



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024

Page 1 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130	Self-Care	*	*	N
GG0130_7	Self-Care. Code the person's Usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
GG0130_8	Self-Care. If the person's performance changed during the past month, code their Most Dependent performance. If the person's self-care performance was unchanged during the past month, the Most Dependent performance should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a Not Attempted code 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 2 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 3 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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 and 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 4 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130CC8	Toileting hygiene: The ability to maintain perineal/menstrual hygiene and 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 5 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 6 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 7 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 8 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N

DEL Report

Data Element Assessment Version Report

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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 person to describe at least one or two personal priorities in the area of self-care for the next six months. If the person does not express any personal priorities in this area, please note this below. - A	Text-Self-Care Priorities	*	N
GG0135B	Self-Care Priorities: Please ask the person to describe at least one or two personal priorities in the area of self-care for the next six months. If the person does not express any personal priorities in this area, please note this below. - B	Text-Self-Care Priorities	*	N
GG0170	Mobility	*	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 10 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170_7	Mobility. Code the person's Usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
GG0170_8	Mobility. If the person's performance changed during the past month, code their Most Dependent performance. If the person's mobility performance was unchanged during the past month, the Most Dependent performance should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 11 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 12 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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 with no back support. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 13 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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 with no back support. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170D7	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 14 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 15 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 16 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 17 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170HH	Does the person walk?	0-No, and walking goal is not indicated 1-No, and walking is indicated 2-Yes	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 18 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017017	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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG017018	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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 19 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 20 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 21 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L7	Walk 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170L8	Walk 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 22 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 23 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 24 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017007	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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 25 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 26 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170U7	Walk indoors: The ability to walk from room to room, around furniture and other obstacles. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170U8	Walk indoors: The ability to walk from room to room, around furniture and other obstacles. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 27 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170V7	Carries something in both hands: The ability to carry 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170V8	Carries something in both hands: The ability to carry 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 28 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170W7	Walk for 15 minutes: The ability to walk without stopping or resting (e.g., through a department store, supermarket). - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170W8	Walk for 15 minutes: The ability to walk without stopping or resting (e.g., through a department store, supermarket). - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 29 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170X7	Walk across a street: The ability to cross street before light turns red. - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0170X8	Walk across a street: The ability to cross street before light turns red. - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175	Mobility (Wheelchair)	*	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 30 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175A	Does the person use a manual wheelchair?	0-No 1-Yes	*	N
GG0175_7_manual	Code the person's Usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
GG0175_8_manual	If the person's performance changed during the past month, also code their Most Dependent performance. If the person's wheelchair mobility performance was unchanged during the past month, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
GG0175B7	Wheel 50 feet with two turns: Once seated in wheelchair, 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 31 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175B8	Wheel 50 feet with two turns: Once seated in wheelchair, 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175C7	Wheel 150 feet: Once seated in wheelchair, 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 32 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175C8	Wheel 150 feet: Once seated in wheelchair, 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175D7	Wheel for 15 minutes: Once seated in wheelchair, the ability to wheel without stopping or resting (e.g., through a department store, supermarket). - Manual Wheelchair - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 33 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175D8	Wheel for 15 minutes: Once seated in wheelchair, the ability to wheel without stopping or resting (e.g., through a department store, supermarket). - Manual Wheelchair - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175E7	Wheel across a street: Once seated in wheelchair, the ability to wheel across a street before light turns red. - Manual Wheelchair - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 34 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175E8	Wheel across a street: Once seated in wheelchair, the ability to wheel across a street before light turns red. - Manual Wheelchair - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175F	Does the person use a motorized wheelchair and/or scooter?	0-No 1-Yes	*	N
GG0175_7_motorized	Code the person's Usual performance during the past 3 days using the 6-point scale. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
GG0175_8_motorized	If the person's performance changed during the past month, also code their Most Dependent performance. If the person's wheelchair mobility performance was unchanged during the past month, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 35 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175G7	Wheel 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175G8	Wheel 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 36 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175H7	Wheel 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175H8	Wheel 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 37 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175I7	Wheel for 15 minutes: Once seated in wheelchair/scooter, the ability to wheel without stopping or resting (e.g., through a department store, supermarket). - Motorized Wheelchair/Scooter - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175I8	Wheel for 15 minutes: Once seated in wheelchair/scooter, the ability to wheel without stopping or resting (e.g., through a department store, supermarket). - Motorized Wheelchair/Scooter - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 38 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0175J7	Wheel across a street: Once seated in wheelchair/scooter, the ability to wheel across a street before light turns red. - Motorized Wheelchair/Scooter - Usual Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N
GG0175J8	Wheel across a street: Once seated in wheelchair/scooter, the ability to wheel across a street before light turns red. - Motorized Wheelchair/Scooter - Most Dependent Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 39 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0180A	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. - 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
GG0185	Instrumental Activities of Daily Living	*	*	N
GG0185_7	Code the person's Usual Performance during the past 3 days using the 6-point scale. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N
GG0185_8	If the person's performance changed during the past month, also code their Most Dependent performance. If the person's IADL performance was unchanged during the past month, the Most Dependent response should be coded the same as the level recorded in Usual. If the activity was not attempted, document using a Not Attempted code reason.	*	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 40 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 41 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 42 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0185C7	Light daily housework: The ability to complete light daily housework to maintain a safe home environment such that the person 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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 person 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 43 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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 person 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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 person 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 44 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 45 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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 person'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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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 person'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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 46 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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 person'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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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 person'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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 47 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 48 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 49 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 50 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 51 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} 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/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} 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/person} 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/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 90-Not attempted due to short-term medical condition or safety concerns	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 52 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0190A	IADL Priorities: Please ask the person 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 person does not express any personal priorities in this area, please note this below. - A	Text-IADL Priorities	*	N
GG0190B	IADL Priorities: Please ask the person 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 person does not express any personal priorities in this area, please note this below. - B	Text-IADL Priorities	*	N
GG0125	Assistive Devices for Everyday Activities	*	*	N
GG0125AA	In the past month, has the person used, or expressed or demonstrated a need for an assistive device?	0-No 1-Yes	*	N
GG0125A	Assistive device - Cane/crutch	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 53 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125B	Assistive device - Walker	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125B1	Assistive device - Standard folding walker	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125B2	Assistive device - Walker with seat	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125B3	Assistive device - Walker with wheels	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 54 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125C	Assistive device - Wheelchair	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125C1	Assistive device - Manual wheelchair	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125C2	Assistive device - Motorized wheelchair and/or scooter	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125D	Assistive device - Limb prosthesis	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 55 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125E	Assistive device - Specialized seating pad (e.g., air-filled, gel, shaped form)	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125F	Assistive device - Mechanical lift	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125G	Assistive device - Reacher/Grabber	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125H	Assistive device - Sock aid	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 56 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125I	Assistive device - Orthotics/Brace	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125J	Assistive device - Bed rail	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125K	Assistive device - Electronic bed	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125L	Assistive device - Grab bars	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 57 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0125M	Assistive device - Transfer board	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125N	Assistive device - Shower/commode chair	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125O	Assistive device - Walk/wheel-in shower	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125P	Assistive device - Glasses or contact lenses	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 58 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125R	Assistive device - Communication device	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125S	Assistive device - Stair rails	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125T	Assistive device - Lift chair	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 59 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125V	Assistive device - Raised toilet seat	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125W	Assistive device - Glucometer	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125X	Assistive device - CPAP	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 60 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

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/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125Z	Assistive device - Other	00-Assistive device needed but not available - {Patient/Resident/Person} needs the device but it 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/Person} needs this device to complete daily activities and has the device in the home. 07-{Patient/Resident/Person} refused - {Patient/Resident/Person} chooses not to use needed device. 11-Not applicable - {Patient/Resident/Person} does not need this device.	*	N
GG0125Z_specify	Assistive Device - Other (specify)	*	*	N
GG0125ZZ	Assistive device - I have indicated all the devices needed.	*	*	N
F0900	Living Arrangements	*	*	N
F0900A	Identify the person's usual living arrangement during the past 3 days and the past month.	*	*	N
F0900A1	Identify the person's usual living arrangement during the past 3 days	01-{Patient/Resident/Person} was in a medical facility. 02-{Patient/Resident/Person} does not have a permanent home or is homeless. 03-{Patient/Resident/Person} lives in congregate home - for example, assisted living, or residential care home. 04-{Patient/Resident/Person} lives with others in the home - for example, family, friends, or paid caregiver. 05-{Patient/Resident/Person} lives alone - no other residents in the home.	*	N



DEL Report

Data Element Assessment Version Report

Run Date: 03/28/2024
Page 61 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0900A2	Identify the person's usual living arrangement during the past month.	01-{Patient/Resident/Person} was in a medical facility. 02-{Patient/Resident/Person} does not have a permanent home or is homeless. 03-{Patient/Resident/Person} lives in congregate home - for example, assisted living, or residential care home. 04-{Patient/Resident/Person} lives with others in the home - for example, family, friends, or paid caregiver. 05-{Patient/Resident/Person} lives alone - no other residents in the home.	*	N
F0905A	Living Arrangement Priorities: Please ask the person to describe at least one or two personal priorities in the area of living arrangements for the next six months. If the person does not express any personal priorities in this area, please not this below. - A	Text-Living arrangement priorities	*	N
F0905B	Living Arrangement Priorities: Please ask the person to describe at least one or two personal priorities in the area of living arrangements for the next six months. If the person 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 person have assistance in their home?	0-No 1-Yes	*	N
F0910B	Code the level of assistance in the person's home (both paid and unpaid) during the past month.	*	*	N
F0910B1	Code the level of assistance in the person'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



DEL Report Data Element Assessment Version Report

Run Date: 03/28/2024
Page 62 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0910B2	Code the level of assistance in the person'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
F0920	Availability or Paid and Unpaid Assistance	*	*	N
F0920_1	Availability of Assistance - Paid	*	*	N
F0920_2	Availability of Assistance - Unpaid	*	*	N
F0920A1	Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding) - Paid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920A2	Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding). - Unpaid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 63 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0920B1	Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling). - Paid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920B2	Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling). - Unpaid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920C1	IADL assistance (for example, making meals, housekeeping, telephone, shopping or finances). - Paid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 64 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0920C2	IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances). - Unpaid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920D1	Medication administration (for example, oral, inhaled, or injectable medications). - Paid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920D2	Medication administration (for example, oral, inhaled, or injectable medications). - Unpaid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 65 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0920E1	Medical procedures/treatments (for example, changing wound dressing, or home exercise program). - Paid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} 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/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
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/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 66 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920G1	Supervision (for example, due to safety concerns). - Paid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0920G2	Supervision (for example, due to safety concerns). - Unpaid	00-Assistance needed but {patient/resident/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N



DEL Report **Data Element Assessment Version Report**

Run Date: 03/28/2024
Page 67 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
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/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} 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/person} declines assistance - {Patient/Resident/Person} needs caregiving but declines this assistance. 01-Assistance needed but no caregiver(s) available - {Patient/Resident/Person} 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/Person} does not do this activity.	*	N
F0925A	Caregiving Priorities: Please ask the person to describe at least one or two personal priorities in the area of caregiving for the next six months. If the person does not express any personal priorities in this area, please not this below. - A	Text-Caregiving Priorities	*	N



DEL Report
Data Element Assessment Version Report

Run Date: 03/28/2024
Page 68 of 68

Note: * indicates an empty value.

Assessment Instrument: FASI

Assessment Version: 1.1

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0925B	Caregiving Priorities: Please ask the person to describe at least one or two personal priorities in the area of caregiving for the next six months. If the person does not express any personal priorities in this area, please not this below. - B	Text-Caregiving Priorities	*	N