

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
REC_ID	RECORD ID	2	1	2	X(2)	B0,M0, X0	CODE
REC_TYPE	RECORD TYPE CODE	2	3	4	X(2)	A,AM,AO,Y,YM,YO,Q,QM,QO,O,OM,OO,D,R, X	CODE
ASMT_LCK	ASSESSMENT LOCK DATE	8	5	12	X(8)	Always inactive	FILLER
CARE_LCK	CARE PLANNING LOCK DATE	8	13	20	X(8)	Always inactive	FILLER
P_REC_DT	PREVIOUS RECORD DATE	8	21	28	YYYYMMDD	Valid date, sp(8)	DATE
FAC_DOC_CD	DOCUMENT ID CODE (FACILITY USE)	8	29	36	X(8)	Alphanumeric,sp(8)	CODE
VCODE1	MDS VERSION COMPLETED CODE	5	37	41	X(5)	2.0A,2.0B,2.0C,2.0D	CODE
VCODE2	MDS DATA SPECS VERSION CODE	5	42	46	X(5)	2.0A,2.0B,2.0C,1.02,1.03,1.04,1.05,1.10,1.20	CODE
SFTW_ID	SOFTWARE VENDOR OR AGENT TAX ID	9	47	55	X(9)	Numeric, sp(9)	CODE
SFT_VER	SOFTWARE VERSION	5	56	60	X(5)	Alphanumeric, sp(5)	TEXT
FAC_ID	STATE ASSIGNED UNIQUE FACILITY ID CODE (LOCATION)	16	61	76	X(16)	Valid code	TEXT
RES_ID	STATE ASSIGNED UNIQUE RESIDENT ID CODE	14	77	90	X(14)	Valid code, sp(14)	TEXT
AT1	Attestation Sequence Number	2	91	92	X(2)	01 thru 99, sp(2)	COUNT
AT2	Action Requested	1	93	93	X	1,2, sp	CODE
AT3a	Reason for modification: Transcription error	1	94	94	X	0,1, sp	CHECKL
AT3b	Reason for modification: Data entry error	1	95	95	X	0,1, sp	CHECKL
AT3c	Reason for modification: Software product error	1	96	96	X	0,1, sp	CHECKL
AT3d	Reason for modification: Item coding error	1	97	97	X	0,1, sp	CHECKL
AT3e	Reason for modification: Other error	1	98	98	X	0,1, sp	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
AT4a	Reason for inactivation: Test record submitted as production record	1	99	99	X	0,1, sp	CHECKL
AT4b	Reason for inactivation: Event did not occur	1	100	100	X	0,1, sp	CHECKL
AT4c	Reason for inactivation: Inadvertent submission of inappropriate record	1	101	101	X	0,1, sp	CHECKL
AT4d	Reason for inactivation: Other reasons requiring inactivation	1	102	102	X	0,1, sp	CHECKL
AT5a	Attesting Individual: First name	12	103	114	X(12)	text, sp(12)	TEXT
AT5b	Attesting Individual: Last name	18	115	132	X(18)	text, sp(18)	TEXT
AT6	Attestation date	8	133	140	YYYYMMDD	valid date, SP(8)	DATE
AT_SRC	Attestation Correction request source	1	141	141	X	Always inactive	FILLER
SUB_REQ	Requirement for submitting this MDS record	1	142	142	X	1,2,3	CODE
CNT_FILLER	CONTROL SECTION FILLER (Future Use)	11	143	153	X(11)	Always inactive	FILLER
AA1a	Resident First Name	12	154	165	X(12)	Text,sp(12)	TEXT
AA1b	Resident Middle Initial	1	166	166	X	Text,sp	TEXT
AA1c	Resident Last Name	18	167	184	X(18)	Text	TEXT
AA1d	Resident Name Suffix	3	185	187	X(3)	Text,sp(3)	TEXT
AA2	Gender	1	188	188	X	1,2,-	CODE
AA3	Birthdate	8	189	196	YYYYMMDD	Valid full or partial date, -(8)	DATE
AA4	Race/Ethnicity	1	197	197	X	1,2,3,4,5,-	CODE
AA5a	Social Security Number	9	198	206	X(9)	Valid code,sp(9),-(9)	TEXT
AA5b	Medicare number (or comparable number)	12	207	218	X(12)	Valid code,sp(12),-(12)	TEXT
AA6a	Facility State Provider No.	15	219	233	X(15)	Valid code,sp(15)	TEXT

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
AA6b	Facility Federal Provider No.	12	234	245	X(12)	Valid code,sp(12)	TEXT
AA7	Medicaid No.	14	246	259	X(14)	Valid code, sp(14), -(14)	TEXT
AA8a	Primary Reason For Assessment	2	260	261	X(2)	00 thru 10	CODE
AA8b	Special Reason for Assessment Code	1	262	262	X	1 thru 8,sp	CODE
AB1	Date of Entry	8	263	270	YYYYMMDD	Valid date	DATE
AB2	Admitted from (at Entry)	1	271	271	X	1 thru 8,-	CODE
AB3	Lived Alone (Prior to Entry)	1	272	272	X	0,1,2,-	CODE
AB4	Zip Code of Prior Primary Residence	5	273	277	X(5)	Valid zip,country abbrev.,----	TEXT
AB5a	History: Prior stay at this nursing home	1	278	278	X	0,1,-	CHECKL
AB5b	History: Stay in other nursing home	1	279	279	X	0,1,-	CHECKL
AB5c	History: Other residential facility	1	280	280	X	0,1,-	CHECKL
AB5d	History: MH/psychiatric setting	1	281	281	X	0,1,-	CHECKL
AB5e	History: MR/DD setting	1	282	282	X	0,1,-	CHECKL
AB5f	History: None of Above	1	283	283	X	0,1,-	CHECKL
AB6	Lifetime Occupation(s)	21	284	304	X(21)	freeform, -(21), sp(21)	TEXT
AB7	Education (Highest Level Completed)	1	305	305	X	1,2,3,4,5,6,7,8,-	CODE
AB8a	Primary Language	1	306	306	X	0,1,2,3,-	CODE
AB8b	If other (language), specify	9	307	315	X(9)	freeform, -(9), sp(9)	TEXT
AB9	Mental Health History	1	316	316	X	0,1,-	CODE
AB10a	No MR/DD--Not applicable	1	317	317	X	0,1,-	CHECKL
AB10b	Down's syndrome	1	318	318	X	0,1,-,sp	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
AB10c	Autism	1	319	319	X	0,1,-,sp	CHECKL
AB10d	Epilepsy	1	320	320	X	0,1,-,sp	CHECKL
AB10e	Other organic condition related to MR/DD	1	321	321	X	0,1,-,sp	CHECKL
AB10f	MR/DD with no organic condition	1	322	322	X	0,1,-,sp	CHECKL
AB11	Date Background Information Completed	8	323	330	YYYYMMDD	Valid date	DATE
AC1a	Stays up late at night	1	331	331	X	0,1,-,sp	CHECKL
AC1b	Naps regularly during day	1	332	332	X	0,1,-,sp	CHECKL
AC1c	Goes out 1+ days a week	1	333	333	X	0,1,-,sp	CHECKL
AC1d	Stays busy with hobbies/fixed routine	1	334	334	X	0,1,-,sp	CHECKL
AC1e	Spends most time alone or TV	1	335	335	X	0,1,-,sp	CHECKL
AC1f	Moves independently indoors	1	336	336	X	0,1,-,sp	CHECKL
AC1g	Use of tobacco daily	1	337	337	X	0,1,-,sp	CHECKL
AC1h	None of Above	1	338	338	X	0,1,-,sp	CHECKL
AC1i	Distinct food preferences	1	339	339	X	0,1,-,sp	CHECKL
AC1j	Eats between meals most days	1	340	340	X	0,1,-,sp	CHECKL
AC1k	Use of alcohol/weekly	1	341	341	X	0,1,-,sp	CHECKL
AC1l	None of Above	1	342	342	X	0,1,-,sp	CHECKL
AC1m	In bedclothes much of day	1	343	343	X	0,1,-,sp	CHECKL
AC1n	Wakens to toilet most nights	1	344	344	X	0,1,-,sp	CHECKL
AC1o	Has irregular bowel movement pattern	1	345	345	X	0,1,-,sp	CHECKL
AC1p	Showers for bathing	1	346	346	X	0,1,-,sp	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
AC1q	Bathing in PM	1	347	347	X	0,1,-,sp	CHECKL
AC1r	None of Above	1	348	348	X	0,1,-,sp	CHECKL
AC1s	Daily contact with relatives/friends	1	349	349	X	0,1,-,sp	CHECKL
AC1t	Usually attends church, temple, etc.	1	350	350	X	0,1,-,sp	CHECKL
AC1u	Finds strength in faith	1	351	351	X	0,1,-,sp	CHECKL
AC1v	Daily animal companion	1	352	352	X	0,1,-,sp	CHECKL
AC1w	Involved in group activities	1	353	353	X	0,1,-,sp	CHECKL
AC1x	None of Above	1	354	354	X	0,1,-,sp	CHECKL
AC1y	Unknown customary routine	1	355	355	X	0,1	CHECKL
A2	Room Number	5	356	360	X(5)	Freeform	TEXT
A3a	Assessment Reference Date	8	361	368	YYYYMMDD	Valid date	DATE
A3b	Original/corrected copy of form	1	369	369	X	Always inactive	FILLER
A4a	Date of Reentry	8	370	377	YYYYMMDD	Valid date, sp(8)	DATE
A4b	Admitted from (at Reentry)	1	378	378	X	1 to 8	CODE
A5	Marital Status	1	379	379	X	1,2,3,4,5,-	CODE
A6	Medical Record No.	12	380	391	X(12)	Freeform, sp(12), -(12)	TEXT
A7a	Payment: Medicaid per diem	1	392	392	X	0,1,-	CHECKL
A7b	Payment: Medicare per diem	1	393	393	X	0,1,-	CHECKL
A7c	Payment: Medicare ancillary part A	1	394	394	X	0,1,-	CHECKL
A7d	Payment: Medicare ancillary part B	1	395	395	X	0,1,-	CHECKL
A7e	Payment: CHAMPUS per diem	1	396	396	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
A7f	Payment: VA per diem	1	397	397	X	0,1,-	CHECKL
A7g	Payment: Self or family pays for per diem	1	398	398	X	0,1,-	CHECKL
A7h	Payment: Medicaid resident liability or Medicare copay	1	399	399	X	0,1,-	CHECKL
A7i	Payment: Private insurance per diem	1	400	400	X	0,1,-	CHECKL
A7j	Payment: Other per diem	1	401	401	X	0,1,-	CHECKL
A9a	Responsibility: Legal guardian	1	402	402	X	0,1,-	CHECKL
A9b	Responsibility: Other legal oversight	1	403	403	X	0,1,-	CHECKL
A9c	Responsibility: Durable power attorney/health	1	404	404	X	0,1,-	CHECKL
A9d	Responsibility: Durable power attorney/financial	1	405	405	X	0,1,-	CHECKL
A9e	Responsibility: Family member responsible	1	406	406	X	0,1,-	CHECKL
A9f	Responsibility: Patient responsible for self	1	407	407	X	0,1,-	CHECKL
A9g	Responsibility: None of Above	1	408	408	X	0,1,-	CHECKL
A10a	Adv. Directives: Living will	1	409	409	X	0,1,-	CHECKL
A10b	Adv. Directives: Do not resuscitate	1	410	410	X	0,1,-	CHECKL
A10c	Adv. Directives: Do not hospitalize	1	411	411	X	0,1,-	CHECKL
A10d	Adv. Directives: Organ donation	1	412	412	X	0,1,-	CHECKL
A10e	Adv. Directives: Autopsy request	1	413	413	X	0,1,-	CHECKL
A10f	Adv. Directives: Feeding restrictions	1	414	414	X	0,1,-	CHECKL
A10g	Adv. Directives: Medication restrictions	1	415	415	X	0,1,-	CHECKL
A10h	Adv. Directives: Other treatment restrictions	1	416	416	X	0,1,-	CHECKL
A10i	Adv. Directives: None of Above	1	417	417	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)  
Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
B1	Comatose	1	418	418	X	0,1,-	CODE
B2a	Short-term memory OK	1	419	419	X	0,1,-,sp	CODE
B2b	Long-term memory OK	1	420	420	X	0,1,-,sp	CODE
B3a	Memory/Recall: Current season	1	421	421	X	0,1,-,sp	CHECKL
B3b	Memory/Recall: Location of own room	1	422	422	X	0,1,-,sp	CHECKL
B3c	Memory/Recall: Staff names/faces	1	423	423	X	0,1,-,sp	CHECKL
B3d	Memory/Recall: That he/she in nursing home	1	424	424	X	0,1,-,sp	CHECKL
B3e	Memory/Recall: None of Above	1	425	425	X	0,1,-,sp	CHECKL
B4	Cognitive Skills/Daily Decision Making	1	426	426	X	0,1,2,3,-,sp	CODE
B5a	Easily distracted	1	427	427	X	0,1,2,-,sp	CODE
B5b	Periods of altered perception/awareness	1	428	428	X	0,1,2,-,sp	CODE
B5c	Episodes of disorganized speech	1	429	429	X	0,1,2,-,sp	CODE
B5d	Periods of restlessness	1	430	430	X	0,1,2,-,sp	CODE
B5e	Periods of lethargy	1	431	431	X	0,1,2,-,sp	CODE
B5f	Mental function varies during day	1	432	432	X	0,1,2,-,sp	CODE
B6	Change in Cognitive Status	1	433	433	X	0,1,2,-,sp	CODE
C1	Hearing	1	434	434	X	0,1,2,3,-,sp	CODE
C2a	Hearing aid present/used	1	435	435	X	0,1,-,sp	CHECKL
C2b	Hearing aid present/not used regularly	1	436	436	X	0,1,-,sp	CHECKL
C2c	Other receptive comm. techniques used	1	437	437	X	0,1,-,sp	CHECKL
C2d	Communication Devices: None of Above	1	438	438	X	0,1,-,sp	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
C3a	Modes of Expression: Speech	1	439	439	X	0,1,-,sp	CHECKL
C3b	Modes of Expression: Writing messages	1	440	440	X	0,1,-,sp	CHECKL
C3c	Modes of Expression: Amer. sign language/Braille	1	441	441	X	0,1,-,sp	CHECKL
C3d	Modes of Expression: Signs/gestures/sounds	1	442	442	X	0,1,-,sp	CHECKL
C3e	Modes of Expression: Communication board	1	443	443	X	0,1,-,sp	CHECKL
C3f	Modes of Expression: Other	1	444	444	X	0,1,-,sp	CHECKL
C3g	Modes of Expression: None of Above	1	445	445	X	0,1,-,sp	CHECKL
C4	Making Self Understood	1	446	446	X	0,1,2,3,-,sp	CODE
C5	Speech Clarity	1	447	447	X	0,1,2,-,sp	CODE
C6	Ability to Understand Others	1	448	448	X	0,1,2,3,-,sp	CODE
C7	Change in Communication/Hearing	1	449	449	X	0,1,2,-,sp	CODE
D1	Vision	1	450	450	X	0,1,2,3,4,-,sp	CODE
D2a	Side vision problems	1	451	451	X	0,1,-,sp	CHECKL
D2b	Sees halos/rings/flushes/curtains	1	452	452	X	0,1,-,sp	CHECKL
D2c	Visual Limitations: None of Above	1	453	453	X	0,1,-,sp	CHECKL
D3	Visual Appliances	1	454	454	X	0,1,-,sp	CODE
E1a	Negative statements	1	455	455	X	0,1,2,-,sp	CODE
E1b	Repetitive questions	1	456	456	X	0,1,2,-,sp	CODE
E1c	Repetitive verbalizations	1	457	457	X	0,1,2,-,sp	CODE
E1d	Persistent anger with self/others	1	458	458	X	0,1,2,-,sp	CODE
E1e	Self deprecation	1	459	459	X	0,1,2,-,sp	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
E1f	Expression of unrealistic fears	1	460	460	X	0,1,2,-,sp	CODE
E1g	Recurrent statements of terrible future	1	461	461	X	0,1,2,-,sp	CODE
E1h	Repetitive health complaints	1	462	462	X	0,1,2,-,sp	CODE
E1i	Repetitive anxious complaints/concerns	1	463	463	X	0,1,2,-,sp	CODE
E1j	Unpleasant mood in morning	1	464	464	X	0,1,2,-,sp	CODE
E1k	Insomnia/change in sleeping pattern	1	465	465	X	0,1,2,-,sp	CODE
E1l	Sad/pained/worried facial expressions	1	466	466	X	0,1,2,-,sp	CODE
E1m	Crying/tearfulness	1	467	467	X	0,1,2,-,sp	CODE
E1n	Repetitive physical movements	1	468	468	X	0,1,2,-,sp	CODE
E1o	Withdrawal from activities of interest	1	469	469	X	0,1,2,-,sp	CODE
E1p	Reduced social interaction	1	470	470	X	0,1,2,-,sp	CODE
E2	Mood Persistence	1	471	471	X	0,1,2,-,sp	CODE
E3	Change in Mood	1	472	472	X	0,1,2,-,sp	CODE
E4aA	Wandering: Frequency	1	473	473	X	0,1,2,3,-,sp	CODE
E4aB	Wandering: Alterability	1	474	474	X	0,1,-,sp	CODE
E4bA	Verbally abusive behavior: Frequency	1	475	475	X	0,1,2,3,-,sp	CODE
E4bB	Verbally abusive behavior: Alterability	1	476	476	X	0,1,-,sp	CODE
E4cA	Physically abusive behavior: Frequency	1	477	477	X	0,1,2,3,-,sp	CODE
E4cB	Physically abusive behavior: Alterability	1	478	478	X	0,1,-,sp	CODE
E4dA	Socially inappropriate/disruptive behavior: Frequency	1	479	479	X	0,1,2,3,-,sp	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
E4dB	Socially inappropriate/disruptive behavior: Alterability	1	480	480	X	0,1,-,sp	CODE
E4eA	Resists Care: Frequency	1	481	481	X	0,1,2,3,-,sp	CODE
E4eB	Resists Care: Alterability	1	482	482	X	0,1,-,sp	CODE
E5	Change in Behavioral Symptoms	1	483	483	X	0,1,2,-,sp	CODE
F1a	At ease interacting with others	1	484	484	X	0,1,-,sp	CHECKL
F1b	At ease doing planned/structured activities	1	485	485	X	0,1,-,sp	CHECKL
F1c	At ease doing self-initiated activities	1	486	486	X	0,1,-,sp	CHECKL
F1d	Establishes own goals	1	487	487	X	0,1,-,sp	CHECKL
F1e	Pursues involvement in life of facility	1	488	488	X	0,1,-,sp	CHECKL
F1f	Accepts invitations to most group activities	1	489	489	X	0,1,-,sp	CHECKL
F1g	Sense of Initiative: None of Above	1	490	490	X	0,1,-,sp	CHECKL
F2a	Covert/open conflict with staff	1	491	491	X	0,1,-,sp	CHECKL
F2b	Unhappy with roommate	1	492	492	X	0,1,-,sp	CHECKL
F2c	Unhappy with other residents	1	493	493	X	0,1,-,sp	CHECKL
F2d	Open conflict/anger with family/friends	1	494	494	X	0,1,-,sp	CHECKL
F2e	Absence of contact with family/friends	1	495	495	X	0,1,-,sp	CHECKL
F2f	Recent loss family/friend	1	496	496	X	0,1,-,sp	CHECKL
F2g	Does not easily adjust to routine change	1	497	497	X	0,1,-,sp	CHECKL
F2h	Unsettled Relationships: None of Above	1	498	498	X	0,1,-,sp	CHECKL
F3a	Strong identification with past roles	1	499	499	X	0,1,-,sp	CHECKL
F3b	Sadness/anger over lost roles/status	1	500	500	X	0,1,-,sp	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
F3c	Perceives daily routine very different	1	501	501	X	0,1,-,sp	CHECKL
F3d	Past Roles: None of Above	1	502	502	X	0,1,-,sp	CHECKL
G1aA	Bed mobility: Self-Performance	1	503	503	X	0,1,2,3,4,8,-	CODE
G1aB	Bed mobility: Support Provided	1	504	504	X	0,1,2,3,8,-	CODE
G1bA	Transfer: Self-Performance	1	505	505	X	0,1,2,3,4,8,-	CODE
G1bB	Transfer: Support Provided	1	506	506	X	0,1,2,3,8,-	CODE
G1cA	Walk in room: Self-Performance	1	507	507	X	0,1,2,3,4,8,-	CODE
G1cB	Walk in room: Support Provided	1	508	508	X	0,1,2,3,8,-	CODE
G1dA	Walk in corridor: Self-Performance	1	509	509	X	0,1,2,3,4,8,-	CODE
G1dB	Walk in corridor: Support Provided	1	510	510	X	0,1,2,3,8,-	CODE
G1eA	Locomotion on unit: Self-Performance	1	511	511	X	0,1,2,3,4,8,-	CODE
G1eB	Locomotion on unit: Support Provided	1	512	512	X	0,1,2,3,8,-	CODE
G1fA	Locomotion off unit: Self-Performance	1	513	513	X	0,1,2,3,4,8,-	CODE
G1fB	Locomotion off unit: Support Provided	1	514	514	X	0,1,2,3,8,-	CODE
G1gA	Dressing: Self-Performance	1	515	515	X	0,1,2,3,4,8,-	CODE
G1gB	Dressing: Support Provided	1	516	516	X	0,1,2,3,8,-	CODE
G1hA	Eating: Self-Performance	1	517	517	X	0,1,2,3,4,8,-	CODE
G1hB	Eating: Support Provided	1	518	518	X	0,1,2,3,8,-	CODE
G1iA	Toilet use: Self-Performance	1	519	519	X	0,1,2,3,4,8,-	CODE
G1iB	Toilet use: Support Provided	1	520	520	X	0,1,2,3,8,-	CODE
G1jA	Personal hygiene: Self-Performance	1	521	521	X	0,1,2,3,4,8,-	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
G1jB	Personal hygiene: Support Provided	1	522	522	X	0,1,2,3,8,-	CODE
G2A	Bathing: Self-Performance	1	523	523	X	0,1,2,3,4,8,-	CODE
G2B	Bathing: Support Provided	1	524	524	X	0,1,2,3,8,-	CODE
G3a	Balance while standing	1	525	525	X	0,1,2,3,-	CODE
G3b	Balance while sitting	1	526	526	X	0,1,2,3,-	CODE
G4aA	Neck: Range of motion	1	527	527	X	0,1,2,-	CODE
G4aB	Neck: Voluntary movement	1	528	528	X	0,1,2,-	CODE
G4bA	Arm: Range of motion	1	529	529	X	0,1,2,-	CODE
G4bB	Arm: Voluntary movement	1	530	530	X	0,1,2,-	CODE
G4cA	Hand: Range of motion	1	531	531	X	0,1,2,-	CODE
G4cB	Hand: Voluntary movement	1	532	532	X	0,1,2,-	CODE
G4dA	Leg: Range of motion	1	533	533	X	0,1,2,-	CODE
G4dB	Leg: Voluntary movement	1	534	534	X	0,1,2,-	CODE
G4eA	Foot: Range of motion	1	535	535	X	0,1,2,-	CODE
G4eB	Foot: Voluntary movement	1	536	536	X	0,1,2,-	CODE
G4fA	Other: Range of motion	1	537	537	X	0,1,2,-	CODE
G4fB	Other: Voluntary movement	1	538	538	X	0,1,2,-	CODE
G5a	Cane/walker/crutch	1	539	539	X	0,1,-	CHECKL
G5b	Wheeled self	1	540	540	X	0,1,-	CHECKL
G5c	Other person wheeled	1	541	541	X	0,1,-	CHECKL
G5d	Wheelchair for primary locomotion	1	542	542	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
G5e	Modes of Locomotion: None of Above	1	543	543	X	0,1,-	CHECKL
G6a	Bedfast all or most of the time	1	544	544	X	0,1,-	CHECKL
G6b	Bed rails for bed mobility/transfer	1	545	545	X	0,1,-	CHECKL
G6c	Lifted manually	1	546	546	X	0,1,-	CHECKL
G6d	Lifted mechanically	1	547	547	X	0,1,-	CHECKL
G6e	Transfer aid	1	548	548	X	0,1,-	CHECKL
G6f	Modes of Transfer: None of Above	1	549	549	X	0,1,-	CHECKL
G7	Task Segmentation	1	550	550	X	0,1,-	CODE
G8a	Resident sees increased independence capability	1	551	551	X	0,1,-	CHECKL
G8b	Staff sees increased independence capability	1	552	552	X	0,1,-	CHECKL
G8c	Resident slow performing tasks/activity	1	553	553	X	0,1,-	CHECKL
G8d	Morning to evening difference in ADLs	1	554	554	X	0,1,-	CHECKL
G8e	ADL Rehab Potential: None of Above	1	555	555	X	0,1,-	CHECKL
G9	Change in ADL Function	1	556	556	X	0,1,2,-	CODE
H1a	Bowel continence	1	557	557	X	0,1,2,3,4,-	CODE
H1b	Bladder continence	1	558	558	X	0,1,2,3,4,-	CODE
H2a	Bowel elimination pattern regular	1	559	559	X	0,1,-	CHECKL
H2b	Constipation	1	560	560	X	0,1,-	CHECKL
H2c	Diarrhea	1	561	561	X	0,1,-	CHECKL
H2d	Fecal impaction	1	562	562	X	0,1,-	CHECKL
H2e	Bowel Elimination Pattern: None of Above	1	563	563	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
H3a	Any scheduled toileting plan	1	564	564	X	0,1,-	CHECKL
H3b	Bladder retraining program	1	565	565	X	0,1,-	CHECKL
H3c	External (condom) catheter	1	566	566	X	0,1,-	CHECKL
H3d	Indwelling catheter	1	567	567	X	0,1,-	CHECKL
H3e	Intermittent catheter	1	568	568	X	0,1,-	CHECKL
H3f	Did not use toilet/commode/urinal	1	569	569	X	0,1,-	CHECKL
H3g	Pads/briefs used	1	570	570	X	0,1,-	CHECKL
H3h	Enemas/irrigation	1	571	571	X	0,1,-	CHECKL
H3i	Ostomy present	1	572	572	X	0,1,-	CHECKL
H3j	Continence Appliances and Programs: None of Above	1	573	573	X	0,1,-	CHECKL
H4	Change in Urinary Continence	1	574	574	X	0,1,2,-	CODE
I1a	Diabetes mellitus	1	575	575	X	0,1,-	CHECKL
I1b	Hyperthyroidism	1	576	576	X	0,1,-	CHECKL
I1c	Hypothyroidism	1	577	577	X	0,1,-	CHECKL
I1d	Arteriosclerotic heart disease (ASHD)	1	578	578	X	0,1,-	CHECKL
I1e	Cardiac dysrhythmias	1	579	579	X	0,1,-	CHECKL
I1f	Congestive heart failure	1	580	580	X	0,1,-	CHECKL
I1g	Deep vein thrombosis	1	581	581	X	0,1,-	CHECKL
I1h	Hypertension	1	582	582	X	0,1,-	CHECKL
I1i	Hypotension	1	583	583	X	0,1,-	CHECKL
I1j	Peripheral vascular disease	1	584	584	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
I1k	Other cardiovascular disease	1	585	585	X	0,1,-	CHECKL
I1l	Arthritis	1	586	586	X	0,1,-	CHECKL
I1m	Hip fracture	1	587	587	X	0,1,-	CHECKL
I1n	Missing limb	1	588	588	X	0,1,-	CHECKL
I1o	Osteoporosis	1	589	589	X	0,1,-	CHECKL
I1p	Pathological bone fracture	1	590	590	X	0,1,-	CHECKL
I1q	Alzheimer's disease	1	591	591	X	0,1,-	CHECKL
I1r	Aphasia	1	592	592	X	0,1,-	CHECKL
I1s	Cerebral palsy	1	593	593	X	0,1,-	CHECKL
I1t	Cerebrovascular accident (stroke)	1	594	594	X	0,1,-	CHECKL
I1u	Dementia other than Alzheimer's	1	595	595	X	0,1,-	CHECKL
I1v	Hemiplegia/hemiparesis	1	596	596	X	0,1,-	CHECKL
I1w	Multiple sclerosis	1	597	597	X	0,1,-	CHECKL
I1x	Paraplegia	1	598	598	X	0,1,-	CHECKL
I1y	Parkinson's disease	1	599	599	X	0,1,-	CHECKL
I1z	Quadriplegia	1	600	600	X	0,1,-	CHECKL
I1aa	Seizure disorder	1	601	601	X	0,1,-	CHECKL
I1bb	Transient ischemic attack (TIA)	1	602	602	X	0,1,-	CHECKL
I1cc	Traumatic brain injury	1	603	603	X	0,1,-	CHECKL
I1dd	Anxiety disorder	1	604	604	X	0,1,-	CHECKL
I1ee	Depression	1	605	605	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
I1ff	Manic depressive (bipolar disease)	1	606	606	X	0,1,-	CHECKL
I1gg	Schizophrenia	1	607	607	X	0,1,-	CHECKL
I1hh	Asthma	1	608	608	X	0,1,-	CHECKL
I1ii	Emphysema/COPD	1	609	609	X	0,1,-	CHECKL
I1jj	Cataracts	1	610	610	X	0,1,-	CHECKL
I1kk	Diabetic retinopathy	1	611	611	X	0,1,-	CHECKL
I1ll	Glaucoma	1	612	612	X	0,1,-	CHECKL
I1mm	Macular degeneration	1	613	613	X	0,1,-	CHECKL
I1nn	Allergies	1	614	614	X	0,1,-	CHECKL
I1oo	Anemia	1	615	615	X	0,1,-	CHECKL
I1pp	Cancer	1	616	616	X	0,1,-	CHECKL
I1qq	Renal failure	1	617	617	X	0,1,-	CHECKL
I1rr	Diseases: None of Above	1	618	618	X	0,1,-	CHECKL
I2a	Antibiotic resistant infection	1	619	619	X	0,1,-	CHECKL
I2b	Clostridium difficile (c. diff.)	1	620	620	X	0,1,-	CHECKL
I2c	Conjunctivitis	1	621	621	X	0,1,-	CHECKL
I2d	HIV infection	1	622	622	X	0,1,-	CHECKL
I2e	Pneumonia	1	623	623	X	0,1,-	CHECKL
I2f	Respiratory infection	1	624	624	X	0,1,-	CHECKL
I2g	Septicemia	1	625	625	X	0,1,-	CHECKL
I2h	Sexually transmitted diseases	1	626	626	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
I2i	Tuberculosis	1	627	627	X	0,1,-	CHECKL
I2j	Urinary tract infection in last 30 days	1	628	628	X	0,1,-	CHECKL
I2k	Viral hepatitis	1	629	629	X	0,1,-	CHECKL
I2l	Wound infection	1	630	630	X	0,1,-	CHECKL
I2m	Infections: None of Above	1	631	631	X	0,1,-	CHECKL
I3a	a. Other diagnosis ICD9	7	632	638	XX99.XX	Valid code,sp(7)	CODE
I3b	b. Other diagnosis ICD9	7	639	645	XX99.XX	Valid code,sp(7)	CODE
I3c	c. Other diagnosis ICD9	7	646	652	XX99.XX	Valid code,sp(7)	CODE
I3d	d. Other diagnosis ICD9	7	653	659	XX99.XX	Valid code,sp(7)	CODE
I3e	e. Other diagnosis ICD9	7	660	666	XX99.XX	Valid code,sp(7)	CODE
J1a	Weight fluctuation 3+ lbs. in 7 days	1	667	667	X	0,1,-	CHECKL
J1b	Inability to lie flat--shortness of breath	1	668	668	X	0,1,-	CHECKL
J1c	Dehydrated--output exceeds input	1	669	669	X	0,1,-	CHECKL
J1d	Insufficient fluid in last 3 days	1	670	670	X	0,1,-	CHECKL
J1e	Delusions	1	671	671	X	0,1,-	CHECKL
J1f	Dizziness/vertigo	1	672	672	X	0,1,-	CHECKL
J1g	Edema	1	673	673	X	0,1,-	CHECKL
J1h	Fever	1	674	674	X	0,1,-	CHECKL
J1i	Hallucinations	1	675	675	X	0,1,-	CHECKL
J1j	Internal bleeding	1	676	676	X	0,1,-	CHECKL
J1k	Recurrent lung aspirations in last 90 days	1	677	677	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
J1l	Shortness of breath	1	678	678	X	0,1,-	CHECKL
J1m	Syncope (fainting)	1	679	679	X	0,1,-	CHECKL
J1n	Unsteady gait	1	680	680	X	0,1,-	CHECKL
J1o	Vomiting	1	681	681	X	0,1,-	CHECKL
J1p	Problem Conditions: None of Above	1	682	682	X	0,1,-	CHECKL
J2a	Pain Frequency	1	683	683	X	0,1,2,-	CODE
J2b	Pain Intensity	1	684	684	X	1,2,3,-,sp	CODE
J3a	Back pain	1	685	685	X	0,1,-,sp	CHECKL
J3b	Bone pain	1	686	686	X	0,1,-,sp	CHECKL
J3c	Chest pain during usual activities	1	687	687	X	0,1,-,sp	CHECKL
J3d	Headache	1	688	688	X	0,1,-,sp	CHECKL
J3e	Hip pain	1	689	689	X	0,1,-,sp	CHECKL
J3f	Incisional pain	1	690	690	X	0,1,-,sp	CHECKL
J3g	Joint pain (other than hip)	1	691	691	X	0,1,-,sp	CHECKL
J3h	Soft tissue pain (lesion)	1	692	692	X	0,1,-,sp	CHECKL
J3i	Stomach pain	1	693	693	X	0,1,-,sp	CHECKL
J3j	Other pain	1	694	694	X	0,1,-,sp	CHECKL
J4a	Fell in past 30 days	1	695	695	X	0,1,-	CHECKL
J4b	Fell in past 31-180 days	1	696	696	X	0,1,-	CHECKL
J4c	Hip fracture in last 180 days	1	697	697	X	0,1,-	CHECKL
J4d	Other fracture in last 180 days	1	698	698	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
J4e	Accidents: None of Above	1	699	699	X	0,1,-	CHECKL
J5a	Conditions/diseases lead to instability	1	700	700	X	0,1,-	CHECKL
J5b	Resident experiencing acute episode/flare-up	1	701	701	X	0,1,-	CHECKL
J5c	End-stage disease, 6 or fewer months to live	1	702	702	X	0,1,-	CHECKL
J5d	Stability of Conditions: None of Above	1	703	703	X	0,1,-	CHECKL
K1a	Chewing problem	1	704	704	X	0,1,-	CHECKL
K1b	Swallowing problem	1	705	705	X	0,1,-	CHECKL
K1c	Mouth pain	1	706	706	X	0,1,-	CHECKL
K1d	Oral Problems: None of Above	1	707	707	X	0,1,-	CHECKL
K2a	Height (inches)	2	708	709	XX	00 thru 99,--	COUNT
K2b	Weight (pounds)	3	710	712	XXX	000 thru 999,---	COUNT
K3a	Weight loss	1	713	713	X	0,1,-	CODE
K3b	Weight gain	1	714	714	X	0,1,-	CODE
K4a	Complains about taste of many foods	1	715	715	X	0,1,-	CHECKL
K4b	Regular complaints of hunger	1	716	716	X	0,1,-	CHECKL
K4c	Leaves 25%+ food uneaten at most meals	1	717	717	X	0,1,-	CHECKL
K4d	Nutritional Problems: None of Above	1	718	718	X	0,1,-	CHECKL
K5a	Parenteral IV	1	719	719	X	0,1,-	CHECKL
K5b	Feeding tube	1	720	720	X	0,1,-	CHECKL
K5c	Mechanically altered diet	1	721	721	X	0,1,-	CHECKL
K5d	Syringe (oral feeding)	1	722	722	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
K5e	Therapeutic diet	1	723	723	X	0,1,-	CHECKL
K5f	Dietary supplement between meals	1	724	724	X	0,1,-	CHECKL
K5g	Plate guard, stabilized utensil, etc.	1	725	725	X	0,1,-	CHECKL
K5h	On a planned weight change program	1	726	726	X	0,1,-	CHECKL
K5i	Nutritional Approaches: None of Above	1	727	727	X	0,1,-	CHECKL
K6a	Total calories (%) received in last 7 days	1	728	728	X	0,1,2,3,4,-,sp	CODE
K6b	Average fluid intake (daily) in last 7 days	1	729	729	X	0,1,2,3,4,5,-,sp	CODE
L1a	Debris in mouth before bed	1	730	730	X	0,1,-	CHECKL
L1b	Has dentures or removable bridge	1	731	731	X	0,1,-	CHECKL
L1c	Some/all natural teeth lost	1	732	732	X	0,1,-	CHECKL
L1d	Broken, loose, or carious teeth	1	733	733	X	0,1,-	CHECKL
L1e	Inflamed/bleeding gums, oral abscesses, etc.	1	734	734	X	0,1,-	CHECKL
L1f	Daily cleaning teeth/dentures or mouth care	1	735	735	X	0,1,-	CHECKL
L1g	Oral Status/Disease Prevention: None of Above	1	736	736	X	0,1,-	CHECKL
M1a	Ulcers: Stage 1	1	737	737	X	0 thru 9,-	COUNT
M1b	Ulcers: Stage 2	1	738	738	X	0 thru 9,-	COUNT
M1c	Ulcers: Stage 3	1	739	739	X	0 thru 9,-	COUNT
M1d	Ulcers: Stage 4	1	740	740	X	0 thru 9,-	COUNT
M2a	Pressure ulcer	1	741	741	X	0,1,2,3,4,-	CODE
M2b	Stasis ulcer	1	742	742	X	0,1,2,3,4,-	CODE
M3	History of resolved ulcers	1	743	743	X	0,1,-	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
M4a	Abrasions, bruises	1	744	744	X	0,1,-	CHECKL
M4b	Burns (second or third degree)	1	745	745	X	0,1,-	CHECKL
M4c	Open lesions other than ulcers, rashes, cuts	1	746	746	X	0,1,-	CHECKL
M4d	Rashes--e.g., intertrigo, eczema, etc.	1	747	747	X	0,1,-	CHECKL
M4e	Skin desensitized to pain or pressure	1	748	748	X	0,1,-	CHECKL
M4f	Skin tears or cuts (other than surgery)	1	749	749	X	0,1,-	CHECKL
M4g	Surgical wounds	1	750	750	X	0,1,-	CHECKL
M4h	Other Skin Problems: None of Above	1	751	751	X	0,1,-	CHECKL
M5a	Pressure relieving device(s) for chair	1	752	752	X	0,1,-	CHECKL
M5b	Pressure relieving device(s) for bed	1	753	753	X	0,1,-	CHECKL
M5c	Turning/repositioning program	1	754	754	X	0,1,-	CHECKL
M5d	Nutrition/hydration intervention	1	755	755	X	0,1,-	CHECKL
M5e	Ulcer care	1	756	756	X	0,1,-	CHECKL
M5f	Surgical wound care	1	757	757	X	0,1,-	CHECKL
M5g	Application of dressings	1	758	758	X	0,1,-	CHECKL
M5h	Application of ointments/medications	1	759	759	X	0,1,-	CHECKL
M5i	Other preventative/protective skin care	1	760	760	X	0,1,-	CHECKL
M5j	Skin Treatments: None of Above	1	761	761	X	0,1,-	CHECKL
M6a	Resident has one or more foot problems	1	762	762	X	0,1,-	CHECKL
M6b	Infection of foot--e.g., cellulitis, etc.	1	763	763	X	0,1,-	CHECKL
M6c	Open lesions on foot	1	764	764	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
M6d	Nails/calluses trimmed in last 90 days	1	765	765	X	0,1,-	CHECKL
M6e	Received preventative/protective foot care	1	766	766	X	0,1,-	CHECKL
M6f	Application of dressings (foot)	1	767	767	X	0,1,-	CHECKL
M6g	Foot Problems and Care: None of Above	1	768	768	X	0,1,-	CHECKL
N1a	Time Awake: Morning	1	769	769	X	0,1,-	CHECKL
N1b	Time Awake: Afternoon	1	770	770	X	0,1,-	CHECKL
N1c	Time Awake: Evening	1	771	771	X	0,1,-	CHECKL
N1d	Time Awake: None of Above	1	772	772	X	0,1,-	CHECKL
N2	Average Time Involved in Activities	1	773	773	X	0,1,2,3,-,sp	CODE
N3a	Preferred Setting: Own room	1	774	774	X	0,1,-,sp	CHECKL
N3b	Preferred Setting: Day/activity room	1	775	775	X	0,1,-,sp	CHECKL
N3c	Preferred Setting: Inside NH/off unit	1	776	776	X	0,1,-,sp	CHECKL
N3d	Preferred Setting: Outside facility	1	777	777	X	0,1,-,sp	CHECKL
N3e	Preferred Setting: None of Above	1	778	778	X	0,1,-,sp	CHECKL
N4a	Activity Preferences: Cards/other games	1	779	779	X	0,1,-,sp	CHECKL
N4b	Activity Preferences: Crafts/arts	1	780	780	X	0,1,-,sp	CHECKL
N4c	Activity Preferences: Exercise/sports	1	781	781	X	0,1,-,sp	CHECKL
N4d	Activity Preferences: Music	1	782	782	X	0,1,-,sp	CHECKL
N4e	Activity Preferences: Reading/writing	1	783	783	X	0,1,-,sp	CHECKL
N4f	Activity Preferences: Spiritual/religious activities	1	784	784	X	0,1,-,sp	CHECKL
N4g	Activity Preferences: Trips/shopping	1	785	785	X	0,1,-,sp	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
N4h	Activity Preferences: Walking/wheeling outdoors	1	786	786	X	0,1,-,sp	CHECKL
N4i	Activity Preferences: Watching TV	1	787	787	X	0,1,-,sp	CHECKL
N4j	Activity Preferences: Gardening or plants	1	788	788	X	0,1,-,sp	CHECKL
N4k	Activity Preferences: Talking or conversing	1	789	789	X	0,1,-,sp	CHECKL
N4l	Activity Preferences: Helping others	1	790	790	X	0,1,-,sp	CHECKL
N4m	Activity Preferences: None of Above	1	791	791	X	0,1,-,sp	CHECKL
N5a	Type of activities involved in	1	792	792	X	0,1,2,-,sp	CODE
N5b	Extent of involvement in activities	1	793	793	X	0,1,2,-,sp	CODE
O1	Number of Medications	2	794	795	XX	00 thru 99,--	COUNT
O2	New Medications	1	796	796	X	0,1,-	CODE
O3	Injections (number days)	1	797	797	X	0 thru 7,-	COUNT
O4a	Antipsychotic: Days received	1	798	798	X	0 thru 7,-	COUNT
O4b	Antianxiety: Days received	1	799	799	X	0 thru 7,-	COUNT
O4c	Antidepressants: Days received	1	800	800	X	0 thru 7,-	COUNT
O4d	Hypnotic: Days received	1	801	801	X	0 thru 7,-	COUNT
O4e	Diuretic: Days received	1	802	802	X	0 thru 7,-	COUNT
P1aa	Chemotherapy	1	803	803	X	0,1,-	CHECKL
P1ab	Dialysis	1	804	804	X	0,1,-	CHECKL
P1ac	IV medication	1	805	805	X	0,1,-	CHECKL
P1ad	Intake/output	1	806	806	X	0,1,-	CHECKL
P1ae	Monitoring acute medical condition	1	807	807	X	0,1,-	CHECKL

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
P1af	Ostomy care	1	808	808	X	0,1,-	CHECKL
P1ag	Oxygen therapy	1	809	809	X	0,1,-	CHECKL
P1ah	Radiation	1	810	810	X	0,1,-	CHECKL
P1ai	Suctioning	1	811	811	X	0,1,-	CHECKL
P1aj	Tracheostomy care	1	812	812	X	0,1,-	CHECKL
P1ak	Transfusions	1	813	813	X	0,1,-	CHECKL
P1al	Ventilator or respirator	1	814	814	X	0,1,-	CHECKL
P1am	Alcohol/drug treatment program	1	815	815	X	0,1,-	CHECKL
P1an	Alzheimer's/dementia special care unit	1	816	816	X	0,1,-	CHECKL
P1ao	Hospice care	1	817	817	X	0,1,-	CHECKL
P1ap	Pediatric unit	1	818	818	X	0,1,-	CHECKL
P1aq	Respite care	1	819	819	X	0,1,-	CHECKL
P1ar	Training in community skills	1	820	820	X	0,1,-	CHECKL
P1as	Special Treatments/Programs: None of Above	1	821	821	X	0,1,-	CHECKL
P1baA	Speech therapy: # days	1	822	822	X	0 thru 7,-	COUNT
P1baB	Speech therapy: total # minutes	4	823	826	XXXX	0000 thru 9999,----	COUNT
P1bbA	Occupational therapy: # days	1	827	827	X	0 thru 7,-	COUNT
P1bbB	Occupational therapy: total # minutes	4	828	831	XXXX	0000 thru 9999,----	COUNT
P1bcA	Physical therapy: # days	1	832	832	X	0 thru 7,-	COUNT
P1bcB	Physical therapy: total # minutes	4	833	836	XXXX	0000 thru 9999,----	COUNT
P1bdA	Respiratory therapy: # days	1	837	837	X	0 thru 7,-	COUNT

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
P1bdB	Respiratory therapy: total # minutes	4	838	841	XXXX	0000 thru 9999,----	COUNT
P1beA	Psychological therapy: # days	1	842	842	X	0 thru 7,-	COUNT
P1beB	Psychological therapy: total # minutes	4	843	846	XXXX	0000 thru 9999,----	COUNT
P2a	Special behavioral symptom evaluation program	1	847	847	X	0,1,-	CHECKL
P2b	Evaluation by licensed MH specialist	1	848	848	X	0,1,-	CHECKL
P2c	Group therapy	1	849	849	X	0,1,-	CHECKL
P2d	Resident-specific changes in environment	1	850	850	X	0,1,-	CHECKL
P2e	Reorientation--e.g. cueing	1	851	851	X	0,1,-	CHECKL
P2f	Mood/Behavior/Cog. Loss Programs: None of Above	1	852	852	X	0,1,-	CHECKL
P3a	Nursing Rehab: Range of motion (passive)	1	853	853	X	0 thru 7,-	COUNT
P3b	Nursing Rehab: Range of motion (active)	1	854	854	X	0 thru 7,-	COUNT
P3c	Nursing Rehab: Splint or brace assistance	1	855	855	X	0 thru 7,-	COUNT
P3d	Nursing Rehab: Bed mobility	1	856	856	X	0 thru 7,-	COUNT
P3e	Nursing Rehab:Transfer	1	857	857	X	0 thru 7,-	COUNT
P3f	Nursing Rehab: Walking	1	858	858	X	0 thru 7,-	COUNT
P3g	Nursing Rehab: Dressing or grooming	1	859	859	X	0 thru 7,-	COUNT
P3h	Nursing Rehab: Eating or swallowing	1	860	860	X	0 thru 7,-	COUNT
P3i	Nursing Rehab: Amputation/prosthesis care	1	861	861	X	0 thru 7,-	COUNT
P3j	Nursing Rehab: Communication	1	862	862	X	0 thru 7,-	COUNT
P3k	Nursing Rehab: Other	1	863	863	X	0 thru 7,-	COUNT
P4a	Full bed rails on all sides of bed	1	864	864	X	0,1,2,-	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
P4b	Other types of side rails used	1	865	865	X	0,1,2,-	CODE
P4c	Trunk restraint	1	866	866	X	0,1,2,-	CODE
P4d	Limb restraint	1	867	867	X	0,1,2,-	CODE
P4e	Chair prevents rising	1	868	868	X	0,1,2,-	CODE
P5	Hospital Stays	2	869	870	X(2)	00 thru 90,--	COUNT
P6	Emergency Room (ER) Visits	2	871	872	X(2)	00 thru 99,--	COUNT
P7	Physician Visits	2	873	874	X(2)	00 thru 14,--	COUNT
P8	Physician Orders	2	875	876	X(2)	00 thru 14,--	COUNT
P9	Abnormal Lab Values	1	877	877	X	0,1,-	CODE
Q1a	Resident wishes to return to community	1	878	878	X	0,1,-	CODE
Q1b	Support person positive toward discharge	1	879	879	X	0,1,-	CODE
Q1c	Stay projected to be of short duration	1	880	880	X	0,1,2,3,-	CODE
Q2	Overall Change in Care Needs	1	881	881	X	0,1,2,-	CODE
R1a	Participation in Assessment: Resident	1	882	882	X	0,1,-	CODE
R1b	Participation in Assessment: Family	1	883	883	X	0,1,2,-	CODE
R1c	Participation in Assessment: Significant other	1	884	884	X	0,1,2,-	CODE
R2b	Date RN Coordinator Signed Assessment as Complete	8	885	892	YYYYMMDD	Valid date	DATE
R3a	Primary Code for Resident Discharge Disposition	1	893	893	X	1 thru 9,-	CODE
R3b	Optional State Code for Resident Discharge Disposition	1	894	894	X	0 thru 9,-,sp	CODE
R4	Discharge Date	8	895	902	YYYYMMDD	Valid date	DATE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
S	SECTION S. SUPPLEMENT--STATE SPECIFIC	300	903	1202	X(300)	sp(300), state defined	TEXT
T1aA	Recreation Therapy: # of days	1	1203	1203	X	0 thru 7, -, sp	COUNT
T1aB	Recreation Therapy: Total # minutes	4	1204	1207	X(4)	0000 thru 9999, ----, sp(4)	COUNT
T1b	Ordered Therapies (yes/no)	1	1208	1208	X	0,1,-,sp	CODE
T1c	Ordered Therapies: Estimate of days of therapy until day 15	2	1209	1210	X	00 thru 15, --, sp(2)	COUNT
T1d	Ordered Therapies: Estimate of minutes of therapy until day 15	4	1211	1214	X(4)	0000 thru 9999,----,sp(4)	COUNT
T2a	Furthest distance walked	1	1215	1215	X	0 thru 4,-,sp	CODE
T2b	Time walked without sitting down	1	1216	1216	X	0 thru 5,-,sp	CODE
T2c	Self-performance in walking	1	1217	1217	X	0,1,2,3,-,sp	CODE
T2d	Walking support provided	1	1218	1218	X	0,1,2,3,-,sp	CODE
T2e	Parallel bars used	1	1219	1219	X	0,1,-,sp	CODE
T3MDCR	Medicare Case Mix Group	5	1220	1224	X(5)	Valid code; sp(5)	CODE
T3STATE	State Case Mix Group	5	1225	1229	X(5)	Valid code; sp(5)	CODE
U01RA	Med 01--Route of Administration (RA)	2	1230	1231	X(2)	01 thru 10,--,sp(2)	CODE
U01FR	Med 01--Frequency (Freq)	2	1232	1233	X(2)	Valid code,--,sp(2)	CODE
U01AA	Med 01--Amount Administered (AA)	5	1234	1238	X(5)	Valid entry,----,sp(5)	TEXT
U01PR	Med 01--PRN-n	2	1239	1240	X(2)	00 thru 99,--,sp(2)	COUNT
U01NDC	Med 01--NDC Code	9	1241	1249	X(9)	Valid code,-----,sp(9)	CODE
U02RA	Med 02--Route of Administration (RA)	2	1250	1251	X(2)	01 thru 10,--,sp(2)	CODE
U02FR	Med 02--Frequency (Freq)	2	1252	1253	X(2)	Valid code,--,sp(2)	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
U02AA	Med 02--Amount Administered (AA)	5	1254	1258	X(5)	Valid entry,-----,sp(5)	TEXT
U02PR	Med 02--PRN-n	2	1259	1260	X(2)	00 thru 99,--,sp(2)	COUNT
U02NDC	Med 02--NDC Code	9	1261	1269	X(9)	Valid code,-----,sp(9)	CODE
U03RA	Med 03--Route of Administration (RA)	2	1270	1271	X(2)	01 thru 10,--,sp(2)	CODE
U03FR	Med 03--Frequency (Freq)	2	1272	1273	X(2)	Valid code,--,sp(2)	CODE
U03AA	Med 03--Amount Administered (AA)	5	1274	1278	X(5)	Valid entry,-----,sp(5)	TEXT
U03PR	Med 03--PRN-n	2	1279	1280	X(2)	00 thru 99,--,sp(2)	COUNT
U03NDC	Med 03--NDC Code	9	1281	1289	X(9)	Valid code,-----,sp(9)	CODE
U04RA	Med 04--Route of Administration (RA)	2	1290	1291	X(2)	01 thru 10,--,sp(2)	CODE
U04FR	Med 04--Frequency (Freq)	2	1292	1293	X(2)	Valid code,--,sp(2)	CODE
U04AA	Med 04--Amount Administered (AA)	5	1294	1298	X(5)	Valid entry,-----,sp(5)	TEXT
U04PR	Med 04--PRN-n	2	1299	1300	X(2)	00 thru 99,--,sp(2)	COUNT
U04NDC	Med 04--NDC Code	9	1301	1309	X(9)	Valid code,-----,sp(9)	CODE
U05RA	Med 05--Route of Administration (RA)	2	1310	1311	X(2)	01 thru 10,--,sp(2)	CODE
U05FR	Med 05--Frequency (Freq)	2	1312	1313	X(2)	Valid code,--,sp(2)	CODE
U05AA	Med 05--Amount Administered (AA)	5	1314	1318	X(5)	Valid entry,-----,sp(5)	TEXT
U05PR	Med 05--PRN-n	2	1319	1320	X(2)	00 thru 99,--,sp(2)	COUNT
U05NDC	Med 05--NDC Code	9	1321	1329	X(9)	Valid code,-----,sp(9)	CODE
U06RA	Med 06--Route of Administration (RA)	2	1330	1331	X(2)	01 thru 10,--,sp(2)	CODE
U06FR	Med 06--Frequency (Freq)	2	1332	1333	X(2)	Valid code,--,sp(2)	CODE
U06AA	Med 06--Amount Administered (AA)	5	1334	1338	X(5)	Valid entry,-----,sp(5)	TEXT

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
U06PR	Med 06--PRN-n	2	1339	1340	X(2)	00 thru 99,--,sp(2)	COUNT
U06NDC	Med 06--NDC Code	9	1341	1349	X(9)	Valid code,-----,sp(9)	CODE
U07RA	Med 07--Route of Administration (RA)	2	1350	1351	X(2)	01 thru 10,--,sp(2)	CODE
U07FR	Med 07--Frequency (Freq)	2	1352	1353	X(2)	Valid code,--,sp(2)	CODE
U07AA	Med 07--Amount Administered (AA)	5	1354	1358	X(5)	Valid entry,-----,sp(5)	TEXT
U07PR	Med 07--PRN-n	2	1359	1360	X(2)	00 thru 99,--,sp(2)	COUNT
U07NDC	Med 07--NDC Code	9	1361	1369	X(9)	Valid code,-----,sp(9)	CODE
U08RA	Med 08--Route of Administration (RA)	2	1370	1371	X(2)	01 thru 10,--,sp(2)	CODE
U08FR	Med 08--Frequency (Freq)	2	1372	1373	X(2)	Valid code,--,sp(2)	CODE
U08AA	Med 08--Amount Administered (AA)	5	1374	1378	X(5)	Valid entry,-----,sp(5)	TEXT
U08PR	Med 08--PRN-n	2	1379	1380	X(2)	00 thru 99,--,sp(2)	COUNT
U08NDC	Med 08--NDC Code	9	1381	1389	X(9)	Valid code,-----,sp(9)	CODE
U09RA	Med 09--Route of Administration (RA)	2	1390	1391	X(2)	01 thru 10,--,sp(2)	CODE
U09FR	Med 09--Frequency (Freq)	2	1392	1393	X(2)	Valid code,--,sp(2)	CODE
U09AA	Med 09--Amount Administered (AA)	5	1394	1398	X(5)	Valid entry,-----,sp(5)	TEXT
U09PR	Med 09--PRN-n	2	1399	1400	X(2)	00 thru 99,--,sp(2)	COUNT
U09NDC	Med 09--NDC Code	9	1401	1409	X(9)	Valid code,-----,sp(9)	CODE
U10RA	Med 10--Route of Administration (RA)	2	1410	1411	X(2)	01 thru 10,--,sp(2)	CODE
U10FR	Med 10--Frequency (Freq)	2	1412	1413	X(2)	Valid code,--,sp(2)	CODE
U10AA	Med 10--Amount Administered (AA)	5	1414	1418	X(5)	Valid entry,-----,sp(5)	TEXT
U10PR	Med 10--PRN-n	2	1419	1420	X(2)	00 thru 99,--,sp(2)	COUNT

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
U10NDC	Med 10--NDC Code	9	1421	1429	X(9)	Valid code,-----,sp(9)	CODE
U11RA	Med 11--Route of Administration (RA)	2	1430	1431	X(2)	01 thru 10,--,sp(2)	CODE
U11FR	Med 11--Frequency (Freq)	2	1432	1433	X(2)	Valid code,--,sp(2)	CODE
U11AA	Med 11--Amount Administered (AA)	5	1434	1438	X(5)	Valid entry,----,sp(5)	TEXT
U11PR	Med 11--PRN-n	2	1439	1440	X(2)	00 thru 99,--,sp(2)	COUNT
U11NDC	Med 11--NDC Code	9	1441	1449	X(9)	Valid code,-----,sp(9)	CODE
U12RA	Med 12--Route of Administration (RA)	2	1450	1451	X(2)	01 thru 10,--,sp(2)	CODE
U12FR	Med 12--Frequency (Freq)	2	1452	1453	X(2)	Valid code,--,sp(2)	CODE
U12AA	Med 12--Amount Administered (AA)	5	1454	1458	X(5)	Valid entry,----,sp(5)	TEXT
U12PR	Med 12--PRN-n	2	1459	1460	X(2)	00 thru 99,--,sp(2)	COUNT
U12NDC	Med 12--NDC Code	9	1461	1469	X(9)	Valid code,-----,sp(9)	CODE
U13RA	Med 13--Route of Administration (RA)	2	1470	1471	X(2)	01 thru 10,--,sp(2)	CODE
U13FR	Med 13--Frequency (Freq)	2	1472	1473	X(2)	Valid code,--,sp(2)	CODE
U13AA	Med 13--Amount Administered (AA)	5	1474	1478	X(5)	Valid entry,----,sp(5)	TEXT
U13PR	Med 13--PRN-n	2	1479	1480	X(2)	00 thru 99,--,sp(2)	COUNT
U13NDC	Med 13--NDC Code	9	1481	1489	X(9)	Valid code,-----,sp(9)	CODE
U14RA	Med 14--Route of Administration (RA)	2	1490	1491	X(2)	01 thru 10,--,sp(2)	CODE
U14FR	Med 14--Frequency (Freq)	2	1492	1493	X(2)	Valid code,--,sp(2)	CODE
U14AA	Med 14--Amount Administered (AA)	5	1494	1498	X(5)	Valid entry,----,sp(5)	TEXT
U14PR	Med 14--PRN-n	2	1499	1500	X(2)	00 thru 99,--,sp(2)	COUNT
U14NDC	Med 14--NDC Code	9	1501	1509	X(9)	Valid code,-----,sp(9)	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
U15RA	Med 15--Route of Administration (RA)	2	1510	1511	X(2)	01 thru 10,--,sp(2)	CODE
U15FR	Med 15--Frequency (Freq)	2	1512	1513	X(2)	Valid code,--,sp(2)	CODE
U15AA	Med 15--Amount Administered (AA)	5	1514	1518	X(5)	Valid entry,-----,sp(5)	TEXT
U15PR	Med 15--PRN-n	2	1519	1520	X(2)	00 thru 99,--,sp(2)	COUNT
U15NDC	Med 15--NDC Code	9	1521	1529	X(9)	Valid code,-----,sp(9)	CODE
U16RA	Med 16--Route of Administration (RA)	2	1530	1531	X(2)	01 thru 10,--,sp(2)	CODE
U16FR	Med 16--Frequency (Freq)	2	1532	1533	X(2)	Valid code,--,sp(2)	CODE
U16AA	Med 16--Amount Administered (AA)	5	1534	1538	X(5)	Valid entry,-----,sp(5)	TEXT
U16PR	Med 16--PRN-n	2	1539	1540	X(2)	00 thru 99,--,sp(2)	COUNT
U16NDC	Med 16--NDC Code	9	1541	1549	X(9)	Valid code,-----,sp(9)	CODE
U17RA	Med 17--Route of Administration (RA)	2	1550	1551	X(2)	01 thru 10,--,sp(2)	CODE
U17FR	Med 17--Frequency (Freq)	2	1552	1553	X(2)	Valid code,--,sp(2)	CODE
U17AA	Med 17--Amount Administered (AA)	5	1554	1558	X(5)	Valid entry,-----,sp(5)	TEXT
U17PR	Med 17--PRN-n	2	1559	1560	X(2)	00 thru 99,--,sp(2)	COUNT
U17NDC	Med 17--NDC Code	9	1561	1569	X(9)	Valid code,-----,sp(9)	CODE
U18RA	Med 18--Route of Administration (RA)	2	1570	1571	X(2)	01 thru 10,--,sp(2)	CODE
U18FR	Med 18--Frequency (Freq)	2	1572	1573	X(2)	Valid code,--,sp(2)	CODE
U18AA	Med 18--Amount Administered (AA)	5	1574	1578	X(5)	Valid entry,-----,sp(5)	TEXT
U18PR	Med 18--PRN-n	2	1579	1580	X(2)	00 thru 99,--,sp(2)	COUNT
U18NDC	Med 18--NDC Code	9	1581	1589	X(9)	Valid code,-----,sp(9)	CODE
VA01a	RAP 1--Delirium: Triggered	1	1590	1590	X	0,1,-	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
VA01b	RAP 1--Delirium: Proceed with care	1	1591	1591	X	0,1,-	CODE
VA02a	RAP 2--Cognitive Loss: Triggered	1	1592	1592	X	0,1,-	CODE
VA02b	RAP 2--Cognitive Loss: Proceed with care	1	1593	1593	X	0,1,-	CODE
VA03a	RAP 3--Visual Function: Triggered	1	1594	1594	X	0,1,-	CODE
VA03b	RAP 3--Visual Function: Proceed with care	1	1595	1595	X	0,1,-	CODE
VA04a	RAP 4--Communication: Triggered	1	1596	1596	X	0,1,-	CODE
VA04b	RAP 4--Communication: Proceed with care	1	1597	1597	X	0,1,-	CODE
VA05a	RAP 5--ADL Functional/Rehab: Triggered	1	1598	1598	X	0,1,-	CODE
VA05b	RAP 5--ADL Functional/Rehab: Proceed with care	1	1599	1599	X	0,1,-	CODE
VA06a	RAP 6--Urinary Incontinence: Triggered	1	1600	1600	X	0,1,-	CODE
VA06b	RAP 6--Urinary Incontinence: Proceed with care	1	1601	1601	X	0,1,-	CODE
VA07a	RAP 7--Psychosocial: Triggered	1	1602	1602	X	0,1,-	CODE
VA07b	RAP 7--Psychosocial: Proceed with care	1	1603	1603	X	0,1,-	CODE
VA08a	RAP 8--Mood State: Triggered	1	1604	1604	X	0,1,-	CODE
VA08b	RAP 8--Mood State: Proceed with care	1	1605	1605	X	0,1,-	CODE
VA09a	RAP 9--Behavioral Symptoms: Triggered	1	1606	1606	X	0,1,-	CODE
VA09b	RAP 9--Behavioral Symptoms: Proceed with care	1	1607	1607	X	0,1,-	CODE
VA10a	RAP 10--Activities: Triggered	1	1608	1608	X	0,1,-	CODE
VA10b	RAP 10--Activities: Proceed with care	1	1609	1609	X	0,1,-	CODE
VA11a	RAP 11--Falls: Triggered	1	1610	1610	X	0,1,-	CODE
VA11b	RAP 11--Falls: Proceed with care	1	1611	1611	X	0,1,-	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
VA12a	RAP 12--Nutritional Status: Triggered	1	1612	1612	X	0,1,-	CODE
VA12b	RAP 12--Nutritional Status: Proceed with care	1	1613	1613	X	0,1,-	CODE
VA13a	RAP 13--Feeding Tubes: Triggered	1	1614	1614	X	0,1,-	CODE
VA13b	RAP 13--Feeding Tubes: Proceed with care	1	1615	1615	X	0,1,-	CODE
VA14a	RAP 14--Dehydration/Fluid Maint: Triggered	1	1616	1616	X	0,1,-	CODE
VA14b	RAP 14--Dehydration/Fluid Maint: Proceed with care	1	1617	1617	X	0,1,-	CODE
VA15a	RAP 15--Dental Care: Triggered	1	1618	1618	X	0,1,-	CODE
VA15b	RAP 15--Dental Care: Proceed with care	1	1619	1619	X	0,1,-	CODE
VA16a	RAP 16--Pressure Ulcers: Triggered	1	1620	1620	X	0,1,-	CODE
VA16b	RAP 16--Pressure Ulcers: Proceed with care	1	1621	1621	X	0,1,-	CODE
VA17a	RAP 17--Psychotropic Drug: Triggered	1	1622	1622	X	0,1,-	CODE
VA17b	RAP 17--Psychotropic Drug: Proceed with care	1	1623	1623	X	0,1,-	CODE
VA18a	RAP 18--Physical Restraints: Triggered	1	1624	1624	X	0,1,-	CODE
VA18b	RAP 18--Physical Restraints: Proceed with care	1	1625	1625	X	0,1,-	CODE
VA19a	RAP 19: Triggered (future use)	1	1626	1626	X	Always inactive	FILLER
VA19b	RAP 19: Proceed with care (future use)	1	1627	1627	X	Always inactive	FILLER
VA20a	RAP 20: Triggered (future use)	1	1628	1628	X	Always inactive	FILLER
VA20b	RAP 20: Proceed with care (future use)	1	1629	1629	X	Always inactive	FILLER
VA21a	RAP 21: Triggered (future use)	1	1630	1630	X	Always inactive	FILLER
VA21b	RAP 21: Proceed with care (future use)	1	1631	1631	X	Always inactive	FILLER
VA22a	RAP 22: Triggered (future use)	1	1632	1632	X	Always inactive	FILLER

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
VA22b	RAP 22: Proceed with care (future use)	1	1633	1633	X	Always inactive	FILLER
VA23a	RAP 23: Triggered (future use)	1	1634	1634	X	Always inactive	FILLER
VA23b	RAP 23: Proceed with care (future use)	1	1635	1635	X	Always inactive	FILLER
VA24a	RAP 24: Triggered (future use)	1	1636	1636	X	Always inactive	FILLER
VA24b	RAP 24: Proceed with care (future use)	1	1637	1637	X	Always inactive	FILLER
VA25a	RAP 25: Triggered (future use)	1	1638	1638	X	Always inactive	FILLER
VA25b	RAP 25: Proceed with care (future use)	1	1639	1639	X	Always inactive	FILLER
VA26a	RAP 26: Triggered (future use)	1	1640	1640	X	Always inactive	FILLER
VA26b	RAP 26: Proceed with care (future use)	1	1641	1641	X	Always inactive	FILLER
VA27a	RAP 27: Triggered (future use)	1	1642	1642	X	Always inactive	FILLER
VA27b	RAP 27: Proceed with care (future use)	1	1643	1643	X	Always inactive	FILLER
VA28a	RAP 28: Triggered (future use)	1	1644	1644	X	Always inactive	FILLER
VA28b	RAP 28: Proceed with care (future use)	1	1645	1645	X	Always inactive	FILLER
VA29a	RAP 29: Triggered (future use)	1	1646	1646	X	Always inactive	FILLER
VA29b	RAP 29: Proceed with care (future use)	1	1647	1647	X	Always inactive	FILLER
VA30a	RAP 30: Triggered (future use)	1	1648	1648	X	Always inactive	FILLER
VA30b	RAP 30: Proceed with care (future use)	1	1649	1649	X	Always inactive	FILLER
VA31a	RAP 31: Triggered (future use)	1	1650	1650	X	Always inactive	FILLER
VA31b	RAP 31: Proceed with care (future use)	1	1651	1651	X	Always inactive	FILLER
VA32a	RAP 32: Triggered (future use)	1	1652	1652	X	Always inactive	FILLER
VA32b	RAP 32: Proceed with care (future use)	1	1653	1653	X	Always inactive	FILLER

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
VA33a	RAP 33: Triggered (future use)	1	1654	1654	X	Always inactive	FILLER
VA33b	RAP 33: Proceed with care (future use)	1	1655	1655	X	Always inactive	FILLER
VA34a	RAP 34: Triggered (future use)	1	1656	1656	X	Always inactive	FILLER
VA34b	RAP 34: Proceed with care (future use)	1	1657	1657	X	Always inactive	FILLER
VA35a	RAP 35: Triggered (future use)	1	1658	1658	X	Always inactive	FILLER
VA35b	RAP 35: Proceed with care (future use)	1	1659	1659	X	Always inactive	FILLER
VA36a	RAP 36: Triggered (future use)	1	1660	1660	X	Always inactive	FILLER
VA36b	RAP 36: Proceed with care (future use)	1	1661	1661	X	Always inactive	FILLER
VA37a	RAP 37: Triggered (future use)	1	1662	1662	X	Always inactive	FILLER
VA37b	RAP 37: Proceed with care (future use)	1	1663	1663	X	Always inactive	FILLER
VA38a	RAP 38: Triggered (future use)	1	1664	1664	X	Always inactive	FILLER
VA38b	RAP 38: Proceed with care (future use)	1	1665	1665	X	Always inactive	FILLER
VA39a	RAP 39: Triggered (future use)	1	1666	1666	X	Always inactive	FILLER
VA39b	RAP 39: Proceed with care (future use)	1	1667	1667	X	Always inactive	FILLER
VA40a	RAP 40: Triggered (future use)	1	1668	1668	X	Always inactive	FILLER
VA40b	RAP 40: Proceed with care (future use)	1	1669	1669	X	Always inactive	FILLER
VB2	RAP Assessment Signature Date	8	1670	1677	YYYYMMDD	Valid date	DATE
VB4	RAP Care Plan Signature Date	8	1678	1685	YYYYMMDD	Valid date	DATE
PRIOR_AA1a	Prior Resident First Name (AA1a)	12	1686	1697	X(12)	Text,sp(12)	TEXT
PRIOR_AA1c	Prior Resident Last Name (AA1c)	18	1698	1715	X(18)	Text,sp(18)	TEXT
PRIOR_AA2	Prior Resident Gender (AA2)	1	1716	1716	X	1,2,-,sp	CODE

**Uniform Data Submission Specifications for the MDS 2.0 (September 2000/July 2002 Forms)**  
**Abbreviated Data Record Layout For Submission From the Nursing Home To the State (Version 1.20)**

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
PRIOR_AA3	Prior Resident Birthdate (AA3)	8	1717	1724	YYYYMMDD	Valid full or partial date,-(8),sp(8)	DATE
PRIOR_AA5a	Prior Resident SSN (AA5a)	9	1725	1733	X(9)	Valid code,-(9),sp(9)	TEXT
PRIOR_AA8a	Prior Primary Reason for Assessment (AA8a)	2	1734	1735	X(2)	00 thru 10, sp(2)	CODE
PRIOR_AA8b	Prior Special Assessment Code (AA8b)	1	1736	1736	X	1 thru 8,sp	CODE
PRIOR_A3a	Prior Assessment Reference Date (A3a)	8	1737	1744	YYYYMMDD	Valid date,sp(8)	DATE
PRIOR_A4a	Prior Date of Reentry (A4a)	8	1745	1752	YYYYMMDD	Valid date,sp(8)	DATE
PRIOR_R4	Prior Discharge Date (R4)	8	1753	1760	YYYYMMDD	Valid date,sp(8)	DATE
PRIOR_A3b	Prior correction number (A3b)	1	1761	1761	X	Always inactive	FILLER
HCFA_OTHR	HCFA Other Information	24	1762	1785	X(24)	Always inactive	FILLER
MCR_GP	Medicare Recomputed Case Mix Group	3	1786	1788	X(3)	Always inactive	FILLER
MCR_VR	Medicare Recomputed Case Mix Version	2	1789	1790	X(2)	Always inactive	FILLER
MCR_CMI	Medicare Recomputed Case Mix Index	7	1791	1797	XX.XXXX	Always inactive	FILLER
MCD_GP	State Medicaid Recomputed Case Mix Group	3	1798	1800	X(3)	Always inactive	FILLER
MCD_VR	State Medicaid Recomputed Case Mix Version	2	1801	1802	X(2)	Always inactive	FILLER
MCD_CMI	State Medicaid Recomputed Case Mix Index	7	1803	1809	XX.XXXX	Always inactive	FILLER
FILLER2	BLANK FILLER	2	1810	1811	X(2)	Always inactive	FILLER
DATA_END	End of Data Terminator Code	1	1812	1812	X	%	CODE
CRG_RTN	Carriage Return (ASCII 013)	1	1813	1813	X	ASCII(013)	CODE
LN_FD	Line Feed (ASCII 010)	1	1814	1814	X	ASCII(010)	CODE