

# OKLAHOMA MDS CURRENT RESIDENT INFORMATION REPORT

4th Qtr 2004

Source: MDS National Repository

**OK-Oklahoma %**  
**NAT-National %**  
 (\*Indicates missing response or less than 10 responses.)

## BASIC ASSESSMENT TRACKING FORM

### SECTION AA. IDENTIFICATION INFORMATION

		OK%	NAT%		
1.	<b>RESIDENT NAME</b>	(First)	(Middle Initial)	(Last)	(Jr/Sr)
2.	<b>GENDER</b>	1. Male		27.3	29.5
		2. Female		72.7	70.5
3.	<b>BIRTHDATE (AGE OF RESIDENTS)</b>	1-30		0.4	0.6
		31-64		13.9	12.2
		65-74		14.1	12.7
		75-84		31.4	32.3
		85-95		35.4	37.0
		>95		4.7	5.1
4.	<b>RACE/ ETHNICITY</b>	1. American Indian/Alaskan Native		3.9	0.5
		2. Asian/Pacific Islander		0.3	1.3
		3. Black, not of Hispanic origin		6.7	12.7
		4. Hispanic		1.0	3.8
		5. White, not of Hispanic origin		88.2	81.6
5.	<b>SOCIAL SECURITY &amp; MEDICARE NUMBERS</b>	a. Social Security Number			
		b. Medicare Number (or comparable railroad insurance number)			
6.	<b>FACILITY PROVIDER NUMBER</b>	a. State Number			
		b. Federal Number			
7.	<b>MEDICAID NUMBER</b>				
8.	<b>REASONS FOR ASSESSMENT</b>	a. Primary reason for assessment			
		1. Admission assessment (required by day 14)			
		2. Annual assessment			
		3. Significant change in status assessment			
		4. Significant correction of prior full assessment			
		5. Quarterly review assessment			
		10. Significant correction of prior quarterly assessment			
		0. NONE OF ABOVE			
		b. Codes for assessments required for Medicare PPS or the State			
		1. Medicare 5 day assessment			
2. Medicare 30 day assessment					
3. Medicare 60 day assessment					
4. Medicare 90 day assessment					
5. Medicare readmission/return assessment					
6. Other state required assessment					
7. Medicare 14 day assessment					
8. Other Medicare required assessment					

9. Signature of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form.

I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information or the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature and Title	Sections	Date
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		

**GENERAL INSTRUCTIONS**

*Complete this information for submission with all full and quarterly assessments (Admission, Annual, Significant Change, State or Medicare required assessments, or Quarterly Reviews, etc.)*

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## BACKGROUND (FACE SHEET) INFORMATION AT ADMISSION

### SECTION AB. DEMOGRAPHIC INFORMATION

		OK%	NAT%
1.	DATE OF ENTRY	Date the stay began. Note--Does not include readmission if record was closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date.	
		Month	Day
		Year	
2.	ADMITTED FROM (AT ENTRY)	1. Private home/apt. with no home health services	
		21.1	12.6
		2. Private home/apt. with home health services	
		6.6	4.7
		3. Board and care/assisted living/ group home	
		5.2	6.7
		4. Nursing home	
		18.0	13.7
5. Acute care hospital		40.0	56.7
6. Psychiatric hospital, MR/DD facility		4.9	2.6
7. Rehabilitation hospital		2.7	1.8
8. Other		1.5	1.2
3.	LIVED ALONE (PRIOR TO ENTRY)	0. No	
		53.9	55.9
		1. Yes	
		29.0	27.0
		2. In other facility	
		17.1	17.2
4.	ZIP CODE OF PRIOR PRIMARY RESIDENCE		
5.	RESIDENTIAL HISTORY 5 YEARS PRIOR TO ENTRY	(Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above)	
		a. Prior stay at this nursing home	
		12.2	18.2
		b. Stay in other nursing home	
		26.4	21.6
		c. Other residential facility-board and care home, assisted living, group home	
10.0	15.1		
d. MH/psychiatric setting		3.5	3.3
e. MR/DD setting		1.1	0.5
f. NONE OF ABOVE		52.9	49.9
6.	LIFETIME OCCUPATION(S)		
7.	EDUCATION (Highest Level Completed)	1. No schooling	
		3.1	2.4
		2. 8th grade/less	
		21.3	23.7
		3. 9-11 grades	
		15.8	14.7
		4. High school	
		40.4	38.4
5. Technical or trade school		4.3	4.4
6. Some college		9.2	9.1
7. Bachelor's degree		4.0	5.0
8. Graduate degree		2.0	2.3
8.	LANGUAGE	(Code for correct response)	
		a. Primary language	
		0. English	
		98.9	95.0
		1. Spanish	
		0.5	2.7
2. French		*	0.2
3. Other		0.5	2.1
b. If other, specify:			
9.	MENTAL HEALTH HISTORY	Does Resident's RECORD indicate any history of mental retardation, mental illness, or developmental disability problem?	
		0. No	
		87.7	87.4
		1. Yes	
		12.3	12.6
10.	CONDITIONS RELATED TO MR/DD STATUS	(Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely.)	
		a. Not applicable--no MR/DD	
		94.0	95.9
		b. Down's syndrome	
		6.5	7.8
		c. Autism	
d. Epilepsy		10.9	10.0
e. Other organic condition related to MR/DD		24.9	25.7
f. MR/DD with no organic condition		57.7	52.0
11.	DATE BACKGROUND INFORMATION COMPLETED	Month	Day
		Year	

### SECTION AC. CUSTOMARY ROUTINE

		OK%	NAT%	
1.	CUSTOMARY ROUTINE  (In year prior to DATE OF ENTRY to this nursing home, or year last in community if now being admitted from another nursing home)	(Check all that apply. If all information unknown, check last box only.)		
		<b>CYCLE OF DAILY EVENTS</b>		
		a. Stays up late at night (e.g., after 9pm)	28.0	33.9
		b. Naps regularly during day (at least 1 hour)	68.9	60.8
		c. Goes out 1+ days a week	29.3	37.8
		d. Stays busy with hobbies, reading, or fixed daily routine	41.5	46.6
		e. Spends most of time alone or watching TV	43.9	41.8
		f. Moves independently indoors (with appliances, if used)	66.6	66.3
		g. Use of tobacco products at least daily	12.2	9.2
		h. NONE OF ABOVE	3.8	5.5
		<b>EATING PATTERNS</b>		
		i. Distinct food preferences	14.9	17.6
		j. Eats between meals all or most days	28.6	33.0
		k. Use of alcoholic beverage(s) at least weekly	3.0	4.8
		l. NONE OF ABOVE	61.2	54.3
		<b>ADL PATTERNS</b>		
		m. In bed clothes much of day	10.2	7.8
		n. Wakens to toilet all or most nights	50.4	46.1
		o. Has irregular bowel movement pattern	16.3	14.2
		p. Showers for bathing	62.3	57.2
		q. Bathing in PM	13.7	12.1
		r. NONE OF ABOVE	14.0	18.6
		<b>INVOLVEMENT PATTERNS</b>		
		s. Daily contact with relatives/close friends	69.9	73.4
		t. Usually attends church, temple, synagogue, etc.	30.9	29.6
		u. Finds strength in faith	45.3	49.7
		v. Daily animal companion/presence	11.2	11.2
		w. Involved in group activities	26.9	23.7
		x. NONE OF ABOVE	14.3	12.8
		y. UNKNOWN--Resident/family unable to provide information	2.4	2.7

### SECTION AD. FACE SHEET SIGNATURES

SIGNATURES OF PERSONS COMPLETING FACE SHEET:	
a. Signature of RN Assessment Coordinator	Date
<p>I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.</p>	
Signature and Title	Date
b.	
c.	
d.	
e.	
f.	
g.	

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## FULL ASSESSMENT FORM

(Status in last 7 days, unless other time frame indicated)

### SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

		OK%	NAT%
1.	<b>RESIDENT NAME</b>	(First) (Middle Initial) (Last) (Jr/Sr)	
2.	<b>ROOM NUMBER</b>		
3.	<b>ASSESSMENT REFERENCE DATE</b>	a. Last day of MDS observation period Month Day Year b. Original (0) or corrected copy of form (enter number of correction)	
4.	<b>DATE OF REENTRY</b>	Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days) Month Day Year	
5.	<b>MARITAL STATUS</b>		
	1. Never married	12.3	15.8
	2. Married	18.0	19.3
	3. Widowed	55.8	53.5
	4. Separated	1.9	1.8
	5. Divorced	11.9	9.6
6.	<b>MEDICAL RECORD NO.</b>		
7.	<b>CURRENT PAYMENT SOURCES FOR N.H. STAY</b>	(Billing Office to indicate; check all that apply in last 30 days)	
	a. Medicaid per diem	54.8	55.0
	b. Medicare per diem	19.6	23.8
	c. Medicare ancillary part A	12.6	15.0
	d. Medicare ancillary part B	5.5	9.5
	e. CHAMPUS per diem	0.1	0.1
	f. VA per diem	0.5	0.7
	g. Self or family pays for full per diem	21.3	15.3
	h. Medicaid resident liability or Medicare co-payment	9.5	12.2
	i. Private insurance per diem (including co-payment)	6.8	7.6
	j. Other per diem	1.2	2.6
8.	<b>REASONS FOR ASSESSMENT</b>	a. Primary reason for assessment	
	[Note--if this is a discharge or reentry assessment, only a limited subset of MDS items need be completed]	1. Admission assessment (required by day 14)	
		2. Annual assessment	
		3. Significant change in status assessment	
		4. Significant correction of prior full assessment	
		5. Quarterly review assessment	
		6. Discharged--return not anticipated	
		7. Discharged--return anticipated	
		8. Discharged prior to completing initial assessment	
		9. Reentry	
		10. Significant correction of prior quarterly assessment	
		0. NONE OF ABOVE	
		b. Codes for assessments required for Medicare PPS or the State	
		1. Medicare 5 day assessment	
		2. Medicare 30 day assessment	
		3. Medicare 60 day assessment	
		4. Medicare 90 day assessment	
		5. Medicare readmission/return assessment	
		6. Other state required assessment	
		7. Medicare 14 day assessment	
		8. Other Medicare required assessment	
9.	<b>RESPONSIBILITY/LEGAL GUARDIAN</b>	(Check all that apply)	
	a. Legal guardian	7.0	6.6
	b. Other legal oversight	2.6	3.0
	c. Durable power of attorney/health care	27.2	34.1
	d. Durable power attorney/financial	27.0	24.9
	e. Family member responsible	58.3	65.7
	f. Patient responsible for self	24.0	29.1
	g. NONE OF ABOVE	3.5	2.8
10.	<b>ADVANCED DIRECTIVES</b>	(For those items with supporting documentation in the medical record, check all that apply)	
	a. Living will	25.5	18.9
	b. Do not resuscitate	40.8	52.7
	c. Do not hospitalize	0.3	3.3
	d. Organ donation	0.6	0.4
	e. Autopsy request	0.1	0.1
	f. Feeding restrictions	4.1	10.5
	g. Medication restrictions	1.0	2.9
	h. Other treatment restrictions	1.7	8.3
	i. NONE OF THE ABOVE	(No Data)	(No Data)

		OK%	NAT%
3.	<b>MEMORY/RECALL ABILITY</b>	(Check all that resident was normally able to recall during last 7 days)	
	a. Current season	47.4	44.8
	b. Location of own room	63.8	59.2
	c. Staff names/faces	61.9	66.5
	d. That he/she is in a nursing home	66.3	61.5
	e. NONE OF ABOVE are recalled	21.5	21.9
4.	<b>COGNITIVE SKILLS FOR DAILY DECISION-MAKING</b>	(Made decisions regarding tasks of daily life)	
	0. INDEPENDENT--decisions consistent/reasonable	23.0	18.4
	1. MODIFIED INDEPENDENCE--some difficulty in new situations only	25.5	22.2
	2. MODERATELY IMPAIRED--decisions poor: cues/supervision required	34.2	41.6
	3. SEVERELY IMPAIRED--never/rarely made decisions	17.3	17.8
5.	<b>INDICATORS OF DELIRIUM--PERIODIC DISORDERED THINKING/AWARENESS</b>	(Code for behavior in the last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time.]	
	a. EASILY DISTRACTED--(e.g., difficulty paying attention; gets sidetracked)		
	0. Behavior not present	80.7	80.9
	1. Behavior present, not of recent onset	18.7	18.6
	2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.6	0.5
	b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS--(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day)		
	0. Behavior not present	83.6	85.4
	1. Behavior present, not of recent onset	15.6	14.0
	2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.8	0.6
	c. EPISODES OF DISORGANIZED SPEECH--(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)		
	0. Behavior not present	83.9	83.3
	1. Behavior present, not of recent onset	15.5	16.1
	2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.7	0.6
	d. PERIODS OF RESTLESSNESS--(e.g., fidgeting or picking at skin, clothing, napkins, etc.; frequent position changes; repetitive physical movements or calling out)		
	0. Behavior not present	83.0	83.0
	1. Behavior present, not of recent onset	16.3	16.2
	2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.7	0.8
	e. PERIODS OF LETHARGY--(e.g., sluggishness; staring into space; difficult to arouse; little body movement)		
	0. Behavior not present	91.7	91.5
	1. Behavior present, not of recent onset	7.5	7.8
	2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.8	0.8
	f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY--(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)		
	0. Behavior not present	77.2	74.8
	1. Behavior present, not of recent onset	21.9	24.2
	2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.9	0.9
6.	<b>CHANGE IN COGNITIVE STATUS</b>	Resident's cognitive status, skills, or abilities have changed as compared to status of 90 days ago (or since last assessment if less than 90 days)	
	0. No change	88.5	88.5
	1. Improved	2.5	2.1
	2. Deteriorated	9.0	9.4

### SECTION B. COGNITIVE PATTERNS

1.	<b>COMATOSE</b>	(Persistent vegetative state/no discernible consciousness)	
	0. No	99.8	99.7
	1. Yes (If yes, skip to Section G)	0.2	0.3
2.	<b>MEMORY</b>	(Recall of what was learned or known)	
	a. Short-term memory OK--seems/appears to recall after 5 minutes		
	0. Memory OK	34.4	26.8
	1. Memory problem	65.6	73.2
	b. Long-term memory OK--seems/appears to recall long past		
	0. Memory OK	48.9	46.8
	1. Memory problem	51.1	53.2

### SECTION C. COMMUNICATION/HEARING PATTERNS

1.	<b>HEARING</b>	(With hearing appliance, if used)	
	0. HEARS ADEQUATELY--normal talk, TV, phone	75.2	70.2
	1. MINIMAL DIFFICULTY when not in quiet setting	16.3	19.7
	2. HEARS IN SPECIAL SITUATIONS ONLY--speaker has to adjust tonal quality and speak distinctly	6.4	8.5
	3. HIGHLY IMPAIRED/absence of useful hearing	2.1	1.6

		OK%	NAT%
2.	<b>COMMUNICATION DEVICES/ TECHNIQUES</b>	(Check all that apply during last 7 days)	
		a. Hearing aid, present and used	5.5 6.8
		b. Hearing aid, present and not used regularly	2.0 2.2
		c. Other receptive communication techniques used (e.g., lip reading)	0.4 0.5
d. NONE OF ABOVE		92.3 90.6	
3.	<b>MODES OF EXPRESSION</b>	(Check all used by resident to make needs known)	
		a. Speech	95.3 94.1
		b. Writing messages to express or clarify needs	0.8 0.9
		c. American sign language or Braille	0.1 0.1
		d. Signs/gestures/sounds	11.4 14.1
		e. Communication board	0.5 0.7
		f. Other	0.4 0.5
g. NONE OF ABOVE		1.6 2.2	
4.	<b>MAKING SELF UNDERSTOOD</b>	(Expressing information content--however able)	
		0. UNDERSTOOD	64.0 53.3
		1. USUALLY UNDERSTOOD--difficulty finding words or finishing thoughts	18.6 21.8
		2. SOMETIMES UNDERSTOOD--ability is limited to making concrete requests	10.7 15.5
3. RARELY/NEVER UNDERSTOOD		6.8 9.4	
5.	<b>SPEECH CLARITY</b>	(Code for speech in the last 7 days)	
		0. CLEAR SPEECH--distinct, intelligible words	80.4 78.1
		1. UNCLEAR SPEECH--slurred, mumbled words	15.8 17.3
2. NO SPEECH--absence of spoken words		3.8 4.6	
6.	<b>ABILITY TO UNDERSTAND OTHERS</b>	(Understanding verbal information content--however able)	
		0. UNDERSTANDS	57.2 46.7
		1. USUALLY UNDERSTANDS--may miss some part/intent of message	24.2 27.1
		2. SOMETIMES UNDERSTANDS--responds adequately to simple, direct communication	13.5 18.9
3. RARELY/NEVER UNDERSTANDS		5.0 7.4	
7.	<b>CHANGE IN COMMUNICATION/ HEARING</b>	Resident's ability to express, understand, or hear information has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)	
		0. No change	93.0 92.1
		1. Improved	1.1 1.2
2. Deteriorated		5.9 6.7	

#### SECTION D. VISION PATTERNS

1.	<b>VISION</b>	(Ability to see in adequate light and with glasses if used)	
		0. ADEQUATE--sees fine detail, including regular print in newspapers/books	70.2 61.7
		1. IMPAIRED--sees large print, but not regular print in newspapers/books	17.4 20.7
		2. MODERATELY IMPAIRED--limited vision; not able to see newspaper headlines, but can identify objects	5.4 7.5
		3. HIGHLY IMPAIRED--object identification in question, but eyes appear to follow objects	4.8 7.8
4. SEVERELY IMPAIRED--no vision or sees only light, colors, or shapes; eyes do not appear to follow objects		2.3 2.4	
2.	<b>VISUAL LIMITATIONS/ DIFFICULTIES</b>	a. Side vision problems--decreased peripheral vision (e.g., leaves food on one side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self)	
		b. Experiences any of the following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes	
		c. NONE OF ABOVE	
0. NONE OF ABOVE		97.7 97.1	
3.	<b>VISUAL APPLIANCES</b>	Glasses: contact lenses; magnifying glass	
		0. No	37.1 37.5
1. Yes		62.9 62.5	

#### SECTION E. MOOD AND BEHAVIOR PATTERNS

1.	<b>INDICATORS OF DEPRESSION, ANXIETY SAD MOOD</b>	(Code for indicators observed in last 30 days, irrespective of the assumed cause)		
		<b>VERBAL EXPRESSIONS OF DISTRESS</b>		
		a. Resident made negative statements--e.g., "Nothing matters" Would rather be dead; What's the use; Regrets having lived so long; Let me die"		
		0. Indicator not exhibited in last 30 days		96.7 95.8
		1. Indicator of this type exhibited up to five days a week		2.7 3.7
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.6 0.5
		b. Repetitive questions--e.g., "Where do I go; What do I do?"		
		0. Indicator not exhibited in last 30 days		94.4 93.0
		1. Indicator of this type exhibited up to five days a week		3.7 5.1
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		2.0 2.0
		c. Repetitive verbalizations--e.g., calling out for help, ("God help me")		
		0. Indicator not exhibited in last 30 days		94.2 92.6
1. Indicator of this type exhibited up to five days a week		3.6 5.2		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		2.2 2.2		

		OK%	NAT%	
		d. Persistent anger with self or others--e.g., easily annoyed, anger at placement in nursing home; anger at care received		
		0. Indicator not exhibited in last 30 days	89.1 85.3	
		1. Indicator of this type exhibited up to five days a week		8.7 12.2
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		2.2 2.6
		e. Self deprecation--e.g., "I am nothing; I am of no use to anyone"		
		0. Indicator not exhibited in last 30 days		99.1 98.4
		1. Indicator of this type exhibited up to five days a week		0.7 1.4
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.2 0.1
		f. Expressions of what appear to be unrealistic fears--e.g., fear of being abandoned, left alone, being with others		
		0. Indicator not exhibited in last 30 days		96.1 95.5
		1. Indicator of this type exhibited up to five days a week		3.1 3.7
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.8 0.7
		g. Recurrent statements that something terrible is about to happen--e.g., believes he or she is about to die, have a heart attack		
		0. Indicator not exhibited in last 30 days		98.8 98.5
		1. Indicator of this type exhibited up to five days a week		0.9 1.3
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.3 0.2
		h. Repetitive health complaints--e.g., persistently seeks medical attention, obsessive concern with body functions		
		0. Indicator not exhibited in last 30 days		93.0 90.6
		1. Indicator of this type exhibited up to five days a week		5.1 7.2
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		2.0 2.2
i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues				
0. Indicator not exhibited in last 30 days		90.8 86.9		
1. Indicator of this type exhibited up to five days a week		6.7 10.0		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		2.5 3.1		
<b>SLEEP CYCLE ISSUES</b>				
j. Unpleasant mood in morning				
0. Indicator not exhibited in last 30 days		96.8 95.7		
1. Indicator of this type exhibited up to five days a week		2.4 3.6		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.7 0.8		
k. Insomnia/change in usual sleep pattern				
0. Indicator not exhibited in last 30 days		96.1 93.6		
1. Indicator of this type exhibited up to five days a week		3.2 5.6		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.7 0.8		
<b>SAD, APATHETIC, ANXIOUS APPEARANCE</b>				
l. Sad, pained, worried facial expressions--e.g., furrowed brows				
0. Indicator not exhibited in last 30 days		86.6 75.2		
1. Indicator of this type exhibited up to five days a week		9.8 18.6		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		3.6 6.2		
m. Crying, tearfulness				
0. Indicator not exhibited in last 30 days		94.9 93.1		
1. Indicator of this type exhibited up to five days a week		4.3 6.2		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		0.8 0.7		
n. Repetitive physical movements--e.g., pacing, hand wringing, restlessness, fidgeting, picking				
0. Indicator not exhibited in last 30 days		89.6 86.0		
1. Indicator of this type exhibited up to five days a week		6.0 9.2		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		4.4 4.8		
<b>LOSS OF INTEREST</b>				
o. Withdrawal from activities of interest--e.g., no interest in long standing activities or being with family/friends				
0. Indicator not exhibited in last 30 days		94.7 94.9		
1. Indicator of this type exhibited up to five days a week		3.4 3.5		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		1.9 1.5		
p. Reduced social interaction				
0. Indicator not exhibited in last 30 days		92.7 93.4		
1. Indicator of this type exhibited up to five days a week		4.7 4.7		
2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		2.6 1.9		
2.	<b>MOOD PERSISTENCE</b>	One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days		
		0. No mood indicators	71.7 56.4	
1. Indicators present, easily altered		15.9 25.3		
2. Indicators present, not easily altered		13.0 18.2		
3.	<b>CHANGE IN MOOD</b>	Resident's mood status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		1. No change		
		2. Improved		
		3. Deteriorated		
0. No change		90.3 86.6		
1. Improved		3.2 4.3		
2. Deteriorated		6.6 9.1		

		OK%	NAT%	
4.	BEHAVIORAL SYMPTOMS	a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	92.5	92.0
		1. Behavior of this type occurred 1 to 3 days in last 7 days	2.9	3.3
		2. Behavior of this type occurred 4 to 6 days, but less than daily	1.3	1.5
		3. Behavior of this type occurred daily	3.3	3.2
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	95.9	95.7
		1. Behavior was not easily altered	4.1	4.3
		b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were threatened, screamed at, cursed at)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	92.5	91.3
		1. Behavior of this type occurred 1 to 3 days in last 7 days	5.3	6.3
		2. Behavior of this type occurred 4 to 6 days, but less than daily	1.4	1.6
		3. Behavior of this type occurred daily	0.8	0.8
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	95.6	94.8
		1. Behavior was not easily altered	4.4	5.2
		c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	95.1	94.6
		1. Behavior of this type occurred 1 to 3 days in last 7 days	3.7	4.0
		2. Behavior of this type occurred 4 to 6 days, but less than daily	0.8	0.9
		3. Behavior of this type occurred daily	0.5	0.5
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	97.1	96.7
		1. Behavior was not easily altered	2.9	3.3
d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through other's belongings)				
(A) Behavioral symptom frequency in last 7 days				
0. Behavior not exhibited in last 7 days	91.5	88.4		
1. Behavior of this type occurred 1 to 3 days in last 7 days	4.8	6.7		
2. Behavior of this type occurred 4 to 6 days, but less than daily	1.8	2.5		
3. Behavior of this type occurred daily	2.0	2.4		
(B) Behavioral symptom alterability in last 7 days				
0. Behavior was not present OR behavior was easily altered	94.8	92.4		
1. Behavior was not easily altered	5.2	7.6		
e. RESISTS CARE (resisted taking medications; /injections, ADL assistance, or eating)				
(A) Behavioral symptom frequency in last 7 days				
0. Behavior not exhibited in last 7 days	82.6	80.9		
1. Behavior of this type occurred 1 to 3 days in last 7 days	11.3	12.2		
2. Behavior of this type occurred 4 to 6 days, but less than daily	3.5	3.9		
3. Behavior of this type occurred daily	2.7	3.1		
(B) Behavioral symptom alterability in last 7 days				
0. Behavior was not present OR behavior was easily altered	87.8	86.6		
1. Behavior was not easily altered	12.2	13.4		
5.	CHANGE IN BEHAVIORAL SYMPTOMS	Resident's behavior status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	91.3	89.7
		1. Improved	3.1	3.5
		2. Deteriorated	5.7	6.7

#### SECTION F. PSYCHOSOCIAL WELL-BEING

1.	SENSE OF INITIATIVE/ INVOLVEMENT	a. At ease interacting with others	77.6	79.1		
		b. At ease doing planned or structured activities	47.7	48.3		
		c. At ease doing self-initiated activities	45.2	45.1		
		d. Establishes own goals	16.6	17.4		
		e. Pursues involvement in life of facility (e.g. makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)	23.2	15.2		
		f. Accepts invitations to most group activities	38.4	22.6		
		g. NONE OF ABOVE	15.1	14.7		
		2.	UNSETTLED RELATIONSHIPS	a. Covert/open conflict with or repeated criticism of staff	3.3	3.0
				b. Unhappy with roommate	0.9	1.1
c. Unhappy with residents other than roommate	1.6			1.3		
d. Openly expresses conflict/anger with family/friends	3.1			2.0		
e. Absence of personal contact with family/friends	4.0			2.7		
f. Recent loss of close family member/friend	1.4			1.2		

		OK%	NAT%	
3.	PAST ROLES	g. Does not adjust easily to change in routines	8.9	8.3
		h. NONE OF ABOVE	83.0	85.3
		a. Strong identification with past roles and life status	9.9	10.2
		b. Expresses sadness/anger/empty feeling over lost roles/status	3.5	4.2
		c. Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community	4.4	4.9
		d. NONE OF ABOVE	87.2	86.3

#### SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

1.	a. BED MOBILITY	<i>How resident moves to and from lying position, turns side to side, and positions body while in bed</i>				
		(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)				
		0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	48.0	31.1		
		1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	5.8	6.2		
		2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	16.2	17.3		
		3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	14.9	28.2		
		4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	15.1	17.1		
		8. ACTIVITY DID NOT OCCUR during entire 7 days	0.1	<0.05		
		(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)				
		0. No setup or physical help from staff	47.9	29.2		
		1. Set up help only	5.1	6.8		
		2. One person physical assist	34.7	45.6		
		3. Two+ persons physical assist	12.2	18.4		
		8. ADL activity itself did not occur during entire 7 days	*	0.1		
		1.	b. TRANSFER	<i>How resident moves between surfaces--to/from bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)</i>		
				(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
				0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	31.7	21.0
				1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	6.5	7.1
				2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	19.2	18.6
				3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	19.2	28.5
				4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	23.1	24.0
				8. ACTIVITY DID NOT OCCUR during entire 7 days	0.4	0.8
				(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
				0. No setup or physical help from staff	31.7	19.9
				1. Set up help only	4.7	6.1
				2. One person physical assist	38.3	43.3
				3. Two+ persons physical assist	24.8	29.9
8. ADL activity itself did not occur during entire 7 days	0.5			0.9		
1.	c. WALK IN ROOM			<i>How resident walks between locations in his/her room.</i>		
				(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
				0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	29.7	20.5

		OK%	NAT%
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	6.8	8.0
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	12.9	14.4
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	9.0	10.2
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	1.5	0.7
	8. ACTIVITY DID NOT OCCUR during entire 7 days	40.1	46.2
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	30.4	20.2
	1. Set up help only	4.5	6.5
	2. One person physical assist	21.7	24.0
	3. Two+ persons physical assist	4.3	3.7
	8. ADL activity itself did not occur during entire 7 days	39.1	45.6
d. WALK IN COORIDOR	<i>How resident walks in corridor on unit</i>		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	25.4	16.5
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	7.8	9.6
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	11.7	14.5
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	6.7	9.8
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	1.1	0.7
	8. ACTIVITY DID NOT OCCUR during entire 7 days	47.3	49.0
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	26.9	17.5
	1. Set up help only	4.7	6.7
	2. One person physical assist	19.2	23.5
	3. Two+ persons physical assist	2.9	3.5
8. ADL activity itself did not occur during entire 7 days	46.4	48.7	
e. LOCOMOTION ON UNIT	<i>How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair.</i>		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	43.3	29.2
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	9.8	11.8
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	14.2	14.4
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	8.9	13.5
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	21.7	28.9
	8. ACTIVITY DID NOT OCCUR during entire 7 days	2.2	2.3
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	16.4	8.2
	1. Set up help only	8.5	6.9
	2. One person physical assist	67.4	80.4
	3. Two+ persons physical assist	7.0	4.3
8. ADL activity itself did not occur during entire 7 days	0.7	0.2	

		OK%	NAT%
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	42.1	27.1
	1. Set up help only	9.0	11.3
	2. One person physical assist	44.9	58.1
	3. Two+ persons physical assist	1.6	1.1
	8. ADL activity itself did not occur during entire 7 days	2.5	2.4
f. LOCOMOTION ON UNIT	<i>How resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair.</i>		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	37.7	21.7
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	10.9	11.3
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	14.4	12.9
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	9.3	12.9
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	22.4	34.4
	8. ACTIVITY DID NOT OCCUR during entire 7 days	5.3	6.7
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	37.7	20.9
	1. Set up help only	8.2	9.2
	2. One person physical assist	46.8	62.2
	3. Two+ persons physical assist	1.4	0.8
8. ADL activity itself did not occur during entire 7 days	5.9	6.9	
g. DRESSING	<i>How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prostheses.</i>		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	17.4	9.6
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	8.7	6.6
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	26.4	19.9
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	23.4	37.3
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	23.4	26.4
	8. ACTIVITY DID NOT OCCUR during entire 7 days	0.6	0.2
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	16.4	8.2
	1. Set up help only	8.5	6.9
	2. One person physical assist	67.4	80.4
	3. Two+ persons physical assist	7.0	4.3
8. ADL activity itself did not occur during entire 7 days	0.7	0.2	
h. EATING	<i>How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)</i>		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	49.4	43.3

		OK%	NAT%
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	19.6	22.8
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	9.3	9.1
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	6.6	8.5
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	14.8	16.3
	8. ACTIVITY DID NOT OCCUR during entire 7 days	0.1	<0.05
	<b>(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days: code regardless of resident's self-performance classification)</b>		
	0. No setup or physical help from staff	33.4	14.7
	1. Set up help only	35.9	50.4
	2. One person physical assist	30.2	34.8
	3. Two+ persons physical assist	0.3	0.1
	8. ADL activity itself did not occur during entire 7 days	0.2	<0.05
<b>i. TOILET USE</b>	<i>How resident uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changed pad, manages ostomy or catheter, adjusts clothes</i>		
	<b>(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)</b>		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	25.7	15.8
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	6.3	5.8
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	18.0	15.5
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	18.8	29.5
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	30.1	33.0
	8. ACTIVITY DID NOT OCCUR during entire 7 days	1.1	0.4
	<b>(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days: code regardless of resident's self-performance classification)</b>		
	0. No setup or physical help from staff	25.6	14.7
	1. Set up help only	5.0	5.3
	2. One person physical assist	52.6	62.9
	3. Two+ persons physical assist	15.6	16.7
	8. ADL activity itself did not occur during entire 7 days	1.2	0.4
<b>j. PERSONAL HYGIENE</b>	<i>How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)</i>		
	<b>(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)</b>		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	14.7	10.0
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	11.4	8.3
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	25.5	19.6
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	20.2	31.3
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	28.2	30.7
	8. ACTIVITY DID NOT OCCUR during entire 7 days	*	<0.05

		OK%	NAT%
	<b>(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days: code regardless of resident's self-performance classification)</b>		
	0. No setup or physical help from staff	13.8	7.7
	1. Set up help only	11.9	9.6
	2. One person physical assist	69.3	79.4
	3. Two+ persons physical assist	5.0	3.3
	8. ADL activity itself did not occur during entire 7 days	*	<0.05
<b>2. BATHING</b>	<i>How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.); Code for most dependent in self-performance and support.</i>		
	<b>(A) BATHING SELF-PERFORMANCE codes appear below</b>		
	0. Independent--No help provided	2.7	2.2
	1. Supervision--Oversight help only	9.4	5.2
	2. Physical help limited to transfer only	11.0	7.2
	3. Physical help in part of bathing activity	42.2	46.0
	4. Total dependence	34.7	39.1
	8. ADL activity itself did not occur during entire 7 days	0.1	0.4
	<b>(B) BATHING SUPPORT CODES are defined in Item 1, code B above)</b>		
	0. No setup of physical help from staff	3.0	2.1
	1. Setup help only	8.6	4.6
	2. One person physical assist	75.8	80.0
	3. Two + persons physical assist	12.5	12.8
	8. ADL activity itself did not occur during entire 7 days	*	0.5
<b>3. TEST FOR BALANCE</b>	<i>(Code for ability during test in the last 7 days)</i>		
	<b>a. Balance while standing</b>		
	0. Maintained position as required in test	18.9	10.1
	1. Unsteady, but able to rebalance self without physical support	14.4	13.0
	2. Partial physical support during test; or stands (sits) but does not follow directions for test	19.0	21.7
	3. Not able to attempt test without physical help	47.6	55.2
	<b>b. Balance while sitting--position, trunk control</b>		
	0. Maintained position as required in test	63.7	55.5
	1. Unsteady, but able to rebalance self without physical support	8.7	10.3
	2. Partial physical support during test; or stands (sits) but does not follow directions for test	13.8	15.7
	3. Not able to attempt test without physical help	13.8	18.4
<b>4. FUNCTIONAL LIMITATION IN RANGE OF MOTION</b>	<i>(Code for limitations during last 7 days that interfered with daily functions or placed resident at risk of injury)</i>		
	<b>a. Neck</b>		
	<b>(A) RANGE OF MOTION</b>		
	0. No limitation	92.6	92.0
	1. Limitation on one side	1.8	2.0
	2. Limitation on both sides	5.6	6.0
	<b>(B) VOLUNTARY MOVEMENT</b>		
	0. No loss	93.7	92.1
	1. Partial loss	5.7	6.9
	2. Full loss	0.7	1.0
	<b>b. Arm--Including shoulder or elbow</b>		
	<b>(A) RANGE OF MOTION</b>		
	0. No limitation	75.8	72.5
	1. Limitation on one side	13.5	14.6
	2. Limitation on both sides	10.7	12.9
	<b>(B) VOLUNTARY MOVEMENT</b>		
	0. No loss	77.7	73.3
	1. Partial loss	17.2	22.0
	2. Full loss	5.0	4.7
	<b>c. Hand--Including wrist or fingers</b>		
	<b>(A) RANGE OF MOTION</b>		
	0. No limitation	77.9	78.5
	1. Limitation on one side	12.6	12.5
	2. Limitation on both sides	9.5	9.0
	<b>(B) VOLUNTARY MOVEMENT</b>		
	0. No loss	78.6	77.3
	1. Partial loss	15.8	17.5
	2. Full loss	5.7	5.1
	<b>d. Leg--Including hip or knee</b>		
	<b>(A) RANGE OF MOTION</b>		
	0. No limitation	61.2	63.1
	1. Limitation on one side	16.7	16.8
	2. Limitation on both sides	22.2	20.1
	<b>(B) VOLUNTARY MOVEMENT</b>		
	0. No loss	64.8	64.0
	1. Partial loss	27.5	28.6
	2. Full loss	7.7	7.4
	<b>e. Foot--Including ankle or toes</b>		
	<b>(A) RANGE OF MOTION</b>		
	0. No limitation	72.4	72.8
	1. Limitation on one side	12.3	12.2
	2. Limitation on both sides	15.3	15.0
	<b>(B) VOLUNTARY MOVEMENT</b>		
	0. No loss	73.6	71.6
	1. Partial loss	18.5	20.3
	2. Full loss	7.8	8.0
	<b>f. Other limitation or loss</b>		
	<b>(A) RANGE OF MOTION</b>		
	0. No limitation	95.7	94.5
	1. Limitation on one side	1.2	1.7
	2. Limitation on both sides	3.2	3.9

		OK%	NAT%
(B) VOLUNTARY MOVEMENT			
0. No loss		96.0	94.1
1. Partial loss		3.1	4.8
2. Full loss		0.9	1.1
5.	<b>MODES OF LOCOMOTION</b> (Check all that apply during last 7 days)		
	a. Cane/walker/crutch	28.2	33.5
	b. Wheeled self	40.7	38.4
	c. Other person wheeled	51.0	60.5
	d. Wheelchair primary mode of locomotion	60.7	63.7
	e. NONE OF ABOVE	*	*
6.	<b>MODES OF TRANSFER</b> (Check all that apply during last 7 days)		
	a. Bedfast all or most of time	7.6	4.1
	b. Bed rails used for bed mobility or transfer	35.3	50.0
	c. Lifted manually	26.1	18.4
	d. Lifted mechanically	9.5	13.5
	e. Transfer aid (e.g., slide board, trapeze, cane, walker, brace)	17.4	26.1
	f. NONE OF ABOVE	*	*
7.	<b>TASK SEGMENTATION</b> Some or all ADL activities were broken into subtasks during last 7 days so that resident could perform them		
	0. No	74.6	61.3
	1. Yes	25.4	38.7
8.	<b>ADL FUNCTIONAL REHABILITATION POTENTIAL</b>		
	a. Resident believes he/she is capable of increased independence in at least some ADLs	10.3	17.6
	b. Direct care staff believe resident is capable of increased independence in at least some ADLs	13.1	23.5
	c. Resident able to perform tasks/activity but is very slow	13.2	10.6
	d. Difference in ADL Self-Performance or ADL Support, comparing mornings to evenings	1.8	4.6
	e. NONE OF ABOVE	74.6	65.8
9.	<b>CHANGE IN ADL FUNCTION</b> Resident's ADL self-performance status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
	0. No change	71.1	64.4
	1. Improved	7.2	7.0
	2. Deteriorated	21.7	28.6

### SECTION H. CONTINENCE IN LAST 14 DAYS

1.		CONTINENCE SELF-CONTROL CATEGORIES (Code for resident's PERFORMANCE OVER ALL SHIFTS)	
a.	<b>BOWEL CONTINENCE</b>	Control of bowel movement, with appliance or bowel continence programs, if employed	
		0. CONTINENT--Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]	48.0 44.4
		1. USUALLY CONTINENT--incontinent episodes less than weekly	8.1 7.1
		2. OCCASIONALLY INCONTINENT--Once a week	5.9 6.1
		3. FREQUENTLY INCONTINENT--tended to be incontinent 2-3 times a week but some control present (e.g., on day shift)	7.1 9.0
4. INCONTINENT--Had inadequate control; all (or almost all) of the time	31.0 33.5		
b.	<b>BLADDER CONTINENCE</b>	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley or continence programs, if employed)	
		0. CONTINENT--Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]	38.2 34.0
		1. USUALLY CONTINENT--incontinent episodes once a week or less	10.4 7.0
		2. OCCASIONALLY INCONTINENT--Two or more times a week but not daily	9.0 8.0
		3. FREQUENTLY INCONTINENT--tended to be incontinent daily but some control present (e.g., on day shift)	12.5 16.6
4. INCONTINENT--Had inadequate control; multiple daily episodes	29.9 34.4		
2.	<b>BOWEL ELIMINATION PATTERN</b>	a. Bowel elimination pattern regular--at least one movement every three days	63.3 78.0
		b. Constipation	12.7 8.4
		c. Diarrhea	2.3 2.5
		d. Fecal impaction	0.3 0.1
		e. NONE OF ABOVE	* *
3.	<b>APPLIANCES AND PROGRAMS</b>	a. Any scheduled toileting plan	25.8 31.1
		b. Bladder retraining program	1.5 0.6
		c. External (condom) catheter	0.1 0.2
		d. Indwelling catheter	8.4 7.5
		e. Intermittent catheter	0.3 0.6
		f. Did not use toilet room/commode/urinal	8.4 12.1
		g. Pads/briefs used	50.4 62.1
		h. Enemas/Irrigation	0.4 0.9
		i. Ostomy present	1.8 2.2
		j. NONE OF ABOVE	* *
4.	<b>CHANGE IN URINARY CONTINENCE</b>	Resident's urinary continence has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)	
		0. No change	86.1 85.1
		1. Improved	2.8 3.2
	2. Deteriorated	11.0 11.8	

### SECTION I. DISEASE DIAGNOSES

Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses.)

1.		OK%	NAT%
DISEASES	(If none apply, CHECK the NONE OF ABOVE box)		
	<b>ENDOCRINE / METABOLIC / NUTRITIONAL</b>		
	a. Diabetes mellitus	25.3	27.6
	b. Hyperthyroidism	0.6	0.7
	c. Hypothyroidism	18.4	17.6
	<b>HEART / CIRCULATION</b>		
	d. Arteriosclerotic heart disease (ASHD)	9.0	12.3
	e. Cardiac dysrhythmias	8.7	13.4
	f. Congestive Heart Failure	25.3	22.2
	g. Deep vein thrombosis	1.6	2.2
	h. Hypertension	60.2	60.7
	i. Hypotension	1.1	1.3
	j. Peripheral vascular disease	6.1	11.7
	k. Other cardiovascular disease	15.0	19.7
	<b>MUSCULOSKELETAL</b>		
	l. Arthritis	32.3	31.4
	m. Hip fracture	5.5	4.8
	n. Missing limb (e.g., amputation)	1.8	2.4
	o. Osteoporosis	18.8	19.7
	p. Pathological bone fracture	0.7	0.6
	<b>NEUROLOGICAL</b>		
	q. Alzheimer's disease	17.5	17.7
	r. Aphasia	2.5	5.2
	s. Cerebral Palsy	1.1	0.9
	t. Cerebrovascular accident (stroke)	20.9	21.9
	u. Dementia other than Alzheimer's disease	34.8	37.3
	v. Hemiplegia/Hemiparesis	6.0	10.3
	w. Multiple sclerosis	0.9	1.2
	x. Paraplegia	0.6	0.7
	y. Parkinson's disease	6.2	6.7
	z. Quadriplegia	0.5	0.8
	aa. Seizure disorder	10.0	9.7
	bb. Transient ischemic attack (TIA)	3.3	3.4
	cc. Traumatic brain injury	1.0	0.9
	<b>PSYCHIATRIC / MOOD</b>		
	dd. Anxiety disorder	17.2	14.6
	ee. Depression	45.8	44.0
	ff. Manic depression (Bipolar disease)	2.3	2.8
	gg. Schizophrenia	6.0	5.6
	<b>PULMONARY</b>		
hh. Asthma	2.7	2.9	
ii. Emphysema/COPD	14.3	16.4	
<b>SENSORY</b>			
jj. Cataracts	2.8	9.4	
kk. Diabetic retinopathy	0.5	0.9	
ll. Glaucoma	5.8	7.7	
mm. Macular degeneration	2.2	5.0	
<b>OTHER</b>			
nn. Allergies	23.1	26.8	
oo. Anemia	17.4	23.7	
pp. Cancer	4.9	6.9	
qq. Renal failure	4.3	6.1	
rr. NONE OF ABOVE	*	*	
2.	<b>INFECTIONS</b> (If none apply, CHECK the NONE OF ABOVE box)	a. Antibiotic resistant infection (e.g., Methicillin resistant staph)	1.0 1.8
		b. Clostridium difficile (c. diff.)	0.4 0.8
		c. Conjunctivitis	0.4 0.5
		d. HIV infection	0.1 0.3
		e. Pneumonia	3.2 3.7
		f. Respiratory infection	2.7 2.4
		g. Septicemia	0.3 0.7
		h. Sexually transmitted diseases	0.1 0.1
		i. Tuberculosis	* 0.1
		j. Urinary tract infection in last 30 days	10.2 9.9
		k. Viral hepatitis	0.1 0.2
		l. Wound infection	1.9 2.0
		m. NONE OF ABOVE	* *
3.	<b>OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES</b>	a. Infectious and Parasitic Diseases (001 - 139)	0.7 1.1
		b. Neoplasms (140 - 239)	1.8 2.3
		c. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240 - 279)	8.5 6.8
		d. Diseases of the Blood and Blood-Forming Organs (280 - 289)	1.1 1.1
		e. Mental Disorders (290 - 319)	16.2 20.7
		f. Diseases of the Nervous System and Sense Organs (320 - 389)	8.8 9.7
		g. Diseases of the Circulatory System (390 - 459)	14.8 14.1
		h. Diseases of the Respiratory System (460 - 519)	3.2 3.2
		i. Diseases of the Digestive System (520 - 579)	13.1 8.1
		j. Diseases of the Genitourinary System (580 - 629)	3.9 3.8
		k. Complications of Pregnancy and Childbirth and the Puerperium (630 - 677)	* <0.05

		OK%	NAT%
	l. Diseases of the Skin and Subcutaneous Tissue (680 - 709)	2.1	2.1
	m. Diseases of the Musculoskeletal System and Connective Tissue (710 - 739)	7.5	8.1
	n. Congenital Anomalies (740 - 759)	0.7	0.5
	o. Certain Conditions Originating in the Perinatal Period (760 - 779)	*	<0.05
	p. Symptoms and Signs and Ill-Defined Conditions (780 - 799)	9.7	9.6
	q. Injury and Poisoning (800 - 999)	5.2	4.3
	r. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V01 - V82)	2.4	4.5
	s. Supplementary Classification of External Causes of Injury and Poisoning (E800 - E999)	0.1	0.1

### SECTION J. HEALTH CONDITIONS

1.	PROBLEM CONDITIONS	(Check all problems present in last 7 days unless other time frame is indicated)			
		<b>INDICATORS OF FLUID STATUS</b>			
	a. Weight gain or loss of 3 or more pounds within a 7 day period		2.0	2.1	
	b. Inability to lie flat due to shortness of breath		3.8	3.8	
	c. Dehydrated; output exceeds input		0.2	0.2	
	d. Insufficient fluid; did NOT consume all/ almost all liquids provided during last 3 days		1.2	2.3	
	<b>OTHER</b>				
	e. Delusions		4.3	3.8	
	f. Dizziness/Vertigo		2.3	1.3	
	g. Edema		21.2	20.0	
	h. Fever		1.3	1.8	
	i. Hallucinations		1.8	1.8	
	j. Internal bleeding		0.3	0.6	
	k. Recurrent lung aspirations in last 90 days		0.5	0.5	
	l. Shortness of breath		9.6	8.4	
	m. Syncope (fainting)		0.3	0.4	
	n. Unsteady gait		34.8	36.5	
	o. Vomiting		1.2	1.6	
	p. NONE OF ABOVE		*	*	
2.	PAIN SYMPTOMS	(Code the highest level of pain present in the last 7 days)			
		a. <b>FREQUENCY</b> with which resident complains or shows evidence of pain			
		0. No pain		58.1	66.4
		1. Pain less than daily		26.1	21.5
	2. Pain daily		15.8	12.1	
	b. <b>INTENSITY</b> of pain				
	1. Mild pain		*	*	
	2. Moderate pain		45.6	43.2	
	3. Times when pain is horrible or excruciating		54.4	56.8	
3.	PAIN SITE	(If pain present, check all sites that apply in last 7 days)			
		a. Back pain		25.6	23.6
		b. Bone pain		10.2	8.3
		c. Chest pain while doing usual activities		1.1	1.4
		d. Headache		13.4	9.2
		e. Hip pain		13.4	13.2
		f. Incisional pain		2.7	5.8
		g. Joint pain (other than hip)		38.6	32.2
		h. Soft tissue pain (e.g., lesion, muscle)		14.0	15.4
		i. Stomach pain		3.7	4.0
	j. Other		29.0	37.3	
4.	ACCIDENTS	(Check all that apply)			
		a. Fell in past 30 days		15.4	14.6
		b. Fell in past 31-180 days		29.4	27.7
		c. Hip fracture in last 180 days		2.6	2.7
		d. Other fracture in last 180 days		2.8	3.3
	e. NONE OF ABOVE		61.3	63.1	
5.	STABILITY OF CONDITIONS	a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable--(fluctuating, precarious, or deteriorating)		27.3	39.2
		b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem		5.7	11.4
		c. End-stage disease, 6 or fewer months to live		4.7	1.8
		d. NONE OF ABOVE		67.0	55.6

### SECTION K. ORAL/NUTRITIONAL STATUS

1.	ORAL PROBLEMS	a. Chewing problem	22.8	29.7
		b. Swallowing problem	17.7	20.3
		c. Mouth pain	0.7	0.4
		d. NONE OF ABOVE	*	*

		OK%	NAT%	
2.	HEIGHT AND WEIGHT	Record (a.) height in inches and (b) weight in pounds. Base weight or most recent measure in last 30 days; measure weight consistently in accord with standard facility practice; e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes		
		a. Height		
	b. Weight			
3.	WEIGHT CHANGE	a. Weight loss--5% or more in last 30 days; or 10% or more in last 180 days		
		0. No	91.7	91.1
		1. Yes	8.3	8.9
		b. Weight gain--5% or more in last 30 days; or 10% or more in last 180 days		
		0. No	92.7	93.0
		1. Yes	7.3	7.0
4.	NUTRI-TIONAL PROBLEMS	a. Complains about the taste of many foods	1.7	0.9
		b. Regular or repetitive complaints of hunger	0.5	0.3
		c. Leaves 25% or more of food uneaten at most meals	27.8	36.1
		d. NONE OF ABOVE	71.2	63.3
5.	NUTRI-TIONAL APPROACHES	(Check all that apply in last 7 days)		
		a. Parenteral/IV	1.3	1.8
		b. Feeding tube	5.9	6.9
		c. Mechanically altered diet	34.7	36.8
		d. Syringe (oral feeding)	0.2	0.1
		e. Therapeutic diet	35.6	48.1
		f. Dietary supplement between meals	20.7	26.2
		g. Plate guard, stabilized built-up utensil, etc.	1.2	4.4
		h. On a planned weight change program	16.2	17.3
		i. NONE OF ABOVE	*	*
6.	PAREN-TERAL OR ENTERAL INTAKE	(Skip to Section L if neither 5a nor 5b is checked)		
		a. Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days		
		0. None	17.7	17.2
		1. 1% to 25%	4.4	5.5
		2. 26% to 50%	3.9	3.2
		3. 51% to 75%	4.8	5.5
		4. 76% to 100%	69.2	68.6
		b. Code the average fluid intake per day by IV or tube in last 7 days		
		0. None	3.3	1.2
		1. 1 to 500 cc/day	11.0	12.2
2. 501 to 1000 cc/day	10.4	7.7		
3. 1001 to 1500 cc/day	14.9	11.5		
4. 1501 to 2000 cc/day	34.6	30.9		
	5. 2001 or more cc/day	25.7	36.5	

### SECTION L. ORAL/DENTAL STATUS

1.	ORAL STATUS AND DISEASE PREVENTION	a. Debris (soft, easily movable substances) present in mouth prior to going to bed at night	0.5	0.4
		b. Has dentures or removable bridge	41.9	41.2
		c. Some/all natural teeth lost--does not have or does not use dentures (or partial plates)	31.4	31.8
		d. Broken, loose, or carious teeth	5.8	4.7
		e. Inflamed gums (gingival); swollen or bleeding gums; oral abscesses; ulcers or rashes	0.5	0.6
		f. Daily cleaning of teeth/dentures or daily mouth care--by resident or staff	98.4	98.9
		g. NONE OF ABOVE	0.3	0.2

### SECTION M. SKIN CONDITION

1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer state--regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9 = 9 or more) [Requires full body exam.]		
		a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.		
		0	96.2	96.6
		1	3.1	2.4
		2	0.6	0.7
		3	0.1	0.2
		4	*	0.1
		5	*	<0.05
		6	*	<0.05
		7	*	<0.05
		8	*	<0.05
		9+	*	<0.05
		b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.		
		0	92.2	92.2
		1	5.2	5.3
		2	1.7	1.7
		3	0.4	0.5
		4	0.2	0.2
		5	0.1	0.1
		6	0.1	<0.05
7	*	<0.05		
8	*	<0.05		
9+	*	<0.05		

		OK%      NAT%	
		c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues --presents as a deep crater with or without undermining adjacent tissue	
		0	98.4      98.3
		1	1.2      1.4
		2	0.2      0.2
		3	0.1      0.1
		4	*      <0.05
		5	*      <0.05
		6	*      <0.05
		7	*      <0.05
		8	*      <0.05
		9+	*      <0.05
		d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.	
		0	98.8      97.8
		1	0.9      1.5
		2	0.2      0.4
		3	*      0.1
		4	*      0.1
		5	*      <0.05
		6	*      <0.05
		7	*      <0.05
		8	*      <0.05
		9+	*      <0.05
2.	TYPE OF ULCER	(For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1--i.e., 0=none; stages 1, 2, 3, 4)	
		a. Pressure ulcer--any lesion caused by pressure resulting in damage of underlying tissue	
		Stage 1	2.3      2.0
		Stage 2	5.3      5.1
		Stage 3	1.1      1.1
		Stage 4	1.0      1.7
		b. Stasis ulcer--open lesion caused by poor circulation in the lower extremities	
		Stage 1	9.8      6.0
		Stage 2	63.2      56.1
		Stage 3	16.9      16.8
		Stage 4	10.2      21.1
3.	HISTORY OF RESOLVED ULCERS	Resident had an ulcer that was resolved or cured in LAST 90 DAYS	
		a. No	88.6      89.8
		b. Yes	11.4      10.2
4.	OTHER SKIN PROBLEMS OR LESIONS PRESENT	(Check all that apply during last 7 days)	
		a. Abrasions, bruises	18.4      20.8
		b. Burns (second or third degree)	0.2      0.1
		c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)	1.9      2.1
		d. Rashes--e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster	7.5      10.7
		e. Skin desensitized to pain or pressure	3.5      7.1
		f. Skin tears or cuts (other than surgery)	6.5      5.9
		g. Surgical wounds	4.0      5.8
		h. NONE OF ABOVE	66.6      60.4
5.	SKIN TREATMENTS	(Check all that apply during last 7 days)	
		a. Pressure relieving device(s) for chair	18.7      39.1
		b. Pressure relieving device(s) for bed	37.0      61.3
		c. Turning/repositioning program	32.6      40.6
		d. Nutrition or hydration intervention to manage skin problems	10.4      16.0
		e. Ulcer care	9.1      11.2
		f. Surgical wound care	3.1      4.9
		g. Application of dressings (with or without topical medications) other than to feet	11.8      16.2
		h. Application of ointments/medications (other than to feet)	23.5      29.8
		i. Other preventative or protective skin care (other than to feet)	21.5      54.2
		j. NONE OF ABOVE	36.2      12.6
6.	FOOT PROBLEMS AND CARE	(Check all that apply during last 7 days)	
		a. Resident has one or more foot problems--e.g., corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems	9.5      18.9
		b. Infection of the foot--e.g., cellulitis, purulent drainage	0.7      0.9
		c. Open lesions on the foot	2.5      2.4
		d. Nails/calluses trimmed during last 90 days	58.9      48.4
		e. Received preventative or protective foot care (e.g., used special shoes, insert pads, toe separators)	8.2      20.8
		f. Application of dressings (with or without topical medications)	4.2      5.1
		g. NONE OF ABOVE	34.4      35.0

## SECTION N. ACTIVITY PURSUIT PATTERNS

1.	TIME AWAKE	(Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:	
		a. Morning	86.1      91.1
		b. Afternoon	83.0      84.0
		c. Evening	65.1      63.4
		d. NONE OF ABOVE	4.3      3.1
(If resident is comatose, skip to Section O)			
2.	AVERAGE TIME INVOLVED IN ACTIVITIES	(When awake and not receiving treatments or ADL care)	
		0. Most--more than 2/3 of time	11.0      5.0
		1. Some--from 1/3 to 2/3 of time	70.6      88.3
		2. Little--less than 1/3 of time	17.2      6.4
		3. None	1.2      0.3

		OK%      NAT%	
3.	PREFERRED ACTIVITY SETTINGS	(Check all settings in which activities are preferred)	
		a. Own room	87.8      89.9
		b. Day/activity room	77.0      79.2
		c. Inside NH/off unit	45.0      54.0
		d. Outside facility	23.0      27.8
		e. NONE OF ABOVE	1.1      0.5
4.	GENERAL ACTIVITY PREFERENCES (adapted to resident's current abilities)	(Check all PREFERENCES whether or not activity is currently available to resident)	
		a. Cards/other games	38.3      46.1
		b. Crafts/arts	26.6      27.2
		c. Exercise/sports	42.8      47.7
		d. Music	84.1      90.5
		e. Reading/writing	38.5      47.9
		f. Spiritual/religious activities	58.3      66.9
		g. Trips/shopping	17.8      23.4
		h. Walking/wheeling outdoors	37.1      45.8
		i. Watching TV	78.6      82.8
		j. Gardening or plants	11.0      15.8
		k. Talking or conversing	77.6      82.1
		l. Helping others	14.1      13.8
		m. NONE OF ABOVE	1.1      0.5
5.	PREFERS CHANGE IN DAILY ROUTINE	Code for resident preferences in daily routines	
		a. Type of activities in which resident is currently involved	
		0. No change	95.6      96.4
		1. Slight change	3.4      2.9
		2. Major change	1.0      0.7
		b. Extent of resident involvement in activities	
		0. No change	95.2      96.0
		1. Slight change	3.7      3.2
		3. Major change	1.1      0.8

## SECTION O. MEDICATIONS

1.	NUMBER OF MEDICATIONS	(Record the number of different medications used in the last 7 days; enter "0" if none used)	
		(a) 0	6.6      5.6
		(b) 1-5	17.8      17.4
		(c) 6-10	29.6      30.8
		(d) 11-99	46.0      46.2
2.	NEW MEDICATIONS	(Resident currently receiving medications that were initiated during the last 90 days)	
		0. No	45.4      41.7
		1. Yes	54.6      58.3
3.	INJECTIONS	(Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used)	
		0	82.0      74.7
		1	5.8      8.9
		2	0.8      1.3
		3	0.5      0.8
		4	0.4      0.6
		5	0.5      0.8
		6	0.4      0.5
		7	9.6      12.5
4.	DAYS RECEIVED THE FOLLOWING MEDICATION	(Record the number of DAYS during last 7 days; enter "0" if not used. Note--enter "1" for long-acting meds used less than weekly)	
		a. Antipsychotic	
		0	68.4      71.8
		1	0.2      0.3
		2	0.1      0.1
		3	0.2      0.2
		4	0.1      0.2
		5	0.3      0.4
		6	0.3      0.4
		7	30.4      26.6
		b. Antianxiety	
		0	80.5      84.5
		1	1.2      1.3
		2	0.7      0.7
		3	0.5      0.6
		4	0.4      0.4
		5	0.4      0.5
		6	0.3      0.3
		7	16.1      11.7
		c. Antidepressant	
		0	48.9      51.7
		1	0.2      0.3
		2	0.1      0.2
		3	0.1      0.2
		4	0.2      0.4
		5	0.4      0.6
		6	0.4      0.8
		7	49.7      45.8
		d. Hypnotic	
		0	91.1      94.7
		1	0.5      0.5
		2	0.4      0.4
		3	0.3      0.3
		4	0.3      0.3
		5	0.2      0.3
		6	0.3      0.3
		7	6.8      3.1

	OK%	NAT%
e. Diuretic		
0	57.4	62.8
1	0.3	0.3
2	0.3	0.3
3	0.5	0.8
4	0.4	0.7
5	0.4	0.5
6	0.3	0.6
7	40.4	34.1

**SECTION P. SPECIAL TREATMENTS AND PROCEDURES**

1.	SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	a. SPECIAL CARE--Check treatments or programs received during the last 14 days		
		TREATMENTS		
		a. Chemotherapy	0.2	0.5
		b. Dialysis	1.1	1.4
		c. IV medication	4.5	7.5
		d. Intake/output	21.5	21.6
		e. Monitoring acute medical condition	18.7	27.2
		f. Ostomy care	3.2	5.8
		g. Oxygen therapy	10.9	12.0
		h. Radiation	0.1	0.1
		i. Suctioning	0.8	1.2
		j. Tracheostomy care	0.5	1.0
		k. Transfusions	0.4	0.9
		l. Ventilator or respirator	0.2	0.4
		PROGRAMS		
		m. Alcohol/drug treatment	*	0.1
		n. Alzheimer's/dementia special care unit	4.7	7.1
		o. Hospice care	9.0	2.2
		p. Pediatric unit	*	0.2
		q. Respite care	0.1	0.1
		r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	3.7	10.0
		s. NONE OF ABOVE	54.4	46.5
		b. THERAPIES--Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day in the last 7 calendar days. (Enter 0 if none or less than 15 min. daily) [Note--count only post admission therapies]		
		a. Speech-language pathology and audiology services		
		(A) = # of days administered for 15 minutes or more		
		0	94.2	93.7
		1	0.4	0.7
		2	0.5	0.8
		3	0.8	1.0
		4	1.1	1.0
		5	2.8	2.5
		6	0.2	0.3
		7	*	<0.05
		(B) = total # of minutes provided in last 7 days		
		(a) 0	94.1	93.7
		(b) 1-44	0.3	0.5
		(c) 45-149	1.6	2.4
		(d) 150-324	3.8	3.3
		(e) 325-499	0.3	0.1
		(f) 500-719	*	<0.05
		(g) 720-999	*	*
		(h) 1000-1999	*	<0.05
		(i) 2000-2999	*	<0.05
		(j) 3000-3999	*	*
		(k) 4000+	*	*
b. Occupational therapy				
(A) = # of days administered for 15 minutes or more				
0	85.3	78.6		
1	0.7	1.2		
2	1.1	1.7		
3	1.4	2.5		
4	1.8	2.9		
5	8.8	11.3		
6	0.8	1.6		
7	0.1	0.2		
(B) = total # of minutes provided in last 7 days				
(a) 0	85.1	78.5		
(b) 1-44	0.7	0.9		
(c) 45-149	3.0	5.7		
(d) 150-324	10.2	13.6		
(e) 325-499	1.0	1.3		
(f) 500-719	*	<0.05		
(g) 720-999	*	<0.05		
(h) 1000-1999	*	<0.05		
(i) 2000-2999	*	<0.05		
(j) 3000-3999	*	<0.05		
(k) 4000+	*	*		
c. Physical therapy				
(A) = # of days administered for 15 minutes or more				
0	81.4	74.8		
1	0.9	1.2		
2	1.4	1.9		
3	2.3	2.9		
4	2.3	3.2		
5	10.6	13.5		
6	0.9	2.1		
7	0.2	0.3		

	OK%	NAT%
(B) = total # of minutes provided in last 7 days		
(a) 0	81.2	74.8
(b) 1-44	0.9	1.0
(c) 45-149	4.9	6.5
(d) 150-324	11.6	15.6
(e) 325-499	1.4	2.0
(f) 500-719	0.1	0.1
(g) 720-999	*	<0.05
(h) 1000-1999	*	<0.05
(i) 2000-2999	*	<0.05
(j) 3000-3999	*	<0.05
(k) 4000+	*	*
d. Respiratory therapy		
(A) = # of days administered for 15 minutes or more		
0	99.1	97.7
1	*	0.1
2	*	0.1
3	0.1	0.1
4	0.1	0.1
5	0.2	0.2
6	*	0.1
7	0.5	1.7
(B) = total # of minutes provided in last 7 days		
(a) 0	*	*
(b) 1-44	*	*
(c) 45-149	*	*
(d) 150-324	*	*
(e) 325-499	*	*
(f) 500-719	*	*
(g) 720-999	*	*
(h) 1000-1999	*	*
(i) 2000-2999	*	*
(j) 3000-3999	*	*
(k) 4000+	*	*
e. Psychological therapy (by any licensed mental health professional)		
(A) = # of days administered for 15 minutes or more		
0	99.7	98.4
1	0.2	1.3
2	*	0.2
3	*	<0.05
4	*	<0.05
5	*	<0.05
6	*	<0.05
7	*	<0.05
(B) = total # of minutes provided in last 7 days		
(a) 0	*	*
(b) 1-44	*	*
(c) 45-149	*	*
(d) 150-324	*	*
(e) 325-499	*	*
(f) 500-719	*	*
(g) 720-999	*	*
(h) 1000-1999	*	*
(i) 2000-2999	*	*
(j) 3000-3999	*	*
(k) 4000+	*	*
2.	INTER-VENTION PROGRAMS FOR MOOD, BEHAVIOR, COGNITIVE LOSS	(Check all interventions or strategies used in last 7 days--no matter where received)
a. Special behavior symptom evaluation program	3.5	6.5
b. Evaluation by a licensed mental health specialist in last 90 days	5.5	16.7
c. Group therapy	0.6	1.0
d. Resident-specific deliberate changes in the environment to address mood/behavior patterns--e.g., providing bureau in which to rummage.	0.6	1.6
e. Reorientation--e.g., cueing	30.1	45.3
f. NONE OF ABOVE	65.0	44.8
3.	NURSING REHABILITATION/ RESTORATIVE CARE	Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days (Enter 0 if none or less than 15 minutes daily)
a. Range of motion (passive)		
0	86.9	89.7
1	0.2	0.2
2	0.6	0.4
3	3.5	1.1
4	0.6	0.5
5	4.1	1.6
6	0.2	1.1
7	4.0	5.4
b. Range of motion (active)		
0	85.9	88.3
1	0.3	0.4
2	0.7	0.6
3	3.7	1.5
4	0.6	0.6
5	4.1	1.9
6	0.1	1.7
7	4.5	5.1
c. Splint or brace assistance		
0	97.9	97.2
1	*	<0.05
2	0.1	<0.05
3	0.2	0.1
4	*	0.1
5	0.7	0.3
6	*	0.3
7	1.1	2.0

		OK%	NAT%
<b>TRAINING AND SKILL PRACTICE IN:</b>			
<b>d. Bed mobility</b>			
0		97.3	98.3
1		0.1	<0.05
2		<0.05	<0.05
3		0.3	0.1
4		0.1	0.1
5		0.6	0.2
6		*	0.1
7		1.6	1.1
<b>e. Transfer</b>			
0		95.3	95.9
1		0.1	0.1
2		0.2	0.1
3		0.7	0.4
4		0.2	0.2
5		1.1	0.6
6		0.1	0.5
7		2.3	2.2
<b>f. Walking</b>			
0		90.6	89.5
1		0.3	0.4
2		0.6	0.5
3		2.7	1.3
4		0.4	0.6
5		2.8	1.9
6		0.2	1.5
7		2.4	4.2
<b>g. Dressing or grooming</b>			
0		96.3	95.8
1		<0.05	0.1
2		0.1	0.1
3		0.2	0.2
4		0.1	0.1
5		0.6	0.3
6		*	0.4
7		2.5	3.0
<b>h. Eating or swallowing</b>			
0		98.1	97.5
1		0.1	0.1
2		*	0.1
3		0.1	0.1
4		0.1	0.1
5		0.3	0.2
6		*	0.3
7		1.3	1.7
<b>i. Amputation/prosthesis care</b>			
0		99.9	99.9
1		*	<0.05
2		*	<0.05
3		*	<0.05
4		*	<0.05
5		*	<0.05
6		*	<0.05
7		0.1	0.1
<b>j. Communication</b>			
0		98.9	99.5
1		*	<0.05
2		*	<0.05
3		0.1	<0.05
4		*	<0.05
5		0.1	0.1
6		*	0.1
7		0.8	0.3
<b>k. Other</b>			
0		98.4	98.0
1		0.1	0.1
2		0.1	0.1
3		0.4	0.3
4		*	0.1
5		0.4	0.4
6		*	0.2
7		0.6	0.7
<b>4. DEVICES AND RESTRAINTS</b>			
(Use the following codes for last 7 days)			
<b>a. Full bed rails on all open sides of bed</b>			
0. Not used		77.3	84.6
1. Used less than daily		0.7	0.3
2. Used daily		22.0	15.1
<b>b. Other types of side rails used (e.g., half rail, one side)</b>			
0. Not used		90.1	76.9
1. Used less than daily		0.7	0.8
2. Used daily		9.3	22.3
<b>c. Trunk restraint</b>			
0. Not used		91.9	95.9
1. Used less than daily		0.4	0.2
2. Used daily		7.7	3.9
<b>d. Limb restraint</b>			
0. Not used		99.9	99.8
1. Used less than daily		*	<0.05
2. Used daily		0.1	0.2
<b>e. Chair prevents rising</b>			
0. Not used		95.3	97.0
1. Used less than daily		0.5	0.3
2. Used daily		4.2	2.7

		OK%	NAT%
5.	<b>HOSPITAL STAY(S)</b>	Record number of times resident was admitted to hospital with an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no hospital admissions)	
	(a) 0	(No Data)	(No Data)
	(b) 1	(No Data)	(No Data)
	(c) 2-4	(No Data)	(No Data)
	(d) 5-9	(No Data)	(No Data)
	(e) 10+	(No Data)	(No Data)
6.	<b>EMERGENCY ROOM (ER) VISIT(S)</b>	Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no ER visits)	
	(a) 0	(No Data)	(No Data)
	(b) 1	(No Data)	(No Data)
	(c) 2-4	(No Data)	(No Data)
	(d) 5-9	(No Data)	(No Data)
	(e) 10+	(No Data)	(No Data)
7.	<b>PHYSICIAN VISITS</b>	In the LAST 14 DAYS (or since admission if less than 14 days in facility), how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none)	
	(a) 0	*	*
	(b) 1	84.6	72.3
	(c) 2-4	11.5	19.4
	(d) 5-9	2.7	5.9
	(e) 10+	1.3	2.4
8.	<b>PHYSICIAN ORDERS</b>	In the LAST 14 DAYS (or since admission if less than 14 days in facility), how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter 0 if none)	
	(a) 0	39.5	33.6
	(b) 1	26.5	26.7
	(c) 2-4	16.6	18.7
	(d) 5-9	10.7	12.7
	(e) 10+	6.7	8.3
9.	<b>ABNORMAL LAB VALUES</b>	Has the resident had any abnormal lab values during the last 90 days (or since admission)?	
	0. No	38.2	29.7
	1. Yes	61.8	70.3

#### SECTION Q. DISCHARGE POTENTIAL AND OVERALL STATUS

1.	<b>DISCHARGE POTENTIAL</b>	a. Resident expresses/indicates preference to return to the community	
	0. No	83.5	80.5
	1. Yes	16.5	19.5
	b. Resident has a support person who is positive towards discharge		
	0. No	91.0	84.9
	1. Yes	9.0	15.1
	c. Stay projected to be of a short duration--discharge projected within 90 days (do not include expected discharge due to death)		
	0. No	82.5	80.5
	1. Within 30 days	2.6	3.4
	2. Within 31-90 days	1.9	2.9
	3. Discharge status uncertain	13.1	13.1
2.	<b>OVERALL CHANGE IN CARE NEEDS</b>	Resident's overall self sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days)	
	0. No change	85.4	84.1
	1. Improved--receives fewer supports, needs less restrictive level of care	4.4	4.9
	2. Deteriorated--receives more support	10.2	11.0

#### SECTION R. ASSESSMENT INFORMATION

1.	<b>PARTICIPATION IN ASSESSMENT</b>	a. Resident	
	0. No	12.7	10.9
	1. Yes	87.3	89.1
	b. Family		
	0. No	53.5	53.5
	1. Yes	45.2	45.3
	2. No family	1.3	1.2
	c. Significant other		
	0. No	59.2	61.4
	1. Yes	7.1	6.3
	2. None	33.6	32.4

#### SECTION T. THERAPY SUPPLEMENT FOR MEDICARE PPS

1.	<b>SPECIAL TREATMENTS AND PROCEDURES</b>	a. RECREATION THERAPY--Enter number of days and total minutes of recreation therapy administered (for at least 15 minutes a day) in the last 7 days (Enter 0 if none)	
	(A) = # of days administered for 15 minutes or more		
	(B) = total # of minutes provided in last 7 days		
	b. ORDERED THERAPIES--Has physician ordered any of following therapies to begin in FIRST 14 days of stay--physical therapy, occupational therapy, or speech pathology service?		
	0. No	19.0	23.2
	1. Yes	81.0	76.8
	c. Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered.		
	(a) 1-5	5.1	4.0
	(b) 6-9	14.4	15.0
	(c) 10+	80.5	81.0

OK% NAT%

		d. Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered																																																																	
		(a) 1-44	3.0	2.3																																																															
		(b) 45-149	1.1	0.9																																																															
		(c) 150-324	8.4	9.9																																																															
		(d) 325-499	6.9	7.4																																																															
		(e) 500-719	28.9	30.4																																																															
		(f) 720-999	15.4	16.2																																																															
		(g) 1000-1999	36.1	32.8																																																															
		(h) 2000-2999	*	0.1																																																															
		(i) 3000-3999	*	<0.05																																																															
		(j) 4000+	*	<0.05																																																															
2.	<b>WALKING WHEN MOST SELF SUFFICIENT</b>	<p>Complete item 2 if ADL self-performance score for TRANSFER (G,1,b,A) is 0, 1, 2, or 3 AND at least one of the following are present:</p> <ul style="list-style-type: none"> <li>-Resident received physical therapy involving gait training (P,1,b,c)</li> <li>-Physical therapy was ordered for the resident involving gait training (T,1,b)</li> <li>-Resident received nursing rehabilitation for walking (P,3,f)</li> <li>-Physical therapy involving walking has been discontinued within the past 180 days</li> </ul> <p>Skip to item 3 if resident did not walk in last 7 days</p> <p>(FOR FOLLOWING FIVE ITEMS, BASE CODING ON THE EPISODE WHEN THE RESIDENT WALKED THE FARTHEST WITHOUT SITTING DOWN. INCLUDE WALKING DURING REHABILITATION SESSIONS.)</p> <p>a. Furthest distance walked without sitting down during this episode.</p> <table border="1"> <tr><td>0. 150+ feet</td><td></td><td></td></tr> <tr><td>1. 51-149 feet</td><td></td><td></td></tr> <tr><td>2. 26-50 feet</td><td></td><td></td></tr> <tr><td>3. 10-25 feet</td><td></td><td></td></tr> <tr><td>4. Less than 10 feet</td><td></td><td></td></tr> </table> <p>b. Time walked without sitting down during this episode.</p> <table border="1"> <tr><td>0. 1-2 minutes</td><td></td><td></td></tr> <tr><td>1. 3-4 minutes</td><td></td><td></td></tr> <tr><td>2. 5-10 minutes</td><td></td><td></td></tr> <tr><td>3. 11-15 minutes</td><td></td><td></td></tr> <tr><td>4. 16-30 minutes</td><td></td><td></td></tr> <tr><td>5. 31 + minutes</td><td></td><td></td></tr> </table> <p>c. Self-Performance in walking during this episode.</p> <table border="1"> <tr><td>0. INDEPENDENT--No help or oversight</td><td></td><td></td></tr> <tr><td>1. SUPERVISION--Oversight, encouragement or cueing provided</td><td></td><td></td></tr> <tr><td>2. LIMITED ASSISTANCE--Resident highly involved in walking; received physical help in guided maneuvering of limbs or other nonweight bearing assistance</td><td></td><td></td></tr> <tr><td>3. EXTENSIVE ASSISTANCE--Resident received weight bearing assistance while walking.</td><td></td><td></td></tr> </table> <p>d. Walking support provided associated with this episode (code regardless of resident's self-performance classification).</p> <table border="1"> <tr><td>0. No setup of physical help from staff</td><td></td><td></td></tr> <tr><td>1. Setup help only</td><td></td><td></td></tr> <tr><td>2. One person physical assist</td><td></td><td></td></tr> <tr><td>3. Two + persons physical assist</td><td></td><td></td></tr> </table> <p>e. Parallel bars used by resident in association with this episode.</p> <table border="1"> <tr><td>0. No</td><td></td><td></td></tr> <tr><td>1. Yes</td><td></td><td></td></tr> </table>	0. 150+ feet			1. 51-149 feet			2. 26-50 feet			3. 10-25 feet			4. Less than 10 feet			0. 1-2 minutes			1. 3-4 minutes			2. 5-10 minutes			3. 11-15 minutes			4. 16-30 minutes			5. 31 + minutes			0. INDEPENDENT--No help or oversight			1. SUPERVISION--Oversight, encouragement or cueing provided			2. LIMITED ASSISTANCE--Resident highly involved in walking; received physical help in guided maneuvering of limbs or other nonweight bearing assistance			3. EXTENSIVE ASSISTANCE--Resident received weight bearing assistance while walking.			0. No setup of physical help from staff			1. Setup help only			2. One person physical assist			3. Two + persons physical assist			0. No			1. Yes				
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