



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
1	Facility Information	*	*	N
1A	Facility Name	Text-Facility name	*	N
1B	Facility Medicare Provider Number	Text-CMS Certification Number (CCN)	*	N
2	Patient Medicare Number	^ -No information Text-{Patient/Resident/Person} Medicare number or Medicare Beneficiary Identifier (MBI)	*	Y
3	Patient Medicaid Number	+ -Enter "+" if Medicaid application is pending ^ -No information Text-{Patient/Resident/Person} Medicaid Number	*	Y
4	Patient First Name	Text-{Patient/Resident/Person} First name	*	N
5A	Patient Last Name	Text-{Patient/Resident/Person} Last name	*	N
5B	Patient Identification Number	Text-{Patient/Resident/Person} Identification Number	*	N
6	Birth Date	MMDDYYYY-{Patient/Resident/Person} Birth Date MMYYYY-{Patient/Resident/Person} Birth Date (if day of month is unknown) YYYY-{Patient/Resident/Person} Birth Date (if month and day unknown)	IRF CMG	Y
7	Social Security Number	Text-{Patient/Resident/Person} Social Security Number	*	Y
8	Gender	1-Male 2-Female	*	N
10	Marital Status	1-Never married 2-Married 3-Widowed 4-Separated 5-Divorced ^ -No information	*	N
11	Zip Code of Patient's Pre-Hospital Residence	^ -No information Text-Zip code, country abbreviation	*	N
12	Admission Date	MMDDYYYY-Admission Date	IRF CMG QM	Y
13	Assessment Reference Date	MMDDYYYY-Assessment reference date	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
14	Admission Class	01-Initial Rehab 02-Evaluation 03-Readmission 04-Unplanned Discharge 05-Continuing Rehabilitation ^-No information	*	N
15A	Admit From	01-Home (private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Short-term General Hospital 03-Skilled Nursing Facility (SNF) 04-Intermediate Care 06-Home under care of organized home health service organization 50-Hospice (Home) 51-Hospice (medical facility) 61-Swing bed 62-Another Inpatient Rehabilitation Facility 63-Long-Term Care Hospital (LTCH) 64-Medicaid Nursing Facility 65-Inpatient Psychiatric Facility 66-Critical Access Hospital (CAH) 99-Not listed	*	N
16A	Pre-hospital Living Setting	01-Home (private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Short-term General Hospital 03-Skilled Nursing Facility (SNF) 04-Intermediate Care 06-Home under care of organized home health service organization 50-Hospice (Home) 51-Hospice (medical facility) 61-Swing bed 62-Another Inpatient Rehabilitation Facility 63-Long-Term Care Hospital (LTCH) 64-Medicaid Nursing Facility 65-Inpatient Psychiatric Facility 66-Critical Access Hospital (CAH) 99-Not listed	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
17	Pre-hospital Living With	01-Alone 02-Family / Relatives 03-Friends 04-Attendant 05-Other ^-Blank (skip pattern)	*	N
20	Payment Source	*	*	N
20A	Primary Source	02-Medicare - Fee for Service 51-Medicare - Medicare Advantage 99-Not listed	*	N
20B	Secondary Source	02-Medicare - Fee for Service 51-Medicare - Medicare Advantage 99-Not listed ^-No information	*	N
21	Impairment group	*	*	N
21_admission	Impairment group - admission	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
21A	Impairment Group - Admission: Condition requiring admission to rehabilitation; code according to Appendix A.	0001.1-Stroke: Left Body Involvement (Right Brain) 0001.2-Stroke: Right Body Involvement (Left Brain) 0001.3-Stroke: Bilateral Involvement 0001.4-Stroke: No Paresis 0001.9-Stroke: Other Stroke 0002.1-Brain Dysfunction: Non-traumatic 0002.21-Brain Dysfunction: Traumatic, Open Injury 0002.22-Brain Dysfunction: Traumatic, Closed Injury 0002.9-Brain Dysfunction: Other Brain 0003.1-Neurologic Conditions: Multiple Sclerosis 0003.2-Neurologic Conditions: Parkinsonism 0003.3-Neurologic Conditions: Polyneuropathy 0003.4-Neurologic Conditions: Guillain-Barré Syndrome 0003.5-Neurologic Conditions: Cerebral Palsy 0003.8-Neurologic Conditions: Neuromuscular Disorders 0003.9-Neurologic Conditions: Other Neurologic 0004.110-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Unspecified 0004.111-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Incomplete 0004.112-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Complete 0004.120-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Unspecified 0004.1211-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C1-4 0004.1212-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C5-8 0004.1221-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C1-4 0004.1222-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C5-8 0004.130-Spinal Chord Dysfunction, Non-Traumatic: Other Non-Traumatic Spinal Cord Dysfunction 0004.210-Spinal Chord Dysfunction, Traumatic: Paraplegia, Unspecified 0004.211-Spinal Chord Dysfunction, Traumatic: Paraplegia, Incomplete 0004.212-Spinal Chord Dysfunction, Traumatic: Paraplegia, Complete 0004.220-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Unspecified 0004.2211-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C1-4 0004.2212-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C5-8 0004.2221-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C1-4 0004.2222-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C5-8 0004.230-Spinal Chord Dysfunction, Traumatic: Other Traumatic Spinal Cord Dysfunction 0005.1-Amputation: Unilateral Upper Limb Above the Elbow (AE)	IRF CMG QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
		0005.2-Amputation: Unilateral Upper Limb Below the Elbow (BE) 0005.3-Amputation: Unilateral Lower Limb Above the Knee (AK) 0005.4-Amputation: Unilateral Lower Limb Below the Knee (BK) 0005.5-Amputation: Bilateral Lower Limb Above the Knee (AK/AK) 0005.6-Amputation: Bilateral Lower Limb Above/Below the Knee (AK/BK) 0005.7-Amputation: Bilateral Lower Limb Below the Knee (BK/BK) 0005.9-Amputation: Other Amputation 0006.1-Arthritis: Rheumatoid Arthritis 0006.2-Arthritis: Osteoarthritis 0006.9-Arthritis: Other Arthritis 0007.1-Pain Syndromes: Neck Pain 0007.2-Pain Syndromes: Back Pain 0007.3-Pain Syndromes: Limb Pain 0007.9-Pain Syndromes: Other Pain 0008.11-Orthopaedic Disorders: Status Post Unilateral Hip Fracture 0008.12-Orthopaedic Disorders: Status Post Bilateral Hip Fractures 0008.2-Orthopaedic Disorders: Status Post Femur (Shaft) Fracture 0008.3-Orthopaedic Disorders: Status Post Pelvic Fracture 0008.4-Orthopaedic Disorders: Status Post Major Multiple Fractures 0008.51-Orthopaedic Disorders: Status Post Unilateral Hip Replacement 0008.52-Orthopaedic Disorders: Status Post Bilateral Hip Replacements 0008.61-Orthopaedic Disorders: Status Post Unilateral Knee Replacement 0008.62-Orthopaedic Disorders: Status Post Bilateral Knee Replacements 0008.71-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Same Side) 0008.72-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Different Sides) 0008.9-Orthopaedic Disorders: Other Orthopaedic 0009-Cardiac 0010.1-Pulmonary Disorders: Chronic Obstructive Pulmonary Disease 0010.9-Pulmonary Disorders: Other Pulmonary 0011-Burns 0012.1-Congenital Deformities: Spina Bifida 0012.9-Congenital Deformities: Other Congenital 0013-Other Disabling Impairments 0014.1-Major Multiple Trauma: Brain + Spinal Cord Injury 0014.2-Major Multiple Trauma: Brain + Multiple Fracture/Amputation 0014.3-Major Multiple Trauma: Spinal Cord + Multiple Fracture/Amputation		



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
		0014.9-Major Multiple Trauma: Other Multiple Trauma 0015-Developmental Disability 0016-Debility (Non-cardiac, Non-pulmonary) 0017.1-Medically Complex: Infections 0017.2-Medically Complex: Neoplasms 0017.31-Medically Complex: Nutrition with Intubation/Parenteral Nutrition 0017.32-Medically Complex: Nutrition without Intubation/Parenteral Nutrition 0017.4-Medically Complex: Circulatory Disorders 0017.51-Medically Complex: Respiratory Disorders - Ventilator Dependent 0017.52-Medically Complex: Respiratory Disorders - Non-ventilator Dependent 0017.6-Medically Complex: Terminal Care 0017.7-Medically Complex: Skin Disorders 0017.8-Medically Complex: Medical/Surgical Complications 0017.9-Medically Complex: Other Medically Complex Conditions		
21_discharge	Impairment group - discharge	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
21D	Impairment Group - Discharge	0001.1-Stroke: Left Body Involvement (Right Brain) 0001.2-Stroke: Right Body Involvement (Left Brain) 0001.3-Stroke: Bilateral Involvement 0001.4-Stroke: No Paresis 0001.9-Stroke: Other Stroke 0002.1-Brain Dysfunction: Non-traumatic 0002.21-Brain Dysfunction: Traumatic, Open Injury 0002.22-Brain Dysfunction: Traumatic, Closed Injury 0002.9-Brain Dysfunction: Other Brain 0003.1-Neurologic Conditions: Multiple Sclerosis 0003.2-Neurologic Conditions: Parkinsonism 0003.3-Neurologic Conditions: Polyneuropathy 0003.4-Neurologic Conditions: Guillain-Barré Syndrome 0003.5-Neurologic Conditions: Cerebral Palsy 0003.8-Neurologic Conditions: Neuromuscular Disorders 0003.9-Neurologic Conditions: Other Neurologic 0004.110-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Unspecified 0004.111-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Incomplete 0004.112-Spinal Chord Dysfunction, Non-Traumatic: Paraplegia, Complete 0004.120-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Unspecified 0004.1211-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C1-4 0004.1212-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Incomplete C5-8 0004.1221-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C1-4 0004.1222-Spinal Chord Dysfunction, Non-Traumatic: Quadriplegia, Complete C5-8 0004.130-Spinal Chord Dysfunction, Non-Traumatic: Other Non-Traumatic Spinal Cord Dysfunction 0004.210-Spinal Chord Dysfunction, Traumatic: Paraplegia, Unspecified 0004.211-Spinal Chord Dysfunction, Traumatic: Paraplegia, Incomplete 0004.212-Spinal Chord Dysfunction, Traumatic: Paraplegia, Complete 0004.220-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Unspecified 0004.2211-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C1-4 0004.2212-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Incomplete C5-8 0004.2221-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C1-4 0004.2222-Spinal Chord Dysfunction, Traumatic: Quadriplegia, Complete C5-8 0004.230-Spinal Chord Dysfunction, Traumatic: Other Traumatic Spinal Cord Dysfunction 0005.1-Amputation: Unilateral Upper Limb Above the Elbow (AE)	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
		0005.2-Amputation: Unilateral Upper Limb Below the Elbow (BE) 0005.3-Amputation: Unilateral Lower Limb Above the Knee (AK) 0005.4-Amputation: Unilateral Lower Limb Below the Knee (BK) 0005.5-Amputation: Bilateral Lower Limb Above the Knee (AK/AK) 0005.6-Amputation: Bilateral Lower Limb Above/Below the Knee (AK/BK) 0005.7-Amputation: Bilateral Lower Limb Below the Knee (BK/BK) 0005.9-Amputation: Other Amputation 0006.1-Arthritis: Rheumatoid Arthritis 0006.2-Arthritis: Osteoarthritis 0006.9-Arthritis: Other Arthritis 0007.1-Pain Syndromes: Neck Pain 0007.2-Pain Syndromes: Back Pain 0007.3-Pain Syndromes: Limb Pain 0007.9-Pain Syndromes: Other Pain 0008.11-Orthopaedic Disorders: Status Post Unilateral Hip Fracture 0008.12-Orthopaedic Disorders: Status Post Bilateral Hip Fractures 0008.2-Orthopaedic Disorders: Status Post Femur (Shaft) Fracture 0008.3-Orthopaedic Disorders: Status Post Pelvic Fracture 0008.4-Orthopaedic Disorders: Status Post Major Multiple Fractures 0008.51-Orthopaedic Disorders: Status Post Unilateral Hip Replacement 0008.52-Orthopaedic Disorders: Status Post Bilateral Hip Replacements 0008.61-Orthopaedic Disorders: Status Post Unilateral Knee Replacement 0008.62-Orthopaedic Disorders: Status Post Bilateral Knee Replacements 0008.71-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Same Side) 0008.72-Orthopaedic Disorders: Status Post Knee and Hip Replacements (Different Sides) 0008.9-Orthopaedic Disorders: Other Orthopaedic 0009-Cardiac 0010.1-Pulmonary Disorders: Chronic Obstructive Pulmonary Disease 0010.9-Pulmonary Disorders: Other Pulmonary 0011-Burns 0012.1-Congenital Deformities: Spina Bifida 0012.9-Congenital Deformities: Other Congenital 0013-Other Disabling Impairments 0014.1-Major Multiple Trauma: Brain + Spinal Cord Injury 0014.2-Major Multiple Trauma: Brain + Multiple Fracture/Amputation 0014.3-Major Multiple Trauma: Spinal Cord + Multiple Fracture/Amputation		





## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
		0014.9-Major Multiple Trauma: Other Multiple Trauma 0015-Developmental Disability 0016-Debility (Non-cardiac, Non-pulmonary) 0017.1-Medically Complex: Infections 0017.2-Medically Complex: Neoplasms 0017.31-Medically Complex: Nutrition with Intubation/Parenteral Nutrition 0017.32-Medically Complex: Nutrition without Intubation/Parenteral Nutrition 0017.4-Medically Complex: Circulatory Disorders 0017.51-Medically Complex: Respiratory Disorders - Ventilator Dependent 0017.52-Medically Complex: Respiratory Disorders - Non-ventilator Dependent 0017.6-Medically Complex: Terminal Care 0017.7-Medically Complex: Skin Disorders 0017.8-Medically Complex: Medical/Surgical Complications 0017.9-Medically Complex: Other Medically Complex Conditions		
22	Etiologic Diagnosis: (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)	*	*	N
22A	Etiologic Diagnosis A	ICD-Valid ICD Code	QM	N
22B	Etiologic Diagnosis B	ICD-Valid ICD Code ^-No information	QM	Y
22C	Etiologic Diagnosis C	ICD-Valid ICD Code ^-No information	QM	Y
23	Date of Onset of Impairment	MMDDYYYY-Date of onset ^-No information	*	N
24	Comorbid Conditions. Use ICD codes to enter comorbid medical conditions	*	*	N
24A	Comorbid Condition A	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24B	Comorbid Condition B	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24C	Comorbid Condition C	ICD-Valid ICD Code ^-No information	IRF CMG QM	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
24D	Comorbid Condition D	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24E	Comorbid Condition E	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24F	Comorbid Condition F	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24G	Comorbid Condition G	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24H	Comorbid Condition H	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24I	Comorbid Condition I	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24J	Comorbid Condition J	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24K	Comorbid Condition K	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24L	Comorbid Condition L	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24M	Comorbid Condition M	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24N	Comorbid Condition N	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24O	Comorbid Condition O	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24P	Comorbid Condition P	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24Q	Comorbid Condition Q	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24R	Comorbid Condition R	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24S	Comorbid Condition S	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24T	Comorbid Condition T	ICD-Valid ICD Code ^-No information	IRF CMG QM	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
24U	Comorbid Condition U	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24V	Comorbid Condition V	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24W	Comorbid Condition W	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24X	Comorbid Condition X	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24Y	Comorbid Condition Y	ICD-Valid ICD Code ^-No information	IRF CMG QM	N
24A1	Are there any arthritis conditions recorded in items 21, 22, or 24 that meet all the regulatory requirements for IRF classification	0-No 1-Yes	*	N
25A	Height on admission (in inches)	00-Minimum value 99-Maximum value --Not assessed/no information	QM	N
26A	Weight on admission (in pounds). Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, with shoes off, etc.)	000-Minimum value 999-Maximum value --Not assessed/no information	QM	N
40	Discharge Date	MMDDYYYY-Discharge Date	IRF CMG QM	N
41	Patient discharged against medical advice?	0-No 1-Yes	QM	N
42	Program Interruption(s)	0-No 1-Yes	*	N
43	Program Interruption Dates	*	*	N
43A	First Interruption Date	MMDDYYYY-Interruption start date ^-No information	*	Y
43B	First Return Date	MMDDYYYY-Interruption end date ^-No information	*	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
43C	Second Interruption Date	MMDDYYYY-Interruption start date ^-No information	*	Y
43D	Second Return Date	MMDDYYYY-Interruption end date ^-No information	*	Y
43E	Third Interruption Date	MMDDYYYY-Interruption start date ^-No information	*	Y
43F	Third Return Date	MMDDYYYY-Interruption end date ^-No information	*	Y
44C	Was the patient discharged alive?	0-No 1-Yes	QM	N
44D	Patient's discharge destination/living setting	01-Home (private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Short-term General Hospital 03-Skilled Nursing Facility (SNF) 04-Intermediate Care 06-Home under care of organized home health service organization 50-Hospice (Home) 51-Hospice (medical facility) 61-Swing bed 62-Another Inpatient Rehabilitation Facility 63-Long-Term Care Hospital (LTCH) 64-Medicaid Nursing Facility 65-Inpatient Psychiatric Facility 66-Critical Access Hospital (CAH) 99-Not listed ^-No information	QM	N
45	Discharge to Living With	01-Alone 02-Family / Relatives 03-Friends 04-Attendant 05-Other ^-No information	*	N
46	Diagnosis for Interruption or Death	ICD-Valid ICD Code ^-No information	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
47	Complications during rehabilitation stay (Use ICD codes to specify up to six conditions that began with this rehabilitation stay)	*	*	N
47A	Complication during rehabilitation stay A	ICD-Valid ICD Code ^-No information	*	N
47B	Complication during rehabilitation stay B	ICD-Valid ICD Code ^-No information	*	N
47C	Complication during rehabilitation stay C	ICD-Valid ICD Code ^-No information	*	N
47D	Complication during rehabilitation stay D	ICD-Valid ICD Code ^-No information	*	N
47E	Complication during rehabilitation stay E	ICD-Valid ICD Code ^-No information	*	N
47F	Complication during rehabilitation stay F	ICD-Valid ICD Code ^-No information	*	Y
O0401	Week 1: Total Number of Minutes Provided	*	*	N
O0401A	Physical Therapy	*	*	N
O0401Aa	Total minutes of individual therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Ab	Total minutes of concurrent therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Ac	Total minutes of group therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Ad	Total minutes of co-treatment therapy	0000-Minimum value	*	Y
O0401B	Occupational Therapy	*	*	N
O0401Ba	Total minutes of individual therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Bb	Total minutes of concurrent therapy	0000-Minimum value 9999-Maximum value	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0401Bc	Total minutes of group therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Bd	Total minutes of co-treatment therapy	0000-Minimum value 9999-Maximum value	*	N
O0401C	Speech-Language Pathology	*	*	N
O0401Ca	Total minutes of individual therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Cb	Total minutes of concurrent therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Cc	Total minutes of group therapy	0000-Minimum value 9999-Maximum value	*	N
O0401Cd	Total minutes of co-treatment therapy	0000-Minimum value 9999-Maximum value	*	N
O0402	Week 2: Total Number of Minutes Provided	*	*	N
O0402A	Physical Therapy	*	*	N
O0402Aa	Total minutes of individual therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Ab	Total minutes of concurrent therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Ac	Total minutes of group therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Ad	Total minutes of co-treatment therapy	0000-Minimum value 9999-Maximum value	*	N
O0402B	Occupational Therapy	*	*	N
O0402Ba	Total minutes of individual therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Bb	Total minutes of concurrent therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Bc	Total minutes of group therapy	0000-Minimum value 9999-Maximum value	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0402Bd	Total minutes of co-treatment therapy	0000-Minimum value 9999-Maximum value	*	N
O0402C	Speech-Language Pathology	*	*	N
O0402Ca	Total minutes of individual therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Cb	Total minutes of concurrent therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Cc	Total minutes of group therapy	0000-Minimum value 9999-Maximum value	*	N
O0402Cd	Total minutes of co-treatment therapy	0000-Minimum value 9999-Maximum value	*	N
A1005	Ethnicity. Are you of Hispanic, Latino/a, or Spanish origin?	A-No, not of Hispanic, Latino/a, or Spanish origin B-Yes, Mexican, Mexican American, Chicano/a C-Yes, Puerto Rican D-Yes, Cuban E-Yes, another Hispanic, Latino, or Spanish origin X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond	*	N
A1010	Race. What is your race? Check all that apply	A-White B-Black or African American C-American Indian or Alaska Native D-Asian Indian E-Chinese F-Filipino G-Japanese H-Korean I-Vietnamese J-Other Asian K-Native Hawaiian L-Guamanian or Chamorro M-Samoan N-Other Pacific Islander X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond Z-None of the above	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
A1110	Language	*	*	N
A1110A	What is your preferred language?	--Not assessed/no information Text-Preferred language	*	N
A1110B	Do you need or want an interpreter to communicate with a doctor or health care staff?	0-No 1-Yes 9-Unable to determine	*	N
A1250	Transportation (from NACHC). Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed from daily living? Check all that apply	A-Yes, it has kept me from medical appointments or from getting my medications B-Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C-No X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond	*	N
A2121	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge. At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider?	0-No - Current reconciled medication list not provided to the subsequent provider 1-Yes - Current reconciled medication list provided to the subsequent provider	*	N
A2122	Route of Current Reconciled Medication List Transmission to Subsequent Provider. Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Check all that apply	A-Electronic Health Record B-Health Information Exchange ^-Blank (skip pattern) C-Verbal (e.g., in-person, telephone, video conferencing) D-Paper-based (e.g., fax, copies, printouts) E-Other Methods (e.g., texting, email, CDs)	*	N
A2123	Provision of Current Reconciled Medication List to Patient at Discharge. At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?	0-No - Current reconciled medication list not provided to the {patient/resident/person}, family and/or caregiver 1-Yes - Current reconciled medication list provided to the {patient/resident/person}, family and/or caregiver	*	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
A2124	Route of Current Reconciled Medication List Transmission to Patient. Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.	A-Electronic Health Record B-Health Information Exchange ^-Blank (skip pattern) C-Verbal (e.g., in-person, telephone, video conferencing) D-Paper-based (e.g., fax, copies, printouts) E-Other Methods (e.g., texting, email, CDs)	*	N
B0200	Hearing. Ability to hear (with hearing aid or hearing appliances if normally used)	0-Adequate - no difficulty in normal conversation, social interaction, listening to TV 1-Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2-Moderate difficulty - speaker has to increase volume and speak distinctly 3-Highly impaired - absence of useful hearing --Not assessed/no information	*	N
B1000	Vision. Ability to see in adequate light (with glasses or other visual appliances)	0-Adequate - sees fine detail, such as regular print in newspapers/books 1-Impaired - sees large print, but not regular print in newspapers/books 2-Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3-Highly impaired - object identification in question, but eyes appear to follow objects 4-Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects --Not assessed/no information	*	N
B1300	Health Literacy. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	0-Never 1-Rarely 2-Sometimes 3-Often 4-Always 7-{Patient/Resident/Person} declines to respond 8-{Patient/Resident/Person} unable to respond	*	N
BB0700	Expression of Ideas and Wants (consider both verbal and non-verbal expression and excluding language barriers)	1-Rarely/Never expresses self or speech is very difficult to understand 2-Frequently exhibits difficulty with expressing needs and ideas 3-Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear 4-Expresses complex messages without difficulty and with speech that is clear and easy to understand --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
BB0800	Understanding Verbal and Non-Verbal Content (with hearing aid or device, if used, and excluding language barriers)	1-Rarely/Never Understands 2-Sometimes Understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand 3-Usually Understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand 4-Understands: Clear comprehension without cues or repetitions --Not assessed/no information	QM	N
C0100	Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all patients	0-No ({patient/resident/person} is rarely/never understood) 1-Yes --Not assessed/no information	*	N
C0200	Repetition of Three Words - Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words." Number of words repeated after first attempt	0-None 1-One 2-Two 3-Three ^-Blank (skip pattern) --Not assessed/no information	*	N
C0300	Temporal Orientation (orientation to year, month, and day)	*	*	N
C0300A	Ask patient: "Please tell me what year it is right now." Able to report correct year	0-Missed by > 5 years or no answer 1-Missed by 2 - 5 years 2-Missed by 1 year 3-Correct ^-Blank (skip pattern) --Not assessed/no information	*	N
C0300B	Ask patient: "What month are we in right now?" Able to report correct month	0-Missed by > 1 month or no answer 1-Missed by 6 days to 1 month 2-Accurate within 5 days ^-Blank (skip pattern) --Not assessed/no information	*	N
C0300C	Ask patient: "What day of the week is today?" Able to report correct day of the week	0-Incorrect or no answer 1-Correct ^-Blank (skip pattern) --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
C0400	Recall. Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.	*	*	N
C0400A	Able to recall "sock"	0-No - could not recall 1-Yes, after cueing ("something to wear") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N
C0400B	Able to recall "blue"	0-No - could not recall 1-Yes, after cueing ("a color") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N
C0400C	Able to recall "bed"	0-No - could not recall 1-Yes, after cueing ("a piece of furniture") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N
C0500	BIMS Summary Score. Add scores for C0200-C0400 and fill in total score (00-15). Enter 99 if the patient was unable to complete the interview	00-Minimum value 15-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	Y
C0600	Should the Staff Assessment for Mental Status be Conducted?	0-No ({{patient/resident/person}} was able to complete Brief Interview for Mental Status) 1-Yes ({{patient/resident/person}} was unable to complete Brief Interview for Mental Status) ^-Blank (skip pattern) --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
C0900	Memory/Recall Ability: Check all that the patient was normally able to recall	A-Current season ^-Blank (skip pattern) B-Location of own room C-Staff names and faces E-That he or she is in a hospital/hospital unit --Not assessed/no information Z-None of the above were recalled	QM	N
C1310	Signs and Symptoms of Delirium (from CAM©). Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	*	*	N
C1310A	Acute Onset Mental Status Change. Is there evidence of an acute change in mental status from the patient's baseline?	0-No 1-Yes --Not assessed/no information	*	N
C1310B	Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information	*	N
C1310C	Disorganized Thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
C1310D	Altered Level of Consciousness - Did the patient have altered level of consciousness, as indicated by any of the following criteria? vigilant - startled easily to any sound or touch, lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch, stuporous - very difficult to arouse and keep aroused for the interview, comatose - could not be aroused	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information	*	N
D0150	Patient Mood Interview (PHQ-2 to 9). Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"	*	*	N
D0150_1	Symptom Presence - "Over the last 2 weeks, have you been bothered by any of the following problems?"	*	*	N
D0150_2	Symptom Frequency - "About how often have you been bothered by this?"	*	*	N
D0150A1	Little interest or pleasure in doing things - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) --Not assessed/no information	*	N
D0150A2	Little interest of pleasure in doing things - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) --Not assessed/no information	*	N
D0150B1	Feeling down, depressed, or hopeless - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) --Not assessed/no information	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
D0150B2	Feeling down, depressed, or hopeless - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) --Not assessed/no information	*	N
D0150C1	Trouble falling or staying asleep, or sleeping too much - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150C2	Trouble falling or staying asleep, or sleeping too much - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150D1	Feeling tired or having little energy - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150D2	Feeling tired or having little energy - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150E1	Poor appetite or overeating - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
D0150E2	Poor appetite or overeating - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150F1	Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150F2	Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150G1	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150G2	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150H1	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
D0150H2	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150I1	Thoughts that you would be better off dead, or of hurting yourself in some way - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) --Not assessed/no information	*	N
D0150I2	Thoughts that you would be better off dead, or of hurting yourself in some way - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0160	Total Severity score. Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)	02-Minimum value 27-Maximum value --Not assessed/no information	*	N
D0700	Social Isolation. How often do you feel lonely or isolated from those around you?	0-Never 1-Rarely 2-Sometimes 3-Often 4-Always 7-{Patient/Resident/Person} declines to respond 8-{Patient/Resident/Person} unable to respond	*	N
GG0100	Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury	*	*	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0100A	Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by {him/herself/themself}, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	N
GG0100B	Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by {him/herself/themself}, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	N
GG0100C	Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by {him/herself/themself}, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	N
GG0100D	Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by {him/herself/themself}, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0110	Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury: Check all that apply	A-Manual wheelchair B-Motorized wheelchair and/or scooter C-Mechanical lift D-Walker E-Orthotics/Prosthetics --Not assessed/no information Z-None of the above	QM	N
GG0130	Self-Care	*	*	N
GG0130_1	Self-Care. Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	*	*	N
GG0130_2	Self-Care. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A1	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 patient. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A2	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 patient. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B1	<p>Oral hygiene: The ability to use suitable items to clean teeth.</p> <p>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. - Admission Performance</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper.</p> <p>07-{Patient/Resident/Person} refused</p> <p>09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> <p>--Not assessed/no information</p>	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B2	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. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C1	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C2	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130E1	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130E2	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130F1	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130F2	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G1	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G2	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H1	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. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H2	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. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N
GG0130_3	Self-Care. Code the patient's usual performance at discharge for each activity using the 6-point scale. If any activity was not attempted at discharge, code the reason.	*	*	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A3	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 patient. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B3	<p>Oral hygiene: The ability to use suitable items to clean teeth.</p> <p>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. - Discharge Performance</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper.</p> <p>07-{Patient/Resident/Person} refused</p> <p>09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> <p>^-Blank (skip pattern)</p> <p>--Not assessed/no information</p>	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C3	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130E3	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130F3	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G3	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H3	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. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170	Mobility	*	*	N
GG0170_1	Mobility. Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	*	*	N
GG0170_2	Mobility. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A1	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A2	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B1	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B2	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C1	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 no back support. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C2	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 no back support. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern)	QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D1	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D2	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E1	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E2	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F1	Toilet transfer: The ability to get on and off a toilet or commode. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F2	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G1	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. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G2	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. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017011	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I2	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J1	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	IRF CMG QM	Y





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J2	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K1	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K2	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L1	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L2	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M1	1 step (curb): The ability to go up and down a curb or up and down one step. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M2	1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N1	4 steps: The ability to go up and down four steps with or without a rail. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N2	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017001	12 steps: The ability to go up and down 12 steps with or without a rail. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017002	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P1	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. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P2	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. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N
GG0170Q1	Does the patient use a wheelchair and/or scooter? - Admission	0-No 1-Yes --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R1	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R2	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170RR1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S1	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Admission 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S2	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Goal	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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170SS1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170_3	Mobility. Code the patient's usual performance at discharge for each activity using the 6-point scale. If an activity was not attempted at discharge, code the reason.	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A3	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B3	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C3	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 no back support. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D3	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E3	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F3	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G3	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. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017013	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J3	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K3	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L3	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M3	1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N3	4 steps: The ability to go up and down four steps with or without a rail. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017003	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P3	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. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170Q3	Does the patient use a wheelchair and/or scooter? - Discharge	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N





## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R3	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S3	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge 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 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170SS3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
H0350	Bladder Continence - Select the one category that best describes the patient.	0-Always continent (no documented incontinence) 1-Stress incontinence only 2-Incontinent less than daily (e.g., once or twice during the 3-day assessment period) 3-Incontinent daily (at least once a day) 4-Always incontinent 5-No urine output (e.g., renal failure) 9-Not applicable (e.g., indwelling catheter) --Not assessed/no information	IRF CMG QM	Y



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
H0400	Bowel Continence - Select the one category that best describes the patient.	0-Always continent 1-Occasionally incontinent (one episode of bowel incontinence) 2-Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3-Always incontinent (no episodes of continent bowel movements) 9-Not rated, {patient/resident/person} had an ostomy or did not have a bowel movement for the entire 3 days --Not assessed/no information	IRF CMG QM	Y
I0000	Comorbidities and Co-existing Conditions: Check all that apply	I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I2900-Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) I7900-None of the above active diagnoses --Not assessed/no information	QM	N
J0510	Pain Effect on Sleep. Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"	0-Does not apply - I have not had any pain or hurting in the past 5 days 1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer	*	N
J0520	Pain Interference with Therapy Activities. Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"	0-Does not apply - I have not received rehabilitation therapy in the past 5 days 1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J0530	Pain Interference with Day-to-Day Activities. Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"	1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J1750	History of Falls: Has the patient had two or more falls in the past year or any fall with injury in the past year?	0-No 1-Yes 8-Unknown --Not assessed/no information	QM	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
J1800	Has the patient had any falls since admission?	0-No 1-Yes --Not assessed/no information	*	N
J1900	Number of Falls Since Admission	*	*	N
J1900A	No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall.	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	*	N
J1900B	Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	*	N
J1900C	Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	QM	N
J2000	Prior Surgery. Did the patient have major surgery during the 100 days prior to admission?	0-No 1-Yes 8-Unknown --Not assessed/no information	QM	N
K0520	Nutritional Approaches	*	QM	N
K0520_1	Check all of the following nutritional approaches that apply on {admission}	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
K0520_4	Check all of the nutritional approaches that were received in the last 7 days	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
K0520_5	Check all of the nutritional approaches that were being received at discharge	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
M0210	Unhealed Pressure Ulcers/Injuries. Does this patient have one or more unhealed pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	*	N
M0300	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	*	*	N
M0300A	Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues	*	*	N
M0300A1	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M0300B	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.	*	*	N
M0300B1	Number of Stage 2 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300C	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling	*	*	N
M0300C1	Number of Stage 3 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300D	Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M0300D1	Number of Stage 4 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300E	Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	*	*	N
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300E2	Number of these unstageable pressure ulcers/injuries that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300F	Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	*	*	N
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300F2	Number of these unstageable pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300G	Unstageable - Deep tissue injury	*	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300G2	Number of these unstageable pressure injuries that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
N0415	High-Risk Drug Classes: Use and Indication. Check all that apply	*	*	N
N0415_1	Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes	A-Antipsychotic E-Anticoagulant F-Antibiotic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) --Not assessed/no information Z-None of the above	*	N
N0415_2	Indication Noted. If medication is being taken, check if there is an indication noted for all medications in the drug class	A-Antipsychotic ^-Blank (skip pattern) E-Anticoagulant F-Antibiotic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) --Not assessed/no information	*	N
N2001	Drug Regimen Review. Did a complete drug regimen review identify potential clinically significant medication issues?	0-No - No issues found during review 1-Yes - Issues found during review 9-Not applicable - {Patient/Resident/Person} is not taking any medications --Not assessed/no information	QM	N





## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
N2003	Medication Follow-up. Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	N
N2005	Medication Intervention. Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?	0-No 1-Yes 9-Not applicable - There were no potential clinically significant medication issues identified since {admission} or {patient/resident/person} is not taking any medications --Not assessed/no information	QM	N
O0110	Special Treatments, Procedures, and Programs. Check all of the following treatments, procedures, and programs that apply.	*	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0110_a	Check all of the following treatments, procedures, and programs that apply on {admission}	A10-Chemotherapy - Other A1-Chemotherapy A2-Chemotherapy - IV A3-Chemotherapy - Oral B1-Radiation C1-Oxygen Therapy C2-Oxygen Therapy - Continuous C3-Oxygen Therapy - Intermittent C4-Oxygen Therapy - High-concentration D1-Suctioning D2-Suctioning - Scheduled D3-Suctioning - As Needed E1-Tracheostomy care F1-Invasive Mechanical Ventilator (ventilator or respirator) G1-Non-Invasive Mechanical Ventilator G2-Non-Invasive Mechanical Ventilator - BiPAP G3-Non-Invasive Mechanical Ventilator - CPAP H10-IV Medications - Other H1-IV Medications H2-IV Medications - Vasoactive medications H3-IV Medications - Antibiotics H4-IV Medications - Anticoagulant I1-Transfusions J1-Dialysis J2-Dialysis - Hemodialysis J3-Dialysis - Peritoneal dialysis O1-IV Access O2-IV Access - Peripheral O3-IV Access - Midline O4-IV Access - Central (e.g., PICC, tunneled, port) Z1-None of the Above	*	N



## DEL Report

### Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0110_c	Check all of the following treatments, procedures, and programs that apply at discharge	A10-Chemotherapy - Other A1-Chemotherapy A2-Chemotherapy - IV A3-Chemotherapy - Oral B1-Radiation C1-Oxygen Therapy C2-Oxygen Therapy - Continuous C3-Oxygen Therapy - Intermittent C4-Oxygen Therapy - High-concentration D1-Suctioning D2-Suctioning - Scheduled D3-Suctioning - As Needed E1-Tracheostomy care F1-Invasive Mechanical Ventilator (ventilator or respirator) G1-Non-Invasive Mechanical Ventilator G2-Non-Invasive Mechanical Ventilator - BiPAP G3-Non-Invasive Mechanical Ventilator - CPAP H10-IV Medications - Other H1-IV Medications H2-IV Medications - Vasoactive medications H3-IV Medications - Antibiotics H4-IV Medications - Anticoagulant I1-Transfusions J1-Dialysis J2-Dialysis - Hemodialysis J3-Dialysis - Peritoneal dialysis O1-IV Access O2-IV Access - Peripheral O3-IV Access - Midline O4-IV Access - Central (e.g., PICC, tunneled, port) Z1-None of the Above	*	N
Z0400	Signature of Persons Completing the Assessment/Record	*	*	N
Z0400A	Signature, Title, Sections, Date Section Completed A	Text-Signature	*	N



## DEL Report Data Elements by Assessment Instrument Version Report

Note: \* indicates an empty value.

**Assessment Instrument:** IRF-PAI

**Assessment Version:** 4.0

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
Z0400B	Signature, Title, Sections, Date Section Completed B	Text-Signature	*	N
Z0400C	Signature, Title, Sections, Date Section Completed C	Text-Signature	*	N
Z0400D	Signature, Title, Sections, Date Section Completed D	Text-Signature	*	N
Z0400E	Signature, Title, Sections, Date Section Completed E	Text-Signature	*	N
Z0400F	Signature, Title, Sections, Date Section Completed F	Text-Signature	*	N
Z0400G	Signature, Title, Sections, Date Section Completed G	Text-Signature	*	N
Z0400H	Signature, Title, Sections, Date Section Completed H	Text-Signature	*	N
Z0400I	Signature, Title, Sections, Date Section Completed I	Text-Signature	*	N
Z0400J	Signature, Title, Sections, Date Section Completed J	Text-Signature	*	N
Z0400K	Signature, Title, Sections, Date Section Completed K	Text-Signature	*	N
Z0400L	Signature, Title, Sections, Date Section Completed L	Text-Signature	*	N