



DEL Report

Data Elements by Assessment Instrument Version Report

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Assessment Instrument: FASI

Assessment Version: 1.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0900	Living Arrangements, Caregiver Assistance and Availability.	*	*	N
F0900A	Identify the {patient's/resident's} usual living arrangement during the past 3 days and the past month.	*	*	N
F0900A1	Identify the {patient's/resident's} usual living arrangement during the past 3 days	01-{Patient/Resident} was in a medical facility. 02-{Patient/Resident} does not have a permanent home or is homeless. 03-{Patient/Resident} lives in congregate home - for example, assisted living, or residential care home. 04-{Patient/Resident} lives with others in the home - for example, family, friends, or paid caregiver. 05-{Patient/Resident} lives alone - no other residents in the home.	*	N
F0900A2	Identify the {patient's/resident's} usual living arrangement during the past month.	01-{Patient/Resident} was in a medical facility. 02-{Patient/Resident} does not have a permanent home or is homeless. 03-{Patient/Resident} lives in congregate home - for example, assisted living, or residential care home. 04-{Patient/Resident} lives with others in the home - for example, family, friends, or paid caregiver. 05-{Patient/Resident} lives alone - no other residents in the home.	*	N
F0905A	Living Arrangement Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of living arrangements for the next six months. If the {patient/resident} does not express any personal priorities in this area, please not this below. - A	Text-Living arrangement priorities	*	N



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F0905B	Living Arrangement Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of living arrangements for the next six months. If the {patient/resident} does not express any personal priorities in this area, please not this below. - B	Text-Living arrangement priorities	*	N
F0910	Availability of Assistance	*	*	N
F0910A	Does the {patient/resident} have assistance in their home?	0-No 1-Yes	*	N
F0910B	Code the level of assistance in the {patient's/resident's} home (both paid and unpaid) during the past month.	*	*	N
F0910B1	Code the level of assistance in the {patient's/resident's} home (both paid and unpaid) during the past month. - Paid	01-Around the clock 02-Regular daytime 03-Regular night-time 04-Occasional/short-term assistance 05-No assistance received	*	N
F0910B2	Code the level of assistance in the {patient's/resident's} home (both paid and unpaid) during the past month. - Unpaid	01-Around the clock 02-Regular daytime 03-Regular night-time 04-Occasional/short-term assistance 05-No assistance received	*	N



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F0920	Availability or Paid and Unpaid Assistance. Code the Paid caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days and the Unpaid caregiver's usual ability and willingness to provide assistance with each activity during the past 3 days. If the activity was not attempted, code as not applicable.	*	*	N
F0920_1	Availability of Assistance - Paid	*	*	N
F0920_2	Availability of Assistance - Paid	*	*	N
F0920A1	Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding) - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N



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F0920A2	Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920B1	Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920B2	Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N



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F0920C1	IADL assistance (for example, making meals, housekeeping, telephone, shopping or finances). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920C2	IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920D1	Medication administration (for example, oral, inhaled, or injectable medications). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N



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F0920D2	Medication administration (for example, oral, inhaled, or injectable medications). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920E1	Medical procedures/treatments (for example, changing wound dressing, or home exercise program). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920E2	Medical procedures/treatments (for example, changing wound dressing, or home exercise program). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0920F1	Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920F2	Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920G1	Supervision (for example, due to safety concerns). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N



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F0920G2	Supervision (for example, due to safety concerns). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920H1	Advocacy or facilitation of {person's} participation in appropriate medical care (for example, transportation to or from appointments). - Paid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N
F0920H2	Advocacy or facilitation of {person's} participation in appropriate medical care (for example, transportation to or from appointments). - Unpaid	00-Assistance needed but {patient/resident} declines assistance - {Patient/Resident} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident} needs assistance but no caregiver(s) available in the home. 02-Unclear is caregiver(s) will provide assistance - Caregiver(s) available in the home but it is not clear if caregiver(s) will provide needed assistance. 03-Caregiver(s) need training/supportive services to provide assistance - Caregiver(s) available and need assistance to provide support. 04-Caregiver(s) currently provide assistance - {Patient's/Resident's} usual caregiver(s) willing and able to provide needed assistance. 05-Assistance not needed - No assistance needed. 11-Not applicable - {Patient/Resident} does not do this activity.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0925A	Caregiving Arrangement Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of caregiving for the next six months. If the {patient/resident} does not express any personal priorities in this area, please not this below. - A	Text-Caregiving Priorities	*	N
F0925B	Caregiving Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of caregiving for the next six months. If the {patient/resident} does not express any personal priorities in this area, please not this below. - B	Text-Caregiving Priorities	*	N
GG0125	Assistive Devices for Everyday Activities. Identify the {patient's/resident's} need for and availability of each assistive device. If no assistive device is needed to complete self-care, mobility, and instrumental activities of daily living, check "Not Applicable" box. If device is not used, code reason.	*	*	N
GG0125A	Assistive device - Cane/crutch	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125AA	In the past month, has the {person} used, or expressed or demonstrated a need for an assistive devise?	0-No 1-Yes	*	N



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GG0125B	Assistive device - Walker	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125B1	Assistive device - Standard folding walker	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125B2	Assistive device - Walker with seat	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125B3	Assistive device - Walker with wheels	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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GG0125C	Assistive device - Wheelchair	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125C1	Assistive device - Manual wheelchair	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125C2	Assistive device - Motorized wheelchair and/or scooter	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125D	Assistive device - Limb prosthesis	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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GG0125E	Assistive device - Specialized seating pad (e.g. air-filled, gel, shaped form)	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125F	Assistive device - Mechanical lift	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125G	Assistive device - Reacher/Grabber	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125H	Assistive device - Sock aid	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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GG0125I	Assistive device - Orthotics/Brace	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125J	Assistive device - Bed rail	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125K	Assistive device - Electronic bed	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125L	Assistive device - Grab bars	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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GG0125M	Assistive device - Transfer board	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125N	Assistive device - Shower/commode chair	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125O	Assistive device - Walk/wheel-in shower	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125P	Assistive device - Glasses or contact lenses	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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Assessment Instrument: FASI

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125Q	Assistive device - Hearing aid	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125R	Assistive device - Communication device	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125S	Assistive device - Stair rails	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125T	Assistive device - Lift chair	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125U	Assistive device - Ramps	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125V	Assistive device - Raised toilet seat	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125W	Assistive device - Glucometer	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125X	Assistive device - CPAP	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125Y	Assistive device - Oxygen concentrator	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125Z	Assistive device - Other	00-Assistive device needed but not available - {Patient/Resident} needs the device but is not available in the home. 01-Assistive device needed but current device unsuitable - Device is in home but no longer meets {patient's/resident's} needs. 02-Assistive device needed and available - {Patient/Resident} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident} refused - {Patient/Resident} chooses not to use needed device. 11-Not applicable - {Patient/Resident} does not need this device.	*	N
GG0125Z_specify	Assistive Device - Other (specify)	*	*	N
GG0125ZZ	Assistive device - I have indicated all the devices needed.	*	*	N
GG0130	Self-Care. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-point scale. If activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal(s) using the 6 point scale. Use of codes 07, 09, 10, or 88 is permissible to code {discharge} goal(s).	*	*	N
GG0130_7	Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, code the reason.	*	*	N



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GG0130_8	If the {patient's/resident's} performance changed during the past month, code their Most Dependent performance. If the {patient's/resident's} self-care performance was unchanged during the past month, the most dependent performance should be coded the same as usual performance. If the activity was not attempted, code the reason.	*	*	N
GG0130A7	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the {person}. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A8	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the {person}. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130B7	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B8	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130CC7	Toileting hygiene: The ability to maintain Perineal/menstrual hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0130CC8	Toileting hygiene: The ability to maintain Perineal/menstrual hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130D7	Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0130D8	Wash upper body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130EE7	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0130EE8	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self. Does not include transferring in/out of tub/shower. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130F7	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0130F8	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130G7	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G8	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0130H7	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H8	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0135A	Self-Care Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of self-care for the next six months. If the {patient/resident} does not express any personal priorities in this area, please note this below.	Text-Self-Care Priorities	*	N
GG0135B	Self-Care Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of self-care for the next six months. If the {patient/resident} does not express any personal priorities in this area, please note this below.	Text-Self-Care Priorities	*	N



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Assessment Instrument: FASI

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170	Mobility. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-point scale. If activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code {discharge} goal(s).	*	*	N
GG0170_7	Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, code the reason.	*	*	N
GG0170_8	If the {patient's/resident's} performance changed during the past month, code their Most Dependent performance. If the {patient's/resident's} self-care performance was unchanged during the past month, the most dependent performance should be coded the same as usual performance. If the activity was not attempted, code the reason.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A7	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170A8	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B7	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170B8	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C7	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and no back support. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170C8	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and no back support. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D7	Sit to stand: The ability to come to a standing position from sitting in a chair, or on the side of the bed. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170D8	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E7	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170E8	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F7	Toilet transfer: The ability to get on and off a toilet or commode. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170F8	Toilet transfer: The ability to get on and off a toilet or commode. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G7	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170G8	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170HH	Does the {patient/resident} walk?	0-No, and walking is not indicated 1-No, and walking goal is indicated 2-Yes	*	N
GG0170I7	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170I8	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170J7	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J8	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170K7	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K8	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170L7	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as grass or gravel. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170L8	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as grass or gravel. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170M7	1 step (curb): The ability to go up and down a curb and/or up and down one step. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170M8	1 step (curb): The ability to go up and down a curb and/or up and down one step. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170N7	4 steps: The ability to go up and down four steps with or without a rail. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170N8	4 steps: The ability to go up and down four steps with or without a rail. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170O7	12 steps: The ability to go up and down 12 steps with or without a rail. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG017008	12 steps: The ability to go up and down 12 steps with or without a rail. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170P7	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170P8	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170U7	Walks indoors: from room to room, around furniture and other obstacles. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0170U8	Walks indoors: from room to room, around furniture and other obstacles. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170V7	Carries something in both hands: While walking indoors e.g. several dishes, light laundry basket, tray with food. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170V8	Carries something in both hands: While walking indoors e.g. several dishes, light laundry basket, tray with food. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170W7	Walks for 15 minutes: without stopping or resting (e.g., department store, supermarket). - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170W8	Walks for 15 minutes: without stopping or resting (e.g., department store, supermarket). - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0170X7	Walks across a street: crosses street before light turns read. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170X8	Walks across a street: crosses street before light turns read. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175	Mobility (Wheelchair). Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the {patient's/resident's} performance changed during the past month, also code their most dependent performance. If the {patient's/resident's} wheelchair mobility performance was unchanged during the past month, column 8 should be coded the same as column 7. If the activity was not attempted, code the reason.	*	*	N
GG0175_7_manual	Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, code the reason.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175_7_motorized	Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, code the reason.	*	*	N
GG0175_8_manual	If the {patient's/resident's} performance changed during the past month, also code their most dependent performance. If the {patient's/resident's} wheelchair mobility performance was unchanged during the past month, column 8 should be coded the same as column 7. If the activity was not attempted, code the reason.	*	*	N
GG0175_8_motorized	If the {patient's/resident's} performance changed during the past month, also code their most dependent performance. If the {patient's/resident's} wheelchair mobility performance was unchanged during the past month, column 8 should be coded the same as column 7. If the activity was not attempted, code the reason.	*	*	N
GG0175A	Does the {patient/resident} use a manual wheelchair?	0-No 1-Yes	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175B7	Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Manual Wheelchair - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175B8	Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Manual Wheelchair - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175C7	Wheels 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Manual Wheelchair - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175C8	Wheels 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Manual Wheelchair - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Instrument: FASI

Assessment Version: 1.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175D7	Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket) - Manual Wheelchair - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175D8	Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket) - Manual Wheelchair - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0175E7	Wheels across a street: crosses street before light turns red. - Manual Wheelchair - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175E8	Wheels across a street: crosses street before light turns red. - Manual Wheelchair - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175F	Does the {patient/resident} use a motorized wheelchair and/or scooter?	0-No 1-Yes	*	N
GG0175G7	Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Motorized Wheelchair/Scooter - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175G8	Wheels 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Motorized Wheelchair/Scooter - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175H7	Wheels 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Motorized Wheelchair/Scooter - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175H8	Wheels 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Motorized Wheelchair/Scooter - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175I7	Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket) - Motorized Wheelchair/Scooter - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0175I8	Wheels for 15 minutes: without stopping or resting (e.g., department store, supermarket) - Motorized Wheelchair/Scooter - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0175J7	Wheels across a street: crosses street before light turns red. - Motorized Wheelchair/Scooter - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0175J8	Wheels across a street: crosses street before light turns red. - Motorized Wheelchair/Scooter - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0180A	Mobility Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of mobility for the next six months. If the {patient/resident} does not express any personal priorities in this area, please note this below. - A	Text-Mobility Priorities	*	N
GG0180B	Mobility Priorities: Please ask the {person} to describe at least one or two personal priorities in the area of mobility for the next six months. If the {person} does not express any personal priorities in this area, please note this below. - B	Text-Mobility Priorities	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185	Instrumental Activities of Daily Living. Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the {patient's/resident's} performance changed during the past month, also code their most dependent performance. If the {patient's/resident's} IADL performance was unchanged during the past month, column 8 should be coded the same as column 7. If the activity was not attempted, code the reason.	*	*	N
GG0185_7	Code the {patient's/resident's} usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, code the reason.	*	*	N
GG0185_8	If the {patient's/resident's} performance changed during the past month, also code their most dependent performance. If the {patient's/resident's} IADL performance was unchanged during the past month, column 8 should be coded the same as column 7. If the activity was not attempted, code the reason.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185A7	Makes a light cold meal: The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185A8	Makes a light cold meal: The ability to plan and prepare all aspects of a light cold meal such as a bowl of cereal and sandwich and cold drink. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0185B7	Makes a light hot meal: The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup and reheating a prepared meal. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185B8	Makes a light hot meal: The ability to plan and prepare all aspects of a light hot meal such as heating a bowl of soup and reheating a prepared meal. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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GG0185C7	Light daily housework: The ability to complete light daily housework to maintain a safe home environment such that the {patient/resident} is not at risk from harm within their home. Examples include wiping counter tops or doing dishes. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185C8	Light daily housework: The ability to complete light daily housework to maintain a safe home environment such that the {patient/resident} is not at risk from harm within their home. Examples include wiping counter tops or doing dishes. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185D7	Heavier periodic housework: The ability to complete heavier periodic housework to maintain a safe home environment such that the {patient/resident} is not at risk for harm within their home. Examples include doing laundry, vacuuming, cleaning bathroom. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185D8	Heavier periodic housework: The ability to complete heavier periodic housework to maintain a safe home environment such that the {patient/resident} is not at risk for harm within their home. Examples include doing laundry, vacuuming, cleaning bathroom. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Instrument: FASI

Assessment Version: 1.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185E7	Light shopping: Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185E8	Light shopping: Once at store, can locate and select up to five needed goods, take to check out, and complete purchasing transaction. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185F7	Telephone-answering call: The ability to answer call in {patient's/resident's} customary manner and maintain for 1 minute or longer. Does not include getting to the phone. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185F8	Telephone-answering call: The ability to answer call in {resident's/patient's} customary manner and maintain for 1 minute or longer. Does not include getting to the phone. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185G7	Telephone-placing call: The ability to place call in {patient's/resident's} customary manner and maintain for 1 minute or longer. Does not include getting to the phone. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185G8	Telephone-placing call: The ability to place call in {patient's/resident's} customary manner and maintain for 1 minute or longer. Does not include getting to the phone. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185H7	Medication management-oral medications: The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185H8	Medication management-oral medications: The ability to prepare and take all prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG018517	Medication management- inhalant/mist medications: The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG018518	Medication management- inhalant/mist medications: The ability to prepare and take all prescribed inhalant/mist medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185J7	Medication management-injectable medications: The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185J8	Medication management-injectable medications: The ability to prepare and take all prescribed injectable medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185K7	Simple financial management: The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185K8	Simple financial management: The ability to complete financial transactions such as counting coins, verifying change for a single item transaction, writing a check, online/mobile bill pay, banking, or shopping. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185L7	Complex financial management: The ability to complete financial decision-making such as budget and remembering to pay bills. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N
GG0185L8	Complex financial management: The ability to complete financial decision-making such as budget and remembering to pay bills. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident} refused 11-Not applicable - {Patient/Resident} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns.	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0190A	IADL Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of instrumental activities of daily living for the next six months. If the {patient/resident} does not express any personal priorities in this area, please note this below. - A	Text-IADL Priorities	*	N
GG0190B	IADL Priorities: Please ask the {patient/resident} to describe at least one or two personal priorities in the area of instrumental activities of daily living for the next six months. If the {patient/resident} does not express any personal priorities in this area, please note this below. - B	Text-IADL Priorities	*	N