.0 8/2008 Item Response Values	MDS 2.0 9/2000 Item Response Values	Draft MDS 3.0 8/2008 Complete Item Information	MDS 2.0 9/2000 Complete Item Information
<b>Z. Assessment Administration</b>												
Look back period is 7 days unless another time frame is indicated												
Z0100	Medicare Part A HIPPS code for billing	T3	Case Mix Group	R					C. Medicare Part A HIPPS code for billing	Medicare	Identification Information Z0100. Medicare Part A HIPPS code for billing  (Rug III group followed by HIPPS modifier based on type of assessment)	Therapy Supplement for Medicare PPS T3. Case Mix Group  Medicare
Z0200	State Case Mix Group	T3	State Case Mix Group	R					State Case Mix Group	State	Identification Information Z0200. State Case Mix Group (If required by the state)	Therapy Supplement for Medicare PPS T3. Case Mix Group  State
Z0300	Insurance Case Mix Group			N					Insurance Case Mix Group		Identification Information Z0300. Insurance Case Mix Group	
Z0400A	Signature Title Sections Date	AA9a	Signature and Title Sections Date	R					A. Signature Title Sections Date	a. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  A. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  a. Signature and Title Sections Date
Z0400B	Signature Title Sections Date	AA9b	Signature and Title Sections Date	R					B. Signature Title Sections Date	b. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  B. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  b. Signature and Title Sections Date

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Z0400C	Signature Title Sections Date	AA9c	Signature and Title Sections Date	R					C. Signature Title Sections Date	c. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  C. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  c. Signature and Title Sections Date
Z0400D	Signature Title Sections Date	AA9d	Signature and Title Sections Date	R					D. Signature Title Sections Date	d. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  D. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  d. Signature and Title Sections Date
Z0400E	Signature Title Sections Date	AA9e	Signature and Title Sections Date	R					E. Signature Title Sections Date	e. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  E. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  e. Signature and Title Sections Date
Z0400F	Signature Title Sections Date	AA9f	Signature and Title Sections Date	R					F. Signature Title Sections Date	f. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  F. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  f. Signature and Title Sections Date

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Z0400G	Signature Title Sections Date	AA9g	Signature and Title Sections Date	R					G. Signature Title Sections Date	g. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  G. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  g. Signature and Title Sections Date
Z0400G	Signature Title Sections Date	AA9h	Signature and Title Sections Date	R					H. Signature Title Sections Date	h. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  H. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  h. Signature and Title Sections Date
Z0400I	Signature Title Sections Date	AA9i	Signature and Title Sections Date	R					I. Signature Title Sections Date	i. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  I. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  i. Signature and Title Sections Date
Z0400J	Signature Title Sections Date	AA9j	Signature and Title Sections Date	R					J. Signature Title Sections Date	j. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  J. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  j. Signature and Title Sections Date

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Z0400K	Signature Title Sections Date	AA9k	Signature and Title Sections Date	<b>R</b>					k. Signature Title Sections Date	k. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  K. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  k. Signature and Title Sections Date
Z0400L	Signature Title Sections Date	AA9l	Signature and Title Sections Date	<b>R</b>					l. Signature Title Sections Date	l. Signature and Title Sections Date	Identification Information Z0400. Signature of Persons Completing the Assessment  L. Signature Title Sections Date	Basic assessment tracking form AA9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form  l. Signature and Title Sections Date
Z0500A	Signature	R2a	Signatures of RN Assessment Coordinator (sign on above line)	<b>R</b>					A. Signature	a. Signature of RN Assessment Coordinator (sign on above line)	Identification Information Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion  A. Signature	Assessment Information R2. Signature of Person Coordinating the Assessment:  a. Signature of RN Assessment Coordinator (sign on above line)
Z0500B	Date RN Assessment Coordinator signed assessment as complete	R2b	Date RN Assessment Coordinator signed as complete	<b>R</b>					B. Date RN Assessment Coordinator signed assessment as complete month day year	b. Date RN Assessment Coordinator signed as complete Month Day Year	Identification Information Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion  B. Date RN Assessment Coordinator signed assessment as complete month day year	Assessment Information R2. Signature of Person Coordinating the Assessment:  b. Date RN Assessment Coordinator signed as complete Month Day Year