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</table>
| M0018              | National Provider Identifier (NPI) for the attending physician who has signed the plan of care | ^-Blank (not available or unknown)  
Text-National Provider Identifier (NPI)  
UK-Unknown or Not Available                | *                                      | N                |
| M0010              | CMS Certification Number (CCN)                                                 | ^-Blank (not available or unknown)  
Text-CMS Certification Number (CCN)        | *                                      | N                |
Note: * indicates an empty value.

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</table>
| M0014              | Branch State       | AK-Alaska  
                   AL-Alabama  
                   AR-Arkansas  
                   AS-American Samoa  
                   AZ-Arizona  
                   ^-Blank (not available or unknown)  
                   CA-California  
                   CO-Colorado  
                   CT-Connecticut  
                   DC-District of Columbia  
                   DE-Delaware  
                   FL-Florida  
                   GA-Georgia  
                   GU-Guam  
                   HI-Hawaii  
                   IA-Iowa  
                   ID-Idaho  
                   IL-Illinois  
                   IN-Indiana  
                   KS-Kansas  
                   KY-Kentucky  
                   LA-Louisiana  
                   MA-Massachusetts  
                   MD-Maryland  
                   ME-Maine  
                   MI-Michigan  
                   MN-Minnesota  
                   MO-Missouri  
                   MP-Saipan (Northern Mariana Islands)  
                   MS-Mississippi  
                   MT-Montana  
                   NC-North Carolina  
                   ND-North Dakota  
                   NE-Nebraska  
                   NH-New Hampshire  
                   NJ-New Jersey | *             | N                      |
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<tbody>
<tr>
<td>M0016</td>
<td>Branch ID Number</td>
<td>N-Assessment was performed by an HHA which has no branches or by a subunit which has no branches&lt;br&gt;P-Assessment was performed by the home office of an HHA which has branches or by the home office of a subunit which has branches&lt;br&gt;Text-Assessment was performed by an HHA branch -- enter standard branch ID</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M0020</td>
<td>Patient ID Number</td>
<td>^-Blank (not available or unknown)&lt;br&gt;Text-Agency's (patient/resident/person) identifying number, medical record number, or other ID for the (patient/resident/person)</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M0040</td>
<td>Patient Name</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M0040_A</td>
<td>First name</td>
<td>Text-(Patient/Resident/Person) First name</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M0040_B</td>
<td>Middle initial</td>
<td>^-Blank (not available or unknown)&lt;br&gt;Text-(Patient/Resident/Person) Middle initial</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M0040_C</td>
<td>Last name</td>
<td>Text-(Patient/Resident/Person) Last name</td>
<td>*</td>
<td>N</td>
</tr>
</tbody>
</table>

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</table>
| M0040_D            | Suffix         | ^-Blank (not available or unknown)  
|                    |                | Text-{Patient/Resident/Person} Suffix                                                        | *           | N                             |
Note: * indicates an empty value.

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</table>
| M0050             | Patient State of Residence  | AK-Alaska  
                   | AL-Alabama  
                   | AR-Arkansas  
                   | AS-American Samoa  
                   | AZ-Arizona  
                   | CA-California  
                   | CO-Colorado  
                   | CT-Connecticut  
                   | DC-District of Columbia  
                   | DE-Delaware  
                   | FL-Florida  
                   | FM-Federated States of Micronesia  
                   | GA-Georgia  
                   | GU-Guam  
                   | HI-Hawaii  
                   | IA-Iowa  
                   | ID-Idaho  
                   | IL-Illinois  
                   | IN-Indiana  
                   | KS-Kansas  
                   | KY-Kentucky  
                   | LA-Louisiana  
                   | MA-Massachusetts  
                   | MD-Maryland  
                   | ME-Maine  
                   | MH-Marshall Islands  
                   | MI-Michigan  
                   | MN-Minnesota  
                   | MO-Missouri  
                   | MP-Saipan (Northern Mariana Islands)  
                   | MS-Mississippi  
                   | MT-Montana  
                   | NC-North Carolina  
                   | ND-North Dakota  
                   | NE-Nebraska  
                   | NH-New Hampshire  | *         | N                         |
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<tbody>
<tr>
<td>M0060</td>
<td>Patient ZIP Code</td>
<td>Text-(Patient/Resident/Person) Zip Code</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M0064</td>
<td>Social Security Number</td>
<td>^-Blank (not available or unknown)</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Text-(Patient/Resident/Person) Social Security Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UK-Unknown or Not Available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0063</td>
<td>Medicare Number</td>
<td>^-Blank (not available or unknown)</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA-No Medicare</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Text-(Patient/Resident/Person) Medicare number or Medicare Beneficiary Identifier (MBI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0065</td>
<td>Medicaid Number</td>
<td>^-Blank (not available or unknown)</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA-No Medicaid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Text-(Patient/Resident/Person) Medicaid Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0069</td>
<td>Gender</td>
<td>1-Male</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-Female</td>
<td></td>
<td></td>
</tr>
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<tr>
<td>M0066</td>
<td>Birth Date</td>
<td>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)</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>A1005</td>
<td>Ethnicity. Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply</td>
<td>A-No, not of Hispanic, Latino/a, or Spanish origin B-Yes, Mexican, Mexican American, Chicano/a C-Yes, Puerto Rican D-Yes, Cuban E-Yes, another Hispanic, Latino, or Spanish origin X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>A1010</td>
<td>Race. What is your race? Check all that apply</td>
<td>A-White B-Black or African American C-American Indian or Alaska Native D-Asian Indian E-Chinese F-Filipino G-Japanese H-Korean I-Vietnamese J-Other Asian K-Native Hawaiian L-Guamanian or Chamorro M-Samoan N-Other Pacific Islander X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond Z-None of the above</td>
<td>*</td>
<td>N</td>
</tr>
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| M0150              | Current Payment Sources for Home Care. Check all that apply | 00-None; no charge for current services  
01-Medicare (traditional fee-for-service)  
02-Medicare (HMO/managed care/Advantage plan)  
03-Medicaid (traditional fee-for-service)  
04-Medicaid (HMO/managed care)  
05-Workers’ compensation  
06-Title programs (for example, Title III, V, or XX)  
07-Other government (for example, TriCare, VA)  
08-Private insurance  
09-Private HMO/managed care  
10-Self-pay  
11-Other (specify)  
UK-Unknown | * | N |
| M0150_specify      | Current Payment Source - Other (specify) | * | * | N |
| B0200              | Hearing. Ability to hear (with hearing aid or hearing appliances if normally used) | 0-Adequate - no difficulty in normal conversation, social interaction, listening to TV  
1-Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy)  
2-Moderate difficulty - speaker has to increase volume and speak distinctly  
3-Highly impaired - absence of useful hearing  
--Not assessed/no information | * | N |
| B1000              | Vision. Ability to see in adequate light (with glasses or other visual appliances) | 0-Adequate - sees fine detail, such as regular print in newspapers/books  
1-Impaired - sees large print, but not regular print in newspapers/books  
2-Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects  
3-Highly impaired - object identification in question, but eyes appear to follow objects  
4-Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects  
--Not assessed/no information | * | N |
| A1110              | Language | * | * | N |
| A1110A             | What is your preferred language? | --Not assessed/no information  
Text-Preferred language | * | N |
### Data Elements by Assessment Instrument Version Report

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| 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  
                        --Not assessed/no information | * | N |
| M0030              | Start of Care Date | MMDDYYYY-Start of care date | * | N |
| M0032              | Resumption of Care Date | ^-Blank (no resumption of care date)  
                        MMDDYYYY-Resumption of care date | * | Y |
| M0080              | Discipline of Person Completing Assessment | 01-RN  
                        02-PT  
                        03-SLP/ST  
                        04-OT | * | N |
| M0090              | Date Assessment Completed | MMDDYYYY-Date assessment completed | QM | N |
| M0100              | This Assessment is Currently Being Completed for the Following Reason | 01-Start of care - further visits planned  
                        03-Resumption of care (after inpatient stay)  
                        04-Recertification (follow-up) reassessment  
                        05-Other follow-up  
                        06-Transferred to an inpatient facility - (patient/resident/person) not discharged from agency  
                        07-Transferred to an inpatient facility - (patient/resident/person) discharged from agency  
                        08-Death at home  
                        09-Discharge from agency | * | N |
| M0906              | Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient. | ^-Blank (skip pattern)  
                        MMDDYYYY-Discharge, transfer, death date | * | N |
| M0102              | Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified. | ^-Blank (not available or unknown)  
                        MMDDYYYY-Physician ordered SOC/ROC date  
                        NA-No specific SOC date ordered by physician | * | N |
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<td>M0104</td>
<td>Date of Referral. Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.</td>
<td>^-Blank (not available or unknown)</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MMDDYYYY-Physician date of referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M0110</td>
<td>Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an &quot;early&quot; episode or a &quot;later&quot; episode in the patient's current sequence of adjacent Medicare home health payment episodes?</td>
<td>01-Early 02-Later</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NA-Not applicable: No Medicare case mix group to be defined by this assessment. UK-Unknown</td>
<td></td>
<td></td>
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</table>
| A1250             | Transportation (from NACHC). Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed from daily living? Check all that apply | A-Yes, it has kept me from medical appointments or from getting my medications  
B-Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need  
C-No  
X-(Patient/Resident/Person) unable to respond  
Y-(Patient/Resident/Person) declines to respond | *           | N                            |
| M1000             | From which of the following Inpatient Facilities was the patient discharged within the past 14 days? Check all that apply                                                                                   | 1-Long-term nursing facility (NF)  
2-Skilled nursing facility (SNF/TCU)  
3-Short-stay acute hospital (IPPS)  
4-Long-term care hospital (LTOH)  
5-Inpatient rehabilitation hospital or unit (IRF)  
6-Psychiatric hospital or unit  
7-Other (specify)  
NA-(Patient/Resident/Person) was not discharged from an inpatient facility | *           | N                            |
<p>| M1000 Specify     | Discharge Facility- Other (specify)                                                          | *                                                                                                                     | *           | N                            |
| M1005             | Inpatient Discharge Date (most recent)                                                       | ^-Blank (not available or unknown)                                                                                       | *           | Y                            |
|                   |                                                                                              | MMDDYYYY-Discharge Date                                                                                               |             |                              |
|                   |                                                                                              | UK-Unknown                                                                                                             |             |                              |</p>
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| M2301             | Emergent Care: At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)? | 00-No  
01-Yes, used hospital emergency department WITHOUT hospital admission  
02-Yes, used hospital emergency department WITH hospital admission  
UK-Unknown                                                                                                                       | *           | N                            |
| M2310             | Reason for Emergent Care: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Check all that apply) | 01-Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis  
10-Hypo/Hyperglycemia, diabetes out of control  
19-Other than above reasons  
^-Blank (skip pattern)  
UK-Reason unknown                                                                                                                  | *           | N                            |
| M2410             | To which Inpatient Facility has the patient been admitted?                                                                                     | 01-Hospital  
02-Rehabilitation facility  
03-Nursing home  
04-Hospice  
NA-No inpatient facility admission                                                                                                    | *           | N                            |
| M2420             | Discharge Disposition: Where is the patient after discharge from your agency? Choose only one answer                                              | 01-{Patient/Resident/Person} remained in the community (without formal assistive services)  
02-{Patient/Resident/Person} remained in the community (with formal assistive services)  
03-{Patient/Resident/Person} transferred to a non-institutional hospice  
04-Unknown because {patient/resident/person} moved to a geographic location not served by this agency  
^-Blank (skip pattern)  
UK-Other unknown                                                                                                                   | *           | Y                            |
| A2121             | Provision of Current Reconciled Medication List to Subsequent Provider at Discharge. At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider? | 0-No - Current reconciled medication list not provided to the subsequent provider  
1-Yes - Current reconciled medication list provided to the subsequent provider  
^-Blank (skip pattern)                                                                                                                | *           | N                            |
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| A2120             | Provision of Current Reconciled Medication List to Subsequent Provider at Transfer. At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider? | 0-No - Current reconciled medication list not provided to the subsequent provider  
1-Yes - Current reconciled medication list provided to the subsequent provider  
2-NA - The agency was not made aware of this transfer timely | *           | N                             |
| A2122             | Route of Current Reconciled Medication List Transmission to Subsequent Provider. Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Check all that apply | A-Electronic Health Record  
B-Health Information Exchange Organization  
^-Blank (skip pattern)  
C-Verbal (e.g., in-person, telephone, video conferencing)  
D-Paper-based (e.g., fax, copies, printouts)  
E-Other Methods (e.g., texting, email, CDs) | *           | N                             |
| A2123             | Provision of Current Reconciled Medication List to Patient at Discharge. At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver? | 0-No - Current reconciled medication list not provided to the (patient/resident/person), family and/or caregiver  
1-Yes - Current reconciled medication list provided to the (patient/resident/person), family and/or caregiver | *           | N                             |
| A2124             | Route of Current Reconciled Medication List Transmission to Patient. Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver. | A-Electronic Health Record  
B-Health Information Exchange Organization  
^-Blank (skip pattern)  
C-Verbal (e.g., in-person, telephone, video conferencing)  
D-Paper-based (e.g., fax, copies, printouts)  
E-Other Methods (e.g., texting, email, CDs) | *           | N                             |
| B1300             | Health Literacy. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? | 0-Never  
1-Rarely  
2-Sometimes  
3-Often  
4-Always  
7-(Patient/Resident/Person) declines to respond  
8-(Patient/Resident/Person) unable to respond | *           | N                             |
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<td>M1700</td>
<td>Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.</td>
<td>00-Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 01-Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditions. 02-Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility. 03-Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 04-Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1710</td>
<td>When Confused. Reported or Observed Within the Last 14 Days.</td>
<td>00-Never 01-In new or complex situations only 02-On awakening or at night only 03-During the day and evening, but not constantly 04-Constantly NA-(Patient/Resident/Person) nonresponsive</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1720</td>
<td>When Anxious. Reported or Observed Within the Last 14 Days.</td>
<td>00-None of the time 01-Less often than daily 02-Daily, but not constantly 03-All of the time NA-(Patient/Resident/Person) nonresponsive</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C0100</td>
<td>Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all patients</td>
<td>0-No (patient/resident/person) is rarely/never understood 1-Yes --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C0200</td>
<td>Repetition of Three Words - Ask patient: &quot;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.&quot; Number of words repeated after first attempt</td>
<td>0-None 1-One 2-Two 3-Three ^Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C0300</td>
<td>Temporal Orientation (orientation to year, month, and day)</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
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<td>Changed since Last Assessment</td>
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<td>-------------------</td>
<td>--------------------------------------------------------------------------------</td>
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<td>-------------</td>
<td>------------------------------</td>
</tr>
</tbody>
</table>
| C0300A            | Ask patient: "Please tell me what year it is right now." Able to report correct year | 0-Missed by > 5 years or no answer  
1-Missed by 2 - 5 years  
2-Missed by 1 year  
3-Correct  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N                      |
| C0300B            | Ask patient: "What month are we in right now?" Able to report correct month   | 0-Missed by > 1 month or no answer  
1-Missed by 6 days to 1 month  
2-Accurate within 5 days  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N                      |
| C0300C            | Ask patient: "What day of the week is today?" Able to report correct day of the week | 0-Incorrect or no answer  
1-Correct  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N                      |
| C0400             | Recall. Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word. | *                                                      | *                                                      | N                      |
| C0400A            | Able to recall "sock"                                                            | 0-No - could not recall  
1-Yes, after cueing ("something to wear")  
2-Yes, no cue required  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N                      |
| C0400B            | Able to recall "blue"                                                            | 0-No - could not recall  
1-Yes, after cueing ("a color")  
2-Yes, no cue required  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N                      |
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<tbody>
<tr>
<td>C0400C</td>
<td>Able to recall &quot;bed&quot;</td>
<td>0-No - could not recall 1-Yes, after cueing (&quot;a piece of furniture&quot;) 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C0500</td>
<td>BIMS Summary Score. Add scores for C0200-C0400 and fill in total score (00-15). Enter 99 if the patient was unable to complete the interview</td>
<td>00-Minimum value 15-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C1310</td>
<td>Signs and Symptoms of Delirium (from CAM©). Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C1310A</td>
<td>Acute Onset Mental Status Change. Is there evidence of an acute change in mental status from the patient's baseline?</td>
<td>0-No 1-Yes --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C1310B</td>
<td>Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?</td>
<td>0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>C1310C</td>
<td>Disorganized Thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?</td>
<td>0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
</tbody>
</table>
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| C1310D            | Altered Level of Consciousness - Did the patient have altered level of consciousness, as indicated by any of the following criteria? vigilant - startled easily to any sound or touch, lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch, stuporous - very difficult to arouse and keep aroused for the interview, comatose - could not be aroused | 0-Behavior not present  
1-Behavior continuously present, does not fluctuate  
2-Behavior present, fluctuates (comes and goes, changes in severity)  
--Not assessed/no information | * | N |
| D0150             | Patient Mood Interview (PHQ-2 to 9). Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?" | * | * | N |
| D0150_1           | Symptom Presence - "Over the last 2 weeks, have you been bothered by any of the following problems?" | * | * | N |
| D0150_2           | Symptom Frequency - "About how often have you been bothered by this?" | * | * | N |
| D0150A1           | Little interest or pleasure in doing things - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
--Not assessed/no information | * | N |
| D0150A2           | Little interest of pleasure in doing things - Symptom Frequency | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^Blank (skip pattern)  
--Not assessed/no information | * | N |
| D0150B1           | Feeling down, depressed, or hopeless - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
--Not assessed/no information | * | N |

Note: * indicates an empty value.
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| 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)  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N            |
| D0150C1            | Trouble falling or staying asleep, or sleeping too much - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N            |
| D0150C2            | Trouble falling or staying asleep, or sleeping too much - Symptom Frequency | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N            |
| D0150D1            | Feeling tired or having little energy - Symptom Presence   | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N            |
| D0150D2            | Feeling tired or having little energy - Symptom Frequency   | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N            |
| D0150E1            | Poor appetite or overeating - Symptom Presence            | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | *                                                      | N            |
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</table>
| D0150E2            | Poor appetite or overeating - Symptom Frequency                                 | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^-Blank (skip pattern)  
--Not assessed/no information | *                          | N                                                                 |
| D0150F1            | Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | *                          | N                                                                 |
| D0150F2            | Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Frequency | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^-Blank (skip pattern)  
--Not assessed/no information | *                          | N                                                                 |
| D0150G1            | Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | *                          | N                                                                 |
| D0150G2            | Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Frequency | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^-Blank (skip pattern)  
--Not assessed/no information | *                          | N                                                                 |
| D0150H1            | Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | *                          | N                                                                 |
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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)  
^-Blank (skip pattern)  
--Not assessed/no information | * | N |
| D0150I1            | Thoughts that you would be better off dead, or of hurting yourself in some way - Symptom Presence | 0-No (enter 0 in column 2)  
1-Yes (enter 0-3 in column 2)  
9-No response (leave column 2 blank)  
^-Blank (skip pattern)  
--Not assessed/no information | * | N |
| D0150I2            | Thoughts that you would be better off dead, or of hurting yourself in some way - Symptom Frequency | 0-Never or 1 day  
1-2-6 days (several days)  
2-7-11 days (half or more of the days)  
3-12-14 days (nearly every day)  
^-Blank (skip pattern)  
--Not assessed/no information | * | N |
| D0160              | Total Severity score. Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items) | 02-Minimum value  
27-Maximum value  
99-Unable to complete interview  
--Not assessed/no information | * | N |
| D0700              | Social Isolation. How often do you feel lonely or isolated from those around you? | 0-Never  
1-Rarely  
2-Sometimes  
3-Often  
4-Always  
7-(Patient/Resident/Person) declines to respond  
8-(Patient/Resident/Person) unable to respond | * | N |
Note: * indicates an empty value.

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<tr>
<td>M1740</td>
<td>Cognitive, Behavioral, and Psychiatric symptoms that are demonstrated at least once a week (Reported or Observed). Check all that apply</td>
<td>1-Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2-Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3-Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4-Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) 5-Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6-Delusional, hallucinatory, or paranoid behavior 7-None of the above behaviors demonstrated</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1745</td>
<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed). Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.</td>
<td>00-Never 01-Less than once a month 02-Once a month 03-Several times each month 04-Several times a week 05-At least daily</td>
<td>*</td>
<td>N</td>
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</table>
| M1100              | Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.) | 01-{Patient/Resident/Person} lives alone, around the clock assistance available.  
02-{Patient/Resident/Person} lives alone, regular daytime assistance available.  
03-{Patient/Resident/Person} lives alone, regular nighttime assistance available.  
04-{Patient/Resident/Person} lives alone, occasional / short-term assistance available.  
05-{Patient/Resident/Person} lives alone, no assistance available.  
06-{Patient/Resident/Person} lives with other person(s) in the home, around the clock assistance available.  
07-{Patient/Resident/Person} lives with other person(s) in the home, regular daytime assistance available.  
08-{Patient/Resident/Person} lives with other person(s) in the home, regular nighttime assistance available.  
09-{Patient/Resident/Person} lives with other person(s) in the home, occasional/short-term assistance available.  
10-{Patient/Resident/Person} lives with other person(s) in the home, no assistance available.  
11-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), around the clock assistance available.  
12-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), regular daytime assistance available.  
13-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), regular nighttime assistance available.  
14-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), occasional / short-term assistance available.  
15-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), no assistance available. | * | N |
| M2102              | Types and Sources of Assistance. Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. | * | * |

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<tbody>
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<td>M2102_A</td>
<td>ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)</td>
<td>00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M2102_C</td>
<td>Medication administration (for example, oral, inhaled or injectable)</td>
<td>00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M2102_D</td>
<td>Medical procedures/treatments (for example, changing wound dressing, home exercise program)</td>
<td>00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M2102_F</td>
<td>Supervision and safety (for example, due to cognitive impairment)</td>
<td>00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1800</td>
<td>Grooming. Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care)</td>
<td>00-Able to groom self unaided, with or without the use of assistive devices or adapted methods. 01-Grooming utensils must be placed within reach before able to complete grooming activities. 02-Someone must assist the (patient/resident/person) to groom self. 03-(Patient/Resident/Person) depends entirely upon someone else for grooming needs.</td>
<td>PDGM</td>
<td>N</td>
</tr>
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<tr>
<td>M1810</td>
<td>Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons and snaps.</td>
<td>00-Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 01-Able to dress upper body without assistance if clothing is laid out or handed to the {patient/resident/person}. 02-Someone must help the {patient/resident/person} put on upper body clothing. 03-{Patient/Resident/Person} depends entirely upon another person to dress the upper body.</td>
<td>PDGM</td>
<td>N</td>
</tr>
<tr>
<td>M1820</td>
<td>Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.</td>
<td>00-Able to obtain, put on, and remove clothing and shoes without assistance. 01-Able to dress lower body without assistance if clothing and shoes are laid out or handed to the {patient/resident/person}. 02-Someone must help the {patient/resident/person} put on undergarments, slacks, socks or nylons, and shoes. 03-{Patient/Resident/Person} depends entirely upon another person to dress lower body.</td>
<td>PDGM</td>
<td>N</td>
</tr>
<tr>
<td>M1830</td>
<td>Bathing. Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).</td>
<td>00-Able to bathe self in shower or tub independently, including getting in and out of tub/shower. 01-With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 02-Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 03-Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 04-Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 05-Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 06-Unable to participate effectively in bathing and is bathed totally by another person.</td>
<td>PDGM</td>
<td>N</td>
</tr>
<tr>
<td>M1840</td>
<td>Toilet Transferring. Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.</td>
<td>00-Able to get to and from the toilet and transfer independently with or without a device. 01-When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 02-Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 03-Unable to get to and from the toilet or bedside commode but is able to use an urinal independently. 04-Is totally dependent in toileting.</td>
<td>PDGM</td>
<td>N</td>
</tr>
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</tr>
<tr>
<td>M1845</td>
<td>Toileting Hygiene. Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.</td>
<td>00-Able to manage toileting hygiene and clothing management without assistance. 01-Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the {patient/resident/person}. 02-Someone must help the {patient/resident/person} to maintain toileting hygiene and/or adjust clothing. 03-{Patient/Resident/Person} depends entirely upon another person to maintain toileting hygiene.</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1850</td>
<td>Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.</td>
<td>00-Able to independently transfer. 01-Able to transfer with minimal human assistance or with use of an assistive device. 02-Able to bear weight and pivot during the transfer process but unable to transfer self. 03-Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 04-Bedfast, unable to transfer but is able to turn and position self in bed. 05-Bedfast, unable to transfer and is unable to turn and position self.</td>
<td>PDGM</td>
<td>N</td>
</tr>
<tr>
<td>M1860</td>
<td>Ambulation/Locomotion. Current ability to walk safely, once in a standing position, or use a wheelchair, once in in a seated position, on a variety of surfaces.</td>
<td>00-Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 01-With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 02-Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 03-Able to walk only with the supervision or assistance of another person at all times. 04-Chairfast, unable to ambulate but is able to wheel self independently. 05-Chairfast, unable to ambulate and is unable to wheel self. 06-Bedfast, unable to ambulate or be up in a chair.</td>
<td>PDGM</td>
<td>N</td>
</tr>
<tr>
<td>GG0100</td>
<td>Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
</tbody>
</table>
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| GG0100A            | Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury. | 1-Dependent - A helper completed all the activities for the (patient/resident/person).  
2-Needed Some Help - (Patient/Resident/Person) needed partial assistance from another person to complete any activities.  
3-Independent - (Patient/Resident/Person) completed all the activities by themself, with or without an assistive device, with no assistance from a helper.  
8-Unknown  
9-Not Applicable  
--Not assessed/no information                                                                                           | QM          | Y                           |
| GG0100B            | Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. | 1-Dependent - A helper completed all the activities for the (patient/resident/person).  
2-Needed Some Help - (Patient/Resident/Person) needed partial assistance from another person to complete any activities.  
3-Independent - (Patient/Resident/Person) completed all the activities by themself, with or without an assistive device, with no assistance from a helper.  
8-Unknown  
9-Not Applicable  
--Not assessed/no information                                                                                           | QM          | Y                           |
| GG0100C            | Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury. | 1-Dependent - A helper completed all the activities for the (patient/resident/person).  
2-Needed Some Help - (Patient/Resident/Person) needed partial assistance from another person to complete any activities.  
3-Independent - (Patient/Resident/Person) completed all the activities by themself, with or without an assistive device, with no assistance from a helper.  
8-Unknown  
9-Not Applicable  
--Not assessed/no information                                                                                           | QM          | Y                           |
| GG0100D            | Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. | 1-Dependent - A helper completed all the activities for the (patient/resident/person).  
2-Needed Some Help - (Patient/Resident/Person) needed partial assistance from another person to complete any activities.  
3-Independent - (Patient/Resident/Person) completed all the activities by themself, with or without an assistive device, with no assistance from a helper.  
8-Unknown  
9-Not Applicable  
--Not assessed/no information                                                                                           | QM          | Y                           |
Note: * indicates an empty value.

**Assessment Instrument**: OASIS  
**Assessment Version**: E-012022

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</table>
| GG0110             | Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury: Check all that apply | A-Manual wheelchair  
B-Motorized wheelchair and/or scooter  
C-Mechanical lift  
D-Walker  
E-Orthotics/Prosthetics  
--Not assessed/no information  
Z-None of the above | QM | N |
<p>| GG0130             | Self-Care | * |  | N |
| GG0130_1           | Self-Care. Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. | * |  | N |
| GG0130_2           | Self-Care. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s). | * |  | N |</p>
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<tr>
<td>GG0130A1</td>
<td>Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Admission Performance</td>
<td>01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/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) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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| GG0130A2          | Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Discharge Goal                                                                 | 01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.  
02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.  
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88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical condition or safety concerns  
--Not assessed/no information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | QM          | Y                             |
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| 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.  
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<td>GG0130B2</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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### Question Text

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

### Response Code - Response Text

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<td>GG0130C1</td>
<td>01</td>
<td>Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.</td>
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<tr>
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<td>02</td>
<td>Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
</tr>
<tr>
<td></td>
<td>03</td>
<td>Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</td>
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<td>04</td>
<td>Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently.</td>
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<td>05</td>
<td>Setup or clean-up assistance - Helper sets up or cleans up; (patient/resident/person) completes activity. Helper assists only prior to or following the activity.</td>
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<td>06</td>
<td>Independent - (Patient/Resident/Person) completes the activity by (him/herself/themself) with no assistance from a helper.</td>
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<td>07</td>
<td>(Patient/Resident/Person) refused</td>
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<tr>
<td></td>
<td>09</td>
<td>Not applicable - Not attempted and the (patient/resident/person) did not perform this activity prior to the current illness, exacerbation, or injury.</td>
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<tr>
<td>GG0130C2</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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<tr>
<td>GG0130E1</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/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) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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### 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

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**GG0130E2**

- **01-Dependent**: Helper does ALL of the effort. Patient/Resident/Person does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.
- **02-Substantial/maximal assistance**: Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
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- **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)**
- **11-Not applicable**: (Patient/Resident/Person) does not usually do this activity.
- **88-Not attempted due to medical condition or safety concerns**
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- **--Not assessed/no information**
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| 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.  
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| 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.  
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--Not assessed/no information | *                                                                 | Y                                                                                                         |
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<td>GG0130G1</td>
<td>Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Admission Performance</td>
<td>01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/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) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. 89-Not assessed/no information</td>
<td>QM</td>
<td>Y</td>
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### Assessment Item ID: GG0130G2

**Question Text:** Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Discharge Goal

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<td>01</td>
<td>Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.</td>
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<td>02</td>
<td>Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
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<td>03</td>
<td>Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</td>
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<td>04</td>
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<td>Independent - (Patient/Resident/Person) completes the activity by (him/herself/themself) with no assistance from a helper.</td>
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<td>(Patient/Resident/Person) refused</td>
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<tr>
<td>09</td>
<td>Not applicable - Not attempted and the (patient/resident/person) did not perform this activity prior to the current illness, exacerbation, or injury.</td>
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<td>10</td>
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<tr>
<td>11</td>
<td>Not applicable - (Patient/Resident/Person) does not usually do this activity.</td>
</tr>
<tr>
<td>88</td>
<td>Not attempted due to medical condition or safety concerns</td>
</tr>
<tr>
<td>90</td>
<td>Not attempted due to short-term medical conditions or safety concerns.</td>
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**Item Use(s):** Y

**Changed since Last Assessment:** Y

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<tr>
<td>GG0130H1</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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| 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.  
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88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information | * | Y |
| GG0130_4           | Self-Care. Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up code the reason. | * | * |

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**DEL Report**  
**Data Elements by Assessment Instrument Version Report**  
Run Date: 07/10/2022  
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## Data Elements by Assessment Instrument Version Report

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| GG0130A4           | Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Follow-up 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.  
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| GG0130B4           | 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. - Follow-up 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.  
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88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information | QM | Y |
### Assessment Item ID | Question Text                                                                                                                                   | Response Code - Response Text                                                                                                                                                                                                                                                                                                                                 | Item Use(s) | Changed since Last Assessment |
---|---|---|---|---|
**GG0130C4** | 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. - Follow-up 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/m moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information | QM | Y |
**GG0130E4** | 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. | * | QM | N |
**GG0130F4** | Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. | * | QM | N |
**GG0130G4** | Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear | * | QM | N |
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<td>GG0130H4</td>
<td>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.</td>
<td>*</td>
<td>QM</td>
<td>N</td>
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<tr>
<td>GG0130_3</td>
<td>Self-Care. Code the patient's usual performance at discharge for each activity using the 6-point scale. If any activity was not attempted at discharge, code the reason.</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>GG0130A3</td>
<td>Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Discharge Performance</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information.</td>
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| 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.  
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<td>GG0130C3</td>
<td>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</td>
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### Question Text

**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**

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<td>GG0130E3</td>
<td>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</td>
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| 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.  
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<td>GG0130G3</td>
<td>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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information | *                                                                      | Y                      |
<p>| GG0170             | Mobility                                                                     | *                                                                                | *            | N                            |
| GG0170_1           | Mobility. Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason. | *                                                                            | *            | N                            |
| GG0170_2           | Mobility. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s). | *                                                                            | *            | N                            |</p>
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<tr>
<td>GG0170A1</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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| 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.  
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| 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.  
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| GG0170C1           | Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Admission Performance                                                                  | 01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity.  
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| 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.  
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| 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.  
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| 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.  
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88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
--Not assessed/no information | QM          | Y                          |
Note: * indicates an empty value.

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| 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.  
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<td>GG0170J1</td>
<td>Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Admission Performance</td>
<td>01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadiying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/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) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information</td>
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| GG0170J2           | Walk 50 feet with two turns: Once standing, the ability to walk 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.  
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| 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.  
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## DEL Report
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<td>GG0170L1</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadiying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information</td>
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<td>GG0170L2</td>
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### Assessment Item ID: GG0170M1

**Question Text:** 1 step (curb): The ability to go up and down a curb or up and down one step. - Admission Performance

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<td>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
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<td>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</td>
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<td>05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/resident/person) completes activity. Helper assists only prior to or following the activity.</td>
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<td>06-Independent - (Patient/Resident/Person) completes the activity by (him/herself/themself) with no assistance from a helper.</td>
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<td>07-(Patient/Resident/Person) refused</td>
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| GG0170M2          | 1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Goal            | 01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity.  
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| 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.  
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--Not assessed/no information | QM            | Y                                   |
### 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/steadiying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information | * | Y
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| GG0170O1          | 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.  
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</table>
| 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/steadiying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently.  
05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/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)  
11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
--Not assessed/no information | QM | Y |
### Data Elements by Assessment Instrument Version Report

**Assessment Instrument:** OASIS  
**Assessment Version:** E-012022

<table>
<thead>
<tr>
<th>Assessment Item ID</th>
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<th>Item Use(s)</th>
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</tr>
</thead>
</table>
| 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.  
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11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information | Y |
| GG0170Q1           | Does the patient use a wheelchair and/or scooter? - Admission | 0-No  
1-Yes  
--Not assessed/no information | QM | N |
### Assessment Instrument: OASIS
### Assessment Version: E-012022

<table>
<thead>
<tr>
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</tr>
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</table>
| 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.  
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11-Not applicable - {Patient/Resident/Person} does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions 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.  
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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)  
11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
^-Blank (skip pattern)  
--Not assessed/no information | QM | Y |
| GG0170RR1          | Indicate the type of wheelchair or scooter used. - Admission                   | 1-Manual  
2-Motorized  
^-Blank (skip pattern)  
--Not assessed/no information | * | N |
<table>
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<tr>
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</table>
| 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.  
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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)  
11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
^Blank (skip pattern)  
--Not assessed/no information                                                                 | QM | Y               |
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<tbody>
<tr>
<td>GG0170S2</td>
<td>Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Goal</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information</td>
<td>QM</td>
<td>Y</td>
</tr>
<tr>
<td>GG0170SS1</td>
<td>Indicate the type of wheelchair or scooter used. - Admission</td>
<td>1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information</td>
<td>QM</td>
<td>N</td>
</tr>
<tr>
<td>GG0170_4</td>
<td>Mobility. Code the patient's usual performance at Follow-up for each activity using the 6-point scale. If activity was not attempted at Follow-up code the reason.</td>
<td>*</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>
### Assessment Item ID: GG0170A4

**Question Text:** 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. - Follow-up Performance

<table>
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<tbody>
<tr>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/resident/person) completes activity. Helper assists only prior to or following the activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06-Independent - (Patient/Resident/Person) completes the activity by (him/herself/themself) with no assistance from a helper.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07-(Patient/Resident/Person) refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09-Not applicable - Not attempted and the (patient/resident/person) did not perform this activity prior to the current illness, exacerbation, or injury.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-Not applicable - (Patient/Resident/Person) does not usually do this activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88-Not attempted due to medical condition or safety concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-Not attempted due to short-term medical conditions or safety concerns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Not assessed/no information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Assessment Item: GG0170B4

**Question Text:** Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Follow-up Performance

**Response Code - Response Text:**
- **01-Dependent:** Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.
- **02-Substantial/maximal assistance:** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- **03-Partial/moderate assistance:** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
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- **05-Setup or clean-up assistance:** Helper sets up or cleans up; (patient/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)**
- **11-Not applicable:** (Patient/Resident/Person) does not usually do this activity.
- **88-Not attempted due to medical condition or safety concerns**
- **90-Not attempted due to short-term medical conditions or safety concerns**
- **--Not assessed/no information**

**Item Use(s):** *  

**Changed since Last Assessment:** Y
<table>
<thead>
<tr>
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</thead>
</table>
| GG0170C4           | Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Follow-up 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.  
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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)  
11-Not applicable - {Patient/Resident/Person} does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. | *                                                                                                                                          | Y                                      |
### Assessment Item ID: GG0170D4

**Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - **Follow-up Performance**

<table>
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<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
<td></td>
<td></td>
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<tr>
<td>03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.</td>
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<td>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently.</td>
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<td></td>
</tr>
<tr>
<td>05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/resident/person) completes activity. Helper assists only prior to or following the activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06-Independent - (Patient/Resident/Person) completes the activity by (him/herself/themself) with no assistance from a helper.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07-(Patient/Resident/Person) refused</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09-Not applicable - Not attempted and the (patient/resident/person) did not perform this activity prior to the current illness, exacerbation, or injury.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-Not applicable - (Patient/Resident/Person) does not usually do this activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88-Not attempted due to short-term medical conditions or safety concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-Not attempted due to short-term medical conditions or safety concerns.</td>
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</tr>
<tr>
<td>--Not assessed/no information</td>
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</table>
### Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair) - Follow-up Performance

<table>
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</table>
| GG0170E4           | Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Follow-up 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.  
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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                                                                                                                                                                                                 | *                                                      | Y                                                          |
Note: * indicates an empty value.

**Assessment Instrument:** OASIS  
**Assessment Version:** E-012022

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</table>
| GG0170F4           | Toilet transfer: The ability to get on and off a toilet or commode. - Follow-up 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.  
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11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
--Not assessed/no information | * | Y |
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| GG0170I4          | Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Follow-up 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.  
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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)  
11-Not applicable - {Patient/Resident/Person} does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
--Not assessed/no information | * | Y |
### Question Text

**GG0170J4**

Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Follow-up Performance

### Response Code - Response Text

- **01-Dependent**
  - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.

- **02-Substantial/maximal assistance**
  - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

- **03-Partial/moderate assistance**
  - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

- **04-Supervision or touching assistance**
  - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently.

- **05-Setup or clean-up assistance**
  - Helper sets up or cleans up; (patient/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)**

- **11-Not applicable**
  - (Patient/Resident/Person) does not usually do this activity.

- **88-Not attempted due to medical condition or safety concerns**

- **90-Not attempted due to short-term medical conditions or safety concerns**

- **^Blank (skip pattern)**

- **--Not assessed/no information**
### Question Text: 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.

#### Follow-up Performance

<table>
<thead>
<tr>
<th>Response Code - Response Text</th>
<th>Item Use(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01--Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity.</td>
<td>*</td>
</tr>
<tr>
<td>02--Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</td>
<td></td>
</tr>
<tr>
<td>03--Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts or supports trunk or limbs, but provides less than half the effort.</td>
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<td>04--Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently.</td>
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<td>05--Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity.</td>
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<tr>
<td>06--Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper.</td>
<td>Y</td>
</tr>
<tr>
<td>07--{Patient/Resident/Person} refused</td>
<td></td>
</tr>
<tr>
<td>09--Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury.</td>
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<td>10--Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</td>
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<td>11--Not applicable - {Patient/Resident/Person} does not usually do this activity.</td>
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<tr>
<td>88--Not attempted due to medical condition or safety concerns</td>
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</tr>
<tr>
<td>90--Not attempted due to short-term medical conditions or safety concerns.</td>
<td></td>
</tr>
<tr>
<td>^--Blank (skip pattern)</td>
<td></td>
</tr>
<tr>
<td>--Not assessed/no information</td>
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<td>Question Text</td>
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<td>-------------------------------------------------------------------------------</td>
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<tr>
<td>GG0170M4</td>
<td>1 step (curb): The ability to go up and down a curb or up and down one step. - Follow-up Performance</td>
</tr>
<tr>
<td>Assessment Item ID</td>
<td>Question Text</td>
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<tr>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>GG0170N4</td>
<td>4 steps: The ability to go up and down four steps with or without a rail. - Follow-up Performance</td>
</tr>
<tr>
<td>GG0170Q4</td>
<td>Does the patient use a wheelchair and/or scooter? - Follow-up Performance</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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</table>
## DEL Report
### Data Elements by Assessment Instrument Version Report

**Note:** * indicates an empty value.

**Assessment Instrument:** OASIS  
**Assessment Version:** E-012022

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</table>
| GG0170R4           | Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Follow-up 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.  
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88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
^-Blank (skip pattern)  
--Not assessed/no information | * | Y |
| GG0170_3           | Mobility. Code the patient's usual performance at discharge for each activity using the 6-point scale. If an activity was not attempted at discharge, code the reason. | * | * | N |
Note: * indicates an empty value.

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| 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.  
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| 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.  
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88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information                                                                 | QM          | Y                             |
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Assessment Version: E-012022

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| GG0170C3           | Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Discharge Performance                                                                 | 01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity.  
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| 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.  
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<td>GG0170E3</td>
<td>Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Performance</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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). 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information</td>
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| 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.  
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| 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.  
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| 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.  
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<td>GG0170J3</td>
<td>Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Discharge Performance</td>
<td>01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/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) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information</td>
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| 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.  
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<td>GG0170L3</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/resident/person) completes activity. Helper assists only prior to or following the activity. 06-Independent - (Patient/Resident/Person) completes the activity by him/herself with no assistance from a helper. 07-(Patient/Resident/Person) refused 09-Not applicable - Not attempted and the (patient/resident/person) did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>Y</td>
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| GG0170M3           | 1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Performance                                           | 01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity.  
02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.  
03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.  
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05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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)  
11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
--Not assessed/no information                                                                                                                                                                                                                                                                                                                                                     | *                                      | Y                                   |
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| 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/steadiing and/or contact guard assistance as *(patient/resident/person)* completes activity. Assistance may be provided throughout the activity or intermittently.  
05-Setup or clean-up assistance - Helper sets up or cleans up; *(patient/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)  
11-Not applicable - *(Patient/Resident/Person)* does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
^Blank (skip pattern)  
--Not assessed/no information                                                                 | *             | Y                                                           |
### Assessment Item ID GG0170O3

**Question Text:** 12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Performance

**Response Code - Response Text:**
- **01-Dependent:** Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity.
- **02-Substantial/maximal assistance:** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half of the effort.
- **03-Partial/moderate assistance:** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half of the effort.
- **04-Supervision or touching assistance:** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently.
- **05-Setup or clean-up assistance:** Helper sets up or cleans up; {patient/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)**
- **11-Not applicable:** {Patient/Resident/Person} does not usually do this activity.
- **88-Not attempted due to medical condition or safety concerns**
- **90-Not attempted due to short-term medical conditions or safety concerns.**
- **^Blank (skip pattern)**
- **--Not assessed/no information**

**Item Use(s):** Y

**Changed since Last Assessment:** Y
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| 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.  
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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)  
11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns.  
--Not assessed/no information | * | Y |
| GG0170Q3           | Does the patient use a wheelchair and/or scooter? - Discharge | 0-No  
1-Yes  
--Not assessed/no information | QM | N |
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<tr>
<td>GG0170R3</td>
<td>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</td>
<td>01-Dependent - Helper does ALL of the effort. (Patient/Resident/Person) does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the (patient/resident/person) to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as (patient/resident/person) completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; (patient/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) 11-Not applicable - (Patient/Resident/Person) does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information</td>
<td>QM</td>
<td>Y</td>
</tr>
<tr>
<td>GG0170RR3</td>
<td>Indicate the type of wheelchair or scooter used. - Discharge</td>
<td>1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information</td>
<td>QM</td>
<td>N</td>
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| 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)  
11-Not applicable - (Patient/Resident/Person) does not usually do this activity.  
88-Not attempted due to medical condition or safety concerns  
90-Not attempted due to short-term medical conditions or safety concerns. | QM | Y |
| GG0170SS3          | Indicate the type of wheelchair or scooter used. - Discharge | 1-Manual  
2-Motorized  
^-Blank (skip pattern)  
--Not assessed/no information | QM | N |
| M1600              | Has this patient been treated for a Urinary Tract Infection in the past 14 days? | 00-No  
01-Yes  
NA-(Patient/Resident/Person) on prophylactic treatment  
UK-Unknown | * | N |
| M1610              | Urinary Incontinence or Urinary Catheter Presence | 00-No incontinence or catheter (includes anuria or ostomy for urinary drainage)  
01-(Patient/Resident/Person) is incontinent  
02-(Patient/Resident/Person) requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic) | * | Y |
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| M1620              | Bowel Incontinence Frequency                                                   | 00-Very rarely or never has bowel incontinence  
1-Less than once weekly  
02-One to three times weekly  
03-Four to six times weekly  
04-On a daily basis  
05-More often than once daily  
NA-(Patient/Resident/Person) has ostomy for bowel elimination  
UK-Unknown                                                                 | *                                                      | Y           |
| M1630              | Ostomy for Bowel Elimination. Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen? | 00-{Patient/Resident/Person} does not have an ostomy for bowel elimination.  
01-{Patient's/Resident's} ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen.  
02-The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.                                                                 | *                                                      | Y           |
| M1028              | Active Diagnoses - Comorbidities and Co-existing Conditions: Check all that apply. See OASIS Guidance Manual for a complete list of relevant ICD-10 codes. | 1-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)  
2-Diabetes Mellitus (DM)  
3-None of the above  
--Not assessed/no information                                                                 | *                                                      | N           |
| M1021              | Primary Diagnosis. (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided) | *                                                                                         | *                                                      | N           |
| M1021_A2_ICD       | Primary Diagnosis                                                             | ICD-ICD-10 diagnosis code                                                                   | *                                                      | Y           |
| M1021_A2_SEV       | Primary Symptom Control Rating                                                | 00-Asymptomatic, no treatment needed at this time  
01-Symptoms well controlled with current therapy  
02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring  
03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring  
04-Symptoms poorly controlled: history of re-hospitalizations  
^-No severity rating                                                                 | *                                                      | Y           |
Note: * indicates an empty value.

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<td>M1023</td>
<td>Other Diagnoses. (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1023_B2_ICD</td>
<td>Other Diagnosis b.</td>
<td>^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code</td>
<td>*</td>
<td>Y</td>
</tr>
</tbody>
</table>
| M1023_B2_SEV       | Symptom Control Rating b.                                                     | 00-Asymptomatic, no treatment needed at this time  
01-Symptoms well controlled with current therapy  
02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring  
03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring  
04-Symptoms poorly controlled: history of re-hospitalizations  
^-No severity rating | *           | Y                            |
| M1023_C2_ICD       | Other Diagnosis c.                                                            | ^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code             | *           | Y                            |
| M1023_C2_SEV       | Symptom Control Rating c.                                                     | 00-Asymptomatic, no treatment needed at this time  
01-Symptoms well controlled with current therapy  
02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring  
03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring  
04-Symptoms poorly controlled: history of re-hospitalizations  
^-No severity rating | *           | Y                            |
| M1023_D2_ICD       | Other Diagnosis d.                                                            | ^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code             | *           | Y                            |
| M1023_D2_SEV       | Symptom Control Rating d.                                                     | 00-Asymptomatic, no treatment needed at this time  
01-Symptoms well controlled with current therapy  
02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring  
03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring  
04-Symptoms poorly controlled: history of re-hospitalizations  
^-No severity rating | *           | Y                            |
Note: * indicates an empty value.

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<td>M1023_E2_ICD</td>
<td>Other Diagnosis e.</td>
<td>^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code</td>
<td>*</td>
<td>Y</td>
</tr>
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| M1023_E2_SEV       | Symptom Control Rating e. | 00-Asymptomatic, no treatment needed at this time  
01-Symptoms well controlled with current therapy  
02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring  
03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring  
04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating | * | Y |
| M1023_F2_ICD       | Other Diagnosis f. | ^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code | * | Y |
| M1023_F2_SEV       | Symptom Control Rating f. | 00-Asymptomatic, no treatment needed at this time  
01-Symptoms well controlled with current therapy  
02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring  
03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring  
04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating | * | Y |

| M1033               | Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? Check all that apply | 01-History of falls (2 or more falls - or any fall with an injury - in the past 12 months)  
02-Unintentional weight loss of a total of 10 pounds or more in the past 12 months  
03-Multiple hospitalizations (2 or more) in the past 6 months  
04-Multiple emergency department visits (2 or more) in the past 6 months  
05-Decline in mental, emotional, or behavioral status in the past 3 months  
06-Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months  
07-Currently taking 5 or more medications  
08-Currently reports exhaustion  
09-Other risk(s) not listed in 1 - 8  
10-None of the above | PDGM | N |
Note: * indicates an empty value.

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| J0510              | Pain Effect on Sleep. Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" | 0-Does not apply - I have not had any pain or hurting in the past 5 days  
1-Rarely or not at all  
2-Occasionally  
3-Frequently  
4-Almost constantly  
8-Unable to answer  
^Blank (skip pattern) | * | N |
| J0520              | Pain Interference with Therapy Activities. Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" | 0-Does not apply - I have not received rehabilitation therapy in the past 5 days  
1-Rarely or not at all  
2-Occasionally  
3-Frequently  
4-Almost constantly  
8-Unable to answer  
^Blank (skip pattern) | * | N |
| J0530              | Pain Interference with Day-to-Day Activities. Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" | 1-Rarely or not at all  
2-Occasionally  
3-Frequently  
4-Almost constantly  
8-Unable to answer  
^Blank (skip pattern) | * | N |
| J1800              | Has the patient had any falls since SOC/ROC, whichever is more recent?         | 0-No  
1-Yes  
^Not assessed/no information | QM | N |
| J1900              | Number of Falls Since SOC/ROC, whichever is most recent                        | * | N |
| J1900A             | No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall. | 0-None  
1-One  
2-Two or more  
^Blank (skip pattern)  
--Not assessed/no information | QM | N |
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<td>J1900B</td>
<td>Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain</td>
<td>0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information</td>
<td>QM</td>
<td>N</td>
</tr>
<tr>
<td>J1900C</td>
<td>Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma</td>
<td>0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information</td>
<td>QM</td>
<td>N</td>
</tr>
<tr>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>00-^[Patient/Resident/Person] is not short of breath 01-^-When walking more than 20 feet, climbing stairs 02^-With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 03^-With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 04^-At rest (during day or night)</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1060</td>
<td>Height and Weight. While measuring, if the number is X.1-X.4 round down, X.5 or greater round up</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1060_A</td>
<td>Height (in inches). Record most recent height measure since the most recent SOC/ROC</td>
<td>50-Minimum value 80-Maximum value --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1060_B</td>
<td>Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)</td>
<td>065-Minimum value 440-Maximum value --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>K0520</td>
<td>Nutritional Approaches</td>
<td>*</td>
<td>*</td>
<td>N</td>
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| K0520_1            | Check all of the following nutritional approaches that apply on admission      | A-Parenteral/IV feeding  
B-Feeding tube (e.g., nasogastric or abdominal (PEG))  
C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)  
D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol)  
--Not assessed/no information  
Z-None of the above | *           | N                            |
| K0520_4            | Check all of the nutritional approaches that were received in the last 7 days  | A-Parenteral/IV feeding  
B-Feeding tube (e.g., nasogastric or abdominal (PEG))  
C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)  
D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol)  
--Not assessed/no information  
Z-None of the above | *           | N                            |
| K0520_5            | Check all of the nutritional approaches that were being received at discharge | A-Parenteral/IV feeding  
B-Feeding tube (e.g., nasogastric or abdominal (PEG))  
C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)  
D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol)  
--Not assessed/no information  
Z-None of the above | *           | N                            |
| M1870              | Feeding or Eating. Current ability to feed self meals and snacks safely.       | 00-Able to independently feed self.  
01-Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet.  
02-Unable to feed self and must be assisted or supervised throughout the meal/snack.  
03-Able to take in nutrients orally and receives supplemental nutrients though a nasogastric tube or gastrostomy.  
04-Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.  
05-Unable to take in nutrients orally or by tube feeding. | *           | N                            |
| M1306              | Does this patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries) | 0-No  
1-Yes | *           | N                            |
Note: * indicates an empty value.

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<tr>
<td>M1307</td>
<td>The Oldest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 Pressure Ulcers)</td>
<td>01-Was present at the most recent SOC/ROC assessment 02-Developed since the most recent SOC/ROC assessment ^-Blank (skip pattern) NA-No Stage 2 pressure ulcers are present at discharge</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1307_DT</td>
<td>Record date pressure ulcer first identified</td>
<td>^-Blank (skip pattern) MMDDYYYY-Date of oldest Stage 2 pressure ulcer</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1311</td>
<td>Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</td>
<td>*</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1311_A1</td>
<td>Number of Stage 2 pressure ulcers</td>
<td>00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1311_A2</td>
<td>Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC</td>
<td>00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1311_B1</td>
<td>Number of Stage 3 pressure ulcers</td>
<td>00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1311_B2</td>
<td>Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC</td>
<td>00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>N</td>
</tr>
<tr>
<td>M1311_C1</td>
<td>Number of Stage 4 pressure ulcers</td>
<td>00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information</td>
<td>*</td>
<td>Y</td>
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| M1311_C2           | Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | *           | N                             |
| M1311_D1           | Number of unstageable pressure ulcers/injuries due to non-removable dressing/device | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | *           | Y                             |
| M1311_D2           | Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | QM          | N                             |
| M1311_E1           | Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | *           | Y                             |
| M1311_E2           | Number of these unstageable pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | QM          | N                             |
| M1311_F1           | Number of unstageable pressure injuries presenting as deep tissue injury       | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | *           | Y                             |
| M1311_F2           | Number of these unstageable pressure injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC | 00-Minimum value  
99-Maximum value  
^-Blank (skip pattern)  
--Not assessed/no information | QM          | N                             |
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<td>M1322</td>
<td>Current Number of Stage 1 Pressure Injuries. 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.</td>
<td>00-0 01-1 02-2 03-3 04-4 or more</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1324</td>
<td>Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable. Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.</td>
<td>01-Stage 1 02-Stage 2 03-Stage 3 04-Stage 4 NA-{Patient/Resident/Person} has no pressure ulcers/injuries or no stageable pressure ulcers/injuries</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1330</td>
<td>Does this patient have a Stasis Ulcer?</td>
<td>00-No 01-Yes, (patient/resident/person) has BOTH observable and unobservable stasis ulcers. 02-Yes, (patient/resident/person) has observable stasis ulcers ONLY. 03-Yes, (patient/resident/person) has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device)</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1332</td>
<td>Current Number of Stasis Ulcer(s) that are Observable</td>
<td>01-One 02-Two 03-Three 04-Four or more ^-Blank (skip pattern)</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1334</td>
<td>Status of Most Problematic Stasis Ulcer that is Observable</td>
<td>01-Fully granulating 02-Early/partial granulation 03-Not healing ^-Blank (skip pattern)</td>
<td>*</td>
<td>Y</td>
</tr>
<tr>
<td>M1340</td>
<td>Does this patient have a Surgical Wound?</td>
<td>00-No 01-Yes, (patient/resident/person) has at least one observable surgical wound 02-Surgical wound known but not observable due to non-removable dressing/device</td>
<td>*</td>
<td>Y</td>
</tr>
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| M1342              | Status of Most Problematic Surgical Wound that is Observable                  | 00-Newly epithelialized  
1-Fully granulating  
2-Early/partial granulation  
3-Not healing  
^-Blank (skip pattern) | *                                                      | Y            |
| N0415              | High-Risk Drug Classes: Use and Indication. Check all that apply             | *                                            | *           | N                           |
| N0415_1            | Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes | A-Antipsychotic  
E-Anticoagulant  
F-Antibiotic  
H-Opioid  
I-Antiplatelet  
J-Hypoglycemic (including insulin)  
Z-None of the above | *                                                      | N            |
| N0415_2            | Indication Noted. If medication is being taken, check if there is an indication noted for all medications in the drug class | A-Antipsychotic  
^-Blank (skip pattern)  
E-Anticoagulant  
F-Antibiotic  
H-Opioid  
I-Antiplatelet  
J-Hypoglycemic (including insulin)  
Z-None of the above | *                                                      | N            |
| M2001              | Drug Regimen Review. Did a complete drug regimen review identify potential clinically significant medication issues? | 0-No - No issues found during review  
1-Yes - Issues found during review  
9-Not applicable - {Patient/Resident/Person} is not taking any medications  
--Not assessed/no information | *                                                      | N            |
| M2003              | Medication Follow-up. Did the agency 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 | *                                                      | N            |
Note: * indicates an empty value.

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| M2005              | Medication Intervention. Did the agency 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 SOC/ROC?                                                                                                                                                                                                 | 0-No  
1-Yes  
9-Not applicable - There were no potential clinically significant medication issues identified since (admission) or (patient/resident/person) is not taking any medications  
--Not assessed/no information                                                                                                                                                                                                                                                                      | *           | N                           |
| M2010              | Patient/Caregiver High-Risk Drug Education: Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?                                                                                                                                                                                                                                  | 00-No  
01-Yes  
^-Blank (skip pattern)  
NA-(Patient/Resident/Person) not taking any high-risk drugs OR (patient/resident/person)/caregiver fully knowledgeable about special precautions associated with all high-risk medications                                                                                                                                                             | *           | N                           |
| M2016              | Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?                                                                                         | 00-No  
01-Yes  
NA-(Patient/Resident/Person) not taking any drugs                                                                                                                                                                                                                                                                                                          | *           | N                           |
### Data Elements by Assessment Instrument Version Report

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| M2020              | Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/interals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.) | 00-Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.  
01-Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart.  
02-Able to take medication(s) at the correct times if given reminders by another person at the appropriate times  
03-Unable to take medication unless administered by another person. ^-Blank (skip pattern)  
NA-No oral medications prescribed. | *                                                      | N        |
| M2030              | Management of Injectable Medications: Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/interals. Excludes IV medications. | 00-Able to independently take the correct medication(s) and proper dosage(s) at the correct times.  
01-Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; OR (b) another person develops a drug diary or chart.  
02-Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection  
03-Unable to take injectable medication unless administered by another person. ^-Blank (skip pattern)  
NA-No injectable medications prescribed. | *                                                      | Y        |
| O0110              | Special Treatments, Procedures, and Programs. Check all of the following treatments, procedures, and programs that apply.                                                                                      | *                                                                                                                                      | *                                                      | N        |
Note: * indicates an empty value.

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| O0110_a            | Check all of the following treatments, procedures, and programs that apply on admission | A10-Chemotherapy - Other  
A1-Chemotherapy  
A2-Chemotherapy - IV  
A3-Chemotherapy - Oral  
B1-Radiation  
C1-Oxygen Therapy  
C2-Oxygen Therapy - Continuous  
C3-Oxygen Therapy - Intermittent  
C4-Oxygen Therapy - High-concentration  
D1-Suctioning  
D2-Suctioning - Scheduled  
D3-Suctioning - As Needed  
E1-Tracheostomy care  
F1-Invasive Mechanical Ventilator (ventilator or respirator)  
G1-Non-Invasive Mechanical Ventilator  
G2-Non-Invasive Mechanical Ventilator - BiPAP  
G3-Non-Invasive Mechanical Ventilator - CPAP  
H1-IV Medications - Other  
H10-IV Medications - Other  
H2-IV Medications - Vasoactive medications  
H3-IV Medications - Antibiotics  
H4-IV Medications - Anticoagulation  
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 |
### Note: * indicates an empty value.

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| O0110_c            | Check all of the following treatments, procedures, and programs that apply at discharge | A10-Chemotherapy - Other  
A1-Chemotherapy  
A2-Chemotherapy - IV  
A3-Chemotherapy - Oral  
B1-Radiation  
C1-Oxygen Therapy  
C2-Oxygen Therapy - Continuous  
C3-Oxygen Therapy - Intermittent  
C4-Oxygen Therapy - High-concentration  
D1-Suctioning  
D2-Suctioning - Scheduled  
D3-Suctioning - As Needed  
E1-Tracheostomy care  
F1-Invasive Mechanical Ventilator (ventilator or respirator)  
G1-Non-Invasive Mechanical Ventilator  
G2-Non-Invasive Mechanical Ventilator - BiPAP  
G3-Non-Invasive Mechanical Ventilator - CPAP  
H10-IV Medications - Other  
H1-IV Medications  
H2-IV Medications - Vasoactive medications  
H3-IV Medications - Antibiotics  
H4-IV Medications - Anticoagulation  
I1-Transfusions  
J1-Dialysis  
J2-Dialysis - Hemodialysis  
J3-Dialysis - Peritoneal dialysis  
--Not assessed/no information  
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 |
Note: * indicates an empty value.
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| M1041              | Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?                                                        | 0-No  
1-Yes                                                                                                                                                                                                                           | *           | N                           |
| M1046              | Influenza Vaccine Received: Did the patient receive the influenza vaccine for this year's flu season?                                                                                                        | 01-Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)  
02-Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)  
03-Yes; received from another health care provider (for example, physician, pharmacist)  
04-No; {patient/resident/person} offered and declined  
05-No; {patient/resident/person} assessed and determined to have medical contraindication(s)  
06-No; not indicated - {patient/resident/person} does not meet age/condition guidelines for influenza vaccine  
07-No; inability to obtain vaccine due to declared shortage  
08-No; {patient/resident/person} did not receive the vaccine due to reasons other than those listed in responses 4 - 7  
^-Blank (skip pattern)                                                                                                                                                                                                                     | *           | N                           |
| M2200              | Therapy Need. In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? Enter zero ["000"] if no therapy visits indicated. | 000-Minimum value  
999-Maximum value  
^-Blank (skip pattern)  
NA-Not applicable: No case mix group defined by this assessment                                                                                                                                                                           | *           | Y                           |
| M2401              | Intervention Synopsis: At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Check only one box in each row) | *                                                                                                                                                                                                                                                                                              | *           | N                           |
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| M2401_B            | Falls prevention interventions                                                | 00-No  
01-Yes  
NA-Not applicable | *           | N               |
| M2401_C            | Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment | 00-No  
01-Yes  
NA-Not applicable | *           | N               |
| M2401_D            | Intervention(s) to monitor and mitigate pain                                  | 00-No  
01-Yes  
NA-Not applicable | *           | N               |
| M2401_E            | Intervention(s) to prevent pressure ulcers                                   | 00-No  
01-Yes  
NA-Not applicable | *           | N               |
| M2401_F            | Pressure ulcer treatment based on principles of moist wound healing           | 00-No  
01-Yes  
NA-Not applicable | *           | N               |