

OMB #
Expires:

SP ID #: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

FACILITY ID #: _____

START TIME: _____ am/pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE AND MEDICAID SERVICES

MEDICARE CURRENT BENEFICIARY SURVEY

FACILITY COMPONENT

HEALTH STATUS

ROUND 61
2011

ASSURANCE OF CONFIDENTIALITY

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HA. HEALTH STATUS

(BASELINE ONLY)

1.0 General Structure of the Health Status Instrument**Paths**

The overall objective of the Health Status instrument is to measure each SP's health status at the beginning of his or her facility stay, at three months after admission to measure short-term changes in health condition since admission, and to measure the SP's health status over several years to monitor change. To achieve these objectives the health status instrument is administered at two points in time during the facility admission year and annually thereafter.

The two points in time during the admission year are:

Baseline which contains an extensive set of measures to be administered at the beginning of the reference year or at admission, depending on the SP type, and

Time 2 which consists of a shorter set of followup measures to be administered at three months after admission to measure health change of new facility admissions.

The annual health status measurement, to be completed during the fall round of each year, will contain virtually the same set of measures as those administered at Baseline. This annual measurement is termed the **Core** measurement.

These three timepoints - Baseline, Time 2 and Core - determined the three paths through the health status instrument.

Nursing Homes and the Minimum Data Set (MDS)

Nursing homes comprise approximately 60 percent of the sample. Nursing homes that are certified by Medicare or Medicaid are required to use the MDS to assess each resident's condition at admission and at least quarterly thereafter. Many nursing homes that are not certified have also adopted the MDS to use as their health assessment system. The MDS forms are standardized and provide an easily accessible and uniform data set from which to obtain health status information at various time points. Most of the items and the flow of the health status instrument is based on the MDS.

For MCBS facilities that are nursing homes, the health status section will first determine if the facility uses the MDS and, if so, whether an MDS form is available within a reasonable time range around the SP's reference date to use for obtaining health status. The series of questions to determine the appropriate MDS form is called the Record Identification section. Facilities which do not use the MDS or which are not nursing homes will be skipped over this section.

To facilitate the instrument flow and to ease respondent burden the health status instrument is organized to follow the flow of the MDS. Respondents using the MDS to answer questions are able to follow the MDS from section to section without skipping back and forth between sections or between the MDS and other medical records. Questions not on the MDS or placed at two points in the instrument. The section on diagnoses and conditions, after asking the respondent to check the MDS form(s) for all diagnoses and conditions listed on them, asks the respondent to refer to the medical record to determine if the SP had any other conditions or diseases not mentioned on the MDS. (Respondents without an MDS are skipped directly to this question). At this point, several questions are included about specific conditions which are not on the MDS check list. All other non-MDS questions are placed at the end of the instrument.

1.1 Overview: Record Identification Section

The Record Identification module consists of items to ascertain what records are available to use in collecting health status data and, if either the MDS or Quarterly Review is available, whether the form was completed close enough to the REF DATE to be eligible to use for collecting data for that timepoint.

Baseline

HA (Baseline) items determine if an MDS or Quarterly Review is available with a valid assessment date in reference to the REF DATE specified for the SP. If so, the module confirms that the form is, in fact, the closest form available to the REF DATE and, thus, is designated as the primary form.

Time 2

HA (Time 2) reviews HA (Baseline) to determine if an MDS was available for the HA (Baseline) timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Baseline) form.

If there was no full MDS or Quarterly Review available at HA (Baseline) and if Baseline was administered in the current round, the module goes directly to the introductory item for the health status questions. If Baseline was administered in a previous round and there was no MDS or Quarterly available, the respondent is taken through the initial record identification questions to determine if there is an MDS or Quarterly available for Time 2.

If only one form is available, the application administers a range check to determine if the form is eligible to be the primary form. If more than one MDS form is available, the respondent is taken through the initial record identification questions to determine if there is an MDS or Quarterly available for Time 2.

If only one form is available, the application administers a range check to determine if the form is eligible to be the primary form. If more than one MDS form is available, the application determines which form is the closest to the REF DATE. If the closest form to the REF DATE is a Quarterly Review, the module then determines the assessment date for the closest MDS. If this MDS falls within a specified date range, the MDS becomes the backup form. This provides assessment dates for all forms that will be used in answering the health status questions. Finally, the respondent is instructed on what form to use in answering the health status questions.

Core

HA (Core) items follow a similar path to Time 2. HA (Core) checks to determine if Time 2 has been completed. If so, HA (Time 2) is reviewed to determine if an MDS or Quarterly Review was available for the Time 2 timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Time 2) form. If Time 2 has not already been completed, HA (Core) reviews HA (Baseline) to determine if an MDS was available for the Baseline timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Baseline) form. Also, the record identification section tries to identify a backup MDS if the primary form is a Quarterly Review.

If there was no full MDS or Quarterly Review available for Time 2 or Baseline or if the SP was a CFR in Round 18 or a SSM1 in any fall round (neither of which receive a Baseline or Time 2 questionnaire), the respondent is taken through the initial questions to determine if there is an MDS or Quarterly available for Core.

1.2 Overview: Health Status Instrument Items

This section summarizes the key date ranges and primary paths through the Health Status instrument. The concepts of valid assessment date and REF DATE are defined for each SP type at Baseline, Time 2 and Core. Exhibit 1 presents a summary of the key date ranges and the reference dates used in the Health Status section.

Valid Assessment Date

CAP1 determines the Closest Valid Assessment Date (CVAD) from assessment dates on the MDS forms listed by the respondent (HA3A/HA3B). A CVAD is established for each time period. The CVAD for Baseline is labeled the BCVD; the CVAD for Time 2 is labeled the TCVAD; and the CVAD for the Core Supplement is labeled the CCVD.

Ranges for determining the validity of the assessment dates for MDS forms are displayed below. Only a form with a valid assessment date is eligible to be the primary form for health status data collection.

Baseline

FAD/5/1\{YEAR} to FAD+14/12/31\{YEAR}

Time 2

If Core completed, CCVAD+1/CORE REF DATE + 30 to FAD + 150
Else, BCVAD+1/FAD+15 to FAD+150

Core

If Time 2 is last HS completed for this SP, TCVAD+1/TIME 2 REF DATE + 30 to CORE REF DATE + 30.
If Baseline is last HS completed for this SP, BCVAD+1/BL REF DATE + 30 to CORE REF DATE + 30.
If CORE is last HS completed for this SP, CCVAD+30/last CORE REF DATE + 30 to CORE REF DATE + 30.
Else, RAD to RAD + 14.

The extent to which missing data is allowed in an assessment date depends on the type of missing data. DAY may be missing if there is only one form available. If there are two or more forms completed in the same month and only one has a DAY entry, the form(s) with no DAY entry is invalid. If no forms dated in the same month have a DAY entry, none are eligible to use as the primary form for data collection and the interviewer will ask the respondent to refer to the medical record (which includes the invalid MDS(s)) when giving information about the REF DATE. When there is conflicting information, the respondent should be told to use her best judgment about which is closer to the REF DATE.

Reference Dates and Date Ranges

The dates to be used for REF DATE in the Health Status instrument are displayed in Table 1 by SP type and by round.

Health Status Sections and Items By Round

The Health Status sections and the questions within each section are displayed in Tables 2 and 3. Table 2 displays all Health Status items administered in each path (Baseline, Time 2 and Core Supplement). Table 2 displays the Health Status sections and the rounds in which they are administered by SP type.

Table 1. Reference Date and Date Ranges for Primary MDS by SP Type by Round

		ROUND 18		ROUND 19 AND ABOVE			
SP TYPE	REF DATE	SOFT	HARD	FALL RDS		NON-FALL RDS	
				SOFT	HARD	SOFT	HARD
BASELINE							
CFR	NA	NA	NA	NA	NA	NA	NA
SSM1	9/1/{YR}	NA	NA	5/1/{YR PRIOR} to 12/31/ {YR}	1/1/91 / DOB to DOI (BL)	NA	NA
SSM2	FAD	NA	NA	FAD to FAD + 14	1/1/91 / DOB to DOI (BL)	NA	NA
CFC	FAD	FAD TO FAD + 14	1/1/91 or DOB to DOI	FAD to FAD + 14	1/1/91 / DOB to DOI (BL)	FAD to FAD + 14	1/1/91 or DOB to DOI (BL)
FFC	NA	NA	NA	NA	NA	NA	NA
FCF	NA	NA	NA	NA	NA	NA	NA
TIME 2							
Current CFRs SSM2, CFC at admission	FAD+90	NA	NA	NA	NA	BCVAD / FAD +15 to FAD+150	BCVAD / 1/1/{YR} to DOI (T2)
SSM1	NA	NA	NA	NA	NA	NA	NA
SSM2	FAD+90	NA	NA	BCVAD+1 / FAD+15 to FAD+150	BCVAD / 1\1\{YR} to DOI (T2)	BCVAD / FAD+ 15 to FAD+150	BCVAD / 1\1\{YR} to DOI (T2)
CFC	FAD+90	BCVAD+1 / FAD+15 to FAD+150	NA	BCVAD+1 / FAD+ 15/ CCVAD+1/C OR REF DATE+30 to FAD+150	BCVAD+1 / 1\1\{YR} to DOI (T2)	BCVAD+15 / FAD+ 15 to FAD+150	BCVAD / 1\1\{YR} to DOI (T2)
FFC	NA	NA	NA	NA	NA	NA	NA
FCF	NA	NA	NA	NA	NA	NA	NA
CORE							
CFR	9/1/{YR}	NA	NA	BCVAD+1 / TCVAD+1/ FAD+90 / BL REF DATE+30 to 12\1\{YR}	1/1/91/DO B to DOI (CORE)	NA	NA
FCF	RAD	RAD to RAD + 14	1/1/91 or DOB to DOI (T2)	RAD to RAD + 14	1/1/91 or DOB to DOI (CORE)	RAD to RAD + 14	1/1/91 or DOB to DOI (CORE)
FFC*	RAD/ 9/1/{YR}	NA	NA	5/1/{YR PRIOR} / RAD to RAD + 14 / 12/31/{YR}	1/1/91 or DOB to DOI (CORE)	NA	NA
*FFCs REFDATE = RAD only if RAD is after 9/1/{YR}. Else, REFDATE = 9/1/{YR}.							

Table 2. Health Status Items Administered in Each Path (Baseline, Time 2 and Core)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
SECTION HA			
Record ID			
BOX HA1	X	X	X
HA1PRE	X	X	X
HA1PRE2	X	X	X
BOX HA2	X	X	X
HA1	X	X	X
HA1A	X	X	X
HA1B	X	X	X
BOX HA2A	X	X	X
HA2	X	X	X
HA2A	X	X	X
HA2B1	X	X	X
BOX HA3	X	X	X
HA2B		X	X
HA2C		X	X
HA3A	X		X
HA3B		X	X
BOX HA4	X	X	X
BOX HA5	X	X	X
HA4	X	X	X
BOX HA7	X	X	X
HA5	X	X	X
BOX HA8	X	X	X
BOX HA9	X	X	X
HA6	X	X	X
HA7A	X	X	X
HA7B	X	X	X
BOX HA10	X	X	X
HA7C	X	X	X

Table 2. Health Status Items Administered in Each Path (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
Mental Health			
HA9PRE	X	X	X
BOX HA11	X	X	X
HA9	X		
Advanced Direct.			
HA10	X		X
Comatose			
HA11	X	X	X
Mem./Cog.			
BOX HA12	X	X	X
HA12PRE	X	X	X
HA12-13	X	X	X
HA14	X	X	X
HA15	X	X	X
BOX HA13	X	X	X
Hear/Commun.			
HA16	X		X
HA17	X		X
HA18PRE	X		X
HA18	X		X
HA19	X		X
Vision			
HA20PRE	X		X
HA20	X		X
HA20A	X		X
Behavioral Symp.			
HA21	X	X	X
ADLs/Phys. Func.			
HA22PRE	X	X	X
HA22	X	X	X

Table 2. Health Status Items Administered in Each Path (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
HA23	X	X	X
HA24PRE	X	X	X
HA24	X	X	X
BOX HA14	X	X	X
Continence			
HA25PRE	X		X
HA25	X		X
HA26	X		X
Psyc. Social			
HA27	X		X
Diag./Cond			
HA28PRE	X		X
HA28	X		X
HA29	X		X
BOXHA15	X		X
HA30	X		X
HA31	X		X
HA32	X		X
HA33	X		X
BOX 15A	X		X
HA33PRE	X		X
BOX HA15B	X		X
HA33A	X		X
BOX HA15C	X		X
HA33B	X		X
BOX 15D	X		X
HA33C	X		X
HA33D	X		X
HA33E	X		X

Table 2. Health Status Items Administered in Each Path (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
Con/I/w M'Care			
HA33F	X		
HA33G	X		
BOX HA15E	X		
HA33H	X		
Dehyd/Delus./Halluc.			
BOX HA16	X		
HA34PRE	X		
HA34	X		X
HA35	X		X
HA36	X		X
Oral/Nutrition			
HA37	X		X
HA38	X	X	X
HA39	X	X	X
BOX HA17	X	X	X
Dental Health			
HA40	X		X
Mamm./PAP/Hyster.			
BOX HA17	X		X
HA43A	X		X
HA43B	X		X
HA43C	X		
HA43D	X		X
Smoking			
HA43E	X		X
HA43F	X		X
IADLs			
HA43GPRE	X		X
HA43G	X		X

Table 2. Health Status Items Administered in Each Path (Baseline, Time 2 and Core) (continued)

ITEMS	PATHS		
	Baseline	Time 2	Core Supp.
HA43H	X		X
HA43I	X		X
BOX HA17C	X		X
Gen. Health			
HA43J	X		X
IN Data Retrieval			
HA44PRE	X		
BOX HA20	X		
HA44A	X		
HA44B	X		
HA45	X		
HA46	X		
BOX HA21	X		
HA47	X		
HA48	X		
HA49	X		
BOX HA22	X		
HA50	X		
BOX HA23	X		
HA51	X		
BOX HA24	X		
SECTION HC			
HC2	X	X	X
HC3	X	X	X
HCEND	X	X	X

Table 3. Health Status Paths (Baseline, Time 2, and Core Supplement) by SP Type

Baseline

SSM in fall rounds.
CFC in all rounds.

Time 2

CFR in non-fall rounds

- a. who has not received a Time 2 for target facility in the previous round, and,
- b. who was CFC or SSM2 in the round they entered the facility component, or
- c. who was FCF at RAD and who was readmitted to the same facility and Round=19 or higher and embedded community stay was not HOSPITAL and community stay was one month or more and who was readmitted before FAD +90.

If fall round, and SP meets criteria in a and item in either b or c, above, administer Core rather than Time 2.

Core

CFR in fall rounds.
FFC, FCF in all rounds (as first HS completed after readmission).

HA. HEALTH STATUS**(BASELINE ONLY)****INSTRUCTIONS**

If no medical record is available (HA1^=1, or if MDS forms are unavailable (HA2 ^=1 or HA2B ^= 1), or if no valid MDS is identified in HA3A, HA3B, or HA7A, leave the section displays blank.

Display the appropriate MDS section fills, based on the attached table of MDS section letters by the MCBS Question Number, centered on the second line of the screen in reverse video.

If both a backup MDS and a Quarterly Review form are available, always display the MDS fills followed by the Quarterly Review fills. If only one form is available, display only the appropriate form set of fills. Identify the forms by a AM@ or AQ@ preceding the section fills. For MDS and Quarterly Review sections that are identified by a letter only, ASEC.A precedes the letter, e.g.,

M SEC. E
Q SEC. E

Some MDS items require special identification for some individual states. Examples of those fills are as follows:

Q SIGNATURES PAGE
Q ABOVE SEC. E
M ABOVE SEC. P
Q ABOVE SEC. B
Q AFTER SEC. O
Q AFTER SEC. P

If a question item is not listed on the attached table as an MDS item, Display **NOT ON MDS** in reverse video on the top center portion of the screen.

In choice lists, "NONE CHECKED" or "NONE OF THE ABOVE" is allowed only if no other item is selected.

BOX HA1	If this is the first time for this respondent in Section HA, go to HA1PRE1. Else, go to HA1PRE2.
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PERM.HSREF1
FACR.HA1LONG

PERS.HS1RND
PERS.HS2RND

PERS.HSCREF
PERS.HS1REF

HA1PRE1

If facility is a nursing home, (PLACE TYPE = NURSING HOME) display "full Minimum Data Set (MDS) assessments, the Quarterly Report forms, and other medical chart notes".
Else, display "medical record".

RECORD IDENTIFICATION**HA1PRE1**

The next questions are about {SP}'s health status on or around {REF DATE}. We have found that much of the data we are collecting is usually located in the resident's {full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes/medical record}. Please take a moment to locate the records now and confirm they are the records closest to {REF DATE}.

PRESS ENTER TO CONTINUE.

HA1PRE2

Display Current Stay Roster.

If Time 2, and Baseline and Time 2 done in same round, display "Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}." Otherwise display "The following questions are about {SP}'s health status on or around {REF DATE}."

RECORD IDENTIFICATION

HA1PRE2

{Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}./The following questions are about {SP}'s health status on or around {REF DATE}.

Current Stay Roster

PLACE NAME	START DATE	END DATE	PLACE TYPE
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
{ }	{ }	{ }	{ }
etc.			

USE ARROW KEYS. TO EXIT, PRESS ESC.

BOX HA2

If Baseline, go to HA1,
If Time 2, and
If Baseline and Time 2 done in same facility this round, and
If at Baseline, SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to
HA2B,
Else, go to HA9PRE.
If Baseline done in previous round in this facility, and
If SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to HA2B;
Else, go to HA1
If Core Supplement,
If at last HS application administered for this SP, SP had a full MDS or QR (HA2
or HA2B=1 (YES), go to HA2B. Else, go to HA1.

HA1

If baseline:

If not SSM1, display "admission".

Else, do not display.

If FCF or FFC, display "admission".

Else, do not display.

RECORD IDENTIFICATION

HA1

Do you have {SP's} medical records for the {admission} period on or around {REF DATE)?

YES	1	(BOX HA2A)
NO	0	(HA1A)
DK	-8	(HA1A)
RF	-7	(HA9PRE)

HLTH.RECHAVE

HA1A

Display as an overlay to HA1.

RECORD IDENTIFICATION

HA1A

Is there someone else I should speak with, or do the records exist elsewhere?

PRESS ENTER TO CONTINUE.

HA1B

DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS?

YES, CONTINUE WITHOUT MEDICAL RECORDS	1	(HA9PRE)
NO, RETURN TO NAVIGATE SCREEN		
(RECORD NEW RESPONDENT/RECORDS ON FROG)	0	(RETURN TO NAVIGATE SCREEN)

PROGRAMMER SPECS:

If HA1B=0, set a flag if Time 2, and Baseline and Time 2 done in the same round and display BRK as HS status code on Navigation Screen.
Else, display RDY.

BOX
HA2A

If facility is a nursing home PLACE TYPE = NURSING HOME or a rehabilitation facility (PLACTYPE = 17), go to HA2.
Else, go to HA9PRE.

HA2

If Baseline or FCF do not display "or Quarterly Review".

RECORD IDENTIFICATION

HA2

Do the medical records contain any full MDS assessment {or Quarterly Review} Forms?

YES	1	(BOX HA3)
NO	0	(HA2A)
DK	-8	(HA2A)
RF	-7	(HA9PRE)

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.RECFORMS
PERS.HSFORMS

HA2A

Display as an overlay to HA2.

RECORD IDENTIFICATION

HA2A

Is there someone else I should speak with, or do the records exist elsewhere?

PRESS ENTER TO CONTINUE.

HA2B1

DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?

YES, CONTINUE WITHOUT MDS.....	1	(HA9PRE)
NO, RETURN TO NAVIGATE SCREEN (RECORD NEW RESPONDENT/RECORDS ON FROG)	0	(RETURN TO NAVIGATE SCREEN)

PROGRAMMER SPECS:

If HA2B1=0, set a flag if Time 2, and Baseline and Time 2 done in the same round to display BRK as HS status code on Navigation Screen. Else, display RDY.

BOX HA3

If Baseline, FCF, or FFC, go to HA3A. Else, go to HA2B.

HA2B

If Time 2,

If baseline and Time 2 done in same round,

If no "BCVAD", display "another" and "on or around {Time 2 REF DATE}.

Else, display "another" and "after BCVAD".

If Baseline and Time 2 done in different rounds and Core not yet administered,

If no BCVAD, display "a full" and "after {DATE OF BASELINE INTERVIEW}."

Else, display "a full" and "BCVAD".

If Core,

If last HS application for this SP was Core,

If no CCVAD, display "a full" and "on or around {Core REF DATE}."

Else, display "another" and "after" and "CCVAD".

If last HS application of this SP was Time 2,

If no TCVAD, display "a full" and "on or around {Core REF DATE}.

Else, display "another" and "after" and "TCVAD".

If last HS application for this SP was Baseline,

If no "BCVAD", display "a full" and "on or around {Core REF DATE}."

Else, display "another" and "after BCVAD".

RECORD IDENTIFICATION**HA2B**

Do {SP}'s medical records contain {another/a full} MDS assessment or Quarterly Review form dated {after/on or around} {{Time 2 REF DATE}/{BCVAD}/{DATE OF BASELINE INTERVIEW}/{CORE REF DATE}/{CCVAD}/{TCVAD}}?

YES.....	1	(HA3B)
NO.....	0	(HA2C)
DK.....	-8	(HA2C)
RF.....	-7	(HA9PRE)

HLTH.RECFORM2**HA2C**

Display as an overlay to HA2B.

RECORD IDENTIFICATION**HA2C**

Is there someone else I should speak with or do the records exist elsewhere?

CONTINUE WITH THIS RESPONDENT AND THIS SP	1	(HA9PRE)
RETURN TO NAVIGATE SCREEN TO BEGIN ANOTHER SP OR TO RETRIEVE RECORDS	0	(RETURN TO NAVIGATE SCREEN)
(RECORD NEW RESPONDENT/RECORDS ON FROG)		

PROGRAMMER SPECS:

If HA2C=0, set a flag if Time 2, and Baseline and Time 2 done in the same round, to display BRK as HS status code on Navigation Screen. Else, display RDY.

HA3A

If second or subsequent times at HA3A, display "ASSESSMENT DATE: {ASSESSMENT DATE}".
Display last assessment date entry in HA3A as {ASSESSMENT DATE}.

The first time HA3A is administered:

If SSM1, display "... the full MDS ... for {SP} on or around ... {REF DATE}".

Else, also display "at admission, that is,".

Display the interviewer instruction.

Display "AROUND {REF DATE}" in the instruction.

The second and subsequent times HA3A is administered, display "What is the assessment date on that form?" Do not display interviewer instruction.

RECORD IDENTIFICATION

{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}

HA3A

{What is the assessment date on the full MDS assessment that was completed for {SP} {at admission, that is,} on or around {REF DATE}}. {What is the assessment date on that form}?

{IF NO MDS AVAILABLE AROUND {REF DATE}}, ENTER SHIFT/5 IN MONTH.}

MONTH () DAY () YEAR ()

(BOX HA4)

FORM.FORMRNDC	.ASSESS	.ASSESSMM	.ASSESSDD	.ASSESSYY	.FORMORIG
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PROGRAMMER SPECS:

Date Ranges

SP Type	Soft Range	Hard Range
SSM1	5\1\{SAMPYR} to 12\31\{SAMPYR}/DOI/DOD	1\1\91 / DOB to DOI/DOD
SSM2	FAD-30 to FAD+30/DOI/DOD	1\1\91 / DOB to DOI/DOD
CFC	FAD-30 to FAD+30/DOI/DOD	1\1\91 / DOB to DOI/DOD
FCF, FFC	RAD to RAD+14/DOI/DOD	1\1\91 / DOB to DOI/DOD

ERROR MESSAGES:

SOFT RANGE MESSAGE: "Unlikely response. Please re-enter."

HARD RANGE MESSAGE: "Invalid date. Re-enter date or back up (CTRL/B) 1 screen and change answer."

Abbreviations:

BCVAD = Baseline Closest Valid Assessment Date

BL = Baseline

CCVAD = Core Closest Valid Assessment Date

DOI = Date of Interview

DOB = Date of Birth

FAD = First Admission Date

HS = Health Status

RAD = Recent Admission Date

TCVAD = Time 2 Closest Valid Assessment Date

DOD = Date of Death

HA3B

If second or subsequent times at HA3B,

display "ASSESSMENT DATE: {ASSESSMENT DATE}".

Display last assessment date entry in HA3B as {ASSESSMENT DATE}.

Do not display interviewer message.

If Time 2,

If no BCVAD, display "FAD+14/RAD+14"

Else, display "BCVAD".

If Core,

If last HS application for SP was Core,

If no CCVAD, display "{Core REF DATE}".

Else, display "CCVAD".

If last HS application for this SP was Time 2,

If no TCVAD, display "{Time 2 REF DATE}".

Else, display "TCVAD".

If last HS application for this SP was Baseline,

If no "BCVAD", display "{Baseline REF DATE}".

Else, display "BCVD".

{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}
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HA3B

What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to {REF DATE} for {SP} after {{FAD+14/RAD+14}/{BCVAD}/{CORE REF DATE}/{CCVAD}/{TIME 2 REF DATE}/{TCVAD}/{BASELINE REF DATE}/{BCVAD}}.

{IF NO MDS OR QUARTERLY REVIEW AVAILABLE, ENTER SHIFT/5 IN MONTH.}

MONTH () DAY () YEAR ()

FORM.FORMRND	DC	.ASSESS	.ASSESSMM	.ASSESSDD	.ASSESSYY	.FORMORIG
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PROGRAMMER SPECS:

Date Ranges

Path	SP Type	Soft Range	Hard Range
Core	If CFR:		
	If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR} /DOI/DOD	1/1/91/DOB to DOI/DOD
	If LAST HS is T2:	TCVAD+1/FAD+120 to 12/31/{YR}	1/1/91/DOB to
	If TCVADYR = REFYR	/DOI/DOD	DOI/DOD
	Else	5/1/{YR} TO 12/31/{YR}/DOI/DOD	1/1/91/DOB to DOI/DOD
	If LAST HS is Core:		
	If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR} /DOI/DOD	1/1/91/DOB to DOI/DOD
	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	1/1/91/DOB to DOI/DOD
	FFC or FCF	RAD to RAD + 14/DOI/DOD	1/1/91/DOB to DOI/DOD
Time 2	SSM2/CFC	BCVAD+1/FAD+14 to FAD+150	1/1/91/DOB to DOI/DOD

ERROR MESSAGES:

SOFT RANGE MESSAGE: "Unlikely response. Please re-enter."

HARD RANGE MESSAGE: "Invalid date. Re-enter date or back up (CTRL/B) 1 screen and change answer."

BOX HA4

If SHIFT/5 entered in month, and
If first time at HA3A/HA3B, go to HA9PRE;
Else, go to BOX HA5.

BOX HA5	<p>Determine if last date in HA3A/HA3B is valid by applying the following criteria. Date is valid if it falls on or between the dates below:</p> <p>Baseline: SSM1 5/1/{SAMPYR} to 2/31/{SAMPYR}/DOI/DOD SSM2/CFC FAD to FAD+14/DOI/DOD Time 2: BCVAD+1/FAD+14 to FAD+150/DOI/DOD Core: If CFR: If LAST HS is BL BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD If LAST HS is T2: If TCVADYR = REFYR TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD Else 5/1/{YR} to 12/31/{YR}/DOI/DOD If LAST HS is Core: If CCVADYR = REFYR CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD Else 5/1/{YR} to 12/31/{YR}/DOI/DOD</p> <p>If FFC or FCF RAD to RAD+14/DOI/DOD</p> <p>And, If year is not missing, and If month is not missing, and If date is valid, set a flag and go to Box HA6. If date is invalid, go to HA5.</p>
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BOX HA6	Obtain state name from Facility's address. If state name is MS or SD, set HA4=1 and go to HA5. Else, go to HA4.
---------	---

FORM.FORMTYPE**RECORD IDENTIFICATION**

HA4

Please tell me if the form with the assessment date of {LAST ASSESSMENT DATE ENTRY IN HA3A/HA3B} is a full MDS or a quarterly review.

FULL MDS	1
QUARTERLY REVIEW	0
DK	-8
RF	-7

(HSC2)

FORM.FORMTYPE**PROGRAMMER SPECS:**

Set a flag to indicate assessment form type. If HA4 = DK (-8) or RF (-7) and if there is more than one form, set assessment form type flag to 1 (FULL MDS).

BOX HA7	Compare most recent Assessment Date with REF DATE. If number of days between Assessment Date and REF DATE > 7, or if day only in HA3A or HA3B is DK or RF, continue. Else, go to BOX HA9.
---------	--

HA5

Display last assessment date entry in HA3A/HA3B above question text.

If Time 2 or Core, display "or Quarterly Review".

Fill "ASSESSMENT DATE" with last assessment date entry in HA3A/HA3B.

RECORD IDENTIFICATION
{ASSESSMENT DATE: {ASSESSMENT DATE}}

HA5

Besides the form you just told me about, does {SP's} medical record contain any other MDS form {or Quarterly Review form} dated closer to {REF DATE}?

YES	1
NO	0
DK	-8
RF	-7

BOX HA8	If another form is available (HA5 = 1 (YES)), If Baseline or if FCF go to HA3A. If Time 2 or Core, go to HA3B. Else, go to BOX HA9.
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BOX HA9	<ol style="list-style-type: none"> 1. If one assessment date in HA3A/HA3B and FORM TYPE is Full MDS and assessment date is valid, set a flag to indicate this is the BCVAD/TCVAD/CCVAD and go to HA6. 2. If only one assessment date in HA3A/HA3B and FORM TYPE is Quarterly Review and assessment date is valid, set a flag to indicate this date is the BCVAD/TCVAD/CCVAD and go to HA7A. 3. If no assessment dates are valid or one form and form type is unknown, treat as having no MDS or Quarterly Review and go to HA9PRE. 4. If more than 1 valid assessment date (2 or more flags set to valid in BOX HA5), go to step 4a. to determine which assessment date is the BCVAD/TCVAD/CCVAD. <ol style="list-style-type: none"> 4a. If all dates have valid entries in the DAY, MONTH and YEAR fields and form type is known, select the date which is closest to REF DATE as the BCVAD/TCVAD/CCVAD. 4b. If at least one of the dates does not have valid entries in DAY or MONTH or form type is unknown, consider only the dates and form types with complete information in determining BCVAD/TCVAD/CCVAD. 4c. If two dates are equally close to REF DATE, select the date before REF DATE as the BCVAD/TCVAD/CCVAD. 5. If Form Type in HA4 for BCVAD/TCVAD/CCVAD identified in step 4 is a full MDS assessment, go to HA6. If Quarterly Review, go to step 6. 6. Review HA3A/HA3B and Box HA5; if any of the valid dates are for a full MDS form (HA4 = Full MDS), select the full MDS as the Backup MDS and go to HA7C. If more than one full MDS with a valid date, select the date closest to the REF DATE as the Backup MDS and go to HA7C. Else (no valid dates in HA3A/HA3B), go to step 7. 7. If no additional dates collected in HA3A/HA3B, go to HA7A. 8. If only one additional date in HA3A/HA3B and it is an MDS, go to BOX HA10. 9. If HA3A/HA3B contains more than one full MDS assessment date, determine which assessment date is the closest to the REF DATE. If two or more dates are equally close to REF DATE, select the full MDS form dated before REF DATE, then go to BOX HA10.
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PERS.BCVAD	HLTH.CVATYPE
.TCVAD	.XBACKUP
.CCVAD	.XPRIMARY

HA6

Display BCVAD/TCVAD/CCVAD as {ASSESSMENT DATE} above question text.

Suppress "full" and display "QUARTERLY REVIEW.....5 (HA7C)" if state name is MS, SD (states that use full MDS assessments for quarterly reviews).

RECORD IDENTIFICATION ASSESSMENT DATE: {ASSESSMENT DATE}

HA6

What was the primary reason for the assessment on the full MDS assessment dated {BCVAD/TCVAD}?

ADMISSION	1	(HA7C)
ANNUAL	2	(HA7C)
SIGNIFICANT CHANGE IN STATUS.....	3	(HA7C)
OTHER (SPECIFY:.....)	91	(HA7C)
DK	-8	(HA7C)
RF	-7	(HA7C)

HLTH.FORMREAS	.FORMREOS
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HA7A

Display BCVAD/TCVAD/CCVAD as "ASSESSMENT DATE".

Path/SP Type	Range
Baseline	
SSM1	1\1\{SAMPYR to 1\14\{SAMPYR+1\}/DOI/DOD
SSM2	FAD-30 TO FAD+30/DOI/DOD
CFC	FAD-30 TO FAD+30/DOI/DOD
Time 2	
SSM2/CFC	BCVAD+1/FAD+15 to FAD+270/DOI/DOD
Core	
If CFR:	
If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD
If LAST HS is T2:	
If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
If LAST HS is Core:	
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
If FFC or	RAD to RAD+14/DOI/DOD
FCF	

RECORD IDENTIFICATION
{ASSESSMENT DATE: {ASSESSMENT DATE}}

HA7A

Does {SP}'s medical record contain a full MDS assessment dated between {DATE RANGE}.

YES	1	(GO TO HA7B)
NO	0	(GO TO HA7C)
DK	-8	(GO TO HA7C)
RF	-7	(GO TO HA7C)

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.RECMDS

HA7B

What is the date of the full MDS assessment closest to {REF DATE}?

IF NO MDS AVAILABLE, ENTER SHIFT/5 IN MONTH. (HA7C)

MONTH () DAY () YEAR ()

FORM.FORMRND	ASSESS	ASSESSMM	ASSESSDD	ASSESSYY	FORMORIG	FORMTYPE
HLTH.XBACKUP						

PROGRAMMER SPECS:

Date Ranges

Path/SP Type

Soft Range

Hard Range

Baseline

SSM1

1\1\{SAMPYR to 1\14\{SAMPYR+1}/
DOI/DOD

1\1\91/DOB to DOI/DOD

SSM2

FAD-30 TO FAD+30/DOI/DOD

1\1\91/DOB to DOI/DOD

CFC

FAD-30 TO FAD+30/DOI/DOD

1\1\91/DOB to DOI/DOD

Time 2

SSM2/CFC

BCVAD+1/FAD+15 to FAD+270/
DOI/DOD

1\1\91/DOB to DOI/DOD

Core

If CFR:

If Last HS is BL

BCVAD+1/FAD+15 to 12\31\{YR}/
DOI/DOD

1\1\91/DOB to DOI/DOD

If Last HS is T2:

If TCVADYR = REFYR

TCVAD+1/FAD+120 to 12\31\{YR}/
DOI/DOD

1\1\91/DOB to DOI/DOD

Else

5/1/{YR} to 12/31/{YR}/DOI/DOD

1\1\91/DOB to DOI/DOD

If LAST HR is Core:

If CCVADYR=REFYR

CCVAD+1/FAD+120 to 12/31/{YR}/
DOI/DOD

1\1\91/DOB to DOI/DOD

Else

5/1/{YR} to 12/31/{YR}/DOI/DOD

1\1\91/DOB to DOI/DOD

FFC or

FCF

RAD to RAD+14/DOI/DOD

1\1\91/DOB to DOI/DOD

BOX HA10	Determine if date in HA7B is valid by applying the following criteria. Date in range if it falls on or between the dates below:	
	PATH/SP TYPE	RANGE
	Baseline	
	SSM1	1\1\{SAMPYR} to 1\14\{SAMPYR+1}/DOI/DOD
	SSM2	FAD-30 to FAD+30/DOI/DOD
	CFC	FAD-30 to FAD+30/DOI/DOD
	Time 2	
		BCVAD+1/FAD+14 to FAD+270/DOI/DOD
	Core	
	If CFR:	
	If LAST HS is BL	BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD
	If LAST HS is T2:	
	If TCVADYR = REFYR	TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD
	Else	5/1/{YR} to 12/31/{YR}/DOI/DOD
	If LAST HR is Core:	
If CCVADYR = REFYR	CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD	
Else	5/1/{YR} to 12/31/{YR}/DOI/DOD	
If FFC or		
FCF	RAD to RAD+14/DOI/DOD	
<u>And,</u>		
If year is not missing, and		
If month is not missing.		
If date is valid, set a flag to indicate it is the backup MDS date.		
Then, go to HA7C.		

HA7C

If HA3A/HA3B contains a valid date, for "FORM TYPE," display category text from HA4 for form with closest valid assessment date.

If FORM TYPE=0 (QUARTERLY REVIEW) and there is a valid Backup MDS Assessment Date from BOX HA10 display "If the information is not found on the Quarterly Review, please refer to the full MDS form with the assessment date of {BACKUP MDS ASSESSMENT DATE} to answer the question. Else, display "If the information is not found on the Quarterly Review, please refer to {SP}'s medical record to answer the questions."

RECORD IDENTIFICATION**HA7C**

Please refer to the {FORM TYPE} with the assessment date of {CLOSEST VALID ASSESSMENT DATE} when answering the following questions. {If the information is not found on the Quarterly Review, {please refer to the full MDS form with the assessment date of {BACK MDS ASSESSMENT DATE}/please refer to {SP}'s medical record} to answer the questions.}

BOX HA11 OMITTED IN ROUND 58.

BOX HA19 OMITTED IN ROUND 58.

BOX HA19AAA	If no MDS Form (HA2 = NO, DK, RF or -1) and Baseline, go to HA9PRE. Else if no MDS Form (HA2 = NO, DK, RF or -1), and Time 2, go to HA11. Else if no MDS Form (HA2 = NO, DK, RF or -1), and Core, go to HA10. Else go to HAVER.
----------------	--

HAVER. INDICATE WHICH VERSION OF THE MDS FORM YOU ARE USING:

VERSION 2.0 2 (BOX HA19AA)
VERSION 3.0 3 (BOX HA19A)

HLTH.MDSVFLG

BOX HA19AA	If Baseline, continue. If Time 2, go to HA11. If Core, go to HA10.
---------------	--

BOX HA19AB	<ol style="list-style-type: none"> 1. If IN1 and INSU.ICAIDNUM=-8 or -7; or If IN1=-1, -8, or -7 Go to HA44PRE. Else, go to Step 2. 2. If education level (BQ9) = -1, DK or RF, go to BOX HA23. Else, go to HA9PRE.
---------------	---

BOX HA19A	If Baseline, go to BOX HA22B. Else go to HA11B.
--------------	--

HA44PRE

This next section asks for {SP}'s Medicaid number as recorded on the MDS assessment form.

PRESS ENTER TO CONTINUE.

BOX HA20 Deleted. HA44A-HA46 Deleted. BOX HA21 Deleted.

HA47

Display {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} given by matching state of Facility's address with a state in the table of State Medicaid Names included in the Facility Questionnaire specifications.

MEDICAID NUMBER

{VERSION, SECTION}

HA47

Please read me {SP}'s {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the MDS assessment form.

IF NO MEDICAID NUMBER, CODE SHIFT/5. (BOX HA23)

_____ MEDICAID ID NUMBER

DK -8 (BOX HA23)
RF -7 ☐

HIRO.HCAIDNUM
PERS.MCAIDFLG
.HCAIDNM

{VERSION, SECTION}

HA48

I'd like to verify the {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID NUMBER} . Is this correct?

YES 1 (BOX HA23)
NO 0
DK -8 (BOX HA23)
RF -7 (BOX HA23)

(HS69)

HIRO.HCAIDVER

{VERSION, SECTION}

HA49

Let me enter it again. (What {is/was} the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

_____ (HA48)
MEDICAID ID NUMBER

DK -8 (BOX HA23)
RF -7 (BOX HA23)

HIRO.HCAIDNUM
PERS.MCAIDFLG
.HCAIDNM

BOX HA23

If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2,
go to HA51. Else, go to HA9PRE.

EDUCATION LEVEL**{VERSION, SECTION}**

HA51

As far as you know, what {is/was} the highest level of schooling {SP} completed?

IF DK, USE CATEGORIES AS PROBES.

NO FORMAL SCHOOLING.....	1
ELEMENTARY (1ST-8TH GRADES)	2
SOME HIGH SCHOOL (9TH-12TH GRADES).....	3
COMPLETED HIGH SCHOOL, NO COLLEGE	4
TECHNICAL OR TRADE SCHOOL	5
SOME COLLEGE	6
COLLEGE GRADUATE	7
GRADUATE DEGREE	8
DK	-8
RF	-7

BACK.HEDULEV

HA9PRE

For 1st sentence, if Baseline and SP is not SSM1, display "{his/her} admission to the facility".

Else, display "REF DATE".

For Baseline:

If no MDS available in medical record (HA2=NO, DK, or RF), display "Please refer to {SP}'s medical record.";

Else, if the medical record does contain an MDS (HA2=YES), but HA3A does not contain at least one form with a valid assessment date (HA3A=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";

Else, if no medical record is available (HA1=NO, DK, or RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";

Else, do not display 2nd sentence.

For T2, or Core:

If no MDS available in medical record (HA2 or HA2B=NO, DK, or RF), display "Please refer to {SP}'s medical record.";

Else, if the medical record does contain a MDS (HA2 or HS2B=YES), but HA3B does not contain at least one form with a valid assessment date (HA3B=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";

Else, if no medical record is available (HA1=NO, DK, RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";

Else, do not display 2nd sentence.

MENTAL HEALTH (MR/DD)**HA9PRE**

Now I have some questions concerning {SP}'s health on or around {REF DATE}/{his/her} admission to the facility}.
{Please refer to {SP}'s medical record/Since I will be collecting information about {SP} on or around {REF DATE} and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information./Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record} to answer these questions.}

PRESS ENTER TO CONTINUE.

MENTAL HEALTH (MR/DD)

{VERSION, SECTION}

HA9

Did {SP}'s record indicate any history of mental retardation, mental illness, or developmental disability problems?
Exclude diagnoses of organic brain syndrome, Alzheimer's disease, and related dementia.

MENTAL	NO	0
	YES	1
	DK	-8
	RF	-7

HLTH.MENTAL

HA10

The third line varies:

For item 1, display {a Living Will?}.

For item 2, display {instructions not to resuscitate?}.

For item 3, display {instructions not to hospitalize?}.

For item 4, display {restrictions on feeding, medication, or other treatment restrictions?}.

Display choice list below question text.

ADVANCED DIRECTIVES

{VERSION, SECTION}

HA10

Now, please tell me which of the following advanced directives were listed in {SP}'s record or chart for the period on or around {REF DATE}.

Did {SP}'s record indicate

{VARIABLE PART OF QUESTION}

ADLIVWIL

LIVING WILL

ADDNRES

DO NOT RESUSCITATE

ADDNHOSP

DO NOT HOSPITALIZE

ADOTREST

FEEDING/MEDICATION/OTHER TREATMENT RESTRICTION

NONE CHECKED

DON'T KNOW

HLTH.ADLIVWIL**.ADDNRES****.ADDNHOSP****.ADOTREST**

COMATOSE

{VERSION, SECTION}

HA11

Was {SP} comatose on {REF DATE}?

COMATOSE	NO (NOT COMATOSE).....	0	(HA12-13)
	YES (COMATOSE)	1	
	DK	-8	(HA12-13)
	RF	-7	(HA12-13)

HLTH.COMATOSE

BOX HA12

If Baseline or Core, go to HA28PRE.
If Time 2, go to HA39.

HA12PRE-HA13

SAMPLE LAYOUT

Display "OK" after 0 is entered; display "PROBLEM" after 1 is entered.

MEMORY/COGNITIVE SKILLS

{VERSION, SECTION}

HA12-13

The next series of questions deal with {SP}'s memory or recall ability.

CSMEMST

MEMORY OK=0

MEMORY PROBLEM=1

On or around {REF DATE}, was {SP}'s short-term
memory okay, that is, did {she/he} seem or appear
to recall things after 5 minutes?

()

SHORT-TERM
{OK/PROBLEM}

Was {SP}'s long-term memory okay, that is, did {she/he}
seem or appear to recall events in the distant past?

()

LONG-TERM
{OK/PROBLEM}

{REVIEW RESPONSES. PRESS ENTER TO CONTINUE.}

MEMORY/COGNITIVE SKILLS

HA12PRE

The next series of questions deal with {SP}'s memory or recall ability.

MEMORY/COGNITIVE SKILLS

{VERSION, SECTION}

HA12

On or around {REF DATE}, was {SP}'s short-term memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?

CSMEMST	MEMORY OK	0
	MEMORY PROBLEM.....	1

HLTH.CSMEMST**MEMORY/COGNITIVE SKILLS**

{VERSION, SECTION}

HA13

Was {SP}'s long-term memory okay; that is, did {she/he} seem or appear to recall events in the distant past?

CSMEMLT	MEMORY OK	0
	MEMORY PROBLEM.....	1

HLTH.CSMEMLT

PROGRAMMER SPECS:

Display "REVIEW RESPONSES. PRESS ENTER TO CONTINUE." after entry in HA13.

HA14

The following displays vary:

- For item 1, display {the current season}.
- For item 2, display {the location of {her/his} own room}.
- For item 3, display {staff names or faces}.
- For item 4, display {the fact that {she/he} was in a nursing home}.

Display choice list below question text and display 5 lines on choice list.

MEMORY/COGNITIVE SKILLS

{VERSION, SECTION}

HA14

Was {SP} able to recall {VARIABLE PART OF QUESTION} on or around {REF DATE}?

CSCURSEA	CURRENT SEASON
CSLOCROM	LOCATION OF OWN ROOM
CSNAMFAC	STAFF NAMES/FACES
CSINNH	THAT SHE/HE IS IN NURSING HOME
	NONE CHECKED
	DON'T KNOW

HLTH.CSCURSEA
.CSLOCROM
.CSNAMFAC
.CSINNH

MEMORY/COGNITIVE SKILLS {VERSION, SECTION}
--

HA15

How skilled was {SP} in making daily decisions? Was {she/he} independent, did {she/he} exhibit modified independence, was {she/he} moderately impaired, or was {she/he} severely impaired?

CSDECIS	INDEPENDENT	0
	MODIFIED INDEPENDENCE	1
	MODERATELY IMPAIRED	2
	SEVERELY IMPAIRED	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.CSDECIS

BOX HA13	If Baseline or Core, go to HA16. If Time 2, go to HA21.
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HEARING/COMMUNICATION {VERSION, SECTION}
--

HA16

What was the condition of {SP}'s hearing, with a hearing appliance, if used, on or around {REF DATE}? Did {she/he} hear adequately, did {she/he} have minimal difficulty, did {she/he} hear only in special situations, or was {her/his} hearing highly impaired?

HCHECOND	HEARS ADEQUATELY	0
	HEARS WITH MINIMAL DIFFICULTY	1
	HEARS IN SPECIAL SITUATIONS ONLY	2
	HEARING HIGHLY IMPAIRED	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCHECOND

HEARING/COMMUNICATION {VERSION, SECTION}
--

HA17

Did {she/he} have a hearing aid?

HCHEAID	YES	1
	NO	0

HLTH.HCHEAID

HEARING/COMMUNICATION
CTRL/E OK

HA18PRE

The next section deals with how {SP} communicated with others and how well {she/he} was understood by others.

PRESS ENTER TO CONTINUE.

HEARING/COMMUNICATION
{VERSION, SECTION}

HA18

Which statement best describes how effective {SP} was at making {herself/himself} understood on or around {REF DATE}? Was {she/he} always understood, usually understood, sometimes understood, or rarely or never understood?

HCUNCOND	UNDERSTOOD.....	0
	USUALLY UNDERSTOOD	1
	SOMETIMES UNDERSTOOD	2
	RARELY/NEVER UNDERSTOOD	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCUNCOND

HEARING/COMMUNICATION {VERSION, SECTION}
--

HA19

Which statement best describes how well {SP} understood others on or around {REF DATE}? Did {SP} always understand, usually understand, sometimes understand, or rarely or never understand?

HCUNDOTH	UNDERSTAND	0
	USUALLY UNDERSTAND	1
	SOMETIMES UNDERSTAND	2
	RARELY/NEVER UNDERSTAND.....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCUNDOTH

VISION *CTRL/E OK*

HA20PRE

Next is a question concerning {SP}'s vision on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

VISION {VERSION, SECTION}

HA20

Which of the following statements best described {SP}'s ability to see in adequate light with visual aids, if used? Would you say {her/his} vision was adequate, impaired, moderately impaired, highly impaired, or severely impaired?

VISION	ADEQUATE	0
	IMPAIRED.....	1
	MODERATELY IMPAIRED	2
	HIGHLY IMPAIRED	3
	SEVERELY IMPAIRED.....	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.VISION

VISION {VERSION, SECTION}

HA20A

Does {SP} use a visual appliance such as glasses, contact lenses, or a magnifying glass?

VISAPPL	YES.....	1
	NO	0

HLTH.VISAPPL

HA21

Display HA21 with the question text above, the frequency codes beneath the question, the item categories displayed on the left, and the cursor motion moving downward as each frequency code is entered.

The following displays vary:

- For item 1, display {wandering}.
- For item 2, display {verbally abusive behavior}.
- For item 3, display {physically abusive behavior}.
- For item 4, display {socially inappropriate or disruptive behavior}.
- For item 5, display {resistance to care}.

Highlight the VARIABLE PART OF QUESTION display.

If MDS or QR available (HA3 contains at least one valid assessment date) display "CODE FROM {MDS/QR} COLUMN A".

BEHAVIORAL SYMPTOMS

{VERSION, SECTION}

HA21

How often did the following behavioral problems occur on or around {REF DATE}? Would you say
{VARIABLE PART OF QUESTION}
did not occur, occurred less than daily, or occurred daily or more frequently?

{CODE FROM {MDS/QR} COLUMN A.}

- 0. NOT AT ALL
- 1. LESS THAN DAILY
- 2. DAILY OR MORE FREQUENTLY

BSWANDER	A. WANDERING	()
BSVERBAB	B. VERBALLY ABUSIVE BEHAVIOR	()
BSPHYSAB	C. PHYSICALLY ABUSIVE BEHAVIOR	()
BSDISRPT	D. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR	()
BSRESIST	E. RESISTANCE TO CARE	()

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.BSWANDER

.BSVERBAB

.BSPHYSAB

.BSDISRPT

.BSRESIST

BOX HA13A

If Baseline or Core, continue. If Time 2, go to HA22PRE.

HA27

Fills for {VARIABLE PART OF QUESTION}:

Display first and second sentences with item 1 only.

For item A, display "was at ease interacting with others".

For item B, display "was at ease doing planned or structured activities".

For item C, display "was at ease doing self-initiated activities".

For item D, display "established {his/her} own goals".

For item E, display "pursued involvement in the life of the facility (that is, makes or keeps friends; is involved in group activities, responds positively to new activities, assists at religious services)".

For item F, display "accepted invitations into most group activities".

For item 2e, display "had absence of personal contact with family or friends".

For item G, NONE OF THE ABOVE

If no MDS available (HA2 = NO, DK, or RF) or HA3 ☐ valid assessment date, display show card.

PSYCHOSOCIAL WELL-BEING

{VERSION, SECTION}

HA27

The next question is about {SP}'s psychological and social well-being. Please tell me which of the following items describe {her/him}.

On or around {REF DATE}, {SP}:

{VARIABLE PART OF QUESTION}?



PWINTOTH
PWSTRACT
PWSLFACT
PWGOALS
PWFACLIF
PWGRPACT
PWNOFC

AT EASE INTERACTING WITH OTHERS
AT EASE DOING PLANNED OR STRUCTURED ACTIVITIES
AT EASE DOING SELF-INITIATED ACTIVITIES
ESTABLISHES OWN GOALS
PURSUES INVOLVEMENT IN LIFE OF FACILITY
ACCEPTS INVITATIONS INTO MOST GROUP ACTIVITIES
HAS ABSENCE OF PERSONAL CONTACT WITH FAMILY/FRIENDS
NONE OF THE ABOVE

HLTH.PWINTOTH
.PWSTRACT
.PWSLFACT
.PWGOALS
.PWFACLIF
.PWGRPACT
.PWNOFC

HA22PRE

If no MDS (HA2=NO, DK, or RF) display "By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members".

ADLS/PHYSICAL FUNCTIONING

HA22PRE

The next questions are about {SP}'s ability to perform Activities of Daily Living or ADLs, on or around {REF DATE}.

I will read you a list of activities and would like you to tell me if {SP}'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. {By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members.}

PRESS ENTER TO CONTINUE.

HA22

Display the first line of question for all 6 items.

The following displays vary:

For item A, display {transferring (for example, in and out of bed)}.

For item B, display {locomotion on unit}.

For item C, display {dressing}.

For item D, display {eating}.

For item E, display {using the toilet}.

If no MDS available (HA2=NO, DK, or RF) or HA3□ valid assessment date, display show card.

Do not allow code "7".

ADLS/PHYSICAL FUNCTIONING
{VERSION, SECTION}

HA22

Please tell me {SP}'s level of self-performance in
{VARIABLE PART OF QUESTION}



CODE LEVEL OF SELF-PERFORMANCE

PFTRNSFR	A. TRANSFER	()
PFLOCOMO	B. LOCOMOTION ON UNIT	()
PFDRSSNG	C. DRESSING	()
PFEATING	D. EATING	()
PFTOILET	E. TOILET USE	()

0. INDEPENDENT

3. EXTENSIVE ASSISTANCE

1. SUPERVISION

4. TOTAL DEPENDENCE

2. LIMITED ASSISTANCE

8. ACTIVITY DID NOT OCCUR

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.PFTRNSFR
.PFLOCOMO
.PFDRSSNG
.PFEATING
.PFTOILET

HA23
Highlight "bathing" on first line.

ADLS/PHYSICAL FUNCTIONING
{VERSION, SECTION}

HA23

Again referring to the time on or around {REF DATE}, what was {SP}'s level of self-performance when bathing: was {she/he} independent, did {she/he} require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was {she/he} totally dependent, or did the activity not occur?

PFBATHNG	INDEPENDENT	0
	SUPERVISION	1
	PHYSICAL HELP LIMITED TO TRANSFER ONLY	2
	PHYSICAL HELP IN PART OF BATHING ACTIVITY	3
	TOTAL DEPENDENCE	4
	ACTIVITY DID NOT OCCUR	8

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.PFBATHNG

MODES OF LOCOMOTION

HA24PRE

The next questions are about modes of locomotion and appliances or devices {SP} might have used around {REF DATE}.

PRESS ENTER TO CONTINUE.

HA24

Display the first line of question for all four items.

The following displays vary:

For item 1, display {did {she/he} use a cane or walker}.

For item 2, display {did {she/he} wheel {herself/himself}}.

For item 3, display {did someone else wheel {her/him}}.

For item 4, display {was wheelchair {his/her} primary mode of locomotion}.

Display choice list below question text.

MODES OF LOCOMOTION

{VERSION, SECTION}

HA24

On or around {REF DATE},
{VARIABLE PART OF QUESTION}?

MLCANE	CANE/WALKER
MLWHLSELF	WHEELED SELF
MLWHLOTH	OTHER PERSON WHEELED
MLWHLPRIM	WHEELCHAIR PRIMARY MEANS
	NONE CHECKED
	DON'T KNOW

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

PROGRAMMER SPECS:

If "WHEELCHAIR PRIMARY MEANS" only check, display SOFT RANGE MESSAGE: "Usually checked with 'WHEELED SELF' or 'OTHER PERSON WHEELED.' Please confirm."

HLTH.MLCANE

.MLWHLSELF

.MLWHLOTH

.MLWHLPRIM

BOX HA14

If Baseline or Core, go to HA25PRE. If Time 2, go to HA39.

CONTINENCE

HA25PRE

The next questions are about {SP}'s bowel and bladder control on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

CONTINENCE
{VERSION, SECTION}

HA25

What was the level of {SP}'s bowel control on or around {REF DATE}? Was {she/he} continent, usually continent, occasionally incontinent, frequently incontinent, or incontinent?

CTBOWEC	CONTINENT	0
	USUALLY CONTINENT	1
	OCCASIONALLY INCONTINENT	2
	FREQUENTLY INCONTINENT	3
	INCONTINENT	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.CTBOWEC**CONTINENCE**
{VERSION, SECTION}

HA26

What was the level of {SP}'s bladder control on or around {REF DATE}? Was {she/he} continent, usually continent, occasionally incontinent, frequently incontinent, or incontinent?

CTBADDC	CONTINENT	0
	USUALLY CONTINENT	1
	OCCASIONALLY INCONTINENT	2
	FREQUENTLY INCONTINENT	3
	INCONTINENT	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS33)

HLTH.CTBADDC

HA28PRE

If medical record contains an MDS (HA2 = YES) and HA3A/HA3B contains at least one valid MDS assessment date,

Display {MDS ASSESSMENT DATE: BCVAD/CCVAD}

Display valid date recorded in item HA3A/HA3B and selected as closest to REF DATE in BOX HA9 for the relevant form to the right of MDS ASSESSMENT DATE.

If an assessment date is unavailable (HA3A/HA3B) = NEVER WILL KNOW or RF), leave display blank.

If no MDS in medical record (HA2 = NO, DK, RF, or -1),

Display {By active, I mean those diseases associated with {her/his} ADL status, cognition, behavior, medical treatments, or risk of death on or around {REF. DATE}. Please think about what is in {SP}'s Medical Record when answering the following question.}

DIAGNOSES/CONDITIONS

HA28PRE

{MDS ASSESSMENT DATE: {BCVAD}}

The questions in the next section deal with {SP}'s active diagnoses or conditions during the time on or around {REF DATE} {By active I mean those disease associated with {her/his} ADL status, cognition, behavior, medical treatments, or risk of death on or around {REF DATE}. Please think about what is in {SP}'s medical record when answering the following questions.}

PRESS ENTER TO CONTINUE.

HA28

Display HA28 in a choice list with search function enabled.

If HA3A/HA3B = valid assessment date,

Display "VERSION/SECTION"

Display "What active diseases were checked on {SP's} MDS assessment?"

Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

Else,

Display Show Card.

Display "Look at the following list and tell me what active diseases did {SP} have on or around {REF DATE}."

Display "Other {SPECIFY _____}"

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA28

{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}

{What active diseases were checked on {SP's} MDS assessment}? {Look at this list and tell me what active diseases did {SP} have on or around {REF DATE}}?

SELECT ALL THAT APPLY.



ALLERGY	Allergies
ALZHR	Alzheimer's Disease
ANEMIA	Anemia
ANXIETY	Anxiety Disorder
APHASIA	Aphasia
ASHD	Arteriosclerotic Heart Disease (ASHD)
ARTHRIT	Arthritis
ASTHMA	Asthma
CANCER	Cancer
CARDIYSR	Cardiac Dysrhythmia
CARDIOV	Cardiovascular Disease (other)
CATARCT	Cataracts
CERPALS	Cerebral Palsy
STROKE	Cerebrovascular Accident (Stroke)
HRTFAIL	Congestive Heart Failure
VEINTHR	Deep Vein Thrombosis
DEMENT	Dementia, Other Than Alzheimer's
DEPRESS	Depression
DIABMEL	Diabetes Mellitus
DIABRET	Diabetic Retinopathy
EMPCOPD	Emphysema/COPD
GLAUCOMA	Glaucoma
HEMIPLPA	Hemiplegia/Hemiparesis
HIPFRACT	Hip Fracture
HYPETENS	Hypertension
HYPETHYR	Hyperthyroidism
HYPOTENS	Hypotension
HYPOTHYR	Hypothyroidism
MACDEGEN	Macular Degeneration
MANICDEP	Manic Depression (Bipolar Disease)
MISSLIMB	Missing Limb (e.g., amputation)
SCLEROS	Multiple Sclerosis
OSTEOP	Osteoporosis
PARAPLEG	Paraplegia
PARKNSON	Parkinson's Disease
BONEFRAC	Pathological Bone Fracture
VASCULAR	Peripheral Vascular Disease
QUADPLEG	Quadriplegia

RENTFAIL Renal Failure
SCHIZOPH Schizophrenia
SEIZURE Seizure Disorder
TIA Transient Ischemic Attack (TIA)
BRAININJ Traumatic Brain Injury
 {Other {SPECIFY: _____}}
 None of the Above

DIAG.ALLERGY	.CARDDYSR	.DIABMEL	.HYPOTHYR	.VASCULAR	VDIA.OTHDIAG
.ALZHMR	.CARDIOV	.DIABRET	.MACDEGEN	.QUADPLEG	.SOURCE
.ANEMIA	.CATARCT	.EMPCOPD	.MANICDEP	.RENTFAIL	
.ANXIETY	.CERPALSY	.GLAUCOMA	.MISSLIMB	.SCHIZOPH	
.APHASIA	.STROKE	.HEMIPLPA	.SCLEROS	.SEIZURE	
.ASHD	.HRTFAIL	.HIPFRACT	.OSTEOP	.TIA	
.ARTHRIT	.VEINTHR	.HYPETENS	.PARAPLEG	.BRAININJ	
.ASTHMA	.DEMENT	.HYPETHYR	.PARKNSON	.DCOTH	
.CANCER	.DEPRESS	.HYPOTENS	.BONEFRAC		

HA29

Display HA29 in a choice list with search function enabled.

If HA3A/HA3B = valid assessment date,

Display "What active infections were checked on {SP's} MDS assessment?"

Display {VERSION, SECTION} in header.

Else,

Display "Look at the following list and tell me what active infection {SP} had on or around {REF. DATE} according to the medical record notes."

Display show card symbol.

Leave header display blank.

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA29

{What active infections were checked on {SP}'s MDS assessment?}

{Look at the following list and tell me what active infection {SP} had on or around {REF DATE} according to the medical record notes.}

SELECT ALL THAT APPLY.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD HA4 </div>	INFMRSA ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH) INFCDIFF CLOSTRIDIUM DIFFICILE (C.DIFF.) INFCNJ CONJUNCTIVITIS INFHIV HIV INFECTION INFPNEU PNEUMONIA INFRESP RESPIRATORY INFECTION INFSEPT SEPTICEMIA INFSEXTR SEXUALLY TRANSMITTED DISEASES INFTBRC TUBERCULOSIS INFURNRY URINARY TRACT INFECTION IN LAST 30 DAYS INFHPPTS VIRAL HEPATITIS INFWOUND WOUND INFECTION NONE OF THE ABOVE
--	--

DIAG.INFMRSA
 .INFCDIFF
 .INFCNJ
 .INFHIV
 .INFPNEU
 .INFRESP
 .INFSEPT
 .INFSEXTR
 .INFTBRC
 .INFURNRY
 .INFHPPTS
 .INFWOUND

BOX HA15

If HA3A/HA3B = BCVD,/CCVD, go to HA30.
 Else go to BOX HA16.

HA30
Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA30

MDS ASSESSMENT DATE: {BCVAD/CCVAD}

Were there any active diagnoses entered on the MDS form in the section for other diagnoses?

YES.....	1	} (BOX HA16)
NO.....	0	
DK.....	-8	
RF.....	-7	

DIAG.OTMDS DIA

HA31

Display HA30 as a choice list with search function enabled.

DIAGNOSES/CONDITIONS

{VERSION, SECTION}

HA31

SHOW
CARD
HA5

What were the diagnoses?

ENTER ICD-9 CODES WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

ALCOH	Agitation
	Alcohol dependency
	Anorexia
	Aortic stenosis
	Ataxia
	Atrial fibrillation
	Atypical psychosis
	Benign prostatic hyperplasia
	Blindness
BREAST	Breast disorders
CERDEG	Cerebral degeneration
	Clinical obesity
CONST	Constipation
	Coronary artery disease
DEGJNT	Degenerative joint disease (DJD)
HERNIA	Diaphragmatic hernia (hiatal hernia)
DIVCOL	Diverticula of colon
	Down's syndrome
DYSPHA	Dysphagia (swallowing difficulties)
EDEMA	Edema
EPILEP	Epilepsy
GASTR	Gastritis/duodenitis
GASTRO	Gastroenteritis, noninfectious
GHEMOR	Gastrointestinal hemorrhage
	Gout
	Hemorrhage of esophagus
	Hypercholesterolemia
	Hyperlipidemia
HYPER	Hyperplasia of prostate
HYPOP	Hypopotassemia/hypokalemia
	Insomnia
	Kyphosis
BRAINS	Nonpsychotic brain syndrome
	Organic brain syndrome
OSARTH	Osteoarthritis
PEPULC	Peptic ulcer
RENTUR	Renal ureteral disorder
SCOLIO	Scoliosis
	Spinal stenosis
LEGULC	Ulcer of leg, chronic
	Urinary retention
	Vertigo
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____

DIAG.MAGITAT	.MCERDEG	.MEPILEP	.MINSOM	.MURIRET
.MALCOH	.MCLINOB	.MGASTR	.MKYPHO	.MVERTI
.MANOREX	.MCONST	.MGASTRO	.MBRAINS	.MDCOTH1
.MAOSTEN	.MCORART	.MGHEMOR	.MORGBRN	.MDCOTH2
.MATAXIA	.MDEGJNT	.MGOUT	.MOSARTH	.MDCOTH3
.MAFIB	.MHERNIA	.MHESOPH	.MPEPULC	.MDCOTH4
.MAPSYCH	.MDIVCOL	.MHYPCHO	.MRENTUR	VDIA.OTHDIAG
.MBPRHYP	.MDOWNS	.MHYPLIP	.MSCOLIO	.SOURCE
.MBLIND	.MDYSPHA	.MHYPER	.MSPSTEN	
.MBREAST	.MEDEMA	.MHYPOP	.MLEGULC	

BOX HA16	If comatose (HA11=1), go to HA38. Else, go to HA34.
----------	--

HA34PRE-HA36
Sample Layout

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34-36

The next few items are about the other conditions {SP} may have had on or around {REF DATE}. {Again, please refer to the MDS.}

Did {he/she} experience...

YES = 1, NO = 0

dehydration on or around {REF DATE}? ()

delusions? ()

hallucinations? ()

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA34PRE
If HA3A-HA3B contains at least one valid assessment date, display "Again, please refer to the MDS."

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34PRE

The next few items are about the other conditions {SP} may have had on or around {REF DATE}. {Again, please refer to the MDS.}

DEHYDRATION/DELUSIONS/HALLUCINATIONS
{VERSION, SECTION}

HA34

Did {SP} experience dehydration on or around {REF DATE}?

DEHYD	YES	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DEHYD

DEHYDRATION/DELUSIONS/HALLUCINATIONS {VERSION, SECTION}

HA35

Did {SP} experience delusions on or around {REF DATE}?

DELUS	YES	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DELUS

DEHYDRATION/DELUSIONS/HALLUCINATIONS {VERSION, SECTION}

HA36

Did {SP} experience hallucinations on or around {REF DATE}?

HALLUC	YES	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HALLUC

HA37

The second line varies:

For item 1, display {A chewing problem}.

For item 2, display {A swallowing problem}.

For item 3, display {Mouth pain}.

Display choice list below question text.

ORAL/NUTRITIONAL STATUS {VERSION, SECTION}
--

HA37

Did {SP} experience any of the following oral problems on or around {REF DATE}:
{VARIABLE PART OF QUESTION}?

ONCHEW	CHEWING PROBLEM
ONSWALL	SWALLOWING PROBLEM
ONMOUTH	MOUTH PAIN
	NONE CHECKED
	DON'T KNOW

HLTH.ONCHEW .ONSWALL .ONMOUTH
--

BOX HA16A

If PERS.PERSRND = current round, or current round is fall round, continue. Else, go to HA39
--

ORAL/NUTRITIONAL STATUS
{VERSION, SECTION}

HA38

What {is/was} {SP}'s height in inches?

HEIGHT
INCHES**HLTH.HEIGHT**

PROGRAMMER SPECS: Allow the following height range:

Adults: (Age 12+) Inches = 48 to 84

Children: (Age 12 or under) Inches = 12 to 84

ORAL/NUTRITIONAL STATUS
{VERSION, SECTION}

HA39

What was {SP}'s weight on or around {REF DATE}?

WEIGHT
POUNDS**HLTH.WEIGHT**

PROGRAMMER SPECS: Allow the following weight range:

Adults (Age 12+): 50 to 500 pounds

Children (Age 12 or under): 4 to 200 pounds

BOX HA17

If Baseline or Core, go to HA40. If Time 2, go to HC2.

HA40

The third line varies:

For item 1, display {debris present in the mouth prior to going to bed at night}.

For item 2, display {dentures or removable bridge}.

For item 3, display {some or all natural teeth lost}.

For item 4, display {broken, loose, or carious teeth}.

For item 5, display {inflamed gums, swollen or bleeding gums, oral abscesses, ulcers or rashes}.

Display choice list below question text.

DENTAL HEALTH

{VERSION, SECTION}

HA40

Please tell me which of the following items describe the condition of {SP}'s dental health on or around {REF DATE}. Did {she/he} have:
{VARIABLE PART OF QUESTION}?

DHDEBRIS	DEBRIS IN MOUTH	HA32
DHBRIDGE	DENTURES OR REMOVABLE BRIDGE	HA32
DHTEELOS	SOME/ALL NATURAL TEETH LOST	HA32
DHBROKEN	BROKEN, LOOSE, OR CARIOUS TEETH	HA32
DHINFGUM	INFLAMED, SWOLLEN, OR BLEEDING GUMS;	HA32
	ORAL ABSCESSSES, ULCERS, OR RASHES	HA32
	NONE CHECKED	HA32
	DON'T KNOW	HA32

HLTH.DHDEBRIS
.DHBRIDGE
.DHTEELOS
.DHBROKEN
.DHINFGUM

BOX
HA22B

1. If IN1 and INSU.ICAIDNUM=-8 or -7; or
If IN1=-1, -8, or -7
Go to HA44PREB.
Else, go to Step 2.
2. If education level (BQ9) = -1, DK or RF, go to BOX HA23B.
Else, go to HA9B.

HA44PREB

This next section asks for {SP}'s Medicaid number as recorded on the MDS assessment form.

PRESS ENTER TO CONTINUE.

HA47B

Display {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} given by matching state of Facility's address with a state in the table of State Medicaid Names included in the Facility Questionnaire specifications.

MEDICAID NUMBER

3.0, A0700

HA47B

Please read me {SP}'s {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number from the MDS assessment form.

IF NO MEDICAID NUMBER, CODE SHIFT/5. (BOX HA23B)

MEDICAID ID NUMBER

DK -8 (BOX HA23B)
 RF -7 ☐

HIRO.HCAIDNUM
PERS.MCAIDFLG
.HCAIDNM

3.0, A0700

HA48B

I'd like to verify the {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number that I have recorded. I have entered {MEDICAID NUMBER} . Is this correct?

YES	1	(BOX HA23B)
NO	0	
DK	-8	(BOX HA23B)
RF	-7	(BOX HA23B)

HIRO.HCAIDVER

3.0, A0700

HA49B

Let me enter it again. (What {is/was} the {"PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} ID number?)

_____ (HA48B)
MEDICAID ID NUMBER

DK	-8	(BOX HA23B)
RF	-7	(BOX HA23B)

HIRO.HCAIDNUM
PERS.MCAIDFLG
.HCAIDNM

BOX
HA23B

If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2,
go to HA51B. Else, go to HA9PREB.

EDUCATION LEVEL
NOT ON MDS

HA51B

As far as you know, what {is/was} the highest level of schooling {SP} completed?

IF DK, USE CATEGORIES AS PROBES.

NO FORMAL SCHOOLING.....	1
ELEMENTARY (1ST-8TH GRADES)	2
SOME HIGH SCHOOL (9TH-12TH GRADES).....	3
COMPLETED HIGH SCHOOL, NO COLLEGE	4
TECHNICAL OR TRADE SCHOOL	5
SOME COLLEGE	6
COLLEGE GRADUATE	7
GRADUATE DEGREE	8
DK	-8
RF	-7

BACK.HEDULEV

HA9PREB

For 1st sentence, if Baseline and SP is not SSM1, display "{his/her} admission to the facility".

Else, display "REF DATE".

For Baseline:

If no MDS available in medical record (HA2=NO, DK, or RF), display "Please refer to {SP}'s medical record.";

Else, if the medical record does contain an MDS (HA2=YES), but HA3A does not contain at least one form with a valid assessment date (HA3A=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";

Else, if no medical record is available (HA1=NO, DK, or RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";

Else, do not display 2nd sentence.

For T2, or Core:

If no MDS available in medical record (HA2 or HA2B=NO, DK, or RF), display "Please refer to {SP}'s medical record.";

Else, if the medical record does contain a MDS (HA2 or HS2B=YES), but HA3B does not contain at least one form with a valid assessment date (HA3B=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information.";

Else, if no medical record is available (HA1=NO, DK, RF) in this round, display "Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record.";

Else, do not display 2nd sentence.

MENTAL HEALTH (MR/DD)**HA9PREB**

Now I have some questions concerning {SP}'s health on or around {REF DATE}/{his/her} admission to the facility}.
{Please refer to {SP}'s medical record/Since I will be collecting information about {SP} on or around {REF DATE} and there is no MDS or Quarterly Review available close to that date, please refer to {SP}'s medical record for the information./Since you do not have a medical record at hand for reference, please think about the information found in {SP}'s medical record} to answer these questions.)

PRESS ENTER TO CONTINUE.

MENTAL HEALTH (MR/DD)

3.0, A1550

HA9B

Did {SP}'s record indicate any history of mental retardation, mental illness, or developmental disability problems?
Exclude diagnoses of organic brain syndrome, Alzheimer's disease, and related dementia.

MENTAL	NO	0
	YES	1
	DK	-8
	RF	-7

HLTH.MENTAL

COMATOSE

3.0, B0100

HA11B

Was {SP} in a persistent vegetative state with no discernible consciousness on {REF DATE}?

COMATOSE	NO (NOT COMATOSE).....	0	HA12AAB
	YES (COMATOSE)	1	
	DK	-8	HA12AABRF

-7

HLTH.COMATOSE

BOX HA12B	If Baseline or Core, go to HA28PREB. If Time 2, go to HA39B.
--------------	---

COGNITIVE PATTERNS

3.0, C0100

HA12AAB

Do not allow DK.

HA12AAB

Should brief interview for Mental Status (C0200-C0500) be conducted?

MENTCON	No.....	0 (HA12B)
	Yes.....	1 (HA12AB)
	RF	-7 (HA12B)

BRIEF INTERVIEW FOR MENTAL STATUS (BIMS).SUMMARY SCORE

3.0, C0500

HA12AB

ENTER SUMMARY SCORE (0-15) FROM BIMS.

ENTER 99 IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW

MENTSUM	_____	(BOX HA13B)
----------------	-------	-------------

HA12PREB-HA13B

SAMPLE LAYOUT

Display "OK" after 0 is entered; display "PROBLEM" after 1 is entered.

MEMORY/COGNITIVE SKILLS

3.0, C0700-C0800

HA12B-13B

The next series of questions deal with {SP}'s memory or recall ability.

CSMEMST

MEMORY OK=0

MEMORY PROBLEM=1

On or around {REF DATE}, was {SP}'s short-term
memory okay, that is, did {she/he} seem or appear
to recall things after 5 minutes?

()

SHORT-TERM
{OK/PROBLEM}Was {SP}'s long-term memory okay, that is, did {she/he}
seem or appear to recall events in the distant past?

()

LONG-TERM
{OK/PROBLEM}

{REVIEW RESPONSES. PRESS ENTER TO CONTINUE.}

MEMORY/COGNITIVE SKILLS

HA12PREB

The next series of questions deal with {SP}'s memory or recall ability.

MEMORY/COGNITIVE SKILLS

3.0, C0700

HA12B

On or around {REF DATE}, was {SP}'s short-term memory okay, that is, did {she/he} seem or appear to recall things after 5 minutes?

CSMEMST	MEMORY OK	0
	MEMORY PROBLEM.....	1

HLTH.CSMEMST**MEMORY/COGNITIVE SKILLS**

3.0, C0800

HA13B

Was {SP}'s long-term memory okay; that is, did {she/he} seem or appear to recall events in the distant past?

CSMEMLT	MEMORY OK	0
	MEMORY PROBLEM.....	1

HLTH.CSMEMLT

PROGRAMMER SPECS:

Display "REVIEW RESPONSES. PRESS ENTER TO CONTINUE." after entry in HA13B.

HA14B

The following displays vary:

- For item 1, display {the current season}.
- For item 2, display {the location of {her/his} own room}.
- For item 3, display {staff names or faces}.
- For item 4, display {the fact that {she/he} was in a nursing home}.

Display choice list below question text and display 5 lines on choice list.

MEMORY/COGNITIVE SKILLS

3.0, C0900

HA14B

Was {SP} able to recall {VARIABLE PART OF QUESTION} on or around {REF DATE}?

CSCURSEA	CURRENT SEASON
CSLOCROM	LOCATION OF OWN ROOM
CSNAMFAC	STAFF NAMES/FACES
CSINNH	THAT SHE/HE IS IN NURSING HOME
	NONE CHECKED
	DON'T KNOW

HLTH.CSCURSEA
.CSLOCROM
.CSNAMFAC
.CSINNH

MEMORY/COGNITIVE SKILLS

3.0, C1000

HA15B

How skilled was {SP} in making daily decisions? Was {she/he} independent, did {she/he} exhibit modified independence, was {she/he} moderately impaired, or was {she/he} severely impaired?

CSDECIS	INDEPENDENT	0
	MODIFIED INDEPENDENCE	1
	MODERATELY IMPAIRED	2
	SEVERELY IMPAIRED	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.CSDECISBOX
HA13B

If Baseline or Core, go to HA16B. If Time 2, go to HA21B.

HEARING/COMMUNICATION

3.0, B0200

HA16B

What was the condition of {SP}'s hearing, with a hearing appliance, if used, on or around {REF DATE}? Did {she/he} hear adequately, did {she/he} have minimal difficulty, did {she/he} hear only in special situations, or was {her/his} hearing highly impaired?

HCHECOND	HEARS ADEQUATELY	0
	HEARS WITH MINIMAL DIFFICULTY	1
	HEARS IN SPECIAL SITUATIONS ONLY	2
	HEARING HIGHLY IMPAIRED	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCHECOND**HEARING/COMMUNICATION**

3.0, B0300

HA17B

Did {she/he} have a hearing aid?

HCHEAID	YES	1
	NO	0

HLTH.HCHEAID

HEARING/COMMUNICATION
CTRL/E OK

HA18PREB

The next section deals with how {SP} communicated with others and how well {she/he} was understood by others.

PRESS ENTER TO CONTINUE.

HEARING/COMMUNICATION
3.0, B0700

HA18B

Which statement best describes how effective {SP} was at making {herself/himself} understood on or around {REF DATE}? Was {she/he} always understood, usually understood, sometimes understood, or rarely or never understood?

HCUNCOND	UNDERSTOOD.....	0
	USUALLY UNDERSTOOD	1
	SOMETIMES UNDERSTOOD	2
	RARELY/NEVER UNDERSTOOD	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCUNCOND

HEARING/COMMUNICATION

3.0, B0800

HA19B

Which statement best describes how well {SP} understood others on or around {REF DATE}? Did {SP} always understand, usually understand, sometimes understand, or rarely or never understand?

HCUNDOTH

UNDERSTAND	0
USUALLY UNDERSTAND	1
SOMETIMES UNDERSTAND	2
RARELY/NEVER UNDERSTAND.....	3

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HCUNDOTH**VISION*****CTRL/E OK***

HA20PREB

Next is a question concerning {SP}'s vision on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

VISION

3.0, B1000

HA20B

Which of the following statements best described {SP}'s ability to see in adequate light with visual aids, if used? Would you say {her/his} vision was adequate, impaired, moderately impaired, highly impaired, or severely impaired?

VISION

ADEQUATE	0
IMPAIRED.....	1
MODERATELY IMPAIRED	2
HIGHLY IMPAIRED	3
SEVERELY IMPAIRED.....	4

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.VISION**VISION**

3.0, B1200

HA20AB

Does {SP} use a visual appliance such as glasses, contact lenses, or a magnifying glass?

VISAPPL

YES.....	1
NO	0

HLTH.VISAPPL

BEHAVIORAL SYMPTOMS

3.0, E0200

HA21B

How often did the following behavioral problems occur on or around {REF DATE}? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?

- 0. BEHAVIOR NOT EXHIBITED
- 1. BEHAVIOR OCCURRED 1 TO 3 DAYS
- 2. BEHAVIOR OCCURRED 4 TO 6 DAYS
- 3. BEHAVIOR OCCURRED DAILY

BSAYSOT physical behavior symptoms directed toward others ()

BSVERBOT verbal behavior symptoms directed toward others ()

BSNOTOT other behavioral symptoms not directed toward others ()

HLTH.BSAYSOT	HLTH.BSVERBOT	HLTH.BSNOTOT
--------------	---------------	--------------

BOX HA21B	IF ALL RESPONSES TO HA21B = 0, GO TO HA21CB. ELSE GO TO HA21AB.
--------------	--

HA21AB Display version and section if full MDS (HA4=1).
Else, do not display.

BEHAVIORAL SYMPTOMS

{3.0, E0500}

HA21AB

Did any of (SP's) behavior:...

YES = 1, NO = 0

BSELFILL put the resident at significant risk for physical illness or injury? ()

BSELFCAR significantly interfere with the resident's care? ()

BSELFAC significantly interfere with the resident's participation in activities or social interactions? ()

HLTH.BSELFILL	HLTH.BSELFAC	HLTH.BSELFAC
---------------	--------------	--------------

HA21BB Display version and section if full MDS (HA4=1). Else, do not display.
--

BEHAVIORAL SYMPTOMS

{3.0, E0600}

HA21BB

Did any of (SP's) behavior:...

YES = 1, NO = 0

BSOTHILL	put others at significant risk for physical illness or injury?	()
-----------------	--	--------

BSOTHACT	significantly intrude on the privacy or activity of others?	()
-----------------	---	--------

BSOTHENV	significantly disrupt care or living environment?	()
-----------------	---	--------

HLTH.BSOTHILL	HLTH.BSOTHACT	HLTH.BSOTHENV
----------------------	----------------------	----------------------

BEHAVIORAL SYMPTOMS

3.0, E0800

HA21CB

How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals or health and well-being on or around {REF DATE}? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?

BSNOEVAL

BEHAVIOR NOT EXHIBITED	0
BEHAVIOR OCCURRED 1 TO 3 DAYS .	1
BEHAVIOR OCCURRED 4 TO 6 DAYS .	2
BEHAVIOR OCCURRED DAILY.....	3

HLTH.BSNOEVAL

BEHAVIORAL SYMPTOMS

3.0, E0900

HA21DB

How often did (SP) wander on or around {REF DATE}? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?

BSOFTWAN

BEHAVIOR NOT EXHIBITED	0 (HA22PREB)
BEHAVIOR OCCURRED 1 TO 3 DAYS .	1 (HA21EB)
BEHAVIOR OCCURRED 4 TO 6 DAYS .	2 (HA21EB)
BEHAVIOR OCCURRED DAILY.....	3 (HA21EB)

HLTH.BSOFTWAN

HA21EB Display version and section if full MDS (HA4=1).
Else, do not display.

BEHAVIORAL SYMPTOMS

{3.0, E1000}

HA21EB

Did any of (SP's) wandering:...

YES = 1, NO = 0

BSWDANGR place the resident at significant risk of getting to a potentially dangerous place? ()**BSWOTACT** significantly intrude on the privacy or activities of others? ()**HLTH.BSWDANGR** **HLTH.BSWOTACT**

HA22PREB

If no MDS (HA2=NO, DK, or RF) display "By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members".

ADLS/PHYSICAL FUNCTIONING

HA22PREB

The next questions are about {SP}'s ability to perform Activities of Daily Living or ADLs, on or around {REF DATE}.

I will read you a list of activities and would like you to tell me if {SP}'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. {By self-performance I mean what {SP} actually did for {himself/herself} and how much help was required by staff members.}

PRESS ENTER TO CONTINUE.

HA22B

Display the first line of question for all 6 items.

The following displays vary:

For item A, display {transferring (for example, in and out of bed)}.

For item B, display {locomotion on unit}.

For item C, display {dressing}.

For item D, display {eating}.

For item E, display {using the toilet}.

If no MDS available (HA2=NO, DK, or RF) or HA3 ☐ valid assessment date, display show card.

ADLS/PHYSICAL FUNCTIONING

3.0, G0110

HA22B

Please tell me {SP}'s level of self-performance in
{VARIABLE PART OF QUESTION}

CODE LEVEL OF SELF-PERFORMANCE

PFTRNSFR	A. TRANSFER	()
PFLOCOMO	B. LOCOMOTION ON UNIT	()
PFDRSSNG	C. DRESSING	()
PFEATING	D. EATING	()
PFTOILET	E. TOILET USE	()

0. INDEPENDENT

1. SUPERVISION

2. LIMITED ASSISTANCE

3. EXTENSIVE ASSISTANCE

4. TOTAL DEPENDENCE

7. ACTIVITY OCCURRED ONLY ONCE OR TWICE 8. ACTIVITY DID NOT OCCUR

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.PFTRNSFR
.PFLOCOMO
.PFDRSSNG
.PFEATING
.PFTOILET

HA23B
Highlight "bathing" on first line.

ADLS/PHYSICAL FUNCTIONING
3.0, G0120

HA23B

Again referring to the time on or around {REF DATE}, what was {SP}'s level of self-performance when bathing: was {she/he} independent, did {she/he} require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was {she/he} totally dependent, or did the activity not occur?

PFBATHNG	INDEPENDENT	0
	SUPERVISION	1
	PHYSICAL HELP LIMITED TO TRANSFER ONLY	2
	PHYSICAL HELP IN PART OF BATHING ACTIVITY	3
	TOTAL DEPENDENCE	4
	ACTIVITY DID NOT OCCUR	8

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.PFBATHNG

MODES OF LOCOMOTION

HA24PREB

The next questions are about modes of locomotion and appliances or devices {SP} might have used around {REF DATE}.

PRESS ENTER TO CONTINUE.

HA24B

Display the first line of question for all four items.

The following displays vary:

For item 1, display {did {she/he} use a cane }.

For item 2, display {did {she/he} use a walker

For item 3, display {did {she/he} use a wheelchair }.

For item 4, display {did {she/he} use a limb prosthesis }.{

Display choice list below question text.

MODES OF LOCOMOTION

3.0, G0600

HA24B

On or around {REF DATE},
{VARIABLE PART OF QUESTION}?

MOLCANE	CANE
MOLWLKR	WALKER
MOLWCHR	WHEELCHAIR
MOLPROS	LIMB PROSTHESIS
	NONE CHECKED
	DON'T KNOW

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.MOLCANE
 .MOLWLKR
 .MOLWCHR
 .MOLPROS

BOX
 HA14B

If Baseline or Core, go to HA25PREB. If Time 2, go to HA39B.

CONTINENCE

HA25PREB

The next questions are about {SP}'s bowel and bladder control on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

CONTINENCE

3.0, H0400

HA25B

What was the level of {SP}'s bowel control on or around {REF DATE}? Was {she/he} always continent, occasionally incontinent, frequently incontinent, always incontinent, or was {she/he} not rated?

CTBOWEL	ALWAYS CONTINENT	0
	OCCASIONALLY INCONTINENT	1
	FREQUENTLY INCONTINENT	2
	ALWAYS INCONTINENT	3
	NOT RATED	4

HLTH.CTBOWEL**CONTINENCE**

3.0, H0300

HA26B

What was the level of {SP}'s bladder control on or around {REF DATE}? Was {she/he} always continent, occasionally incontinent, frequently incontinent, always incontinent, or was {she/he} not rated?

CTBLADD	ALWAYS CONTINENT	0
	OCCASIONALLY INCONTINENT	1
	FREQUENTLY INCONTINENT	2
	ALWAYS INCONTINENT	3
	NOT RATED	4

HLTH.CLBLADD

HA28PREB

If medical record contains an MDS (HA2 = YES) and HA3A/HA3B contains at least one valid MDS assessment date,

Display {MDS ASSESSMENT DATE: BCVAD/CCVAD}

Display valid date recorded in item HA3A/HA3B and selected as closest to REF DATE in BOX HA9 for the relevant form to the right of MDS ASSESSMENT DATE.

If an assessment date is unavailable (HA3A/HA3B) = NEVER WILL KNOW or RF), leave display blank.

If no MDS in medical record (HA2 = NO, DK, RF, or -1),

Display {By active, I mean those diseases associated with {her/his} ADL status, cognition, behavior, medical treatments, or risk of death on or around {REF. DATE}. Please think about what is in {SP}'s Medical Record when answering the following question.}

DIAGNOSES/CONDITIONS**HA28PREB**

{MDS ASSESSMENT DATE: {BCVAD}}

The questions in the next section deal with {SP}'s active diagnoses or conditions during the time on or around {REF DATE} {By active I mean those diseases associated with {her/his} ADL status, cognition, behavior, medical treatments, or risk of death on or around {REF DATE}. Please think about what is in {SP}'s medical record when answering the following questions.}

PRESS ENTER TO CONTINUE.

HA28B

Display HA28 in a choice list with search function enabled.

If HA3A/HA3B = valid assessment date,

Display "VERSION/SECTION"

Display "What active diseases were checked on {SP's} MDS assessment?"

Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

Else,

Display Show Card.

Display "Look at the following list and tell me what active diseases did {SP} have on or around {REF DATE}."

Display "Other {SPECIFY_____}"

DIAGNOSES/CONDITIONS

3.0, Section I

HA28B

{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}

What active diseases were checked on {SP's} MDS assessment?

SELECT ALL THAT APPLY.

ALLERGY	Allergies
ALZHRM	Alzheimer's Disease
ANEMIA	Anemia
ANXIETY	Anxiety Disorder
APHASIA	Aphasia
ASHD	Arteriosclerotic Heart Disease (ASHD)
ARTHRIT	Arthritis
ASTHMA	Asthma
BPH	Benign Prostatic Hyperplasia
CANCER	Cancer
CARDDDYSR	Cardiac Dysrhythmia
CARDIOV	Cardiovascular Disease (other)
CATARCT	Cataracts
CERPALS	Cerebral Palsy
STROKE	Cerebrovascular Accident (Stroke)
HRTFAIL	Congestive Heart Failure
VEINTHR	Deep Vein Thrombosis
DEMENT	Dementia, Other Than Alzheimer's
DEPRESS	Depression
DIABMEL	Diabetes Mellitus
DIABRET	Diabetic Retinopathy
EMPCOPD	Emphysema/COPD
GLAUCOMA	Glaucoma
HEMIPLPA	Hemiplegia/Hemiparesis
HIPFRACT	Hip Fracture
HYPETENS	Hypertension
HYPETHYR	Hyperthyroidism
HYPOTENS	Hypotension
HYPOTHYR	Hypothyroidism
MACDEGEN	Macular Degeneration
MANICDEP	Manic Depression (Bipolar Disease)
MISSLIMB	Missing Limb (e.g., amputation)
SCLEROS	Multiple Sclerosis
OSTEOP	Osteoporosis
PARAPLEG	Paraplegia
PARKNSON	Parkinson's Disease
BONEFRAC	Pathological Bone Fracture
VASCULAR	Peripheral Vascular Disease
QUADPLEG	Quadriplegia
RENESRD	Renal Failure/End-Stage Renal Disease (ESRD)

SCHIZOPH Schizophrenia
SEIZURE Seizure Disorder
TOURETTE Tourette's Syndrome
BRAININJ Traumatic Brain Injury
 {Other {SPECIFY: _____}}
 None of the Above

DIAG.ALLERGY	.CARDYSR	.DIABMEL	.HYPOTHYR	.VASCULAR	VDIA.OTHDIAG
.ALZHRM	.CARDIOV	.DIABRET	.MACDEGEN	.QUADPLEG	.SOURCE
.ANEMIA	.CATARCT	.EMPCOPD	.MANICDEP	.BPH	
.ANXIETY	.CERPALS	.GLAUCOMA	.MISSLIMB	.SCHIZOPH	
.APHASIA	.STROKE	.HEMIPLPA	.SCLEROS	.SEIZURE	
.ASHD	.HRTFAIL	.HIPFRACT	.OSTEOP	.TOURETTE	
.ARTHRIT	.VEINTHR	.HYPETENS	.PARAPLEG	.BRAININJ	
.ASTHMA	.DEMENT	.HYPETHYR	.PARKNSON	.DCOTH	
.CANCER	.DEPRESS	.HYPOTENS	.BONEFRAC	.RENESRD	

HA29B

Display HA29B in a choice list with search function enabled.

If HA3A/HA3B = valid assessment date,

Display "What active infections were checked on {SP's} MDS assessment?"

Display {VERSION, SECTION} in header.

Else,

Display "Look at the following list and tell me what active infection {SP} had on or around {REF. DATE} according to the medical record notes."

Display show card symbol.

Leave header display blank.

DIAGNOSES/CONDITIONS

3.0, Section I

HA29B

{What active infections were checked on {SP}'s MDS assessment?}

{Look at the following list and tell me what active infection {SP} had on or around {REF DATE} according to the medical record notes.}

SELECT ALL THAT APPLY.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD HA4 </div>	INFMRSA ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH) INFCDIFF CLOSTRIDIUM DIFFICILE (C.DIFF.) INFCONJ CONJUNCTIVITIS INFHIV HIV INFECTION INFPNEU PNEUMONIA INFRESP RESPIRATORY INFECTION INFSEPT SEPTICEMIA INFSEXTR SEXUALLY TRANSMITTED DISEASES INFTBRC TUBERCULOSIS INFURNRY URINARY TRACT INFECTION IN LAST 30 DAYS INFHPPTS VIRAL HEPATITIS INFWOUND WOUND INFECTION NONE OF THE ABOVE
--	---

DIAG.INFMRSA
 .INFCDIFF
 .INFCONJ
 .INFHIV
 .INFPNEU
 .INFRESP
 .INFSEPT
 .INFSEXTR
 .INFTBRC
 .INFURNRY
 .INFHPPTS
 .INFWOUND

BOX
HA15B

If HA3A/HA3B = BCVAD,/CCVAD, go to HA30B.
 Else go to BOX HA16B.

HA30B
 Display BCVAD/CCVAD to the right of MDS ASSESSMENT DATE.

DIAGNOSES/CONDITIONS
 3.0, Section I

HA30B

MDS ASSESSMENT DATE: {BCVAD/CCVAD}

Were there any active diagnoses entered on the MDS form in the section for other diagnoses?

OTMDS DIA

YES	1	} (BOX HA16B)
NO	0	
DK	-8	
RF	-7	

DIAG.OTMDS DIA

HA31B
Display HA30B as a choice list with search function enabled.

DIAGNOSES/CONDITIONS

3.0, Section I

HA31B

SHOW
CARD
HA5

What were the diagnoses?

ENTER ICD-9 CODES WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

ALCOH	Agitation
	Alcohol dependency
	Anorexia
	Aortic stenosis
	Ataxia
	Atrial fibrillation
	Atypical psychosis
	Benign prostatic hyperplasia
	Blindness
BREAST	Breast disorders
CERDEG	Cerebral degeneration
	Clinical obesity
CONST	Constipation
	Coronary artery disease
DEGJNT	Degenerative joint disease (DJD)
HERNIA	Diaphragmatic hernia (hiatal hernia)
DIVCOL	Diverticula of colon
	Down's syndrome
DYSPHA	Dysphagia (swallowing difficulties)
EDEMA	Edema
EPILEP	Epilepsy
GASTR	Gastritis/duodenitis
GASTRO	Gastroenteritis, noninfectious
GHEMOR	Gastrointestinal hemorrhage
	Gout
	Hemorrhage of esophagus
	Hypercholesterolemia
	Hyperlipidemia
HYPER	Hyperplasia of prostate
HYPOP	Hypopotassemia/hypokalemia
	Insomnia
	Kyphosis
BRAINS	Nonpsychotic brain syndrome
	Organic brain syndrome
OSARTH	Osteoarthritis
PEPULC	Peptic ulcer
RENTUR	Renal ureteral disorder
SCOLIO	Scoliosis
	Spinal stenosis
LEGULC	Ulcer of leg, chronic
	Urinary retention
	Vertigo
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____

DIAG.MAGITAT	.MCERDEG	.MEPILEP	.MINSOM	.MURIRET
.MALCOH	.MCLINOB	.MGASTR	.MKYPHO	.MVERTI
.MANOREX	.MCONST	.MGASTRO	.MBRAINS	.MDCOTH1
.MAOSTEN	.MCORART	.MGHEMOR	.MORGBRN	.MDCOTH2
.MATAXIA	.MDEGJNT	.MGOUT	.MOSARTH	.MDCOTH3
.MAFIB	.MHERNIA	.MHESOPH	.MPEPULC	.MDCOTH4
.MAPSYCH	.MDIVCOL	.MHYPCHO	.MRENTUR	VDIA.OTHDIAG
.MBPRHYP	.MDOWNS	.MHYPLIP	.MSCOLIO	.SOURCE
.MBLIND	.MDYSPHA	.MHYPER	.MSPSTEN	
.MBREAST	.MEDEMA	.MHYPOP	.MLEGULC	

BOX HA16B	If comatose (HA11B=1), go to HA38B. Else, go to HA34B.
--------------	---

HA34PREB-HA36B
Sample Layout

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34B-36B

The next few items are about the other conditions {SP} may have had on or around {REF DATE}. {Again, please refer to the MDS.}

Did {he/she} experience...

YES = 1, NO = 0

dehydration on or around {REF DATE}? ()

delusions? ()

hallucinations? ()

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA34PREB

If HA3A-HA3B contains at least one valid assessment date, display "Again, please refer to the MDS."

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34PREB

The next few items are about the other conditions {SP} may have had on or around {REF DATE}. {Again, please refer to the MDS.}

DEHYDRATION/DELUSIONS/HALLUCINATIONS

3.0, J1500

HA34B

Did {SP} experience dehydration on or around {REF DATE}?

DEHYD	YES	1
	NO	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DEHYD

DEHYDRATION/DELUSIONS/HALLUCINATIONS

3.0, E0100

HA35B

Did {SP} experience delusions on or around {REF DATE}?

DELUS	YES	1
	NO	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.DELUS**DEHYDRATION/DELUSIONS/HALLUCINATIONS**

3.0, E0100

HA36B

Did {SP} experience hallucinations on or around {REF DATE}?

HALLUC	YES	1
	NO	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HLTH.HALLUC**SWALLOWING/ORAL PROBLEMS**

3.0, K0100

Display the first line of question for all four items.

The following displays vary:

For item 1, display {Did {she/he} experience a loss of liquids or solids from mouth when eating or drinking }.

For item 2, display {Did {she/he} experience holding food in mouth or cheeks or residual food in mouth after meals}

For item 3, display {Did {she/he} experience coughing or choking during meals or when swallowing medications}.

For item 4, display {Did {she/he} experience complaints of difficulty or pain with swallowing}.

Display choice list below question text.

HA37AB

Did {SP} experience any of the following swallowing problems on or around {REF DATE}?

SELECT ALL THAT APPLY.

SOLOSS	LOSS OF LIQUIDS/SOLIDS FROM MOUTH WHEN EATING OR DRINKING
SOHOLD	HOLDING FOOD IN MOUTH/RESIDUAL FOOD IN MOUTH AFTER MEALS
SOCOUGH	COUGHING/CHOKING DURING MEALS OR SWALLOWING MEDICATIONS
SOPAIN	COMPLAINTS OF DIFFICULTY OR PAIN WITH SWALLOWING
	NONE OF THE ABOVE

HLTH.SOLOSS HLTH.SOHOLD HLTH.SOCOUGH HLTH.SOPAIN

SWALLOWING/ORAL PROBLEMS

3.0, L0200

Display the first line of question for all five items.

The following displays vary:

For item 1, display {Did {she/he} experience broken or loosely fitting full or partial denture}.

For item 2, display {Did {she/he} experience no natural teeth or tooth fragments}.

For item 3, display {Did {she/he} experience coughing obvious or likely cavity or broken natural teeth}.

For item 4, display {Did {she/he} experience inflamed or bleeding gums or loose natural teeth}.

For item 5, display {Did {she/he} experience mouth or facial pain, discomfort or difficulty with chewing}.

Display choice list below question text.

HA37BB

Did {SP} experience any of the following oral problems on or around {REF DATE}: {VARIABLE PART OF QUESTION}?

SELECT ALL THAT APPLY.

SODENT BROKEN OR LOOSELY FITTING FULL OR PARTIAL DENTURE

SOTEETH NO NATURAL TEETH OR TOOTH FRAGMENT(S)

SOCAVITY OBVIOUS OR LIKELY CAVITY OR BROKEN NATURAL TEETH

SOGUMS INFLAMED OR BLEEDING GUMS OR LOOSE NATURAL TEETH

SOCHEW MOUTH/FACIAL PAIN, DISCOMFORT OR DIFFICULTY WITH CHEWING

SONOEXAM UNABLE TO EXAMINE

NONE OF THE ABOVE

HLTH.SODENT HLTH.SOTEETH HLTH.SOCAVITY HLTH.SOGUMS HLTH.SOCHEW HLTH.SONOEXAM

BOX HA16AB

If PERS.PERSRND = current round, or current round is fall round, continue.
Else, go to HA39B

ORAL/NUTRITIONAL STATUS

3.0, K0200

HA38B

What {is/was} {SP}'s height in inches?

HEIGHT
INCHES**HLTH.HEIGHT**

PROGRAMMER SPECS: Allow the following height range:

Adults: (Age 12+) Inches = 48 to 84

Children: (Age 12 or under) Inches = 12 to 84

ORAL/NUTRITIONAL STATUS

3.0, K0200

HA39B

What was {SP}'s weight on or around {REF DATE}?

WEIGHT
POUNDS**HLTH.WEIGHT**

PROGRAMMER SPECS: Allow the following weight range:

Adults (Age 12+): 50 to 500 pounds

Children (Age 12 or under): 4 to 200 pounds

BOX
HA17BB

If Baseline or Core, go to HA10B. If Time 2, go to HC2.

ADVANCED DIRECTIVES

HA10B

The fourth line varies:

For item 1, display {a Living Will?}.

For item 2, display {instructions not to resuscitate?}.

For item 3, display {instructions not to hospitalize?}.

For item 4, display {restrictions on feeding, medication, or other treatment restrictions?}.

Display choice list below question text.

HA10B

(The rest of the health status questionnaire not from the MDS.)

Now, please tell me which of the following advanced directives were listed in {SP}'s record or chart for the period on or around {REF DATE}.

Did {SP}'s record indicate
{VARIABLE PART OF QUESTION}

ADLIVWIL	LIVING WILL
ADDNRES	DO NOT RESUSCITATE
ADDNHOSP	DO NOT HOSPITALIZE
ADOTREST	FEEDING/MEDICATION/OTHER TREATMENT RESTRICTION
	NONE CHECKED
	DON'T KNOW

HLTH.ADLIVWIL
.ADDNRES
.ADDNHOSP
.ADOTREST

HA32

Display on Help Screen. "Active refers to those diseases associated with the resident's ADL status, performance in making everyday decisions, behavior, medical treatments, or risk of death."

**DIAGNOSES/CONDITIONS
NOT ON MDS**

CTRL/E OK

HA32

(The rest of the health status questionnaire not from the MDS.)

Can you add any other active diagnoses for {SP} on or around {REF DATE} that have not yet been mentioned?
Please refer to the medical record including {SP's} medications chart for {REF DATE MONTH}.

YES.....	1	
NO	0	(BOX HA15A)
DK.....	-8	(BOX HA15A)
RF	-7	(BOX HA15A)

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS46)

DIAG.OTACTDIA

HA33

Display HA33 in a choice list with search function enabled.

**DIAGNOSES/CONDITIONS
NOT ON MDS**

HA33

SHOW
CARD
HA5

What were the diagnoses?

ENTER ICD-9 CODES, IF AVAILABLE, WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

ALCOH	Agitation Alcohol Dependency Anorexia Aortic stenosis Ataxia Atrial fibrillation Atypical psychosis Benign prostatic hyperplasia Blindness
BREAST	Breast disorders
CERDEG	Cerebral degeneration Clinical obesity
CONST	Constipation Coronary artery disease
DEGJNT	Degenerative joint disease (DJD)
HERNIA	Diaphragmatic hernia (hiatal hernia)
DIVCOL	Diverticula of colon Down's syndrome
DYSPHA	Dysphagia (swallowing difficulties)
EDEMA	Edema
EPILEP	Epilepsy
GASTR	Gastritis/duodenitis
GASTRO	Gastroenteritis, noninfectious
GHEMOR	Gastrointestinal hemorrhage Gout Hemorrhage of esophagus Hypercholesterolemia Hyperlipidemia
HYPER	Hyperplasia of prostate
HYPOP	Hypopotassemia/hypokalemia Insomnia Kyphosis
BRAINS	Nonpsychotic brain syndrome Organic brain syndrome
OSARTH	Osteoarthritis
PEPULC	Peptic ulcer
RENTUR	Renal ureteral disorder
SCOLIO	Scoliosis Spinal stenosis
LEGULC	Ulcer of leg, chronic Urinary retention Vertigo
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____

(HS47)

DIAG.NMAGITAT	.NMCERDEG	.NMEPILEP	.NMINSOM	.NMURIRET
.NMALCOH	.NMCLINO	.NMGASTR	.NMKYPHO	.NMVERTI
.NMANOREX	.NMCONST	.NMGASTRO	.NMBRAINS	.NMDCOTH1

.NMAOSTEN	.NMCORART	.NMGHEMOR	.NMORGBRN	.NMDCOTH2
.NMATAxia	.NMDEGJNT	.NMGOUT	.NMOSARTH	.NMDCOTH3
.NMAFIB	.NMHERNIA	.NMHESOPH	.NMPEPULC	.NMDCOTH4
.NMAPSYCH	.NMDIVCOL	.NMHYPCHO	.NMRENTUR	VDIA.OTHDIAG
.NMBPRHYP	.NMDOWNS	.NMHYPLIP	.NMSCOLIO	.SOURCE
.NMBLIND	.NMDYSPHA	.NMHYPER	.NMSPSTEN	
.NMBREAST	.NMEDEMA	.MHYPOP	.NMLEGULC	

BOX HA15A	If arthritis, cancer or cardiovascular disease selected in HA28, go to HA33PRE. Else, go to HA33D.
--------------	---

HA33PRE

If HA3A/HA3B=valid assessment date, display "While you are referring to {SP's} medical record", "additional" and "These questions cannot be found on the MDS".
Else, display "Now".

CONDITIONS

HA33PRE

{{While you are referring to {SP}'s medical record/{Now}} I have some {additional} questions about the conditions you mentioned earlier. {These questions cannot be found on the MDS}.

HA33A DELETED.

BOX HA15C	If cancer selected in HA28, go to HA33B. Else, go to BOX HA15D.
--------------	--

CONDITIONS

HA33B

Please refer to {SP's} medical record and tell me in what part or parts of the body was the cancer found?

SELECT ALL THAT APPLY

CNRBLADD	BLADDER
CNRBREAS	BREAST
CNRCERVI	CERVIX
CNRBOWEL	COLON, RECTUM, OR BOWEL
CNRLUNG	LUNG
CNROVARY	OVARY
CNRPROST	PROSTATE
CNRSKIN	SKIN
CNRSTOMA	STOMACH
CNRUTERU	UTERUS
CNROTHER	OTHER
	DON'T KNOW

DIAG.CNRBLADD	.CNRBREAS	.CNRCERVI	.CNRBOWEL	.CNRLUNG	.CNROVARY
.CNRPROST	.CNRSKIN	.CNRSTOMA	.CNRUTERU	.CNROTHER	.CNRTHOS

BOX HA15D	If cardiovascular disease selected in HA28, go to HA33C. Else, go to HA33D.
--------------	--

CONDITIONS

HA33C

Please refer to {SP's} medical record and tell me if the cardiovascular disease was angina pectoris or coronary heart disease?

CRDVTTYPE	YES	1
	NO	0

DIAG.CRDVTTYPE

CONDITIONS

HA33D

Still referring to the medical record, has {SP} ever had a myocardial infarction or heart attack?

MYOCARD	YES	1
	NO	0

DIAG.MYOCARD

VISION

HA33E

Has {SP} ever had an operation for cataracts?

CATAROP	YES	1
	NO	0

DIAG.CATAROPBOX
HA15F

If Core, go to BOX HA17B.
 If SP is 65 or older, go to BOX HA17B.
 If number of yes responses is 0, go to HA33G.
 Else, go to HA33F.

HA33F

If SP had more than one condition in HA28-HA33E, display "Were any of these". Else, display "Was this".

CONDITIONS LINKED TO MEDICARE

HA33F

You told me that {SP} has had {MEDICAL CONDITIONS TO WHICH RESPONDENT ANSWERED YES IN HA28-HA33E}. {Was this/Were any of these} the original cause of {SP's} becoming eligible for Medicare?

YES	1	(BOX HA15E)
NO	0	
DK	-8	(BOX HA17B)

DIAG.CAUSEMCR**CONDITIONS LINKED TO MEDICARE**

HA33G

What was the original cause of {SP's} becoming eligible for Medicare?

RECORD VERBATIM

(BOX HA17B)

DIAG.OTHCAUS1
.OTHCAUS2
.OTHCAUS3
.OTHCAUS4

BOX HA15E	If more than one condition to which respondent answered yes in HA28-HA33E, go to HA33H. Else, go to BOX HA17B.
--------------	---

HA33H
Display all conditions mentioned in HA28-HA33E in choice list.
Display choice list below question text.

CONDITIONS LINKED TO MEDICARE

HA33H

Which of these conditions was a cause of {him/her} becoming eligible for Medicare?

{ITEMS MENTIONED IN HA28-HA33E}

DIAG.ALLERGY	.CANCER	.DEMENT	.HYPETENS	.OSTEOP	.SCHIZOPH
.ALZHMR	.CARDYSR	.DEPRESS	.HYPETHYR	.PARAPLEG	.SEIZURE
.ANEMIA	.CARDIOV	.DIABMEL	.HYPOTENS	.PARKNSON	.TIA
.ANXIETY	.CATARCT	.DIABRET	.HYPOTHYR	.BONEFRAC	.BRAININJ
.APHASIA	.CERPALS	.EMPCOPD	.MACDEGEN	.VASCULAR	.DCOTH
.ASHD	.STROKE	.GLAUCOMA	.MANICDEP	.QUADPLEG	
.ARTHRIT	.HRTFAIL	.HEMIPLPA	.MISSLIMB	.RENTFAIL	
.ASTHMA	.VEINTHR	.HIPFRACT	.SCLEROS		
DIAG.INFMRSA	.INFCONJ	.INFPNEU	.INFSEPT	.INFTBRC	.INFHPPTS
.INFCDIFF	.INFHIV	.INFRESP	.INFSEXTR	.INFURNRY	.INFWOUND
DIAG.MAGITAT	.MCERDEG	.MEPILEP	.MINSOM	.MURIRET	
.MALCOH	.MCLINOB	.MGASTR	.MKYPHO	.MVERTI	
.MANOREX	.MCONST	.MGASTRO	.MBRAINS	.MDCOTH1	
.MAOSTEN	.MCORART	.MGHEMOR	.MORGBRN	.MDCOTH2	
.MATAXIA	.MDEGJNT	.MGOUT	.MOSARTH	.MDCOTH3	
.MAFIB	.MHERNIA	.MHESOPH	.MPEPULC	.MDCOTH4	
.MAPSYCH	.MDIVCOL	.MHYPCHO	.MRENTUR		
.MBPRHYP	.MDOWNS	.MHYPLIP	.MCOLO		
.MBLIND	.MDYSPHA	.MHYPER	.MSPSTEN		
.MBREAST	.MEDEMA	.MHYPOP	.MLEGULC		
DIAG.NMAGITAT	.NMERDEG	.NMEPILEP	.NMINSON	.NMURIRET	
.NMALCOH	.NMCLINOB	.NMGASTR	.NMKYPHO	.NMVERTI	
.NMANOREX	.NMCONST	.NMGASTRO	.NMBRAINS	.NMDCOTH1	
.NMAOSTEN	.NMCORART	.NMGHEMOR	.NMORGBRN	.NMDCOTH2	
.NMATAXIA	.NMDEGJNT	.NMGOUT	.NMOSARTH	.NMDCOTH3	
.NMAFIB	.NMHERNIA	.NMHESOPH	.NMPEPULC	.NMDCOTH4	
.NMAPSYCH	.NMDIVCOL	.NMHYPCHO	.NMRENTUR		
.NMBPRHYP	.NMDOWNS	.NMHYPLIP	.NMCOLIO		
.NMBLIND	.NMDYSPHA	.NMHYPER	.NMSPSTEN		
.NMBREAST	.NMEDEMA	.NMHYPOP	.NMLEGULC		
DIAG.CNRSKIN					
DIAG.MYOCARDDIAG.CATAROP					

HA41PRE-HA43 OMITTED

BOX HA17B	If SP is female, go to HA43APRE. Else, go to HA43DAPRE.
--------------	--

SAMPLE LAYOUT

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43APRE-HA43C

The next items are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.

Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a ...

YES=1,NO=0

mammogram or breast x-ray.....	()
Pap smear?.....	()
{hysterectomy?	()}

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43APRE

The next items are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43A

Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a mammogram or breast x-ray?

MAMMOGR	YES.....	1
	NO.....	0

HLTH.MAMMOGR

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43B

Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a Pap smear?

PAPSMEAR	YES.....	1
	NO.....	0

HLTH.PAPSMEAR

BOX
HA17C

If Baseline, go to HA43D.

If Core:

If in Baseline HA43D=1 or in previous Core HA43C=1, go to BOX 17CB.

If CURRTYPE = FFC or FCF, go to HA43D

Else, go to HA43C.

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43C

Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a hysterectomy?

HYSTEREC	YES	1	(HA43DC)
	NO	0	(HA43DC)

HLTH.HYSTEREC**PERS.HYSTFLAG**

MANAGEMENT SPECS:

If "YES" to HA43C or HA43D, set flag.

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43D

Has {SP} ever had a hysterectomy?

EVERHYST	YES	1	(HA43DC)
	NO	0	(HA43DC)

HLTH.EVERHYST**PERS.HYSTFLAG**

MANAGEMENT SPECS:

If "YES" to HA43D, set flag.

SAMPLE LAYOUT

PROSTATE EXAM/PROSTATE BLOOD EXAM

HA43DAPRE-HA43DB

The next items are about procedures {SP} may have had since {MON & DAY OF TODAY'S DATE} a year ago.

YES = 1, NO = 0

digital rectal examination of the prostate? ()

blood test for detection of prostate cancer such as a PSA? ()

PROSTATE EXAM/PROSTATE BLOOD EXAM

HA43DA

Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a digital rectal examination of the prostate?

DRECEXAM	YES	1
	NO	0

HLTH.DRECEXAM

PROSTATE EXAM/PROSTATE BLOOD EXAM
--

HA43DB

Since {MON & DAY OF TODAY'S DATE} a year ago has {SP} had a blood test for detection of prostate cancer, such as a PSA?

BLOODPSA

YES..... 1
NO 0

HLTH.BLOODPSA

BOX 17CB

If fall round, continue.
Else, go to BOX 17CA.

HA43DC

Next, a question or two about shots people take to prevent certain illnesses. Did {SP} have a flu shot for last winter (September through December {YEAR-1})?

FLUSHOT

YES..... 1
NO 0

HLTH.FLUSHOT

BOX
HA17CA

If core and HA43DD ever = 1, go to HA43E.
Else, continue..

HA43DD

Has {SP} ever had a shot for pneumonia?

PNUESHOT

YES..... 1
NO..... 0

HLTH.PNUESHOT PERS.PSHOTFLG
--

PROGRAMMER SPECS:

If HLTH.PNUESHOT = 1, set PERS.PSHOTFLG = 1.
--

SMOKING

HA43E

The next couple of questions are about smoking. Has {SP} ever smoked cigarettes, cigars, or pipe tobacco?

EVRSMOKE YES..... 1
 NO..... 0

HLTH.EVRSMOKE

BOX HA17D	If comatose (HA11=1), go to BOX HA24. If HA43E=1 and alive, go to HA43F. Else, go to HA43GPRE.
--------------	--

SMOKING

HA43F

Does {SP} smoke now?

NOWSMOKE YES..... 1
 NO..... 0

HLTH.NOWSMOKE

IADLS

HA43GPRE

Now I'm going to ask about how difficult it was, on the average, for {SP} to do certain kinds of activities on or around {REF DATE}. Please tell me for each activity whether {SP} had no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or is not able to do it.

HA43G

Display the first line of the question for all 3 items.
 The following displays vary:

For item A, display {stooping, crouching, or kneeling?}.

For item B, display {lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?}.

For item C, display {reaching or extending arms above shoulder level?}.

For item D, display {either writing or handling and grasping small objects?}.

For item E, display {walking a quarter of a mile - that is, about 2 or 3 blocks?}.

IADLS

HA43G

On or around {REF DATE}, how much difficulty, if any, did {SP} have

SHOW
CARD
HA6

CODE LEVEL OF DIFFICULTY

IADSTOOP	A. STOOPING/COUCHING/KNEELING	()
IADLIFT	B. LIFTING HEAVY OBJECTS	()
IADREACH	C. REACHING/EXTENDING ARMS.....	()
IADGRASP	D. WRITING/GRASPING SMALL OBJECTS	()
IADWALK	E. WALKING QUARTER OF A MILE	()

- 0. NO DIFFICULTY AT ALL
- 1. A LITTLE DIFFICULTY
- 2. SOME DIFFICULTY
- 3. A LOT OF DIFFICULTY
- 4. NOT ABLE TO DO IT

HLTH.IADSTOOP	.IADLIFT	.IADREACH	.IADGRASP	.IADWALK
---------------	----------	-----------	-----------	----------

IADLS

HA43H

Now I'm going to ask about some everyday activities and whether {SP} had any difficulty doing them by himself/herself because of a health or physical problem on or around {REF DATE}.

Did {SP} have any difficulty on or around {REF DATE} ...

YES=1, NO=0
DOESN'T DO=3

DIFUSEPH using the telephone?..... ()
DIFSHOP shopping for personal items (such as toilet items or medicines)? ()
DIFMONEY managing money (like keeping track of money or paying bills) ()

HLTH.DIFUSEPH .DIFSHOP .DIFMONEY

BOX
HA17E

If any item in HA43H coded DOESN'T DO (3), go to HA43I. Else, go to HA43J.

HA43I

Display each item in HA43H coded DOESN'T DO (3)

IADLS

HA43I

You said that {HA43H ITEM CODED 3 (DOESN'T DO)} is something that {SP} doesn't do. Is this because of a health or physical problem?

YES=1, NO=0

REASNOPH USING TELEPHONE ()
REASNOSH SHOPPING ()
REASNOMM MANAGING MONEY ()

HLTH.REASNOPH .REASNOSH .REASNOMM

BOX
HA17F

If SP is alive, continue.
Else, go to BOX HA24.

HA43J

If baseline, do not display "Finally. . . health."
Else, display.

GENERAL HEALTH NOT ON MDS

HA43J

{Finally, I have a few questions on {SP's} general health.}

In general, compared to other people of {his/her} age, would you say that {SP's} health is excellent, very good, good, fair or poor?

SPHEALTH	EXCELLENT	0
	VERY GOOD	1
	GOOD	2
	FAIR.....	3
	POOR	4

HLTH.SPHEALTH

HA43K

Compared to one year ago, how would you rate SP's health in general now? Would you say SP's health is . . .

GENHLTH	much better now than one year ago,	0
	somewhat better now than one year ago,	1
	about the same,	2
	somewhat worse now than one year ago, or	3
	much worse now than one year ago?	4

HLTH.GENHLTH

HA43L

How much of the time during the past month has {his/her} health limited SP's social activities, like visiting with friends or close relatives? Would you say . . .

LIMACTIV	none of the time,	0
	some of the time,	1
	most of the time, or	2
	all of the time?.....	3

HLTH.LIMACTIV

BOX HA24	<p>If Baseline and if SP was a resident in an eligible unit of the facility at FAD+90 and if FAD+120 \leq the round interview date, and if HA T2 not complete, go to BOX HA1.</p> <p>Else, go to HC2.</p>
----------	--

RESPONDENT SCREEN

HC2

DID YOU ABSTRACT?

ALL.....	1
MAJORITY	2
HALF	3
SOME.....	4
NONE.....	5 (HCEND)

HIRO.DIDABSTR

RESPONDENT SCREEN

HC3

WHY DID YOU ABSTRACT?

NO KNOWLEDGEABLE RESPONDENT AVAILABLE	1
NO TIME/STAFF BURDEN TOO GREAT	2
REFUSAL--UNWILLING TO COOPERATE	3
OTHER, (SPECIFY:_____)	91

HIRO.WHYABSTR
HIRO.WHYABSOSPROGRAMMER SPECS:
Disallow DK and RF entries.

HCEND

YOU HAVE COMPLETED THE HEALTH STATUS SECTION FOR THIS SP.
PRESS ENTER TO RETURN TO THE NAVIGATION SCREEN.

CARD
HA1

LEVEL OF SELF-PERFORMANCE:

INDEPENDENT

SUPERVISION

LIMITED ASSISTANCE

EXTENSIVE ASSISTANCE

TOTAL DEPENDENCE

ACTIVITY DID NOT OCCUR

CARD
HA2

PSYCHOSOCIAL WELL-BEING:

At Ease Interacting with Others

At Ease Doing Planned or Structured Activities

At Ease Doing Self-initiated Activities

Establishes Own Goals

Pursues Involvement in Life of Facility

Accepts Invitations Into Most Group activities

Has Absence of Personal Contact with
Family/Friends

None of the Above

CARD
HA3**DIAGNOSES:**

Allergies	Hemiplegia/Hemiparesis
Alzheimer's Disease	Hip Fracture
Anemia	Hypertension
Anxiety Disorder	Hyperthyroidism
Aphasia	Hypotension
Arteriosclerotic Heart Disease (ASHD)	Hypothyroidism
Arthritis	Macular Degeneration
Asthma	Manic Depression (Bipolar Disease)
Cancer	Missing Limb (e.g., Amputation)
Cardiac Dysrhythmia	Multiple Sclerosis
Cardiovascular Disease (other)	Osteoporosis
Cataracts	Paraplegia
Cerebral Palsy	Parkinson's Disease
Cerebrovascular Accident (Stroke)	Pathological Bone Fracture
Congestive Heart Failure	Peripheral Vascular Disease
Deep Vein Thrombosis	Quadriplegia
Dementia, Other Than Alzheimer's	Renal Failure
Depression	Schizophrenia
Diabetes Mellitus	Seizure Disorder
Diabetic Retinopathy	Transient Ischemic Attack (TIA)
Emphysema/COPD	Traumatic Brain Injury
Glaucoma	None of the Above

CARD
HA4

INFECTIONS:

Antibiotic Resistant Infection (e.g., Methicillin Resistant Staph)

Clostridium Difficile (C.DIFF.)

Conjunctivitis

HIV Infection

Pneumonia

Respiratory Infection

Septicemia

Sexually Transmitted Diseases

Tuberculosis

Urinary Tract Infection in Last 30 Days

Viral Hepatitis

Wound Infection

None of the Above

CARD HA5

OTHER DIAGNOSES:

Agitation	Epilepsy
Alcohol Dependency	Gastritis/Duodenitis
Anorexia	Gastroenteritis, Noninfectious
Aortic stenosis	Gastrointestinal Hemorrhage
Ataxia	Gout
Atrial fibrillation	Hemorrhage of esophagus
Atypical psychosis	Hypercholesterolemia
Blindness	Hyperlipidemia
Benign prostatic hyperplasia	Hyperplasia of Prostate
Breast Disorders	Hypopotassemia/Hypokalemia
Cerebral Degeneration	Insomnia
Clinical obesity	Kyphosis
Constipation	Nonpsychotic Brain Syndrome
Coronary artery disease	Organic brain syndrome
Degenerative joint disease (DJD)	Osteoarthritis
Diaphragmatic Hernia (Hiatal Hernia)	Peptic Ulcer
Diverticula of Colon	Rental Ureteral Disorder
Down's syndrome	Scoliosis
Dysphagia (swallowing difficulties)	Spinal stenosis
Edema	Ulcer of Leg, Chronic
	Urinary retention
	Vertigo

CARD
HA6

IADLS

NO DIFFICULTY AT ALL

A LITTLE DIFFICULTY

SOME DIFFICULTY

A LOT OF DIFFICULTY

NOT ABLE TO DO IT

HEALTH STATUS HELP SCREENS**HA2**

A full MDS assessment is the form completed at admission and on an annual basis thereafter. A Quarterly Review is the shortest form which contains only a few of the full MDS assessment items.

HA7A

A full MDS assessment is the form completed at admission and on an annual basis thereafter.

HA15

- 0 INDEPENDENT - decisions consistent/reasonable
- 1 MODIFIED INDEPENDENCE - some difficulty with new tasks or situations only
- 2 MODERATELY IMPAIRED - decision poor; cues/supervision required
- 3 SEVERELY IMPAIRED - never/rarely made decisions

HA16

- 0 HEARS ADEQUATELY - normal conversational speech, including telephone or watching TV
- 1 MINIMAL DIFFICULTY - when not in a quiet setting
- 2 HEARS IN SPECIAL SITUATIONS ONLY - speaker has to adjust tonal quality and speak distinctly
- 3 HIGHLY IMPAIRED - absence of useful hearing

HA18

- MAKING SELF UNDERSTOOD - expressing information content – however able
- - 0 UNDERSTOOD - expressed ideas clearly
 - 1 USUALLY UNDERSTOOD - difficulty finding words or finishing thoughts
 - 2 SOMETIMES UNDERSTOOD - ability limited to making concrete requests
 - 3 RARELY OR NEVER UNDERSTOOD - ability to understand the SP is limited to staff interpretation

HEALTH STATUS HELP SCREENS**HA19**

ABILITY TO UNDERSTAND OTHERS - understanding verbal information content

- 0 UNDERSTAND - clearly comprehends the speaker's message
- 1 USUALLY UNDERSTANDS - may miss some part/intent of message
- 2 SOMETIMES UNDERSTANDS - simple direct communication
- 3 RARELY OR NEVER UNDERSTANDS - very limited ability to understand communication

HA20

MDS

MDS CODE	CAPI CODE	
0	0	ADEQUATE - sees fine detail, including regular print in newspapers/books
1	1	IMPAIRED - sees large print but not regular print in newspapers/books
2	2	MODERATELY IMPAIRED - limited vision: not able to see newspaper headlines, but can identify objects
3	3	HIGHLY IMPAIRED - object identification is in question but appears to follow objects with eyes
4	4	SEVERELY IMPAIRED - no vision or appears to see only light, colors, or shapes

No MDS Available

MDS CODE	CAPI CODE	
0	0	ADEQUATE - sees fine detail, including regular print in newspapers/books
1	1	IMPAIRED - sees large print but not regular print in newspapers/books
2	2	MODERATELY IMPAIRED - limited vision: not able to see newspaper headlines; can identify objects in environment
3	3	HIGHLY IMPAIRED - ability to identify objectives in environment is in question but appears to follow objects with eyes
4	4	SEVERELY IMPAIRED - no vision or appears to see only light, colors, or shapes

HA21

- A WANDERING - moved with no rational purpose, seemingly oblivious to needs or safety
- B VERBALLY ABUSIVE BEHAVIOR - others were threatened, screamed at, cursed at
- C PHYSICALLY ABUSIVE BEHAVIOR - others were hit, shoved, scratched, sexually abused
- D SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR - made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaging through others' belongings
- E RESISTANCE TO CARE - resisted taking medications/injections, ADL assistance, or eating

HEALTH STATUS HELP SCREENS**HA22**

- A TRANSFER - how resident moves between surfaces - to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)
- B LOCOMOTION ON THE UNIT - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
- C DRESSING - how resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis
- D EATING - how resident eats and drinks (regardless of skill)
- E TOILET USE - how resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes
-
- 0 INDEPENDENT - no help or oversight OR help/oversight provided only once or twice a week
- 1 SUPERVISION - oversight, encouragement or cueing provided only once or twice a week
- 2 LIMITED ASSISTANCE - highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance three or more times OR more help provided only 1 or 2 times a week
- 3 EXTENSIVE ASSISTANCE - performed part of the activity with help of the following type(s) provided 3 or more times a week: weight bearing support or full staff performance of task during part (but not all) of the time
- 4 TOTAL DEPENDENCE - full staff performance of activity
- 8 ACTIVITY DID NOT OCCUR

HA23

- BATHING - how resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair)
-
- 0 INDEPENDENT - no help provided
- 1 SUPERVISION - oversight help only
- 2 PHYSICAL HELP LIMITED TO TRANSFER ONLY
- 3 PHYSICAL HELP IN PART OF BATHING ACTIVITY
- 4 TOTAL DEPENDENCE
- 8 ACTIVITY DID NOT OCCUR

HA24

- CANE/WALKER - includes residents who walk by pushing a wheelchair for support
- WHEELED SELF - includes using a hand-propelled or motorized wheelchair, as long as resident takes responsibility for own mobility, even for part of the time

HEALTH STATUS HELP SCREENS**HA25**

BOWEL CONTINENCE - control of bowel movement, with appliance or bowel continence programs, if employed

-

- 0 **CONTINENT** - complete control (includes use of ostomy device that does not leak stool)
- 1 **USUALLY CONTINENT** - incontinent episodes less than weekly
- 2 **OCCASIONALLY INCONTINENT** - once a week
- 3 **FREQUENTLY INCONTINENT** - 2-3 times a week
- 4 **INCONTINENT** - all (or almost all) of the time

HA26

BLADDER CONTINENCE - control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances or continence programs, if employed

-

- 0 **CONTINENT** - complete control (includes use of indwelling urinary catheter or ostomy device that does not leak urine)
- 1 **USUALLY CONTINENT** - incontinent episodes once a week or less
- 2 **OCCASIONALLY INCONTINENT** - two or more times a week but not daily
- 3 **FREQUENTLY INCONTINENT** - tended to be incontinent daily but some control present (eg, day shift)
- 4 **INCONTINENT** - had inadequate control; multiple daily episodes

HA32

Active refers to those diseases associated with the resident's ADL status, cognition, behavior, medical treatments, or risk of death.

HA34

DEHYDRATION - the condition that occurs when fluid output exceeds fluid intake

HA35

DELUSIONS - the resident has fixed (false) ideas not shared by others

HA36

HALLUCINATIONS - the resident behaves as if he/she sees, hears, smells, or tastes things others do not

HEALTH STATUS HELP SCREENS**HA15B**

- 0 INDEPENDENT - decisions consistent/reasonable
- 1 MODIFIED INDEPENDENCE - some difficulty with new tasks or situations only
- 2 MODERATELY IMPAIRED - decision poor; cues/supervision required
- 3 SEVERELY IMPAIRED - never/rarely made decisions

HA16B

- 0 HEARS ADEQUATELY - normal conversational speech, including telephone or watching TV
- 1 MINIMAL DIFFICULTY - when not in a quiet setting
- 2 HEARS IN SPECIAL SITUATIONS ONLY - speaker has to adjust tonal quality and speak distinctly
- 3 HIGHLY IMPAIRED - absence of useful hearing

HA18B

- MAKING SELF UNDERSTOOD - expressing information content – however able
- - 0 UNDERSTOOD - expressed ideas clearly
 - 1 USUALLY UNDERSTOOD - difficulty finding words or finishing thoughts
 - 2 SOMETIMES UNDERSTOOD - ability limited to making concrete requests
 - 3 RARELY OR NEVER UNDERSTOOD - ability to understand the SP is limited to staff interpretation

HEALTH STATUS HELP SCREENS**HA19B**

ABILITY TO UNDERSTAND OTHERS - understanding verbal information content

- 0 UNDERSTAND - clearly comprehends the speaker's message
- 1 USUALLY UNDERSTANDS - may miss some part/intent of message
- 2 SOMETIMES UNDERSTANDS - simple direct communication
- 3 RARELY OR NEVER UNDERSTANDS - very limited ability to understand communication

HA20B

MDS CODE	CAPI CODE	
0	0	ADEQUATE - sees fine detail, including regular print in newspapers/books
1	1	IMPAIRED - sees large print but not regular print in newspapers/books
2	2	MODERATELY IMPAIRED - limited vision: not able to see newspaper headlines, but can identify objects
3	3	HIGHLY IMPAIRED - object identification is in question but appears to follow objects with eyes
4	4	SEVERELY IMPAIRED - no vision or appears to see only light, colors, or shapes

HA22B

- A TRANSFER - how resident moves between surfaces - to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)
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- 3 EXTENSIVE ASSISTANCE - performed part of the activity with help of the following type(s) provided 3 or more times a week: weight bearing support or full staff performance of task during part (but not all) of the time
- 4 TOTAL DEPENDENCE - full staff performance of activity
- 7 ACTIVITY OCCURRED ONLY ONCE OR TWICE
- 8 ACTIVITY DID NOT OCCUR

HEALTH STATUS HELP SCREENS**HA23B**

BATHING - how resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair)

-

- 0 INDEPENDENT - no help provided
- 1 SUPERVISION - oversight help only
- 2 PHYSICAL HELP LIMITED TO TRANSFER ONLY
- 3 PHYSICAL HELP IN PART OF BATHING ACTIVITY
- 4 TOTAL DEPENDENCE
- 8 ACTIVITY DID NOT OCCUR

HA24B

CANE/WALKER - includes residents who walk by pushing a wheelchair for support

HA34B

DEHYDRATION - the condition that occurs when fluid output exceeds fluid intake

HA35B

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HA36B

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