

Data Submission Specifications for the MDS 3.0 (V1.12.0)
Detailed Data Specifications Report
Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110A1	Bed mobility: self-performance	Asmt		Code	1	646-646

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,ND,SP,SS,SSD,SO,SOD,SD
Inactive: NT,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110A2	Bed mobility: support provided	Asmt		Code	1	647-647

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD
Inactive: ND,NT,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110B1	Transfer: self-performance	Asmt		Code	1	648-648

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,ND,SP,SS,SSD,SO,SOD,SD
Inactive: NT,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110B2	Transfer: support provided	Asmt		Code	1	649-649

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD
Inactive: ND,NT,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110C1	Walk in room: self-performance	Asmt		Code	1	650-650

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
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-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110C2	Walk in room: support provided	Asmt		Code	1	651-651

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110D1	Walk in corridor: self-performance	Asmt		Code	1	652-652

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110D2	Walk in corridor: support provided	Asmt		Code	1	653-653

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110E1	Locomotion on unit: self-performance	Asmt		Code	1	654-654

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110E2	Locomotion on unit: support provided	Asmt		Code	1	655-655

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110F1	Locomotion off unit: self-performance	Asmt		Code	1	656-656

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110F2	Locomotion off unit: support provided	Asmt		Code	1	657-657

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110G1	Dressing: self-performance	Asmt		Code	1	658-658

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110G2	Dressing: support provided	Asmt		Code	1	659-659

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110H1	Eating: self-performance	Asmt		Code	1	660-660

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,ND,SP,SS,SSD,SO,SOD,SD
Inactive: NT,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
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7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110H2	Eating: support provided	Asmt		Code	1	661-661

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD
 Inactive: ND,NT,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110I1	Toilet use: self-performance	Asmt		Code	1	662-662

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,ND,SP,SS,SSD,SO,SOD,SD
Inactive: NT,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110I2	Toilet use: support provided	Asmt		Code	1	663-663

Item Subsets

Active: NC,NQ,NP,NS,NSD,NO,NOD,SP,SS,SSD,SO,SOD
Inactive: ND,NT,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110J1	Personal hygiene: self-performance	Asmt		Code	1	664-664

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help or staff oversight at any time
1		Supervision - oversight, encouragement or cueing
2		Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
3		Extensive assistance - resident involved in activity, staff provide weight-bearing support
4		Total dependence - full staff performance every time during entire 7-day period
7		Activity occurred only once or twice - activity did occur but only once or twice
8		Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0110J2	Personal hygiene: support provided	Asmt		Code	1	665-665

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3764	Consistency	Fatal	The following rules apply to each pair of items in Column 1 and Column 2, from G0110A1 through G0110J2: a) If either item in the pair is equal to [8], then both items in the pair must equal [8]. b) If an item in Column 1 is equal to [2,3,4], then the corresponding item in Column 2 must equal [2,3].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0120A	Bathing: self-performance	Asmt		Code	1	666-666

Item Subsets

Active: NC,NQ,NP,NSD,NOD,ND,SP,SSD,SOD,SD
Inactive: NS,NO,NT,SS,SO,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Independent - no help provided
1		Supervision - oversight help only
2		Physical help limited to transfer only
3		Physical help in part of bathing activity
4		Total dependence
8		Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3774	Consistency	Fatal	a) If either G0120A or G0120B is equal to [8], then both items must equal [8]. b) If G0120A=[2,3,4], then G0120B must equal [2,3].

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0120B	Bathing: support provided	Asmt		Code	1	667-667

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		No setup or physical help from staff
1		Setup help only
2		One person physical assist
3		Two+ persons physical assist
8		ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3774	Consistency	Fatal	a) If either G0120A or G0120B is equal to [8], then both items must equal [8]. b) If G0120A=[2,3,4], then G0120B must equal [2,3].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0300A	Balance: moving from seated to standing position	Asmt		Code	1	668-668

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		Steady at all times
1		Not steady, but able to stabilize without staff assistance
2		Not steady, only able to stabilize with staff assistance
8		Activity did not occur
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	<p>Values of Code and Checklist Items:</p> <p>Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p>

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0300B	Balance: walking (with assistive device if used)	Asmt		Code	1	669-669

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		Steady at all times
1		Not steady, but able to stabilize without staff assistance
2		Not steady, only able to stabilize with staff assistance
8		Activity did not occur
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

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Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0300C	Balance: turning around while walking	Asmt		Code	1	670-670

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Steady at all times
1		Not steady, but able to stabilize without staff assistance
2		Not steady, only able to stabilize with staff assistance
8		Activity did not occur
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0300D	Balance: moving on and off toilet	Asmt		Code	1	671-671

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		Steady at all times
1		Not steady, but able to stabilize without staff assistance
2		Not steady, only able to stabilize with staff assistance
8		Activity did not occur
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	<p>Values of Code and Checklist Items:</p> <p>Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p>

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0300E	Balance: surface-to-surface transfer	Asmt		Code	1	672-672

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		Steady at all times
1		Not steady, but able to stabilize without staff assistance
2		Not steady, only able to stabilize with staff assistance
8		Activity did not occur
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.

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Detailed Data Specifications Report

Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0400A	ROM limitation: upper extremity	Asmt		Code	1	673-673

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		No impairment
1		Impairment on one side
2		Impairment on both sides
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	<p>Values of Code and Checklist Items:</p> <p>Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p>

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0400B	ROM limitation: lower extremity	Asmt		Code	1	674-674

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		No impairment
1		Impairment on one side
2		Impairment on both sides
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	<p>Values of Code and Checklist Items:</p> <p>Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.</p>

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0600A	Mobility devices: cane/crutch	Asmt		Checklist	1	675-675

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3505	None of above	Fatal	If G0600A through G0600D and G0600Z are all active, then the following rules apply: a) If G0600Z=[0], then at least one item from G0600A through G0600D must equal [1]. b) If G0600Z=[1], then all items from G0600A through G0600D must equal [0]. c) If G0600Z=[-], then at least one item from G0600A through G0600D must equal [-] and all remaining items must equal [0,-].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0600B	Mobility devices: walker	Asmt		Checklist	1	676-676

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3505	None of above	Fatal	If G0600A through G0600D and G0600Z are all active, then the following rules apply: a) If G0600Z=[0], then at least one item from G0600A through G0600D must equal [1]. b) If G0600Z=[1], then all items from G0600A through G0600D must equal [0]. c) If G0600Z=[-], then at least one item from G0600A through G0600D must equal [-] and all remaining items must equal [0,-].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0600C	Mobility devices: wheelchair (manual or electric)	Asmt		Checklist	1	677-677

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3505	None of above	Fatal	If G0600A through G0600D and G0600Z are all active, then the following rules apply: a) If G0600Z=[0], then at least one item from G0600A through G0600D must equal [1]. b) If G0600Z=[1], then all items from G0600A through G0600D must equal [0]. c) If G0600Z=[-], then at least one item from G0600A through G0600D must equal [-] and all remaining items must equal [0,-].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0600D	Mobility devices: limb prosthesis	Asmt		Checklist	1	678-678

Item Subsets

Active: NC,NQ,NP,SP
Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3505	None of above	Fatal	If G0600A through G0600D and G0600Z are all active, then the following rules apply: a) If G0600Z=[0], then at least one item from G0600A through G0600D must equal [1]. b) If G0600Z=[1], then all items from G0600A through G0600D must equal [0]. c) If G0600Z=[-], then at least one item from G0600A through G0600D must equal [-] and all remaining items must equal [0,-].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0600Z	Mobility devices: none of the above	Asmt		Checklist	1	679-679

Item Subsets

Active: NC,NQ,NP,SP
 Inactive: NS,NSD,NO,NOD,ND,NT,SS,SSD,SO,SOD,SD,ST,XX
 State optional:

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3505	None of above	Fatal	If G0600A through G0600D and G0600Z are all active, then the following rules apply: a) If G0600Z=[0], then at least one item from G0600A through G0600D must equal [1]. b) If G0600Z=[1], then all items from G0600A through G0600D must equal [0]. c) If G0600Z=[-], then at least one item from G0600A through G0600D must equal [-] and all remaining items must equal [0,-].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0900A	Resident believes capable of increased independ	Asmt		Code	1	680-680

Item Subsets

Active: NC
Inactive: NQ,NP,NS,NSD,NO,NOD,ND,NT,SP,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Unable to determine
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3535	Skip pattern	Fatal	a) If A0310A=[02,03,04,05,06,99], then all active items from G0900A through G0900B must equal [^]. b) If A0310A=[01], then all active items from G0900A through G0900B must not equal [^].

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Section: G

Item ID	Item Label	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
G0900B	Staff believes res capable of increased independ	Asmt		Code	1	681-681

Item Subsets

Active: NC
Inactive: NQ,NP,NS,NSD,NO,NOD,ND,NT,SP,SS,SSD,SO,SOD,SD,ST,XX
State optional:

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3676	Format	Fatal	Values of Code and Checklist Items: Only the coded values listed in the "Item Values" table of the Detailed Data Specifications Report may be submitted for this item.
-3535	Skip pattern	Fatal	a) If A0310A=[02,03,04,05,06,99], then all active items from G0900A through G0900B must equal [^]. b) If A0310A=[01], then all active items from G0900A through G0900B must not equal [^].