



DEL Report Data Elements by Assessment Instrument Version Report

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Assessment Instrument: LCDS

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
A0050	Type of Record	1-Add new assessment/record 2-Modify existing record 3-Inactivate existing record	*	N
A0100	Facility Provider Numbers	*	*	N
A0100A	National Provider Identifier (NPI)	^-Blank (not available or unknown) Text-National Provider Identifier (NPI)	*	N
A0100B	CMS Certification Number (CCN)	Text-CMS Certification Number (CCN)	*	N
A0100C	State Medicaid Provider Number	^-Blank (not available or unknown) Text-State Provider Number	*	N
A0200	Type of Provider	3-Long-Term Care Hospital	*	N
A0210	Assessment Reference Date. Observation end date	MMDDYYYY-Assessment reference date	*	N
A0220	Admission Date	MMDDYYYY-Admission Date	QM	N
A0250	Reason for Assessment/Record	01-Admission 10-Planned discharge 11-Unplanned discharge 12-Expired	QM	N
A0270	Discharge Date	^-Blank (skip pattern) MMDDYYYY-Discharge Date	QM	N
A0500	Legal Name of Patient	*	*	N
A0500A	First name	Text-{Patient/Resident/Person} First name	*	N
A0500B	Middle initial	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Middle initial	*	N
A0500C	Last name	Text-{Patient/Resident/Person} Last name	*	N
A0500D	Suffix	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Suffix	*	N
A0600	Social Security and Medicare Numbers	*	*	N
A0600A	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Social Security Number	*	N



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A0600B	Medicare number (or comparable railroad insurance number)	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Medicare number or Medicare Beneficiary Identifier (MBI)	*	N
A0700	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid Recipient	^-Blank (not available or unknown) +-Enter "+" if Medicaid application is pending N-Enter "N" if not a Medicaid Recipient Text-{Patient/Resident/Person} Medicaid Number	*	N
A0800	Gender	1-Male 2-Female	*	N
A0900	Birth Date	MMDDYYYY-{Patient/Resident/Person} Birth Date MMYYYY-{Patient/Resident/Person} Birth Date (if day of month is unknown) YYYY-{Patient/Resident/Person} Birth Date (if month and day unknown)	QM	N
A1005	Ethnicity. Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply	A-No, not of Hispanic, Latino/a, or Spanish origin B-Yes, Mexican, Mexican American, Chicano/a C-Yes, Puerto Rican D-Yes, Cuban E-Yes, another Hispanic, Latino, or Spanish origin X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond	*	N
A1010	Race. What is your race? Check all that apply	9-None of the above 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	*	N



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A1110	Language	*	*	N
A1110A	What is your preferred language?	--Not assessed/no information Text-Preferred language	*	N
A1110B	Do you need or want an interpreter to communicate with a doctor or health care staff?	0-No 1-Yes 9-Unable to determine	*	N
A1200	Marital Status	1-Never married 2-Married 3-Widowed 4-Separated 5-Divorced --Not assessed/no information	*	N
A1250	Transportation (from NACHC). Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed from daily living? 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
A1400	Payer Information. Check all that apply	A-Medicare (traditional fee-for-service) B-Medicare (managed care/Part C/Medicare Advantage) C-Medicaid (traditional fee-for-service) D-Medicaid (managed care) E-Workers' compensation F-Title programs (e.g., Title III, V, or XX) G-Other government (e.g., TRICARE, VA, etc.) H-Private Insurance/Medigap I-Private managed care J-Self-pay K-No payer source X-Unknown Y-Other	*	N



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A1805	Admitted From	01-Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Nursing Home (long-term care facility) 03-Skilled Nursing Facility (SNF, swing beds) 04-Short-Term General Hospital (acute hospital, IPPS) 05-Long-Term Care Hospital (LTCH) 06-Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07-Inpatient Psychiatric Facility (psychiatric hospital or unit) 08-Intermediate Care Facility (ID/DD facility) 09-Hospice (home/non-institutional) 10-Hospice (institutional facility) 11-Critical Access Hospital (CAH) 12-Home under care of organized home health service organization 99-Not listed	*	N
A1990	Patient Discharged Against Medical Advice	0-No 1-Yes	*	N
A2105	Discharge Location	01-Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02-Nursing Home (long-term care facility) 03-Skilled Nursing Facility (SNF, swing beds) 04-Short-Term General Hospital (acute hospital, IPPS) 05-Long-Term Care Hospital (LTCH) 06-Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07-Inpatient Psychiatric Facility (psychiatric hospital or unit) 08-Intermediate Care Facility (ID/DD facility) 09-Hospice (home/non-institutional) 10-Hospice (institutional facility) 11-Critical Access Hospital (CAH) 12-Home under care of organized home health service organization 99-Not listed	QM	N



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A2121	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge. At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider?	0-No - Current reconciled medication list not provided to the subsequent provider 1-Yes - Current reconciled medication list provided to the subsequent provider	*	N
A2122	Route of Current Reconciled Medication List Transmission to Subsequent Provider. Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Check all that apply	A-Electronic Health Record B-Health Information Exchange ^-Blank (skip pattern) C-Verbal (e.g., in-person, telephone, video conferencing) D-Paper-based (e.g., fax, copies, printouts) E-Other Methods (e.g., texting, email, CDs)	*	N
A2123	Provision of Current Reconciled Medication List to Patient at Discharge. At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?	0-No - Current reconciled medication list not provided to the {patient/resident/person}, family and/or caregiver 1-Yes - Current reconciled medication list provided to the {patient/resident/person}, family and/or caregiver	*	N
A2124	Route of Current Reconciled Medication List Transmission to Patient. Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.	A-Electronic Health Record B-Health Information Exchange ^-Blank (skip pattern) C-Verbal (e.g., in-person, telephone, video conferencing) D-Paper-based (e.g., fax, copies, printouts) E-Other Methods (e.g., texting, email, CDs)	*	N
B0100	Comatose. Persistent vegetative state/no discernible consciousness	0-No 1-Yes --Not assessed/no information	QM	N



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B0200	Hearing. Ability to hear (with hearing aid or hearing appliances if normally used)	0-Adequate - no difficulty in normal conversation, social interaction, listening to TV 1-Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2-Moderate difficulty - speaker has to increase volume and speak distinctly 3-Highly impaired - absence of useful hearing ^-Blank (skip pattern) --Not assessed/no information	*	N
B1000	Vision. Ability to see in adequate light (with glasses or other visual appliances)	0-Adequate - sees fine detail, such as regular print in newspapers/books 1-Impaired - sees large print, but not regular print in newspapers/books 2-Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3-Highly impaired - object identification in question, but eyes appear to follow objects 4-Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects ^-Blank (skip pattern) --Not assessed/no information	*	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 ^-Blank (skip pattern)	*	N
BB0700	Expression of Ideas and Wants (consider both verbal and non-verbal expression and excluding language barriers)	1-Rarely/Never expresses self or speech is very difficult to understand 2-Frequently exhibits difficulty with expressing needs and ideas 3-Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear 4-Expresses complex messages without difficulty and with speech that is clear and easy to understand ^-Blank (skip pattern) --Not assessed/no information	QM	N



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



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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
C0400C	Able to recall "bed"	0-No - could not recall 1-Yes, after cueing ("a piece of furniture") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N
C0500	BIMS Summary Score. Add scores for C0200-C0400 and fill in total score (00-15). Enter 99 if the patient was unable to complete the interview	00-Minimum value 15-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information	*	N
C1310	Signs and Symptoms of Delirium (from CAM©). Code after completing Brief Interview for Mental Status and reviewing medical record	*	*	N



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C1310A	Acute Onset Mental Status Change. Is there evidence of an acute change in mental status from the patient's baseline?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N
C1310B	Inattention - Did the patient have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) ^-Blank (skip pattern) --Not assessed/no information	*	N
C1310C	Disorganized Thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) ^-Blank (skip pattern) --Not assessed/no information	*	N
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) ^-Blank (skip pattern) --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



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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) ^-Blank (skip pattern) --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) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150B2	Feeling down, depressed, or hopeless - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-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



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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
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



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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
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



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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 ^-Blank (skip pattern) --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 ^-Blank (skip pattern)	*	N
GG0100	Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury	*	*	N
GG0100B	Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by {him/herself/themself}, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	N



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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 --Not assessed/no information Z-None of the above	QM	N
GG0130	Self-Care	*	*	N
GG0130_1	Self-Care. Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	*	*	N
GG0130_2	Self-Care. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).	*	*	N



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GG0130A1	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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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. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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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. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Instrument: LCDS

Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B2	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C1	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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GG0130C2	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130D1	Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130D2	Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N
GG0130_3	Self-Care. Code the patient's usual performance at discharge for each activity using the 6-point scale. If any activity was not attempted at discharge, code the reason.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A3	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B3	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C3	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130D3	Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N
GG0170	Mobility	*	*	N
GG0170_1	Mobility. Code the patient's usual performance at admission for each activity using the 6-point scale. If activity was not attempted at admission, code the reason.	*	*	N
GG0170_2	Mobility. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A1	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A2	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B1	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B2	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C1	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C2	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D2	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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GG0170E1	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E2	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Instrument: LCDS

Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F1	Toilet transfer: The ability to get on and off a toilet or commode. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F2	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G1	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G2	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017011	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I2	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	Y



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J1	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J2	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K1	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K2	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L1	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L2	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M1	1 step (curb): The ability to go up and down a curb or up and down one step. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M2	1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N1	4 steps: The ability to go up and down four steps with or without a rail. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	*	N



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GG0170N2	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017001	12 steps: The ability to go up and down 12 steps with or without a rail. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017002	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Data Elements by Assessment Instrument Version Report

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P1	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P2	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N
GG0170Q1	Does the patient use a wheelchair and/or scooter? - Admission	0-No 1-Yes --Not assessed/no information	QM	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R1	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R2	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170RR1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S1	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S2	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170SS1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170_3	Mobility. Code the patient's usual performance at discharge for each activity using the 6-point scale. If an activity was not attempted at discharge, code the reason.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A3	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B3	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C3	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D3	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E3	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F3	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G3	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017013	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J3	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K3	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L3	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



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Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M3	1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N



DEL Report

Data Elements by Assessment Instrument Version Report

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N3	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017003	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P3	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	N
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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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R3	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S3	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170SS3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
H0350	Bladder Continence - Select the one category that best describes the patient	0-Always continent (no documented incontinence) 1-Stress incontinence only 2-Incontinent less than daily (e.g., once or twice during the 3-day assessment period) 3-Incontinent daily (at least once a day) 4-Always incontinent 5-No urine output (e.g., renal failure) 9-Not applicable (e.g., indwelling catheter) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
H0400	Bowel Continence - Select the one category that best describes the patient	0-Always continent 1-Occasionally incontinent (one episode of bowel incontinence) 2-Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3-Always incontinent (no episodes of continent bowel movements) 9-Not rated, {patient/resident/person} had an ostomy or did not have a bowel movement for the entire 3 days --Not assessed/no information	QM	N
I0050	Indicate the patient's primary medical condition category	1-Acute Onset Respiratory Condition (e.g., aspiration and specified bacterial pneumonias) 2-Chronic Respiratory Condition (e.g., chronic obstructive pulmonary disease) 3-Acute Onset and Chronic Respiratory Conditions 4-Chronic Cardiac Condition (e.g., heart failure) 5-Other Medical Condition. If "Other Medical Condition", enter ICD code in the boxes. --Not assessed/no information	QM	N
I0050A	If "Other Medical Condition", enter the ICD code in the boxes.	^-Blank (skip pattern) ICD-Valid ICD Code --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
I0000	Comorbidities and Co-existing Conditions: Check all that apply	I0103-Metastatic Cancer I0104-Severe Cancer I0605-Severe Left Systolic/Ventricular Dysfunction (known ejection fraction = 30%) I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I1501-Chronic Kidney Disease, Stage 5 I1502-Acute Renal Failure I2101-Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock I2600-Central Nervous System Infections, Opportunistic Infections, Bone/Joint/Muscle Infections/Necrosis I2900-Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) I4100-Major Lower Limb Amputation (e.g., above knee, below knee) I4501-Stroke I4801-Dementia I4900-Hemiplegia or Hemiparesis I5000-Paraplegia I5101-Complete Tetraplegia I5102-Incomplete Tetraplegia I5110-Other Spinal Cord Disorder/Injury (e.g., myelitis, cauda equina syndrome) I5200-Multiple Sclerosis (MS) I5250-Huntington's Disease I5300-Parkinson's Disease I5450-Amyotrophic Lateral Sclerosis I5455-Other Progressive Neuromuscular Disease I5460-Locked-In State I5470-Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain I5480-Other Severe Neurological Injury, Disease, or Dysfunction I5601-Malnutrition (protein or calorie) I7100-Lung Transplant I7101-Heart Transplant I7102-Liver Transplant I7103-Kidney Transplant I7104-Bone Marrow Transplant I7900-None of the above active diagnoses --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
J0510	Pain Effect on Sleep. Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"	0-Does not apply - I have not had any pain or hurting in the past 5 days 1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer	*	N
J0520	Pain Interference with Therapy Activities. Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"	0-Does not apply - I have not received rehabilitation therapy in the past 5 days 1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J0530	Pain Interference with Day-to-Day Activities. Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"	1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J1800	Has the patient had any falls since admission?	0-No 1-Yes --Not assessed/no information	*	N
J1900	Number of Falls Since Admission	*	*	N
J1900A	No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall.	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	*	N
J1900B	Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
J1900C	Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	QM	N
K0200	Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up	*	*	N
K0200A	Height (in inches). Record most recent height measure since admission	00-Minimum value 99-Maximum value --Not assessed/no information	QM	N
K0200B	Weight (in pounds). Base weight on most recent measure in last 3 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off)	000-Minimum value 999-Maximum value --Not assessed/no information	QM	N
K0520	Nutritional Approaches	*	*	N
K0520_1	Check all of the following nutritional approaches that apply on admission.	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
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



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
K0520_5	Check all of the nutritional approaches that were being received at discharge	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
M0210	Unhealed Pressure Ulcers/Injuries. Does this patient have one or more unhealed pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	*	N
M0300	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	*	*	N
M0300A	Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues	*	*	N
M0300A1	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
M0300B	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.	*	*	N
M0300B1	Number of Stage 2 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300C	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling	*	*	N
M0300C1	Number of Stage 3 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300D	Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling	*	*	N
M0300D1	Number of Stage 4 pressure ulcers	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N



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M0300E	Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	*	*	N
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300E2	Number of these unstageable pressure ulcers/injuries that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300F	Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	*	*	N
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300F2	Number of these unstageable pressure ulcers that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300G	Unstageable - Deep tissue injury	*	*	N
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M0300G2	Number of these unstageable pressure injuries that were present upon admission - enter how many were noted at the time of admission	0-Minimum value 9-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
N0415	High-Risk Drug Classes: Use and Indication. Check all that apply	*	*	N
N0415_1	Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes	A-Antipsychotic E-Anticoagulant F-Antibiotic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) --Not assessed/no information Z-None of the above	*	N
N0415_2	Indication Noted. If medication is being taken, check if there is an indication noted for all medications in the drug class	A-Antipsychotic ^-Blank (skip pattern) E-Anticoagulant F-Antibiotic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) --Not assessed/no information	*	N
N2001	Drug Regimen Review. Did a complete drug regimen review identify potential clinically significant medication issues?	0-No - No issues found during review 1-Yes - Issues found during review 9-Not applicable - {Patient/Resident/Person} is not taking any medications --Not assessed/no information	QM	N
N2003	Medication Follow-up. Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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N2005	Medication Intervention. Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?	0-No 1-Yes 9-Not applicable - There were no potential clinically significant medication issues identified since {admission} or {patient/resident/person} is not taking any medications --Not assessed/no information	QM	N
O0110	Special Treatments, Procedures, and Programs. Check all of the following treatments, procedures, and programs that apply.	*	QM	N



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



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0110_c	Check all of the following treatments, procedures, and programs that apply at discharge	A10-Chemotherapy - Other A1-Chemotherapy A2-Chemotherapy - IV A3-Chemotherapy - Oral B1-Radiation C1-Oxygen Therapy C2-Oxygen Therapy - Continuous C3-Oxygen Therapy - Intermittent C4-Oxygen Therapy - High-concentration D1-Suctioning D2-Suctioning - Scheduled D3-Suctioning - As Needed E1-Tracheostomy care F1-Invasive Mechanical Ventilator (ventilator or respirator) G1-Non-Invasive Mechanical Ventilator G2-Non-Invasive Mechanical Ventilator - BiPAP G3-Non-Invasive Mechanical Ventilator - CPAP H10-IV Medications - Other H1-IV Medications H2-IV Medications - Vasoactive medications H3-IV Medications - Antibiotics H4-IV Medications - Anticoagulant I1-Transfusions J1-Dialysis J2-Dialysis - Hemodialysis J3-Dialysis - Peritoneal dialysis O1-IV Access O2-IV Access - Peripheral O3-IV Access - Midline O4-IV Access - Central (e.g., PICC, tunneled, port) Z1-None of the Above	*	N
O0150	Spontaneous Breathing Trial (SBT) (including Tracheostomy Collar Trial (TCT) or Continuous Positive Airway Pressure (CPAP) Breathing Trial) by Day 2 of the LTCH stay.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0150A	Invasive Mechanical Ventilator Support upon admission to the LTCH	0-No, not on invasive mechanical ventilation support upon admission 1-Yes, on invasive mechanical ventilation support upon admission --Not assessed/no information	QM	Y
O0150A2	Ventilator Weaning Status	0-No, determined to be non-weaning upon admission 1-Yes, determined to be weaning upon admission ^-Blank (skip pattern) --Not assessed/no information	*	N
O0150B	Assessed for readiness for SBT by day 2 of the LTCH stay	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y
O0150C	Deemed medically ready for SBT by day 2 of the LTCH stay	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y
O0150D	Is there documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y
O0150E	If the patient was deemed medically ready for SBT, was SBT performed by day 2 of the LTCH stay?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	QM	Y
O0200	Ventilator Liberation Rate	*	*	N
O0200A	Invasive Mechanical Ventilator: Liberation Status at Discharge	0-Not fully liberated at discharge (i.e., {patient/resident/person} required partial or full invasive mechanical ventilation support within 2 calendar days prior to discharge) 1-Fully liberated at discharge (i.e., {patient/resident/person} did not require any invasive mechanical ventilation support for at least 2 consecutive calendar days immediately prior to discharge) 9-Not applicable (Code only if the {patient/resident/person} was not on an invasive mechanical ventilator support upon admission or the {patient/resident/person} was determined to be non-weaning upon admission) --Not assessed/no information	QM	N



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Assessment Instrument: LCDS

Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
Z0400	Signature of Persons Completing the Assessment/Record	*	*	N
Z0400A	Signature, Title, Sections, Date Section Completed A	Text-Signature	*	N
Z0400B	Signature, Title, Sections, Date Section Completed B	Text-Signature	*	N
Z0400C	Signature, Title, Sections, Date Section Completed C	Text-Signature	*	N
Z0400D	Signature, Title, Sections, Date Section Completed D	Text-Signature	*	N
Z0400E	Signature, Title, Sections, Date Section Completed E	Text-Signature	*	N
Z0400F	Signature, Title, Sections, Date Section Completed F	Text-Signature	*	N
Z0400G	Signature, Title, Sections, Date Section Completed G	Text-Signature	*	N
Z0400H	Signature, Title, Sections, Date Section Completed H	Text-Signature	*	N
Z0400I	Signature, Title, Sections, Date Section Completed I	Text-Signature	*	N
Z0400J	Signature, Title, Sections, Date Section Completed J	Text-Signature	*	N
Z0400K	Signature, Title, Sections, Date Section Completed K	Text-Signature	*	N
Z0400L	Signature, Title, Sections, Date Section Completed L	Text-Signature	*	N
Z0500	Signature of Person Verifying Assessment Completion	*	*	N
Z0500A	Signature	Text-Signature	*	N
Z0500B	LTCH CARE Data Set Completion Date	MMDDYYYY-Signature Date	*	N



DEL Report

Data Elements by Assessment Instrument Version Report

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 5.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D1	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	QM	N