National Field Test Assessment Protocol: Discharge

Current as of November 2017

Project Title:

Development and Maintenance of Post-Acute Care Cross-Setting Standardized Assessment Data

Dates:

- The national assessment field period will run from November 2017 through May 2018.
- The formal report from this national test is anticipated to be available by the end of 2018.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with the RAND Corporation to develop standardized assessment-based data elements to meet the requirements as set forth under the IMPACT Act of 2014, Section 2(a). The contract name is "Development and Maintenance of Post-Acute Care Cross-Setting Standardized Assessment Data". The contract number is HHSM-500-2013-13014I. As part of its data element development process, RAND is conducting a national test of the data elements that are currently being considered for standardization.

Project Objective:

The project objective is to develop standardized patient assessment data elements to meet the requirements of the IMPACT Act of 2014, Section 2(a). These data elements may be used to inform a number of important things, including case-mix adjustment, medical complexity, interoperable exchange, clinical decision support, and measure development.

Information About the National Test:

- The goal of the national test is to obtain a nationally representative sample from which assessment data can be collected and analyzed to explore potential data elements for inclusion in the four currently administered PAC instruments
- The national test is targeted to include 210 PAC facilities across 14 randomly selected U.S. markets
- Testing includes admission and discharge assessment protocols for assessing communicative patients/residents and a set of 3 data elements designed specifically for use with patients/residents who are unable or unwilling to communicate. Data elements being tested include interview items, observational items, and items that utilize multiple information sources such as chart abstraction.
- The clinical categories being considered for standardized assessment are:
  - Cognitive status (including cognitive function, delirium, expression and understanding, and behavior)
  - Mental status (including depression and anxiety)
  - Impairments (including continence, vision, and hearing)
  - Medical conditions (including pain)
  - Special Services Treatments and Interventions
  - Other clinical categories:

- Global health
- Care preferences
- Medication reconciliation

About this Document: The National Field Test Assessment Protocol:

- To delineate the items being assessed in the National Beta test, CMS is posting this protocol to increase transparency and to allow researchers, providers, and consumers more information on the testing protocol.
- This assessment protocol is for communicative patients/residents at discharge.
- This protocol is assessing items for standardization. This protocol is not in the final format of the commonly-leveraged CMS assessment instruments.
- For some modules within the protocol, half of the sample will receive one set of questions while the other half will receive a different set of questions. These are labeled Group 1 and Group 2.
- We would lke to stress that these are items that are being explored for use in standardization efforts. CMS has not finalized or adopted any standardized patient assessment data elements at the current time.

MODULE A: HEARING, VISION, EXPRESSION AND UNDERSTANDING

A1. Hearing

A1. Ability to Hear (with hearing aid or hearing appliance, 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
- ☐ 9 = **Unknown or unable to assess**

A2. Vision

A2. 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
- ☐ 9 = **Unknown or unable to assess**

Group 1: Half of the national sample assessment protocols will include the following three questions about speech clarity and the ability to be understood

A3. Speech Clarity

A3. Select best description of speech pattern

☐   0 = Clear speech – distinct intelligible words
☐   1 = Unclear speech - slurred or mumbled words
☐   2 = No speech – absence of spoken words
☐   9 = **Unknown or unable to assess**

A4. Makes Self Understood

A4. Ability to express ideas and wants, consider both verbal and non-verbal expression

☐   0 = Understood
☐   1 = Usually understood – difficulty communicating some words or finishing
        thoughts but is able if prompted or given time
☐   2 = Sometimes understood – ability is limited to making concrete requests
☐   3 = Rarely/never understood
☐   9 = **Unknown or unable to assess**

A5. Ability to Understand Others

A5. Understanding verbal content, however able (with hearing device or device if used)

☐   0 = Understands – clear comprehension
☐   1 = Usually understood – misses some part/intent of message but comprehends
        most conversation
☐   2 = Sometimes understands – responds adequately to simple, direct
        communication only
☐   3 = Rarely/never understands
☐   9 = **Unknown or unable to assess**

Group 2: The other half of the national sample assessment protocols will include the following two questions about expressing ideas and wants and understanding verbal content

A6. Expression of Ideas and Wants

A6. Expression of Ideas and Wants (consider both verbal and non-verbal expression and excluding language barriers)

- ☐ 4 = Expresses complex messages without difficulty and with speech that is clear and easy to understand
- ☐ 3 = Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear
- ☐ 2 = Frequently exhibits difficulty with expressing needs and ideas
- ☐ 1 = Rarely/Never expresses self or speech is very difficult to understand
- ☐ 9 = **Unknown or unable to assess**

A7. Understanding Verbal Content

A7. Understanding Verbal Content (with hearing aid or device, if used and excluding language barriers)

- ☐ 4 = Understands: Clear comprehension without cues or repetitions
- ☐ 3 = Usually Understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand
- ☐ 2 = Sometimes Understands: Understands only basic conversation or simple, direct phrases. Frequently requires cues to understand
- ☐ 1 = Rarely/Never Understands
- ☐ 9 = **Unknown or unable to assess**

MODULE B: COGNITION

B1. Brief Interview for Mental Status

B1a. **Repetition of Three Words**

ASK PATIENT/RESIDENT: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue and bed. Now tell me the three words."

Number of words repeated by patient/resident after first attempt:

- ☐   3 = Three
- ☐   2 = Two
- ☐   1 = One
- ☐   0 = None or no answer

AFTER THE PATIENT'S/RESIDENT'S FIRST ATTEMPT SAY: "I will repeat each of the three words with a cue and ask you about them later: sock, something to wear; blue, a color; bed, a piece of furniture." **YOU MAY REPEAT THE WORDS UP TO TWO MORE TIMES.**

B1b. **Year, Month, Day**

ASK PATIENT/RESIDENT: "Please tell me what year it is right now."

Patient's/Resident's answer is:

- ☐   3 = Correct
- ☐   2 = Missed by 1 year
- ☐   1 = Missed by 2 to 5 years
- ☐   0 = Missed by more than 5 years or no answer

B1c. **ASK PATIENT/RESIDENT:** "What month are we in right now?"

Patient's/Resident's answer is:

- ☐   2 = Accurate within 5 days
- ☐   1 = Missed by 6 days to 1 month
- ☐   0 = Missed by more than 1 month or no answer

B1d. **ASK PATIENT/RESIDENT:** "What day of the week is today?"

Patient's/Resident's answer is:
- ☐   1 = Accurate
- ☐   0 = Incorrect or no answer

ASK PATIENT/RESIDENT: "Let's go back to the first question. What were those three words that I asked you to repeat?" **IF UNABLE TO REMEMBER A WORD, GIVE CUE (I.E., SOMETHING TO WEAR; A COLOR; A PIECE OF FURNITURE) FOR THAT WORD.**

B1e. Recalls "sock?"

- ☐ 2 = Yes, no cue required
- ☐ 1 = Yes, after cueing ("something to wear")
- ☐ 0 = No, could not recall or no answer

B1f. Recalls "blue?"

- ☐ 2 = Yes, no cue required
- ☐ 1 = Yes, after cueing ("a color")
- ☐ 0 = No, could not recall or no answer

B1g. Recalls "bed?"

- ☐ 2 = Yes, no cue required
- ☐ 1 = Yes, after cueing ("a piece of furniture")
- ☐ 0 = No, could not recall or no answer

B2. Signs and Symptoms of Delirium (from Confusion Assessment Method©)

INSTRUCTIONS: CODE ONLY AFTER COMPLETING THE BRIEF INTERVIEW FOR MENTAL STATUS (B1).

B2a. Acute Onset Mental Status Change: Is there evidence of an acute change in mental status from the patient's/resident's baseline?

- ☐ 0 = No
- ☐ 1 = Yes

B2b. Inattention: Did the patient/resident have difficulty focusing attention, for example, being easily distracted 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)

B2c. Disorganized Thinking: Was the patient's/resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

    ☐   0 = Behavior not present
    ☐   1 = Behavior continuously present, does not fluctuate
    ☐   2 = Behavior present, fluctuates (comes and goes, changes in severity)

B2d. Altered Level of Consciousness: Did the patient/resident have altered level of consciousness, as indicated by <u>ANY</u> 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)

MODULE C: PROMIS® GLOBAL HEALTH

Group 1: Half of the national sample assessment protocols will include the following 10-item PROMIS® Global Health Assessment

C1. PROMIS® Global Health

SAY TO PATIENT/RESIDENT: "I am now going to ask you about your overall health status. All patients/residents are asked to answer these questions. Knowing the answers to these questions will help us provide you with a more individualized care plan."

C1a. **ASK PATIENT/RESIDENT:**
"In general, would you say your health is:"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1b. **ASK PATIENT/RESIDENT:**
"In general, would you say your quality of life is:"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1c. **ASK PATIENT/RESIDENT:**
"In general, how would you rate your physical health?"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1d. ASK PATIENT/RESIDENT:

"In general, how would you rate your mental health, including your mood and your ability to think?"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1e. ASK PATIENT/RESIDENT:

"In general, how would you rate your satisfaction with your social activities and relationships?"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1f. ASK PATIENT/RESIDENT:

"In general, please rate how well you carry out your usual social activities and roles. This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc."

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1g. ASK PATIENT/RESIDENT:

"To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?"

- ☐ 5 = Completely
- ☐ 4 = Mostly
- ☐ 3 = Moderately
- ☐ 2 = A little
- ☐ 1 = Not at all
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1h. ASK PATIENT/RESIDENT:

"In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?"

- ☐ 5 = Never
- ☐ 4 = Rarely
- ☐ 3 = Sometimes
- ☐ 2 = Often
- ☐ 1 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1i. ASK PATIENT/RESIDENT:

"In the past 7 days, how would you rate your fatigue on average?"

- ☐ 5 = None
- ☐ 4 = Mild
- ☐ 3 = Moderate
- ☐ 2 = Severe
- ☐ 1 = Very severe
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1j. **ASK PATIENT/RESIDENT:**

"<u>In the past 7 days</u>, how would you rate your pain on average, on a scale of 0 to 10? 0 being no pain, and 10 being the worst pain imaginable."

- ☐ 0 = No pain
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = Worst pain imaginable
- ☐ 77 = **Patient/resident declined to respond**
- ☐ 99 = **Unknown or unable to assess**

Group 2: The other half of the national sample assessment protocols will include this slightly modified 10-item PROMIS® Global Health Assessment, which uses a reference period of 'in the past 3 days'

C1. PROMIS® Global Health

SAY TO PATIENT/RESIDENT: "I am now going to ask you about your overall health status. All patients/residents are asked to answer these questions. Knowing the answers to these questions will help us provide you with a more individualized care plan."

C1a. ASK PATIENT/RESIDENT:
"In the past 3 days, would you say your health was:"

- ☐   5 = Excellent
- ☐   4 = Very good
- ☐   3 = Good
- ☐   2 = Fair
- ☐   1 = Poor
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

C1b. ASK PATIENT/RESIDENT:
"In the past 3 days, would you say your quality of life was:"

- ☐   5 = Excellent
- ☐   4 = Very good
- ☐   3 = Good
- ☐   2 = Fair
- ☐   1 = Poor
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

C1c. ASK PATIENT/RESIDENT:
"In the past 3 days, how would you rate your physical health?

- ☐   5 = Excellent
- ☐   4 = Very good
- ☐   3 = Good
- ☐   2 = Fair
- ☐   1 = Poor
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

C1d. ASK PATIENT/RESIDENT:

"In the past 3 days, how would you rate your mental health, inicluding your mood and your ability to think?"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1e. ASK PATIENT/RESIDENT:

"In the past 3 days, how would you rate your satisfaction with your social activities and relationships?"

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1f. ASK PATIENT/RESIDENT:

"In the past 3 days, please rate how well you carried out your usual social activities and roles. This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc."

- ☐ 5 = Excellent
- ☐ 4 = Very good
- ☐ 3 = Good
- ☐ 2 = Fair
- ☐ 1 = Poor
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1g. ASK PATIENT/RESIDENT:

"In the past 3 days, to what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying things, or moving a chair?"

- ☐ 5 = Completely
- ☐ 4 = Mostly
- ☐ 3 = Moderately
- ☐ 2 = A little
- ☐ 1 = Not at all
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1h. ASK PATIENT/RESIDENT:

"In the past 3 days, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?"

- ☐ 5 = Never
- ☐ 4 = Rarely
- ☐ 3 = Sometimes
- ☐ 2 = Often
- ☐ 1 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1i. ASK PATIENT/RESIDENT:

"In the past 3 days, how would you rate your fatigue on average?"

- ☐ 5 = None
- ☐ 4 = Mild
- ☐ 3 = Moderate
- ☐ 2 = Severe
- ☐ 1 = Very severe
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

C1j. ASK PATIENT/RESIDENT:

"<u>In the past 3 days</u>, how would you rate your pain on average, on a scale of 0 to 10? 0 being no pain, and 10 being the worst pain imaginable."

☐   0 = No pain
☐   1
☐   2
☐   3
☐   4
☐   5
☐   6
☐   7
☐   8
☐   9
☐   10 = Worst pain imaginable
☐   77 = **Patient/resident declined to respond**
☐   99 = **Unknown or unable to assess**

MODULE D. PAIN

Group 1: Half of the national sample assessment protocols will include the following pain interview data elements which ask about pain experiences in the past 3 days

D1. Pain Presence

> **D1. ASK PATIENT/RESIDENT:**
> "Have you had pain or hurting any time <u>during the past 3 days</u>?"
>
> - ☐ 0 = No **[SKIP to D-TIME]**
> - ☐ 1 = Yes
> - ☐ 7 = **Patient/resident declined to respond [SKIP to D-TIME]**
> - ☐ 9 = **Unable to answer or no response [SKIP to D-TIME]**

D2. Pain Frequency

> **D2. ASK PATIENT/RESIDENT:**
> "How much of the time have you experienced pain or hurting <u>over the last 3 days</u>?"
>
> - ☐ 1 = Rarely or not at all
> - ☐ 2 = Occasionally
> - ☐ 3 = Frequently
> - ☐ 4 = Almost Constantly
> - ☐ 7 = **Patient/resident declined to respond**
> - ☐ 9 = **Unable to answer or no response**

D3. Pain Effect on Sleep

> **D3. ASK PATIENT/RESIDENT:**
> "<u>Over the past 3 days</u>, how much of the time has pain made it hard for you to sleep?"
>
> - ☐ 1 = Rarely or not at all
> - ☐ 2 = Occasionally
> - ☐ 3 = Frequently
> - ☐ 4 = Almost Constantly
> - ☐ 7 = **Patient/resident declined to respond**
> - ☐ 9 = **Unable to answer or no response**

D4. Pain Interference - Therapy Activities

D4a. **ASK PATIENT/RESIDENT:**

"Over the past 3 days, have you been offered any rehabilitation therapies (e.g., physical therapy, occupational therapy, speech therapy) by your care providers?"

- ☐ 0 = No [**SKIP to D4c**]
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond** [**SKIP to D4c**]
- ☐ 9 = **Unable to answer or no response** [**SKIP to D4c**]

D4b. **ASK PATIENT/RESIDENT:**

"Over the past 3 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

- ☐ 1 = Rarely or not at all
- ☐ 2 = Occasionally
- ☐ 3 = Frequently
- ☐ 4 = Almost Constantly
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unable to answer or no response**

D4c. **ASK PATIENT/RESIDENT:**

"Over the past 3 days, how much of the time 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
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unable to answer or no response**

D5. Pain Severity

D5. **SAY TO PATIENT/RESIDENT:**

"Please rate your worst pain <u>over the past 3 days</u> on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine."

- ☐ 0 = No pain
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 = Worst pain imaginable
- ☐ 77 = **Patient/resident declined to respond**
- ☐ 99 = **Unknown or unable to assess**

D6. Pain Relief

D6. **ASK PATIENT/RESIDENT:**

"<u>During the past 3 days</u> how much relief have you felt from pain due to pain treatments and/or medications?"

- ☐ 1 = No relief
- ☐ 2 = Some relief
- ☐ 3 = Quite a bit of relief
- ☐ 4 = Very much relief
- ☐ 8 = Not applicable- patient/resident has not received pain treatments or medications in the past 3 days
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unable to answer or no response**

Group 2: The other half of the national sample assessment protocols will include the following pain interview data elements which ask about pain experiences in the past 5 days

D1. Pain Presence

> **D1. ASK PATIENT/RESIDENT:**
> "Have you had pain or hurting any time <u>in the last 5 days</u>?"
>
> - ☐ 0 = No **[SKIP to D-TIME]**
> - ☐ 1 = Yes
> - ☐ 7 = **Patient/resident declined to respond [SKIP to D-TIME]**
> - ☐ 9 = **Unable to answer or no response [SKIP to D-TIME]**

D2. Pain Frequency

> **D2. ASK PATIENT/RESIDENT:**
> "How much of the time have you experienced pain or hurting <u>over the last 5 days</u>?
>
> - ☐ 1 = Rarely or not at all
> - ☐ 2 = Occasionally
> - ☐ 3 = Frequently
> - ☐ 4 = Almost Constantly
> - ☐ 7 = **Patient/resident declined to respond**
> - ☐ 9 = **Unable to answer or no response**

D3. Pain Effect on Sleep

> **D3. ASK PATIENT/RESIDENT:**
> "<u>Over the past 5 days</u>, how much of the time has pain made it hard for you to sleep?"
>
> - ☐ 1 = Rarely or not at all
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> - ☐ 3 = Frequently
> - ☐ 4 = Almost Constantly
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> - ☐ 9 = **Unable to answer or no response**

D4. Pain Interference - Therapy Activities

D4a. ASK PATIENT/RESIDENT:

"Over the past 5 days, have you been offered any rehabilitation therapies (e.g., physical therapy, occupational therapy, speech therapy) by your care providers?"

- ☐ 0 = No [**SKIP to D4c**]
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond** [**SKIP to D4c**]
- ☐ 9 = **Unable to answer or no response** [**SKIP to D4c**]

D4b. ASK PATIENT/RESIDENT:

"Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

- ☐ 1 = Rarely or not at all
- ☐ 2 = Occasionally
- ☐ 3 = Frequently
- ☐ 4 = Almost Constantly
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unable to answer or no response**

D4c. ASK PATIENT/RESIDENT:

"Over the past 5 days, how much of the time 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
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unable to answer or no response**

D5. Pain Severity

> **D5. SAY TO PATIENT/RESIDENT:**
>
> "Please rate your worst pain <u>over the last 5 days</u> on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine."
>
> - ☐　0 = No pain
> - ☐　1
> - ☐　2
> - ☐　3
> - ☐　4
> - ☐　5
> - ☐　6
> - ☐　7
> - ☐　8
> - ☐　9
> - ☐　10 = Worst pain imaginable
> - ☐　77 = **Patient/resident declined to respond**
> - ☐　99 = **Unknown or unable to assess**

D6. Pain Relief

> **D6. ASK PATIENT/RESIDENT:**
>
> "<u>Over the past 5 days</u> how much relief have you felt from pain due to pain treatments and/or medications?"
>
> - ☐　1 = No relief
> - ☐　2 = Some relief
> - ☐　3 = Quite a bit of relief
> - ☐　4 = Very much relief
> - ☐　8 = Not applicable- patient/resident has not received pain treatments or medications in the past 5 days
> - ☐　7 = **Patient/resident declined to respond**
> - ☐　9 = **Unable to answer or no response**

MODULE E: MOOD

E1. PHQ© 2 to 9

E1a1. **SYMPTOM PRESENCE**
ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by little interest or pleasure in doing things?"

- ☐ 0 = No **[SKIP TO E1b1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP TO E1b1]**
- ☐ 9 = **Unknown or unable to assess [SKIP TO E1b1]**

E1a2. **SYMPTOM FREQUENCY**
ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1b1. **SYMPTOM PRESENCE**
ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by feeling down, depressed, or hopeless?"

- ☐ 0 = No **[SKIP TO E1c1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP TO E1c1]**
- ☐ 9 = **Unknown or unable to assess [SKIP TO E1c1]**

E1b2. **SYMPTOM FREQUENCY**
ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

If either E1a2 or E1b2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview and SKIP to E-TIME.

E1c1. SYMPTOM PRESENCE
ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by trouble falling or staying asleep, or sleeping too much?"

- ☐ 0 = No **[SKIP to E1d1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP to E1d1]**
- ☐ 9 = **Unknown or unable to assess [SKIP to E1d1]**

E1c2. SYMPTOM FREQUENCY
ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by having trouble falling or staying asleep, or sleeping too much?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1d1. SYMPTOM PRESENCE
ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by feeling tired or having little energy?"

- ☐ 0 = No **[SKIP to E1e1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP to E1e1]**
- ☐ 9 = **Unknown or unable to assess [SKIP to E1e1]**

E1d2. SYMPTOM FREQUENCY
ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by feeling tired or having little energy?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1e1. SYMPTOM PRESENCE

ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by a poor appetite or overeating?"

- ☐ 0 = No **[SKIP TO E1f1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP TO E1f1]**
- ☐ 9 = **Unknown or unable to assess [SKIP TO E1f1]**

E1e2. SYMPTOM FREQUENCY

ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by a poor appetite or overeating?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1f1. SYMPTOM PRESENCE

ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?"

- ☐ 0 = No **[SKIP TO E1g1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP TO E1g1]**
- ☐ 9 = **Unknown or unable to assess [SKIP TO E1g1]**

E1f2. SYMPTOM FREQUENCY

ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1g1. SYMPTOM PRESENCE:
ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?"

- ☐ 0 = No **[SKIP TO E1h1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP TO E1h1]**
- ☐ 9 = **Unknown or unable to assess [SKIP TO E1h1]**

E1g2. SYMPTOM FREQUENCY
ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1h1. SYMPTOM PRESENCE
ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by 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?"

- ☐ 0 = No **[SKIP TO E1i1]**
- ☐ 1 = Yes
- ☐ 7 = **Patient/resident declined to respond [SKIP TO E1i1]**
- ☐ 9 = **Unknown or unable to assess [SKIP TO E1i1]**

E1h2. SYMPTOM FREQUENCY
ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by 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?"

- ☐ 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)
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E1i1. SYMPTOM PRESENCE

ASK PATIENT/RESIDENT: "Over the last 2 weeks, have you been bothered by thoughts that you would be better off dead, or hurting yourself in some way?"

- ☐   0 = No **[SKIP TO PHQ-9 TOTAL score]**
- ☐   1 = Yes
- ☐   7 = **Patient/resident declined to respond [SKIP TO PHQ-9 TOTAL score]**
- ☐   9 = **Unknown or unable to assess [SKIP TO PHQ-9 TOTAL score]**

E1i2. SYMPTOM FREQUENCY

ASK PATIENT/RESIDENT: "Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or hurting yourself in some way?"

- ☐   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)
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

PHQ-9 TOTAL: **Add values from E1a2, E1b2, E1c2, E1d2, E1e2, E1f2, E1g2, E1h2, E1i2 and E1j2 →**

E2. PROMIS® Depression

Group 1: Half of the national sample assessment protocols will include the following PROMIS® Depression and PROMIS® Anxiety item sets that ask about mood over the past 7 days.

> **SAY TO PATIENT/RESIDENT:** "I am now going to ask you about your emotional distress, specifically depression and how you have been feeling <u>over the past 7 days</u>. I will also ask about some common problems that sometimes go along with feeling depressed. This is not meant to give you a diagnosis. Some of the questions might seem personal, but all patients/residents are asked to answer them. Knowing the answers to these questions will help us provide you with a more individualized care plan."

> **E2a. ASK PATIENT/RESIDENT:**
> "<u>In the past 7 days</u>, I felt worthless:"
>
> - ☐ 1 = Never
> - ☐ 2 = Rarely
> - ☐ 3 = Sometimes
> - ☐ 4 = Often
> - ☐ 5 = Always
> - ☐ 7 = **Patient/resident declined to respond**
> - ☐ 9 = **Unknown or unable to assess**

> **E2b. ASK PATIENT/RESIDENT:**
> "<u>In the past 7 days</u>, I felt that I had nothing to look forward to:"
>
> - ☐ 1 = Never
> - ☐ 2 = Rarely
> - ☐ 3 = Sometimes
> - ☐ 4 = Often
> - ☐ 5 = Always
> - ☐ 7 = **Patient/resident declined to respond**
> - ☐ 9 = **Unknown or unable to assess**

> **E2c. ASK PATIENT/RESIDENT:**
> "<u>In the past 7 days</u>, I felt helpless:"
>
> - ☐ 1 = Never
> - ☐ 2 = Rarely
> - ☐ 3 = Sometimes
> - ☐ 4 = Often
> - ☐ 5 = Always
> - ☐ 7 = **Patient/resident declined to respond**
> - ☐ 9 = **Unknown or unable to assess**

E2d. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt sad:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2e. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt lonely:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2f. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt depressed:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2g. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt I had no reason for living:"

- ☐   1 = Never
- ☐   2 = Rarely
- ☐   3 = Sometimes
- ☐   4 = Often
- ☐   5 = Always
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

E2h. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt hopeless:"

- ☐   1 = Never
- ☐   2 = Rarely
- ☐   3 = Sometimes
- ☐   4 = Often
- ☐   5 = Always
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

E3. PROMIS® Anxiety

SAY TO PATIENT/RESIDENT: "I am now going to ask you about your emotional distress, specifically anxiety and how you have been feeling <u>over the past 7 days</u>. I will also ask about some common problems that sometimes go along with feeling anxious. This is not meant to give you a diagnosis. Some of the questions might seem personal, but all patients/residents are asked to answer them. Knowing the answers to these questions will help us provide you with a more individualized care plan."

E3a. ASK PATIENT/RESIDENT:
"<u>In the past 7 days</u>, I felt worried:"

- ☐   1 = Never
- ☐   2 = Rarely
- ☐   3 = Sometimes
- ☐   4 = Often
- ☐   5 = Always
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

E3b. ASK PATIENT/RESIDENT:
"<u>In the past 7 days</u>, my worries overwhelmed me:**"**

- ☐   1 = Never
- ☐   2 = Rarely
- ☐   3 = Sometimes
- ☐   4 = Often
- ☐   5 = Always
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

E3c. ASK PATIENT/RESIDENT:
"<u>In the past 7 days</u>, I had trouble paying attention:"

- ☐   1 = Never
- ☐   2 = Rarely
- ☐   3 = Sometimes
- ☐   4 = Often
- ☐   5 = Always
- ☐   7 = **Patient/resident declined to respond**
- ☐   9 = **Unknown or unable to assess**

E3d. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt nervous:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3e. ASK PATIENT/RESIDENT:

"In the past 7 days, I had difficulty calming down:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3f. ASK PATIENT/RESIDENT:

"In the past 7 days, I found it hard to focus on anything other than my anxiety:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3g. ASK PATIENT/RESIDENT:

"In the past 7 days, I felt like I needed help for my anxiety:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3h. ASK PATIENT/RESIDENT:
"In the past 7 days, I had sudden feelings of panic:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

Group 2: The other half of the national sample assessment protocols will include the following PROMIS® Depression and PROMIS® Anxiety item sets that ask about mood over the past 3 days.

E2. PROMIS® Depression

SAY TO PATIENT/RESIDENT: "I am now going to ask you about your emotional distress, specifically depression and how you have been feeling <u>over the past 3 days.</u> I will also ask about some common problems that sometimes go along with feeling depressed. This is not meant to give you a diagnosis. Some of the questions might seem personal, but all patients/residents are asked to answer them. Knowing the answers to these questions will help us provide you with a more individualized care plan."

E2a. ASK PATIENT/RESIDENT:
"<u>In the past 3 days</u>, I felt worthless:"

- ☐　1 = Never
- ☐　2 = Rarely
- ☐　3 = Sometimes
- ☐　4 = Often
- ☐　5 = Always
- ☐　7 = **Patient/resident declined to respond**
- ☐　9 = **Unknown or unable to assess**

E2b. ASK PATIENT/RESIDENT:
"<u>In the past 3 days</u>, I felt that I had nothing to look forward to:"

- ☐　1 = Never
- ☐　2 = Rarely
- ☐　3 = Sometimes
- ☐　4 = Often
- ☐　5 = Always
- ☐　7 = **Patient/resident declined to respond**
- ☐　9 = **Unknown or unable to assess**

E2c. ASK PATIENT/RESIDENT:
"<u>In the past 3 days</u>, I felt helpless:"

- ☐　1 = Never
- ☐　2 = Rarely
- ☐　3 = Sometimes
- ☐　4 = Often
- ☐　5 = Always
- ☐　7 = **Patient/resident declined to respond**
- ☐　9 = **Unknown or unable to assess**

E2d. ASK PATIENT/RESIDENT:

"In the past 3 days, I felt sad:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2e. ASK PATIENT/RESIDENT:

"In the past 3 days, I felt lonely:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2f. ASK PATIENT/RESIDENT:

"In the past 3 days, I felt depressed:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2g. ASK PATIENT/RESIDENT:

"<u>In the past 3 days</u>, I felt I had no reason for living:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E2h. ASK PATIENT/RESIDENT:

"<u>In the past 3 days</u>, I felt hopeless:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3. PROMIS® Anxiety

SAY TO PATIENT/RESIDENT: "I am now going to ask you about your emotional distress, specifically anxiety and how you have been feeling <u>over the past 3 days</u>. I will also ask about some common problems that sometimes go along with feeling anxious. This is not meant to give you a diagnosis. Some of the questions might seem personal, but all patients/residents are asked to answer them. Knowing the answers to these questions will help us provide you with a more individualized care plan."

E3a. ASK PATIENT/RESIDENT:
"<u>In the past 3 days</u>, I felt worried:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3b. ASK PATIENT/RESIDENT:
"<u>In the past 3 days</u>, my worries overwhelmed me:**"**

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3c. ASK PATIENT/RESIDENT:
"<u>In the past 3 days</u>, I had trouble paying attention:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3d. **ASK PATIENT/RESIDENT**:
"In the past 3 days, I felt nervous:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3e. **ASK PATIENT/RESIDENT**:
"In the past 3 days, I had difficulty calming down:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3f. **ASK PATIENT/RESIDENT**:
"In the past 3 days, I found it hard to focus on anything other than my anxiety:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3g. **ASK PATIENT/RESIDENT**:
"In the past 3 days, I felt like I needed help for my anxiety:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

E3h. ASK PATIENT/RESIDENT:
"In the past 3 days, I had sudden feelings of panic:"

- ☐ 1 = Never
- ☐ 2 = Rarely
- ☐ 3 = Sometimes
- ☐ 4 = Often
- ☐ 5 = Always
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

MODULE F. CARE PREFERENCES

F1. Involvement of Family/Friends in Care Decisions

F1. **ASK PATIENT/RESIDENT:** "It is important for us to understand how you'd like your family, friends, or significant others involved in your care. How important is it to you to have your family or a close friend or significant other involved in discussions about your care?"

- ☐ 1 = Very important
- ☐ 2 = Somewhat important
- ☐ 3 = Not very important
- ☐ 4 = Not important at all
- ☐ 5 = Important, but can't do or no choice
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

F2. Preferences for Involvement in Decision Making Questionnaire

F2. **ASK PATIENT/RESIDENT:** "I'd like to talk to you about how you prefer to be involved in your care. Everyone copes with their condition differently. Do you prefer to know as much as you can about the details of your condition and treatment, prefer some information, or prefer not to know or to know very little?"

- ☐ 1 = To know as much as you can
- ☐ 2 = Some information
- ☐ 3 = Not to know or to know very little
- ☐ 7 = **Patient/resident declined to respond**
- ☐ 9 = **Unknown or unable to assess**

F3. Advance Care Directives

F3. **Does the patient/resident have a designated Health Care Agent** as authorized under state law to make healthcare decisions in the event that he/she is unable to make his or her own decisions <u>AND</u> there is legal documentation in the medical record?

- ☐ 0 = No
- ☐ 1 = Yes→ IF YES: Specify type of legal
          documentation:_____

MODULE G: CONTINENCE

G1. Perceived Problem or Burden with Bladder Incontinent Events

G1a. **ASK PATIENT/RESIDENT:** "Have you experienced any bladder incontinent events (or 'accidental leaking of urine') during the past 3 days?"

☐   0 = No **[SKIP to G2a]**
☐   1 = Yes
☐   7 = **Patient/resident declined to respond [SKIP to G2a]**
☐   9 = **Unknown or unable to assess [SKIP to G2a]**

G1b. **IF PATIENT/RESIDENT REPORTS EXPERIENCING INCONTINENT EVENTS [If G1a = 1],** **ASK PATIENT/RESIDENT:** "How big of a problem or burden are incontinent events (or 'accidental leaking of urine') to you?"

☐   1 = No problem
☐   2 = Small problem
☐   3 = Moderate problem
☐   4 = Big problem
☐   7 = **Patient/resident declined to respond**
☐   9 = **Unknown or unable to assess**

G2. Perceived Problem or Burden with Bowel Incontinent Events

G2a. **ASK PATIENT/RESIDENT:** "Have you experienced any bowel incontinent events (or "accidental leaking of stool") during the past 3 days?"

☐   0 = No **[SKIP to G-TIME]**
☐   1 = Yes
☐   7 = **Patient/resident declined to respond [SKIP to G-TIME]**
☐   9 = **Unable to assess/no response [SKIP to G-TIME]**

G2b. **IF PATIENT/RESIDENT REPORTS EXPERIENCING INCONTINENT EVENTS [If G2a = 1],** **ASK PATIENT/RESIDENT:** "How big of a problem or burden are incontinent events (or 'accidental leaking of stool') to you?"

☐   1 = No problem
☐   2 = Small problem
☐   3 = Moderate problem
☐   4 = Big problem
☐   7 = **Patient/resident declined to respond**
☐   9 = **Unable to assess/no response**

G3. Bladder Appliance Use

G3a. Does this patient/resident use a bladder appliance? **CHECK ALL THAT APPLY**	**Day 1**	**Day 3**
1 = Indwelling urethral catheter 2 = Other indwelling catheter (include suprapubic catheter and nephrostomy tube) 3 = External catheter (include condom catheter) 4 = Urostomy 5 = Intermittent catheterization 6 = Other 7 = Patient/resident **does not use** a bladder appliance Notes: _____ _____ _____	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

G3b. If patient/resident has indwelling or external CATHETER, was the CATHETER placed while the patient/resident was in the current setting?	**Day 1**	**Day 3**
0 = No 1 = Yes 8 = **Not applicable** 9 = **Unknown or unable to assess** Notes: _____ _____ _____	☐ 0 ☐ 1 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 8 ☐ 9

G3c. If patient/resident has an indwelling or external CATHETER placed in current setting **(G3b=1),** what is the PRIMARY reason the catheter was put in place?	**Day 1**	**Day 3**
1 = Retention	☐ 1	☐ 1
2 = Skin Condition (pressure injury, surgical wound, rash, other)	☐ 2	☐ 2
3 = Monitor Urine Output	☐ 3	☐ 3
4 = Patient preference (e.g., patient or proxy desires as part of comfort, end-of-life or hospice care plan)	☐ 4	☐ 4
5 = Other (specify): _____	☐ 5	☐ 5
8 = **Not applicable**	☐ 8	☐ 8
9 = **Unknown or Unable to assess**	☐ 9	☐ 9
Notes: _____ _____ _____		

G3d. IF PATIENT/RESIDENT USES A BLADDER APPLIANCE: Does the patient/resident need assistance to manage use of the bladder appliance for ANY reason (e.g., cognitive impairment/mental status, physical limitation, medical issue, etc.)?	**Day 1**	**Day 3**
0 = No	☐ 0	☐ 0
1 = Yes	☐ 1	☐ 1
8 = **Not applicable**	☐ 8	☐ 8
9 = **Unknown or unable to assess**	☐ 9	☐ 9
Notes: _____ _____ _____		

G4. Bladder Frequency of Incontinent Events

G4. Indicate the frequency of incontinent events.	**Day 1**	**Day 3**
0 = No incontinent events during the assessment period	☐ 0	☐ 0
1 = Incontinent events less than daily (on at least one day but not every day during the assessment period)	☐ 1	☐ 1
2 = Incontinent events daily (at least once a day on each day during the assessment period)	☐ 2	☐ 2
3 = Incontinent events more than daily (more than once a day on each day during the assessment period)	☐ 3	☐ 3
8 = **Not applicable** (e.g., patient/resident has indwelling catheter or no urine output due to renal failure)	☐ 8	☐ 8
9 = **Unknown or unable to assess**	☐ 9	☐ 9
Notes: _____ _____ _____		

G5. Bowel Appliance Use

G5a. Does this patient/resident use an indwelling or external bowel appliance (ostomy or other fecal diversion appliance)?	**Day 1**	**Day 3**
0 = No	☐ 0	☐ 0
1 = Yes	☐ 1	☐ 1
Notes: _____ _____ _____		

G5b. IF PATIENT/RESIDENT USES AN INDWELLING OR EXTERNAL BOWEL APPLIANCE (G5a=1; YES), was the appliance placed while the patient/resident was in the current setting?	Day 1	Day 3
0 = No 1 = Yes 8 = **Not applicable** 9 = **Unknown or unable to assess** Notes: _____ _____ _____	☐ 0 ☐ 1 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 8 ☐ 9

G5c. IF PATIENT/RESIDENT USES AN INDWELLING OR EXTERNAL BOWEL APPLIANCE (G5a=1; YES), does the patient/resident need assistance to manage use of the bowel appliance for <u>ANY</u> reason (e.g., cognitive impairment/mental status, physical limitation, medical issue, etc.)?	Day 1	Day 3
0 = No 1 = Yes 8 = **Not applicable** 9 = **Unknown or unable to assess** Notes: _____ _____ _____	☐ 0 ☐ 1 ☐ 8 ☐ 9	☐ 0 ☐ 1 ☐ 8 ☐ 9

G6. Bowel Frequency of Incontinent Events

G6. Indicate the frequency of incontinent events.	**Day 1**	**Day 3**
0 = No incontinent events during the assessment period	☐ 0	☐ 0
1 = Incontinent events only once during the assessment period	☐ 1	☐ 1
2 = Incontinent events more than once during the assessment period	☐ 2	☐ 2
3 = No bowel output during the assessment period	☐ 3	☐ 3
8 = **Not applicable** (e.g., patient/resident has a colostomy)	☐ 8	☐ 8
9 = **Unknown or unable to assess**	☐ 9	☐ 9
Notes: _____ _____ _____		

MODULE H: BEHAVIORAL SIGNS AND SYMPTOMS

H1. Presence and Frequency

INSTRUCTIONS: ALL ITEMS IN MODULE H: BEHAVIORAL SIGNS AND SYMPTOMS ARE BASED ON STAFF/CAREGIVER INPUT OR CHART REVIEW. DO NOT ASK PATIENT/RESIDENT. **RECORD RESPONSES BASED ON BEHAVIORS IN THE PAST 3 DAYS.**

H1a. Physical behavioral symptoms directed toward others
 	
(e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
 	
    ☐   0 = Behavior not exhibited
    ☐   1 = Behavior of this type occurred 1 day
    ☐   2 = Behavior of this type occurred 2 days, but less than daily
    ☐   3 = Behavior of this type occurred daily
    ☐   9 = **Unknown or unable to assess**

H1b. Verbal behavioral symptoms directed toward others
 	
(e.g., threatening others, screaming at others, cursing at others)
 	
    ☐   0 = Behavior not exhibited
    ☐   1 = Behavior of this type occurred 1 day
    ☐   2 = Behavior of this type occurred 2 days, but less than daily
    ☐   3 = Behavior of this type occurred daily
    ☐   9 = **Unknown or unable to assess**

H1c. Other behavioral symptoms not directed toward others
 	
(e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
 	
    ☐   0 = Behavior not exhibited
    ☐   1 = Behavior of this type occurred 1 day
    ☐   2 = Behavior of this type occurred 2 days, but less than daily
    ☐   3 = Behavior of this type occurred daily
    ☐   9 = **Unknown or unable to assess**

H2. Impact on Patient/Resident

IF ALL RESPONSES TO H1a, H1b, AND H1c ARE CODED AS EITHER "(0) – BEHAVIOR NOT EXHIBITED") OR "(9) – UNKNOWN OR UNABLE TO ASSESS", SKIP TO H4

IMPACT ON PATIENT/RESIDENT

INSTRUCTIONS: CONSIDERING ALL THE BEHAVIORAL SYMPTOMS NOTED IN H1A, H1B, AND H1C, DID ANY OF THE IDENTIFIED SYMPTOM(S):

H2a. Put the patient/resident at significant risk for physical illness or injury?

- ☐ 0 = No
- ☐ 1 = Yes
- ☐ 9 = **Unknown or unable to assess**

H2b. Significantly interfere with the patient's/resident's care?

- ☐ 0 = No
- ☐ 1 = Yes
- ☐ 9 = **Unknown or unable to assess**

H2c. Significantly interfere with the patient's/resident's participation in activities or social interaction?

- ☐ 0 = No
- ☐ 1 = Yes
- ☐ 8 = Not Applicable
- ☐ 9 = **Unknown or unable to assess**

H3. Impact on Others

IMPACT ON OTHERS

INSTRUCTIONS: CONSIDERING ALL THE BEHAVIORAL SYMPTOMS NOTED IN H1A, H1B, AND H1C, DID ANY OF THE IDENTIFIED SYMPTOM(S):

H3a. Put others at significant risk for physical injury?

- ☐ 0 = No
- ☐ 1 = Yes
- ☐ 9 = **Unknown or unable to assess**

H3b. Significantly intrude on the privacy or activity of others?

- ☐ 0 = No
- ☐ 1 = Yes
- ☐ 9 = **Unknown or unable to assess**

H3c. Significantly disrupt the delivery of care or living environment of others?

- ☐ 0 = No
- ☐ 1 = Yes
- ☐ 9 = **Unknown or unable to assess**

H4. Rejection of Care, Presence and Frequency

H4. Did the patient/resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is offered by members of the care team or caregiver and necessary to achieve the patient's/resident's goals for health and well-being?

Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the patient/resident or family), and determined to be consistent with patient/resident values, preferences, or goals.

- ☐ 0 = Behavior not exhibited
- ☐ 1 = Behavior of this type occurred 1 day
- ☐ 2 = Behavior of this type occurred 2 days, but less than daily
- ☐ 3 = Behavior of this type occurred daily
- ☐ 9 = **Unknown or unable to assess**

MODULE I: MEDICATION RECONCILIATION

I1. Medication Reconciliation

I1a. Is the patient/resident currently taking any medications in any of the following medication classes?
CHECK "NO"OR "YES" FOR EACH OF THE MEDICATION CLASSES LISTED BELOW

	NO (0)	YES (1)
I1a1: Anticoagulants		
I1a2: Antiplatelets (excluding 81 mg aspirin)		
I1a3: Hypoglycemics (including insulin)		
I1a4: Opioids		
I1a5: Antipsychotics		
I1a6: Antimicrobials (excluding topicals)		

I1b. Was there an indication noted for all medications in these medication classes on the most recent medication list?

CHECK ONE BOX FOR EACH OF THE MEDICATION CLASSES THE PATIENT/RESIDENT IS TAKING

	NO (0)	YES (1)
I1b1: Anticoagulants		
I1b2: Antiplatelets (excluding 81 mg aspirin)		
I1b3: Hypoglycemics (including insulin)		
I1b4: Opioids		
I1b5: Antipsychotics		
I1b6: Antimicrobials (excluding topicals)		

I1c. Were there discrepancies involving medications in these medication classes?

CHECK ONE BOX FOR EACH OF THE MEDICATION CLASSES THE PATIENT/RESIDENT IS TAKING

	NO (0)	YES (1)
I1c1: Anticoagulants		
I1c2: Antiplatelets (excluding 81 mg aspirin)		
I1c3: Hypoglycemics (including insulin)		
I1c4: Opioids		
I1c5: Antipsychotics		
I1c6: Antimicrobials (excluding topicals)		

I1d. Were the patient's/resident's discrepancies regarding these medication classes addressed by involving the patient/resident or patient's/resident's family/formal caregiver?

CHECK ONE BOX FOR EACH OF THE MEDICATION CLASSES THE PATIENT/RESIDENT IS TAKING

	NO (0)	YES (1)
I1d1: Anticoagulants		
I1d2: Antiplatelets (excluding 81 mg aspirin)		
I1d3: Hypoglycemics (including insulin)		
I1d4: Opioids		
I1d5: Antipsychotics		
I1d6: Antimicrobials (excluding topicals)		

I1e. Were discrepancies regarding these medication classes communicated to the physician (or physician-designee) within 24 hours of admission/discharge/SOC/ROC?

CHECK ONE BOX FOR EACH OF THE MEDICATION CLASSES THE PATIENT/RESIDENT IS TAKING

	Yes - Discrepancy communicated within 24 hours (2)	No - Discrepancy communicated more than 24 hours later or timing not clear (1)	No - Discrepancy not communicated (0)
I1e1: Anticoagulants			
I1e2: Antiplatelets (excluding 81 mg aspirin)			
I1e3: Hypoglycemics (including insulin)			
I1e4: Opioids			
I1e5: Antipsychotics			
I1e6: Antimicrobials (excluding topicals)			

I1f. Were recommended physician (or physician-designee) actions regarding discrepancies for these medication classes carried out within 24 hours after the physician responded?

CHECK ONE BOX FOR EACH OF THE MEDICATION CLASSES THE PATIENT/RESIDENT IS TAKING

	Yes – Actions carried out within 24 hours (2)	No – Actions carried out more than 24 hours later or timing not clear (1)	No – Actions not carried out (0)	Physician or Physician-Designee Has not Responded (8)
I1f1: Anticoagulants				
I1f2: Antiplatelets (excluding 81 mg aspirin)				
I1f3: Hypoglycemics (including insulin)				
I1f4: Opioids				
I1f5: Antipsychotics				
I1f6: Antimicrobials (excluding topicals)				

I1g. Was the reconciled medication list (for all medications) communicated to any of the following?

CHECK ALL THAT APPLY

☐   1 = Patient/resident or patient's/resident's family/formal caregiver

☐   2 = Prescribers and the care team responsible for the patient's/resident's care following admission/discharge/SOC/ROC

☐   3 = Patient's/resident's pharmacy that will be filling most of the medications following admission/discharge/SOC/ROC

☐   4 = None of the above (list not communicated)

MODULE J: SPECIAL SERVICES, TREATMENTS, AND INTERVENTIONS

J1. Nutritional Approaches

J1. Check all of the following nutritional approaches that were performed during the assessment period. **CHECK ALL THAT APPLY**	Day 1	Day 3
J1a = **Parenteral/ IV feeding** J1b = **Feeding tube** – nasogastric or abdominal (e.g., PEG) J1c = **Mechanically altered diet** – require change in texture of food or liquids (e.g., pureed food, thickened liquids) J1d = **Therapeutic diet** (e.g., low salt, diabetic, low cholesterol) J1z = **None of the above** J1z1 = **Unknown/Unable to assess** Notes: _____ _____ _____	☐ J1a ☐ J1b ☐ J1c ☐ J1d ☐ J1z ☐ J1z1	☐ J1a ☐ J1b ☐ J1c ☐ J1d ☐ J1z ☐ J1z1

J2. Special Services, Treatments, and Interventions

J2. Check all of the following services, treatments, and interventions that were performed during the assessment period. **CHECK ALL THAT APPLY:**	Day 1	Day 3

Cancer Treatments
    J2a = **Chemotherapy** (if checked, please specify below)
 	
            J2a2a = IV
            J2a3a = Oral
            J2a10a = Other
 	
    J2b = **Radiation**
 	
Respiratory Treatments
	☐ J2a
	
	☐ J2a2a
	☐ J2a3a
	☐ J2a10a
	
	☐ J2b
		☐ J2a
		
		☐ J2a2a
		☐ J2a3a
		☐ J2a10a
		
		☐ J2b

J2c = **Oxygen Therapy** (if checked, please specify below)	☐	J2c	☐	J2c
J2c2a = Intermittent	☐	J2c2a	☐	J2c2a
J2c3a = Continuous	☐	J2c3a	☐	J2c3a
J2c4a = High-concentration oxygen delivery system	☐	J2c4a	☐	J2c4a
J2d = **Suctioning** (if checked, please specify below)	☐	J2d	☐	J2d
J2d2a = Scheduled	☐	J2d2a	☐	J2d2a
J2d3a = As needed	☐	J2d3a	☐	J2d3a
J2e = **Tracheostomy Care**	☐	J2e	☐	J2e
J2f = **Invasive Mechanical Ventilator**	☐	J2f	☐	J2f
J2g = **Non-invasive Mechanical Ventilator** (BiPAP/CPAP) (if checked, please specify below)	☐	J2g	☐	J2g
J2g2a = BiPAP	☐	J2g2a	☐	J2g2a
J2g3a = CPAP	☐	J2g3a	☐	J2g3a

Other Treatments

J2h = **IV Medications** (if checked, please specify below)	☐	J2h	☐	J2h
J2h3a = Antibiotics	☐	J2h3a	☐	J2h3a
J2h4a = Anticoagulation	☐	J2h4a	☐	J2h4a
J2h10a = Other	☐	J2h10a	☐	J2h10a
J2i = **Transfusions**	☐	J2i	☐	J2i
J2j = **Dialysis** (if checked, please specify below)	☐	J2j	☐	J2j
J2j2a = Hemodialysis	☐	J2j2a	☐	J2j2a
J2j3a = Peritoneal dialysis	☐	J2j3a	☐	J2j3a
J2k = **IV Access** (if checked, please specify below)	☐	J2k	☐	J2k
J2k2a = Peripheral IV	☐	J2k2a	☐	J2k2a
J2k3a = Midline	☐	J2k3a	☐	J2k3a
J2k4a = Central line (e.g., PICC, tunneled, port)	☐	J2k4a	☐	J2k4a
J2k10a = Other	☐	J2k10a	☐	J2k10a

None of the Above				
J2z = **None of the above**	☐	J2z	☐	J2z
J2z1 = **Unknown/Unable to assess**	☐	J2z1	☐	J2z1
Notes: _____ _____ _____				

K. FINAL CHECKS [Assessor Only]

K1. ASSESSOR: Is this an incomplete assessment due to any of the following reasons? **[CHECK ALL THAT APPLY]**

- ☐ patient/resident refused/opted out
- ☐ patient/resident transfer
- ☐ patient/resident death
- ☐ change in communication status
- ☐ change in eligibility
- ☐ other:_____