

# **Medicare Current Beneficiary Survey**

Section Specifications for 2012 R64 HSF

HEALTH STATUS (FACILITY)

Created on 6/13/2013 1:36:12 PM

# BOX HA1

## **BOX INSTRUCTIONS**

IF ONLY TIME 2, GO TO BOX HAT2BEG.

ELSE IF FACR.HAINTFLG <> 1/Indicated , GO TO HA1PRE1 - HA1PRE1C.

ELSE GO TO HA1PRE2 - HA1PRE2C.

Variable Name	Assignment Instructions
HSFORMS	PERS.HSFORMS = PreloadSP.HSFORMS

# HA1PRE1

Code 1

**QUESTION TEXT**

The next questions are about (SP)'s health status on or around (HS 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. Please take a moment to locate the records now and confirm they are the records closest to (HS REF DATE).

PRESS "1" TO CONTINUE.

**FIELD 1: HA1PRE1C****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA1PRE2 - HA1PRE2C

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
HAINTFLG	FACR.HAINTFLG = 1/Indicated.

# HA1PRE2

Code 1

## QUESTION TEXT

The following questions are about (SP)'s health status on or around (HS REF DATE).

PRESS "1" TO CONTINUE.

## FIELD 1: HA1PRE2C

### FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX HA2

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

# BOX HA2

## **BOX INSTRUCTIONS**

IF BASELINE INTERVIEW OR (CORE AND NO MDS AT PREVIOUS HS) GO TO HA1 - RECHAVE.

ELSE IF CORE, AND

IF SP HAD A MDS AT LAST HS APPLICATION ADMINISTERED FOR THIS SP, GO TO HA2 - RECFORMS.

Variable Name	Assignment Instructions
HSMCDFLG	If HSMCDFLG = EMPTY, then HSMCDFLG = 0/NotIndicated

# HA1

Yes/No

**QUESTION TEXT**

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

**FIELD 1: RECHAVE****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA1B - HSCONTN1
1	YES	BOX HA2A

# HA1B

Code 1

**QUESTION TEXT**

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

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

**FIELD 1: HSCONTN1****FIELD 1 ROUTING**

Value	Label	Route
0	NO, RETURN TO NAVIGATE SCREEN	BOX HCEND
1	YES, CONTINUE WITHOUT MEDICAL RECORDS	HA9PREB - HA9PRBC

# BOX HA2A

## BOX INSTRUCTIONS

GO TO HA2 - RECFORMS.



# HA2

Yes/No

**QUESTION TEXT**

Do (SP)'s medical records contain (another/a full) MDS assessment (or Quarterly Review) form dated (after/on or around (HS REF DATE))/(LAST MDS DATE)?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: RECFORMS****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA2B1 - HSCONTN2
1	YES	BOX HA3

# HA2B1

Code 1

**QUESTION TEXT**

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

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

**FIELD 1: HSCONTN2****FIELD 1 ROUTING**

Value	Label	Route
0	NO, RETURN TO NAVIGATE SCREEN	BOX HCEND
1	YES, CONTINUE WITHOUT MDS	HA9PREB - HA9PRBC

# BOX HA3

## BOX INSTRUCTIONS

GO TO HA3A - ASSESDT1.

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

CFRBEG:

If PreloadSP.LASTVAD <> EMPTY then CFRBEG = PreloadSP.LASTVAD + 1 day.

Else if PreloadSP.LASTHTYP = B and year portion of RAD + 15 days >= (PreloadSP.BEGCY - 1 year) then CFRBEG = RAD + 15.

Else if PreloadSP.LASTHTYP = T or C and year portion of RAD + 120 days = MAXYR then CFRBEG = RAD + 120.

Else if SP is CFR then CFRBEG = 5/1/MAXYR.

Variable Name	Assignment Instructions
MAXYR	If current round = 63, 64 then MAXYR= 12. Else if current round = 65-67 then MAXYR = 13. Else if current round = 68-70 then MAXYR = 14. Else if current round = 71-73 then MAXYR = 15. Else if current round = 74-76 then MAXYR = 16, etc.
MAXEND	If (SP is SSM or SP is CFR) and RHREFEND > 12/31/MAXYR then MAXEND = 12/31/MAXYR. Else MAXEND = RHREFEND.
HSBEG	If SP is SSM2 or SP is CFC or SP is FFC or SP is FCF then HSBEG = RAD - 7 days. Else if SP is SSM1 then HSBEG = 5/1/MAXYR. Else if SP is CFR then HSBEG = CFRBEG.
HSEND	If (SP is SSM2 or SP is CFC or SP if FFC or SP is FCF) and RAD + 14 days < MAXEND then HSEND = RAD + 14 days. Else HSEND = MAXEND.
HSTOT	HSTOT = 0

# HA3A

Date

## QUESTION TEXT

[What is the assessment date on the full MDS assessment that was completed for (SP) on or around (HS REF DATE)/What is the assessment date on the full MDS assessment that was completed for (SP) at admission, that is, on or around (HS REF DATE)/What is the assessment date on the full MDS assessment or Quarterly Review that was completed for (SP) closest to (HS REF DATE) after (HA3A DISPLAY DATE/LAST HS REF DATE)/What is the assessment date on that form]?

ENTER DATE IN "MM DD YY" FORMAT.

(IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)

## FIELD 1: ASSESDT1

### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HA4

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
HSTOT	HSTOT = HSTOT + 1
FORMNUM	HSFORM[HSTOT].FORMNUM = HSTOT
FORMRNDC	HSFORM[HSTOT].FORMRNDC = current round
HA3AFLG	HA3AFLG = 1/Indicated.

**DESIGN NOTES**

## 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

HA3A - ASSESDT1, FORMTYPE, FORMNUM, FORMRND, HSVALID AND HA7B - ASSESDT2 should be stored in HSFORM[15] array. Each pass through HA3A-ASSESDT1 or HA7B-ASSESDT2 should fill an element of the array.

# BOX HA4

## **BOX INSTRUCTIONS**

IF HA3A - ASSESDT1 = DK, RF AND FIRST TIME AT HA3A - ASSESDT1, GO TO HA9PREB - HA9PRBC.

ELSE, GO TO BOX HA5.

Variable Name	Assignment Instructions
LASTASSESSDATE	LASTASSESSDATE = HA3A - ASSESDT1
HSVALID	If HA3A - ASSESDT1 <> DK, RF and HA3A - ASSESDT1 >= HSBEG and HA3A - ASSESDT1 <= HSEND, then HSFORM[HSTOT].HSVALID = 1/Indicated. Else HSFORM[HSTOT].HSVALID = EMPTY.

# BOX HA5

## **BOX INSTRUCTIONS**

IF LAST ASSESSMENT DATE ENTRY COLLECTED IN HA3A - ASSESDT1 IS VALID, SET A FLAG AND GO TO BOX HA6.

ELSE GO TO HA5 - CLOSFORM.

# BOX HA6

## **BOX INSTRUCTIONS**

OBTAIN STATE NAME FROM FACILITY'S ADDRESS. IF STATE NAME IS MS OR SD, GO TO BOX HA7.

ELSE, GO TO HA4 - FORMTYPE1.

Variable Name	Assignment Instructions
EVERFULL	If State Name is MS or SD, EVERFULL = 1/Indicated.
FORMTYPE	If State Name is MS or SD, HSFORM[HSTOT].FORMTYPE = 1/FullMDS



# HA4

Code 1

## **QUESTION TEXT**

Please tell me if the form with the assessment date of (LAST ASSESSMENT DATE) is a full MDS or a quarterly review.

## **FIELD 1: FORMTYPE1**

### **FIELD 1 ROUTING**

Value	Label	Route
0	QUARTERLY REVIEW	BOX HA7
1	FULL MDS	BOX HA7

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
EVERFULL	If HA4 - FORMTYPE1 = 1/FullMDS, then EVERFULL = 1/Indicated.
FORMTYPE	HSFORM[HSTOT].FORMTYPE = HA4 - FORMTYPE1.

# BOX HA7

## **BOX INSTRUCTIONS**

IF MOST RECENT ASSESSMENT DATE IS COMPLETE THEN COMPARE WITH HS REF DATE. IF NUMBER OF DAYS BETWEEN ASSESSMENT DATE AND HS REF DATE MORE THAN +/- 7, OR IF HA3A - ASSESDT1 IS DK OR RF, GO TO HA5 - CLOSFORM.

ELSE, GO TO BOX HA9AA.

# HA5

Yes/No

## QUESTION TEXT

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

## FIELD 1: CLOSFORM

### FIELD 1 ROUTING

Value	Label	Route
0	NO	BOX HA8
1	YES	BOX HA8

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
LASTASSESSDATE	LASTASSESSDATE = HA3A - ASSESDT1

# BOX HA8

## **BOX INSTRUCTIONS**

IF HA5 - CLOSFORM = 1/Yes, GO TO HA3A - ASSESDT1.

ELSE, GO TO BOX HA9AA.

# BOX HA9AA

## **BOX INSTRUCTIONS**

IF HSTOT = 1 AND FORMTYPE = DK, RF, OR EMPTY, GO TO HA9PREB - HA9PRBC.

ELSE GO TO BOX HA9BB.

Variable Name	Assignment Instructions
HSSORTARRAY	If HSTOT > 1, then HSSORTARRAY = HSFORM array sorted by dates closest to HS REF DATE (+ or - days).
CLOSESTFULL	If HSTOT > 1 and EVERFULL = 1/Indicated, then CLOSESTFULL = FORMNUM of the first element of HSSORTARRAY where FORMTYPE = 1/FullIMDS. Else CLOSESTFULL = EMPTY.

# BOX HA9BB

## **BOX INSTRUCTIONS**

GO TO BOX HA9CC.

Variable Name	Assignment Instructions
CCVAD	If PERS.HSCREF <> EMPTY then PERS.CCVAD = HA3A - ASSESDT1 of HSSORTARRAY[1].
BCVAD	If PERS.HS1REF <> EMPTY then PERS.BCVAD = HA3A - ASSESDT1 of HSSORTARRAY[1].
CVATYPE	If HSSORTARRAY[1].FORMTYPE = 1/FullMDS, DK or RF then CVATYPE = 1/FullMDS. Else CVATYPE = 0/QuarterlyReview.
XPRIMARY	XPRIMARY = FORMNUM of HSSORTARRAY[1].
XBACKUP	If CVATYPE = 0/QuarterlyReview and CLOSESTFULL <> EMPTY then XBACKUP = CLOSESTFULL.
XBACKUPDATE	If XBACKUP <> EMPTY then XBACKUPDATE = HA3A - ASSESDT1 of FORMNUM = XBACKUP

# BOX HA9CC

## **BOX INSTRUCTIONS**

IF CVATYPE = 1/FullIMDS, GO TO HA6 - FORMREAS.

ELSE IF CVATYPE = 0/QuarterlyReview AND XBACKUP = EMPTY, GO TO HA7A - RECMDS.

ELSE GO TO HA7C - MDSINT1.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **BACKGROUND VARIABLE ASSIGNMENTS**

HSEDATE:

If SP is SSM:

Then if RHREFEND < 1/14/BEGCY, HSEDATE = REFEND.

Else HSEDATE = 1/14/BEGCY.

Else if SP is CFC:

Then if RHREFEND < RAD + 30 days, HSEDATE = RHREFEND.

Else HSEDATE = RAD + 30 days.

Else if SP is FFC or SP is FCF:

Then if RHREFEND < RAD + 14 days, then HSEDATE = RHREFEND.

Else HSEDATE = RAD + 14 days.

Else if SP is CFR then HSEDATE = MAXEND.

Variable Name	Assignment Instructions
HSBDATE	If SP is SSM1 then HSBDATE = 1/1/MAXYR. Else if SP is SSM2 or SP is CFC then HSBDATE = RAD - 30 days. Else if SP is FCF or SP is FFC then HSBDATE = RAD. Else HSBDATE = CFRBEG.
HSBDATE2	If SP is SSM1 then HSBDATE2 = 1/1/MAXYR. Else if SP is SSM2 or SP is CFC then HSBDATE2 = RAD - 30 days. Else if SP is FFC or FCF then HSBDATE2 = RAD. Else HSBDATE2 = CRFBEG.

# HA6

Code 1

## **QUESTION TEXT**

What was the primary reason for the assessment on the full MDS assessment dated (BCVAD/CCVAD)?

## **FIELD 1: FORMREAS**

### **FIELD 1 ROUTING**

Value	Label	Route
1	ADMISSION	HA7C - MDSINT1
2	ANNUAL	HA7C - MDSINT1
3	SIGNIFICANT CHANGE IN STATUS	HA7C - MDSINT1
91	OTHER	HA6 - FORMREOS

## **FIELD 2: FORMREOS**

OTHER (SPECIFY)

### **FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	HA7C - MDSINT1



# HA7A

Yes/No

**QUESTION TEXT**

Does (SP)'s medical record contain a full MDS assessment dated between (HS DATE RANGE)?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: RECMDS****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA7C - MDSINT1
1	YES	HA7B - ASSESDT2

# HA7B

Date

## QUESTION TEXT

What is the date of the full MDS assessment closest to (HS REF DATE)?

IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.

## FIELD 1: ASSESDT2

### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HA10

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
HSTOT	HSTOT = HSTOT+1
FORMRNDC	HSFORM[HSTOT].FORMRNDC = current round
FORMNUM	HSFORM[HSTOT].FORMNUM = HSTOT
HSVALID	If HA7B - ASSESDT2 <> DK, RF and HA7B - ASSESDT2 >= HSBDATE2 and HA7B - ASSESDT2 <= HSEDATE, then HSFORM[HSTOT].HSVALID = 1/Indicated. Else HSFORM[HSTOT].HSVALID = EMPTY.

# BOX HA10

## **BOX INSTRUCTIONS**

GO TO HA7C - MDSINT1.

Variable Name	Assignment Instructions
XBACKUP	If HSFORM[HSTOT].HSVALID = 1/Indicated, then XBACKUP = HSTOT. Else XBACKUP = EMPTY.
XBACKUPDATE	If XBACKUP <> EMPTY, then XBACKUPDATE = HA7B - ASSESDT2. Else XBACKUPDATE = EMPTY.

# HA7C

Code 1

**QUESTION TEXT**

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 (BACKUP MDS ASSESSMENT DATE)/please refer to (SP)'s medical record) to answer the questions.]

PRESS "1" TO CONTINUE.

**FIELD 1: MDSINT1****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX HA19A

# BOX HA19A

## **BOX INSTRUCTIONS**

IF BASELINE INTERVIEW, GO TO BOX HA22B.

ELSE, GO TO HA11B - COMATOSE.

# BOX HA22B

## **BOX INSTRUCTIONS**

IF ((PERS.INCAID = EMPTY OR (PERS.INCAID = 1 AND PERS.ICADNM = DK, RF, OR EMPTY)) AND PERS.CAIDECO <> 0/No OR 2/Pending) OR HSMCDFLG = 1/Indicated, GO TO HA44PREB - HA44PRBC.

ELSE, IF BQ9 - EDLEVELF = DK, RF, OR EMPTY, GO TO BOX HA23B.

ELSE, GO TO HA9PREB - HA9PRBC.

# HA44PREB

Code 1

**QUESTION TEXT**

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

PRESS "1" TO CONTINUE.

**FIELD 1: HA44PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA47B - HCAIDNUM

# HA47B

Text

## QUESTION TEXT

Please read me (SP)'s [(PREFERRED NAME FOR MEDICAID)/MEDICAID] ID number from the MDS assessment form.

IF NO MEDICAID NUMBER, ENTER 96.

## FIELD 1: HCAIDNUM

### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	HA48B - HCAIDVER

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
HCAIDNM	PERS.HCAIDNM = HA47B - HCAIDNUM
MCAIDFLG	If HA47B - HCAIDNUM = 96 or RF, then PERS.MCAIDFLG = 1/RForNWK. Else if HA47B - HCAIDNUM = DK, then PERS.MCAIDFLG = 2/NumIsDK
HSMCDFLG	HSMCDFLG = 1/Indicated



# HA48B

Yes/No

**QUESTION TEXT**

I'd like to verify the [(PREFERRED NAME FOR MEDICAID)/MEDICAID] ID number that I have recorded. I have entered (MEDICAID NUMBER). Is this correct?

**FIELD 1: HCAIDVER****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA47B - HCAIDNUM
1	YES	BOX HA23B

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
MCAIDFLG	If HA48B - HCAIDVER = 1/Yes, then PERS.MCAIDFLG = 3/ValidNumber

# BOX HA23B

## **BOX INSTRUCTIONS**

IF BQ9-EDLEVELF = DK, RF, OR EMPTY, GO TO HA51B - HEDULEV.

ELSE GO TO HA9PREB - HA9PRBC.

# HA51B

Code 1

## QUESTION TEXT

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

IF DK, USE CATEGORIES AS PROBES.

## FIELD 1: HEDULEV

### FIELD 1 ROUTING

Value	Label	Route
1	NO FORMAL SCHOOLING	HA9PREB - HA9PRBC
2	ELEMENTARY (1ST-8TH GRADES)	HA9PREB - HA9PRBC
3	SOME HIGH SCHOOL (9TH-12TH GRADES)	HA9PREB - HA9PRBC
4	COMPLETED HIGH SCHOOL, NO COLLEGE	HA9PREB - HA9PRBC
5	TECHNICAL OR TRADE SCHOOL	HA9PREB - HA9PRBC
6	SOME COLLEGE	HA9PREB - HA9PRBC
7	COLLEGE GRADUATE	HA9PREB - HA9PRBC
8	GRADUATE DEGREE	HA9PREB - HA9PRBC

# HA9PREB

Code 1

**QUESTION TEXT**

Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home)]. [(Please refer to (SP)'s medical record/Since I will be collecting information about (SP) on or around (HS 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 "1" TO CONTINUE.

**FIELD 1: HA9PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA9B - MENTAL

# HA9B

Yes/No

**QUESTION TEXT**

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.

**FIELD 1: MENTAL****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA11B - COMATOSE
1	YES	HA11B - COMATOSE

# HA11B

Code 1

**QUESTION TEXT**

Was (SP) in a persistent vegetative state with no discernible consciousness on (HS REF DATE)?

**FIELD 1: COMATOSE****FIELD 1 ROUTING**

Value	Label	Route
0	NO (NOT COMATOSE)	HA12AAB - MENTCON
1	YES (COMATOSE)	HA28PREB - HA28PRBC

# HA12AAB

Yes/No

**QUESTION TEXT**

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

**FIELD 1: MENTCON****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA12PREB - HA12PRBC
1	YES	HA12AB - MENTSUM

# HA12AB

Numeric

**QUESTION TEXT**

ENTER SUMMARY SCORE (0-15) FROM BIMS.

ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.

**FIELD 1: MENTSUM****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA13B



# HA12PREB

Code 1

**QUESTION TEXT**

The next series of questions deal with (SP)'s memory or recall ability.

PRESS "1" TO CONTINUE.

**FIELD 1: HA12PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA12B - CSMEMST

# HA12B

Code 1

**QUESTION TEXT**

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

**FIELD 1: CSMEMST****FIELD 1 ROUTING**

Value	Label	Route
0	MEMORY OK	HA13B - CSMEMLT
1	MEMORY PROBLEM	HA13B - CSMEMLT

# HA13B

Code 1

**QUESTION TEXT**

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

**FIELD 1: CSMEMLT****FIELD 1 ROUTING**

Value	Label	Route
0	MEMORY OK	HA14B - HA14BCOD
1	MEMORY PROBLEM	HA14B - HA14BCOD

# HA14B

Code All

**QUESTION TEXT**

On or around (HS REF DATE), was (SP) able to recall...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: HA14BCOD****FIELD 1 ROUTING**

Value	Label	Route
1	the current season?	HA15B - CSDECIS
2	the location of (her/his) own room?	HA15B - CSDECIS
3	staff names or faces?	HA15B - CSDECIS
4	the fact that (she/he) was in a nursing home?	HA15B - CSDECIS
96	NONE CHECKED	HA15B - CSDECIS

# HA15B

Code 1

**QUESTION TEXT**

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?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: CSDECIS****FIELD 1 ROUTING**

Value	Label	Route
0	INDEPENDENT	BOX HA13B
1	MODIFIED INDEPENDENCE	BOX HA13B
2	MODERATELY IMPAIRED	BOX HA13B
3	SEVERELY IMPAIRED	BOX HA13B

# BOX HA13B

## BOX INSTRUCTIONS

GO TO HA16B - HCHECOND.

# HA16B

Code 1

**QUESTION TEXT**

What was the condition of (SP)'s hearing, with a hearing appliance, if used, on or around (HS REF DATE)? Did (she/he) hear adequately, did (she/he) have minimal difficulty, did (she/he) have moderate difficulty, or was (her/his) hearing highly impaired?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: HCHECOND****FIELD 1 ROUTING**

Value	Label	Route
0	HEARS ADEQUATELY	HA17B - HCHEAID
1	HEARS WITH MINIMAL DIFFICULTY	HA17B - HCHEAID
2	HEARS WITH MODERATE DIFFICULTY	HA17B - HCHEAID
3	HEARING HIGHLY IMPAIRED	HA17B - HCHEAID

# HA17B

Yes/No

**QUESTION TEXT**

Did (she/he) have a hearing aid?

**FIELD 1: HCHEAD****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA18PREB - HA18PRBC
1	YES	HA18PREB - HA18PRBC



# HA18PREB

Code 1

**QUESTION TEXT**

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

PRESS "1" TO CONTINUE.

**FIELD 1: HA18PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA18B - HCUNCOND

# HA18B

Code 1

**QUESTION TEXT**

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: HCUNCOND****FIELD 1 ROUTING**

Value	Label	Route
0	UNDERSTOOD	HA19B - HCUNDOTH
1	USUALLY UNDERSTOOD	HA19B - HCUNDOTH
2	SOMETIMES UNDERSTOOD	HA19B - HCUNDOTH
3	RARELY/NEVER UNDERSTOOD	HA19B - HCUNDOTH

# HA19B

Code 1

**QUESTION TEXT**

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: HCUNDOTH****FIELD 1 ROUTING**

Value	Label	Route
0	UNDERSTAND	HA20PREB - HA20PRBC
1	USUALLY UNDERSTAND	HA20PREB - HA20PRBC
2	SOMETIMES UNDERSTAND	HA20PREB - HA20PRBC
3	RARELY/NEVER UNDERSTAND	HA20PREB - HA20PRBC

# HA20PREB

Code 1

**QUESTION TEXT**

Next is a question concerning (SP)'s vision on or around (HS REF DATE).

PRESS "1" TO CONTINUE.

**FIELD 1: HA20PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA20B - VISION

# HA20B

Code 1

**QUESTION TEXT**

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?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: VISION****FIELD 1 ROUTING**

Value	Label	Route
0	ADEQUATE	HA20AB - VISAPPL
1	IMPAIRED	HA20AB - VISAPPL
2	MODERATELY IMPAIRED	HA20AB - VISAPPL
3	HIGHLY IMPAIRED	HA20AB - VISAPPL
4	SEVERELY IMPAIRED	HA20AB - VISAPPL

# HA20AB

Yes/No

**QUESTION TEXT**

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

**FIELD 1: VISAPPL****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21B - BSAYSOT
1	YES	HA21B - BSAYSOT

# HA21B

Code 1

## **QUESTION TEXT**

How often did the following behavioral problems occur on or around (HS 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?

## **FIELD 1: BSAYSOT**

Physical behavior symptoms directed toward others.

## **FIELD 1 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA21B - BSVERBOT
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21B - BSVERBOT
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21B - BSVERBOT
3	BEHAVIOR OCCURRED DAILY	HA21B - BSVERBOT

## **FIELD 2: BSVERBOT**

Verbal behavior symptoms directed toward others.

## **FIELD 2 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA21B - BSNOTOT
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21B - BSNOTOT
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21B - BSNOTOT
3	BEHAVIOR OCCURRED DAILY	HA21B - BSNOTOT

**FIELD 3: BSNOTOT**

Other behavioral symptoms not directed toward others.

**FIELD 3 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	BEHAVIOR NOT EXHIBITED	BOX HA21B
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	BOX HA21B
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	BOX HA21B
3	BEHAVIOR OCCURRED DAILY	BOX HA21B



# BOX HA21B

## **BOX INSTRUCTIONS**

IF HA21B - BSAYSOT and HA21B - BSVERBOT and HA21B - BSNOTOT = 0/BehaviorNotExhibited, GO TO HA21CB - BSNOEVAL.

ELSE GO TO HA21AB - BSELFILL.

# HA21AB

Yes/No

## QUESTION TEXT

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

## FIELD 1: BSELFILL

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

## **FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21AB - BSELF CAR
1	YES	HA21AB - BSELF CAR

## FIELD 2: BSELF CAR

significantly interfere with the resident's care?

## **FIELD 2 ROUTING**

Value	Label	Route
0	NO	HA21AB - BSELF ACT
1	YES	HA21AB - BSELF ACT

## FIELD 3: BSELF ACT

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

## **FIELD 3 ROUTING**

Value	Label	Route
0	NO	HA21BB - BSOTHILL

Value	Label	Route
1	YES	HA21BB - BSOTHILL

# HA21BB

Yes/No

## QUESTION TEXT

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

## FIELD 1: BSOTHILL

put others at significant risk for physical illness or injury?

## **FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21BB - BSOTHACT
1	YES	HA21BB - BSOTHACT

## FIELD 2: BSOTHACT

significantly intrude on the privacy or activities of others?

## **FIELD 2 ROUTING**

Value	Label	Route
0	NO	HA21BB - BSOTHENV
1	YES	HA21BB - BSOTHENV

## FIELD 3: BSOTHENV

significantly disrupt care or living environment?

## **FIELD 3 ROUTING**

Value	Label	Route
0	NO	HA21CB - BSNOEVAL

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	YES	HA21CB - BSNOEVAL

# HA21CB

Code 1

**QUESTION TEXT**

How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (HS 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?

**FIELD 1: BSNOEVAL****FIELD 1 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA21DB - BSOFTHAN
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21DB - BSOFTHAN
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21DB - BSOFTHAN
3	BEHAVIOR OCCURRED DAILY	HA21DB - BSOFTHAN

# HA21DB

Code 1

**QUESTION TEXT**

How often did (SP) wander on or around (HS 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?

**FIELD 1: BSOFTWAN****FIELD 1 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA22PREB - HA22PRBC
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21EB - BSWDANGR
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21EB - BSWDANGR
3	BEHAVIOR OCCURRED DAILY	HA21EB - BSWDANGR

# HA21EB

Yes/No

## QUESTION TEXT

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

## FIELD 1: BSWDANGR

place the resident at significant risk of getting to a potentially dangerous place?

## **FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21EB - BSWOTACT
1	YES	HA21EB - BSWOTACT

## FIELD 2: BSWOTACT

significantly intrude on the privacy or activities of others?

## **FIELD 2 ROUTING**

Value	Label	Route
0	NO	HA22PREB - HA22PRBC
1	YES	HA22PREB - HA22PRBC



# HA22PREB

Code 1

**QUESTION TEXT**

The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (HS 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 "1" TO CONTINUE.

**FIELD 1: HA22PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA22B - PFTRNSFR

# HA22B

Code 1

## **QUESTION TEXT**

(SHOW CARD HA1)

Please tell me (SP)'s level of self-performance in...

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

## **FIELD 1: PFTRNSFR**

transferring (for example, in and out of bed).

## **FIELD 1 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA22B - PFLOCOMO
1	SUPERVISION	HA22B - PFLOCOMO
2	LIMITED ASSISTANCE	HA22B - PFLOCOMO
3	EXTENSIVE ASSISTANCE	HA22B - PFLOCOMO
4	TOTAL DEPENDENCE	HA22B - PFLOCOMO
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22B - PFLOCOMO
8	ACTIVITY DID NOT OCCUR	HA22B - PFLOCOMO

## **FIELD 2: PFLOCOMO**

locomotion on unit.

## **FIELD 2 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA22B - PFDRSSNG
1	SUPERVISION	HA22B - PFDRSSNG

Value	Label	Route
2	LIMITED ASSISTANCE	HA22B - PFDRSSNG
3	EXTENSIVE ASSISTANCE	HA22B - PFDRSSNG
4	TOTAL DEPENDENCE	HA22B - PFDRSSNG
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22B - PFDRSSNG
8	ACTIVITY DID NOT OCCUR	HA22B - PFDRSSNG

**FIELD 3: PFDRSSNG**

dressing.

**FIELD 3 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA22B - PFEATING
1	SUPERVISION	HA22B - PFEATING
2	LIMITED ASSISTANCE	HA22B - PFEATING
3	EXTENSIVE ASSISTANCE	HA22B - PFEATING
4	TOTAL DEPENDENCE	HA22B - PFEATING
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22B - PFEATING
8	ACTIVITY DID NOT OCCUR	HA22B - PFEATING

**FIELD 4: PFEATING**

eating.

**FIELD 4 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	INDEPENDENT	HA22B - PFTOILET
1	SUPERVISION	HA22B - PFTOILET
2	LIMITED ASSISTANCE	HA22B - PFTOILET
3	EXTENSIVE ASSISTANCE	HA22B - PFTOILET
4	TOTAL DEPENDENCE	HA22B - PFTOILET
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22B - PFTOILET
8	ACTIVITY DID NOT OCCUR	HA22B - PFTOILET

**FIELD 5: PFTOILET**

using the toilet.

**FIELD 5 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	INDEPENDENT	HA23B - PFBATHNG
1	SUPERVISION	HA23B - PFBATHNG
2	LIMITED ASSISTANCE	HA23B - PFBATHNG
3	EXTENSIVE ASSISTANCE	HA23B - PFBATHNG
4	TOTAL DEPENDENCE	HA23B - PFBATHNG
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA23B - PFBATHNG
8	ACTIVITY DID NOT OCCUR	HA23B - PFBATHNG

# HA23B

Code 1

## **QUESTION TEXT**

Again referring to the time on or around (HS 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?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

## **FIELD 1: PFBATHNG**

### **FIELD 1 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA24PREB - HA24PRBC
1	SUPERVISION	HA24PREB - HA24PRBC
2	PHYSICAL HELP LIMITED TO TRANSFER ONLY	HA24PREB - HA24PRBC
3	PHYSICAL HELP IN PART OF BATHING ACTIVITY	HA24PREB - HA24PRBC
4	TOTAL DEPENDENCE	HA24PREB - HA24PRBC
8	ACTIVITY DID NOT OCCUR	HA24PREB - HA24PRBC

# HA24PREB

Code 1

**QUESTION TEXT**

The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (HS REF DATE).

PRESS "1" TO CONTINUE.

**FIELD 1: HA24PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA24B - HA24BCOD

# HA24B

Code All

**QUESTION TEXT**

On or around (HS REF DATE) did (he/she) use...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: HA24BCOD****FIELD 1 ROUTING**

Value	Label	Route
1	a cane or crutch?	BOX HA14B
2	a walker?	BOX HA14B
3	a manual or electric wheelchair?	BOX HA14B
4	a limb prosthesis?	BOX HA14B
96	NONE CHECKED	BOX HA14B

# BOX HA14B

## **BOX INSTRUCTIONS**

GO TO HA25PREB - HA25PRBC.



# HA25PREB

Code 1

**QUESTION TEXT**

The next questions are about (SP)'s bowel and bladder control on or around (HS REF DATE).

PRESS "1" TO CONTINUE.

**FIELD 1: HA25PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA25B - CTBOWEL

# HA25B

Code 1

**QUESTION TEXT**

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

**FIELD 1: CTBOWEL****FIELD 1 ROUTING**

Value	Label	Route
0	ALWAYS CONTINENT	HA26B - CTBLADD
1	OCCASIONALLY INCONTINENT	HA26B - CTBLADD
2	FREQUENTLY INCONTINENT	HA26B - CTBLADD
3	ALWAYS INCONTINENT	HA26B - CTBLADD
4	NOT RATED	HA26B - CTBLADD

# HA26B

Code 1

**QUESTION TEXT**

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

**FIELD 1: CTBLADD****FIELD 1 ROUTING**

Value	Label	Route
0	ALWAYS CONTINENT	HA28PREB - HA28PRBC
1	OCCASIONALLY INCONTINENT	HA28PREB - HA28PRBC
2	FREQUENTLY INCONTINENT	HA28PREB - HA28PRBC
3	ALWAYS INCONTINENT	HA28PREB - HA28PRBC
4	NOT RATED	HA28PREB - HA28PRBC

# HA28PREB

Code 1

**QUESTION TEXT**

The questions in the next section deal with (SP)'s active diagnoses or conditions during the time on or around (HS 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 (HS REF DATE). Please think about what is in (SP)'s medical record when answering the following questions.]

PRESS "1" TO CONTINUE.

**FIELD 1: HA28PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX HA28B

# BOX HA28B

## **BOX INSTRUCTIONS**

IF XPRIMARY <> EMPTY, GO TO HA28B - HA28BCD1.

ELSE GO TO HA28B2 - HA28BCD2.

# HA28B

Code All

## QUESTION TEXT

What active diseases were checked on (SP)'s MDS assessment?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

## FIELD 1: HA28BCD1

### FIELD 1 ROUTING

Value	Label	Route
1	ALZHEIMER'S DISEASE	HA29B - HA29BCOD
2	ANEMIA	HA29B - HA29BCOD
3	ANXIETY DISORDER	HA29B - HA29BCOD
4	APHASIA	HA29B - HA29BCOD
5	ARTHRITIS	HA29B - HA29BCOD
6	ASTHMA, COPD, OR CHRONIC LUNG DISEASE	HA29B - HA29BCOD
7	ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS	HA29B - HA29BCOD
8	BENIGN PROSTATIC HYPERPLASIA	HA29B - HA29BCOD
9	CANCER	HA29B - HA29BCOD
10	CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION	HA29B - HA29BCOD
11	CEREBRAL PALSY	HA29B - HA29BCOD
12	CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIA), OR STROKE	HA29B - HA29BCOD
13	CIRRHOSIS	HA29B - HA29BCOD

<b>Value</b>	<b>Label</b>	<b>Route</b>
14	CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD)	HA29B - HA29BCOD
15	DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE)	HA29B - HA29BCOD
16	DEMENTIA, OTHER THAN ALZHEIMER'S	HA29B - HA29BCOD
17	DEPRESSION	HA29B - HA29BCOD
18	DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY)	HA29B - HA29BCOD
19	GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER	HA29B - HA29BCOD
20	HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA)	HA29B - HA29BCOD
21	HEMIPLEIA/HEMIPARESIS	HA29B - HA29BCOD
22	HIP FRACTURE	HA29B - HA29BCOD
23	HUNTINGTON'S DISEASE	HA29B - HA29BCOD
24	HYPERKALEMIA	HA29B - HA29BCOD
25	HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA)	HA29B - HA29BCOD
26	HYPERTENSION	HA29B - HA29BCOD
27	HYPONATREMIA	HA29B - HA29BCOD
28	MALNUTRITION OR AT RISK FOR MALNUTRITION	HA29B - HA29BCOD
29	MANIC DEPRESSION (BIPOLAR DISEASE)	HA29B - HA29BCOD

<b>Value</b>	<b>Label</b>	<b>Route</b>
30	MULTIPLE SCLEROSIS	HA29B - HA29BCOD
31	NEUROGENIC BLADDER	HA29B - HA29BCOD
32	OBSTRUCTIVE UROPATHY	HA29B - HA29BCOD
33	ORTHOSTATIC HYPOTENSION	HA29B - HA29BCOD
34	OSTEOPOROSIS	HA29B - HA29BCOD
35	OTHER FRACTURE	HA29B - HA29BCOD
36	PARAPLEGIA	HA29B - HA29BCOD
37	PARKINSON'S DISEASE	HA29B - HA29BCOD
38	PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD)	HA29B - HA29BCOD
39	POST TRAUMATIC STRESS DISORDER (PTSD)	HA29B - HA29BCOD
40	PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA)	HA29B - HA29BCOD
41	QUADRIPLEGIA	HA29B - HA29BCOD
42	RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD)	HA29B - HA29BCOD
43	RESPIRATORY FAILURE	HA29B - HA29BCOD
44	SCHIZOPHRENIA	HA29B - HA29BCOD
45	SEIZURE DISORDER OR EPILEPSY	HA29B - HA29BCOD
46	THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS)	HA29B - HA29BCOD
47	TOURETTE'S SYNDROME	HA29B - HA29BCOD
48	TRAUMATIC BRAIN INJURY	HA29B - HA29BCOD



Value	Label	Route
49	ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE	HA29B - HA29BCOD
91	OTHER	HA28B - HA28BOSP
96	NONE OF THE ABOVE	HA29B - HA29BCOD

**FIELD 2: HA28BOSP**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	HA29B - HA29BCOD

# HA28B2

Code All

## QUESTION TEXT

SHOW CARD HA3

Look at the following list and tell me what active diseases did (SP) have on or around (HS REF DATE).

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

## FIELD 1: HA28BCD2

### FIELD 1 ROUTING

Value	Label	Route
1	ALZHEIMER'S DISEASE	HA29B - HA29BCOD
2	ANEMIA	HA29B - HA29BCOD
3	ANXIETY DISORDER	HA29B - HA29BCOD
4	APHASIA	HA29B - HA29BCOD
5	ARTHRITIS	HA29B - HA29BCOD
6	ASTHMA, COPD, OR CHRONIC LUNG DISEASE	HA29B - HA29BCOD
7	ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS	HA29B - HA29BCOD
8	BENIGN PROSTATIC HYPERPLASIA	HA29B - HA29BCOD
9	CANCER	HA29B - HA29BCOD
10	CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION	HA29B - HA29BCOD
11	CEREBRAL PALSY	HA29B - HA29BCOD
12	CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIA), OR STROKE	HA29B - HA29BCOD

Value	Label	Route
13	CIRRHOSIS	HA29B - HA29BCOD
14	CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD)	HA29B - HA29BCOD
15	DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE)	HA29B - HA29BCOD
16	DEMENTIA, OTHER THAN ALZHEIMER'S	HA29B - HA29BCOD
17	DEPRESSION	HA29B - HA29BCOD
18	DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY)	HA29B - HA29BCOD
19	GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER	HA29B - HA29BCOD
20	HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA)	HA29B - HA29BCOD
21	HEMIPLEIA/HEMIPARESIS	HA29B - HA29BCOD
22	HIP FRACTURE	HA29B - HA29BCOD
23	HUNTINGTON'S DISEASE	HA29B - HA29BCOD
24	HYPERKALEMIA	HA29B - HA29BCOD
25	HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA)	HA29B - HA29BCOD
26	HYPERTENSION	HA29B - HA29BCOD
27	HYPONATREMIA	HA29B - HA29BCOD
28	MALNUTRITION OR AT RISK FOR MALNUTRITION	HA29B - HA29BCOD

<b>Value</b>	<b>Label</b>	<b>Route</b>
29	MANIC DEPRESSION (BIPOLAR DISEASE)	HA29B - HA29BCOD
30	MULTIPLE SCLEROSIS	HA29B - HA29BCOD
31	NEUROGENIC BLADDER	HA29B - HA29BCOD
32	OBSTRUCTIVE UROPATHY	HA29B - HA29BCOD
33	ORTHOSTATIC HYPOTENSION	HA29B - HA29BCOD
34	OSTEOPOROSIS	HA29B - HA29BCOD
35	OTHER FRACTURE	HA29B - HA29BCOD
36	PARAPLEGIA	HA29B - HA29BCOD
37	PARKINSON'S DISEASE	HA29B - HA29BCOD
38	PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD)	HA29B - HA29BCOD
39	POST TRAUMATIC STRESS DISORDER (PTSD)	HA29B - HA29BCOD
40	PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA)	HA29B - HA29BCOD
41	QUADRIPLEGIA	HA29B - HA29BCOD
42	RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD)	HA29B - HA29BCOD
43	RESPIRATORY FAILURE	HA29B - HA29BCOD
44	SCHIZOPHRENIA	HA29B - HA29BCOD
45	SEIZURE DISORDER OR EPILEPSY	HA29B - HA29BCOD
46	THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS)	HA29B - HA29BCOD
47	TOURETTE'S SYNDROME	HA29B - HA29BCOD

Value	Label	Route
48	TRAUMATIC BRAIN INJURY	HA29B - HA29BCOD
49	ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE	HA29B - HA29BCOD
91	OTHER	DO NOT DISPLAY.
96	NONE OF THE ABOVE	DO NOT DISPLAY.

# HA29B

Code All

## **QUESTION TEXT**

(SHOW CARD HA4)

[What active infections were checked on (SP)'s MDS assessment?]

[Look at the following list and tell me what active infections (SP) had on or around (HS REF DATE) according to the medical record notes.]

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

## **FIELD 1: HA29BCOD**

### **FIELD 1 ROUTING**

Value	Label	Route
1	MULTIDRUG-RESISTANT ORGANISM (MDRO)	BOX HA15B
2	PNEUMONIA	BOX HA15B
3	SEPTICEMIA	BOX HA15B
4	TUBERCULOSIS	BOX HA15B
5	URINARY TRACT INFECTION IN LAST 30 DAYS	BOX HA15B
6	VIRAL HEPATITIS	BOX HA15B
7	WOUND INFECTION (OTHER THAN FOOT)	BOX HA15B
96	NONE OF THE ABOVE	BOX HA15B

# BOX HA15B

## **BOX INSTRUCTIONS**

IF XPRIMARY <> EMPTY, GO TO HA30B - OTMDSDIA.

ELSE GO TO BOX HA16B.

# HA30B

Yes/No

**QUESTION TEXT**

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

**FIELD 1: OTMDS DIA****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA16B
1	YES	HA31B - HA31BCOD



# HA31B

Code All

## QUESTION TEXT

SHOW CARD HA5

What were the diagnoses?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

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

## FIELD 1: HA31BCOD

### FIELD 1 ROUTING

Value	Label	Route
1	AGITATION	BOX HA16A1
2	ALCOHOL DEPENDENCY	BOX HA16A1
3	ALLERGIES	BOX HA16A1
4	ANOREXIA	BOX HA16A1
5	AORTIC STENOSIS	BOX HA16A1
6	ATAXIA	BOX HA16A1
7	ATYPICAL PSYCHOSIS	BOX HA16A1
8	BLINDNESS	BOX HA16A1
9	BREAST DISORDERS	BOX HA16A1
10	CATARACTS	DO NOT DISPLAY.
11	CEREBRAL DEGENERATION	BOX HA16A1
12	CLINICAL OBESITY	BOX HA16A1
13	CLOSTRIDIUM DIFFICILE (C.DIFF.)	BOX HA16A1
14	CONJUNCTIVITIS	BOX HA16A1

Value	Label	Route
15	CONSTIPATION	BOX HA16A1
16	DEGENERATIVE JOINT DISEASE	BOX HA16A1
17	DIAPHRAGMATIC HERNIA (HIATAL HERNIA)	BOX HA16A1
18	DIVERTICULA OF COLON	BOX HA16A1
19	DOWN'S SYNDROME	BOX HA16A1
20	DYSPHAGIA (SWALLOWING DIFFICULTIES)	BOX HA16A1
21	EDEMA (OTHER THAN PULMONARY)	BOX HA16A1
22	GASTRITIS/DUODENITIS	BOX HA16A1
23	GASTROENTERITIS, NONINFECTIOUS	BOX HA16A1
24	GASTROINTESTINAL HEMORRHAGE	BOX HA16A1
25	GOUT	BOX HA16A1
26	HEMORRHAGE OF ESOPHAGUS	BOX HA16A1
27	HIV INFECTION	BOX HA16A1
28	HYPERPLASIA OF PROSTATE	BOX HA16A1
29	HYPOPOTASSEMIA/HYPOKALEMIA	BOX HA16A1
30	HYPOTENSION (OTHER THAN ORTHOSTATIC)	BOX HA16A1
31	INSOMNIA	BOX HA16A1
32	KYPHOSIS	BOX HA16A1
33	MISSING LIMB (E.G., AMPUTATION)	BOX HA16A1
34	NONPSYCHOTIC BRAIN SYNDROME	BOX HA16A1
35	ORGANIC BRAIN SYNDROME	BOX HA16A1
36	OSTEOARTHRITIS	BOX HA16A1

<b>Value</b>	<b>Label</b>	<b>Route</b>
37	PATHOLOGICAL BONE FRACTURE	BOX HA16A1
38	RENAL URETERAL DISORDER	BOX HA16A1
39	RESPIRATORY INFECTION	BOX HA16A1
40	SCOLIOSIS	BOX HA16A1
41	SEXUALLY TRANSMITTED DISEASES	BOX HA16A1
42	SPINAL STENOSIS	BOX HA16A1
43	ULCER OF LEG, CHRONIC	BOX HA16A1
44	URINARY RETENTION	BOX HA16A1
45	VERTIGO	BOX HA16A1
91	OTHER DIAGNOSIS 1	BOX HA16A1
92	OTHER DIAGNOSIS 2	BOX HA16A1
93	OTHER DIAGNOSIS 3	BOX HA16A1
94	OTHER DIAGNOSIS 4	BOX HA16A1

# BOX HA16A1

## **BOX INSTRUCTIONS**

IF HA31B - HA31BCOD INCLUDES 91/Other1, THEN GO TO HA31BO1 - MDCOTH1.

ELSE GO TO BOX HA16A2.

# HA31BO1

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 1.

**FIELD 1: MDCOTH1**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA16A2

# BOX HA16A2

## **BOX INSTRUCTIONS**

IF HA31B - HA31BCOD INCLUDES 92/Other2, THEN GO TO HA31BO2 - MDCOTH2.

ELSE GO TO BOX HA16A3.

# HA31BO2

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 2.

**FIELD 1: MDCOTH2**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA16A3

# BOX HA16A3

## **BOX INSTRUCTIONS**

IF HA31B - HA31BCOD INCLUDES 93/Other3, THEN GO TO HA31BO3 - MDCOTH3.

ELSE GO TO BOX HA16A4.



# HA31BO3

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 3.

**FIELD 1: MDCOTH3**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA16A4

# BOX HA16A4

## **BOX INSTRUCTIONS**

IF HA31B - HA31BCOD INCLUDES 94/Other4, THEN GO TO HA31BO4 - MDCOTH4.

ELSE GO TO BOX HA16B.

# HA31BO4

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 4.

**FIELD 1: MDCOTH4**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA16B

# BOX HA16B

## **BOX INSTRUCTIONS**

IF HA11B - COMATOSE = 1/YesComatose, GO TO HA38B - HEIGHT.

ELSE, GO TO HA34PREB - HA34PRBC.

# HA34PREB

Code 1

**QUESTION TEXT**

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

PRESS "1" TO CONTINUE.

**FIELD 1: HA34PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA34B - DEHYD

# HA34B

Yes/No

**QUESTION TEXT**

Did (SP) experience dehydration on or around (HS REF DATE)?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: DEHYD****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA35B - DELUS
1	YES	HA35B - DELUS

# HA35B

Yes/No

**QUESTION TEXT**

Did (SP) experience delusions on or around (HS REF DATE)?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: DELUS****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA36B - HALLUC
1	YES	HA36B - HALLUC

# HA36B

Yes/No

**QUESTION TEXT**

Did (SP) experience hallucinations on or around (HS REF DATE)?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: HALLUC****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA37AB - HA37ABCO
1	YES	HA37AB - HA37ABCO



# HA37AB

Code All

**QUESTION TEXT**

On or around (HS REF DATE), did (SP) experience the swallowing problem of...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: HA37ABCO****FIELD 1 ROUTING**

Value	Label	Route
1	a loss of liquids or solids from mouth when eating or drinking?	HA37BB - HA37BBCO
2	holding food in mouth or cheeks or residual food in mouth after meals?	HA37BB - HA37BBCO
3	coughing or choking during meals or when swallowing medications?	HA37BB - HA37BBCO
4	complaints of difficulty or pain with swallowing?	HA37BB - HA37BBCO
96	NONE OF THE ABOVE	HA37BB - HA37BBCO

# HA37BB

Code All

## QUESTION TEXT

On or around (HS REF DATE), did (SP) experience the oral problem of...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

## FIELD 1: HA37BBCO

### FIELD 1 ROUTING

Value	Label	Route
1	broken or loosely fitting full or partial denture?	BOX HA16AB
2	no natural teeth or tooth fragments?	BOX HA16AB
3	abnormal mouth tissue (ulcers, masses, oral lesions)?	BOX HA16AB
4	obvious or likely cavity or broken natural teeth?	BOX HA16AB
5	inflamed or bleeding gums or loose natural teeth?	BOX HA16AB
6	mouth or facial pain, discomfort or difficulty with chewing?	BOX HA16AB
7	UNABLE TO EXAMINE	BOX HA16AB
96	NONE OF THE ABOVE	BOX HA16AB

# BOX HA16AB

## **BOX INSTRUCTIONS**

IF PERS.PERSRNDNC = CURRENT ROUND, OR CURRENT ROUND IS FALL ROUND, GO TO HA38B - HEIGHT.

ELSE, GO TO HA39B - FCWEIGHT.

# HA38B

Numeric

**QUESTION TEXT**

What (is/was) (SP)'s height in inches?

**FIELD 1: HEIGHT****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	HA39B - FCWEIGHT

# HA39B

Numeric

**QUESTION TEXT**

What was (SP)'s weight on or around (HS REF DATE)?

**FIELD 1: FCWEIGHT****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA17BB

# BOX HA17BB

## BOX INSTRUCTIONS

GO TO HA10B - HA10BCOD.

# HA10B

Code All

**QUESTION TEXT**

(The rest of the health status questionnaire is 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 (HS REF DATE).

Did (SP)'s record indicate...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: HA10BCOD****FIELD 1 ROUTING**

Value	Label	Route
1	a Living Will?	HA32 - OTACTDIA
2	instructions not to resuscitate?	HA32 - OTACTDIA
3	instructions not to hospitalize?	HA32 - OTACTDIA
4	restrictions on feeding, medication, or other treatment restrictions?	HA32 - OTACTDIA
96	NONE CHECKED	HA32 - OTACTDIA

# HA32

Yes/No

**QUESTION TEXT**

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: OTACTDIA****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA15A
1	YES	HA33 - HA33CODE



# HA33

Code All

## QUESTION TEXT

SHOW CARD HA5

What were the diagnoses?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

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

## FIELD 1: HA33CODE

### FIELD 1 ROUTING

Value	Label	Route
1	AGITATION	BOX HA15AA1
2	ALCOHOL DEPENDENCY	BOX HA15AA1
3	ALLERGIES	BOX HA15AA1
4	ANOREXIA	BOX HA15AA1
5	AORTIC STENOSIS	BOX HA15AA1
6	ATAXIA	BOX HA15AA1
7	ATYPICAL PSYCHOSIS	BOX HA15AA1
8	BLINDNESS	BOX HA15AA1
9	BREAST DISORDERS	BOX HA15AA1
10	CATARACTS	DO NOT DISPLAY.
11	CEREBRAL DEGENERATION	BOX HA15AA1
12	CLINICAL OBESITY	BOX HA15AA1
13	CLOSTRIDIUM DIFFICILE (C.DIFF.)	BOX HA15AA1
14	CONJUNCTIVITIS	BOX HA15AA1

Value	Label	Route
15	CONSTIPATION	BOX HA15AA1
16	DEGENERATIVE JOINT DISEASE	BOX HA15AA1
17	DIAPHRAGMATIC HERNIA (HIATAL HERNIA)	BOX HA15AA1
18	DIVERTICULA OF COLON	BOX HA15AA1
19	DOWN'S SYNDROME	BOX HA15AA1
20	DYSPHAGIA (SWALLOWING DIFFICULTIES)	BOX HA15AA1
21	EDEMA (OTHER THAN PULMONARY)	BOX HA15AA1
22	GASTRITIS/DUODENITIS	BOX HA15AA1
23	GASTROENTERITIS, NONINFECTIOUS	BOX HA15AA1
24	GASTROINTESTINAL HEMORRHAGE	BOX HA15AA1
25	GOUT	BOX HA15AA1
26	HEMORRHAGE OF ESOPHAGUS	BOX HA15AA1
27	HIV INFECTION	BOX HA15AA1
28	HYPERPLASIA OF PROSTATE	BOX HA15AA1
29	HYPOPOTASSEMIA/HYPOKALEMIA	BOX HA15AA1
30	HYPOTENSION (OTHER THAN ORTHOSTATIC)	BOX HA15AA1
31	INSOMNIA	BOX HA15AA1
32	KYPHOSIS	BOX HA15AA1
33	MISSING LIMB (E.G., AMPUTATION)	BOX HA15AA1
34	NONPSYCHOTIC BRAIN SYNDROME	BOX HA15AA1
35	ORGANIC BRAIN SYNDROME	BOX HA15AA1
36	OSTEOARTHRITIS	BOX HA15AA1

<b>Value</b>	<b>Label</b>	<b>Route</b>
37	PATHOLOGICAL BONE FRACTURE	BOX HA15AA1
38	RENAL URETERAL DISORDER	BOX HA15AA1
39	RESPIRATORY INFECTION	BOX HA15AA1
40	SCOLIOSIS	BOX HA15AA1
41	SEXUALLY TRANSMITTED DISEASES	BOX HA15AA1
42	SPINAL STENOSIS	BOX HA15AA1
43	ULCER OF LEG, CHRONIC	BOX HA15AA1
44	URINARY RETENTION	BOX HA15AA1
45	VERTIGO	BOX HA15AA1
91	OTHER DIAGNOSIS 1	BOX HA15AA1
92	OTHER DIAGNOSIS 2	BOX HA15AA1
93	OTHER DIAGNOSIS 3	BOX HA15AA1
94	OTHER DIAGNOSIS 4	BOX HA15AA1

# BOX HA15AA1

## **BOX INSTRUCTIONS**

IF HA33 - HA33CODE INCLUDES 91/Other1, THEN GO TO HA33O1 - NMDCOTH1.

ELSE GO TO BOX HA15AA2.

# HA33O1

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 1.

**FIELD 1: NMDCOTH1**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA15AA2

# BOX HA15AA2

## **BOX INSTRUCTIONS**

IF HA33 - HA33CODE INCLUDES 92/Other2, THEN GO TO HA33O2 - NMDCOTH2.

ELSE GO TO BOX HA15AA3.

# HA33O2

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 2.

**FIELD 1: NMDCOTH2**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA15AA3

# BOX HA15AA3

## **BOX INSTRUCTIONS**

IF HA33 - HA33CODE INCLUDES 93/Other3, THEN GO TO HA33O3 - NMDCOTH3.

ELSE GO TO BOX HA15AA4.



# HA33O3

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 3.

**FIELD 1: NMDCOTH3**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA15AA4

# BOX HA15AA4

## **BOX INSTRUCTIONS**

IF HA33 - HA33CODE INCLUDES 94/Other4, THEN GO TO HA33O4 - NMDCOTH4.

ELSE GO TO BOX HA15A.

# HA33O4

Text

**QUESTION TEXT**

ENTER OTHER DIAGNOSIS 4.

**FIELD 1: NMDCOTH4**

OTHER (SPECIFY)

**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA15A

# BOX HA15A

## **BOX INSTRUCTIONS**

IF HA28B - HA28BCD1 OR HA28B2 - HA28BCD2 INCLUDES 9/Cancer, GO TO HA33PRE - HA33PREC.

ELSE, GO TO HA33D - MYOCARD.

# HA33PRE

Code 1

**QUESTION TEXT**

[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).

PRESS "1" TO CONTINUE.

**FIELD 1: HA33PREC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA33B - HA33BCOD

# HA33B

Code All

## QUESTION TEXT

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.

SEPARATE RESPONSES BY USING THE SPACEBAR.

## FIELD 1: HA33BCOD

### FIELD 1 ROUTING

Value	Label	Route
1	BLADDER	HA33D - MYOCARD
2	BREAST	HA33D - MYOCARD
3	CERVIX	HA33D - MYOCARD
4	COLON, RECTUM, OR BOWEL	HA33D - MYOCARD
5	LUNG	HA33D - MYOCARD
6	OVARY	HA33D - MYOCARD
7	PROSTATE	HA33D - MYOCARD
8	SKIN	HA33D - MYOCARD
9	STOMACH	HA33D - MYOCARD
10	UTERUS	HA33D - MYOCARD
91	OTHER	HA33B - CNROTHOS

## FIELD 2: CNROTHOS

OTHER (SPECIFY)

**FIELD 2 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
1	[Continuous answer.]	HA33D - MYOCARD

# HA33D

Yes/No

**QUESTION TEXT**

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

**FIELD 1: MYOCARD****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA33E - CATAROP
1	YES	HA33E - CATAROP



# HA33E

Yes/No

**QUESTION TEXT**

Has (SP) ever had an operation for cataracts?

**FIELD 1: CATAROP****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA15F
1	YES	BOX HA15F

# BOX HA15F

## **BOX INSTRUCTIONS**

IF CORE OR PreloadSP.CURELAGE >= 65 OR (SP IS CFR OR SP IS FFC OR SP IS FCF OR SP IS CFC), GO TO BOX HA17B.

IF NO CONDITIONS ARE INDICATED, GO TO HA33G - OTHCAUS.

ELSE, GO TO HA33F - CAUSEMCR.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

NO CONDITIONS ARE INDICATED =

HA28B - HA28BCD1 = 96/NoneOfTheAbove or DK, RF, EMPTY and

HA28B2 - HA28BCD2 = 96/NoneOfTheAbove or DK, RF, EMPTY and

HA29B - HA29BCOD = 96/NoneOfTheAbove or DK, RF, EMPTY and

HA30B - OTMDS DIA = 0/No or DK, RF, EMPTY and

HA37AB - HA37ABCO = 96/NoneOfTheAbove or DK, RF, EMPTY and

HA37BB - HA37BBCO = 96/NoneOfTheAbove or DK, RF, EMPTY and

HA32 - OTACT DIA = 0/No or DK, RF, EMPTY and

HA33D - MYOCARD = 0/No or DK, RF, EMPTY and

HA33E - CATAROP = 0/No or DK, RF, EMPTY

# HA33F

Yes/No

## QUESTION TEXT

You told me that (SP) has had [READ CONDITIONS LISTED BELOW.]

(Was this/Were any of these) the original cause of (SP)'s becoming eligible for Medicare?

## FIELD 1: CAUSEMCR

### FIELD 1 ROUTING

Value	Label	Route
0	NO	HA33G - OTHCAUS
1	YES	BOX HA15E

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report below "[READ CONDITIONS LISTED BELOW.]".

For each medical condition respondent indicated in HA28B-HA33E, display as a separate line in report:

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 1/AlzheimersDisease, display "ALZHEIMER'S DISEASE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 2/ Anemia, display "ANEMIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 3/ AnxietyDisorder, display "ANXIETY DISORDER".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 4/ Aphasia, display "APHASIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 5/ Arthritis, display "ARTHRITIS".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 6/ AsthmaCOPD, display "ASTHMA, COPD, OR CHRONIC LUNG DISEASE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 7/ AtrialFibDysrhythmias, display "ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 8/ BenignProstaticHyperplasia, display "BENIGN PROSTATIC HYPERPLASIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 9/ Cancer, display "CANCER".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 10/ CataractsGlaucomaMD, display

"CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 11/ CerebralPalsy, display "CEREBRAL PALSY".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 12/ CVATIASStroke, display "CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACH (TIA), OR STROKE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 13/ Cirrhosis, display "CIRRHOSIS".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 14/ CAD, display "CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 15/ DVTPEPTE, display "DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 16/ Dementia, display "DEMENTIA, OTHER THAN ALZHEIMER'S".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 17/ Depression, display "DEPRESSION".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 18/ DiabetesMellitus, display "DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 19/ GERDUlcer, display "GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 20/ HeartFailure, display "HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 21/ HemiplegiaHemiparesis, display "HEMIPLEIA/HEMIPARESIS".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 22/ HipFracture, display "HIP FRACTURE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 23/ HuntingtonsDisease, display "HUNTINGTON'S DISEASE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 24/ Hyperkalemia, display "HYPERKALEMIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 25/ Hyperlipidemia, display "HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 26/ Hypertension, display "HYPERTENSION".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 27/ Hyponatremia, display "HYPONATREMIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 28/ Malnutrition, display "MALNUTRITION OR AT RISK FOR MALNUTRITION".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 29/ ManicDepressionBipolarDisease, display "MANIC DEPRESSION (BIPOLAR DISEASE)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 30/ MultipleSclerosis, display "MULTIPLE SCLEROSIS".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 31/ NeurogenicBladder, display

"NEUROGENIC BLADDER".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 32/ ObstructiveUropathy, display "OBSTRUCTIVE UROPATHY".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 33/ OrthostaticHypotension, display "ORTHOSTATIC HYPOTENSION".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 34/ Osteoporosis, display "OSTEOPOROSIS".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 35/ OtherFracture, display "OTHER FRACTURE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 36/ Paralegia, display "PARAPLEGIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 37/ ParkinsonsDisease, display "PARKINSON'S DISEASE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 38/ PVDPAD, display "PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 39/ PTSD, display "POST TRAUMATIC STRESS DISORDER (PTSD)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 40/ PsychoticDisorder, display "PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 41/ Quadriplegia, display "QUADRIPLEGIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 42/ RenalInsuficiency, display "RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 43/ RespiratoryFailure, display "RESPIRATORY FAILURE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 44/ Schizophrenia, display "SCHIZOPHRENIA".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 45/ SeizureDisorderEpilepsy, display "SEIZURE DISORDER OR EPILEPSY".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 46/ ThyroidDisorder, display "THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS)".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 47/ TourettesSyndrome, display "TOURETTE'S SYNDROME".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 48/ TraumaticBrainInjury, display "TRAUMATIC BRAIN INJURY".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 49/ UlcerativeColitisCrohns, display "ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE".

IF HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 91/ Other, display response in HA28B - HA28BOSP.

IF HA29B - HA29BCOD includes 1/MultiDrugResistantOrganism, display "MULTIDRUG-RESISTANT ORGANISM (MDRO)".

IF HA29B - HA29BCOD includes 2/Pneumonia, display "PNEUMONIA".

IF HA29B - HA29BCOD includes 3/Septicemia, display "SEPTICEMIA".  
 IF HA29B - HA29BCOD includes 4/Tuberculosis, display "TUBERCULOSIS".  
 IF HA29B - HA29BCOD includes 5/ UrinaryTractInfectionInLast30Days, display "URINARY TRACT INFECTION IN LAST 30 DAYS".  
 IF HA29B - HA29BCOD includes 6/ViralHepatitis, display "VIRAL HEPATITIS".  
 IF HA29B - HA29BCOD includes 7/WoundInfection, display "WOUND INFECTION (OTHER THAN FOOT)".

IF HA31B - HA31BCOD includes 1/Agitation, display "AGITATION".  
 IF HA31B - HA31BCOD includes 2/AlcoholDependency, display "ALCOHOL DEPENDENCY".  
 IF HA31B - HA31BCOD includes 3/Allergies, display "ALLERGIES".  
 IF HA31B - HA31BCOD includes 4/Anorexia, display "ANOREXIA".  
 IF HA31B - HA31BCOD includes 5/AorticStenosis, display "AORTIC STENOSIS".  
 IF HA31B - HA31BCOD includes 6/Ataxia, display "ATAXIA".  
 IF HA31B - HA31BCOD includes 7/AtypicalPsychosis, display "ATYPICAL PSYCHOSIS".  
 IF HA31B - HA31BCOD includes 8/Blindness, display "BLINDNESS".  
 IF HA31B - HA31BCOD includes 9/BreastDisorders, display "BREAST DISORDERS".  
 IF HA31B - HA31BCOD includes 11/CerebralDegeneration, display "CEREBRAL DEGENERATION".  
 IF HA31B - HA31BCOD includes 12/ClinicalObesity, display "CLINICAL OBESITY".  
 IF HA31B - HA31BCOD includes 13/ClostridiumDifficile, display "CLOSTRIDIUM DIFFICILE (C.DIFF.)".  
 IF HA31B - HA31BCOD includes 14/Conjunctivitis, display "CONJUNCTIVITIS".  
 IF HA31B - HA31BCOD includes 15/Constipation, display "CONSTIPATION".  
 IF HA31B - HA31BCOD includes 16/DegenerativeJointDisease, display "DEGENERATIVE JOINT DISEASE".  
 IF HA31B - HA31BCOD includes 17/DiaphragmaticHernia, display "DIAPHRAGMATIC HERNIA (HIATAL HERNIA)".  
 IF HA31B - HA31BCOD includes 18/DiverticulaOfColon, display "DIVERTICULA OF COLON".  
 IF HA31B - HA31BCOD includes 19/DownsSyndrome, display "DOWN'S SYNDROME".  
 IF HA31B - HA31BCOD includes 20/Dysphagia, display "DYSPHAGIA (SWALLOWING DIFFICULTIES)".  
 IF HA31B - HA31BCOD includes 21/Edema, display "EDEMA (OTHER THAN PULMONARY)".  
 IF HA31B - HA31BCOD includes 22/GastritisDuodenitis, display "GASTRITIS/DUODENITIS".  
 IF HA31B - HA31BCOD includes 23/GastroenteritisNoninfectious, display "GASTROENTERITIS, NONINFECTIOUS".  
 IF HA31B - HA31BCOD includes 24/GastrointestinalHemorrhage, display "GASTROINTESTINAL HEMORRHAGE".  
 IF HA31B - HA31BCOD includes 25/Gout, display "GOUT".  
 IF HA31B - HA31BCOD includes 26/HemorrhageOfEsophagus, display "HEMORRHAGE OF ESOPHAGUS".  
 IF HA31B - HA31BCOD includes 27/HIVInfection, display "HIV INFECTION".  
 IF HA31B - HA31BCOD includes 28/HyperplasiaOfProstate, display "HYPERPLASIA OF PROSTATE".

IF HA31B - HA31BCOD includes 29/HypopotassemiaHypokalemia, display "HYPOPOTASSEMIA/HYPOKALEMIA".  
 IF HA31B - HA31BCOD includes 30/HypotensionOtherThanOrthostatic, display "HYPOTENSION (OTHER THAN ORTHOSTATIC)".  
 IF HA31B - HA31BCOD includes 31/Insomnia, display "INSOMNIA".  
 IF HA31B - HA31BCOD includes 32/Kyphosis, display "KYPHOSIS".  
 IF HA31B - HA31BCOD includes 33/MissingLimb, display "MISSING LIMB (E.G., AMPUTATION)".  
 IF HA31B - HA31BCOD includes 34/NonpsychoticBrainSyndrome, display "NONPSYCHOTIC BRAIN SYNDROME".  
 IF HA31B - HA31BCOD includes 35/OrganicBrainSyndrome, display "ORGANIC BRAIN SYNDROME".  
 IF HA31B - HA31BCOD includes 36/Osteoarthritis, display "OSTEOARTHRITIS".  
 IF HA31B - HA31BCOD includes 37/PathologicalBoneFracture, display "PATHOLOGICAL BONE FRACTURE".  
 IF HA31B - HA31BCOD includes 38/RenalUreteralDisorder, display "RENAL URETERAL DISORDER".  
 IF HA31B - HA31BCOD includes 39/RespiratoryInfection, display "RESPIRATORY INFECTION".  
 IF HA31B - HA31BCOD includes 40/Scoliosis, display "SCOLIOSIS".  
 IF HA31B - HA31BCOD includes 41/SexuallyTransmittedDiseases, display "SEXUALLY TRANSMITTED DISEASES".  
 IF HA31B - HA31BCOD includes 42/SpinalStenosis, display "SPINAL STENOSIS".  
 IF HA31B - HA31BCOD includes 43/UlcerOfLegChronic, display "ULCER OF LEG, CHRONIC".  
 IF HA31B - HA31BCOD includes 44/UrinaryRetention, display "URINARY RETENTION".  
 IF HA31B - HA31BCOD includes 45/Vertigo, display "VERTIGO".  
 IF HA31B - HA31BCOD includes 91/Other1, display response in HA31BO1 - MDCOTH1.  
 IF HA31B - HA31BCOD includes 92/Other2, display response in HA31BO2 - MDCOTH2.  
 IF HA31B - HA31BCOD includes 93/Other3, display response in HA31BO3 - MDCOTH3.  
 IF HA31B - HA31BCOD includes 94/Other4, display response in HA31BO4 - MDCOTH4.

IF HA33 - HA33CODE includes 1/Agitation, display "AGITATION".  
 IF HA33 - HA33CODE includes 2/AlcoholDependency, display "ALCOHOL DEPENDENCY".  
 IF HA33 - HA33CODE includes 3/Allergies, display "ALLERGIES".  
 IF HA33 - HA33CODE includes 4/Anorexia, display "ANOREXIA".  
 IF HA33 - HA33CODE includes 5/AorticStenosis, display "AORTIC STENOSIS".  
 IF HA33 - HA33CODE includes 6/Ataxia, display "ATAXIA".  
 IF HA33 - HA33CODE includes 7/AtypicalPsychosis, display "ATYPICAL PSYCHOSIS".  
 IF HA33 - HA33CODE includes 8/Blindness, display "BLINDNESS".  
 IF HA33 - HA33CODE includes 9/BreastDisorders, display "BREAST DISORDERS".  
 IF HA33 - HA33CODE includes 11/CerebralDegeneration, display "CEREBRAL DEGENERATION".  
 IF HA33 - HA33CODE includes 12/ClinicalObesity, display "CLINICAL OBESITY".  
 IF HA33 - HA33CODE includes 13/ClostridiumDifficile, display "CLOSTRIDIUM DIFFICILE"

(C.DIFF.)".

IF HA33 - HA33CODE includes 14/Conjunctivitis, display "CONJUNCTIVITIS".

IF HA33 - HA33CODE includes 15/Constipation, display "CONSTIPATION".

IF HA33 - HA33CODE includes 16/DegenerativeJointDisease, display "DEGENERATIVE JOINT DISEASE".

IF HA33 - HA33CODE includes 17/DiaphragmaticHernia, display "DIAPHRAGMATIC HERNIA (HIATAL HERNIA)".

IF HA33 - HA33CODE includes 18/DiverticulaOfColon, display "DIVERTICULA OF COLON".

IF HA33 - HA33CODE includes 19/DownsSyndrome, display "DOWN'S SYNDROME".

IF HA33 - HA33CODE includes 20/Dysphagia, display "DYSPHAGIA (SWALLOWING DIFFICULTIES)".

IF HA33 - HA33CODE includes 21/Edema, display "EDEMA (OTHER THAN PULMONARY)".

IF HA33 - HA33CODE includes 22/GastritisDuodenitis, display "GASTRITIS/DUODENITIS".

IF HA33 - HA33CODE includes 23/GastroenteritisNoninfectious, display "GASTROENTERITIS, NONINFECTIOUS".

IF HA33 - HA33CODE includes 24/GastrointestinalHemorrhage, display "GASTROINTESTINAL HEMORRHAGE".

IF HA33 - HA33CODE includes 25/Gout, display "GOUT".

IF HA33 - HA33CODE includes 26/HemorrhageOfEsophagus, display "HEMORRHAGE OF ESOPHAGUS".

IF HA33 - HA33CODE includes 27/HIVInfection, display "HIV INFECTION".

IF HA33 - HA33CODE includes 28/HyperplasiaOfProstate, display "HYPERPLASIA OF PROSTATE".

IF HA33 - HA33CODE includes 29/HypopotassemiaHypokalemia, display "HYPOPOTASSEMIA/HYPOKALEMIA".

IF HA33 - HA33CODE includes 30/HypotensionOtherThanOrthostatic, display "HYPOTENSION (OTHER THAN ORTHOSTATIC)".

IF HA33 - HA33CODE includes 31/Insomnia, display "INSOMNIA".

IF HA33 - HA33CODE includes 32/Kyphosis, display "KYPHOSIS".

IF HA33 - HA33CODE includes 33/MissingLimb, display "MISSING LIMB (E.G., AMPUTATION)".

IF HA33 - HA33CODE includes 34/NonpsychoticBrainSyndrome, display "NONPSYCHOTIC BRAIN SYNDROME".

IF HA33 - HA33CODE includes 35/OrganicBrainSyndrome, display "ORGANIC BRAIN SYNDROME".

IF HA33 - HA33CODE includes 36/Osteoarthritis, display "OSTEOARTHRITIS".

IF HA33 - HA33CODE includes 37/PathologicalBoneFracture, display "PATHOLOGICAL BONE FRACTURE".

IF HA33 - HA33CODE includes 38/RenalUreteralDisorder, display "RENAL URETERAL DISORDER".

IF HA33 - HA33CODE includes 39/RespiratoryInfection, display "RESPIRATORY INFECTION".

IF HA33 - HA33CODE includes 40/Scoliosis, display "SCOLIOSIS".

IF HA33 - HA33CODE includes 41/SexuallyTransmittedDiseases, display "SEXUALLY TRANSMITTED DISEASES".



IF HA33 - HA33CODE includes 42/SpinalStenosis, display "SPINAL STENOSIS".  
IF HA33 - HA33CODE includes 43/UlcerOfLegChronic, display "ULCER OF LEG, CHRONIC".  
IF HA33 - HA33CODE includes 44/UrinaryRetention, display "URINARY RETENTION".  
IF HA33 - HA33CODE includes 45/Vertigo, display "VERTIGO".  
IF HA33 - HA33CODE includes 91/Other1, display response in HA33O1 - NMDCOTH1.  
IF HA33 - HA33CODE includes 92/Other2, display response in HA33O2 - NMDCOTH2.  
IF HA33 - HA33CODE includes 93/Other3, display response in HA33O3 - NMDCOTH3.  
IF HA33 - HA33CODE includes 94/Other4, display response in HA33O4 - NMDCOTH4.

IF HA33B - HA33BCOD includes 1/Bladder, display "BLADDER".  
IF HA33B - HA33BCOD includes 2/Breast, display "BREAST".  
IF HA33B - HA33BCOD includes 3/Cervix, display "CERVIX".  
IF HA33B - HA33BCOD includes 4/ColonRectumBowel, display "COLON, RECTUM, OR BOWEL".  
IF HA33B - HA33BCOD includes 5/Lung, display "LUNG".  
IF HA33B - HA33BCOD includes 6/Ovary, display "OVARY".  
IF HA33B - HA33BCOD includes 7/Prostate, display "PROSTATE".  
IF HA33B - HA33BCOD includes 8/Skin, display "SKIN".  
IF HA33B - HA33BCOD includes 9/Stomach, display "STOMACH".  
IF HA33B - HA33BCOD includes 10/Uterus, display "UTERUS".  
IF HA33B - HA33BCOD includes 11/Other, display response in HA33B - CNROTHOS.

IF HA33D - MYOCARD = 1/Yes, display "MYOCARDIAL INFARCTION OR HEART ATTACK".

IF HA33E - CATAROP = 1/Yes, display "CATARACTS".

# HA33G

Verbatim Text

**QUESTION TEXT**

What was the original cause of (SP)'s becoming eligible for Medicare?

RECORD VERBATIM

**FIELD 1: OTHCAUS****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA17B

# BOX HA15E

## **BOX INSTRUCTIONS**

IF RESPONDENT REPORTED MORE THAN ONE CONDITION IN HA28B-HA33E, GO TO HA33H - HA33HCOD.

ELSE, GO TO BOX HA17B.

## **OTHER PROGRAMMING INSTRUCTIONS**

### **DESIGN NOTES**

RESPONDENT REPORTED MORE THAN ONE CONDITION IN HA28B-HA33E =

More than one of the following conditions are indicated:

HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	1/AlzheimersDisease
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	2/ Anemia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	3/ AnxietyDisorder
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	4/ Aphasia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	5/ Arthritis
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	6/ AsthmaCOPD
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	7/ AtrialFibDysrhythmias
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	8/ BenignProstaticHyperplasia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	9/ Cancer
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	10/ CataractsGlaucomaMD
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	11/ CerebralPalsy
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	12/ CVATIASStroke
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	13/ Cirrhosis
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	14/ CAD
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	15/ DVTPEPTE
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	16/ Dementia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	17/ Depression
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	18/ DiabetesMellitus
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	19/ GERDUlcer
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	20/ HeartFailure
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	21/ HemiplegiaHemiparesis
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	22/ HipFracture
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	23/ HuntingtonsDisease
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	24/ Hyperkalemia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	25/ Hyperlipidemia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	26/ Hypertension
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	27/ Hyponatremia
HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes	28/ Malnutrition

HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 29/ ManicDepressionBipolarDisease  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 30/ MultipleSclerosis  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 31/ NeurogenicBladder  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 32/ ObstructiveUropathy  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 33/ OrthostaticHypotension  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 34/ Osteoporosis  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 35/ OtherFracture  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 36/ Paralegia  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 37/ ParkinsonsDisease  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 38/ PVD PAD  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 39/ PTSD  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 40/ PsychoticDisorder  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 41/ Quadriplegia  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 42/ RenalInsufficiency  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 43/ RespiratoryFailure  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 44/ Schizophrenia  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 45/ SeizureDisorderEpilepsy  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 46/ ThyroidDisorder  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 47/ TourettesSyndrome  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 48/ TraumaticBrainInjury  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 49/ UlcerativeColitisCrohns  
 HA28B - HA28BCD1 or HA28B2 - HA28BCD2 includes 91/ Other

HA29B - HA29BCOD includes 1/MultiDrugResistantOrganism  
 HA29B - HA29BCOD includes 2/Pneumonia  
 HA29B - HA29BCOD includes 3/Septicemia  
 HA29B - HA29BCOD includes 4/Tuberculosis  
 HA29B - HA29BCOD includes 5/ UrinaryTractInfectionInLast30Days  
 HA29B - HA29BCOD includes 6/ViralHepatitis  
 HA29B - HA29BCOD includes 7/WoundInfection

HA31B - HA31BCOD includes 1/Agitation  
 HA31B - HA31BCOD includes 2/AlcoholDependency  
 HA31B - HA31BCOD includes 3/Allergies  
 HA31B - HA31BCOD includes 4/Anorexia  
 HA31B - HA31BCOD includes 5/AorticStenosis  
 HA31B - HA31BCOD includes 6/Ataxia  
 HA31B - HA31BCOD includes 7/AtypicalPsychosis  
 HA31B - HA31BCOD includes 8/Blindness  
 HA31B - HA31BCOD includes 9/BreastDisorders  
 HA31B - HA31BCOD includes 11/CerebralDegeneration  
 HA31B - HA31BCOD includes 12/ClinicalObesity  
 HA31B - HA31BCOD includes 13/ClostridiumDifficile  
 HA31B - HA31BCOD includes 14/Conjunctivitis

HA31B - HA31BCOD includes 15/Constipation  
HA31B - HA31BCOD includes 16/DegenerativeJointDisease  
HA31B - HA31BCOD includes 17/DiaphragmaticHernia  
HA31B - HA31BCOD includes 18/DiverticulaOfColon  
HA31B - HA31BCOD includes 19/DownsSyndrome  
HA31B - HA31BCOD includes 20/Dysphagia  
HA31B - HA31BCOD includes 21/Edema  
HA31B - HA31BCOD includes 22/GastritisDuodenitis  
HA31B - HA31BCOD includes 23/GastroenteritisNoninfectious  
HA31B - HA31BCOD includes 24/GastrointestinalHemorrhage  
HA31B - HA31BCOD includes 25/Gout  
HA31B - HA31BCOD includes 26/HemorrhageOfEsophagus  
HA31B - HA31BCOD includes 27/HIVInfection  
HA31B - HA31BCOD includes 28/HyperplasiaOfProstate  
HA31B - HA31BCOD includes 29/HypopotassemiaHypokalemia  
HA31B - HA31BCOD includes 30/HypotensionOtherThanOrthostatic  
HA31B - HA31BCOD includes 31/Insomnia  
HA31B - HA31BCOD includes 32/Kyphosis  
HA31B - HA31BCOD includes 33/MissingLimb  
HA31B - HA31BCOD includes 34/NonpsychoticBrainSyndrome  
HA31B - HA31BCOD includes 35/OrganicBrainSyndrome  
HA31B - HA31BCOD includes 36/Osteoarthritis  
HA31B - HA31BCOD includes 37/PathologicalBoneFracture  
HA31B - HA31BCOD includes 38/RenalUreteralDisorder  
HA31B - HA31BCOD includes 39/RespiratoryInfection  
HA31B - HA31BCOD includes 40/Scoliosis  
HA31B - HA31BCOD includes 41/SexuallyTransmittedDiseases  
HA31B - HA31BCOD includes 42/SpinalStenosis  
HA31B - HA31BCOD includes 43/UlcerOfLegChronic  
HA31B - HA31BCOD includes 44/UrinaryRetention  
HA31B - HA31BCOD includes 45/Vertigo  
HA31B - HA31BCOD includes 91/Other1  
HA31B - HA31BCOD includes 92/Other2  
HA31B - HA31BCOD includes 93/Other3  
HA31B - HA31BCOD includes 94/Other4

HA33 - HA33CODE includes 1/Agitation  
HA33 - HA33CODE includes 2/AlcoholDependency  
HA33 - HA33CODE includes 3/Allergies  
HA33 - HA33CODE includes 4/Anorexia  
HA33 - HA33CODE includes 5/AorticStenosis  
HA33 - HA33CODE includes 6/Ataxia  
HA33 - HA33CODE includes 7/AtypicalPsychosis  
HA33 - HA33CODE includes 8/Blindness

HA33 - HA33CODE includes 9/BreastDisorders  
HA33 - HA33CODE includes 11/CerebralDegeneration  
HA33 - HA33CODE includes 12/ClinicalObesity  
HA33 - HA33CODE includes 13/ClostridiumDifficile  
HA33 - HA33CODE includes 14/Conjunctivitis  
HA33 - HA33CODE includes 15/Constipation  
HA33 - HA33CODE includes 16/DegenerativeJointDisease  
HA33 - HA33CODE includes 17/DiaphragmaticHernia  
HA33 - HA33CODE includes 18/DiverticulaOfColon  
HA33 - HA33CODE includes 19/DownsSyndrome  
HA33 - HA33CODE includes 20/Dysphagia  
HA33 - HA33CODE includes 21/Edema  
HA33 - HA33CODE includes 22/GastritisDuodenitis  
HA33 - HA33CODE includes 23/GastroenteritisNoninfectious  
HA33 - HA33CODE includes 24/GastrointestinalHemorrhage  
HA33 - HA33CODE includes 25/Gout  
HA33 - HA33CODE includes 26/HemorrhageOfEsophagus  
HA33 - HA33CODE includes 27/HIVInfection  
HA33 - HA33CODE includes 28/HyperplasiaOfProstate  
HA33 - HA33CODE includes 29/HypopotassemiaHypokalemia  
HA33 - HA33CODE includes 30/HypotensionOtherThanOrthostatic  
HA33 - HA33CODE includes 31/Insomnia  
HA33 - HA33CODE includes 32/Kyphosis  
HA33 - HA33CODE includes 33/MissingLimb  
HA33 - HA33CODE includes 34/NonpsychoticBrainSyndrome  
HA33 - HA33CODE includes 35/OrganicBrainSyndrome  
HA33 - HA33CODE includes 36/Osteoarthritis  
HA33 - HA33CODE includes 37/PathologicalBoneFracture  
HA33 - HA33CODE includes 38/RenalUreteralDisorder  
HA33 - HA33CODE includes 39/RespiratoryInfection  
HA33 - HA33CODE includes 40/Scoliosis  
HA33 - HA33CODE includes 41/SexuallyTransmittedDiseases  
HA33 - HA33CODE includes 42/SpinalStenosis  
HA33 - HA33CODE includes 43/UlcerOfLegChronic  
HA33 - HA33CODE includes 44/UrinaryRetention  
HA33 - HA33CODE includes 45/Vertigo  
HA33 - HA33CODE includes 91/Other1  
HA33 - HA33CODE includes 92/Other2  
HA33 - HA33CODE includes 93/Other3  
HA33 - HA33CODE includes 94/Other4

HA33B - HA33BCOD includes 1/Bladder  
HA33B - HA33BCOD includes 2/Breast  
HA33B - HA33BCOD includes 3/Cervix

HA33B - HA33BCOD includes 4/ColonRectumBowel

HA33B - HA33BCOD includes 5/Lung

HA33B - HA33BCOD includes 6/Ovary

HA33B - HA33BCOD includes 7/Prostate

HA33B - HA33BCOD includes 8/Skin

HA33B - HA33BCOD includes 9/Stomach

HA33B - HA33BCOD includes 10/Uterus

HA33B - HA33BCOD includes 11/Other

HA33D - MYOCARD = 1/Yes

HA33E - CATAROP = 1/Yes

# HA33H

Code All

**QUESTION TEXT**

Which of these conditions was a cause of (him/her) becoming eligible for Medicare?

**FIELD 1: HA33HCOD****FIELD 1 ROUTING**

Value	Label	Route
1	PLEASE SEE ITEM DISPLAY INSTRUCTIONS	BOX HA17B

**OTHER PROGRAMMING INSTRUCTIONS****DESIGN NOTES**

Note:

Please build a list of response options (Conditions) based on responses selected/indicated in questions HA28B, HA28B2, HA29B, HA31B, HA33, HA33B, HA33D, and HA33E. Store response option label.hsf



# BOX HA17B

## **BOX INSTRUCTIONS**

IF SP IS FEMALE, GO TO HA43APRE - HA43APRC.

ELSE GO TO HA43DAPR - HA43DAPC.

# HA43APRE

Code 1

**QUESTION TEXT**

The next items are about procedures (SP) may have had since (MONTH & DAY OF TODAY'S DATE) a year ago.

PRESS "1" TO CONTINUE.

**FIELD 1: HA43APRC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA43A - MAMMOGR

# HA43A

Yes/No

**QUESTION TEXT**

Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a mammogram or breast x-ray?

**FIELD 1: MAMMOGR****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43B - PAPSMEAR
1	YES	HA43B - PAPSMEAR

# HA43B

Yes/No

**QUESTION TEXT**

Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a Pap smear?

**FIELD 1: PAPSMEAR****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17C
1	YES	BOX HA17C

# BOX HA17C

## **BOX INSTRUCTIONS**

IF SP IS CFC or SP IS SSM OR ((SP IS FFC OR SP IS FCF) AND PreloadSP.HYSTFLAG <> 1/Indicated), GO TO HA43D - EVERHYST.

ELSE IF PreloadSP.HYSTFLAG = 1/Indicated, GO TO BOX HA17CB.

ELSE, GO TO HA43C - HYSTEREC.

# HA43C

Yes/No

**QUESTION TEXT**

Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a hysterectomy?

**FIELD 1: HYSTEREC****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17CB
1	YES	BOX HA17CB

# HA43D

Yes/No

**QUESTION TEXT**

Has (SP) ever had a hysterectomy?

**FIELD 1: EVERHYST****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17CB
1	YES	BOX HA17CB

# HA43DAPR

Code 1

**QUESTION TEXT**

The next items are about procedures (SP) may have had since (MONTH & DAY OF TODAY'S DATE) a year ago.

PRESS "1" TO CONTINUE.

**FIELD 1: HA43DAPC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA43DA - DRECEXAM



# HA43DA

Yes/No

**QUESTION TEXT**

Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a digital rectal examination of the prostate?

**FIELD 1: DRECEXAM****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43DB - BLOODPSA
1	YES	HA43DB - BLOODPSA

# HA43DB

Yes/No

**QUESTION TEXT**

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

**FIELD 1: BLOODPSA****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17CB
1	YES	BOX HA17CB

# BOX HA17CB

## **BOX INSTRUCTIONS**

IF FALL ROUND, GO TO HA43DC - FLUSHOT.

ELSE GO TO BOX HA17CA.

# HA43DC

Yes/No

**QUESTION TEXT**

Next, a question or two about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter?

[EXPLAIN IF NECESSARY: Did (SP) have a flu shot anytime during the period from September (PREVIOUS YEAR) through December (PREVIOUS YEAR)?]

**FIELD 1: FLUSHOT****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17CA
1	YES	BOX HA17CA

# BOX HA17CA

## **BOX INSTRUCTIONS**

IF PreloadSP.PSHOTFLG = 1/Indicated, GO TO HA43E - EVRSMOKE.

ELSE GO TO HA43DD - PNUESHOT.

# HA43DD

Yes/No

**QUESTION TEXT**

Has (SP) ever had a shot for pneumonia?

**FIELD 1: PNUESHOT****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43E - EVRSMOKE
1	YES	HA43E - EVRSMOKE

# HA43E

Yes/No

**QUESTION TEXT**

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

**FIELD 1: EVRSMOKE****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17D
1	YES	BOX HA17D

# BOX HA17D

## **BOX INSTRUCTIONS**

IF HA11B - COMATOSE = 1/YesComatose, GO TO BOX HA24.

ELSE IF HA43E - EVRSMOKE = 1/Yes AND SP IS ALIVE, GO TO HA43F - NOWSMOKE.

ELSE GO TO HA43GPRE - HA43GPC.



# HA43F

Yes/No

**QUESTION TEXT**

Does (SP) smoke now?

**FIELD 1: NOWSMOKE****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43GPPE - HA43GPPC
1	YES	HA43GPPE - HA43GPPC

# HA43GPRE

Code 1

**QUESTION TEXT**

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 (HS 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 was not able to do it.

PRESS "1" TO CONTINUE.

**FIELD 1: HA43GPC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA43G - IADSTOOP

# HA43G

Code 1

## QUESTION TEXT

SHOW CARD HA6

On or around (HS REF DATE), how much difficulty, if any, did (SP) have...

## FIELD 1: IADSTOOP

stooping, crouching, or kneeling?

## **FIELD 1 ROUTING**

Value	Label	Route
0	NO DIFFICULTY AT ALL	HA43G - IADLIFT
1	A LITTLE DIFFICULTY	HA43G - IADLIFT
2	SOME DIFFICULTY	HA43G - IADLIFT
3	A LOT OF DIFFICULTY	HA43G - IADLIFT
4	NOT ABLE TO DO IT	HA43G - IADLIFT

## FIELD 2: IADLIFT

lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?

## **FIELD 2 ROUTING**

Value	Label	Route
0	NO DIFFICULTY AT ALL	HA43G - IADREACH
1	A LITTLE DIFFICULTY	HA43G - IADREACH
2	SOME DIFFICULTY	HA43G - IADREACH
3	A LOT OF DIFFICULTY	HA43G - IADREACH
4	NOT ABLE TO DO IT	HA43G - IADREACH

**FIELD 3: IADREACH**

reaching or extending arms above shoulder level?

**FIELD 3 ROUTING**

Value	Label	Route
0	NO DIFFICULTY AT ALL	HA43G - IADGRASP
1	A LITTLE DIFFICULTY	HA43G - IADGRASP
2	SOME DIFFICULTY	HA43G - IADGRASP
3	A LOT OF DIFFICULTY	HA43G - IADGRASP
4	NOT ABLE TO DO IT	HA43G - IADGRASP

**FIELD 4: IADGRASP**

either writing or handling and grasping small objects?

**FIELD 4 ROUTING**

Value	Label	Route
0	NO DIFFICULTY AT ALL	HA43G - IADWALK
1	A LITTLE DIFFICULTY	HA43G - IADWALK
2	SOME DIFFICULTY	HA43G - IADWALK
3	A LOT OF DIFFICULTY	HA43G - IADWALK
4	NOT ABLE TO DO IT	HA43G - IADWALK

**FIELD 5: IADWALK**

walking a quarter of a mile - that is, about 2 or 3 blocks?

**FIELD 5 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	NO DIFFICULTY AT ALL	HA43H1 - DIFUSEPH
1	A LITTLE DIFFICULTY	HA43H1 - DIFUSEPH
2	SOME DIFFICULTY	HA43H1 - DIFUSEPH
3	A LOT OF DIFFICULTY	HA43H1 - DIFUSEPH
4	NOT ABLE TO DO IT	HA43H1 - DIFUSEPH

# HA43H1

Code 1

**QUESTION TEXT**

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 (HS REF DATE).

Did (SP) have any difficulty on or around (HS REF DATE) using the telephone?

**FIELD 1: DIFUSEPH****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43H2 - DIFSHOP
1	YES	HA43H2 - DIFSHOP
3	DOESN'T DO	HA43I1 - REASNOPH

# HA43I1

Code 1

**QUESTION TEXT**

You said that using the telephone is something that (SP) doesn't do.

Is this because of a health or physical problem?

**FIELD 1: REASNOPH****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43H2 - DIFSHOP
1	YES	HA43H2 - DIFSHOP

# HA43H2

Code 1

**QUESTION TEXT**

Did (SP) have any difficulty on or around (HS REF DATE) shopping for personal items (such as toilet items or medicines)?

**FIELD 1: DIFSHOP****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43H3 - DIFMONEY
1	YES	HA43H3 - DIFMONEY
3	DOESN'T DO	HA43I2 - REASNOSH



# HA43I2

Code 1

**QUESTION TEXT**

You said that shopping is something that (SP) doesn't do.

Is this because of a health or physical problem?

**FIELD 1: REASNOSH****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA43H3 - DIFMONEY
1	YES	HA43H3 - DIFMONEY

# HA43H3

Code 1

**QUESTION TEXT**

Did (SP) have any difficulty on or around (HS REF DATE) managing money (like keeping track of money or paying bills)?

**FIELD 1: DIFMONEY****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17F
1	YES	BOX HA17F
3	DOESN'T DO	HA43I3 - REASNOMM

# HA43I3

Code 1

**QUESTION TEXT**

You said that managing money is something that (SP) doesn't do.

Is this because of a health or physical problem?

**FIELD 1: REASNOMM****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA17F
1	YES	BOX HA17F

# BOX HA17F

## **BOX INSTRUCTIONS**

IF SP IS ALIVE, GO TO HA43J - SPHEALTH.

ELSE GO TO BOX HA24.

# HA43J

Code 1

**QUESTION TEXT**

[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?

**FIELD 1: SPHEALTH****FIELD 1 ROUTING**

Value	Label	Route
1	EXCELLENT	HA43K - GENHLTH
2	VERY GOOD	HA43K - GENHLTH
3	GOOD	HA43K - GENHLTH
4	FAIR	HA43K - GENHLTH
5	POOR	HA43K - GENHLTH

# HA43K

Code 1

**QUESTION TEXT**

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

**FIELD 1: GENHLTH****FIELD 1 ROUTING**

Value	Label	Route
0	much better now than one year ago,	HA43L - LIMACTIV
1	somewhat better now than one year ago,	HA43L - LIMACTIV
2	about the same,	HA43L - LIMACTIV
3	somewhat worse now than one year ago, or	HA43L - LIMACTIV
4	much worse now than one year ago?	HA43L - LIMACTIV

# HA43L

Code 1

**QUESTION TEXT**

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

**FIELD 1: LIMACTIV****FIELD 1 ROUTING**

Value	Label	Route
0	none of the time,	BOX HA24
1	some of the time,	BOX HA24
2	most of the time, or	BOX HA24
3	all of the time?	BOX HA24

# BOX HA24

## **BOX INSTRUCTIONS**

IF HS2REF <> EMPTY OR DK AND HS2DOI = EMPTY, GO TO BOX HAT2BEG.

ELSE GO TO HC2 - DIDABSTR.

<b>Variable Name</b>	<b>Assignment Instructions</b>
HSDISP	If HS2REF <> EMPTY or DK, then HSDISP = 93/Breakoff
HS1DOI	If HS1REF <> EMPTY and HS1DOI = EMPTY, then HS1DOI = today's date
HSCDOI	If HSCREF <> EMPTY and HSCDOI = EMPTY, then HSCDOI = today's date
HSFORMS	If HA2 - RECFORMS = 1/Yes, then PERS. HSFORMS = 1/Indicated. Else PERS.HSFORMS = EMPTY.



# HC2

Code 1

## QUESTION TEXT

DID YOU ABSTRACT?

## FIELD 1: DIDABSTR

### FIELD 1 ROUTING

Value	Label	Route
1	ALL	HC3 - WHYABSTR
2	MAJORITY	HC3 - WHYABSTR
3	HALF	HC3 - WHYABSTR
4	SOME	HC3 - WHYABSTR
5	NONE	BOX HCEND

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
HSDISP	HSDISP = 96/Complete

# HC3

Code 1

## QUESTION TEXT

WHY DID YOU ABSTRACT?

## FIELD 1: WHYABSTR

### FIELD 1 ROUTING

Value	Label	Route
1	NO KNOWLEDGEABLE RESPONDENT AVAILABLE	BOX HCEND
2	NO TIME/STAFF BURDEN TOO GREAT	BOX HCEND
3	REFUSAL--UNWILLING TO COOPERATE	BOX HCEND
91	OTHER	HC3 - WHYABSOS

## FIELD 2: WHYABSOS

OTHER (SPECIFY)

### FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HCEND

# BOX HCEND

## BOX INSTRUCTIONS

GO TO HSFINSCR - FINSCRN.

# BOX HAT2BEG

## **BOX INSTRUCTIONS**

IF FACR.HAINTFLG <> 1/Indicated, GO TO HA1PRE1T2 - HA1PRE1C.

ELSE GO TO HA1PRE2T2 - HA1PRE2C.

# HA1PRE1T2

Code 1

**QUESTION TEXT**

The next questions are about (SP)'s health status on or around (T2 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 (T2 REF DATE).

PRESS "1" TO CONTINUE.

**FIELD 1: HA1PRE1C****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA1PRE2T2 - HA1PRE2C

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
HAINTFLG	FACR.HAINTFLG = 1/Indicated.

# HA1PRE2T2

Code 1

## QUESTION TEXT

[Those are all of the questions we have about (SP)'s health on (HS 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 (T2 REF DATE)].

PRESS "1" TO CONTINUE.

## FIELD 1: HA1PRE2C

### FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX HA2T2

## OTHER PROGRAMMING INSTRUCTIONS

### REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

# BOX HA2T2

## **BOX INSTRUCTIONS**

IF HA2-RECFORMS = 1/Yes OR PERS.HSFORMS = 1/Indicated, GO TO HA2BT2 - RECFORM2.

ELSE IF HS1REF <> EMPTY, GO TO HA9PREBT2 - HA9PRBC.

ELSE GO TO HA1T2 - RECHAVE.

# HA1T2

Yes/No

**QUESTION TEXT**

Do you have (SP)'s medical records for the period on or around (T2 REF DATE)?

**FIELD 1: RECHAVE****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA1BT2 - HSCONTN1
1	YES	BOX HA2AT2



# HA1BT2

Code 1

**QUESTION TEXT**

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

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

**FIELD 1: HSCONTN1****FIELD 1 ROUTING**

Value	Label	Route
0	NO, RETURN TO NAVIGATE SCREEN	BOX HCENDT2
1	YES, CONTINUE WITHOUT MEDICAL RECORDS	HA9PREBT2 - HA9PRBC

# BOX HA2AT2

## **BOX INSTRUCTIONS**

IF (PLACTYPE = 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF OR 17/RehabilitationFacility)  
OR FQ.COMPLEXF = 1/Indicated, GO TO HA2T2 - RECFORMS.

ELSE GO TO HA9PREBT2 - HA9PRBC.

# HA2T2

Yes/No

**QUESTION TEXT**

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: RECFORMS****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA2B1T2 - HSCONTN2
1	YES	HA2BT2 - RECFORM2

# HA2B1T2

Code 1

**QUESTION TEXT**

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

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

**FIELD 1: HSCONTN2****FIELD 1 ROUTING**

Value	Label	Route
0	NO, RETURN TO NAVIGATE SCREEN	BOX HCENDT2
1	YES, CONTINUE WITHOUT MDS	HA9PREBT2 - HA9PRBC

# HA2BT2

Yes/No

## QUESTION TEXT

Do (SP)'s medical records contain (a full/another) MDS assessment or Quarterly Review form dated [after (PreloadSP.PRVHSREF)/after (PreloadSP.LASTVAD)/on or around (T2 REF DATE)/after BCVAD)]?

## FIELD 1: RECFORM2

### FIELD 1 ROUTING

Value	Label	Route
0	NO	HA2CT2 - HSCONTN3
1	YES	HA3BT2 - ASSESDT1

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
T2BEG	If PERS.BCVAD <> EMPTY then T2BEG = PERS.BCVAD + 1 day. Else if PreloadSP.LASTVAD <> EMPTY then T2BEG = PreloadSP.LASTVAD + 1 day. Else T2BEG = RAD + 14 days.
T2END	If RAD + 150 days > RHREFEND, then T2END = RHREFEND. Else T2END = RAD + 150 days.
T2TOT	T2TOT = 0

# HA2CT2

Code 1

**QUESTION TEXT**

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

DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT?

**FIELD 1: HSCONTN3****FIELD 1 ROUTING**

Value	Label	Route
0	NO, RETURN TO NAVIGATE SCREEN	BOX HCENDT2
1	YES, CONTINUE WITH THIS RESPONDENT	HA9PREBT2 - HA9PRBC

# HA3BT2

Date

## QUESTION TEXT

What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to (T2 REF DATE) for (SP) after [(RAD+14)/BCVAD/PreloadSP.LASTVAD].

ENTER DATE IN "MM DD YY" FORMAT.

(IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)

## FIELD 1: ASSESDT1

### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HA4T2

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
T2TOT	$T2TOT = T2TOT + 1$
FORMRNDC	$T2FORM[T2TOT].FORMRNDC = \text{current round}$
FORMNUM	$T2FORM[T2TOT].FORMNUM = T2TOT$

## DESIGN NOTES

HA3BT2-ASSESDT1, FORMNUM, FORMRNDC, T2VALID, HA4T2 - FORMTYPE, and HA7BT2 - ASSESDT2 should be stored in T2FORM[15] array.

Each pass through HA3BT2 - ASSESDT1 or HA7BT2 - ASSESDT2 should fill an element of the array.

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



# BOX HA4T2

## **BOX INSTRUCTIONS**

IF HA3BT2 - ASSESDT1 = DK, RF AND FIRST TIME AT HA3BT2 - ASSESDT1, GO TO HA9PREBT2 - HA9PRBC.

ELSE GO TO BOX HA5T2.

Variable Name	Assignment Instructions
T2ASSESSDATE	T2ASSESSDATE = HA3BT2 - ASSESDT1
T2VALID	If HA3BT2 - ASSESDT1 <> DK, RF and HA3BT2 - ASSESDT1 >= T2BEG and HA3BT2 - ASSESDT1 <= T2END, then T2FORM[T2TOT].T2VALID = 1/Indicated. Else T2FORM[T2TOT].T2VALID = EMPTY.

# BOX HA5T2

## **BOX INSTRUCTIONS**

IF LAST ASSESSMENT DATE ENTRY COLLECTED IN HA3BT2 - ASSESDT1 IS VALID, GO TO BOX HA6T2.

ELSE GO TO HA5T2 - CLOSFORM.

# BOX HA6T2

## **BOX INSTRUCTIONS**

OBTAIN STATE NAME FROM FACILITY'S ADDRESS. IF STATE NAME IS MS OR SD, GO TO BOX HA7T2.

ELSE GO TO HA4T2 - FORMTYPE1.

Variable Name	Assignment Instructions
EVERFULL	If State Name is MS or SD, EVERFULL = 1/Indicated.
FORMTYPE	If State Name is MS or SD, T2FORM[T2TOT].FORMTYPE = 1/FullMDS.

# HA4T2

Code 1

## QUESTION TEXT

Please tell me if the form with the assessment date of (T2 ASSESS DATE) is a full MDS or a quarterly review.

## FIELD 1: FORMTYPE1

### FIELD 1 ROUTING

Value	Label	Route
0	QUARTERLY REVIEW	BOX HA7T2
1	FULL MDS	BOX HA7T2

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
EVERFULL	If HA4T2 - FORMTYPE1 = 1/FullMDS, then EVERFULL = 1/Indicated
FORMTYPE	T2FORM[T2TOT].FORMTYPE = HA4T2 - FORMTYPE1.

# BOX HA7T2

## **BOX INSTRUCTIONS**

IF MOST RECENT ASSESSMENT DATE IS COMPLETE THEN COMPARE WITH T2 REF DATE. IF NUMBER OF DAYS BETWEEN ASSESSMENT DATE AND T2 REF DATE MORE THAN +/- 7, GO TO HA5T2 - CLOSFORM.

ELSE GO TO BOX HA9T2A.

# HA5T2

Yes/No

**QUESTION TEXT**

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 (T2 REF DATE)?

**FIELD 1: CLOSFORM****FIELD 1 ROUTING**

Value	Label	Route
0	NO	BOX HA8T2
1	YES	BOX HA8T2

# BOX HA8T2

**BOX INSTRUCTIONS**

IF HA5T2 - CLOSFORM = 1/Yes, GO TO HA3BT2 - ASSESDT1.

ELSE GO TO BOX HA9T2A.

Variable Name	Assignment Instructions

# BOX HA9T2A

## **BOX INSTRUCTIONS**

IF T2TOT = 1 AND (FORMTYPE = DK, RF, OR EMPTY), GO TO HA9PREBT2 - HA9PRBC.

ELSE GO TO BOX HA9T2B.

Variable Name	Assignment Instructions
T2SORTARRAY	If T2TOT > 1, then T2SORTARRAY = T2FORM array sorted by dates closest to HS2REF (+ or - days)
CLOSESTFULL	If T2TOT > 1 and EVERFULL = 1/Indicated, then CLOSESTFULL = FORMNUM of the first element of T2SORTARRAY where FORMTYPE = 1\FullMDS. Else CLOSESTFULL = EMPTY.



# BOX HA9T2B

## **BOX INSTRUCTIONS**

GO TO BOX HA9T2C.

Variable Name	Assignment Instructions
TCVAD	PERS.TCVAD = HA3BT2 - ASSESDT1 of T2SORTARRAY[1]
XPRIMARY	XPRIMARY = FORMNUM of T2SORTARRAY[1]
CVATYPE	If T2SORTARRAY[1].FORMTYPE = 1/FullMDS, DK, or RF, then CVATYPE = 1/FullMDS. Else CVATYPE = 0/QuarterlyReview
XBACKUP	If CVATYPE = 0/QuarterlyReview and CLOSESTFULL <> EMPTY, then XBACKUP = CLOSESTFULL
XBACKUPDATE	If XBACKUP <> EMPTY, then XBACKUPDATE = HA3BT2 - ASSESDT1 of FORMNUM = XBACKUP

# BOX HA9T2C

## **BOX INSTRUCTIONS**

IF CVATYPE = 1/FullMDS, GO TO HA6T2 - FORMREAS.

ELSE IF CVATYPE = 0/QuarterlyReview, AND XBACKUP = EMPTY, GO TO HA7AT2 - RECMDS.

ELSE GO TO HA7CT2 - MDSINT1.

Variable Name	Assignment Instructions
T2BDATE	If BCVAD <> EMPTY, then T2BDATE = BCVAD + 1 day. Else if PreloadSP.LASTVAD <> EMPTY then T2BDATE = PreloadSP.LASTVAD + 1 day. Else T2BDATE = FAD + 15 days.
T2BDATE2	If BCVAD <> EMPTY, then T2BDATE = BCVAD + 1 day. Else if PreloadSP.LASTVAD <> EMPTY then T2BDATE = PreloadSP.LASTVAD + 1 day. Else T2BDATE = RAD + 14 days.
T2EDATE	If RAD + 270 days > RHREFEND, then T2EDATE = RHREFEND. Else T2EDATE = RAD + 270 days.

# HA6T2

Code 1

**QUESTION TEXT**

What was the primary reason for the assessment on the full MDS assessment dated (TCVAD)?

**FIELD 1: FORMREAS****FIELD 1 ROUTING**

Value	Label	Route
1	ADMISSION	HA7CT2 - MDSINT1
2	ANNUAL	HA7CT2 - MDSINT1
3	SIGNIFICANT CHANGE IN STATUS	HA7CT2 - MDSINT1
91	OTHER	HA6T2 - FORMREOS

**FIELD 2: FORMREOS**

OTHER (SPECIFY)

**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	HA7CT2 - MDSINT1

# HA7AT2

Yes/No

**QUESTION TEXT**

Does (SP)'s medical record contain a full MDS assessment dated between (T2 DATE RANGE).

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: RECMDS****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA7CT2 - MDSINT1
1	YES	HA7BT2 - ASSESDT2

# HA7BT2

Numeric

## QUESTION TEXT

What is the date of the full MDS assessment closest to (T2 REF DATE)?

IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.

## FIELD 1: ASSESDT2

### FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HA10T2

## OTHER PROGRAMMING INSTRUCTIONS

### BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
T2TOT	T2TOT = T2TOT + 1
FORMRNDC	T2FORM[T2TOT].FORMRNDC = current round
FORMNUM	T2FORM[T2TOT].FORMNUM = T2TOT
T2VALID	If HA7BT2 - ASSESDT2 <> DK, RF and HA7BT2 - ASSESDT2 >= T2BDATE2 and HA7BT2 - ASSESDT2 <= T2EDATE, then T2FORM[T2TOT].T2VALID = 1/Indicated. Else T2FORM[T2TOT].T2VALID = EMPTY.

# BOX HA10T2

## **BOX INSTRUCTIONS**

GO TO HA7CT2 - MDSINT1.

Variable Name	Assignment Instructions
XBACKUP	If T2FORM[T2TOT].T2VALID = 1/Indicated, then XBACKUP = T2TOT. Else XBACKUP = EMPTY.
XBACKUPDATE	IF XBACKUP <> EMPTY, then XBACKUPDATE = HA7BT2 - ASSESDT2. Else XBACKUPDATE = EMPTY.

# HA7CT2

Code 1

**QUESTION TEXT**

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 (BACKUP MDS ASSESSMENT DATE)/If the information is not found on the Quarterly Review, please refer to (SP)'s medical record) to answer the questions.]

PRESS "1" TO CONTINUE.

**FIELD 1: MDSINT1****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX HA19AT2

# BOX HA19AT2

## BOX INSTRUCTIONS

GO TO HA11BT2 - COMATOSE.



# HA9PREBT2

Code 1

**QUESTION TEXT**

Now I have some questions concerning (SP)'s health on or around (T2 REF DATE). [Since I will be collecting information about (SP) on or around (T2 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 "1" TO CONTINUE.

**FIELD 1: HA9PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA11BT2 - COMATOSE

# HA11BT2

Code 1

**QUESTION TEXT**

Was (SP) in a persistent vegetative state with no discernible consciousness on (T2 REF DATE)?

**FIELD 1: COMATOSE****FIELD 1 ROUTING**

Value	Label	Route
0	NO (NOT COMATOSE)	HA12AABT2 - MENTCON
1	YES (COMATOSE)	HA39BT2 - FCWEIGHT

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
HSDISP	HSDISP = 92/ReadyToInterview

# HA12AABT2

Yes/No

**QUESTION TEXT**

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

**FIELD 1: MENTCON****FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA12PREBT2 - HA12PRBC
1	YES	HA12ABT2 - MENTSUM

# HA12ABT2

Numeric

**QUESTION TEXT**

ENTER SUMMARY SCORE (0 -15) FROM BIMS.

ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.

**FIELD 1: MENTSUM****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA13BT2

# HA12PREBT2

Code 1

**QUESTION TEXT**

The next series of questions deal with (SP)'s memory or recall ability.

PRESS "1" TO CONTINUE.

**FIELD 1: HA12PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA12BT2 - CSMEMST

# HA12BT2

Code 1

**QUESTION TEXT**

On or around (T2 REF DATE), was (SP)'s short-term memory okay, that is, did (he/she) seem or appear to recall things after 5 minutes?

**FIELD 1: CSMEMST****FIELD 1 ROUTING**

Value	Label	Route
0	MEMORY OK	HA13BT2 - CSMEMLT
1	MEMORY PROBLEM	HA13BT2 - CSMEMLT

# HA13BT2

Code 1

**QUESTION TEXT**

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

**FIELD 1: CSMEMLT****FIELD 1 ROUTING**

Value	Label	Route
0	MEMORY OK	HA14BT2 - HA14BCOD
1	MEMORY PROBLEM	HA14BT2 - HA14BCOD

# HA14BT2

Code All

**QUESTION TEXT**

On or around (T2 REF DATE), was (SP) able to recall...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

**FIELD 1: HA14BCOD****FIELD 1 ROUTING**

Value	Label	Route
1	the current season?	HA15BT2 - CSDECIS
2	the location of (her/his) own room?	HA15BT2 - CSDECIS
3	staff names or faces?	HA15BT2 - CSDECIS
4	the fact that (she/he) was in a nursing home?	HA15BT2 - CSDECIS
96	NONE CHECKED	HA15BT2 - CSDECIS



# HA15BT2

Code 1

**QUESTION TEXT**

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?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: CSDECIS****FIELD 1 ROUTING**

Value	Label	Route
0	INDEPENDENT	BOX HA13BT2
1	MODIFIED INDEPENDENCE	BOX HA13BT2
2	MODERATELY IMPAIRED	BOX HA13BT2
3	SEVERELY IMPAIRED	BOX HA13BT2

# BOX HA13BT2

## BOX INSTRUCTIONS

GO TO HA21BT2 - BSAYSOT.

# HA21BT2

Code 1

## **QUESTION TEXT**

How often did the following behavioral problems occur on or around (T2 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?

## **FIELD 1: BSAYSOT**

Physical behavior symptoms directed toward others.

## **FIELD 1 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA21BT2 - BSVERBOT
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21BT2 - BSVERBOT
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21BT2 - BSVERBOT
3	BEHAVIOR OCCURRED DAILY	HA21BT2 - BSVERBOT

## **FIELD 2: BSVERBOT**

Verbal behavior symptoms directed toward others.

## **FIELD 2 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA21BT2 - BSNOTOT
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21BT2 - BSNOTOT
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21BT2 - BSNOTOT
3	BEHAVIOR OCCURRED DAILY	HA21BT2 - BSNOTOT

**FIELD 3: BSNOTOT**

Other behavioral symptoms not directed toward others.

**FIELD 3 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	BEHAVIOR NOT EXHIBITED	BOX HA21BT2
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	BOX HA21BT2
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	BOX HA21BT2
3	BEHAVIOR OCCURRED DAILY	BOX HA21BT2

# BOX HA21BT2

## **BOX INSTRUCTIONS**

IF HA21BT2 - BSAYSOT and HA21BT2 - BSVERBOT and HA21BT2 - BSNOTOT = 0/BehaviorNotExhibited, GO TO HA21CBT2 - BSNOEVAL.

ELSE GO TO HA21ABT2 - BSELFILL.

# HA21ABT2

Yes/No

## QUESTION TEXT

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

## FIELD 1: BSELFILL

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

## **FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21ABT2 - BSELF CAR
1	YES	HA21ABT2 - BSELF CAR

## FIELD 2: BSELF CAR

significantly interfere with the resident's care?

## **FIELD 2 ROUTING**

Value	Label	Route
0	NO	HA21ABT2 - BSELF ACT
1	YES	HA21ABT2 - BSELF ACT

## FIELD 3: BSELF ACT

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

## **FIELD 3 ROUTING**

Value	Label	Route
0	NO	HA21BBT2 - BSOTHILL

Value	Label	Route
1	YES	HA21BBT2 - BSOTHILL

# HA21BBT2

Yes/No

## QUESTION TEXT

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

## FIELD 1: BSOTHILL

put others at significant risk for physical illness or injury?

## **FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21BBT2 - BSOTHACT
1	YES	HA21BBT2 - BSOTHACT

## FIELD 2: BSOTHACT

significantly intrude on the privacy or activities of others?

## **FIELD 2 ROUTING**

Value	Label	Route
0	NO	HA21BBT2 - BSOTHENV
1	YES	HA21BBT2 - BSOTHENV

## FIELD 3: BSOTHENV

significantly disrupt care or living environment?

## **FIELD 3 ROUTING**

Value	Label	Route
0	NO	HA21CBT2 - BSNOEVAL



Value	Label	Route
1	YES	HA21CBT2 - BSNOEVAL

# HA21CBT2

Code 1

**QUESTION TEXT**

How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (T2 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?

**FIELD 1: BSNOEVAL****FIELD 1 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA21DBT2 - BSOFTHAN
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21DBT2 - BSOFTHAN
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21DBT2 - BSOFTHAN
3	BEHAVIOR OCCURRED DAILY	HA21DBT2 - BSOFTHAN

# HA21DBT2

Code 1

**QUESTION TEXT**

How often did (SP) wander on or around (T2 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?

**FIELD 1: BSOFTWAN****FIELD 1 ROUTING**

Value	Label	Route
0	BEHAVIOR NOT EXHIBITED	HA22PREBT2 - HA22PRBC
1	BEHAVIOR OCCURRED 1 TO 3 DAYS	HA21EBT2 - BSWDANGR
2	BEHAVIOR OCCURRED 4 TO 6 DAYS	HA21EBT2 - BSWDANGR
3	BEHAVIOR OCCURRED DAILY	HA21EBT2 - BSWDANGR

# HA21EBT2

Yes/No

**QUESTION TEXT**

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

**FIELD 1: BSWDANGR**

place the resident at significant risk of getting to a potentially dangerous place?

**FIELD 1 ROUTING**

Value	Label	Route
0	NO	HA21EBT2 - BSWOTACT
1	YES	HA21EBT2 - BSWOTACT

**FIELD 2: BSWOTACT**

significantly intrude on the privacy or activities of others?

**FIELD 2 ROUTING**

Value	Label	Route
0	NO	HA22PREBT2 - HA22PRBC
1	YES	HA22PREBT2 - HA22PRBC

# HA22PREBT2

Code 1

**QUESTION TEXT**

The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (T2 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 "1" TO CONTINUE.

**FIELD 1: HA22PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA22BT2 - PFTRNSFR

# HA22BT2

Code 1

## QUESTION TEXT

(SHOW CARD HA1)

Please tell me (SP)'s level of self-performance in...

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

## FIELD 1: PFTRNSFR

transferring (for example, in and out of bed).

## **FIELD 1 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA22BT2 - PFLOCOMO
1	SUPERVISION	HA22BT2 - PFLOCOMO
2	LIMITED ASSISTANCE	HA22BT2 - PFLOCOMO
3	EXTENSIVE ASSISTANCE	HA22BT2 - PFLOCOMO
4	TOTAL DEPENDENCE	HA22BT2 - PFLOCOMO
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22BT2 - PFLOCOMO
8	ACTIVITY DID NOT OCCUR	HA22BT2 - PFLOCOMO

## FIELD 2: PFLOCOMO

locomotion on unit.

## **FIELD 2 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA22BT2 - PFDRSSNG
1	SUPERVISION	HA22BT2 - PFDRSSNG

Value	Label	Route
2	LIMITED ASSISTANCE	HA22BT2 - PFDRSSNG
3	EXTENSIVE ASSISTANCE	HA22BT2 - PFDRSSNG
4	TOTAL DEPENDENCE	HA22BT2 - PFDRSSNG
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22BT2 - PFDRSSNG
8	ACTIVITY DID NOT OCCUR	HA22BT2 - PFDRSSNG

**FIELD 3: PFDRSSNG**

dressing.

**FIELD 3 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA22BT2 - PFEATING
1	SUPERVISION	HA22BT2 - PFEATING
2	LIMITED ASSISTANCE	HA22BT2 - PFEATING
3	EXTENSIVE ASSISTANCE	HA22BT2 - PFEATING
4	TOTAL DEPENDENCE	HA22BT2 - PFEATING
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22BT2 - PFEATING
8	ACTIVITY DID NOT OCCUR	HA22BT2 - PFEATING

**FIELD 4: PFEATING**

eating.

**FIELD 4 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	INDEPENDENT	HA22BT2 - PFTOILET
1	SUPERVISION	HA22BT2 - PFTOILET
2	LIMITED ASSISTANCE	HA22BT2 - PFTOILET
3	EXTENSIVE ASSISTANCE	HA22BT2 - PFTOILET
4	TOTAL DEPENDENCE	HA22BT2 - PFTOILET
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA22BT2 - PFTOILET
8	ACTIVITY DID NOT OCCUR	HA22BT2 - PFTOILET

**FIELD 5: PFTOILET**

using the toilet.

**FIELD 5 ROUTING**

<b>Value</b>	<b>Label</b>	<b>Route</b>
0	INDEPENDENT	HA23BT2 - PFBATHNG
1	SUPERVISION	HA23BT2 - PFBATHNG
2	LIMITED ASSISTANCE	HA23BT2 - PFBATHNG
3	EXTENSIVE ASSISTANCE	HA23BT2 - PFBATHNG
4	TOTAL DEPENDENCE	HA23BT2 - PFBATHNG
7	ACTIVITY OCCURRED ONLY ONCE OR TWICE	HA23BT2 - PFBATHNG
8	ACTIVITY DID NOT OCCUR	HA23BT2 - PFBATHNG



# HA23BT2

Code 1

## **QUESTION TEXT**

Again referring to the time on or around (T2 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?

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

## **FIELD 1: PFBATHNG**

### **FIELD 1 ROUTING**

Value	Label	Route
0	INDEPENDENT	HA24PREBT2 - HA24PRBC
1	SUPERVISION	HA24PREBT2 - HA24PRBC
2	PHYSICAL HELP LIMITED TO TRANSFER ONLY	HA24PREBT2 - HA24PRBC
3	PHYSICAL HELP IN PART OF BATHING ACTIVITY	HA24PREBT2 - HA24PRBC
4	TOTAL DEPENDENCE	HA24PREBT2 - HA24PRBC
8	ACTIVITY DID NOT OCCUR	HA24PREBT2 - HA24PRBC

# HA24PREBT2

Code 1

**QUESTION TEXT**

The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (T2 REF DATE).

PRESS "1" TO CONTINUE.

**FIELD 1: HA24PRBC****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	HA24BT2 - HA24BCOD

# HA24BT2

Code All

**QUESTION TEXT**

On or around (T2 REF DATE) did (he/she) use...

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

**FIELD 1: HA24BCOD****FIELD 1 ROUTING**

Value	Label	Route
1	a cane or crutch?	BOX HA14BT2
2	a walker?	BOX HA14BT2
3	a manual or electric wheelchair?	BOX HA14BT2
4	a limb prosthesis?	BOX HA14BT2
96	NONE CHECKED	BOX HA14BT2

# BOX HA14BT2

## BOX INSTRUCTIONS

GO TO HA39BT2 - FCWEIGHT.

# HA39BT2

Numeric

**QUESTION TEXT**

What was (SP)'s weight on or around (T2 REF DATE)?

**FIELD 1: FCWEIGHT****FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	BOX HA17BBT2

# BOX HA17BBT2

## **BOX INSTRUCTIONS**

GO TO HC2T2 - DIDABSTR.

Variable Name	Assignment Instructions
HSFORMS	If HA2 - RECFORMS = 1/Yes OR HA2T2 - RECFORMS = 1/Yes OR HA2BT2 - RECFORMS = 1/Yes, then PERS.HSFORMS = 1/Indicated. Else PERS.HSFORMS = EMPTY.
HS2DOI	If HS2REF <> EMPTY and HS2DOI = EMPTY, then HS2DOI = today's date

# HC2T2

Code 1

**QUESTION TEXT**

DID YOU ABSTRACT?

**FIELD 1: DIDABSTR****FIELD 1 ROUTING**

Value	Label	Route
1	ALL	HC3T2 - WHYABSTR
2	MAJORITY	HC3T2 - WHYABSTR
3	HALF	HC3T2 - WHYABSTR
4	SOME	HC3T2 - WHYABSTR
5	NONE	BOX HCENDT2

**OTHER PROGRAMMING INSTRUCTIONS****BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
HSDISP	HSDISP = 96/Complete

# HC3T2

Code 1

## QUESTION TEXT

WHY DID YOU ABSTRACT?

## FIELD 1: WHYABSTR

### FIELD 1 ROUTING

Value	Label	Route
1	NO KNOWLEDGEABLE RESPONDENT AVAILABLE	BOX HCENDT2
2	NO TIME/STAFF BURDEN TOO GREAT	BOX HCENDT2
3	REFUSAL--UNWILLING TO COOPERATE	BOX HCENDT2
91	OTHER	HC3T2 - WHYABSOS

## FIELD 2: WHYABSOS

OTHER (SPECIFY)

### FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX HCENDT2



# BOX HCENDT2

## **BOX INSTRUCTIONS**

GO TO HSFINSCR - FINSCRN.

# HSFINSR

Code 1

**QUESTION TEXT**

YOU HAVE COMPLETED THE HEALTH STATUS SECTION FOR THIS SP.

PRESS "1" TO RETURN TO NAVIGATION SCREEN.

**FIELD 1: FINSR****FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX HSEND

# BOX HSEND

## BOX INSTRUCTIONS

GO TO NAVIGATOR