

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 1.30)

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,1.02,1.03,1.04,1.05,1.10,1.20,1.30	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

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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	ONTROL 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

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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

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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

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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

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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

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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

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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/flashes/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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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
W1	National Provider ID	10	1626	1635	X(10)	Valid code, sp(10)	TEXT
W2a	Influenza vaccine received in facility	1	1636	1636	X	0,1,sp	CODE
W2b	Reason influenza vaccine not received	1	1637	1637	X	1,2,3,4,5,6,sp	CODE
W3a	Resident up to date with PPV status	1	1638	1638	X	0,1	CODE
W3b	Reason PPV not received	1	1639	1639	X	1,2,3,sp	CODE
FILLER1	BLANK FILLER	30	1640	1669	X	Always inactive	FILLER
VB2	RAP Assessment Signature Date	8	1670	1677	YYYYMMDD	Valid date	DATE

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Form Location	Description	Len	Start	End	Picture	Range if Active	Type
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
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

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 1.30)

Form Location	Description	Len	Start	End	Picture	Range if Active	Type
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