

**MDS MEDICARE PPS ASSESSMENT FORM
(REVISED OCTOBER 2006)**

Numeric Identifier _____

AB5.	RESIDENTIAL HISTORY 5 YEARS PRIOR TO ENTRY	(Check all settings resident lived in during 5 years prior to date of entry.) a. Prior stay at this nursing home b. Stay in other nursing home c. Other residential facility—board and care home, assisted living, group home d. MH/psychiatric setting e. MR/DD setting f. NONE OF ABOVE
A1.	RESIDENT NAME	a. (First) b. (Middle Initial) c. (Last) d. (Jr/Sr)
A2.	ROOM NUMBER	<input type="text"/>
A3.	ASSESSMENT REFERENCE DATE	a. Last day of MDS observation period <input type="text"/> — <input type="text"/> — <input type="text"/> Month Day Year
A4a	DATE OF REENTRY	Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days) <input type="text"/> — <input type="text"/> — <input type="text"/> Month Day Year
A5.	MARITAL STATUS	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated
A6.	MEDICAL RECORD NO.	<input type="text"/>
A10.	ADVANCED DIRECTIVES	(For those items with supporting documentation in the medical record, check all that apply) b. Do not resuscitate <input type="checkbox"/> c. Do not hospitalize <input type="checkbox"/>
B1.	COMATOSE	(Persistent vegetative state/no discernible consciousness) 0. No 1. Yes (If Yes, skip to Section G)
B2.	MEMORY	(Recall of what was learned or known) a. Short-term memory OK—seems/appears to recall after 5 minutes 0. Memory OK 1. Memory problem b. Long-term memory OK—seems/appears to recall long past 0. Memory OK 1. Memory problem
B3.	MEMORY/RECALL ABILITY	(Check all that resident was normally able to recall during last 7 days) a. Current season <input type="checkbox"/> d. That he/she is in a nursing home b. Location of own room <input type="checkbox"/> e. NONE OF ABOVE are recalled c. Staff names/faces <input type="checkbox"/>
B4.	COGNITIVE SKILLS FOR DAILY DECISION-MAKING	(Made decisions regarding tasks of daily life) 0. INDEPENDENT—decisions consistent/reasonable 1. MODIFIED INDEPENDENCE—some difficulty in new situations only 2. MODERATELY IMPAIRED—decisions poor; cues/supervision required 3. SEVERELY IMPAIRED—never/rarely made decisions
B5.	INDICATORS OF DELIRIUM—PERIODIC DISORDERED THINKING/AWARENESS	(Code for behavior in the last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time]. 0. Behavior not present 1. Behavior present, not of recent onset 2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening) a. EASILY DISTRACTED—(e.g., difficulty paying attention; gets sidetracked) b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS—(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day) c. EPISODES OF DISORGANIZED SPEECH—(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought) d. PERIODS OF RESTLESSNESS—(e.g., fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out) e. PERIODS OF LETHARGY—(e.g., sluggishness; staring into space; difficult to arouse; little body movement) f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY—(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)

C4.	MAKING SELF UNDERSTOOD	(Expressing information content—however able) 0. UNDERSTOOD 1. USUALLY UNDERSTOOD—difficulty finding words or finishing thoughts 2. SOMETIMES UNDERSTOOD—ability is limited to making concrete requests 3. RARELY/NEVER UNDERSTOOD
C6.	ABILITY TO UNDERSTAND OTHERS	(Understanding verbal information content—however able) 0. UNDERSTANDS 1. USUALLY UNDERSTANDS—may miss some part/intent of message 2. SOMETIMES UNDERSTANDS—responds adequately to simple, direct communication 3. RARELY/NEVER UNDERSTANDS
D1.	VISION	(Ability to see in adequate light and with glasses if used) 0. ADEQUATE—sees fine detail, including regular print in newspapers/books 1. IMPAIRED—sees large print, but not regular print in newspapers/books 2. MODERATELY IMPAIRED—limited vision; not able to see newspaper headlines, but can identify objects 3. HIGHLY IMPAIRED—object identification in question, but eyes appear to follow objects 4. SEVERELY IMPAIRED—no vision or sees only light, colors, or shapes; eyes do not appear to follow objects
E1.	INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	(Code for indicators observed in last 30 days, irrespective of the assumed cause) 0. Indicator not exhibited in last 30 days 1. Indicator of this type exhibited up to five days a week 2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)
	VERBAL EXPRESSIONS OF DISTRESS	<p>a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die"</p> <p>b. Repetitive questions—e.g., "Where do I go; What do I do?"</p> <p>c. Repetitive verbalizations—e.g., calling out for help, ("God help me")</p> <p>d. Persistent anger with self or others—e.g., easily annoyed, anger at placement in nursing home; anger at care received</p> <p>e. Self deprecation—e.g., "I am nothing; I am of no use to anyone"</p> <p>f. Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others</p> <p>g. Recurrent statements that something terrible is about to happen—e.g., believes he or she is about to die, have a heart attack</p>
		<p>h. Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions</p> <p>i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues</p> <p>SLEEP-CYCLE ISSUES</p> <p>j. Unpleasant mood in morning</p> <p>k. Insomnia/change in usual sleep pattern</p> <p>SAD, APATHETIC, ANXIOUS APPEARANCE</p> <p>l. Sad, pained, worried facial expressions—e.g., furrowed brows</p> <p>m. Crying, tearfulness</p> <p>n. Repetitive physical movements—e.g., pacing, hand wringing, restlessness, fidgeting, picking</p> <p>LOSS OF INTEREST</p> <p>o. Withdrawal from activities of interest—e.g., no interest in long standing activities or being with family/friends</p> <p>p. Reduced social interaction</p>
E2.	MOOD PERSISTENCE	One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days 0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered