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Assessment Version: 1.18.11

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
A0050	Type of Record	1-Add new assessment/record 2-Modify existing record 3-Inactivate existing record	*	N
A0100	Facility Provider Numbers	*	*	N
A0100A	National Provider Identifier (NPI)	^-Blank (not available or unknown) Text-National Provider Identifier (NPI)	*	N
A0100B	CMS Certification Number (CCN)	^-Blank (not available or unknown) Text-CMS Certification Number (CCN)	*	N
A0100C	State Provider Number	^-Blank (not available or unknown) Text-State Provider Number	*	N
A0200	Type of Provider	1-Nursing home (SNF/NF) 2-Swing Bed	QM RUG III	N
A0310	Type of Assessment	*	*	N
A0310A	Federal OBRA Reason for Assessment	01-Admission assessment (required by day 14) 02-Quarterly review assessment 03-Annual assessment 04-Significant change in status assessment 05-Significant correction to prior comprehensive assessment 06-Significant correction to prior quarterly assessment 99-None of the above	CAA PDPM QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
A0310B	PPS Assessment	01-5-day scheduled assessment 08-IPA - Interim Payment Assessment 99-None of the above	PDPM QM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
A0310E	Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?	0-No 1-Yes	*	Y



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A0310F	Entry/discharge reporting	01-Entry tracking record 10-Discharge assessment - return not anticipated 11-Discharge assessment - return anticipated 12-Death in facility tracking record 99-None of the above	QM S&C	N
A0310G	Type of discharge	1-Planned 2-Unplanned ^-Blank (skip pattern)	QM S&C	N
A0310G1	Is this a SNF Part A Interrupted Stay?	0-No 1-Yes ^-Blank (skip pattern)	*	N
A0310H	Is this a SNF Part A PPS Discharge Assessment?	0-No 1-Yes	QM	N
A0410	Unit Certification or Licensure Designation	1-Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State 2-Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 3-Unit is Medicare and/or Medicaid certified	*	N
A0500	Legal Name of Resident	*	*	N
A0500B	Middle initial	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Middle initial	*	N
A0500A	First name.	Text-{Patient/Resident/Person} First name	*	N
A0500C	Last name	Text-{Patient/Resident/Person} Last name	*	N
A0500D	Suffix	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Suffix	*	N
A0600	Social Security and Medicare Numbers	*	*	N
A0600A	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Social security number	*	N
A0600B	Medicare Number	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Medicare number or Medicare Beneficiary Identifier (MBI)	*	N
A0700	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	^-Blank (not available or unknown) +-Enter "+" if Medicaid application is pending N-Enter "N" if not a Medicaid Recipient Text-{Patient/Resident/Person} Medicaid number	*	N



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A0800	Gender	1-Male 2-Female	QM	N
A0900	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)	QM	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-Resident unable to respond Y-Resident declines to respond	QM	N
A1110A	What is your preferred language?	*	*	N
A1010	Race. What is your race?	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-Resident unable to respond Y-Resident declines to respond Z-None of the above	QM	N
A1110	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



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A1200	Marital Status	1-Never Married 2-Married 3-Widowed 4-Separated 5-Divorced --Not assessed/no information	*	N
A1250	Transportation (from NACHC). Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed from daily living?	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-Resident unable to respond Y-Resident declines to respond	*	N
A1300	Optional Resident Items	*	*	N
A1300A	Medical record number	^-Blank (not available or unknown) Text-Medical record number for current {facility/provider}	*	N
A1300B	Room number	^-Blank (not available or unknown) Text-{Patient/Resident/Person} room number	*	N
A1300C	Name by which resident prefers to be addressed	^-Blank (not available or unknown) Text-Name by which {patient/resident/person} prefers to be addressed	*	N
A1300D	Lifetime occupation(s) - put "/" between two occupations	^-Blank (not available or unknown) Text-Lifetime occupation(s) - put "/" between two occupations	*	N
A1500	Preadmission Screening and Resident Review (PASRR). Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?	0-No 1-Yes 9-Not a Medicaid-certified unit ^-Blank (skip pattern) --Not assessed/no information	S&C	N
A1510	Level II Preadmission Screening and Resident Review (PASRR) Conditions: Check all that apply	A-Serious mental illness B-Intellectual Disability ^-Blank (skip pattern) C-Other related conditions --Not assessed/no information	*	N



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A1550	Conditions Related to ID/DD Status. If the resident is 22 years of age or older, complete only if A0310A = 01. If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05: Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely	A-Down syndrome B-Autism ^-Blank (skip pattern) C-Epilepsy D-Other organic condition related to ID/DD E-ID/DD with no organic condition --Not assessed/no information Z-None of the above	QM S&C	N
A1600	Entry Date	MMDDYYYY-Entry date (date of this admission/entry or reentry into the facility)	QM	N
A1700	Type of Entry	1-Admission 2-Reentry	QM	N
A1805	Admitted From	01-Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Nursing Home (long-term care facility) 03-Skilled Nursing Facility (SNF, swing beds) 04-Short-Term General Hospital (acute hospital, IPPS) 05-Long-Term Care Hospital (LTCH) 06-Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07-Inpatient Psychiatric Facility (psychiatric hospital or unit) 08-Intermediate Care Facility (ID/DD facility) 09-Hospice (home/non-institutional) 10-Hospice (institutional facility) 11-Critical Access Hospital (CAH) 12-Home under care of organized home health service organization 99-Not Listed	QM S&C	N
A1900	Admission Date (Date this episode of care in this facility began)	MMDDYYYY--Admission date	*	N
A2000	Discharge Date	^--Blank (skip pattern) MMDDYYYY--Discharge date	QM	N



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A2105	Discharge Location	01-Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Nursing Home (long-term care facility) 03-Skilled Nursing Facility (SNF, swing beds) 04-Short-Term General Hospital (acute hospital, IPPS) 05-Long-Term Care Hospital (LTCH) 06-Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07-Inpatient Psychiatric Facility (psychiatric hospital or unit) 08-Intermediate Care Facility (ID/DD facility) 09-Hospice (home/non-institutional) 10-Hospice (institutional facility) 11-Critical Access Hospital (CAH) 12-Home under care of organized home health service organization 13-Deceased 99-Not Listed	QM S&C	N
A2121	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge. At the time of discharge to another provider, did your {facility/agency} provide the {resident's/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	QM	N
A2123	Provision of Current Reconciled Medication List to {Patient/Resident} at Discharge. At the time of discharge, did your {facility/agency} provide the {patient's/resident's} current reconciled medication list to the {patient/resident}, 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	QM	N
A2122	Route of Current Reconciled Medication List Transmission to Subsequent Provider.	A-Electronic Health Record B-Health Information Exchange 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)	QM	N



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A2124	Route of Current Reconciled Medication List Transmission to {Patient/Resident}.	A-Electronic Health Record (e.g., electronic access to patient portal) B-Health Information Exchange 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)	QM	N
A2400	Medicare Stay	*	*	N
A2200	Previous Assessment Reference Date for Significant Correction	^-Blank (skip pattern) MMDDYYYY-Previous assessment reference date for significant correction	*	N
A2300	Assessment Reference Date. Observation end date	MMDDYYYY--Assessment reference date	PDPM QM RUG IV NON-REHAB RUG IV REHAB S&C	N
A2400A	Has the resident had a Medicare-covered stay since the most recent entry?	0-No 1-Yes	*	N
A2400B	Start date of most recent Medicare stay	^-Blank (skip pattern) MMDDYYYY-Start date of most recent Medicare stay	QM RUG IV REHAB	N
A2400C	End date of most recent Medicare stay. Enter dashes if stay is ongoing	^-Blank (skip pattern) -----Medicare stay is ongoing MMDDYYYY-End date of most recent Medicare stay	QM RUG IV REHAB	N
B0100	Comatose. Persistent vegetative state/no discernible consciousness	0-No 1-Yes --Not assessed/no information	PDPM QM RUG III RUG IV NON-REHAB S&C	N



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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 ^-Blank (skip pattern) --Not assessed/no information	CAA QM	Y
B0300	Hearing Aid. Hearing aid or other hearing appliance used in completing B0200, Hearing	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
B0600	Speech Clarity. Select best description of speech pattern	0-Clear speech - distinct intelligible words 1-Unclear speech - slurred or mumbled words 2-No speech - absence of spoken words ^-Blank (skip pattern) --Not assessed/no information	*	N
B0700	Makes Self Understood. Ability to express ideas and wants, consider both verbal and non-verbal expression	0-Understood 1-Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2-Sometimes understood - ability is limited to making concrete requests 3-Rarely/never understood ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB	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 ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N



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B0800	Ability To Understand Others. Understanding verbal content, however able (with hearing aid or device if used)	0-Understands - clear comprehension 1-Usually understands - misses some part/intent of message but comprehends most conversation 2-Sometimes understands - responds adequately to simple, direct communication only 3-Rarely/never understands ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N
B1200	Corrective lenses (contacts, glasses or magnifying glass) used in completing B1000, Vision	0-No 1-Yes ^-Blank (skip pattern) --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-Resident declines to respond 8-Resident unable to respond	QM	N
C0100	Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all residents	0-No ({patient/resident/person} is rarely/never understood) 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
C0200	Repetition of Three Words - Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words." Number of words repeated after first attempt	0-None 1-One 2-Two 3-Three ^-Blank (skip pattern) --Not assessed/no information	*	N



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C0300A	Ask resident: "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
C0300	Temporal Orientation (orientation to year, month, and day)	*	*	N
C0300B	Ask resident: "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 resident: "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
C0400	Recall. Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.	*	*	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



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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 resident was unable to complete the interview	00-Minimum value 15-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
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	*	Y
C0700	Short-term Memory OK. Seems or appears to recall after 5 minutes	0-Memory OK 1-Memory problem ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
C0800	Long-term Memory OK. Seems or appears to recall long past	0-Memory OK 1-Memory problem ^-Blank (skip pattern) --Not assessed/no information	CAA	N
C0900	Memory/Recall Ability: Check all that the resident was normally able to recall	A-Current season ^-Blank (skip pattern) B-Location of own room C-Staff names and faces D-That they are in a nursing home/hospital swing bed --Not assessed/no information Z-None of the above were recalled	QM	Y



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C1000	Cognitive Skills for Daily Decision Making. Made decisions regarding tasks of daily life	0-Independent - decisions consistent/reasonable 1-Modified independence - some difficulty in new situations only 2-Moderately impaired - decisions poor; cues/supervision required 3-Severely impaired - never/rarely made decisions ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
C1310	Signs and Symptoms of Delirium (from CAM©)	*	*	N
C1310A	Acute Onset Mental Status Change. Is there evidence of an acute change in mental status from the resident's baseline?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N
C1310B	Inattention - Did the resident 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) ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N
C1310C	Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N
C1310D	Altered Level of Consciousness - Did the resident 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) ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N



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D0100	Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents	0-No ({patient/resident/person} is rarely/never understood) 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150	{Patient/Resident} Mood Interview (PHQ-2 to 9) (from Pfizer Inc.©)	*	*	N
D0150_1	Symptom Presence	*	*	N
D0150_2	Symptom Frequency	*	*	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)	CAA QM	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)	QM	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)	QM	N
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)	QM	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)	QM	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)	QM	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)	QM	N



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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)	QM	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)	QM	N
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)	QM	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)	QM	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)	QM	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)	QM	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)	QM	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)	QM	N



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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)	QM	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)	CAA QM	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)	QM	N
D0160	Total Severity Score	00-Minimum value 27-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM S&C	N
D0500	Staff Assessment of Resident Mood (PHQ-9-OV*). Do not conduct if Resident Mood Interview (D0150-D0160) was completed. Over the last 2 weeks, did the resident have any of the following problems or behaviors?	*	*	N
D0500_1	Over the last 2 weeks, did the resident have any of the following problems or behaviors? If symptom is present, enter 1 (yes) in column 1.	*	*	N
D0500_2	Over the last 2 weeks, did the resident have any of the following problems or behaviors? If symptom is present, indicate symptom frequency in column 2.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
D0500A1	Little interest or pleasure in doing things - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	CAA	N
D0500A2	Little interest or 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) ^-Blank (skip pattern) --Not assessed/no information	QM	N
D0500B1	Feeling or appearing down, depressed, or hopeless - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0500B2	Feeling or appearing 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) ^-Blank (skip pattern) --Not assessed/no information	QM	N
D0500C1	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) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0500C2	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	*	Y
D0500D1	Feeling tired or having little energy - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	*	N



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D0500D2	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	*	Y
D0500E1	Poor appetite or overeating - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0500E2	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	*	Y
D0500F1	Indicating that they feel bad about self, are a failure, or have let self or family down - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0500F2	Indicating that they feel bad about self, are a failure, or have let self or 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	*	Y
D0500G1	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) ^-Blank (skip pattern) --Not assessed/no information	*	N



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D0500G2	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	*	Y
D0500H1	Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that they 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) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0500H2	Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that they 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	*	Y
D0500I1	States that life isn't worth living, wishes for death, or attempts to harm self - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	CAA	N
D0500I2	States that life isn't worth living, wishes for death, or attempts to harm self - 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	*	Y
D0500J1	Being short tempered, easily annoyed - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) ^-Blank (skip pattern) --Not assessed/no information	*	N



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D0500J2	Being short tempered, easily annoyed - 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	*	Y
D0600	Total Severity Score. Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.	00-Minimum value 30-Maximum value ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	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-Resident declines to respond 8-Resident unable to respond	QM	N
E0100	Potential Indicators of Psychosis: Check all that apply	A-Hallucinations (perceptual experiences in the absence of real external sensory stimuli) B-Delusions (misconceptions or beliefs that are firmly held, contrary to reality) ^-Blank (skip pattern) --Not assessed/no information Z-None of the above	PDPM QM RUG III RUG IV NON-REHAB	N
E0200	Behavioral Symptom - Presence & Frequency. Note presence of symptoms and their frequency	*	*	N
E0200A	Physical behavioral symptoms directed towards others (e. g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB	N

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E0200B	Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB	N
E0200C	Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB	N
E0300	Overall Presence of Behavioral Symptoms. Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	CAA	N
E0500	Impact on Resident. Did any of the identified symptom(s):	*	*	N
E0500A	Put the resident at significant risk for physical illness or injury?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
E0500B	Significantly interfere with the resident's care?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
E0500C	Significantly interfere with the resident's participation in activities or social interactions?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
E0600	Impact on Others. Did any of the identified symptom(s):	*	*	N



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E0600A	Put others at significant risk for physical injury?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
E0600B	Significantly intrude on the privacy or activity of others?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
E0600C	Significantly disrupt care or living environment?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
E0800	Rejection of Care - Presence & Frequency. Did the resident} reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB	N
E0900	Wandering - Presence & Frequency. Has the resident wandered?	0-Behavior not exhibited 1-Behavior of this type occurred 1 to 3 days 2-Behavior of this type occurred 4 to 6 days, but less than daily 3-Behavior of this type occurred daily ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
E1000	Wandering - Impact	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
E1000A	Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	S&C	N
E1000B	Does the wandering significantly intrude on the privacy or activities of others?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	S&C	N
E1100	Change in Behavior or Other Symptoms. Consider all of the symptoms assessed in E0100 through E1000. How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or Scheduled PPS)?	0-Same 1-Improved 2-Worse 3-N/A because no prior MDS assessment ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0300	Should Interview for Daily and Activity Preferences be Conducted? Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other	0-No ({patient/resident/person} is rarely/never understood and family/significant other not available) 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
F0400	Interview for Daily Preferences. Show resident the response options and say: "While you are in this facility..."	*	*	N
F0400A	how important is it to you to choose what clothes to wear?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0400B	how important is it to you to take care of your personal belongings or things?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N
F0400C	how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N
F0400D	how important is it to you to have snacks available between meals?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N
F0400E	how important is it to you to choose your own bedtime?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0400F	how important is it to you to have your family or a close friend involved in discussions about your care?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N
F0400G	how important is it to you to be able to use the phone in private?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N
F0400H	how important is it to you to have a place to lock your things to keep them safe?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	*	N
F0500	Interview for Activity Preferences: Show resident the response options and say: "While you are in this facility..."	*	*	N
F0500A	how important is it to you to have books, newspapers, and magazines to read?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0500B	how important is it to you to listen to music you like?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0500C	how important is it to you to be around animals such as pets?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0500D	how important is it to you to keep up with the news?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0500E	how important is it to you to do things with groups of people?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0500F	how important is it to you to do your favorite activities?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0500G	how important is it to you to go outside to get fresh air when the weather is good?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0500H	how important is it to you to participate in religious services or practices?	1-Very important 2-Somewhat important 3-Not very important 4-Not important at all 5-Important, but can't do or no choice 9-No response or non-responsive ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0600	Daily and Activity Preferences Primary Respondent. Indicate primary respondent for Daily and Activity Preferences	1-{Patient/Resident/Person} 2-Family or significant other (close friend or other representative) 9-Interview could not be completed by {patient/resident/person} or family/significant other ("No response" to 3 or more items) ^-Blank (skip pattern) --Not assessed/no information	CAA	N
F0700	Should the Staff Assessment of Daily and Activity Preferences be Conducted?	0-No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by {patient/resident/person} or family/significant other) 1-Yes (because 3 or more items in Interview for Daily and Activity Preferences were not completed by {patient/resident/person} or family/significant other) ^-Blank (skip pattern) --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
F0800	Staff Assessment of Daily and Activity Preferences. Do not conduct if Interview for Daily and Activity Preferences was completed. Resident Prefers: Check all that apply	A-Choosing clothes to wear B-Caring for personal belongings ^-Blank (skip pattern) C-Receiving tub bath D-Receiving shower E-Receiving bed bath F-Receiving sponge bath G-Snacks between meals H-Staying up past 8:00 p.m. I-Family or significant other involvement in care discussions J-Use of phone in private K-Place to lock personal belongings L-Reading books, newspapers, or magazines M-Listening to music N-Being around animals such as pets --Not assessed/no information O-Keeping up with the news P-Doing things with groups of people Q-Participating in favorite activities R-Spending time away from the nursing home S-Spending time outdoors T-Participating in religious activities or practices Z-None of the above	CAA	N
GG0100B	Indoor Mobility (Ambulation): Code the resident'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 ^-Blank (skip pattern) --Not assessed/no information	QM	N



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GG0100C	Stairs: Code the resident'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 ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0100D	Functional Cognition: Code the resident'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 ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0110	Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury: Check all that apply	A-Manual wheelchair ^-Blank (skip pattern) 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
GG0100A	Self-Care: Code the resident'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 ^-Blank (skip pattern) --Not assessed/no information	QM	N



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GG0100	Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury	*	*	N
GG0115	Functional Limitation in Range of Motion	*	*	N
GG0115A	Upper extremity (shoulder, elbow, wrist, hand)	0-No impairment 1-Impairment on one side 2-Impairment on both sides	S&C	N
GG0115B	Lower extremity (hip, knee, ankle, foot)	0-No impairment 1-Impairment on one side 2-Impairment on both sides	S&C	N
GG0120	Mobility Devices. Check all that were normally used in the last 7 days	A-Cane/crutch B-Walker C-Wheelchair (manual or electric) D-Limb prosthesis Z-None of the above were used	S&C	N
GG0130	Self-Care	*	*	N
GG0130_1	Self-Care. Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason.	*	*	N
GG0130_2	Self-Care. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	*	*	N



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GG0130_3	Self-Care. Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If any activity was not attempted at the end of the SNF PPS stay, code the reason.	*	*	N
GG0130_5	Self-Care. Code the resident's usual performance for each activity using the 6-point scale. If activity was not attempted, code the reason.	*	*	N
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 resident. - 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/themself} 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	PDPM QM	Y



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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 resident. - 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/themself} 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	Y



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Assessment Instrument: MDS3.0

Assessment Version: 1.18.11

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 resident. - 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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A5	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 resident. - Interim 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/themself} 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	PDPM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B1	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. - 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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B3	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 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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B5	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. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C5	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. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130E5	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.	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/themself} 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	*	N



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Instrument: MDS3.0

Assessment Version: 1.18.11

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/themself} 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	Y



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Assessment Instrument: MDS3.0

Assessment Version: 1.18.11

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130F5	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.	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/themself} 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	*	N



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G5	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.	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/themself} 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	*	N



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H5	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.	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/themself} 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	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG013011	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	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/themself} 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	CAA S&C	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130I2	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	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/themself} 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	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130I3	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	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/themself} 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	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130I5	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	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/themself} 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	CAA S&C	N
GG0170_1	Mobility. Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason.	*	*	N
GG0170	Mobility	*	*	N
GG0170_2	Mobility. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170_3	Mobility. Code the resident's usual performance at end of SNF PPS stay (discharge) for each activity using the 6-point scale. If an activity was not attempted at end of SNF PPS stay (discharge), code the reason.	*	*	N
GG0170_5	Mobility. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.	*	*	N
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/themself} 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	Y



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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/themself} 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	Y



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GG0170A5	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.	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/themself} 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	*	N



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Assessment Instrument: MDS3.0

Assessment Version: 1.18.11

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/themself} 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	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B5	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Interim 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/themself} 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	PDPM	Y



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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 feet flat on the floor, and 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/themself} 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	PDPM QM	Y



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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 feet flat on the floor, and 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/themself} 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	Y



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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 feet flat on the floor, and 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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C5	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D5	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E5	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	PDPM QM	Y



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Assessment Version: 1.18.11

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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F5	Toilet transfer: The ability to get on and off a toilet or commode. - Interim 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/themself} 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	PDPM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170FF1	Tub/shower transfer: The ability to get in and out of a tub/shower.	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/themself} 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	CAA S&C	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170FF2	Tub/shower transfer: The ability to get in and out of a tub/shower.	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/themself} 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	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170FF3	Tub/shower transfer: The ability to get in and out of a tub/shower.	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/themself} 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	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170FF5	Tub/shower transfer. The ability to get in and out of a tub/shower.	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/themself} 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	CAA S&C	N



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I3	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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I5	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Version: 1.18.11

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J5	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	PDPM QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K5	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Interim 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/themself} 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	PDPM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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 and/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/themself} 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	Y



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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 and/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/themself} 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	Y



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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 and/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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y
GG0170Q3	Does the resident use a wheelchair and/or scooter? - Discharge	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y
GG0170Q5	Does the {patient/resident/person} use a wheelchair and/or scooter?	0-No 1-Yes	*	N
GG0170Q1	Does the resident use a wheelchair and/or scooter? - Admission	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R5	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	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/themself} 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	*	N
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170RR1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized --Not assessed/no information	QM	N
GG0170RR5	Indicate the type of wheelchair or scooter used.	1-Manual 2-Motorized	*	N



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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/themself} 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	Y



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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/themself} 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	Y



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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/themself} 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	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S5	Wheel 150 feet. Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	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/themself} 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	*	N
GG0170SS1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-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
GG0170SS5	Indicate the type of wheelchair or scooter used.	1-Manual 2-Motorized	*	N
H0100	Appliances: Check all that apply	A-Indwelling catheter (including suprapubic catheter and nephrostomy tube) B-External catheter C-Ostomy (including urostomy, ileostomy, and colostomy) D-Intermittent catheterization --Not assessed/no information Z-None of the above	CAA PDPM QM S&C	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
H0200	Urinary Toileting Program	*	*	N
H0200A	Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility?	0-No 1-Yes 9-Unable to determine --Not assessed/no information	S&C	N
H0200B	Response - What was the resident's response to the trial program?	0-No improvement 1-Decreased wetness 2-Completely dry (continent) 9-Unable to determine or trial in progress ^-Blank (skip pattern) --Not assessed/no information	S&C	N
H0200C	Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary continence?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB	N
H0300	Urinary continence - Select the one category that best describes the resident	0-Always continent 1-Occasionally incontinent (less than 7 episodes of incontinence) 2-Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3-Always incontinent (no episodes of continent voiding) 9-Not rated, {patient/resident/person} had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days --Not assessed/no information	CAA QM S&C	N
H0400	Bowel Continence - Select the one category that best describes the resident.	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 7 days --Not assessed/no information	CAA QM S&C	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
H0500	Bowel Toileting Program. Is a toileting program currently being used to manage the resident's bowel continence?	0-No 1-Yes --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB	N
H0600	Bowel Patterns. Constipation present?	0-No 1-Yes --Not assessed/no information	CAA	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
I0000	Active Diagnoses in the last 7 days. Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists. Check all that apply	I0100-Cancer (with or without metastasis) I0200-Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell) I0300-Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias) I0400-Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD)) I0500-Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE) I0600-Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema) I0700-Hypertension I0800-Orthostatic Hypotension I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I1100-Cirrhosis I1200-Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers) I1300-Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease I1400-Benign Prostatic Hyperplasia (BPH) I1500-Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD) I1550-Neurogenic Bladder I1650-Obstructive Uropathy I1700-Multidrug-Resistant Organism (MDRO) I2000-Pneumonia I2100-Septicemia I2200-Tuberculosis I2300-Urinary Tract Infection (UTI) (LAST 30 DAYS) I2400-Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) I2500-Wound Infection (other than foot) I2900-Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) I3100-Hyponatremia I3200-Hyperkalemia I3300-Hyperlipidemia (e.g., hypercholesterolemia) I3400-Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis) I3700-Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA)) I3800-Osteoporosis I3900-Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N



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		I4000-Other Fracture I4200-Alzheimer's Disease I4300-Aphasia I4400-Cerebral Palsy I4500-Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke I4800-Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) I4900-Hemiplegia or Hemiparesis I5000-Paraplegia I5100-Quadriplegia I5200-Multiple Sclerosis (MS) I5250-Huntington's Disease I5300-Parkinson's Disease I5350-Tourette's Syndrome I5400-Seizure Disorder or Epilepsy I5500-Traumatic Brain Injury (TBI) I5600-Malnutrition (protein or calorie) or at risk for malnutrition I5700-Anxiety Disorder I5800-Depression (other than bipolar) I5900-Bipolar Disorder I5950-Psychotic Disorder (other than schizophrenia) I6000-Schizophrenia (e.g., schizoaffective and schizophreniform disorders) I6100-Post Traumatic Stress Disorder (PTSD) I6200-Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis) I6300-Respiratory Failure I6500-Cataracts, Glaucoma, or Macular Degeneration I7900-None of the above active diagnoses within the last 7 days --Not assessed/no information		



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I0020	Indicate the resident's primary medical condition category that best describes the primary reason for admission	01-Stroke 02-Non-Traumatic Brain Dysfunction 03-Traumatic Brain Dysfunction 04-Non-Traumatic Spinal Cord Dysfunction 05-Traumatic Spinal Cord Dysfunction 06-Progressive Neurological Conditions 07-Other Neurological Conditions 08-Amputation 09-Hip and Knee Replacement 10-Fractures and Other Multiple Trauma 11-Other Orthopedic Conditions 12-Debility, Cardiorespiratory Conditions 13-Medically Complex Conditions ^Blank (skip pattern)	QM	N
I0020B	ICD Code	^Blank (skip pattern) ICD-ICD-10 code	PDPM	Y
I8000	Additional active diagnoses. Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.	*	*	N
I8000A	Additional active diagnosis A.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000B	Additional active diagnosis B.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000C	Additional active diagnosis C.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000D	Additional active diagnosis D.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000E	Additional active diagnosis E.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000F	Additional active diagnosis F.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000G	Additional active diagnosis G.	^Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N



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I8000H	Additional active diagnosis H.	^-Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000I	Additional active diagnosis I.	^-Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
I8000J	Additional active diagnosis J.	^-Blank (skip pattern) ICD-Valid ICD Code	PDPM QM	N
J0100	Pain Management - Complete for all residents, regardless of current pain level. At any time in the last 5 days, has the resident:	*	*	N
J0100A	Received scheduled pain medication regimen?	0-No 1-Yes --Not assessed/no information	QM S&C	N
J0100B	Received PRN pain medications OR was offered and declined?	0-No 1-Yes --Not assessed/no information	S&C	N
J0100C	Received non-medication intervention for pain?	0-No 1-Yes --Not assessed/no information	S&C	N
J0200	Should Pain Assessment Interview be Conducted? Attempt to conduct interview with all residents.	0-No ({patient/resident/person} is rarely/never understood) 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	Y
J0300	Pain Presence. Ask resident "Have you had pain or hurting at any time in the last 5 days?"	0-No 1-Yes 9-Unable to answer ^-Blank (skip pattern) --Not assessed/no information	QM	N
J0410	Pain Frequency. Ask {patient/resident/person}: "How much of the time have you experienced pain or hurting over the last 5 days?"	1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 9-Unable to answer	CAA QM S&C	N



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J0510	Pain Effect on Sleep	1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer	CAA QM	N
J0520	Pain Interference with Therapy Activities	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	CAA QM	N
J0530	Pain Interference with Day-to-Day Activities	1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer	CAA QM	N
J0600	Pain Intensity - Administer only one of the following pain intensity questions (A or B)	*	*	N
J0600A	Numeric Rating Scale (00-10). Ask resident "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00-10 pain scale) Enter two-digit response. Enter 99 if unable to answer.	00-Minimum value 10-Maximum value 99-Unable to answer ^-Blank (skip pattern) --Not assessed/no information	CAA QM S&C	N
J0600B	Verbal Descriptor Scale. Ask resident "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale)	1-Mild 2-Moderate 3-Severe 4-Very severe, horrible 9-Unable to answer ^-Blank (skip pattern) --Not assessed/no information	CAA QM S&C	N



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J0700	Should the Staff Assessment for Pain be Conducted?	0-No (Pain frequency answered) 1-Yes (Unable to answer pain frequency) ^-Blank (skip pattern) --Not assessed/no information	*	N
J0800	Indicators of Pain or Possible Pain in the last 5 days: Check all that apply	A-Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning) ^-Blank (skip pattern) B-Vocal complaints of pain (e.g., that hurts, ouch, stop) C-Facial expressions (e.g., grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw) D-Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) --Not assessed/no information Z-None of these signs observed or documented	CAA	N
J0850	Frequency of Indicator of Pain or Possible Pain in the last 5 days. Frequency with which resident complains or shows evidence of pain or possible pain.	1-Indicators of pain or possible pain observed 1 to 2 days 2-Indicators of pain or possible pain observed 3 to 4 days 3-Indicators of pain or possible pain observed daily ^-Blank (skip pattern) --Not assessed/no information	*	N
J1100	Shortness of Breath (dyspnea): Check all that apply	A-Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B-Shortness of breath or trouble breathing when sitting at rest C-Shortness of breath or trouble breathing when lying flat --Not assessed/no information Z-None of the above	PDPM RUG IV NON-REHAB	N
J1300	Current Tobacco Use	0-No 1-Yes --Not assessed/no information	*	N
J1400	Prognosis. Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)	0-No 1-Yes --Not assessed/no information	QM S&C	N



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J1550	Problem Conditions: Check all that apply	A-Fever B-Vomiting C-Dehydrated D-Internal bleeding --Not assessed/no information Z-None of the above	CAA PDPM RUG III RUG IV NON-REHAB S&C	N
J1700	Fall History on Admission/Entry or Reentry	*	*	N
J1700A	Did the resident have a fall any time in the last month prior to admission/entry or reentry?	0-No 1-Yes 9-Unable to determine ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N
J1700C	Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry?	0-No 1-Yes 9-Unable to determine ^-Blank (skip pattern) --Not assessed/no information	QM	N
J1700B	Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry?	0-No 1-Yes 9-Unable to determine ^-Blank (skip pattern) --Not assessed/no information	CAA QM	N
J1900	Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is most recent.	*	*	N
J1800	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?	0-No 1-Yes --Not assessed/no information	CAA QM	N



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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 resident; no change in the resident'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 resident 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 S&C	N



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J_surgical_procedures	Surgical Procedures: Check all that apply	J2300-Knee Replacement - partial or total J2310-Hip Replacement - partial or total J2320-Ankle Replacement - partial or total J2330-Shoulder Replacement - partial or total J2400-Involving the spinal cord or major spinal nerves J2410-Involving fusion of spinal bones J2420-Involving lamina, discs, or facets J2499-Other major spinal surgery J2500-Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand) J2510-Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot) J2520-Repair but not replace joints J2530-Repair other bones (such as hand, foot, jaw) J2599-Other major orthopedic surgery J2600-Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves) J2610-Involving the peripheral or autonomic nervous system - open or percutaneous J2620-Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices J2699-Other major neurological surgery J2700-Involving the heart or major blood vessels - open or percutaneous procedures J2710-Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic J2799-Other major cardiopulmonary surgery J2800-Involving genital systems (such as prostate, testes, ovaries, uterus, vagina, external genitalia) J2810-Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies) J2899-Other major genitourinary surgery J2900-Involving tendons, ligaments, or muscles J2910-Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including the creation or removal of ostomies or percutaneous feeding tubes, or hernia repair) J2920-Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open J2930-Involving the breast J2940-Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or	PDPM	N



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		transplant J5000-Other major surgery not listed above		
J2000	Prior Surgery. Did the resident have major surgery during the 100 days prior to admission?	0-No 1-Yes 8-Unknown ^-Blank (skip pattern)	QM	N
J2100	Recent Surgery Requiring Active SNF Care. Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?	0-No 1-Yes 8-Unknown ^-Blank (skip pattern)	PDPM	N
K0200B	Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	000-Minimum value 999-Maximum value --Not assessed/no information	CAA QM	N
K0200A	Height (in inches). Record most recent height measure since the most recent admission/entry or reentry	00-Minimum value 99-Maximum value --Not assessed/no information	CAA QM	N
K0200	Height and Weight	*	*	N
K0100	Swallowing Disorder. Signs and symptoms of possible swallowing disorder: Check all that apply	A-Loss of liquids/solids from mouth when eating or drinking B-Holding food in mouth/cheeks or residual food in mouth after meals C-Coughing or choking during meals or when swallowing medications D-Complaints of difficulty or pain with swallowing --Not assessed/no information Z-None of the above	PDPM	N



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K0300	Weight Loss. Loss of 5% or more in the last month or loss of 10% or more in last 6 months	0-No or unknown 1-Yes, on physician-prescribed weight-loss regimen 2-Yes, not on physician-prescribed weight-loss regimen --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
K0520	Nutritional Approaches	*	*	N
K0310	Weight Gain. Gain of 5% or more in the last month or gain of 10% or more in last 6 months	0-No or unknown 1-Yes, on physician-prescribed weight-gain regimen 2-Yes, not on physician-prescribed weight-gain regimen --Not assessed/no information	CAA	N
K0520_1	Nutritional approaches: Check all of the following nutritional approaches that apply. On Admission - Assessment period is days 1 through 3 of the SNF PPS Stay.	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) Z-None of the above	*	N
K0520_2	Nutritional approaches: Check all of the following nutritional approaches that apply. While not a {patient/resident/person}. Performed while NOT a {patient/resident/person} of this facility and within the last 7 days. Only check column 2 if {patient/resident/person} entered (admission or reentry) IN THE LAST 7 DAYS. If {patient/resident/person} last entered 7 or more days ago, leave column 2 blank.	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) Z-None of the above	CAA PDPM	N



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K0520_4	Nutritional approaches: Check all of the following nutritional approaches that apply. At discharge - Assessment period is the last 3 days of the SNF PPS Stay.	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) Z-None of the above	*	N
K0520_3	Nutritional approaches: Check all of the following nutritional approaches that apply. While a resident - Performed while a {patient/resident/person} of this facility and within 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) Z-None of the above	CAA PDPM S&C	N
K0710	Percent Intake by Artificial Route	*	*	N
K0710A3	Proportion of total calories the resident received through parenteral or tube feeding - During Entire 7 Days	1-25% or less 2-26-50% 3-51% or more ^-Blank (skip pattern) --Not assessed/no information	PDPM RUG III RUG IV REHAB	Y
K0710A2	Proportion of total calories the resident received through parenteral or tube feeding - While a Resident	1-25% or less 2-26-50% 3-51% or more ^-Blank (skip pattern) --Not assessed/no information	PDPM	N
K0710B2	Average fluid intake per day by IV or tube feeding - While a Resident	1-500 cc/day or less 2-501 cc/day or more ^-Blank (skip pattern) --Not assessed/no information	PDPM	N
K0710B3	Average fluid intake per day by IV or tube feeding - During Entire 7 Days	1-500 cc/day or less 2-501 cc/day or more ^-Blank (skip pattern) --Not assessed/no information	PDPM RUG III RUG IV REHAB	Y



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L0200	Dental: Check all that apply	A-Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose) B-No natural teeth or tooth fragment(s) (edentulous) C-Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn) D-Obvious or likely cavity or broken natural teeth E-Inflamed or bleeding gums or loose natural teeth F-Mouth or facial pain, discomfort or difficulty with chewing G-Unable to examine --Not assessed/no information Z-None of the above were present	CAA	N
M0100	Determination of Pressure Ulcer/Injury Risk: Check all that apply	A-{Patient/Resident/Person} has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device B-Formal assessment instrument/tool (e.g., Braden, Norton, or other) C-Clinical assessment --Not assessed/no information Z-None of the above	*	N
M0150	Risk of Pressure Ulcers/Injuries. Is this resident at risk of developing pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	CAA	N
M0210	Unhealed Pressure Ulcers/Injuries. Does this resident 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 - Admission	*	*	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



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M0300A1	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	CAA RUG III	N
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	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM S&C	N
M0300C2	Number of these Stage 3 pressure ulcers that were present upon {admission}	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM S&C	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



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M0300C1	Number of Stage 3 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM S&C	N
M0300D1	Number of Stage 4 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	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
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	CAA QM	N



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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	CAA PDPM QM RUG III RUG IV NON-REHAB S&C	N
M0300F	Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	*	*	N
M0300E2	Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	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/entry or reentry - enter how many were noted at the time of admission/entry or reentry	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM S&C	N
M0300G	Unstageable - Deep tissue injury	*	*	N
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	CAA QM S&C	N
M0300G2	Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM S&C	N



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M1030	Number of Venous and Arterial Ulcers. Enter the total number of venous and arterial ulcers present	0-Minimum value 9-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB	N
M1040	Other Ulcers, Wounds and Skin Problems: Check all that apply	A-Infection of the foot (e.g., cellulitis, purulent drainage) B-Diabetic foot ulcer(s) C-Other open lesion(s) on the foot D-Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion) E-Surgical wound(s) F-Burn(s) (second or third degree) G-Skin tear(s) H-Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage) --Not assessed/no information Z-None of the above were present	CAA PDPM RUG III RUG IV NON-REHAB S&C	N
M1200	Skin and Ulcer/Injury Treatments: Check all that apply	A-Pressure reducing device for chair B-Pressure reducing device for bed C-Turning/repositioning program D-Nutrition or hydration intervention to manage skin problems E-Pressure ulcer/injury care F-Surgical wound care G-Application of nonsurgical dressings (with or without topical medications) other than to feet H-Applications of ointments/medications other than to feet I-Application of dressings to feet (with or without topical medications) --Not assessed/no information Z-None of the above were provided	PDPM RUG III RUG IV NON-REHAB	N
N0300	Injections. Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days.	0-Minimum value 7-Maximum value --Not assessed/no information	RUG III	N
N0350	Insulin	*	*	N
N0415	High-Risk Drug Classes: Use and Indication	*	*	N



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N0415_1	Is taking. Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days	A-Antipsychotic B-Antianxiety C-Antidepressant D-Hypnotic E-Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F-Antibiotic G-Diuretic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) Z-None of the above	CAA QM S&C	N
N0415_2	High-Risk Drug Classes: Use and Indication - Indication noted	A-Antipsychotic B-Antianxiety C-Antidepressant D-Hypnotic E-Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F-Antibiotic G-Diuretic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) Z-None of the above	QM	N
N0350A	Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days.	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	PDPM RUG IV NON-REHAB S&C	N
N0350B	Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days.	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	PDPM RUG IV NON-REHAB	N
N0450	Antipsychotic Medication Review	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
N0450A	Did the resident receive antipsychotic medications since admission/entry or reentry, whichever is more recent?	0-No - Antipsychotics were not received 1-Yes - Antipsychotics were received on a routine basis only 2-Yes - Antipsychotics were received on a PRN basis only 3-Yes - Antipsychotics were received on a routine and PRN basis	S&C	N
N0450B	Has a gradual dose reduction (GDR) been attempted?	0-No 1-Yes ^-Blank (skip pattern)	S&C	N
N0450C	Date of last attempted GDR:	^-Blank (skip pattern) MMDDYYYY-Date of last attempted GDR	S&C	N
N0450D	Physician documented GDR as clinically contraindicated	0-No - GDR has not been documented by a physician as clinically contraindicated 1-Yes - GDR has been documented by a physician as clinically contraindicated ^-Blank (skip pattern)	S&C	N
N0450E	Date physician documented GDR as clinically contraindicated	^-Blank (skip pattern) MMDDYYYY-Date physician documented GDR contraindicated	S&C	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 ^-Blank (skip pattern) --Not assessed/no information	QM	N
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 ^-Blank (skip pattern) --Not assessed/no information	CAA QM	Y



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O0110	Special treatments, procedures, and programs. Check all the following treatments, procedures, and programs that were performed	*	*	N
O0110_a	Special Treatments, Procedures, and Programs - 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	QM	N



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O0110_b	Special Treatments, Procedures, and Programs - While a {Patient/Resident/Person}	A1-Chemotherapy B1-Radiation C1-Oxygen Therapy D1-Suctioning E1-Tracheostomy care F1-Invasive Mechanical Ventilator (ventilator or respirator) G1-Non-Invasive Mechanical Ventilator H1-IV Medications I1-Transfusions J1-Dialysis K1-Hospice care M1-Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1-IV Access Z1-None of the Above	PDPM QM S&C	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0110_c	Special Treatments, Procedures, and Programs - 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
O0250	Influenza Vaccine - Refer to the current version of the RAI manual for current influenza vaccination season and reporting period	*	*	N



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O0250A	Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?	0-No 1-Yes --Not assessed/no information	QM	N
O0250B	Date influenza vaccine received	^-Blank (skip pattern) MMDDYYYY-Date influenza vaccine received --Not assessed/no information	*	N
O0250C	If influenza vaccine not received, state reason	1-{Patient/Resident/Person} not in facility during this year's influenza vaccination season 2-Received outside of this facility 3-Not eligible - medical contraindication 4-Offered and declined 5-Not offered 6-Inability to obtain influenza vaccine due to a declared shortage 9-None of the above ^-Blank (skip pattern) --Not assessed/no information	QM	N
O0300	Pneumococcal Vaccine	*	*	N
O0300A	Is the resident's Pneumococcal vaccination up to date?	0-No 1-Yes --Not assessed/no information	QM	N
O0300B	If Pneumococcal vaccine not received, state reason	1-Not eligible - medical contraindication 2-Offered and declined 3-Not offered ^-Blank (skip pattern) --Not assessed/no information	QM	N
O0400	Therapies	*	*	N
O0400A	Speech-Language Pathology and Audiology Services	*	*	N
O0400A1	Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	RUG III RUG IV REHAB	N



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O0400A2	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	RUG III RUG IV REHAB	N
O0400A3	Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	RUG III RUG IV REHAB	N
O0400A3A	Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0400A4	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	RUG III RUG IV REHAB	N
O0400A5	Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started	^Blank (skip pattern) MMDDYYYY-Start date --Not assessed/no information	RUG IV REHAB	N
O0400A6	Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing	^Blank (skip pattern) MMDDYYYY-End date --Not assessed/no information -----Therapy is ongoing	RUG IV REHAB	N
O0400B	Occupational Therapy	*	*	N
O0400B1	Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	QM RUG III RUG IV REHAB S&C	N



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O0400B2	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	QM RUG III RUG IV REHAB S&C	N
O0400B3	Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	QM RUG III RUG IV REHAB S&C	N
O0400B3A	Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0400B4	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400B5	Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started	^-Blank (skip pattern) MMDDYYYY-Start date --Not assessed/no information	RUG IV REHAB	N
O0400B6	Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing	^-Blank (skip pattern) MMDDYYYY-End date --Not assessed/no information -----Therapy is ongoing	RUG IV REHAB	N
O0400C	Physical Therapy	*	*	N
O0400C1	Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	QM RUG III RUG IV REHAB S&C	N



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O0400C2	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	QM RUG III RUG IV REHAB S&C	N
O0400C3	Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	0000-Minimum value 9999-Maximum value --Not assessed/no information	QM RUG III RUG IV REHAB S&C	N
O0400C3A	Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0400C4	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	RUG III RUG IV REHAB S&C	N
O0400C5	Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started	^-Blank (skip pattern) MMDDYYYY-Start date --Not assessed/no information	RUG IV REHAB	N
O0400C6	Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing	^-Blank (skip pattern) MMDDYYYY-End date --Not assessed/no information -----Therapy is ongoing	RUG IV REHAB	N
O0400D	Respiratory Therapy	*	*	N
O0400D1	Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days.	0000-Minimum value 9999-Maximum value --Not assessed/no information	*	N



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O0400D2	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB	N
O0400E	Psychological Therapy (by any licensed mental health professional)	*	*	N
O0400E1	Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days.	0000-Minimum value 9999-Maximum value --Not assessed/no information	*	N
O0400E2	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	S&C	Y
O0400F	Recreational Therapy (includes recreational and music therapy)	*	*	N
O0400F1	Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days.	0000-Minimum value 9999-Maximum value --Not assessed/no information	*	N
O0400F2	Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	0-Minimum value 7-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0420	Distinct Calendar Days of Therapy. Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.	0-Minimum value 7-Maximum value --Not assessed/no information	RUG IV REHAB	Y
O0425	Part A Therapies	*	*	N
O0425A	Speech-Language Pathology and Audiology Services	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0425A1	Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425A2	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425A3	Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425A4	Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425A5	Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)	000-Minimum value 999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425B	Occupational Therapy	*	*	N



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O0425B1	Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425B2	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425B3	Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425B4	Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425B5	Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)	000-Minimum value 999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425C	Physical Therapy	*	*	N



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O0425C1	Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425C2	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425C3	Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425C4	Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)	0000-Minimum value 9999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0425C5	Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)	000-Minimum value 999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N



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O0430	Distinct Calendar Days of Part A therapy. Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B).	000-Minimum value 999-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
O0500	Restorative Nursing Programs. Record the number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)	*	*	N
O0500A	Technique. Range of motion (passive)	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500B	Technique. Range of motion (active)	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N



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O0500C	Technique. Splint or brace assistance	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500D	Training and Skill Practice in. Bed mobility	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500E	Training and Skill Practice in. Transfer	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500F	Training and Skill Practice in. Walking	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500G	Training and Skill Practice in. Dressing and/or grooming	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB	N



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O0500J	Training and Skill Practice in. Communication	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB	N
O0500H	Training and Skill Practice in. Eating and/or swallowing	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM RUG III RUG IV NON-REHAB RUG IV REHAB S&C	N
O0500I	Training and Skill Practice in. Amputation/prostheses care	0-Minimum value 7-Maximum value --Not assessed/no information	PDPM QM RUG III RUG IV NON-REHAB RUG IV REHAB	N
P0100	Physical Restraints. Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body	*	*	N
P0100A	Used in Bed. Bed rail	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA S&C	N



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P0100B	Used in Bed. Trunk restraint	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA QM S&C	N
P0100C	Used in Bed. Limb restraint	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA QM S&C	N
P0100D	Used in Bed. Other	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA S&C	N
P0100E	Used in Chair or Out of Bed. Trunk restraint	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA QM S&C	N
P0100F	Used in Chair or Out of Bed. Limb restraint	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA QM S&C	N
P0100G	Used in Chair or Out of Bed. Chair prevents rising	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA QM S&C	N
P0100H	Used in Chair or Out of Bed. Other	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	CAA S&C	N
P0200	Alarms. An alarm is any physical or electronic device that monitors resident movement and alerts the staff when movement is detected	*	*	N



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P0200A	Bed alarm	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	S&C	N
P0200B	Chair alarm	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	S&C	N
P0200C	Floor mat alarm	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	S&C	N
P0200D	Motion sensor alarm	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	S&C	N
P0200E	Wander/elopement alarm	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	S&C	N
P0200F	Other alarm	0-Not used 1-Used less than daily 2-Used daily --Not assessed/no information	S&C	N
Q0110	Participation in Assessment and Goal Setting. Identify all active participants in the assessment process.	A-{Patient/Resident/Person} B-Family C-Significant other D-Legal guardian E-Other legally authorized representative Z-None of the above	*	N
Q0310	{Patient/Resident/Person's} Overall Goal	*	*	N



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Q0310A	{Patient/Resident/Person's} overall goal for discharge established during the assessment process	1-Discharge to the community 2-Remain in this facility 3-Discharge to another facility/institution 9-Unknown or uncertain	*	N
Q0310B	Indicate Information source for {patient/resident/person's overall goal}	1-{Patient/Resident/Person} 2-Family 3-Significant other 4-Legal guardian 5-Other legally authorized representative 9-None of the above	*	N
Q0400	Discharge Plan	*	*	N
Q0400A	Is active discharge planning already occurring for the resident to return to the community?	0-No 1-Yes	QM	Y
Q0490	Resident's Preference to Avoid Being Asked Q0500B. Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
Q0500	Return to Community	*	*	N
Q0500B	Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"	0-No 1-Yes 9-Unknown or uncertain ^-Blank (skip pattern) --Not assessed/no information	*	N



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Q0500C	Indicate information source for Q0500B	1-{Patient/Resident/Person} 2-Family 3-Significant other 4-Legal guardian 5-Other legally authorized representative 9-None of the above	*	N
Q0550	Resident's Preference to Avoid Being Asked Q0500B Again	*	*	N
Q0550A	Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)	0-No 1-Yes 8-Information not available ^-Blank (skip pattern) --Not assessed/no information	*	N
Q0550C	Indicate information source for asking {patient/resident/person return to community question again}	1-{Patient/Resident/Person} 2-Family 3-Significant other 4-Legal guardian 5-Other legally authorized representative 9-None of the above	*	N
Q0610	Referral	*	*	N
V0100	Items From the Most Recent Prior OBRA or Scheduled PPS Assessment	*	*	N
Q0610A	Has a referral been made to the Local Contact Agency (LCA)?	0-No 1-Yes	*	N



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V0100A	Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment)	01-Admission assessment (required by day 14) 02-Quarterly review assessment 03-Annual assessment 04-Significant change in status assessment 05-Significant correction to prior comprehensive assessment 06-Significant correction to prior quarterly assessment 99-None of the above ^-Blank (skip pattern)	*	N
V0100B	Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment)	01-5-day scheduled assessment 08-IPA - Interim Payment Assessment 99-None of the above ^-Blank (skip pattern)	*	N
Q0620	Reason Referral to Local Contact Agency (LCA) Not Made. Indicate reason why referral to LCA was not made.	1-LCA unknown 2-Referral previously made 3-Referral not wanted 4-Discharge date 3 or fewer months away 5-Discharge date more than 3 months away	*	N
V0100C	Prior Assessment Reference Date (A2300 value from prior assessment)	^-Blank (skip pattern) MMDDYYYY-Prior assessment reference date (Assessment reference date value from prior assessment)	*	N
V0100D	Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)	00-Minimum value 15-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information	CAA	N
V0100E	Prior Assessment Resident Mood Interview (PHQ-2 to 9 ©) Total Severity Score (D0300 value from prior assessment)	00-Minimum value 27-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information	CAA	N
V0100F	Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score (D0600 value from prior assessment)	00-Minimum value 30-Maximum value ^-Blank (skip pattern) --Not assessed/no information	CAA	N
V0200	CAAs and Care Planning	*	*	N



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V0200A	CAA Results	*	CAA	Y
V0200A_A	Care Area Triggered. Check all that apply	01-Delirium 02-Cognitive Loss/Dementia 03-Visual Function 04-Communication 05-ADL Functional/Rehabilitation Potential 06-Urinary Incontinence and Indwelling Catheter 07-Psychosocial Well-Being 08-Mood State 09-Behavioral Symptoms 10-Activities 11-Falls 12-Nutritional Status 13-Feeding Tube 14-Dehydration/Fluid Maintenance 15-Dental Care 16-Pressure Ulcer 17-Psychotropic Drug Use 18-Physical Restraints 19-Pain 20-Return to Community Referral	CAA	Y



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V0200A_B	Care planning decision. Check all that apply	01-Delirium 02-Cognitive Loss/Dementia 03-Visual Function 04-Communication 05-ADL Functional/Rehabilitation Potential 06-Urinary Incontinence and Indwelling Catheter 07-Psychosocial Well-Being 08-Mood State 09-Behavioral Symptoms 10-Activities 11-Falls 12-Nutritional Status 13-Feeding Tube 14-Dehydration/Fluid Maintenance 15-Dental Care 16-Pressure Ulcer 17-Psychotropic Drug Use 18-Physical Restraints 19-Pain 20-Return to Community Referral --Not assessed/no information	CAA	Y
V0200B	Signature of RN coordinator for CAA Process and Date Signed	*	*	N
V0200B1	Signature	Text-Signature for CAA process	*	N
V0200B2	Date	MMDDYYYY-RN coordinator for CAA assessment process: Date signed	*	N
V0200C	Signature of Person Completing Care Plan Decision and Date Signed	*	*	N
V0200C1	Signature	Text-Signature for completing care plan decision	*	N
V0200C2	Date	MMDDYYYY-Person completing care planning decision: date signed	*	N
X0150	Type of Provider	1-Nursing home (SNF/NF) 2-Swing Bed	*	N



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X0200	Name of {Patient/Resident/Person}	*	*	N
X0200A	Name of {Patient/Resident/Person}	*	*	N
X0200C	Last name	*	*	N
X0300	Gender	1-Male 2-Female	*	N
X0400	Birth Date	*	*	N
X0500	Social Security Number	*	*	N
X0600	Type of Assessment	*	*	N
X0600A	Federal OBRA Reason for Assessment	01-Admission assessment (required by day 14) 02-Quarterly review assessment 03-Annual assessment 04-Significant change in status assessment 05-Significant correction to prior comprehensive assessment 06-Significant correction to prior quarterly assessment 99-None of the above	*	N
X0600B	PPS Assessment	01-5-day scheduled assessment 08-IPA - Interim Payment Assessment 99-None of the above	*	N
X0600F	Entry/discharge reporting	01-Entry tracking record 10-Discharge assessment - return not anticipated 11-Discharge assessment - return anticipated 12-Death in facility tracking record 99-None of the above	*	N
X0600H	Is this a SNF Part A PPS Discharge Assessment?	0-No 1-Yes	*	N
X0700	Date on existing record to be modified/inactivated	*	*	N
X0700A	Assessment Reference Date	MMDDYYYY--Assessment reference date	*	N
X0700B	Discharge Date	MMDDYYYY--Discharge date	*	N



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X0700C	Entry Date	MMDDYYYY-Entry date (date of this admission/entry or reentry into the facility)	*	N
X0800	Correction Number	*	*	N
X0900	Reasons for Modification	A-Transcription error B-Data entry error C-Software product error D-Item coding error Z-Other error requiring modification	*	N
X1050	Reasons for Inactivation	A-Event did not occur Z-Other error requiring inactivation	*	N
X1100	RN Assessment Coordinator Attestation of Completion	*	*	N
X1100A	Attesting individual's first name	Text-Attesting individual's first name	*	N
X1100B	Attesting individual's last name	Text-Attesting individual's last name	*	N
X1100C	Attesting individual's title	Text-Attesting individual's title	*	N
X1100D	Signature	Text-Signature	*	N
X1100E	Attestation date	MMDDYYYY-Attestation date	*	N
Z0100	Medicare Part A Billing	*	*	N
Z0100A	Medicare Part A HIPPS code	^-Blank (skip pattern) Text-Medicare Part A HIPPS code	PDPM	Y
Z0100B	Version code	^-Blank (skip pattern) Text-Valid Medicare Part A HIPPS version code	PDPM	Y
Z0200	State Medicaid Billing (if required by the state)	*	*	N
Z0200A	Case Mix group	^-Blank (skip pattern) Text-State Case Mix Group	RUG III RUG IV NON-REHAB RUG IV REHAB	Y



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Z0200B	Version code	^-Blank (skip pattern) Text-Valid Case Mix version code	RUG III RUG IV NON-REHAB RUG IV REHAB	Y
Z0200C	Is this a Short Stay assessment?	0-No 1-Yes	*	N
Z0250	Alternate State Medicaid Billing (if required by the state)	*	*	N
Z0250A	Case Mix group	^-Blank (skip pattern) Text-Alternate State Case Mix Group	RUG III RUG IV NON-REHAB RUG IV REHAB	Y
Z0250B	Version code	^-Blank (skip pattern) Text-Valid State Case Mix Group version code	RUG III RUG IV NON-REHAB RUG IV REHAB	Y
Z0300	Insurance Billing	*	*	N
Z0300A	Billing code	Text-RUG billing code	*	N
Z0300B	Billing version	Text-RUG billing version	*	N
Z0400	Signature of Persons Completing the Assessment or Entry/Death Reporting	*	*	N
Z0400A	Signature, Title, Sections, Date Section Completed: A	Text-Signature	*	N
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



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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
Z0500	Signature of RN Coordinator Verifying Assessment Completion	*	*	N
Z0500A	Signature	Text-Signature	*	N
Z0500B	Date RN Assessment Coordinator signed assessment as complete	MMDDYYYY-Signature Date	*	N