SP ID: _____

PSF ID: _____

SP NAME: _____

INTERVIEWER NAME: _____

INTERVIEWER ID: _____

DATE OF INTERVIEW: _____/_____/_____
MONTH   DAY   YEAR

TIME INTERVIEW BEGAN: _____ am/pm

Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research
and
National Center for Health Statistics

MEDICAL EXPENDITURE PANEL SURVEY

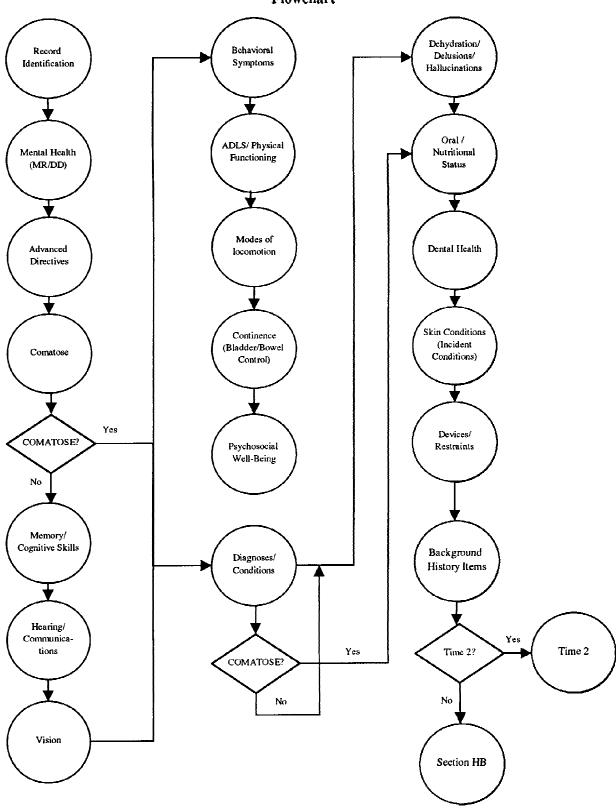NATIONAL NURSING HOME EXPENDITURE STUDY

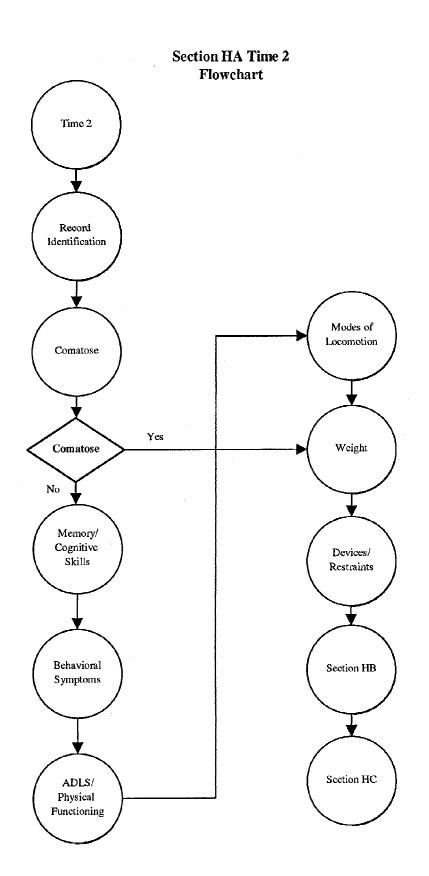HEALTH STATUS QUESTIONNAIRE

Version 4.1

Section HA Baseline Flowchart

Record Identification → Mental Health (MR/DD) → Advanced Directives → Comatose → COMATOSE?

COMATOSE? — Yes → Behavioral Symptoms

COMATOSE? — No → Memory/ Cognitive Skills → Hearing/ Communications → Vision

Behavioral Symptoms → ADLS/ Physical Functioning → Modes of locomotion → Continence (Bladder/Bowel Control) → Psychosocial Well-Being

Diagnoses/ Conditions → COMATOSE?

COMATOSE? — Yes → Dehydration/ Delusions/ Hallucinations

COMATOSE? — No → Diagnoses/ Conditions

Dehydration/ Delusions/ Hallucinations → Oral / Nutritional Status → Dental Health → Skin Conditions (Incident Conditions) → Devices/ Restraints → Background History Items → Time 2?

Time 2? — Yes → Time 2

Time 2? — No → Section HB

Section HA Time 2
Flowchart

1.0   General Structure of the Health Status Instrument: Sections, Timepoints, and Reference Periods

The overall objectives of the Health Status instrument across rounds are:

- ■   To collect health status measures at two points in time for each SP:
    Baseline which contains an extensive set of measures to be administered at the beginning of the reference year or admission, and
    Time 2 which consists of a shorter set of followup measures for the end of the year or (for admissions) 3 months after admission; and

- ■   To collect data on incident conditions and to collect missing data on diagnoses for acute inpatient hospital stays (entered in the Residence History instrument) throughout the SP's residence in eligible long term care institutions during the reference year (1996).

The instrument consists of 3 sections -- HA, HB, and HC.

- ■   Section HA begins with a flow box that specifies the SPs for whom Section HA is appropriate, continues with the record identification items, and concludes with the questions from what was known as Battery A and Battery C from the pretest (minus the items on hospital stays and incident conditions).

- ■   HA is followed by Section HB, the items on Incident Conditions and Hospital Stays. All paths through the Health Status instrument include HB.

- ■   Section HC is a closing section for Health Status. It includes instructions for collecting Community Respondent Roster information in Rounds 2 and 3; two methodological items about abstracting; and a closing screen.

For current residents the Baseline and Time 2 points in time are 1/1/96 and 12/31/96; for first admissions, they are Key Admission Date (KAD) and 90 days after KAD. Baseline is always asked in the round and facility in which the SP is sampled; Time 2 is asked in Round 2 or 3, depending on the date of the interview, the SP's vital status and place of residence; Section HB is asked in every round for all SP Types as long as the SP continues to reside in an eligible long term care place; and Section HC concludes every Health Status instrument for all SP Types.

In the remainder of these general specifications for Health Status, we repeat the structure of the Navigation Specifications as a framework for reviewing the contents of the health status instrument for the various SP types across the rounds. The section ends with a table of the question items in the Health Status instrument.

1.1   Overview: Round 1

Sample Persons:	Facilities: SF	Rd2 NF, elig.	Rd2 NF, inelig.	Rd3 NF, elig.	Rd3 NF, inelig.
CR sampled in this fac	*Round 1, 2, 3*				
F2 sampled in this fac	*Round 2, 3*				
F3 sampled in this fac	*Round 3*				
CR, continuing TR	*Round 3*	*Round 3*	*Round 3*		
CR, new TR	*Round 2, 3*	*Round 2, 3*	*Round 2, 3*	*Round 3*	*Round 3*
F2, new TR	*Round 3*	*Round 3*	*Round 3*	*Round 3*	*Round 3*
F3, new TR	*Round 3*	*Round 3*	*Round 3*	*Round 3*	*Round 3*

CRs sampled in this facility are the only SP Type in Round 1, so in many ways this is the simplest flow through the Health Status instrument.

In general for CRs across the three rounds, we are interested in health status at 1/1/96 and 12/31/96. By definition, Round 1 CRs were in an eligible unit of the Sampled Facility on 1/1/96, so in Round 1 we administer:

- Section HA (Baseline) with 1/1/96 as the reference date.

- Section HB, collecting diagnoses for hospital stays -- if missing from residence history -- and capturing the occurrence of certain illnesses between 1/1/96 and the REFERENCE PERIOD END DATE. (For Rounds 1 and 2, the REF END DATE is defined in the Navigation and RH specifications as the date of interview, date of death, or date of most recent discharge from the eligible nursing units in the facility, whichever is earliest.)

- Section HC, the closing section.

1.2 Overview: Round 2

Sample Persons:	Facilities: SF	Rd2 NF, elig.	Rd2 NF, inelig.	Rd3 NF, elig.	Rd3 NF, inelig.
CR sampled in this fac	*Round 1, 2, 3*				
F2 sampled in this fac	*Round 2, 3*				
F3 sampled in this fac	*Round 3*				
CR, continuing TR	*Round 3*	*Round 3*	*Round 3*		
CR, new TR	*Round 2, 3*	*Round 2, 3*	*Round 2, 3*	*Round 3*	*Round 3*
F2, new TR	*Round 3*	*Round 3*	*Round 3*	*Round 3*	*Round 3*
F3, new TR	*Round 3*	*Round 3*	*Round 3*	*Round 3*	*Round 3*

Round 2 covers three SP Types: CRs continuing in their original SFs, F2s receiving their first SF interview, and CRs receiving their first interviews in a facility other than where they were sampled (which could be another SF or an entirely new facility). SPs in this latter category are considered Transfer SPs. All Round 2 New Facilities (NF) receive the Facility Questionnaire to determine eligibility; eligible Round 2 NFs continue with full data collection as appropriate for the SP, while in ineligible Round 2 NFs we administer only the RH (i.e., there is no health status module).

In Health Status, for **CRs continuing in their original SFs**, we collect Section HA (Time 2: 12/31/96) if the Round 2 data show that the SP was in an eligible unit at the facility on 12/31/96; otherwise, the first flow box in Section HA routes the application to HB. Section HB is administered for the period between the Round 1 interview date and the REF END DATE, to collect data on incident conditions and to update diagnoses for hospital stays (if any stays were reported in RH, but diagnoses were not obtained). Then the box at the end of HB routes these SPs to HC for closing. Note that not all CRs continue from Round 1 to Round 2 for Health Status: if the Round 1 REF END DATE was prior to the Round 1 date of interview (in other words, if the SP had died or been discharged from the SF's eligible units before the Round 1 interview and never readmitted), no HS instrument is administered in Round 2 or 3.

For **F2s in their original SFs,** Section HA (Baseline) is administered, to obtain baseline measures at KAD; Section HB is administered, to obtain incident condition and hospital stay diagnoses data since KAD; Section HA (T2) may be administered, to obtain data on health status at 90 days after KAD; and all get HC. HA (T2) will only be administered for these SPs in Round 2 if the RH data indicate the SP was residing in an eligible unit of the SF on KAD+90, and there have been 120 days or more between KAD and the date of the Round 2 interview. If 120 days have not yet occurred, Section HA (T2) will be postponed to Round 3. If the SP was residing in another eligible facility on KAD+90, Section HA (T2) will be administered at the Transfer Facility in Round 3; and if the SP was not residing in an eligible LTC place on KAD+90 (either because the SP had died, or had moved to a different type of place), the Time 2 measures will not be administered at all.

For **CRs who had transferred to another eligible facility** (according to the Round 1 RH data), the first box in HA routes to Section HB. HB is administered in the new facility to collect incident conditions and hospital diagnoses since TAD (the date of admission to the transfer facility). (The flow is from the beginning of HA -- before the record identification items -- directly to HB.)

All SP Types end with Section HC.

1.3 Overview: Round 3

Sample Persons:	Facilities: SF	Rd2 NF, elig.	Rd2 NF, inelig.	Rd3 NF, elig.	Rd3 NF, inelig.
CR sampled in this fac	Round 1, 2, 3				
F2 sampled in this fac	Round 2, 3				
F3 sampled in this fac	Round 3				
CR, continuing TR	Round 3	Round 3	Round 3		
CR, new TR	Round 2, 3	Round 2, 3	Round 2, 3	Round 3	Round 3
F2, new TR	Round 3	Round 3	Round 3	Round 3	Round 3
F3, new TR	Round 3	Round 3	Round 3	Round 3	Round 3

In Round 3 we encounter the full range of facility and SP types. Round 2 NF eligibility was determined in Round 2. All Round 3 NFs receive the FQ to determine eligibility; eligible Round 3 NFs continue with full data collection as appropriate for the SP, while in ineligible Round 3 NFs we administer only the RH. Notice that Round 3 NFs include those facilities identified for the first time in either Round 2 or Round 3.

As in Rounds 1 and 2, the box at the beginning of HA determines whether HA is administered, and Section HC always closes the Health Status instrument for all SP Types in eligible facilities.

For **CRs continuing in the facility in which they were sampled**, if HA (T2) was not administered in Round 2, Section HA (T2) is administered. HA (T2) collects data for 12/31/96, if the SP resided in an eligible LTC unit of the facility on that date. HB collects data on incident conditions and hospital stay diagnoses missing from RH for the period between the Round 2 interview date and the REF END DATE. (In Round 3, the REF END DATE for HB is 12/31/96, the date of death, or date of most recent discharge from the eligible units in the facility, whichever date is earliest.)

For **F2s continuing in the facility in which they were sampled**, If HA (T2) was not administered in Round 2, and the SP was in the SF on KAD+90, it is administered in Round 3. Section HB is administered for the period between the Round 2 interview date and REF END DATE.

For **F3s sampled in this facility**, Section HA (Baseline) for KAD is administered for the period between KAD and REF END DATE. HA (T2) is administered if the SP resided in an eligible unit of the facility on KAD+90. Section HB is administered for the period between KAD and REF END DATE.

For **CRs who are continuing residents of an eligible transfer facility**, Sections HA (T2) and HB are administered. HA (T2) collects Time 2 data for 12/31/96, if the SP resided in an eligible LTC unit of the facility on that date. HB collects data on incident conditions and missing hospital stay diagnoses for the period between the Round 2 interview date and REF END DATE.

For **CRs who are new transfers**, Section HA (T2) is administered for 12/31/96, if the SP resided in an eligible LTC unit of the facility on that date. Section HB collects data on incident conditions and missing hospital stay diagnoses between TAD and REF END DATE.

For **F2s and F3s who are new transfers**, Section HA (T2) is administered if the SP resided in an eligible unit of the facility on KAD+90. Section HB collects data on incident conditions and hospital stay diagnoses between TAD and REF END DATE.

1.4   Overview: Record Identification Section

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

HA (Baseline) items determine if an MDS or Quarterly Review is available with a valid assessment date in reference to the REF DATE specified for the SP. If so, the module confirms that the form is, in fact, the closest form available to the REF DATE and, thus, is designated as the primary form. In the case of CRs, if the closest form to the REF DATE is a Quarterly Review, the module then determines the assessment date for the closest MDS. If this MDS falls within a specified date range, the MDS becomes the backup form. This provides assessment dates for all forms that will be used in answering the health status questions. If an MDS or Quarterly Review is available, and designated the primary form, the module determines which version of the form the respondent will be using. If a backup form is being used, we will assume the backup is the same version as the primary form. Finally, the respondent is instructed on what form to use in answering the health status questions.

HA (T2) items follow a similar path to Baseline with two exceptions. For HA (T2), HA (Baseline) is reviewed to determine if an MDS or Quarterly Review was available for the Baseline timepoint. If so, the module determines whether another form is available dated after the assessment date of the HA (Baseline) form. Also, the record identification section tries to identify a backup MDS for all SP types if the Primary form is a Quarterly Review. From this point, HA (T2) follows the same path as HA (Baseline).

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

1.5   Overview: Health Status Instrument Items

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

Valid Assessment Date

CAPI determines the Closest Valid Assessment Date (CVAD) from assessment dates on the MDS forms listed by the respondent (HA3A/HA3B). A CVAD is established for each time period. The CVAD for baseline is labeled the BCVAD; the CVAD for Time 2 is labeled the TCVAD.

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

		VALID ASSESSMENT DATE	
Timepoint	CR	F2	F3
Baseline	1/1/95 - 1/14/96	KAD - 7/14/96	KAD - 1/14/97
Time 2	11/1/96 - 1/14/97	BCVAD+1/ KAD+30 - KAD+120	BCVAD+1/ KAD+30 - KAD+120

The extent to which missing data is allowed in an assessment date depends on the type of missing data. DAY may be missing if there is only one form available. If there are two or more forms completed in the same month and only one has

5

a DAY entry, the form(s) with no DAY entry is invalid. If no forms dated in the same month have a DAY entry, none are eligible to use as the primary form for data collection and the interviewer will ask the respondent to refer to the medical record (which includes the invalid MDS(s)) when giving information about the REF DATE. When there is conflicting information, the respondent should be told to use her best judgment about which is closer to the REF DATE.

Reference Dates

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

	REF DATE	
Timepoint	CR	F2/F3
Baseline	1/1/96	KAD
Time 2	12/31/96	KAD+90

Health Status Sections and Items By Round

The Health Status sections and the questions within each section are displayed in Tables 1 and 2. Table 1 displays all Health Status items and the rounds in which they are administered for each SP type. Table 2 displays the Health Status sections and the rounds in which they are administered by SP type as defined in residence history.

EXHIBIT 1. HEALTH STATUS DATE RANGES AND REFERENCE DATES

BCVAD = Closest valid assessment date (assessment date closest to REF. DATE) for Baseline
TCVAD = Closest valid assessment date for Time 2
(B) = Baseline
(T2) = Time 2
DOI = Date of Interview
DOB = Date of Birth
KAD = Key Admission Date

Date Type	Baseline			Time 2		
	CR 1/1/96	F2 KAD	F3 KAD	CR 12/31/96	F2 KAD+90	F3 KAD+90
HA3A/HA3B (Primary MDS) Valid Assessment Date	1/1/95-1/14/96	KAD-7/14/96	KAD-1/14/97	11/1/96-1/14/97	BCVAD+1/ KAD+30 -KAD+120	BCVAD+1/ KAD+30 -KAD+120
Soft Range	1/1/95-1/14/96	1/1/96-7/14/96	7/1/96-1/14/97	11/1/96 1/14/97	BCVAD/KAD+14 -KAD+150	BCVAD/KAD+14 -KAD+150
Hard Range	1/1/91/ DOB-1/14/96	1/1/91/ DOB-DOI(B)	1/1/91/ DOB-DOI(B)	BCVAD/ 1/1/96-DOI(T2)	BCVAD/ KAD DOI(T2)	BCVAD/ KAD DOI(T2)
HA7B (Backup Full MDS) Valid Assessment Date	1/1/95-1/31/96	KAD-KAD+30	KAD-KAD+30	BCVAD+1/ 1/1/96-1/31/97	BCVAD+1/KAD-KAD+120	BCVAD+1/KAD-KAD+120
Soft Range	1/1/95-1/31/96	1/1/96-7/14/96	7/1/96-1/14/97	11/1/96-1/31/97	BCVAD/ KAD+14 KAD+150	BCVAD/ KAD+14 KAD+150
Hard Range	1/1/91/ DOB-DOI(B)	1/1/91/ DOB-DOI(B)	1/1/91/ DOB-DOI(B)	BCVAD/ 1/1/96-DOI(T2)	BCVAD/ KAD DOI(T2)	BCVAD/ KAD DOI(T2)

Table 1: Health Status items across Rounds and SP types

Items	CR Sampled in this Facility			F2 Sampled in this Facility		F3 Sampled in this Facility	CR Continuing Transfer		CR New Transfer	F2 New Transfer	F3 New Transfer
	1	2	3*	2*	3*	3	2	3*	3	3	3
Section HA											
HA0 - Box HA1A						✓					✓
Box HA1	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA1 PRE1	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA1 PRE2	✓		✓	✓	✓	✓		✓	✓	✓	✓
Box HA2	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA1 - HA1B	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA2 - HA2B1	✓		✓	✓	✓	✓		✓	✓	✓	✓
Box HA3	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA2B - HA2C			✓	✓	✓	✓		✓	✓	✓	✓
HA3A	✓			✓		✓					
HA3B			✓	✓	✓	✓		✓	✓	✓	✓
Box HA4 - Box HA6	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA4	✓		✓	✓	✓	✓		✓	✓	✓	✓
Box HA7	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA5	✓		✓	✓	✓	✓		✓	✓	✓	✓
Box HA8 - Box HA9	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA6	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA7A	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA7B	✓		✓	✓	✓	✓		✓	✓	✓	✓
BOX HA10	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA7C	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA8	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA9PRE	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA9 - HA10	✓			✓		✓					
HA11 - Box HA13	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA16 - HA20	✓			✓		✓					

* Section HA (Time 2) is administered in Round 2 if the SP is a CR and the date of the interview is after 12/31/96 or the SP is an F2 and the date of interview minus KAD$\geq$ 120 days, and SP in eligible unit or KAD + 90.   Else, HA (Time 2) is administered in Round 3.

Table 1: Health Status items across Rounds and SP types (continued)

Items	CR Sampled in this Facility			F2 Sampled in this Facility		F3 Sampled in this Facility	CR Continuing Transfer		CR New Transfer	F2 New Transfer	F3 New Transfer
	1	2	3*	2*	3*	3	2	3*	3	3	3
Section HA											
HA21 - Box HA14	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA25PRE - HA38	✓			✓		✓					
HA39 - Box HA10	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA39	✓		✓	✓	✓	✓		✓	✓	✓	✓
Box HA17	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA40 - HA42	✓			✓		✓					
HA43	✓		✓	✓	✓	✓		✓	✓	✓	✓
HA44 - HA51	✓			✓		✓					
Box HA24	✓		✓	✓	✓	✓		✓	✓	✓	✓
Section HB											
HB1PRE - Box HB5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Section HC											
Box HC1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Box HC2 - HC1		✓		✓		✓					
HC2 - HCEND	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

* Section HA (Time 2) is administered in Round 2 if the SP is a CR and the date of the interview is after 12/31/96 or the SP is an F2 and the date of interview minus KAD$\geq$ 120 days, and SP in eligible unit or KAD+90.   Else, HA (Time 2) is administered in Round 3.

Table 2. Health Status sections administered during each round for each SP type*

SP TYPE	ROUND 1				ROUND 2				ROUND 3			
SP sampled in this facility	HA				HA				HA			
in this round	BASE	T2	HB	HC	BASE	T2**	HB	HC	BASE	T2**	HB	HC
CR	√		√	√			√	√		√	√	√
F2					√	√	√	√		√	√	√
F3									√	√	√	√
Continuing resident still in the facility at the end of previous round												
CR, continuing transfer							√	√		√	√	√
First Health Status (HB) for this SP in this facility, and SP not sampled in this facility												
CR, new transfer							√	√		√	√	√
F2, new transfer										√	√	√
F3, new transfer										√	√	√
Continuing resident discharged alive from facility at end of previous round and readmitted.***												
CR							√	√		√	√	√
F2										√	√	√

*The four SP types are described in detail in Residence History.
**For CRs, T2 is administered if SP was in an eligible unit of a facility on 12/31/96. For F2s, T2 is administered if SP was in an eligible unit of a facility on KAD+90 and KAD+120 $\geq$ current round interview date. For F3s, T2 is administered if SP was in an eligible unit of the facility at KAD+90.
***If SP not readmitted, no health status data are collected.

GENERAL INSTRUCTIONS

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

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

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

Some MDS items require special identification for the MDS 1 Quarterly and for some individual states. Examples of those fills are as follows:

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

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

BOX HA0	If Baseline or Time 2 (T2) needed for this SP, go to BOX HA1; Else, go to HB1PRE.

BOX HA1	If this is the first time for this respondent in Section HA in this facility: If Baseline for this SP, go to HA1PRE1; Else if T2 for F3 who was alive on 12/31/96 (RH7=YES (1)) and KAD+90>12/31/96, go to HA0; Else if T2 for this SP, go to HA1PRE1; Else if T2 for F3 who was alive on 12/31/96 (RH7=YES (1)) and KAD+90>12/31/96, go to HA0; Else, go to HA1PRE2.

HA0
Display all eligible LTC parts of the facility where PLACE TYPE = ELIGIBLE LTC.
If F3 and KAD+90>12/31/96:

      If T2 and Baseline and T2 could be done in the same facility in the same round for F3, display "Those are all...{BASELINE REF DATE}," and "Now,".

      If T2 only could be done in this facility in this round for this F3, display "Before we begin...health status,".

CTRL/E OK

HA0

{Those are all of the questions we have about {SP's} health on {BASELINE REF DATE}.

{Before asking about {SP's} health status,/Now,} I would like to ask a question about where {SP} was on {KAD+90}.

Was {SP} a resident in [READ ELIGIBLE UNITS BELOW] on {KAD+90}?

        {PLACE ROSTER VERSION 6}

        YES 1   (BOX HA1A)
        NO 0   (HB1PRE)
        SP DECEASED 2   (HB1PRE)
        DK . . . . -8   (HB1PRE)
        RF . . . . -7   (HB1PRE)

BOX HA1A	If this is the first time for this respondent in Section HA in this facility, go to HA1PRE1. Else, go to HA1PRE2.

RECORD IDENTIFICATION

HA1PRE1

The next questions are about {SP}'s health status on or around {REF DATE}. We have found that much of the data we are collecting is usually located in the resident's full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes. I am prepared to abstract from the medical record and MDS forms myself. But I'd rather ask you the questions as you review the medical charts. Do you have any preference?

PAUSE FOR RESPONSE.

IF R PREFERS THAT YOU ABSTRACT, READ:

(Please take a moment to locate the records now and confirm they are the records closest to {REF DATE}. Although I believe I can abstract most of the data, I may need to call someone if I have questions.)

PRESS ENTER TO CONTINUE.

HA1PRE2
If CR, F2, F3 with KAD+90<u>≤</u>12/31/96, and if Baseline for F3 with KAD+90>12/31/96, display Current Stay Roster and "USE ARROW KEYS. TO EXIT, PRESS ESC."
If Time 2, and Baseline and Time 2 done in same round for CR, F2, and F3 with KAD+90<u>≤</u>12/31/96, display "Those are all of the questions we have about {SP}'s health on {BASELINE REF DATE}. Now, I would like to ask some questions about {his/her} health at {T2 REF DATE}." Otherwise, display "The following questions are about {SP}'s health status on or around {REF DATE}".
If Time 2 and F3 with KAD+90>12/31/96, display "PRESS ENTER TO CONTINUE."

RECORD IDENTIFICATION

HA1PRE2

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

Current Stay Roster

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

{USE ARROW KEYS. TO EXIT, PRESS ESC.}
{PRESS ENTER TO CONTINUE.}

BOX HA2	If Baseline, go to HA1,
	Else, if Time 2, and
	      If Baseline and Time 2 done in same facility this round, and
	          If at Baseline, SP had a full MDS or Quarterly Review (HA2=1 (YES)),
	          go to HA2B,
	          Else, go to HA9PRE.
	      If Baseline done in previous round in this facility, and
	          If SP had a full MDS or Quarterly Review (HA2=1 (YES)), go to HA2B;
	Else, go to HA1.

HA1
If Baseline and if F2 or F3, display "admission".

RECORD IDENTIFICATION

HA1

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

```
YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (HA2)
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0   (HA1A)
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -8   (HA1A)
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -7   (HA9PRE)
```

HA1A
Display as an overlay to HA1.

RECORD IDENTIFICATION

HA1A

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

      PRESS ENTER TO CONTINUE.

HA1B

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

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

PROGRAMMER SPECS:
For 0 entries:
If Time 2 and Baseline and Time 2 done in the same round,
    Set a flag to indicate Time 2.
    Display BRK as HS status code Navigation screen.
    Return to BOX HA1 on restart.
Else, display RDY at Navigate screen and return to BOX HA1.

HA2
If Baseline and if F2 or F3, do not display "or Quarterly Review".

RECORD IDENTIFICATION

HA2

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA2A
Display as an overlay to HA2.

RECORD IDENTIFICATION

HA2A

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

PRESS ENTER TO CONTINUE.

HA2B1

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

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

PROGRAMMER SPECS:
For 0 entries:
If Time 2 and Baseline and Time 2 done in the same round,
    Set a flag to indicate Time 2.
    Display BRK as HS status code Navigation screen.
    Return to BOX HA1 on restart.
Else, display RDY at Navigate screen and return to BOX HA1.

BOX HA3	If Baseline, go to HA3A. Else, go to HA2B.

HA2B
If Baseline and Time 2 done in same round,
   If no "BCVAD," display "another" and "on or around {Time 2 REF DATE}".
   Else, display "another" and "after BCVAD."
If Baseline and Time 2 done in different rounds,
   If no BCVAD collected, display "a full" and "after {DATE OF BASELINE INTERVIEW}".
   Else, display "a full" and "BCVAD".

RECORD IDENTIFICATION

HA2B

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

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

HA2C
Display as an overlay to HA2B.

RECORD IDENTIFICATION

HA2C

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

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

PROGRAMMER SPECS:
For 0 entries:
If Time 2 and Baseline and Time 2 done in the same round,
  Set a flag to indicate Time 2.
  Display BRK as HS status code Navigation screen.
  Return to BOX HA1 on restart.
Else, display RDY at Navigate screen and return to BOX HA1.

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

If CR,
    The first time HA3A is administered, display "last", "or Quarterly Review","on or around REF DATE", and "but before REF DATE + 14" for the question text. Display the interviewer instruction. Display "BEFORE {REF DATE+14}" and "OR QUARTERLY REVIEW" in the instruction.

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

If F2 or F3,
    The first time HA3A is administered, display "at admission, that is, on or around {REF DATE}" for the question text. Display the interviewer instruction. Display "AROUND {REF DATE}" in the instruction.

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

RECORD IDENTIFICATION
{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}

HA3A

{What is the assessment date on the {last} full MDS assessment {or Quarterly Review} that was completed for {SP} {on or around {REF DATE}/at admission, that is, on or around {REF DATE}} {but before {REF DATE+14}./What is the assessment date on that form?

{IF NO MDS {OR QUARTERLY REVIEW} AVAILABLE {BEFORE {REF DATE +14}/AROUND {REF DATE}}, ENTER SHIFT/5 IN MONTH.}

MONTH (   )   DAY (   )   YEAR 19(   )   (BOX HA4)

PROGRAMMER SPECS:
Abbreviations:
DOI = Date of interview
DOB = Date of Birth

	Soft Range	Hard Range
For CR:	1/1/95 - 1/14/96	1/1/91 or DOB, whichever is latest - 1/14/96
For F2:	1/1/96 - 7/14/96	1/1/91 or DOB, whichever is latest - DOI (Baseline)
For F3:	7/1/96 - 1/14/97	1/1/91 or DOB, whichever is latest - DOI (Baseline)

ERROR MESSAGES:

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

HARD RANGE MESSAGE:
For CR, "Date must be between 1/1/91 and 1/14/96."
Else, display: "Invalid date. Re-enter date, or back up (CTRL/B) 1 screen and change answer."

HA3B
If second or subsequent times at HA3B,
display "ASSESSMENT DATE: {ASSESSMENT DATE}".
Display last assessment date entry in HA3B as {ASSESSMENT DATE}.
Do not display interviewer message.

If CR,
If a valid assessment date was collected in Baseline, display "BCVAD";
Else, display "after January 14, 1996".

If F2 or F3,
If a valid assessment date was collected in Baseline, display "BCVAD";
Else, display "KAD+14".

RECORD IDENTIFICATION
{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}

HA3B

What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to {REF DATE} for {SP} after {{BCVAD}/January 14, 1996/KAD+14}?

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

MONTH (   )   DAY (   )   YEAR 19(   )

PROGRAMMER SPECS:
Abbreviations:
BCVAD = Baseline Closest Valid Assessment Date
DOI = Date of Interview

	Soft Range	Hard Range
For CR:	11/1/96 - 1/14/97	BCVAD/1/1/96 - DOI (T2)
For F2:	BCVAD/KAD+14 - KAD+150	BCVAD/KAD - DOI (T2)
For F3:	BCVAD/KAD+14 - KAD+150	BCVAD/KAD - DOI (T2)

ERROR MESSAGES:

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

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

BOX HA4	If SHIFT/5 entered in month, and 　　　If first time at HA3A/HA3B, go to HA9PRE; 　　　Else, go to BOX HA5.

BOX HA5	1.　Determine if last date in HA3A/HA3B is valid by applying the following criteria. Date is valid if it falls between the dates below: 　　　　　　　　Baseline　　　　　　Time 2 　　CR　　1/1/95 - 1/14/96　　　11/1/96 - 1/14/97 　　F2　　KAD - 7/14/96　　　　BCVAD+1/KAD+30 - KAD+120 　　F3　　KAD - 1/14/97　　　　BCVAD+1/KAD+30 - KAD+120 　And, 　　　If year is not missing, and 　　　If F2 or F3, month is not missing. 2.　If date is valid, set a flag and go to Box HA6. 3.　If date is invalid, go to HA5.

BOX HA6	Obtain state name from Facility's address. If (Rd=1 and state name is KS, ME, MS, NY, OH, SD, TX, and WV (states that use full MDS assessments for Quarterly Reviews) or (Rd=2 or Rd=3 and state name is MS or SD), set HA4=1 and go to HA5. Else, go to HA4.

HA4
Obtain state name from Facility Address. Then apply the following algorithm.

If Rd=1 and state name is	Then display as FULL MDS SECTION:
SC	G. PSYCHOSOCIAL WELL-BEING
CO	Q. PSYCHOSOCIAL WELL-BEING
All other rounds and states	D. VISION

Form Type phrases are not affected by MDS version.

RECORD IDENTIFICATION

HA4

　　Please tell me if the form with the assessment date of {LAST ASSESSMENT DATE ENTRY IN HA3A/HA3B} contains the following section:
　　　　　{FULL MDS SECTION}

　　　　　YES (FULL MDS) . . . .　1
　　　　　NO (QUARTERLY REVIEW) . . . .　0
　　　　　DK . . . .　-8
　　　　　RF . . . .　-7

(HSC2)

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

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

HA5
Display last assessment date entry in HA3A/HA3B above question text.
If CR or if Time 2 and F2 or F3, display "or Quarterly Review".
Fill "ASSESSMENT DATE" with last assessment date entry in HA3A/HA3B.
If CR Baseline, display "closer to {REF. DATE} but before {REF. DATE + 14}."
Else, display "closer to {REF. DATE}."

RECORD IDENTIFICATION
{ASSESSMENT DATE: {ASSESSMENT DATE}}

HA5

Besides the form you just told me about, does {SP's} medical record contain any other MDS form {or Quarterly Review form} dated closer to {REF DATE} {but before {REF. DATE + 14}}.

```
YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -8
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  -7
```

BOX HA8	If another form is available (HA5 = 1 (YES)),
	    If Baseline go to HA3A.
	    If Time 2, go to HA3B.
	Else, go to BOX HA9.

20

BOX HA9	1. If one assessment date in HA3A/HA3B and FORM TYPE is Full MDS and assessment date is valid, set a flag in to indicate this is the BCVAD/TCVAD and go to HA6.
	2. If only one assessment date in HA3/HA3B and FORM TYPE is Quarterly Review and assessment date is valid, set a flag to indicate this date is the BCVAD/TCVAD and go to HA7A.
	3. If no assessment dates are valid or one form and form type is unknown, treat as having no MDS or Quarterly Review and go to HA9PRE.
	4. If more than 1 valid assessment date (2 or more flags set to valid in BOX HA5), go to step 4a. to determine which assessment date is the BCVAD/TCVAD.
	    4a. If all dates have valid entries in the DAY, MONTH and YEAR fields and form type is known, select the date which is closest to REF DATE as the BCVAD/TCVAD.
	    4b. If at least one of the dates does not have valid entries in DAY or MONTH or form type is unknown, consider only the dates and form types with complete information in determining BCVAD/TCVAD.
	    4c. If two dates are equally close to REF DATE, select the date before REF DATE as the BCVAD/TCVAD.
	5. If Form Type in HA4 for BCVAD/TCVAD identified in step 4 is a full MDS assessment, go to HA6. If Quarterly Review, go to step 6.
	6. Review HA3A/HA3B and Box HA5; if any of the valid dates are for a full MDS form (HA4 = Full MDS), select the full MDS as the Backup MDS and go to HA7C. If more than one full MDS with a valid date, select the date closest to the REF DATE as the Backup MDS and go to HA7C.
	Else (no valid dates in HA3A/HA3B), go to step 7.
	    7. If no additional dates collected in HA3A/HA3B, go to HA7A.
	    8. If only one additional date in HA3A/HA3B and it is an MDS, go to BOX HA10.
	    9. If HA3A/HA3B contains more than one full MDS assessment date, determine which assessment date is the closest to the REF DATE. If two or more dates are equally close to REF DATE, select the full MDS form dated before REF DATE, then go to BOX HA10.

HA6

Display BCVAD/TCVAD as {ASSESSMENT DATE} above question text.
Suppress "full" and display "QUARTERLY REVIEW.....5 (HA7C)" if (Rd=1 and state name is KS, ME, MS, NY, OH, SD, TX, and WV (states that use full MDS assessments for quarterly reviews) or (Rd=2 or Rd=3 and state name is MS or SD).

RECORD IDENTIFICATION
ASSESSMENT DATE: {ASSESSMENT DATE}

HA6

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

```
ADMISSION  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1   (HA7C)
ANNUAL  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   2   (HA7C)
SIGNIFICANT CHANGE IN STATUS . . . . . . . . . . . . . . . . . .   3   (HA7C)
DISCHARGE - RETURN NOT ANTICIPATED  . . . . . . . . . . .   4   (HA7C)
{QUARTERLY REVIEW  . . . . . . . . . . . . . . . . . . . . . . . . . .   5}  (HA7C)
OTHER (SPECIFY:_____)  . . . . . . . . . . . . . . . .   91  (HA7C)
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -8  (HA7C)
RF . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   -7  (HA7C)
```

(HSC4)

HA7A

Display BCVAD/TCVAD as "ASSESSMENT DATE".

For DATE RANGE,
    If Baseline, and
        If CR, display "1/1/95 - 1/31/96".
        If F2 or F3, display "KAD - KAD+30".
    If Time 2, and
        If CR, display "BCVAD+1/1/1/96-1/31/97".
        If F2 or F3, display "BCVAD+1/KAD - KAD+120".

RECORD IDENTIFICATION
{ASSESSMENT DATE: {ASSESSMENT DATE}}

HA7A

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA7B

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

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

MONTH (   ) DAY (   ) YEAR 19(   )

PROGRAMMER SPECS:

	Soft Range	Hard Range
Baseline		
CR:	1/1/95 - 1/31/96	1/1/91 or DOB - DOI (Baseline)
F2:	1/1/96 - 7/14/96	1/1/91 or DOB - DOI (Baseline)
F3:	7/1/96 - 1/14/97	1/1/91 or DOB - DOI (Baseline)
Time 2		
CR:	11/1/96 - 1/31/97	BCVAD/1/1/96 - DOI (T2)
F2:	BCVAD	
	or KAD+14 - KAD+150	BCVAD/KAD - DOI (T2)
F3:	BCVAD	
	or KAD+14 - KAD+150	BCVAD/KAD - DOI (T2)

ERROR MESSAGES:

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

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

	Determine if date in HA7B is valid by applying the following criteria. Date in range if it falls between the dates below:
	Baseline Time 2
	CR 1/1/95 - 1/31/96 BCVAD+1/1/1/96 - 1/31/97
BOX	F2 KAD - KAD+30 BCVAD+1/KAD - KAD+120
HA10	F3 KAD - KAD+30 BCVAD+1/KAD - KAD+120
	And,
	If year is not missing, and
	If F2 or F3, month is not missing.
	If date is valid, set a flag to indicate it is the backup MDS date.
	Then, go to HA7C.

Abbreviations:
BCVAD = Baseline Closest Valid Assessment Date
DOI = Date of Interview
DOB = Date of Birth

HA7C

If HA3A/HA3B contains a valid date, for "FORM TYPE," display category text from HA4 for form with closest valid assessment date.
If FORM TYPE=0 (QUARTERLY REVIEW) and there is a valid Backup MDS Assessment Date from BOX HA10 display "If the information is not found on the Quarterly Review, please refer to the full MDS form with the assessment date of {BACKUP MDS ASSESSMENT DATE} to answer the question. Else, display "If the information is not found on the Quarterly Review, please refer to {SP}'s medical record to answer the questions."

RECORD IDENTIFICATION

HA7C

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

HA8
Obtain state name from Facility's address. Then refer to MDS Version Table and apply the following algorithm.

1. If state name is CO, display

"SECTION LETTER" = E
"VERSION 1 PHRASE" = VERSION 1: E. COGNITIVE PATTERNS
"VERSION 2 PHRASE" = VERSION 2: E. MOOD AND BEHAVIOR PATTERNS

2. If state name is KS or TX, display

"SECTION LETTER" = G
"VERSION 1 PHRASE" = VERSION 1: G. ACTIVITY PURSUIT PATTERNS
"VERSION 2 PHRASE" = VERSION 2: G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

3. If state name is ME, MS, NE, NY, OH, SD, VT, or WV, display

"SECTION LETTER" = H
"VERSION 1 PHRASE" = VERSION 1: H. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS
"VERSION 2 PHRASE" = VERSION 2: H. CONTINENCE IN LAST 14 DAYS

4. All other states, display (states using MDS Version 1 in 1995 and MDS Version 2 in 1996), display

"SECTION LETTER" = E
"VERSION 1 PHRASE" = VERSION 1: E. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS
"VERSION 2 PHRASE" = VERSION 2: E. MOOD AND BEHAVIOR PATTERNS

RECORD IDENTIFICATION

HA8

{CVAD ASSESSMENT FORM TYPE} ASSESSMENT DATE: {CVAD}

First, I need to know the MDS version you will be using. Is it Version 1 or Version 2? (Please turn to Section {SECTION LETTER} and tell me the name of the section.)

VERSION 1 ({VERSION 1 PHRASE})   1
VERSION 2 ({VERSION 2 PHRASE})   2
OTHER (SPECIFY:_____) 91

PROGRAMMER SPECS:
Set a flag to indicate MDS version number. If HA8 = 91, -8 (DON'T KNOW), or -7 (REFUSED), set MDS version flag to 1 (MDS version 1).

Refer to MDS Mapping Table. Use version name (MDS V.1, MDS V.2, MDS+ V.90, OR MDS+ V.92) and section letters corresponding to the MDS version the facility is using for VERSION\SECTION fill in headers in subsequent questions.

HA9PRE

For 1st sentence, if SP type=CR, display "REF DATE";

Else, if SP type=F2 or F3 for T2, display "REF DATE";

Else, if SP type=F2 or F3 for Baseline, display "{his/her} admission to the facility".

For Baseline:

> If no MDS available in medical record (HA2=NO, DK, or RF), display "Since you do not have an MDS to refer to, please refer to {SP's} medical record.";
>
> Else, if the medical record does contain an MDS (HA2=YES), but HA3A does not contain at least one form with a valid assessment date (HA3A=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP's} medical record for the information.";
>
> Else, if no medical record is available (HA1=NO, DK, or RF) in this round, display "Since you do not have a medical record at hand for reference, please <u>think</u> about the information found in {SP's} medical record.";
>
> Else, do not display 2nd sentence.

For T2,

> If no MDS available in medical record (HA2 or HA2B=NO, DK, or RF), display "Since you do not have an MDS to refer to, please refer to {SP's} medical record.";
>
> Else, if the medical record does contain a MDS (HA2 or HS2B=YES), but HA3B does not contain at least one form with a valid assessment date (HA3B=SHIFT/5 (-5), DK, or RF) or a known form type, display "Since I will be collecting information about {SP} on or around {REF DATE}, and there is no MDS or Quarterly Review available close to that date, please refer to {SP's} medical record for the information.";
>
> Else, if no medical record is available (HA1=NO, DK, RF) in this round, display "Since you do not have a medical record at hand for reference, please <u>think</u> about the information found in {SP's} medical record.";
>
> Else, do not display 2nd sentence.

MENTAL HEALTH (MR/DD)

HA9PRE

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

PRESS ENTER TO CONTINUE.

(HS11PRE)

BOX HA11	If Baseline, go to HA9. If Time 2, go to HA11.

MENTAL HEALTH (MR/DD)
{VERSION, SECTION}

HA9

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

NO 0
YES 1
DK .... -8
RF .... -7

(HS11)

HA10
The third line varies:
For item 1, display {a Living Will?}.
For item 2, display {instructions not to resuscitate?}.
For item 3, display {instructions not to hospitalize?}.
For item 4, display {restrictions on feeding, medication, or other treatment restrictions?}.
Display choice list below question text.

ADVANCED DIRECTIVES
{VERSION, SECTION}

HA10

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

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

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

(HS13)

27

HA11

Was {SP} comatose on {REF DATE}?

NO (NOT COMATOSE) 0   (HA12PRE)
YES (COMATOSE) 1
DK . . . . -8   (HA12PRE)
RF . . . . -7   (HA12PRE)

(HS14)

BOX HA12	If Baseline, go to HA28PRE.
	If Time 2, go to HA39.

(BOX HA2)

HA12PRE-HA13

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

HA12-13

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

MEMORY OK=0
MEMORY PROBLEM=1

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

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

{REVIEW RESPONSES. PRESS ENTER TO CONTINUE.}

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                         MEMORY/COGNITIVE SKILLS                               │
│ HA12PRE                                                                       │
│                                                                               │
│         The next series of questions deal with {SP}'s memory or recall ability. │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
(HS15PRE)
```

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                         MEMORY/COGNITIVE SKILLS                               │
│                            {VERSION, SECTION}                                 │
│ HA12                                                                          │
│         On or around {REF DATE}, was {SP}'s short-term memory ok, that is, did {she/he} seem or appear to recall things │
│         after 5 minutes?                                                      │
│                                                                               │
│                    MEMORY OK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0 │
│                    MEMORY PROBLEM  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1 │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
(HS15)
```

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                         MEMORY/COGNITIVE SKILLS                               │
│                            {VERSION, SECTION}                                 │
│ HA13                                                                          │
│         Was {SP}'s long-term memory ok; that is, did {she/he} seem or appear to recall events in the distant past? │
│                                                                               │
│                    MEMORY OK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   0 │
│                    MEMORY PROBLEM  . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .   1 │
│                                                                               │
└─────────────────────────────────────────────────────────────────────────────┘
(HS16)
```

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

HA14
The following displays vary:

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

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

MEMORY/COGNITIVE SKILLS
{VERSION, SECTION}

HA14

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

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

(HS17)

MEMORY/COGNITIVE SKILLS
{VERSION, SECTION}

HA15

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS18)

BOX HA13	If Baseline, go to HA16. If Time 2, go to HA21.

(BOX HA3)

HEARING/COMMUNICATION
{VERSION, SECTION}

HA16

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS19)

HEARING/COMMUNICATION
NOT ON MDS

HA17

Did {she/he} have a hearing aid?

YES   1
NO   0

(HS20)

HEARING/COMMUNICATION

HA18PRE

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

PRESS ENTER TO CONTINUE.

(HS21PRE)

HEARING/COMMUNICATION
{VERSION, SECTION}

HA18

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS22)

HEARING/COMMUNICATION
{VERSION, SECTION}

HA19

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS23)

VISION

HA20PRE

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

PRESS ENTER TO CONTINUE.

(HS24PRE)

HA20
Review MDS version flag. If MDS is version 2 display
"IF EITHER "IMPAIRED" OR "MODERATELY IMPAIRED" CHECKED ON MDS, CODE AS "IMPAIRED".

VISION
{VERSION, SECTION}

HA20

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

ADEQUATE 0
IMPAIRED 1
HIGHLY IMPAIRED 2
SEVERELY IMPAIRED 3

{IF EITHER "IMPAIRED" OR "MODERATELY IMPAIRED" CHECKED ON MDS, CODE AS "IMPAIRED".}

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS24)

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

The following displays vary:

        For item 1, display {wandering}.
        For item 2, display {verbally abusive behavior}.
        For item 3, display {physically abusive behavior}.
        For item 4, display {socially inappropriate or disruptive behavior}.
        For item 5, display {resistance to care}.
Highlight the VARIABLE PART OF QUESTION display.

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

BEHAVIORAL SYMPTOMS
{VERSION, SECTION}

HA21

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

               {CODE FROM {MDS/QR} COLUMN A.}   0. NOT AT ALL
                                                1. LESS THAN DAILY
                                              2. DAILY OR MORE FREQUENTLY

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

      PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS27)

ADLS/PHYSICAL FUNCTIONING

HA22PRE

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

I will read you a list of activities and would like you to tell me if {SP}'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur.

PRESS ENTER TO CONTINUE.

(HS28PRE)

HA22
Display the first line of question for all 6 items.
The following displays vary:

    For item A, display {transferring (for example, in and out of bed)}.
    For item B, display {locomotion on unit}.
    For item C, display {dressing}.
    For item D, display {eating}.
    For item E, display {using the toilet}.

ADLS/PHYSICAL FUNCTIONING
{VERSION, SECTION}

HA22

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

                                          CODE LEVEL OF SELF-PERFORMANCE

            A.   TRANSFER . . . .   (   )
            B.   LOCOMOTION ON UNIT   . . . .   (   )
            C.   DRESSING . . . .   (   )
            D.   EATING . . . .   (   )
            E.   TOILET USE . . . .   (   )

0. INDEPENDENT   1. SUPERVISION   2. LIMITED ASSISTANCE
3. EXTENSIVE ASSISTANCE   4. TOTAL DEPENDENCE   8. ACTIVITY DID NOT OCCUR

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS28)

HA23
Highlight "bathing" on first line.

ADLS/PHYSICAL FUNCTIONING
{VERSION, SECTION}

HA23

Again referring to the time on or around {REF DATE}, what was {SP}'s level of self-performance when <u>bathing</u>: 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?

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS29)

MODES OF LOCOMOTION

HA24PRE

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

PRESS ENTER TO CONTINUE.

(HS30PRE)

HA24
Display the first line of question for all three items.
The following displays vary:

>> For item 1, display {Did {she/he} use a cane or walker}.
>> For item 2, display {Did {she/he} wheel {herself/himself}}.
>> For item 3, display {Did someone else wheel {her/him}}.

Display choice list below question text.

MODES OF LOCOMOTION
{VERSION, SECTION}

HA24

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

CANE/WALKER
WHEELED SELF
OTHER PERSON WHEELED
NONE CHECKED
DON'T KNOW

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS30)

BOX HA14	If Baseline, go to HA25PRE. If Time 2, go to HA39.

CONTINENCE

HA25PRE

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

PRESS ENTER TO CONTINUE.

(HS32PRE)

```
                              CONTINENCE
                           {VERSION, SECTION}
HA25

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

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

       PRESS F1 KEY FOR COMPLETE DEFINITIONS.
```

(HS32)

```
                              CONTINENCE
                           {VERSION, SECTION}
HA26

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

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

       PRESS F1 KEY FOR COMPLETE DEFINITIONS.
```

(HS33)

HA27
Fills for {VARIABLE PART OF QUESTION}:
Display first and second sentences with item 1 only.

    For item A, display "was at ease interacting with others".
    For item B, display "was at ease doing planned or structured activities".
    For item C, display "was at ease doing self-initiated activities".
    For item D, display "established {his/her} own goals".
    For item E, display "pursued involvement in the life of the facility (that is, makes or keeps friends; is involved in group activities, responds positively to new activities, assists at religious services)".
    For item F, display "accepted invitations into most group activities".
    For item 2e, display "had absence of personal contact with family or friends".
    For item G, NONE OF THE ABOVE

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

PSYCHOSOCIAL WELL-BEING
{VERSION, SECTION}

HA27

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

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

    { SHOW CARD HA1 } AT EASE INTERACTING WITH OTHERS
    AT EASE DOING PLANNED OR STRUCTURED ACTIVITIES
    AT EASE DOING SELF-INITIATED ACTIVITIES
    ESTABLISHES OWN GOALS
    PURSUES INVOLVEMENT IN LIFE OF FACILITY
    ACCEPTS INVITATIONS INTO MOST GROUP ACTIVITIES
    HAS ABSENCE OF PERSONAL CONTACT WITH FAMILY/FRIENDS
    NONE OF THE ABOVE

(HS59A)

HA28PRE

If medical record contains an MDS (HA2 = YES) and HA3A contains at least one valid MDS assessment date,
   Display {MDS ASSESSMENT DATE: BCVAD}
   Display valid date recorded in item HA3A and selected as closest to REF DATE in BOX HA9 for the relevant form to the
   right of MDS ASSESSMENT DATE.
   If an assessment date is unavailable (HA3A = NEVER WILL KNOW or RF), leave display blank.

If no MDS in medical record (HA2 = NO, DK, or RF),
   Display {By active, I mean those diseases associated with {her/his} ADL status, cognition, behavior, medical treatments,
   or risk of death on or around {REF. DATE}. Please think about what is in {SP}'s Medical Record when answering the
   following question.}

DIAGNOSES/CONDITIONS

HA28PRE

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

(HS35PRE)

40

HA28
Display HA28 in a choice list with search function enabled.
If HA3A = valid assessment date,
  Display "VERSION/SECTION"
  Display "What active diseases were checked on {SP's} MDS assessment?"
    Display BCVAD to the right of MDS ASSESSMENT DATE.
  If MDS version flag = 1,
    Display the following interviewer message "NOT ALL DIAGNOSES AND CONDITIONS ON THIS SCREEN WILL
    APPEAR ON THE MDS FORM".
Else, if an assessment date is invalid,
    Display Show Card.
    Display "Look at the following list and tell me what active <u>diseases</u> did {SP} have on or around {REF DATE}".

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA28

   {MDS ASSESSMENT DATE: {BCVAD}}

   {NOT ALL DIAGNOSES AND CONDITIONS ON THIS SCREEN WILL APPEAR ON THE MDS FORM}.

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

   SELECT ALL THAT APPLY.

{ SHOW CARD HA2 }

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

(HS44)

41

HA29

Display HA29 in a choice list with search function enabled.
If MDS version flag = 2,
  Display "What active infections were checked on {SP's} MDS assessment?"
  Display {VERSION, SECTION} in header.
Else,
  Display "Look at the following list and tell me what active <u>infection</u> {SP} had on or around {REF. DATE} according to the medical record notes."
  Display show card symbol.
  If no MDS (HA1 = NO, DK or RF or HA2 = NO, DK or RF), leave header display blank.
  If MDS version flag = 1, display {VERSION, SECTION} and "NOT ALL DIAGNOSES AND CONDITIONS ON THIS SCREEN WILL APPEAR ON THE MDS FORM".

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA29

    {NOT ALL DIAGNOSES AND CONDITIONS ON THIS SCREEN WILL APPEAR ON THE MDS FORM}

    {What active <u>infections</u> were checked on {SP}'s MDS assessment?}
    {Look at the following list and tell me what active <u>infection</u> {SP} had on or around {REF DATE} according to the medical record notes.}

    SELECT ALL THAT APPLY.

{ SHOW CARD HA3 }
    ANTIBIOTIC RESISTANT INFECTION (e.g., METHICILLIN RESISTANT STAPH)
    CLOSTRIDIUM DIFFICILE (C.DIFF.)
    CONJUNCTIVITIS
    HIV INFECTION
    PNEUMONIA
    RESPIRATORY INFECTION
    SEPTICEMIA
    SEXUALLY TRANSMITTED DISEASES
    TUBERCULOSIS
    URINARY TRACT INFECTION IN LAST 30 DAYS
    VIRAL HEPATITIS
    WOUND INFECTION
    NONE OF THE ABOVE

(HS36)

BOX HA15	If HA3A = BCVAD, go to HA30. Else go to HA32.

HA30
Display BCVAD to the right of MDS ASSESSMENT DATE.

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA30

MDS ASSESSMENT DATE: {BCVAD}
Were there any active diagnoses entered on the MDS form in the section for <u>other diagnoses</u>?

```
YES ......................................... 1
NO .......................................... 0
DK ......................................... -8  } (HA32)
RF ......................................... -7
```

(HS37)

HA31
Display HA30 as a choice list with search function enabled.

DIAGNOSES/CONDITIONS
{VERSION, SECTION}

HA31

SHOW CARD HA4

What were the diagnoses?
ENTER ICD-9 CODES WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

Alcohol Dependency
Breast disorders
Cerebral degeneration
Constipation
Diaphragmatic hernia (hiatal hernia)
Diverticula of colon
Epilepsy
Gastritis/duodenitis
Gastroenteritis, noninfectious

Gastrointestinal hemorrhage
Hyperplasia of prostate
Hypopotassemia/hypokalemia
Nonpsychotic brain syndrome
Peptic ulcer
Renal ureteral disorder
Scoliosis
Ulcer of leg, chronic
OTHER: SPECIFY _____
OTHER: SPECIFY _____
OTHER: SPECIFY _____
OTHER: SPECIFY _____

(HS38)

HA32
Display on Help Screen. "Active refers to those diseases associated with the resident's ADL status, cognition, behavior, medical treatments, or risk of death."
If SP type = CR, display "January". Else, display "KAD MONTH".

DIAGNOSES/CONDITIONS
NOT ON MDS

HA32

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS46)

HA33
Display HA33 in a choice list with search function enabled.

DIAGNOSES/CONDITIONS
NOT ON MDS

HA33

SHOW CARD HA4

What were the diagnoses?
ENTER ICD-9 CODES, IF AVAILABLE, WHEN DIAGNOSES TEXT IS MISSING OR ILLEGIBLE.

Alcohol Dependency	Gastrointestinal hemorrhage
Breast disorders	Hyperplasia of prostate
Cerebral degeneration	Hypopotassemia/hypokalemia
Constipation	Nonpsychotic brain syndrome
Diaphragmatic hernia (hiatal hernia)	Peptic ulcer
Diverticula of colon	Renal ureteral disorder
Epilepsy	Scoliosis
Gastritis/duodenitis	Ulcer of leg, chronic
Gastroenteritis, noninfectious	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____
	OTHER: SPECIFY _____

(HS47)

<table>
<tr><td>BOX
HA16</td><td>If SP was comatose (HA11 = 1 (YES)), skip to HA38. Otherwise, continue.</td></tr>
</table>

HA34PRE-HA36
Sample Layout

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34-36

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

Did {he/she} experience...

YES = 1, NO = 0

dehydration on or around {REF DATE}? . . . . ( )

delusions? . . . . ( )

hallucinations? . . . . ( )

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS48PRE)

HA34PRE
If HA3 contains at least one valid assessment date, display "Again, please refer to the MDS."

DEHYDRATION/DELUSIONS/HALLUCINATIONS

HA34PRE

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

DEHYDRATION/DELUSIONS/HALLUCINATIONS
{VERSION, SECTION}

HA34

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

YES 1
NO 0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS48)

45

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                   DEHYDRATION/DELUSIONS/HALLUCINATIONS                       │
│                          {VERSION, SECTION}                                  │
│  HA35                                                                        │
│                                                                              │
│        Did {SP} experience delusions on or around {REF DATE}?                │
│                                                                              │
│                   YES  . . . . . . . . . . . . . . . . . . . . . .  1        │
│                   NO . . . . . . . . . . . . . . . . . . . . . . .  0        │
│                                                                              │
│        PRESS F1 KEY FOR COMPLETE DEFINITIONS.                                │
└─────────────────────────────────────────────────────────────────────────────┘
```

(HS50)

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                   DEHYDRATION/DELUSIONS/HALLUCINATIONS                       │
│                          {VERSION, SECTION}                                  │
│  HA36                                                                        │
│                                                                              │
│        Did {SP} experience hallucinations on or around {REF DATE}?           │
│                                                                              │
│                   YES  . . . . . . . . . . . . . . . . . . . . . .  1        │
│                   NO . . . . . . . . . . . . . . . . . . . . . . .  0        │
│                                                                              │
│        PRESS F1 KEY FOR COMPLETE DEFINITIONS.                                │
└─────────────────────────────────────────────────────────────────────────────┘
```

(HS50)

HA37
The second line varies:
        For item 1, display {A chewing problem}.
        For item 2, display {A swallowing problem}.
        for item 3, display {Mouth pain}.
Display choice list below question text.

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                        ORAL/NUTRITIONAL STATUS                              │
│                          {VERSION, SECTION}                                  │
│  HA37                                                                        │
│                                                                              │
│        Did {SP} experience any of the following oral problems on or around {REF DATE}: │
│        {VARIABLE PART OF QUESTION}?                                           │
│                                                                              │
│                   CHEWING PROBLEM                                            │
│                   SWALLOWING PROBLEM                                         │
│                   MOUTH PAIN                                                 │
│                   NONE CHECKED                                               │
│                   DON'T KNOW                                                 │
└─────────────────────────────────────────────────────────────────────────────┘
```

(HS51)

ORAL/NUTRITIONAL STATUS
{VERSION, SECTION}

HA38

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

_____
INCHES

(HS52)

PROGRAMMER SPECS:

Allow the following height range:

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

ORAL/NUTRITIONAL STATUS
{VERSION, SECTION}

HA39

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

_____
POUNDS

(HS53)

PROGRAMMER SPECS:
Allow the following weight range:

Adults:	50 to 500 pounds	Children:	4 to 200 pounds
(Age 12+)		(Age 12 or under)	

BOX HA17	If Baseline, go to HA40. If Time 2, go to HA43.

(BOX HA4)

HA40
The third line varies:

       For item 1, display {debris present in the mouth prior to going to bed at night}.
       For item 2, display {dentures or removable bridge}.
       For item 3, display {some or all natural teeth lost}.
       For item 4. display {broken, loose, or carious teeth}.
       For item 5, display {inflamed gums, swollen or bleeding gums, oral abscesses, ulcers or rashes}.

Display choice list below question text.

DENTAL HEALTH
{VERSION, SECTION}

HA40

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

        DEBRIS IN MOUTH
        DENTURES OR REMOVABLE BRIDGE
        SOME/ALL NATURAL TEETH LOST
        BROKEN, LOOSE, OR CARIOUS TEETH
        INFLAMED, SWOLLEN, OR BLEEDING GUMS;
          ORAL ABSCESSES, ULCERS, OR RASHES
        NONE CHECKED
        DON'T KNOW

(HS55)

SKIN CONDITIONS

HA41PRE

The next few questions are about {SP}'s skin condition on or around {REF DATE}.

PRESS ENTER TO CONTINUE.

(HS56PRE)

SKIN CONDITIONS
{VERSION, SECTION}

HA41

    Did {SP} have any pressure ulcers on or around {REF DATE}?

    MAY BE SENSITIVE. DO NOT PROBE.

          NO 0   (HA43)
          YES 1
          DK . . . . -8   (HA43)
          RF . . . . -7   (HA43)

    PRESS F1 KEY FOR COMPLETE DEFINITIONS.

(HS56)

HA42
If no MDS available (HA2 = NO, DK or RF) or HA3 does not contain a BCVAD (HA3A = NEVER WILL KNOW or RF) or HA3A date is not valid, display Show Card.

SKIN CONDITIONS
{VERSION, SECTION}

HA42

    What was the highest stage of pressure ulcer that {SP} had at this time: (Stage 1, Stage 2, Stage 3, or Stage 4?)

{ SHOW CARD HA5 }   STAGE 1 1
                          STAGE 2 2
                           STAGE 3 3
                           STAGE 4 4

(HS57)

HA43

The third line varies:

        For item 1, display {Bed rails}.
        For item 2, display {Trunk restraint}.
        For item 3, display {Limb restraint}.
        For item 4, display {A chair that prevents rising}.

DEVICES/RESTRAINTS
{VERSION, SECTION}

HA43

On or around {REF DATE}, how frequently were the following devices and restraints used for {SP}? Were they not used at all, used less than daily, or used daily?
{VARIABLE PART OF QUESTION}.

                                    FREQUENCY

                                 0. NOT USED
                                 1. USED LESS THAN DAILY
                                 2. USED DAILY

    A.   BED RAILS . . . . (   )
    B.   TRUNK RESTRAINT . . . . (   )
    C.   LIMB RESTRAINT . . . . (   )
    D.   CHAIR PREVENTS RISING . . . . (   )

(HS58)

BOX HA18	If Time 2, go to BOX HA24.

BOX HA19	1. If no MDS Form (HA2 = NO, DK, RF or -1), go to BOX HA24. 2. If IN3 has a valid Medicaid number, <u>and</u> If IN15 (or IN15 in INMD in EX) has a valid Medicare number or Railroad Retirement Board number, <u>and</u> If IN26 has a valid Social Security, Go to Step 3. Else, go to HA44PRE. 3. If MDS version flag = 2, and If education level (BQ9) = -1, DK or RF, go to BOX HA23. Else, go to BOX HA24.

(BOX HS13)

50

HA44PRE
ID NUMBER TYPE:

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

Else, display {Medicare, Medicaid and Social Security} if SP's Medicare number is missing (IN15 = -1, DK or RF) and if SP's Medicaid number is missing (IN3 = -1, DK or RF) and if Social Security number is missing (IN26 = -1, RF or DK).

Else, display {Medicare and Medicaid} if SP's Medicare number is missing (IN15 = -1, DK or RF) and SP's Medicaid number is missing (IN3 = -1, DK or RF).

Else, display {Medicare and Social Security} if SP's Medicare number is missing (IN15 = -1, DK or RF) and Social Security number is missing (IN26 = -1, RF or DK).

Else, display {Medicare} if SP's Medicare number is missing (IN15 = -1, DK or RF).

Else, display Medicaid and Social Security if SP's Medicaid number is missing (IN3 = -1, DK or RF) and Social Security number is missing (IN26 = -1, DK or RF).

Else, display Medicaid if SP's Medicaid number is missing (IN3 = -1, DK or RF).

Else, display {Social Security} if SP's Social Security number is missing (IN26 = -1, DK or RF).

Display {This information...(42 U.S.C. 299a-1(c))} only if this is the first Health Status Questionnaire interview with this respondent.

Note: Specifications for IN15 above include IN15 in INMD in EX.

HA44PRE

This next section asks for {SP}'s {ID NUMBER TYPE} number(s) as recorded on the MDS assessment form. {This information is voluntary and is collected under the authority of Title IX, Section 902(a) of the Public Health Service Act (42 U.S.C. 299a).   There will be no effect on {SP}'s benefits and no information will be given to any government or nongovernment agency other than the sponsoring agencies. We need this information to supplement data we will gather about {his/her} insurance coverage, particularly under Medicare and {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} and to determine {his/her} vital status after 1996. Information will be used for research purposes only; it will be held in the strictest confidence and will not be released to anyone without written consent in accordance with Sections 903(c) and 308(d) of the Public Health Service Act (42 U.S.C. 299a-1(c) and 242m(d)).}

PRESS ENTER TO CONTINUE.

(HS65PRE)

| BOX HA20 | If SP's Medicare number is missing (IN15 (or IN15 in INMD in EX) = -1, DK or RF), go to HA44A. All others, go to BOX HA21. |

(BOX HS13A)

HA44A

Please look at the MDS and find {SP}'s Medi<u>care</u> ID number. Does the ID number begin with a number or a letter?

NUMBER 1
LETTER 2
SP HAS NO MEDICARE NUMBER . . . . 3 ⎤
DK . . . . -8 ⎥ (BOX HA21)
RF . . . . -7 ⎦

MEDICARE NUMBER

HA44B

Please read me {SP}'s Medi<u>care</u> ID number from the MDS assessment form.

MEDICARE: (   )-(   )-(   )-(   )
                  AREA   GROUP   END   BIC

RRB: (   )
                   RRB#

DK . . . . -8 ⎤
RF . . . . -7 ⎦ (BOX HA21)

(HS65)

PROGRAMMER SPECS:
AREA: Soft range: 1-626, 697-729
GROUP: Soft range: 1-99
END: Soft range: 1-9999
BIC: Soft range: 1st character is A-F, J, K, M, T or W
RRB#: 1st character is alpha

HA45

I'd like to verify the Medicare ID number that I have recorded. I have entered {MEDICARE ID #/RRB #}. Is this correct?

YES . . . . 1 (BOX HA21)
NO 0
DK . . . . -8 (BOX HA21)
RF . . . . -7

(HS66)

HA46

Let me enter it again. (What {is/was} {SP}'s Medicare ID number?)

MEDICARE: (   )-(   )-(   )-(   ) (HA45)
                        AREA   GROUP   END   BIC

RRB: (   ) (HA45)
                    RRB#

DK . . . . -8 (BOX HA21)
RF . . . . -7 (BOX HA21)

(HS67)

| BOX HA21 | If SP's Medicaid number is missing (IN3 = -1, DK or RF), go to HA47. Else, go to Box HA22. |

(BOX HS14)

53

HA47
Display {PREFERRED" NAME FOR MEDICAID} {(or "ALLOWED FOR" NAME FOR MEDICAID)} given by matching state
of Facility's address with a state in the table of State Medicaid Names included in the Facility Questionnaire specifications.

MEDICAID NUMBER
{VERSION, SECTION}

HA47

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

IF NO MEDICAID NUMBER, CODE SHIFT/5. (BOX HA22)

_____
MEDICAID ID NUMBER

DK . . . . -8 ⎤
RF . . . . -7 ⎦ (BOX HA22)

(HS68)

{VERSION, SECTION}

HA48

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

YES . . . . 1 (BOX HA22)
NO 0
DK . . . . -8 ⎤
RF . . . . -7 ⎦ (BOX HA22)

(HS69)

54

HA49

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

_____ (HA48)
MEDICAID ID NUMBER

DK . . . . -8   (BOX HA22)
RF . . . . -7   (BOX HA22)

(HS70)

BOX HA22	If SP's Social Security number is missing (IN26 = -1, DK or RF), go to HA50. Else, go to BOX HA23.

(BOX HS15)

SOCIAL SECURITY NUMBER

HA50

What is {SP}'s Social Security number?

SOCIAL SECURITY: (   ) - (   ) - (   )
                          AREA   GROUP   END

(HS71)

PROGRAMMER SPECS:
AREA: soft range: 1-626, 697-729
GROUP: soft range: 1-99.
END: soft range: 1-9999.
DK and RF not allowed for 2nd and 3rd variables.

BOX HA23	If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2, go to HA51. Else, go to BOX HA24.

(BOX HS16)

EDUCATION LEVEL
{VERSION, SECTION}

HA51

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

IF DK, USE CATEGORIES AS PROBES.

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

(HS72)

BOX
HA24
	If CR sampled in this facility in this round, go to HB1PRE.
	If F2 sampled in this facility in this round,
	    If F2 was a resident in an eligible unit of the facility at KAD+90 and if KAD+120
	    $\leq$ the round interview date, and if HA T2 not complete, go to BOX HA1.
	    Else, go to HB1PRE.
	If F3 sampled in this facility in this round,
	    If KAD+90$\leq$12/31/96, and if F3 was a resident in an eligible unit of the facility at
	    KAD+90, and if HA T2 not complete, go to BOX HA1.
	    Else, if KAD+90>12/31/96, and if SP was alive on 12/31/96, go to HA0.
	    Else, go to HB1PRE.

INCIDENT CONDITIONS AND HOSPITAL DIAGNOSES

GENERAL INSTRUCTIONS:
Displays for {HB START DATE}:

ROUND	SP TYPE	DISPLAY
1	CR, in Sample Facility	January 1, 1996
2	CR, in Sample Facility	Round 1 end of reference period
	F2, in Sample Facility	KAD
	CR, new transfer	TAD/First date in eligible LTC part of facility on or after TAD
3	CR, in Sample Facility	Round 2 end of reference period
	F2, in Sample Facility	Round 2 end of reference period
	F3, in Sample Facility	KAD
	CR, continuing transfer	Round 2 end of reference period
	CR, new transfer	TAD/First date in eligible LTC part of facility on or after TAD
	F2, new transfer	TAD/First date in eligible LTC part of facility on or after TAD

END OF ROUND REFERENCE PERIOD: For complete definition see Residence History Questionnaire specifications.
FACILITY/ELIGIBLE UNITS: Eligible parts of the eligible facility, including any special care units, in which SP resided on or after HB START DATE.

HB1PRE
Display current Timeline Stay Roster.

INCIDENT CONDITIONS

HB1PRE

These questions will focus on {SP}'s stay in [READ UNITS IN HEADER] between {HB START DATE} and {END OF ROUND REFERENCE PERIOD}. Please refer to {SP}'s available medical record notes for these questions.

```
Current Timeline

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

USE ARROW KEYS.  TO EXIT, PRESS ESC.
```

(HSU1PRE)

INCIDENT CONDITIONS

HB1

Has {SP} had any of the following conditions <u>since</u> {HB START DATE}?

	YES = 1, NO = 0
PNEUMONIA	( )
SEPTICEMIA	( )
URINARY TRACT INFECTION	( )
PRESSURE SORES	( )
FRACTURE	( )

(HSU1)

BOX HB1	If HB1 item FRACTURE is selected, go to HB2. Otherwise, go to BOX HB2.

(BOX HSU1)

HB2
Display HB2 as a choice list.

INCIDENT CONDITIONS

HB2

    Please look at this card and tell me what was the site of the fracture? SELECT ALL THAT APPLY.
    PROBE: Were there any others?

> SHOW
> CARD
> HB1

FACE BONES

    Mandible
    Nasal Bones
    Other (SPECIFY) _____

SKULL

    Base of the Skull
    Vault of the Skull

NECK WITH SPINAL CORD INJURY

NECK WITHOUT SPINAL CORD INJURY

SPINE WITH SPINAL CORD INJURY

    Dorsal
    Lumbar
    Sacrum and Coccyx

SPINE WITHOUT SPINAL CORD INJURY

    Dorsal
    Lumbar
    Sacrum and Coccyx

OTHER TRUNK

    Clavicle (collar bone)
    Hip
    Pelvis
    Ribs, Sternum, Larynx and/or Trachea
    Scapula (shoulder blade)

LIMBS

    Ankle
    Femur (upper leg)
    Foot
    Hand
    Lower Arm, Forearm
    Patella (knee)
    Tibia (lower leg)
    Upper Arm
    Wrist
    Other (SPECIFY) _____

(HSU2)

PROGRAMMER SPECS:
Soft Range:
Face bones, skull, neck, spine with spinal cord injury, spine without spinal cord injury, other trunk and limbs may not be selected.
SOFT RANGE ERROR MESSAGE: PROBE FOR SPECIFIC SITE.

HB3
Display {was the fracture} if one fracture site selected in HB2. Display {were any of these fractures} if two or more fracture sites listed in HB2.

INCIDENT CONDITIONS

HB3

{Was the fracture/Were any of these fractures} the result of a fall that occurred during {his/her} stay in [READ UNITS IN HEADER]?

YES 1
NO 0

(HSU3)

| | If at least one hospital stay was identified in the residence history time line that was not identified as a SNF unit and for which RH25A = DON'T KNOW, go to HB4PRE; Else, if F3 and KAD+90>12/31/96, and HA0=YES (1), go to HB8; Else, go to BOX HB5. |
| BOX HB2 | |

(BOX HSU2)

HB4PRE
If Round = 1 or Round = 2, display "the current year";
Else, if Round = 3, display "1996".

**HOSPITAL STAYS
NOT ON MDS**

HB4PRE

In this section, I will be asking you about {SP}'s hospital stays during {the current year/1996} -- that is, since {HB START DATE} -- in chronological order, up until {END OF ROUND REFERENCE PERIOD}. Please take a moment to locate these records now.

PRESS ENTER TO CONTINUE.

(HSU4PRE)

HB4

Ask the following questions for each hospital stay since {HB START DATE} for which RH25A = DON'T KNOW. If there is more than one stay, present the stays in chronological order, starting with the earliest.

Display the hospital name from RH21 to the right of HOSPITAL. Display RH13 date to the right of ADMIT DATE. Display HB4 within a roster with search feature enabled.

HOSPITAL STAYS

HB4

```
┌──────────┐
│   SHOW   │
│   CARD   │
│   HB2    │
└──────────┘
```

HOSPITAL: ADMITTED:

Based on what you learned from the hospital where {she/he} was treated, please look at this list and tell me what was the main reason or diagnosis that caused {SP} to be admitted to the hospital?
SELECT ONE.

ANGINA
CARDIAC ARREST
CEREBROVASCULAR ACCIDENT (STROKE)
CHEST PAIN
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
FRACTURE (SPECIFY SITE) _____
GASTROINTESTINAL HEMORRHAGE
HYPERTENSION
INTESTINAL OBSTRUCTION
MYOCARDIAL INFARCTION
PNEUMONIA
RENAL FAILURE
SEPTICEMIA
ULCER
URINARY TRACT INFECTION
OTHER (SPECIFY) _____
DK

(HSU4)

BOX HB3	If "DK" selected in HB4, go to HB5. Others, go to BOX HB4.

(BOX HSU2a)

HB5

What were the primary symptoms that caused {SP} to be admitted to the hospital on {ADMIT DATE}?

RECORD VERBATIM.

_____

_____

_____

(HSU4A)

BOX HB4	If there are additional hospital stays for which RH25A = DON'T KNOW, go to HB4 for next stay. Else, go to HB6.

(BOX HSU3)

HB6
Display dates of hospital stays above question text.

HB6

WERE ANY ADDITIONAL HOSPITAL STAYS FOR 1996 DISCOVERED IN THE MEDICAL RECORD OR VOLUNTEERED BY THE RESPONDENT?

YES, ADDITIONAL HOSPITAL STAYS 1   (HB7)
NO ADDITIONAL HOSPITAL STAYS 0   (BOX HB4A)

(HSU4B)

PROGRAMMER SPECS:
Display DK and RF.

HB7
Display as an overlay to HB6.

HB7

RECORD HOSPITAL NAME AND ADDRESS, HOSPITAL TYPE, ADMISSION AND DISCHARGE DATES (OR NUMBER OF NIGHTS IF EITHER DATE UNKNOWN) AND DIAGNOSES (SHOW CARD HB2) THAT CAUSED SP TO BE ADMITTED TO HOSPITAL.

PRESS CTRL/K TO ENTER HOSPITAL STAY INFORMATION. THEN, PRESS ENTER TO CONTINUE.

(HSU4C)

PROGRAMMER SPECS:
Set flag to indicate hospital lookup required at home office.

BOX HB4A	If F3 and KAD+90>12/31/96 and HA0=YES (1), go to HB8; Else go to BOX HB5.

HB8

Now I have a question about hospital stays in 1997.

Did {SP} have any hospital stays between January 1, 1997 and {KAD+90}?

YES	. . . .	1	
NO	. . . .	0	(BOX HB5)
DK	. . . .	-8	(BOX HB5)
RF	. . . .	-7	(BOX HB5)

HB9
Display as an overlay to HB8.

HB9

RECORD HOSPITAL NAME AND ADDRESS, HOSPITAL TYPE, ADMISSION AND DISCHARGE DATES (OR NUMBER OF NIGHTS IF EITHER DATE UNKNOWN), AND DIAGNOSES (SHOW CARD HB2) THAT CAUSED SP TO BE ADMITTED TO HOSPITAL.

PRESS CTRL/K TO ENTER HOSPITAL STAY INFORMATION. THEN, PRESS ENTER TO CONTINUE

PROGRAMMER SPECS:
Set flag to indicate hospital lookup required at home office.

BOX HB5	Go to BOX HC1.

(BOX HSU8PRE)

SECTION HC

BOX HC1	If SP type = CR and this is Baseline, go to HC2. Else, if SP type = CR, whether in Sample Facility, continuing transfer or new transfer, and if CRR completed in Round 2, go to HC2. Otherwise, go to BOX HC2. If SP type = F2, whether in Sample Facility or new transfer, and if CRR completed in Round 2, go to HC2. Otherwise go to BOX HC2. If SP type = F3 whether in Sample Facility or new transfer, go to BOX HC2.

BOX HC2	1. Determine SP eligibility for CRR: If this SP is a CR sampled in this facility and Rd=2, or an FA sampled in this facility in this round, go to step 2. Else, go to HC2. 2. Determine facility CRR status: If facility refused to furnish SP names or if facility refused to identify community contacts (FG4 = -7 (REFUSED)), go to HC2. Else, go to step 3. 3. Determine respondent eligibility for CRR: If RH, EX, PM, BQ, IN, or USE have been completed (questionnaire disposition code = C or MD) by this respondent for this SP, go to HC2). Else, go to HC1.

HC1

ADMINISTER THE PAPER COMMUNITY RESPONDENT ROSTER (CRR).

PRESS ENTER TO CONTINUE.

(HSU8)

RESPONDENT SCREEN

HC2

DID YOU ABSTRACT?

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

(HS73)

```
                          RESPONDENT SCREEN
HC3

        WHY DID YOU ABSTRACT?

                NO KNOWLEDGEABLE RESPONDENT AVAILABLE  . . . . . . .   1
                NO TIME/STAFF BURDEN TOO GREAT . . . . . . . . . . . . . . .   2
                REFUSAL--UNWILLING TO COOPERATE . . . . . . . . . . . . . .   3

                OTHER, (SPECIFY:_____) . . . . . . . . . .  91
```

(HS74)

PROGRAMMER SPECS:
Disallow DK and RF entries.


```
HCEND

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

(HSEND)

PSYCHOSOCIAL WELL-BEING:

At Ease Interacting with Others

At Ease Doing Planned or Structured Activities

At Ease Doing Self-initiated Activities

Establishes Own Goals

Pursues Involvement in Life of Facility

Accepts Invitations Into Most Group activities

Has Absence of Personal Contact with
Family/Friends

None of the Above

DIAGNOSES:

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

INFECTIONS:

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

Clostridium Difficile (C.DIFF.)

Conjunctivitis

HIV Infection

Pneumonia

Respiratory Infection

Septicemia

Sexually Transmitted Diseases

Tuberculosis

Urinary Tract Infection in Last 30 Days

Viral Hepatitis

Wound Infection

None of the Above

OTHER DIAGNOSES:

Alcohol Dependency

Breast Disorders

Cerebral Degeneration

Constipation

Diaphragmatic Hernia (Hiatal Hernia)

Diverticula of Colon

Epilepsy

Gastritis/Duodenitis

Gastroenteritis, Noninfectious

Gastrointestinal Hemorrhage

Hyperplasia of Prostate

Hypopotassemia/Hypokalemia

Nonpsychotic Brain Syndrome

Peptic Ulcer

Renal Ureteral Disorder

Scoliosis

Ulcer of Leg, Chronic

PRESSURE ULCER STAGES

STAGE 1:

    Persistent area of redness that does not disappear when pressure is relieved.

STAGE 2:

    Partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.

STAGE 3:

    Full thickness of skin is lost, exposing the subcutaneous tissues.

STAGE 4:

    Full thickness of skin and subcutaneous tissue is lost.

SITE OF FRACTURE

FACE BONES
    Nasal Bones
    Mandible
SKULL
    Vault of the Skull
    Base of the Skull
NECK WITH SPINAL CORD INJURY
NECK WITHOUT SPINAL CORD INJURY
SPINE WITH SPINAL CORD INJURY
    Dorsal
    Lumbar
    Sacrum and Coccyx
SPINE WITHOUT SPINAL CORD INJURY
    Dorsal
    Lumbar
    Sacrum and Coccyx
OTHER TRUNK
    Clavicle (collar bone)
    Hip
    Pelvis
    Ribs, Sternum, Larynx and/or Trachea
    Scapula (shoulder blade)
LIMBS
    Ankle
    Femur (upper leg)
    Foot
    Hand
    Lower Arm, Forearm
    Patella (knee)
    Tibia (lower leg)
    Upper Arm
    Wrist

HOSPITAL STAYS

ANGINA
CARDIAC ARREST
CEREBROVASCULAR ACCIDENT (STROKE)
CHEST PAIN
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
FRACTURE
GASTROINTESTINAL HEMORRHAGE
HYPERTENSION
INTESTINAL OBSTRUCTION
MYOCARDIAL INFARCTION
PNEUMONIA
RENAL FAILURE
SEPTICEMIA
ULCER
URINARY TRACT INFECTION

HEALTH STATUS HELP SCREENS

HA2

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

HA7A

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

HA15

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

HA16

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

HA18

MAKING SELF UNDERSTOOD - expressing information content - however able

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

HA19

ABILITY TO UNDERSTAND OTHERS - understanding verbal information content

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

HA20

    MDS Version 2

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

    MDS Version 1 or No MDS Available

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

HA21

A WANDERING - moved with no rational purpose, seemingly oblivious to needs or safety

B VERBALLY ABUSIVE BEHAVIOR - others were threatened, screamed at, cursed at

C PHYSICALLY ABUSIVE BEHAVIOR - others were hit, shoved, scratched, sexually abused

D SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIOR - made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaging through others' belongings

E RESISTANCE TO CARE - resisted taking medications/injections, ADL assistance, or eating

HA22
A TRANSFER - how resident moves between surfaces - to/from: bed, chair,
      wheelchair, standing position (EXCLUDE to/from bath/toilet)
B LOCOMOTION ON THE UNIT - how resident moves between locations in
      his/her room and adjacent corridor on same floor. If in
      wheelchair, self-sufficiency once in chair
C DRESSING - how resident puts on, fastens, and takes off all items
      of street clothing, including donning/removing prosthesis
D EATING - how resident eats and drinks (regardless of skill)
E TOILET USE - how resident uses the toilet room (or commode, bedpan,
      urinal); transfer on/off toilet, cleanses, changes pad, manages
      ostomy or catheter, adjusts clothes
-
O INDEPENDENT - no help or oversight or help/oversight provided only
      once or twice a week
1 SUPERVISION - oversight, encouragement or cueing provided only once
      or twice a week
2 LIMITED ASSISTANCE - highly involved in activity; received physical
      help in guided maneuvering of limbs or other non-weight bearing
      assistance three or more times OR more help provided only 1 or
      2 times a week
3 EXTENSIVE ASSISTANCE - performed part of the activity with help of
      the following type(s) provided 3 or more times a week: weight
      bearing support or full staff performance of task during part
      (but not all) of the time
4 TOTAL DEPENDENCE - full staff performance of activity
8 ACTIVITY DID NOT OCCUR

HA23
   BATHING - how resident takes full-body bath/shower, sponge bath, and
      transfers in/out of tub/shower (EXCLUDE washing of back and hair)
   -
   0 INDEPENDENT - no help provided
   1 SUPERVISION - oversight help only
   2 PHYSICAL HELP LIMITED TO TRANSFER ONLY
   3 PHYSICAL HELP IN PART OF BATHING ACTIVITY
   4 TOTAL DEPENDENCE
   8 ACTIVITY DID NOT OCCUR

HA24
   CANE/WALKER - includes residents who walk by pushing a wheelchair for
      support
   WHEELED SELF - includes using a hand-propelled or motorized wheelchair,
      as long as resident takes responsibility for own mobility, even
      for part of the time

HA25

      BOWEL CONTINENCE - control of bowel movement, with appliance or bowel
         continence programs, if employed
      -
      0 CONTINENT - complete control (includes use of ostomy device that
         does not leak stool)
      1 USUALLY CONTINENT - incontinent episodes less than weekly
      2 OCCASIONALLY INCONTINENT - once a week
      3 FREQUENTLY INCONTINENT - 2-3 times a week
      4 INCONTINENT - all (or almost all) of the time

HA26

      BLADDER CONTINENCE - control of urinary bladder function (if dribbles,
         volume insufficient to soak through underpants), with appliances
         or continence programs, if employed
      -
      0 CONTINENT - complete control (includes use of indwelling urinary
         catheter or ostomy device that does not leak urine)
      1 USUALLY CONTINENT - incontinent episodes once a week or less
      2 OCCASIONALLY INCONTINENT - two or more times a week but not daily
      3 FREQUENTLY INCONTINENT - tended to be incontinent daily but some
         control present (eg, day shift)
      4 INCONTINENT - had inadequate control; multiple daily episodes

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HA32

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

HA34

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

HA35

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

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HA36

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

HA41
　　　PRESSURE ULCER - any lesion caused by pressure resulting in damage of
　　　　　underlying tissue

MDS Section Letter by NNHES Question Number
NNHES and the MDS Assessment

Item Number	Item Label	MDS 1	MDS 1 Quarterly	MDS + V90	MDS + V92 (Texas and Kansas)	MDS 2	MDS 2 Quarterly	Colorado Annual (Modified MDS 1)	Colorado Quarterly (Modified MDS 1)	Maryland Monthly (Modified MDS 1 quarterly review)
HA3	Assessment (end) date	A	Signatures page	P	A	A	A	A	A	Above Sec. E
HA9	Mental health	-	-	-	-	AB	-	-	-	-
HA10	Advanced directives	A	-	A	A	A	-	A	-	-
HA11	Comatose	B	B	B	B	B	B	E	E	B
HA12	Memory/cognitive - short term	B	B	B	B	B	B	E	E	B
HA13	Memory/cognitive - long term	B	-	B	B	B	B	E	E	B
HA14	Memory/cognitive - recall	B	B	B	B	B	-	E	E	-
HA15	Memory/cognitive - daily decisions	B	-	B	B	B	B	E	E	B
HA16	Hear/communicate - condition	C	C	C	C	C	-	F	-	-
HA18	Hear/communicate - made self understood	C	C	C	C	C	C	F	F	C
HA19	Hear/communicate - understood others	C	-	C	C	C	C	F	F	C
HA20	Vision-ability	D	H*	D	D	D	-	G	G	-
HA21	Behavioral Symptoms-problems	H	E	E	E	E	E	R	R	H*
HA22	ADLs/physical function - self-performance	E	E	H	H	G	G	D	D	E
HA23	ADLs/physical function - bathing	E	-	-	-	G	G	D	D	E
HA24	Modes of Locomotion	E	F	H	H	G	-	H	H	E
HA25	Continence-bowel control	F	F	-	-	H	H	-	-	F
HA26	Continence-bladder control	F	-	-	-	H	H	-	-	F
HA27	Psychosocial well-being	G	-	F	F	F	-	Q	-	J
HA28	Diagnose/conditions-active disease	J	-	K	K	-	-	B	-	-
HA29	Diagnose/conditions-active infections	-	J	-	-	-	-	-	-	J
HA30	Diagnose/conditions-other active	J	J	K	K	-	-	B	B	J
HA31	Diagnose/conditions-ICD-9 codes	J	-	K	K	-	-	B	B	-
HA34	Dehydration	L	-	L	L	J	-	J	J	-
HA35	Delusions	K	-	K	K	J	-	C	-	-
HA36	Hallucinations	K	-	K	K	J	-	C	-	L
HA37	Oral/nutritional status-problems	L	-	L	L	K	-	J	-	L
HA38	Oral/nutritional status-height	L	-	L	L	K	-	J	-	-
HA39	Oral/nutritional status-weight	L	-	L	L	K	-	J	-	-
HA40	Dental health-condition	M	-	M	M	L	-	K	-	-
HA41	Skin condition-pressure ulcer	N	-	J	J	M	M	L	-	N
HA42	Skin condition-ulcer's highest stage	N	P**	J	J	M	M	L	-	N
HA43	Device & restraints-frequency	P	-	N	N	P	P	N	N	P**
HA44	Medicare-number	-	-	-	A	AA	AA	-	-	-
HA45	Medicare-verify	-	-	-	A	AA	AA	-	-	-
HA46	Medicare-re-enter	-	-	-	A	AA	AA	-	-	-
HA47	Medicaid-number	A	-	A	A	AA	AA	-	-	-
HA48	Medicaid-verify	A	-	A	A	AA	AA	-	-	-
HA49	Medicaid-re-enter	A	A	A	A	AA	AA	-	-	-
HA50	Social Security number	A	-	A	A	AA	AA	-	-	A
HA51	Education-highest completed	-	-	-	-	AB	-	-	-	-

* (HA21) These forms do not measure "resistance to care".

** (HA43) These forms do not measure "bed rails" & "limb restraint".

Notes: Questions HA1-HA2, HA17, HA31, & HA32 are not measured on the MDS.

Shaded questions are asked at both Baseline and Time 2.

V90 = 12/10/90 version of MDS +

V92 = 12/31/92 version of MDS +

MDS Section Letter by NNHES Question Number
(continued)

Item Number	Item Label	Nebraska Quarterly (Modified MDS + V90)	New York (Annual and quarterly modified MDS + V90) ***(Dif. from MDS +)	North Dakota Annual ***(Differences from MDS 1)	South Carolina Annual (MDS1; affects only HA50)	South Carolina Quarterly (modified MDS1 quarterly review)	Vermont Quarterly (Modified MDS + V90)	Washington Quarterly (Modified MDS 1 quarterly review)
HA3	Assessment (end) date	Above Sec. B	R*	P*	A	Signatures page	After Sec. O	Signatures page
HA9	Mental health - history	--	--	--	--	--	--	--
HA10	Advanced directives	--	A	A	A	--	--	A
HA11	Comatose	B	B	B	B	B	B	B
HA12	Memory/cognitive - short term	B	B	B	B	B	B	B
HA13	Memory/cognitive - long term	--	B	B	B	B	B	B
HA14	Memory/cognitive - recall	B	B	B	B	B	B	--
HA15	Memory/cognitive - daily decisions	B	B	B	B	B	B	B
HA16	Hear/communicate - condition	--	C	C	C	C	C	--
HA18	Hear/communicate - made self understood	C	C	C	C	C	C	C
HA19	Hear/communicate - understood others	C	C	C	C	C	C	C
HA20	Vision-ability	--	D	D	D	D	--	--
HA21	Behavioral Symptoms-problems	E*	E	H	H	H*	E	H*
HA22	ADLs/physical function - self-performance	H	H	E	E	E	H	E
HA23	ADLs/physical function - bathing	H	H	E	E	E	H	E
HA24	Mobility Appliances/Devices	--	H	E	E	--	--	--
HA25	Continence-bowel control	--	--	F	F	F	--	F
HA26	Continence-bladder control	--	--	F	F	F	--	F
HA27	Psychosocial well-being	--	F	G	G	--	--	--
HA28	Diagnoses/conditions-active disease	K	K	J	J	J	K	--
HA29	Diagnoses/conditions-active infections	--	K***	--	--	--	--	--
HA30	Diagnoses/conditions-other active	K	K	J	J	J	K	J
HA31	Diagnoses/conditions-ICD-9 codes	K	K	J	J	J	K	J
HA34	Dehydration	L	KL***	L	L	--	L	--
HA35	Delusions	K	K	K	K	--	--	--
HA36	Hallucinations	K	K	IV***	K	--	--	--
HA37	Oral/nutritional status-problems	--	L	L	L	--	--	--
HA38	Oral/nutritional status-height	--	L	L	L	--	--	--
HA39	Oral/nutritional status-weight	--	L	L	L	--	--	--
HA40	Dental health-condition	--	M	M	M	--	--	--
HA41	Skin condition-pressure ulcer	J	J	N	N	N	J	N
HA42	Skin condition-ulcer's highest stage	J	J	N	N	N	J	--
HA43	Device & restraints-frequency	N Sec.	N	P	P	P*	N	P**
HA44	Medicare-number	Above Sec. B	--	--	--	--	--	--
HA45	Medicare-verify	Above Sec. B	--	--	--	--	--	--
HA46	Medicare-re-enter	Above Sec. B	--	i	i	i	--	--
HA47	Medicaid-number	Above Sec. B	A	A	A	A	--	A
HA48	Medicaid-verify	Above Sec. B	A	A	A	A	--	A
HA49	Medicaid-re-enter	Above Sec. B	A	A	A	--	--	A
HA50	Social Security number	Above Sec. B	A	A	i	i	A	A
HA51	Education-highest completed	--	--	--	--	--	--	--

* (HA21) These forms do not measure "resistance to care".

** (HA43) These forms do not measure "bed rails" & "limb restraint".

Notes: Questions HA1-HA2, HA17, HA31, & HA32 are not measured on the MDS.

Shaded questions are asked at both Baseline and Time 2.

V90 = 12/10/90 version of MDS +

V92 = 12/31/92 version of MDS +

MDS VERSION TABLE

	1995 MDS VERSION 1	1995 QR	1996 MDS VERSION 2	1996 QR	EFFECTIVE DATE MDS2
Alabama	MDS1	MDS1	MDS2	MDS2	1/1/96
Arizona	MDS1	MDS1	MDS2	MDS2	1/1/96
Arkansas	MDS1	MDS1	MDS2	MDS2	1/1/96
Colorado	MDS1 (mod.)*	MDS1 (mod.)*	MDS2	MDS2	1/1/96
California	MDS1	MDS1	MDS2	MDS2	1/1/96
Connecticut	MDS1	MDS1	MDS2	MDS2	1/1/96
Delaware	MDS1	MDS1	MDS2	MDS2	1/1/96
D.C.	MDS1	MDS1	MDS2	MDS2	1/1/96
Florida	MDS1	MDS1	MDS2	MDS2	1/1/96
Georgia	MDS1	MDS1	MDS2	MDS2	1/1/96
Hawaii	MDS1	MDS1	MDS2	MDS2	1/1/96
Idaho	MDS1	MDS1	MDS2	MDS2	1/1/96
Illinois	MDS1	MDS1	MDS2	MDS2	1/1/96
Indiana	MDS1	MDS1	MDS2	MDS2	1/1/96
Iowa	MDS1	MDS1	MDS2	MDS2	1/1/96
Kansas	MDS+ (V92)	MDS+ (V92) (full)	MDS2	MDS2	1/1/97
Kentucky	MDS1	MDS1	MDS2	MDS2	1/1/96
Louisana	MDS1	MDS1	MDS2	MDS2	1/1/96
Maine	MDS+ (V90)	MDS+ (V90) (full)	MDS2	MDS2	1/1/96
Maryland	MDS1	MDS1 Modified (Mo.)*	MDS2	MDS2	1/1/96
Massachusetts	MDS1	MDS1	MDS2	MDS2	1/1/96
Michigan	MDS1	MDS1	MDS2	MDS2	1/1/96
Minnesota	MDS1	MDS1	MDS2	MDS2	1/1/96
Mississippi	MDS+ (V90)	MDS+ (V90) (full)	MDS2	MDS2 (full)	7/1/96
Missouri	MDS1	MDS1	MDS2	MDS2	1/1/96
Montana	MDS1	MDS1	MDS2	MDS2	1/1/96
Nebraska	MDS+ (V90)	MDS+ (V90)*	MDS2	MDS2	7/1/96
Nevada	MDS1	MDS1	MDS2	MDS2	1/1/96
New Hampshire	MDS1	MDS1	MDS2	MDS2	1/1/96
New Jersey	MDS1	MDS1	MDS2	MDS2	1/1/96
New Mexico	MDS1	MDS1	MDS2	MDS2	1/1/96
New York	MDS+ (V90)	MDS+ (full)	MDS2	MDS2	10/1/96
North Carolina	MDS1	MDS1	MDS2	MDS2	1/1/96
North Dakota	MDS1*	MDS1	MDS2	MDS2	1/1/96
Ohio	MDS+ (V90)	MDS+ (V90) (full)	MDS2	MDS2	1/1/96
Oklahoma	MDS1	MDS1	MDS2	MDS2	1/1/96
Oregon	MDS1	MDS1	MDS2	MDS2	1/1/96
Pennsylvania	MDS1	MDS1	MDS2	MDS2	Exemp. Req.
Rhode Island	MDS1	MDS1	MDS2	MDS2	1/1/96
South Carolina	MDS1*	MDS1 (mod.)*	MDS2	MDS2	1/1/96
South Dakota	MDS+ (V90)	MDS+ (V90) (full)	MDS2	MDS2 (full)	1/1/97
Tennessee	MDS1	MDS1	MDS2	MDS2	1/1/96
Texas	MDS+ (V92)	MDS+ (V92) (full)	MDS2	MDS2	4/1/96
Utah	MDS1	MDS1	MDS2	MDS2	1/1/96
Vermont	MDS+ (V90)	MDS+ (V90)*	MDS2	MDS2	1/1/96
Virginia	MDS1	MDS1	MDS2	MDS2	1/1/96
Washington	MDS1	MDS1 (mod.)*	MDS2	MDS2	4/1/96
West Virginia	MDS + (V90)	MDS + (V90)(mod.)(full)	MDS2	MDS2	10/1/96
Wisconsin	MDS1	MDS1	MDS2	MDS2	1/1/96
Wyoming	MDS1	MDS1	MDS2	MDS2	11/20/95

V90 = 12/01/90 version. Most V92 = 12/31/92 version MDS+
*See specific state column on MDS Section Letter by NNHES Question Number.