

HA. HEALTH STATUS

(BASELINE ONLY)

HA. HEALTH STATUS

(BASELINE ONLY)

BOX HA1	If this is the first time for this respondent in Section HA, go to HA1PRE1. Else, go to HA1PRE2.
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RECORD IDENTIFICATION

HA1PRE1

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

PRESS ENTER TO CONTINUE.

HA1PRE2

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

Current Stay Roster

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

USE ARROW KEYS. TO EXIT, PRESS ESC.

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

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

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

HA1A

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

PRESS ENTER TO CONTINUE.

HA1B

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

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

BOX HA2A	If facility is a nursing home PLACE TYPE = NURSING HOME or a rehabilitation facility (PLACTYPE = 17), go to HA2. Else, go to HA9PRE.
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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

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

PRESS ENTER TO CONTINUE.

HA2B1

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

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

BOX HA3	If Baseline, FCF, or FFC, go to HA3A. Else, go to HA2B.
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HA2B

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

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

HA2C

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

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

{LAST ASSESSMENT DATE COLLECTED: {ASSESSMENT DATE}}

HA3A

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

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

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

HA3B

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

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

MONTH () DAY () YEAR ()

BOX HA4	If SHIFT/5 entered in month, and If first time at HA3A/HA3B, go to HA9PRE; Else, go to BOX HA5.
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BOX HA5	<p>Determine if last date in HA3A/HA3B is valid by applying the following criteria. Date is valid if it falls on or between the dates below:</p> <p>Baseline: SSM1 5/1/{SAMPYR} to 2/31/{SAMPYR}/DOI/DOD SSM2/CFC FAD to FAD+14/DOI/DOD</p> <p>Time 2: BCVAD+1/FAD+14 to FAD+150/DOI/DOD</p> <p>Core:</p> <p>If CFR:</p> <p> If LAST HS is BL BCVAD+1/FAD+15 to 12/31/{YR}/DOI/DOD</p> <p> If LAST HS is T2:</p> <p> If TCVADYR = REFYR TCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD</p> <p> Else 5/1/{YR} to 12/31/{YR}/DOI/DOD</p> <p> If LAST HS is Core:</p> <p> If CCVADYR = REFYR CCVAD+1/FAD+120 to 12/31/{YR}/DOI/DOD</p> <p> Else 5/1/{YR} to 12/31/{YR}/DOI/DOD</p> <p>If FFC or</p> <p> FCF RAD to RAD+14/DOI/DOD</p> <p>And,</p> <p> If year is not missing, and</p> <p> If month is not missing, and</p> <p> If date is valid, set a flag and go to Box HA6.</p> <p> If date is invalid, go to HA5.</p>

BOX HA6	Obtain state name from Facility's address. If state name is MS or SD, set HA4=1 and go to HA5. Else, go to HA4.
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HA4

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

D. VISION

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

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.
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HA5

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

YES 1
 NO 0
 DK -8
 RF -7

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

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

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

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 ()

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

HA7C

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

BOX HA11	If Baseline, continue. If Time 2, go to HA11. If Core, go to HA10.
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BOX HA19	<ol style="list-style-type: none"> 1. If no MDS Form (HA2 = NO, DK, RF or -1), go to HA9. 2. If IN1 and INSU.ICAIDNUM=-8 or -7; or If IN1=-1, -8, or -7; or If IN14A=0, -1, -8, or -7 and INSU.ICARENUM or INSU.ICARERRB=-1, -8, or -7; Go to HA44PRE. Else, go to Step 3. 3. If education level (BQ9) = -1, DK or RF, go to BOX HA23. Else, go to HA9.
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HA44PRE

This next section asks for {SP}'s {ID NUMBER TYPE} number(s) as recorded on the MDS assessment form.

PRESS ENTER TO CONTINUE.

BOX HA20	<p>If SP's Medicare number is missing (IN14A not = 1 and IN15 = -1, DK or RF), go to HA44A.</p> <p>All others, go to BOX HA21.</p>
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HA44A

Please look at the MDS and find {SP}'s Medicare ID number. The Medicare ID number for {SP} that we show in our records is {MEDICARE #/RRB #}. Is this the same ID number that you have in your records?

YES	1	(BOX HA21)
NO	0	
SP HAS NO MEDICARE NUMBER	2	
DK	-8	<input type="checkbox"/>
RF	-7	(BOX HA21)

HA44AA

Does {SP}'s Medicare ID number begin with a letter or a number?

LETTER	1
NUMBER	2

MEDICAID NUMBER

HA47

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

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

MEDICAID ID NUMBER

DK -8 (BOX HA23)
RF -7 ☐

HA48

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

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

HA49

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

MEDICAID ID NUMBER (HA48)

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

BOX HA23	If education level is missing (BQ9 = -1, DK or RF) and the MDS version flag = 2, go to HA51. Else, go to HA9.
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EDUCATION LEVEL

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

MENTAL HEALTH (MR/DD)

HA9PRE

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

PRESS ENTER TO CONTINUE.

HA9

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

MENTAL	NO	0
	YES	1
	DK	-8
	RF	-7

ADVANCED DIRECTIVES

HA10

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

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

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

COMATOSE

HA11

Was {SP} comatose on {REF DATE}?

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

BOX HA12	If Baseline or Core, go to HA28PRE. If Time 2, go to HA39.
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MEMORY/COGNITIVE SKILLS

HA12PRE

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

HA12

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

CSMEMST MEMORY OK 0
 MEMORY PROBLEM 1

HA13

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

CSMEMLT MEMORY OK 0
 MEMORY PROBLEM 1

HA14

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

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

HA15

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

BOX HA13

If Baseline or Core, go to HA16. If Time 2, go to HA21.

HEARING/COMMUNICATION

HA16

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA17

Did {she/he} have a hearing aid?

HCHEAID	YES	1
	NO	0

HA18PRE

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

PRESS ENTER TO CONTINUE.

HA18

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA19

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

VISION

HA20PRE

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

PRESS ENTER TO CONTINUE.

HA20

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA20A

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

VISAPPL	YES	1
	NO	0

BEHAVIORAL SYMPTOMS

HA21

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

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

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

BOX HA13A

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

PSYCHOSOCIAL WELL-BEING

HA27

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

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



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

ADLS/PHYSICAL FUNCTIONING

HA22PRE

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

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

PRESS ENTER TO CONTINUE.

HA22

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



CODE LEVEL OF SELF-PERFORMANCE

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA23

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

MODES OF LOCOMOTION

HA24PRE

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

PRESS ENTER TO CONTINUE.

HA24

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

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

HA25PRE

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

PRESS ENTER TO CONTINUE.

HA25

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA26

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

DIAGNOSES/CONDITIONS

HA28PRE

{MDS ASSESSMENT DATE: {BCVAD}}

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

PRESS ENTER TO CONTINUE.

HA28

{MDS ASSESSMENT DATE: {BCVAD/CCVAD}}

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

SELECT ALL THAT APPLY.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD HA3 </div>	ALLERGY	Allergies
	ALZHMR	Alzheimer's Disease
	ANEMIA	Anemia
	ANXIETY	Anxiety Disorder
	APHASIA	Aphasia
	ASHD	Arteriosclerotic Heart Disease (ASHD)
	ARTHRIT	Arthritis
	ASTHMA	Asthma
	CANCER	Cancer
	CARDDYSR	Cardiac Dysrhythmia
	CARDIOV	Cardiovascular Disease (other)
	CATARCT	Cataracts
	CERPALS	Cerebral Palsy
	STROKE	Cerebrovascular Accident (Stroke)
	HRTFAIL	Congestive Heart Failure
	VEINTHR	Deep Vein Thrombosis
	DEMENT	Dementia, Other Than Alzheimer's
	DEPRESS	Depression
	DIABMEL	Diabetes Mellitus
	DIABRET	Diabetic Retinopathy
	EMPCOPD	Emphysema/COPD
	GLAUCOMA	Glaucoma
	HEMIPLA	Hemiplegia/Hemiparesis
	HIPFRACT	Hip Fracture
	HYPETENS	Hypertension
	HYPETHYR	Hyperthyroidism
	HYPOTENS	Hypotension
	HYPOTHYR	Hypothyroidism
	MACDEGEN	Macular Degeneration
	MANICDEP	Manic Depression (Bipolar Disease)
	MISSLIMB	Missing Limb (e.g., amputation)
	SCLEROS	Multiple Sclerosis
	OSTEOP	Osteoporosis
	PARAPLEG	Paraplegia
PARKINSON	Parkinson's Disease	
BONEFRAC	Pathological Bone Fracture	
VASCULAR	Peripheral Vascular Disease	
QUADPLEG	Quadriplegia	
RENTFAIL	Renal Failure	
SCHIZOPH	Schizophrenia	
SEIZURE	Seizure Disorder	
TIA	Transient Ischemic Attack (TIA)	
BRAININJ	Traumatic Brain Injury	
	{Other {SPECIFY: _____}}	
	None of the Above	

HA29

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

SELECT ALL THAT APPLY.

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

BOX HA15	If HA3A/HA3B = BCVAD,/CCVAD, go to HA30. Else go to BOX HA16.
----------	--

HA30

MDS ASSESSMENT DATE: {BCVAD/CCVAD}

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

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

HA31



What were the diagnoses?

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

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

AGITAT	.MINSOM
.MURIRETCLINO.B.MKYPHO.MVERTIANOREX	
AOSTENCORART.MORGBRNATAxia	.MGOUT
.MAFIBHESOPHARSYCH	.MHYPCHO
.MERTTPOWNS.MITPLIP	BLIND.MSPSTEN

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

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.}

HA34

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

DEHYD	YES	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA35

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

DELUS	YES	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA36

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

HALLUC	YES	1
	NO.....	0

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

ORAL/NUTRITIONAL STATUS

HA37

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

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

BOX HA16A	If PERS.PERSRNDC = current round, or current round is fall round, continue. Else, go to HA39
-----------	---

HA38

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

HEIGHT	_____
	INCHES

HA39

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

WEIGHT	_____
	POUNDS

BOX HA17	If Baseline or Core, go to HA40. If Time 2, go to HC2.
----------	--

DENTAL HEALTH

HA40

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

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

**DIAGNOSES/CONDITIONS
NOT ON MDS**

HA32

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

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

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

PRESS F1 KEY FOR COMPLETE DEFINITIONS.

HA33



What were the diagnoses?

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

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

AGITAT	.NMINSOM
.NMURIRETCLINOBNM	KYPHONMVERTIANOREX
AOSTENCORART.NMORGBRN	TAXIA
.NMAFIBHESOPHARSYCH	.NMGOUT
.NMBRHTFDOWNS.NMHYPLIP	BLIND.NMSPSTEN
	.NMHYPCHO

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

HA33PRE

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

BOX HA15B	If arthritis selected in HA28, go to HA33A Else, go to BOX HA15C.
--------------	--

HA33A

What part or parts of {SP's} body have been affected by arthritis?

SELECT ALL THAT APPLY

ARTHJOIN	ALL OVER OR JOINTS
ARTHARMS	ARMS, SHOULDERS OR HANDS
ARTHBACK	BACK
ARTHLEGS	HIPS, KNEES, FEET OR ANYWHERE ON LEGS
ARTHNECK	NECK
ARTHOTHR	OTHER
	DON'T KNOW

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

HA33B

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

SELECT ALL THAT APPLY

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

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

HA33C

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

CRDVTYPE	YES	1
	NO	0

HA33D

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

MYOCARD	YES	1
	NO	0

VISION

HA33E

Has {SP} ever had an operation for cataracts?

CATAROP YES 1
 NO 0

BOX HA15F	If Core, go to BOX HA17B. If SP is 65 or older, go to BOX HA17B. If number of yes responses is 0, go to HA33G. Else, go to HA33F.
--------------	--

CONDITIONS LINKED TO MEDICARE

HA33F

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

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

HA33G

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

RECORD VERBATIM

(BOX HA17B)

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

HA33H

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

{ITEMS MENTIONED IN HA28-HA33E}

AGITAT	.MINSOM	.MURIRETCLINOB.MKYPHO.MVERTIANOREX
.MAFIBHESOPHAPSYPCH	AOSTENCORART.MORGBRNATAXIA	.MGOUT
BLIND.MSPSTENAGITAT	.MHYPCHO	.MBPRHYPDOWNS.MHYPLIP
.NMURIRETCLINOB.NMKYPHO.NMVERTIANOREX	.NMINSOM	
AOSTENCORART.NMORGBRNATAXIA	.NMSPSTEN	.NMHYPLIPBLIND.NMAFIBHESOPHAPSYPCH
HA41PRE-HA43 OMITTED		

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

MAMMOGRAM/PAP SMEAR/HYSTERECTOMY

HA43APRE

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

HA43A

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

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

HA43B

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

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

BOX HA17C	If Baseline, go to HA43D. Else, go to HA43C.
--------------	---

HA43C

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

HYSTEREC YES..... 1 (HA43DC)
 NO..... 0 (HA43DC)

HA43D

Has {SP} ever had a hysterectomy?

EVERHYST YES..... 1 (HA43DC)
 NO..... 0 (HA43DC)

HA43DA

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

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

HA43DB

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

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

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

HA43DC

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

FLUSHOT YES..... 1
NO 0

BOX HA17CA	If core and HA43DD ever = 1, go to HA43E. Else, continue..
---------------	---

HA43DD

Has {SP} ever had a shot for pneumonia?

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

SMOKING

HA43E

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

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

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

HA43F

Does {SP} smoke now?

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

IADLS

HA43GPRE

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

HA43G

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

SHOW CARD HA6

CODE LEVEL OF DIFFICULTY

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

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

HA43H

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

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

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

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

BOX HA17E	If any item in HA43H coded DOESN'T DO (3), go to HA43I. Else, go to HA43J.
--------------	--

HA43I

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

YES=1, NO=0

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

BOX HA17F	If SP is alive, continue. Else, go to BOX HA24.
--------------	--

GENERAL HEALTH NOT ON MDS

HA43J

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

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

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

HA43K

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

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

HA43L

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

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

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

RESPONDENT SCREEN

HC2

DID YOU ABSTRACT?

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

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

HCEND

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

Alcohol Dependency	Gout
Anorexia	Hemorrhage of esophagus
Aortic stenosis	Hypercholesterolemia
Ataxia	Hyperlipidemia
Atrial fibrillation	Insomnia
Atypical psychosis	Kyphosis
Blindness	Organic brain syndrome
Benign prostatic hyperplasia	Osteoarthritis
Breast Disorders	Spinal stenosis
Cerebral Degeneration	Urinary retention
Clinical obesity	Vertigo
Constipation	
Coronary artery disease	
Degenerative joint disease (DJD)	
Diaphragmatic Hernia (Hiatal Hernia)	
Diverticula of Colon	
Down's syndrome	
Dysphagia (swallowing difficulties)	
Edema	

