Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HEALTH STATUS SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR SEASON If SAMPLE_TYPE= CFR, then SEASON=FALL If SAMPLE TYPE in (CFC, FFC, FCF), then SEASON= ALL If SAMPLE TYPE= IPR, then SEASON= FALL PLACEMENT Administered in flexible order after FQ and RH sections are completed.		
	BOX HSBEG	routing	IF HSDISP = 1/ConsentRequired OR HSDISP = 4/InitialRefusal, GO TO HSCONREF - CONREFFN. ELSE GO TO HSPRE - HSPRECT.		
CONREFFN	HSCONREF	CODE ONE	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.	(01) CONSENT OBTAINED (CONTINUE INTERVIEW) (02) FINAL CONSENT DENIED (03) REFUSAL CONVERTED (CONTINUE INTERVIEW) (04) FINAL REFUSAL	(01) HSPRE - HSPRECT (02) HSFINSCR2 - FINSCRN2 (03) HSPRE - HSPRECT (04) HSFINSCR2 - FINSCRN2
HSPRECT	HSPRE	CODE ONE	THIS SCREEN BEGINS THE HEALTH STATUS SECTION FOR (SP). IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.	(01) CONTINUE (02) CONSENT REQUIRED (03) INITIAL REFUSAL	(01) BOX HA1B (02) HSFINSCR2 - FINSCRN2 (03) HSFINSCR2 - FINSCRN2
	BOX HA1B	routing	IF PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility, AND (CAIDCERT=1 OR CARECERT=1 OR CAIDCRT1=1 OR CARECRT1=1) AND CCN=MISSING, GO TO HS1-CCNINTRO. ELSE GO TO BOX HA1.		
CCNINTRO	HS1	yes/no	A CMS Certification Number ~~(CCN)~~ has not yet been reported for this facility even though this facility is certified by [Medicare/Medicaid/Medicare and Medicaid]. Please confirm, does [FACILITY] have a CMS Certification Number, also referred to as a Medicare/Medicaid Provider Number, ~~OSCAR Provider Number,~~ or Medicare Identification Number? The CMS Certification Number is a unique six-digit number assigned to any facility certified to participate in Medicare and/or Medicaid. IF THERE IS A MDS IN THE CHART FOR THE CASE, THE CCN CAN BE FOUND IN SECTION A0100, QUESTION B. [IF NEEDED: ~~The CMS Certification Number is a unique number assigned to any facility certified to participate in Medicare and/or Medicaid.~~ The CMS Certification Number is not the same as the National Provider Identifier (NPI), which is a unique 10-digit identification number issued to health care providers.] [IF NEEDED: The CMS Certification Number also used to be called the OSCAR Provider Number.]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA1 (01) ~~HS2-CCNDOC~~ CASPER_LU-CCN (-8) BOX HA1 (-9) FBOX HA1
~~CCNDOC~~	~~HS2~~	~~yes/no~~	~~Do you have a document that shows (FACILITY'S) CMS Certification Number?~~ ~~[IF NEEDED: The CMS Certification Number is also referred to as a Medicare/Medicaid Provider Number, OSCAR Provider Number, or Medicare Identification Number.]~~ ~~IF FACILITY RESPONDENT DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID.~~	~~(00) NO~~ ~~(01) YES~~ ~~(02) NO BUT FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID~~ ~~(-8) Don't Know~~ ~~(-9) Refused~~	~~(00) BOX HA1~~ ~~(01) CASPER_LU- CCN~~ ~~(02) CASPER_LU- CCN~~ ~~(-8) BOX HA1~~ ~~(-9)BOX HA1~~
CCN	CASPER_LU	lookup	Please tell me the CMS Certification Number. It would be helpful if I could look at a document with the CMS Certification Number on it, such as an MDS form or other document. These materials will ensure that I record the number accurately. [IF NEEDED: If you don't know the ~~CCN~~ CMS Certification Number I can look up the number using your Facility name and address.] [IF REFERENCING THE MDS : The CMS Certification Number can be found in section A0100 B. of the MDS form.] START TYPING OR DOUBLE CLICK IN THE "CMS CERTIFICATION NUMBER" BOX TO LAUNCH THE LOOKUP. IF THE FACILITY RESPONDENT DOES NOT KNOW THE CCN, PROBE TO CONFIRM THAT THE FACILITY IS CERTIFIED BY MEDICARE AND/OR MEDICAID. AFTER YOU HAVE CONFIRMED THIS, YOU CAN SEARCH THE LOOKUP USING A DIFFERENT IDENTIFIER, SUCH AS THE FACILITY'S NAME AND/ OR ADDRESS. ACCORDING TO THE ADDRESS OF THIS FACILITY, THE FIRST TWO DIGITS OF THE CMS CERTIFICATION NUMBER SHOULD BE [STATE PREFIX FILL]. [CMS CERTIFICATION NUMBER]	(01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND	(01) ~~BOX HA1C~~ BOX HA1 (-8) ~~BOX HA1C~~ BOX HA1 (-9) ~~BOX HA1C~~ BOX HA1 (NF) BOX HA1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA1C	routing	IF CCN= 'NOT FOUND', 'DK', OR 'RF' THEN GO TO HS4-NOTFOUND. ELSE, GO TO HS3-LU_CONFIRM.		
LU_CONFIRM	HS3	yes/no	I'd like to verify the CMS Certification Number I have selected. I have selected (CCN). Is that correct?	(01) YES (02) NO, GO BACK TO LOOKUP TO CHANGE	(01) BOX HA1 (02) CASPER_LU-CCN
NOTFOUND	HS4	yes/no	YOU SELECTED 'CCN NOT FOUND', 'DON'T KNOW', OR 'REFUSED'. SELECT 01 TO CONTINUE WITHOUT A CCN. SELECT 02 TO RETURN TO THE LOOKUP AND SELECT ANOTHER CCN.	(01) CONTINUE WITHOUT CCN (02) NO, GO BACK TO LOOKUP TO CHANGE	(01) BOX HA1 (02) CASPER_LU-CCN
	BOX HA1	routing	IF ONLY TIME 2, GO TO BOX HAT2BEG. ELSE IF FACR.HAINTFLG <> 1/Indicated , GO TO HA1PRE1 - HA1PRE1C. ELSE GO TO HA1PRE2 - HA1PRE2C.		
HA1PRE1C	HA1PRE1	CODE ONE	RECORD IDENTIFICATION The next questions are about (SP)'s health status on or around (HS REF DATE). We have found that much of the data we are collecting is usually located in the resident's full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes. Please take a moment to locate the records now and confirm they are the records closest to (HS REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA1PRE2 - HA1PRE2C
HA1PRE2C	HA1PRE2	CODE ONE	RECORD IDENTIFICATION The following questions are about (SP)'s health status on or around (HS REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	BOX HA2
	BOX HA2	routing	IF BASELINE INTERVIEW OR (CORE AND NO MDS AT PREVIOUS HS) GO TO HA1 - RECHAVE. ELSE IF CORE AND SP HAD A MDS AT LAST HS APPLICATION ADMINISTERED FOR THIS SP, GO TO HA2 - RECFORMS.		
RECHAVE	HA1	YES/NO	RECORD IDENTIFCATION Do you have (SP)'s medical records for the (admission) period on or around (HS REF DATE)?	(0) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA1B - HSCONTN1 (01) BOX HA2A (-8)HA1B - HSCONTN1 (-9) HA9PREB - HA9PRBC
HSCONTN1	HA1B	CODE ONE	Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS?	(00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MEDICAL RECORDS	(00) BOX HCEND (01) HA9PREB - HA9PRBC
	BOX HA2A	routing	GO TO HA2 - RECFORMS.		
RECFORMS	HA2	YES/NO	RECORD IDENTIFICATION [The last MDS form we collected was dated (LAST MDS DATE).] Do (SP)'s medical records contain (a full./another) MDS assessment (or Quarterly Review) form dated [on or around [HSREFDATE)/after (LAST MDS DATE)]. [A MDS for on or around (HS REF DATE) is preferable.] PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES	(00) HA2B1 - HSCONTN2 (01) BOX HA3
HSCONTN2	HA2B1	CODE ONE	Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?	(00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MDS	(00) BOX HCEND (01) HA9PREB - HA9PRBC
	BOX HA3	routing	GO TO HA3A - ASSESDT1.		
ASSESDT1	HA3A	DATE	RECORD IDENTIFICATION [What is the assessment date on the full MDS assessment that was completed for (SP) on or around (HS REF DATE)/What is the assessment date on the full MDS assessment that was completed for (SP) at admission, that is, on or around (HS REF DATE)/What is the assessment date on the full MDS assessment or Quarterly Review that was completed for (SP) closest to (HS REF DATE) after (HA3A DISPLAY DATE/LAST HS REF DATE)/What is the assessment date on that form]? ENTER DATE IN "MM DD YY" FORMAT. (IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX HA4
	BOX HA4	routing	IF HA3A - ASSESDT1 = DK, RF AND FIRST TIME AT HA3A - ASSESDT1, GO TO HA9PREB - HA9PRBC. ELSE, GO TO BOX HA5.		
	BOX HA5	routing	IF LAST ASSESSMENT DATE ENTRY COLLECTED IN HA3A - ASSESDT1 IS VALID, SET A FLAG AND GO TO HA4 - FORMTYPE1. ELSE GO TO HA5 - CLOSFORM.		
FORMTYPE1	HA4	CODE ONE	RECORD IDENTIFICATION Please tell me if the form with the assessment date of (LAST ASSESSMENT DATE) is a full MDS or a quarterly review.	(00) QUARTERLY REVIEW (01) FULL MDS (-8) Don't Know (-9) Refused	(00) BOX HA7 (01) BOX HA7 (-8) BOX HA7 (-9) BOX HA7
	BOX HA7	routing	IF MOST RECENT ASSESSMENT DATE IS COMPLETE THEN COMPARE WITH HS REF DATE. IF NUMBER OF DAYS BETWEEN ASSESSMENT DATE AND HS REF DATE MORE THAN +/- 7, OR IF HA3A - ASSESDT1 IS DK OR RF, GO TO HA5 - CLOSFORM. ELSE, GO TO BOX HA9AA.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CLOSFORM	HA5	YES/NO	Besides the form you just told me about, does (SP)'s medical record contain any other (full) MDS form (or Quarterly Review form) dated closer to (HS REF DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA8 (01) BOX HA8 (-8) BOX HA8 (-9) BOX HA8
	BOX HA8	routing	IF HA5 - CLOSFORM = 1/Yes, GO TO HA3A - ASSESDT1. ELSE, GO TO BOX HA9AA.		
	BOX HA9AA	routing	IF HSTOT = 1 AND FORMTYPE = DK, RF, OR EMPTY, GO TO HA9PREB - HA9PRBC. ELSE GO TO BOX HA9BB.		
	BOX HA9BB	routing	GO TO BOX HA9CC.		
	BOX HA9CC	routing	IF CVATYPE = 1/FullMDS, GO TO HA6 - FORMREAS. ELSE IF CVATYPE = 0/QuarterlyReview AND XBACKUP = EMPTY, GO TO HA7A - RECMDS. ELSE GO TO HA7C - MDSINT1.		
FORMREAS	HA6	CODE ONE	RECORD IDENTIIFCATION 3.0, A0310A ASSESSMENT DATE: {ASSESSMENT DATE} What was the primary reason for the assessment on the full MDS assessment dated (BCVAD/CCVAD)?	(01) ADMISSION (02) ANNUAL (03) SIGNIFICANT CHANGE IN STATUS (91) OTHER (-8) Don't Know (-9) Refused	(01) HA7C - MDSINT1 (02) HA7C - MDSINT1 (03) HA7C - MDSINT1 (91) HA6 - FORMREOS (-8) HA7C - MDSINT1 (-9) HA7C - MDSINT1
FORMREOS	HA6	VERBATIM TEXT	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	HA7C - MDSINT1
RECMDS	HA7A	YES/NO	Does (SP)'s medical record contain a full MDS assessment dated between (HS DATE RANGE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA7C - MDSINT1 (01) HA7B - ASSESDT2 (-8) HA7C - MDSINT1 (-9) HA7C - MDSINT1
ASSESDT2	HA7B	date	What is the date of the full MDS assessment closest to (HS REF DATE)? IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	(01) BOX HA10 (-8) BOX HA10 (-9) BOX HA10
	BOX HA10	routing	GO TO HA7C - MDSINT1.		
MDSINT1	HA7C	CODE ONE	RECORD IDENTIFICATION Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home). Please refer to (SP)'s medical record.] [Please refer to the (FORM TYPE) with the assessment date of (CLOSEST VALID ASSESSMENT DATE) when answering the following questions. [If the information is not found on the Quarterly Review, (please refer to the full MDS form with the assessment date of (BACKUP MDS ASSESSMENT DATE)/please refer to (SP)'s medical record) to answer the questions.]] PRESS "1" TO CONTINUE.	(01) CONTINUE	BOX HA19A
	BOX HA19A	routing	IF BASELINE INTERVIEW AND CCN='NF', MISSING, DK, RF, GO TO HA9PREB - HA9PRBC. ELSE IF CCN='NOT FOUND', MISSING, DK, RF, GO TO HA11B - COMATOSE. ELSE IF CCN=NON-MISSING AND PreloadSP.CURELAGE <= 65 AND SP IS Incoming Panel Respondent (IPR), GO TO HA9B-MENTAL. ELSE IF CCN=NON-MISSING, GO TO HA10B-HA10BCOD. ELSE GO TO BOX HA9B		
HA9PRBC	HA9PREB	CODE ONE	Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home)]. [(Please refer to (SP)'s medical record/Since I will be collecting information about (SP) on or around (HS REF DATE) and there is no MDS or Quarterly Review available close to that date, please refer to (SP)'s medical record for the information/Since you do not have a medical record at hand for reference, please think about the information found in (SP)'s medical record) to answer these questions.] PRESS "1" TO CONTINUE.	(01) CONTINUE	BOX HA9B
	BOX HA9B	routing	IF BASELINE INTERVIEW AND CCN=MISSING, DK, RF, GO TO HA9B - MENTAL ELSE IF CCN='NOT FOUND', MISSING, DK, RF, GO TO HA11B - COMATOSE. ELSE IF CCN=NON-MISSING AND PERS.AGE<= 65 AND SP is Incoming Panel Respondent (IPR), GO TO HA9B-MENTAL. ELSE IF CCN=NON-MISSING, GO TO HA10B-HA10BCOD. ELSE GO TO BOX HA10		
MENTAL	HA9B	CODE ALL	MENTAL HEALTH (ID/DD) [3.0, A1550] Did (SP)'s record indicate any history of intellectual disability or developmental disability problems? SELECT ALL THAT APPLY. IF SP HAS NO ID/DD PROBLEMS, SELECT NONE OF THE ABOVE	(01) DOWN SYNDROME (02) AUTISM (03) EPILEPSY (04) OTHER ORGANIC CONDITION RELATED TO ID/DD (05) ID/DD WITH NO ORGANIC CONDITION (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused	(01) BOX HA10 (02) BOX HA10 (03) BOX HA10 (04) BOX HA10 (05) BOX HA10 (96) BOX HA10 (-8) BOX HA10 (-9) BOX HA10
	BOX HA10	ROUTING	IF CCN=NON-MISSING AND PreloadSP.CURELAGE <= 65 AND SP is Incoming Panel Respondent (IPR), GO TO HA28PREB-HA28PRBC. IF CCN=NON-MISSING GO TO BOX HA28 ELSE GO TO HA11B- COMATOSE.		
COMATOSE	HA11B	CODE ONE	COMATOSE [3.0, B01000] Was (SP) in a persistent vegetative state with no discernible consciousness on (HS REF DATE)?	(00) NO (NOT COMATOSE) (01) YES (COMATOSE) (-8) Don't Know (-9) Refused	(00) HA16B - HCHECOND (01) HA28PREB - HA28PRBC (-8) HA16B - HCHECOND (-9) HA16B - HCHECOND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HCHECOND	HA16B	CODE ONE	HEARING/COMMUNICATION [3.0, B0200] What was the condition of (SP)'s hearing, with a hearing appliance, if used, on or around (HS REF DATE)? Did (she/he) hear adequately, did (she/he) have minimal difficulty, did (she/he) have moderate difficulty, or was (her/his) hearing highly impaired? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) HEARS ADEQUATELY (01) HEARS WITH MINIMAL DIFFICULTY (02) HEARS WITH MODERATE DIFFICULTY (03) HEARING HIGHLY IMPAIRED (-8) Don't Know (-9) Refused	(00) HA17B - HCHEAID (01) HA17B - HCHEAID (02) HA17B - HCHEAID (03) HA17B - HCHEAID (-8) HA17B - HCHEAID (-9) HA17B - HCHEAID
HCHEAID	HA17B	YES/NO	HEARING/COMMUNICATION [3.0, B0300] Did (she/he) have a hearing aid?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA18PREB - HA18PRBC (01) HA18PREB - HA18PRBC (-8) HA18PREB - HA18PRBC (-9) HA18PREB - HA18PRBC
HA18PRBC	HA18PREB	CODE ONE	HEARING/COMMUICATION The next section deals with how (SP) communicated with others and how well (she/he) was understood by others. PRESS "1" TO CONTINUE.	(01) CONTINUE	HA18B - HCUNCOND
HCUNCOND	HA18B	CODE ONE	HEARING/COMMUNICATION [3.0, B0700] Which statement best describes how effective (SP) was at making (herself/himself) understood on or around (HS REF DATE)? Was (she/he) always understood, usually understood, sometimes understood, or rarely or never understood? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) UNDERSTOOD (01) USUALLY UNDERSTOOD (02) SOMETIMES UNDERSTOOD (03) RARELY/NEVER UNDERSTOOD (-8) Don't Know (-9) Refused	(00) HA19B - HCUNDOTH (01) HA19B - HCUNDOTH (02) HA19B - HCUNDOTH (03) HA19B - HCUNDOTH (-8) HA19B - HCUNDOTH (-9) HA19B - HCUNDOTH
HCUNDOTH	HA19B	CODE ONE	HEARING/COMMUNICATION [3.0, B0800] Which statement best describes how well (SP) understood others on or around (HS REF DATE)? Did (SP) always understand, usually understand, sometimes understand, or rarely or never understand? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) UNDERSTAND (01) USUALLY UNDERSTAND (02) SOMETIMES UNDERSTAND (03) RARELY/NEVER UNDERSTAND (-8) Don't Know (-9) Refused	(00) HA20PREB - HA20PRBC (01) HA20PREB - HA20PRBC (02) HA20PREB - HA20PRBC (03) HA20PREB - HA20PRBC (-8) HA20PREB - HA20PRBC (-9) HA20PREB - HA20PRBC
HA20PRBC	HA20PREB	CODE ONE	VISION Next is a question concerning (SP)'s vision on or around (HS REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA20B - VISION
VISION	HA20B	CODE ONE	VISION [3.0, B1000] Which of the following statements best described (SP)'s ability to see in adequate light with visual aids, if used? Would you say (her/his) vision was adequate, impaired, moderately impaired, highly impaired, or severely impaired? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) ADEQUATE (01) IMPAIRED (02) MODERATELY IMPAIRED (03) HIGHLY IMPAIRED (04) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused	(00) HA20AB - VISAPPL (01) HA20AB - VISAPPL (02) HA20AB - VISAPPL (03) HA20AB - VISAPPL (04) HA20AB - VISAPPL (-8) HA20AB - VISAPPL (-9) HA20AB - VISAPPL
VISAPPL	HA20AB	YES/NO	VISION [3.0, B1200] Does (SP) use a visual appliance such as glasses, contact lenses, or a magnifying glass?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA12AAB - MENTCON (01) HA12AAB - MENTCON (-8) HA12AAB - MENTCON (-9) HA12AAB - MENTCON
MENTCON	HA12AAB	YES/NO	COGNITIVE PATTERNS [3.0, C0100] Should a brief interview for Mental Status (C0200-C0500) be conducted?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA12PREB - HA12PRBC (01) HA12AB - MENTSUM (-8) HA12PREB - HA12PRBC (-9) HA12PREB - HA12PRBC
MENTSUM	HA12AB	numeric	BRIEF INTERVIEW FOR MENTAL STATUS (BIMS) SUMMARY SCORE [3.0, C0500] ENTER SUMMARY SCORE (0-15) FROM BIMS. ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	(01) BOX HA12 (-8) HA36B - HALLUC (-9) HA36B - HALLUC
	BOX HA12	routing	IF MENTSUM=99, GO TO HA12PREB-HA12PRBC. ELSE GO TO HA36B-HALLUC.		
HA12PRBC	HA12PREB	CODE ONE	MEMORY/COGNITIVE SKILLS [(Since (SP) was recorded as being unable to complete the Brief Interview for Mental Status, the next series of questions deal with (SP)'s memory or recall ability./The next series of questions deal with (SP)'s memory or recall ability.)] PRESS "1" TO CONTINUE.	(01) CONTINUE	HA12B - CSMEMST
CSMEMST	HA12B	CODE ONE	MEMORY/COGNITIVE SKILLS [3.0, C0700] On or around (HS REF DATE), was (SP)'s short-term memory okay, that is, did (she/he) seem or appear to recall things after 5 minutes?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused	(00) HA13B - CSMEMLT (01) HA13B - CSMEMLT (-8) HA13B - CSMEMLT (-9) HA13B - CSMEMLT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CSMEMLT	HA13B	CODE ONE	MEMORY/COGNITIVE SKILLS [3.0, C0800] Was (SP)'s long-term memory okay; that is, did (she/he) seem or appear to recall events in the distant past?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused	(00) HA14B - HA14BCOD (01) HA14B - HA14BCOD (-8) HA14B - HA14BCOD (-9) HA14B - HA14BCOD
HA14BCOD	HA14B	code all	MEMORY/COGNITIVE SKILLS [3.0, C0900] On or around (HS REF DATE), was (SP) able to recall… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) the current season? (02) the location of (her/his) own room? (03) staff names or faces? (04) the fact that (she/he) was in a nursing home? (96) NONE CHECKED (-8) Don't Know	(01) HA15B - CSDECIS (02) HA15B - CSDECIS (03) HA15B - CSDECIS (04) HA15B - CSDECIS (96) HA15B - CSDECIS (-8) HA15B - CSDECIS
CSDECIS	HA15B	CODE ONE	MEMORY/COGNITIVE SKILLS [3.0, C1000] How skilled was (SP) in making daily decisions? Was (she/he) independent, did (she/he) exhibit modified independence, was (she/he) moderately impaired, or was (she/he) severely impaired? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) INDEPENDENT (01) MODIFIED INDEPENDENCE (02) MODERATELY IMPAIRED (03) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused	(00 HA36B - HALLUC (01) HA36B - HALLUC (02) HA36B - HALLUC (03) HA36B - HALLUC (-8) HA36B - HALLUC (-9) HA36B - HALLUC
HALLUC	HA36B	YES/NO	DEHYDRATION/DELUSIONS/HALLUCINATIONS [3.0, E0100] Did (SP) experience hallucinations on or around (HS REF DATE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA35B - DELUS (01) HA35B - DELUS (-8) HA35B - DELUS (-9) HA35B - DELUS
DELUS	HA35B	YES/NO	DEHYDRATION/DELUSIONS/HALLUCINATIONS [3.0, E0100] Did (SP) experience delusions on or around (HS REF DATE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21B - BSAYSOT (01) HA21B - BSAYSOT (-8) HA21B - BSAYSOT (-9) HA21B - BSAYSOT
BSAYSOT	HA21B	code one	BEHAVIORAL SYMPTOMS [3.0, E0200] How often did the following behavioral problems occur on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily? Physical behavior symptoms directed toward others.	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA21B - BSVERBOT (01) HA21B - BSVERBOT (02) HA21B - BSVERBOT (03) HA21B - BSVERBOT (-8) HA21B - BSVERBOT (-9) HA21B - BSVERBOT
BSVERBOT	HA21B	code one	BEHAVIORAL SYMPTOMS [3.0, E0200] Verbal behavior symptoms directed toward others.	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA21B - BSNOTOT (01) HA21B - BSNOTOT (02) HA21B - BSNOTOT (03) HA21B - BSNOTOT (-8) HA21B - BSNOTOT (-9) HA21B - BSNOTOT
BSNOTOT	HA21B	code one	BEHAVIORAL SYMPTOMS [3.0, E0200] Other behavioral symptoms not directed toward others.	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) BOX HA21B (01) BOX HA21B (02) BOX HA21B (03) BOX HA21B (-8) BOX HA21B (-9) BOX HA21B
	BOX HA21B	routing	IF HA21B - BSAYSOT and HA21B - BSVERBOT and HA21B - BSNOTOT = 0/BehaviorNotExhibited, GO TO HA21CB - BSNOEVAL. ELSE GO TO HA21AB - BSELFILL.		
BSELFILL	HA21AB	Yes/No	BEHAVIORAL SYMPTOMS [3.0, E0500] Did any of (SP)'s behavior… put the resident at significant risk for physical illness or injury?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21AB - BSELFCAR (01) HA21AB - BSELFCAR (-8) HA21AB - BSELFCAR (-9) HA21AB - BSELFCAR
BSELFCAR	HA21AB	Yes/No	BEHAVIORAL SYMPTOMS [3.0, E0500] significantly interfere with the resident's care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21AB - BSELFACT (01) HA21AB - BSELFACT (-8) HA21AB - BSELFACT (-9) HA21AB - BSELFACT
BSELFACT	HA21AB	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0500] significantly interfere with the resident's participation in activities or social interactions?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21BB - BSOTHILL (01) HA21BB - BSOTHILL (-8) HA21BB - BSOTHILL (-9) HHA21BB - BSOTHILL
BSOTHILL	HA21BB	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0600] Did any of (SP)'s behavior… put others at significant risk for physical illness or injury?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21BB - BSOTHACT (01) HA21BB - BSOTHACT (-8) HA21BB - BSOTHACT (-9) HA21BB - BSOTHACT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BSOTHACT	HA21BB	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0600] significantly intrude on the privacy or activities of others?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21BB - BSOTHENV (01) HA21BB - BSOTHENV (-8) HA21BB - BSOTHENV (-9) HA21BB - BSOTHENV
BSOTHENV	HA21BB	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0600] significantly disrupt care or living environment?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21CB - BSNOEVAL (01) HA21CB - BSNOEVAL (-8) HA21CB - BSNOEVAL (-9) HA21CB - BSNOEVAL
BSNOEVAL	HA21CB	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0800] How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA21DB - BSOFTWAN (01) HA21DB - BSOFTWAN (02) HA21DB - BSOFTWAN (03) HA21DB - BSOFTWAN (-8) HA21DB - BSOFTWAN (-9) HA21DB - BSOFTWAN
BSOFTWAN	HA21DB	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0900] How often did (SP) wander on or around (HS REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA22PREB - HA22PRBC (01) HA21EB - BSWDANGR (02) HA21EB - BSWDANGR (03) HA21EB - BSWDANGR (-8) HA21EB - BSWDANGR (-9) HA21EB - BSWDANGR
BSWDANGR	HA21EB	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E1000] Did any of (SP)'s wandering… place the resident at significant risk of getting to a potentially dangerous place?	(00) NO (01) YES (-8) Don't Know (-9) Refused	HA21EB - BSWOTACT
BSWOTACT	HA21EB	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E1000] significantly intrude on the privacy or activities of others?	(00) NO (01) YES (-8) Don't Know (-9) Refused	HA22PREB - HA22PRBC
HA22PRBC	HA22PREB	CODE ONE	ADLS/PHYSICAL FUNCTIONING The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (HS REF DATE). I will read you a list of activities and would like you to tell me if (SP)'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. [By self-performance I mean what (SP) actually did for (himself/herself) and how much help was required by staff members.] PRESS "1" TO CONTINUE.	(01) CONTINUE	HA22B - PFTRNSFR
PFTRNSFR	HA22B	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] Please tell me (SP)'s level of self-performance in… PRESS F1 KEY FOR COMPLETE DEFINITIONS. transferring (for example, in and out of bed).	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	HA22B - PFLOCOMO
PFLOCOMO	HA22B	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] locomotion on unit.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	HA22B - PFDRSSNG
PFDRSSNG	HA22B	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] dressing.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	HA22B - PFEATING

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PFEATING	HA22B	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] eating.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	HA22B - PFTOILET
PFTOILET	HA22B	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0110] [SHOW CARD HA1] using the toilet.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	HA23B - PFBATHNG
PFBATHNG	HA23B	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0120] Again referring to the time on or around (HS REF DATE), what was (SP)'s level of self-performance when bathing: was (she/he) independent, did (she/he) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (she/he) totally dependent, or did the activity not occur? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) INDEPENDENT (01) SUPERVISION (02)PHYSICAL HELP LIMITED TO TRANSFER ONLY (03) PHYSICAL HELP IN PART OF BATHING ACTIVITY (04) TOTAL DEPENDENCE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	HA24PREB - HA24PRBC
HA24PRBC	HA24PREB	CODE ONE	MODES OF LOCMOTION The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (HS REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA24B - HA24BCOD
HA24BCOD	HA24B	CODE ALL	MODES OF LOCOMOTION [3.0, G0600] On or around (HS REF DATE) did (he/she) use… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. PRESS F1 KEY FOR COMPLETE DEFINITIONS. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.	(01) a cane or crutch? (02) a walker? (03) a manual or electric wheelchair? (04) a limb prosthesis? (96) NONE CHECKED (-8) Don't Know (-9) Refused	BOX HA14B
	BOX HA14B	routing	GO TO HA25PREB - HA25PRBC.		
HA25PRBC	HA25PREB	CODE ONE	CONTINENCE The next questions are about (SP)'s bowel and bladder control on or around (HS REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA25B - CTBOWELC
CTBOWELC	HA25B	CODE ONE	CONTINENCE [3.0, H0400] What was the level of (SP)'s bowel control on or around (HS REF DATE)? Was (she/he) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (she/he) not rated?	(00) ALWAYS CONTINENT (01) OCCASIONALLY INCONTINENT (02) FREQUENTLY INCONTINENT (03) ALWAYS INCONTINENT (04) NOT RATED (-8) Don't Know (-9) Refused	HA26B - CTBLADDC
CTBLADDC	HA26B	CODE ONE	CONTINENCE [3.0, H0300] What was the level of (SP)'s bladder control on or around (HS REF DATE)? Was (she/he) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (she/he) not rated?	(00) ALWAYS CONTINENT (01) OCCASIONALLY INCONTINENT (02) FREQUENTLY INCONTINENT (03) ALWAYS INCONTINENT (04) NOT RATED (-8) Don't Know (-9) Refused	HA28PREB - HA28PRBC
	BOX HA28	routing	IF CCN=NON-MISSING AND NOT (FQ.CCN=NON-MISSING AND PERS.AGE <=65 AND SP is Incoming Panel) GO TO HA10B, ELSE GO TO HA28PREB-HA28PRBC.		
HA28PRBC	HA28PREB	CODE ONE	The questions in the next section deal with (SP)'s active diagnoses or conditions during the time on or around (HS REF DATE). [By active I mean those diseases associated with (her/his) ADL status, cognition, behavior, medical treatments, or risk of death on or around (HS REF DATE). Please think about what is in (SP)'s medical record when answering the following questions.] PRESS "1" TO CONTINUE.	(01) CONTINUE	BOX HA28B

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA28B	routing	IF XPRIMARY <> EMPTY OR CCN=NON-MISSING , GO TO HA28B - HA28BCD1. ELSE GO TO HA28B2 - HA28BCD2.		
HA28BCD1	HA28B	CODE ALL	DIAGNOSES/CONDITIONS [3.0, Section I MDS ASSESSMENT DATE: (ASSESSMENT DATE)] What active diseases were checked on (SP)'s MDS assessment? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) ALZHEIMER'S DISEASE (02) ANEMIA (03) ANXIETY DISORDER (04) APHASIA (05) ARTHRITIS (06) ASTHMA, COPD, OR CHRONIC LUNG DISEASE (07) ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS (08) BENIGN PROSTATIC HYPERPLASIA (09) CANCER (10) CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION (11) CEREBRAL PALSY (12) CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIA), OR STROKE (13) CIRRHOSIS (14) CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD) (15) DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE) (16) DEMENTIA, OTHER THAN ALZHEIMER'S (17) DEPRESSION (18) DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY) (19) GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER (20) HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA) (21) HEMIPLEGIA/HEMIPARESIS (22) HIP FRACTURE (23) HUNTINGTON'S DISEASE (24) HYPERKALEMIA (25) HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA) (26) HYPERTENSION (27) HYPONATREMIA (28) MALNUTRITION OR AT RISK FOR MALNUTRITION (29) MANIC DEPRESSION (BIPOLAR DISEASE) (30) MULTIPLE SCLEROSIS (31) NEUROGENIC BLADDER (32) OBSTRUCTIVE UROPATHY (33) ORTHOSTATIC HYPOTENSION (34) OSTEOPOROSIS (35) OTHER FRACTURE (36) PARAPLEGIA (37) PARKINSON'S DISEASE (38) PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD) (39) POST TRAUMATIC STRESS DISORDER (PTSD) (40) PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA) (41) QUADRIPLEGIA (42) RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD) (43) RESPIRATORY FAILURE (44) SCHIZOPHRENIA (45) SEIZURE DISORDER OR EPILEPSY (46) THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS) (47) TOURETTE'S SYNDROME (48) TRAUMATIC BRAIN INJURY (49) ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE (91) OTHER (96) NONE OF THE ABOVE	(01) HA29B - HA29BCOD (02) HA29B - HA29BCOD (03) HA29B - HA29BCOD (04) HA29B - HA29BCOD (05) HA29B - HA29BCOD (06) HA29B - HA29BCOD (07) HA29B - HA29BCOD (08) HA29B - HA29BCOD (09) HA29B - HA29BCOD (10) HA29B - HA29BCOD (11) HA29B - HA29BCOD (12) HA29B - HA29BCOD (13) HA29B - HA29BCOD (14) HA29B - HA29BCOD (15) HA29B - HA29BCOD (16) HA29B - HA29BCOD (17) HA29B - HA29BCOD (18) HA29B - HA29BCOD (19) HA29B - HA29BCOD (20) HA29B - HA29BCOD (21) HA29B - HA29BCOD (22) HA29B - HA29BCOD (23) HA29B - HA29BCOD (24) HA29B - HA29BCOD (25) HA29B - HA29BCOD (26) HA29B - HA29BCOD (27) HA29B - HA29BCOD (28) HA29B - HA29BCOD (29) HA29B - HA29BCOD (30) HA29B - HA29BCOD (31) HA29B - HA29BCOD (32) HA29B - HA29BCOD (33) HA29B - HA29BCOD (34) HA29B - HA29BCOD (35) HA29B - HA29BCOD (36) HA29B - HA29BCOD (37) HA29B - HA29BCOD (38) HA29B - HA29BCOD (39) HA29B - HA29BCOD (40) HA29B - HA29BCOD (41) HA29B - HA29BCOD (42) HA29B - HA29BCOD (43) HA29B - HA29BCOD (44) HA29B - HA29BCOD (45) HA29B - HA29BCOD (46) HA29B - HA29BCOD (47) HA29B - HA29BCOD (48) HA29B - HA29BCOD (49) HA29B - HA29BCOD (91) HA28B - HA28BOSP (96) HA29B - HA29BCOD
HA28BOSP	HA28B	VERBATIM TEXT	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	HA29B - HA29BCOD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA28BCD2	HA28B2	CODE ALL	(SHOW CARD HA3) Look at the following list and tell me what active diseases did (SP) have on or around (HS REF DATE). SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) ALZHEIMER'S DISEASE (02) ANEMIA (03) ANXIETY DISORDER (04) APHASIA (05) ARTHRITIS (06) ASTHMA, COPD, OR CHRONIC LUNG DISEASE (07) ATRIAL FIBRILLATION OR OTHER DYSRHYTHMIAS (08) BENIGN PROSTATIC HYPERPLASIA (09) CANCER (10) CATARACTS, GLAUCOMA, OR MACULAR DEGENERATION (11) CEREBRAL PALSY (12) CEREBROVASCULAR ACCIDENT (CVA), TRANSIENT ISCHEMIC ATTACK (TIA), OR STROKE (13) CIRRHOSIS (14) CORONARY ARTERY DISEASE (E.G., ANGINA, MI, AND ASHD) (15) DEEP VENOUS THROMBOSIS (DVT), PULMONARY EMBOLUS (PE) OR PULMONARY THROMBO-EMBOLISM (PTE) (16) DEMENTIA, OTHER THAN ALZHEIMER'S (17) DEPRESSION (18) DIABETES MELLITUS (E.G., DIABETIC RETINOPATHY, NEPHROPATHY, AND NEUROPATHY) (19) GASTROESOPHAGEAL REFLUX DISEASE (GERD) OR ULCER (20) HEART FAILURE (E.G., CONGESTIVE HEART FAILURE (CHF) AND PULMONARY EDEMA) (21) HEMIPLEGIA/HEMIPARESIS (22) HIP FRACTURE (23) HUNTINGTON'S DISEASE (24) HYPERKALEMIA (25) HYPERLIPIDEMIA (E.G., HYPERCHOLESTEROLEMIA) (26) HYPERTENSION (27) HYPONATREMIA (28) MALNUTRITION OR AT RISK FOR MALNUTRITION (29) MANIC DEPRESSION (BIPOLAR DISEASE) (30) MULTIPLE SCLEROSIS (31) NEUROGENIC BLADDER (32) OBSTRUCTIVE UROPATHY (33) ORTHOSTATIC HYPOTENSION (34) OSTEOPOROSIS (35) OTHER FRACTURE (36) PARAPLEGIA (37) PARKINSON'S DISEASE (38) PERIPHERAL VASCULAR DISEASE (PVD) OR PERIPHERAL ARTERIAL DISEASE (PAD) (39) POST TRAUMATIC STRESS DISORDER (PTSD) (40) PSYCHOTIC DISORDER (OTHER THAN SCHIZOPHRENIA) (41) QUADRIPLEGIA (42) RENAL INSUFFICIENCY, RENAL FAILURE, OR END-STAGE RENAL DISEASE (ESRD) (43) RESPIRATORY FAILURE (44) SCHIZOPHRENIA (45) SEIZURE DISORDER OR EPILEPSY (46) THYROID DISORDER (E.G., HYPOTHYROIDISM, HYPERTHYROIDISM, AND HASHIMOTO'S THYROIDITIS) (47) TOURETTE'S SYNDROME (48) TRAUMATIC BRAIN INJURY (49) ULCERATIVE COLITIS, CROHN'S DISEASE, OR INFLAMMATORY BOWEL DISEASE (91) OTHER (96) NONE OF THE ABOVE (-8) DON'T KNOW (-9) REFUSED	(01) HA29B - HA29BCOD (02) HA29B - HA29BCOD (03) HA29B - HA29BCOD (04) HA29B - HA29BCOD (05) HA29B - HA29BCOD (06) HA29B - HA29BCOD (07) HA29B - HA29BCOD (08) HA29B - HA29BCOD (09) HA29B - HA29BCOD (10) HA29B - HA29BCOD (11) HA29B - HA29BCOD (12) HA29B - HA29BCOD (13) HA29B - HA29BCOD (14) HA29B - HA29BCOD (15) HA29B - HA29BCOD (16) HA29B - HA29BCOD (17) HA29B - HA29BCOD (18) HA29B - HA29BCOD (19) HA29B - HA29BCOD (20) HA29B - HA29BCOD (21) HA29B - HA29BCOD (22) HA29B - HA29BCOD (23) HA29B - HA29BCOD (24) HA29B - HA29BCOD (25) HA29B - HA29BCOD (26) HA29B - HA29BCOD (27) HA29B - HA29BCOD (28) HA29B - HA29BCOD (29) HA29B - HA29BCOD (30) HA29B - HA29BCOD (31) HA29B - HA29BCOD (32) HA29B - HA29BCOD (33) HA29B - HA29BCOD (34) HA29B - HA29BCOD (35) HA29B - HA29BCOD (36) HA29B - HA29BCOD (37) HA29B - HA29BCOD (38) HA29B - HA29BCOD (39) HA29B - HA29BCOD (40) HA29B - HA29BCOD (41) HA29B - HA29BCOD (42) HA29B - HA29BCOD (43) HA29B - HA29BCOD (44) HA29B - HA29BCOD (45) HA29B - HA29BCOD (46) HA29B - HA29BCOD (47) HA29B - HA29BCOD (48) HA29B - HA29BCOD (49) HA29B - HA29BCOD (91) DO NOT DISPLAY (96) HA29B - HA29BCOD (-8) HA29B - HA29BCOD (-9) HA29B - HA29BCOD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA29BCOD	HA29B	CODE ALL	DIAGNOSES/CONDITIONS [3.0, Section I MDS ASSESSMENT DATE: (ASSESSMENT DATE)] (SHOW CARD HA4) [What active infections were checked on (SP)'s MDS assessment?] [Look at the following list and tell me what active infections (SP) had on or around (HS REF DATE) according to the medical record notes.] SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.	(01) MULTIDRUG-RESISTANT ORGANISM (MDRO) (02) PNEUMONIA (03) SEPTICEMIA (04) TUBERCULOSIS (05) URINARY TRACT INFECTION IN LAST 30 DAYS (06) VIRAL HEPATITIS (07) WOUND INFECTION (OTHER THAN FOOT) (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused	BOX HA15B
	BOX HA15B	routing	IF XPRIMARY <> EMPTY, GO TO HA30B - OTMDSDIA. ELSE GO TO BOX HA16B.		
OTMDSDIA	HA30B	YES/NO	DIAGNOSES/CONDITIONS [3.0, I8000 MDS ASSESSMENT DATE: (ASSESSMENT DATE)] Were there any active diagnoses entered on the MDS form in the section for additional active diagnoses?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA16B (01) HA31B - HA31BCOD (-8) BOX HA16B (-9) BOX HA16B

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA31BCOD	HA31B	code all	DIAGNOSES/CONDITIONS [3.0, Section I] SHOW CARD HA5 What were the diagnoses? SELECT ALL THAT APPLY SEPARATE RESPONSES BY USING THE SPACEBAR. ENTER ICD-10 CODES WHEN DIAGNOSIS TEXT IS MISSING OR ILLEGIBLE.	(01) AGITATION (02) ALCOHOL DEPENDENCY (03) ALLERGIES (04) ANOREXIA (05) AORTIC STENOSIS (06) ATAXIA (07) ATYPICAL PSYCHOSIS (08) BLINDNESS (09) BREAST DISORDERS (10) CATARACTS (11) CEREBRAL DEGENERATION (12) CLINICAL OBESITY (13) CLOSTRIDIUM DIFFICILE (C.DIFF.) (14) CONJUNCTIVITIS (15) CONSTIPATION (16) DEGENERATIVE JOINT DISEASE (17) DIAPHRAGMATIC HERNIA (HIATAL HERNIA) (18) DIVERTICULA OF COLON (20) DYSPHAGIA (SWALLOWING DIFFICULTIES) (21) EDEMA (OTHER THAN PULMONARY) (22) GASTRITIS/DUODENITIS (23) GASTROENTERITIS, NONINFECTIOUS (24) GASTROINTESTINAL HEMORRHAGE (25) GOUT (26) HEMORRHAGE OF ESOPHAGUS (27) HIV INFECTION (28) HYPERPLASIA OF PROSTATE (29) HYPOPOTASSEMIA/HYPOKALEMIA (30) HYPOTENSION (OTHER THAN ORTHOSTATIC) (31) INSOMNIA (32) KYPHOSIS (33) MISSING LIMB (E.G., AMPUTATION) (34) NONPSYCHOTIC BRAIN SYNDROME (35) ORGANIC BRAIN SYNDROME (36) OSTEOARTHRITIS (37) PATHOLOGICAL BONE FRACTURE (38) RENAL URETERAL DISORDER (39) RESPIRATORY INFECTION (40) SCOLIOSIS (41) SEXUALLY TRANSMITTED DISEASES (42) SPINAL STENOSIS (43) ULCER OF LEG, CHRONIC (44) URINARY RETENTION (45) VERTIGO (91) OTHER DIAGNOSIS 1 (92) OTHER DIAGNOSIS 2 (93) OTHER DIAGNOSIS 3 (94) OTHER DIAGNOSIS 4 (95) OTHER DIAGNOSIS 5 (96) OTHER DIAGNOSIS 6 (97) OTHER DIAGNOSIS 7 (98) OTHER DIAGNOSIS 8 (99) OTHER DIAGNOSIS 9 (100) OTHER DIAGNOSIS 10	(01) BOX HA16A1 (02) BOX HA16A1 (03) BOX HA16A1 (04) BOX HA16A1 (05) BOX HA16A1 (06) BOX HA16A1 (07) BOX HA16A1 (08) BOX HA16A1 (09) BOX HA16A1 (10) DO NOT DISPLAY. (11) BOX HA16A1 (12) BOX HA16A1 (13) BOX HA16A1 (14) BOX HA16A1 (15) BOX HA16A1 (16) BOX HA16A1 (17) BOX HA16A1 (18) BOX HA16A1 (20) BOX HA16A1 (21) BOX HA16A1 (22) BOX HA16A1 (23) BOX HA16A1 (24) BOX HA16A1 (25) BOX HA16A1 (26) BOX HA16A1 (27) BOX HA16A1 (28) BOX HA16A1 (29) BOX HA16A1 (30) BOX HA16A1 (31) BOX HA16A1 (32) BOX HA16A1 (33) BOX HA16A1 (34) BOX HA16A1 (35) BOX HA16A1 (36) BOX HA16A1 (37) BOX HA16A1 (38) BOX HA16A1 (39) BOX HA16A1 (40) BOX HA16A1 (41) BOX HA16A1 (42) BOX HA16A1 (43) BOX HA16A1 (44) BOX HA16A1 (45) BOX HA16A1 (91) BOX HA16A1 (92) BOX HA16A1 (93) BOX HA16A1 (94) BOX HA16A1 (95) BOX HA16A1 (96) BOX HA16A1 (97) BOX HA16A1 (98) BOX HA16A1 (99) BOX HA16A1 (100) BOX HA16A1
	BOX HA16A1	routing	IF HA31B - HA31BCOD INCLUDES 91/Other1, THEN GO TO HA31BO1 - MDCOTH1. ELSE GO TO BOX HA16A2.		
MDCOTH1	HA31BO1	text	ENTER OTHER DIAGNOSIS 1. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A2
	BOX HA16A2	routing	IF HA31B - HA31BCOD INCLUDES 92/Other2, THEN GO TO HA31BO2 - MDCOTH2. ELSE GO TO BOX HA16A3.		
MDCOTH2	HA31BO2	TEXT	ENTER OTHER DIAGNOSIS 2. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA16A3	routing	IF HA31B - HA31BCOD INCLUDES 93/Other3, THEN GO TO HA31BO3 - MDCOTH3. ELSE GO TO BOX HA16A4.		
MDCOTH3	HA31BO3	TEXT	ENTER OTHER DIAGNOSIS 3. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A4
	BOX HA16A4	routing	IF HA31B - HA31BCOD INCLUDES 94/Other4, THEN GO TO HA31BO4 - MDCOTH4. ELSE GO TO BOX HA16B.		
MDCOTH4	HA31BO4	TEXT	ENTER OTHER DIAGNOSIS 4. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A5
	BOX HA16A5	routing	IF HA31B - HA31BCOD INCLUDES 95/Other5, THEN GO TO HA31BO5 - MDCOTH5. ELSE GO TO BOX HA16B.		
MDCOTH5	HA31BO5	TEXT	ENTER OTHER DIAGNOSIS 5. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A6
	BOX HA16A6	routing	IF HA31B - HA31BCOD INCLUDES 96/Other6, THEN GO TO HA31BO6 - MDCOTH6. ELSE GO TO BOX HA16B.		
MDCOTH6	HA31BO6	TEXT	ENTER OTHER DIAGNOSIS 6. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A7
	BOX HA16A7	routing	IF HA31B - HA31BCOD INCLUDES 97/Other7, THEN GO TO HA31BO7 - MDCOTH7. ELSE GO TO BOX HA16B.		
MDCOTH7	HA31BO7	TEXT	ENTER OTHER DIAGNOSIS 7. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A8
	BOX HA16A8	routing	IF HA31B - HA31BCOD INCLUDES 98/Other8, THEN GO TO HA31BO8 - MDCOTH8. ELSE GO TO BOX HA16B.		
MDCOTH8	HA31BO8	TEXT	ENTER OTHER DIAGNOSIS 8. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A9
	BOX HA16A9	routing	IF HA31B - HA31BCOD INCLUDES 99/Other9, THEN GO TO HA31BO9 - MDCOTH9. ELSE GO TO BOX HA16B.		
MDCOTH9	HA31BO9	TEXT	ENTER OTHER DIAGNOSIS 9. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16A10
	BOX HA16A10	routing	IF HA31B - HA31BCOD INCLUDES 100/Other10, THEN GO TO HA31BO10 - MDCOTH10. ELSE GO TO BOX HA16B.		
MDCOTH10	HA31BO10	TEXT	ENTER OTHER DIAGNOSIS 10. OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	BOX HA16B
	BOX HA16B	routing	IF HA11B - COMATOSE = 1/YesComatose, GO TO BOX HA16AB. ELSE IF CCN=NON-MISSING THEN GO TO HA10B-HA10BCOD. ELSE, GO TO HA34PREB - HA34PRBC.		
HA34PRBC	HA34PREB	CODE ONE	DEHYDRATION The next few items are about the other conditions (SP) may have had on or around (HS REF DATE). (Again, please refer to the MDS.) PRESS "1" TO CONTINUE.	(01) CONTINUE	HA34B - DEHYD
DEHYD	HA34B	YES/NO	DEHYDRATION [3.0, J1550] Did (SP) experience dehydration on or around (HS REF DATE)? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	HA37AB - HA37ABCO
HA37ABCO	HA37AB	CODE ALL	SWALLOWING/ORAL PROBLEMS [3.0, K0100] On or around (HS REF DATE), did (SP) experience the swallowing problem of… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.	(01) a loss of liquids or solids from mouth when eating or drinking? (02) holding food in mouth or cheeks or residual food in mouth after meals? (03) coughing or choking during meals or when swallowing medications? (04) complaints of difficulty or pain with swallowing? (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused	(01) HA37BB - HA37BBCO (02) HA37BB - HA37BBCO (03) HA37BB - HA37BBCO (04) HA37BB - HA37BBCO (96) HA37BB - HA37BBCO
HA37BBCO	HA37BB	CODE ALL	SWALLOWING/ORAL PROBLEMS [3.0, L0200] On or around (HS REF DATE), did (SP) experience the oral problem of… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.	(01) broken or loosely fitting full or partial denture? (02) no natural teeth or tooth fragments? (03) abnormal mouth tissue (ulcers, masses, oral lesions)? (04) obvious or likely cavity or broken natural teeth? (05) inflamed or bleeding gums or loose natural teeth? (06) mouth or facial pain, discomfort or difficulty with chewing? (07) UNABLE TO EXAMINE (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused	(01) BOX HA16AB (02) BOX HA16AB (03) BOX HA16AB (04) BOX HA16AB (05) BOX HA16AB (06) BOX HA16AB (07) BOX HA16AB (96) BOX HA16AB
	BOX HA16AB	routing	IF PERS.PERSRNDC = CURRENT ROUND, OR CURRENT ROUND IS FALL ROUND, GO TO HA38B - HEIGHT. ELSE, GO TO HA39B - FCWEIGHT.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HEIGHT	HA38B	CODE ONE	ORAL/NUTRITIONAL STATUS [3.0, K0200] What (is/was) (SP)'s height in inches?	(01) Continuous (-8) Don't Know (-9) Refused	(01) HA39B - FCWEIGHT (-8) HA39B - FCWEIGHT (-9) HA39B - FCWEIGHT
FCWEIGHT	HA39B	CODE ONE	ORAL/NUTRITIONAL STATUS [3.0, K0200] What was (SP)'s weight on or around (HS REF DATE)?	(01) Continuous (-8) Don't Know (-9) Refused	(01) BOX HA17BB (-8) BOX HA17BB (-9) BOX HA17BB
	BOX HA17BB	routing	GO TO HA10B - HA10BCOD.		
HA10BCOD	HA10B	CODE ALL	ADVANCED DIRECTIVES NOT ON MDS (The rest of the health status questionnaire is not from the MDS.) Now, please tell me which of the following advanced directives were listed in (SP)'s record or chart for the period on or around (HS REF DATE). Did (SP)'s record indicate… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01)a Living Will? (02) instructions not to resuscitate? (03) instructions not to hospitalize? (04) restrictions on feeding, medication, or other treatment restrictions? (96) NONE CHECKED (-8) Don't Know	(01)HA32 - OTACTDIA (02) HA32 - OTACTDIA (03) HA32 - OTACTDIA (04) HA32 - OTACTDIA (96) HA32 - OTACTDIA (-8) HA32 - OTACTDIA
OTACTDIA	HA32	YES/NO	DIAGNOSES/CONDITIONS NOT ON MDS Can you add any other active diagnoses for (SP) on or around (HS REF DATE) that have not yet been mentioned? Please refer to the medical record including (SP)'s medications chart for (HS REF DATE MONTH). PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA15A (01) HA33 - HA33CODE (-8) BOX HA15A (-9) BOX HA15A

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA33CODE	HA33	CODE ALL	DIAGNOSES/CONDITIONS NOT ON MDS SHOW CARD HA5 What were the diagnoses? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. ENTER ICD-10 CODES, IF AVAILABLE, WHEN DIAGNOSIS TEXT IS MISSING OR ILLEGIBLE.	(1) AGITATION (2) ALCOHOL DEPENDENCY (3) ALLERGIES (4) ANOREXIA (5) AORTIC STENOSIS (6) ATAXIA (7) ATYPICAL PSYCHOSIS (8) BLINDNESS (9) BREAST DISORDERS (10) CATARACTS (11) CEREBRAL DEGENERATION (12) CLINICAL OBESITY (13) CLOSTRIDIUM DIFFICILE (C.DIFF.) (14) CONJUNCTIVITIS (15) CONSTIPATION (16) DEGENERATIVE JOINT DISEASE (17) DIAPHRAGMATIC HERNIA (HIATAL HERNIA) (18) DIVERTICULA OF COLON (20) DYSPHAGIA (SWALLOWING DIFFICULTIES) (21) EDEMA (OTHER THAN PULMONARY) (22) GASTRITIS/DUODENITIS (23) GASTROENTERITIS, NONINFECTIOUS (24) GASTROINTESTINAL HEMORRHAGE (25) GOUT (26) HEMORRHAGE OF ESOPHAGUS (27) HIV INFECTION (28) HYPERPLASIA OF PROSTATE (29) HYPOPOTASSEMIA/HYPOKALEMIA (30) HYPOTENSION (OTHER THAN ORTHOSTATIC) (31) INSOMNIA (32) KYPHOSIS (33) MISSING LIMB (E.G., AMPUTATION) (34) NONPSYCHOTIC BRAIN SYNDROME (35) ORGANIC BRAIN SYNDROME (36) OSTEOARTHRITIS (37) PATHOLOGICAL BONE FRACTURE (38) RENAL URETERAL DISORDER (39) RESPIRATORY INFECTION (40) SCOLIOSIS (41) SEXUALLY TRANSMITTED DISEASES (42) SPINAL STENOSIS (43) ULCER OF LEG, CHRONIC (44) URINARY RETENTION (45) VERTIGO (91) OTHER DIAGNOSIS 1 (92) OTHER DIAGNOSIS 2 (93) OTHER DIAGNOSIS 3 (94) OTHER DIAGNOSIS 4 (95) OTHER DIAGNOSIS 5 (96) OTHER DIAGNOSIS 6 (97) OTHER DIAGNOSIS 7 (98) OTHER DIAGNOSIS 8 (99) OTHER DIAGNOSIS 9 (100) OTHER DIAGNOSIS 10	(1) BOX HA15AA1 (2) BOX HA15AA1 (3) BOX HA15AA1 (4) BOX HA15AA1 (5) BOX HA15AA1 (6) BOX HA15AA1 (7) BOX HA15AA1 (8) BOX HA15AA1 (9) BOX HA15AA1 (10) DO NOT DISPLAY (11) BOX HA15AA1 (12)BOX HA15AA1 (13) BOX HA15AA1 (14) BOX HA15AA1 (15) BOX HA15AA1 (16) BOX HA15AA1 (17) BOX HA15AA1 (18) BOX HA15AA1 (20) BOX HA15AA1 (21) BOX HA15AA1 (22) BOX HA15AA1 (23) BOX HA15AA1 (24) BOX HA15AA1 (25) BOX HA15AA1 (26) BOX HA15AA1 (27) BOX HA15AA1 (28) BOX HA15AA1 (29) BOX HA15AA1 (30) BOX HA15AA1 (31) BOX HA15AA1 (32) BOX HA15AA1 (33) BOX HA15AA1 (34) BOX HA15AA1 (35) BOX HA15AA1 (36) BOX HA15AA1 (37) BOX HA15AA1 (38) BOX HA15AA1 (39) BOX HA15AA1 (40) BOX HA15AA1 (41) BOX HA15AA1 (42) BOX HA15AA1 (43) BOX HA15AA1 (44) BOX HA15AA1 (45) BOX HA15AA1 (91) BOX HA15AA1 (92) BOX HA15AA1 (93) BOX HA15AA1 (94) BOX HA15AA1 (95) BOX HA15AA1 (96) BOX HA15AA1 (97) BOX HA15AA1 (98) BOX HA15AA1 (99) BOX HA15AA1 (100) BOX HA15AA1
	BOX HA15AA1	routing	IF HA33 - HA33CODE INCLUDES 91/Other1, THEN GO TO HA33O1 - NMDCOTH1. ELSE GO TO BOX HA15AA2.		
NMDCOTH1	HA33O1	TEXT	ENTER OTHER DIAGNOSIS 1. OTHER (SPECIFY)	(01) Continuous	BOX HA15AA2
	BOX HA15AA2	routing	IF HA33 - HA33CODE INCLUDES 92/Other2, THEN GO TO HA33O2 - NMDCOTH2. ELSE GO TO BOX HA15AA3.		
NMDCOTH2	HA33O2	TEXT	ENTER OTHER DIAGNOSIS 2. OTHER (SPECIFY)	(01) Continuous	BOX HA15AA3
	BOX HA15AA3	routing	IF HA33 - HA33CODE INCLUDES 93/Other3, THEN GO TO HA33O3 - NMDCOTH3. ELSE GO TO BOX HA15AA4.		
NMDCOTH3	HA33O3	TEXT	ENTER OTHER DIAGNOSIS 3. OTHER (SPECIFY)	(01) Continuous	BOX HA15AA4
	BOX HA15AA4	routing	IF HA33 - HA33CODE INCLUDES 94/Other4, THEN GO TO HA33O4 - NMDCOTH4. ELSE GO TO BOX HA15A.		
NMDCOTH4	HA33O4	TEXT	ENTER OTHER DIAGNOSIS 4. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15AA5
	BOX HA15AA5	routing	IF HA33 - HA33CODE INCLUDES 95/Other5, THEN GO TO HA33O5 - NMDCOTH5. ELSE GO TO BOX HA15A.		
NMDCOTH5	HA33O45	TEXT	ENTER OTHER DIAGNOSIS 5. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15AA6

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA15AA6	routing	IF HA33 - HA33CODE INCLUDES 96/Other6, THEN GO TO HA33O6 - NMDCOTH6. ELSE GO TO BOX HA15A.		
NMDCOTH6	HA33O6	TEXT	ENTER OTHER DIAGNOSIS 6. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15AA7
	BOX HA15AA7	routing	IF HA33 - HA33CODE INCLUDES 97/Other7, THEN GO TO HA33O7 - NMDCOTH7. ELSE GO TO BOX HA15A.		
NMDCOTH7	HA33O7	TEXT	ENTER OTHER DIAGNOSIS 7. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15AA8
	BOX HA15AA8	routing	IF HA33 - HA33CODE INCLUDES 98/Other8, THEN GO TO HA33O8 - NMDCOTH8. ELSE GO TO BOX HA15A.		
NMDCOTH8	HA33O8	TEXT	ENTER OTHER DIAGNOSIS 8. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15AA9
	BOX HA15AA9	routing	IF HA33 - HA33CODE INCLUDES 99/Other9, THEN GO TO HA33O9 - NMDCOTH9. ELSE GO TO BOX HA15A.		
NMDCOTH9	HA33O9	TEXT	ENTER OTHER DIAGNOSIS 9. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15AA10
	BOX HA15AA10	routing	IF HA33 - HA33CODE INCLUDES 100/Other10, THEN GO TO HA33O10 - NMDCOTH10. ELSE GO TO BOX HA15A.		
NMDCOTH10	HA3310	TEXT	ENTER OTHER DIAGNOSIS 10. OTHER (SPECIFY)	(01) CONTINUE	BOX HA15A
	BOX HA15A	routing	IF HA28B - HA28BCD1 OR HA28B2 - HA28BCD2 INCLUDES 9/Cancer, GO TO HA33PRE - HA33PREC. ELSE, GO TO HA33D - MYOCARD.		
HA33PREC	HA33PRE	CODE ONE	[While you are referring to (SP)'s medical record/(Now)] I have some (additional) questions about the conditions you mentioned earlier. (These questions cannot be found on the MDS). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA33B - HA33BCOD
HA33BCOD	HA33B	CODE ALL	Please refer to (SP)'s medical record and tell me in what part or parts of the body was the cancer found? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) BLADDER (02) BREAST (03) CERVIX (04) COLON, RECTUM, OR BOWEL (05) LUNG (06) OVARY (07) PROSTATE (08) SKIN (09) STOMACH (10) UTERUS (91) OTHER	(01) HA33D - MYOCARD (02) HA33D - MYOCARD (03) HA33D - MYOCARD (04) HA33D - MYOCARD (05) HA33D - MYOCARD (06) HA33D - MYOCARD (07) HA33D - MYOCARD (08) HA33D - MYOCARD (09) HA33D - MYOCARD (10) HA33D - MYOCARD (91) HA33B - CNROTHOS
CNROTHOS	HA33B	TEXT	OTHER (SPECIFY)	(01) Continuous answer	HA33D - MYOCARD
MYOCARD	HA33D	YES/NO	CONDITIONS NOT ON MDS Still referring to the medical record, has (SP) ever had a myocardial infarction or heart attack?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA33E - CATAROP (01) HA33E - CATAROP (-8) HA33E - CATAROP (-9) HA33E - CATAROP
CATAROP	HA33E	YES/NO	VISION NOT ON MDS Has (SP) ever had an operation for cataracts?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA15F (01) BOX HA15F (-8) BOX HA15F (-9) BOX HA15F
	BOX HA15F	routing	IF CORE OR (SP IS CFR, FCF, CFC, OR FFC) OR (SP IS IPR AND PERS.AGE >= 65), GO TO BOX HA17B. IF NO CONDITIONS ARE INDICATED, GO TO HA33G - OTHCAUS. ELSE, GO TO HA33F - CAUSEMCR.		
CAUSEMCR	HA33F	YES/NO	You told me that (SP) has had [READ CONDITIONS LISTED BELOW.] (Was this/Were any of these) the original cause of (SP)'s becoming eligible for Medicare?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA33G - OTHCAUS (01) BOX HA15E (-8) BOX HA17B (-9) BOX HA17B
OTHCAUS	HA33G	VERBATIM TEXT	What was the original cause of (SP)'s becoming eligible for Medicare? RECORD VERBATIM	(01) Continous	BOX HA17B
	BOX HA15E	routing	IF RESPONDENT REPORTED MORE THAN ONE CONDITION IN HA28B-HA33E, GO TO HA33H - HA33HCOD. ELSE, GO TO BOX HA17B.		
HA33HCOD	HA33H	CODE ALL	Which of these conditions was a cause of (him/her) becoming eligible for Medicare?	(01) PLEASE SEE ITEM DISPLAY INSTRUCTIONS	BOX HA17B
	BOX HA17B	routing	IF SP IS FEMALE, GO TO HA43APRE - HA43APRC. ELSE GO TO HA43DAPR - HA43DAPC.		
HA43APRC	HA43APRE	CODE ONE	MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS The next items are about procedures (SP) may have had since (CURRENT MONTH AND DAY) a year ago. PRESS "1" TO CONTINUE.	(01) Continue	HA43A - MAMMOGR
MAMMOGR	HA43A	YES/NO	MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a mammogram or breast x-ray?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA43B - PAPSMEAR (01) HA43B - PAPSMEAR (-8) HA43B - PAPSMEAR (-9) HA43B - PAPSMEAR

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PAPSMEAR	HA43B	YES/NO	MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a Pap smear?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17C (01) BOX HA17C (-8) BOX HA17C (-9) BOX HA17C
	BOX HA17C	routing	IF SP IS CFC or SP IS IPR OR ((SP IS FFC OR SP IS FCF) AND PreloadSP.HYSTFLAG <> 1/Indicated), GO TO HA43D - EVERHYST. ELSE IF PreloadSP.HYSTFLAG = 1/Indicated, GO TO BOX HA17CB. ELSE, GO TO HA43C - HYSTEREC.		
HYSTEREC	HA43C	YES/NO	MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a hysterectomy?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17CB (01) BOX HA17CB (-8) BOX HA17CB (-9) BOX HA17CB
EVERHYST	HA43D	YES/NO	MAMMOGRAM/PAP SMEAR/HYSERECTOMY NOT ON MDS Has (SP) ever had a hysterectomy?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17CB (01) BOX HA17CB (-8) BOX HA17CB (-9) BOX HA17CB
HA43DAPC	HA43DAPR	CODE ONE	The next items are about procedures (SP) may have had since (MONTH & DAY OF TODAY'S DATE) a year ago. PRESS "1" TO CONTINUE.	(01) Continue	HA43DA - DRECEXAM
DRECEXAM	HA43DA	YES/NO	Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a digital rectal examination of the prostate?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA43DB - BLOODPSA (01) HA43DB - BLOODPSA (-8) HA43DB - BLOODPSA (-9) HA43DB - BLOODPSA
BLOODPSA	HA43DB	YES/NO	Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a blood test for detection of prostate cancer, such as a PSA?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17CB (01) BOX HA17CB (-8) BOX HA17CB (-9) BOX HA17CB
	BOX HA17CB	routing	IF FALL ROUND, GO TO HA43DC - FLUSHOT. ELSE GO TO BOX HA17CA.		
FLUSHOT	HA43DC	YES/NO	INFLUENZA VACCINE [3.0, O0250] Next, a question or two about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter? [EXPLAIN IF NECESSARY: Did (SP) have a flu shot anytime during the period from September (HS PREVIOUS YEAR) through December (HS PREVIOUS YEAR)?]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17CA (01) BOX HA17CA (-8) BOX HA17CA (-9) BOX HA17CA
	BOX HA17CA	routing	IF PreloadSP.PSHOTFLG = 1/Indicated, GO TO HA43E - EVRSMOKE. ELSE GO TO HA43DD - PNUESHOT.		
PNUESHOT	HA43DD	YES/NO	PNEUMOCOCCAL VACCINE [3.0, O0300] Has (SP) ever had a shot for pneumonia?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA43E - EVRSMOKE (01) HA43E - EVRSMOKE (-8) HA43E - EVRSMOKE (-9) HA43E - EVRSMOKE
EVRSMOKE	HA43E	YES/NO	SMOKING NOT ON MDS The next couple of questions are about smoking. Has (SP) ever smoked cigarettes, cigars, or pipe tobacco?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17D (01) BOX HA17D (-8) BOX HA17D (-9) BOX HA17D
	BOX HA17D	routing	IF HA11B - COMATOSE = 1/YesComatose, GO TO BOX HA23B. ELSE IF HA43E - EVRSMOKE = 1/Yes AND SP IS ALIVE, GO TO HA43F - NOWSMOKE. ELSE GO TO HA43GPRE - HA43GPRC.		
NOWSMOKE	HA43F	YES/NO	SMOKING NOT ON MDS Does (SP) smoke now?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA43GPRE - HA43GPRC (01) HA43GPRE - HA43GPRC (-8) HA43GPRE - HA43GPRC (-9) HA43GPRE - HA43GPRC
HA43GPRC	HA43GPRE	CODE ONE	IADLS NOT ON MDS Now I'm going to ask about how difficult it was, on the average, for (SP) to do certain kinds of activities on or around (HS REF DATE). Please tell me for each activity whether (SP) had no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or was not able to do it. PRESS "1" TO CONTINUE.	(01) CONTINUE	HA43G - IADSTOOP
IADSTOOP	HA43G	CODE ONE	IADLS NOT ON MDS SHOW CARD HA6 On or around (HS REF DATE), how much difficulty, if any, did (SP) have… stooping, crouching, or kneeling?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	(00) HA43G - IADLIFT (01) HA43G - IADLIFT (02) HA43G - IADLIFT (03) HA43G - IADLIFT (04) HA43G - IADLIFT (-8) Don't Know (-9) Refused

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
IADLIFT	HA43G	CODE ONE	IADLS NOT ON MDS SHOW CARD HA6 lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	(00) HA43G - IADREACH (01) HA43G - IADREACH (02) HA43G - IADREACH (03) HA43G - IADREACH (04) HA43G - IADREACH (-8) HA43G - IADREACH (-9) HA43G - IADREACH
IADREACH	HA43G	CODE ONE	IADLS NOT ON MDS SHOW CARD HA6 reaching or extending arms above shoulder level?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	(00) HA43G - IADGRASP (01) HA43G - IADGRASP (02) HA43G - IADGRASP (03) HA43G - IADGRASP (04) HA43G - IADGRASP (-8) HA43G - IADGRASP (-9) HA43G - IADGRASP
IADGRASP	HA43G	CODE ONE	IADLS NOT ON MDS SHOW CARD HA6 either writing or handling and grasping small objects?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	(00) HA43G - IADWALK (01) HA43G - IADWALK (02) HA43G - IADWALK (03) HA43G - IADWALK (04) HA43G - IADWALK (-8) HA43G - IADWALK (-9) HA43G - IADWALK
IADWALK	HA43G	CODE ONE	IADLS NOT ON MDS SHOW CARD HA6 walking a quarter of a mile - that is, about 2 or 3 blocks?	(00) NO DIFFICULTY AT ALL (01) A LITTLE DIFFICULTY (02) SOME DIFFICULTY (03) A LOT OF DIFFICULTY (04) NOT ABLE TO DO IT (-8) Don't Know (-9) Refused	(00) HA43H1 - DIFUSEPH (01) HA43H1 - DIFUSEPH (02) HA43H1 - DIFUSEPH (03) HA43H1 - DIFUSEPH (04) HA43H1 - DIFUSEPH (-8) HA43H1 - DIFUSEPH (-9) HA43H1 - DIFUSEPH
DIFUSEPH	HA43H1	CODE ONE	IADLS NOT ON MDS Now I'm going to ask about some everyday activities and whether (SP) had any difficulty doing them by (himself/herself) because of a health or physical problem on or around (HS REF DATE). Did (SP) have any difficulty on or around (HS REF DATE) using the telephone?	(00) NO (01) YES (03) DOESN'T DO (-8) Don't Know (-9) Refused	(00) HA43H2 - DIFSHOP (01) HA43H2 - DIFSHOP (03) HA43I1 - REASNOPH (-8) HA43H2 - DIFSHOP (-9) HA43H2 - DIFSHOP
REASNOPH	HA43I1	CODE ONE	IADLS NOT ON MDS You said that using the telephone is something that (SP) doesn't do. Is this because of a health or physical problem?	(00) NO (01)YES (-8) Don't Know (-9) Refused	(00) HA43H2 - DIFSHOP (01) HA43H2 - DIFSHOP (-8) HA43H2 - DIFSHOP (-9) HA43H2 - DIFSHOP
DIFSHOP	HA43H2	CODE ONE	IADLS NOT ON MDS Did (SP) have any difficulty on or around (HS REF DATE) shopping for personal items (such as toilet items or medicines)?	(00) NO (01) YES (03) DOESN'T DO (-8) Don't Know (-9) Refused	(00) HA43H3 - DIFMONEY (01) HA43H3 - DIFMONEY (03) HA43I2 - REASNOSH (-8) HA43H3 - DIFMONEY (-9) HA43H3 - DIFMONEY
REASNOSH	HA43I2	CODE ONE	IADLS NOT ON MDS You said that shopping is something that (SP) doesn't do. Is this because of a health or physical problem?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA43H3 - DIFMONEY (01) HA43H3 - DIFMONEY (-8) HA43H3 - DIFMONEY (-9) HA43H3 - DIFMONEY
DIFMONEY	HA43H3	CODE ONE	IADLS NOT ON MDS Did (SP) have any difficulty on or around (HS REF DATE) managing money (like keeping track of money or paying bills)?	(00) NO (01) YES (03) DOESN'T DO (-8) Don't Know (-9) Refused	(00) BOX HA17F (01) BOX HA17F (03)HA43I3 - REASNOMM (-8) BOX HA17F (-9) BOX HA17F
REASNOMM	HA43I3	CODE ONE	IADLS NOT ON MDS You said that managing money is something that (SP) doesn't do. Is this because of a health or physical problem?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA17F (01) BOX HA17F (-8) BOX HA17F (-9) BOX HA17F
	BOX HA17F	routing	IF SP IS ALIVE, GO TO HA43J - SPHEALTH. ELSE GO TO BOX HA23B.		
SPHEALTH	HA43J	CODE ONE	GENERAL HEALTH NOT ON MDS [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?	(00) EXCELLENT (01) VERY GOOD (02) GOOD (03) FAIR (04) POOR (-8) Don't Know (-9) Refused	(00) HA43K - GENHLTH (01) HA43K - GENHLTH (02) HA43K - GENHLTH (03) HA43K - GENHLTH (04) HA43K - GENHLTH (-8) HA43K - GENHLTH (-9) HA43K - GENHLTH

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
GENHLTH	HA43K	CODE ONE	GENERAL HEALTH NOT ON MDS Compared to one year ago, how would you rate (SP)'s health in general now? Would you say (SP)'s health is . . .	(00) much better now than one year ago, (01) somewhat better now than one year ago, (02) about the same, (03) somewhat worse now than one year ago, or (04) much worse now than one year ago? (-8) Don't Know (-9) Refused	(00) HA43L - LIMACTIV (01) HA43L - LIMACTIV (02) HA43L - LIMACTIV (03) HA43L - LIMACTIV (04) HA43L - LIMACTIV (-8) HA43L - LIMACTIV (-9) HA43L - LIMACTIV
LIMACTIV	HA43L	CODE ONE	GENERAL HEALTH NOT ON MDS How much of the time during the past month has (SP)'s health limited (his/her) social activities, like visiting with friends or close relatives? Would you say . . .	(00) none of the time, (01) some of the time, (02) most of the time, or (03) all of the time? (-8) Don't Know (-9) Refused	(00) BOX HA23B (01) BOX HA23B (02) BOX HA23B (03) BOX HA23B (-8) BOX HA23B (-9) BOX HA23B
	BOX HA23B	routing	IF BQ9-EDLEVELF = DK, RF, OR EMPTY, GO TO HA51B - HEDULEV. ELSE GO TO BOX HA24.		
HEDULEV	HA51B	CODE ONE	EDUCATION LEVEL NOT ON MDS As far as you know, what (is/was) the highest level of schooling (SP) completed? IF DK, USE CATEGORIES AS PROBES.	(01) NO FORMAL SCHOOLING (02) ELEMENTARY (1ST-8TH GRADES) (03) SOME HIGH SCHOOL (9TH-12TH GRADES) (04) COMPLETED HIGH SCHOOL, NO COLLEGE (05) TECHNICAL OR TRADE SCHOOL (06) SOME COLLEGE (07) COLLEGE GRADUATE (08) GRADUATE DEGREE (-8) Don't Know (-9) Refused	(01) BOX HA24 (02) BOX HA24 (03) BOX HA24 (04) BOX HA24 (05) BOX HA24 (06) BOX HA24 (07) BOX HA24 (08) BOX HA24 (-8) BOX HA24 (-9) BOX HA24
	BOX HA24	routing	IF HS2REF <> EMPTY OR DK AND (HS2DOI = EMPTY OR HA1PRE2T2 - HA1PRE2C = 1/Continue), GO TO BOX HAT2BEG. ELSE GO TO HC2 - DIDABSTR.		
DIDABSTR	HC2	CODE ONE	DID YOU ABSTRACT? TO ABSTRACT MEANS TO OBTAIN INFORMATION FROM THE BENEFICIARY'S RECORDS FOR ENTRY INTO THE QUESTIONNAIRE. EXAMPLES OF RECORDS YOU MAY HAVE ABSTRACTED FROM INCLUDE THE MINIMUM DATA SET (MDS), NURSES NOTES, PHYSICIANS ORDERS, AND/OR OTHER DOCUMENTS PROVIDED BY THE FACILITY. USE YOUR BEST JUDGMENT TO DETERMINE WHICH ANSWER IS THE MOST ACCURATE CHOICE FOR THE AMOUNT YOU ABSTRACTED. IF THERE WAS NO ABSTRACTION AT ALL, PLEASE SELECT "NONE".	(01) ALL (02) MAJORITY (03) HALF (04) SOME (05) NONE	(01) HC3 - WHYABSTR (02) HC3 - WHYABSTR (03) HC3 - WHYABSTR (04) HC3 - WHYABSTR (05) BOX HCEND
WHYABSTR	HC3	CODE ONE	WHY DID YOU ABSTRACT?	(01) NO KNOWLEDGEABLE RESPONDENT AVAILABLE (02) NO TIME/STAFF BURDEN TOO GREAT (03) REFUSAL--UNWILLING TO COOPERATE (91) OTHER	(01) BOX HCEND (02) BOX HCEND (03) BOX HCEND (91)HC3 - WHYABSOS
WHYABSOS	HC3	VERBATIM TEXT	OTHER(SPECIFY)	(01) CONTINUOUS ANSWER	BOX HCEND
	BOX HCEND	routing	GO TO HSFINSCR2 - FINSCRN2.		
	BOX HAT2BEG	routing	IF FACR.HAINTFLG <> 1/Indicated, GO TO HA1PRE1T2 - HA1PRE1C. ELSE GO TO HA1PRE2T2 - HA1PRE2C.		
HA1PRE1C	HA1PRE1T2	CODE ONE	RECORD IDENTIFICATION The next questions are about (SP)'s health status on or around (T2 REF DATE). We have found that much of the data we are collecting is usually located in the resident's (full Minimum Data Set (MDS) assessments, the Quarterly Review forms, and other medical chart notes/medical record). Please take a moment to locate the records now and confirm they are the records closest to (T2 REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA1PRE2T2 - HA1PRE2C
HA1PRE2C	HA1PRE2T2	CODE ONE	RECORD IDENTIFICATION [Those are all of the questions we have about (SP)'s health on (HS REF DATE). Now, I would like to ask some questions about (his/her) health at (T2 REF DATE)./The following questions are about (SP)'s health status on or around (T2 REF DATE)]. PRESS "1" TO CONTINUE.	(01) CONTINUE	BOX HA2T2
	BOX HA2T2	routing	IF HA2-RECFORMS = 1/Yes OR (HA2-RECFORMS = EMPTY AND Prelaod.HSFORMS = 1/Indicated), GO TO HA2BT2 - RECFORM2. ELSE IF HS1REF <> EMPTY, GO TO HA9PREBT2 - HA9PRBC. ELSE GO TO HA1T2 - RECHAVE.		
RECHAVE	HA1T2	YES/NO	RECORD IDENTIFCATION Do you have (SP)'s medical records for the period on or around (T2 REF DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA1BT2 - HSCONTN1 (01) BOX HA2AT2 (-8) HA1BT2 - HSCONTN1 (-9) HA9PREBT2 - HA9PRBC
HSCONTN1	HA1BT2	CODE ONE	Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT THE MEDICAL RECORDS?	(00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MEDICAL RECORDS	(00) BOX HCENDT2 (01) HA9PREBT2 - HA9PRBC

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA2AT2	routing	IF (PLACTYPE = 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF OR 17/RehabilitationFacility) OR FQ.COMPLEXF = 1/Indicated, GO TO HA2T2 - RECFORMS. ELSE GO TO HA9PREBT2 - HA9PRBC.		
RECFORMS	HA2T2	YES/NO	RECORD IDENTIFICATION Do the medical records contain any full MDS assessment or Quarterly Review Forms? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) NO (01) YES	(00) HA2B1T2 - HSCONTN2 (01) HA2BT2 - RECFORM2
HSCONTN2	HA2B1T2	CODE ONE	Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT WITHOUT ANY MDS FORMS?	(00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITHOUT MDS	(00) BOX HCENDT2 (01) HA9PREBT2 - HA9PRBC
RECFORM2	HA2BT2	YES/NO	RECORD IDENTIFICATION Do (SP)'s medical records contain (a full/another) MDS assessment or Quarterly Review form dated [after (PreloadSP.PRVHSREF)/after (PreloadSP.LASTVAD)/on or around (T2 REF DATE)/after BCVAD)]?	(00) NO (01) YES	(00) HA2CT2 - HSCONTN3 (01) HA3BT2 - ASSESDT1
HSCONTN3	HA2CT2	CODE ONE	Is there someone else I should speak with, or do the records exist elsewhere? DO YOU WANT TO CONTINUE THE INTERVIEW FOR THIS SP WITH THIS RESPONDENT?	(00) NO, RETURN TO NAVIGATE SCREEN (01) YES, CONTINUE WITH THIS RESPONDENT	(00) BOX HCENDT2 (01) HA9PREBT2 - HA9PRBC
ASSESDT1	HA3BT2	DATE	RECORD IDENTIFICATION What is the assessment date on the full MDS assessment or Quarterly Review that was completed closest to (T2 REF DATE) for (SP) after (RAD+14)/BCVAD/PreloadSP.LASTVAD]. ENTER DATE IN "MM DD YY" FORMAT. (IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.)	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	(01) BOX HA4T2 (-8) BOX HA4T2 (-9) BOX HA4T2
	BOX HA4T2	routing	IF HA3BT2 - ASSESDT1 = DK, RF AND FIRST TIME AT HA3BT2 - ASSESDT1, GO TO HA9PREBT2 - HA9PRBC. ELSE GO TO BOX HA5T2.		
	BOX HA5T2	routing	IF LAST ASSESSMENT DATE ENTRY COLLECTED IN HA3BT2 - ASSESDT1 IS VALID, GO TO HA4T2 - FORMTYPE1. ELSE GO TO HA5T2 - CLOSFORM.		
FORMTYPE1	HA4T2	CODE ONE	RECORD IDENTIFICATION Please tell me if the form with the assessment date of (T2 ASSESS DATE) is a full MDS or a quarterly review.	(00) QUARTERLY REVIEW (01) FULL MDS (-8) Don't Know (-9) Refused	(00) BOX HA7T2 (01) BOX HA7T2 (-8) BOX HA7T2 (-9) BOX HA7T2
	BOX HA7T2	routing	IF MOST RECENT ASSESSMENT DATE IS COMPLETE THEN COMPARE WITH T2 REF DATE. IF NUMBER OF DAYS BETWEEN ASSESSMENT DATE AND T2 REF DATE MORE THAN +/- 7, GO TO HA5T2 - CLOSFORM. ELSE GO TO BOX HA9T2A		
CLOSFORM	HA5T2	YES/NO	Besides the form you just told me about, does (SP)'s medical record contain any other MDS form or Quarterly Review form dated closer to (T2 REF DATE)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX HA8T2 (01) BOX HA8T2 (-8) BOX HA8T2 (-9) BOX HA8T2
	BOX HA8T2	routing	IF HA5T2 - CLOSFORM = 1/Yes, GO TO HA3BT2 - ASSESDT1. ELSE GO TO BOX HA9T2A.		
	BOX HA9T2A	routing	IF T2TOT = 1 AND (FORMTYPE = DK, RF, OR EMPTY), GO TO HA9PREBT2 - HA9PRBC. ELSE GO TO BOX HA9T2B.		
	BOX HA9T2B	routing	GO TO BOX HA9T2C.		
	BOX HA9T2C	routing	IF CVATYPE = 1/FullMDS, GO TO HA6T2 - FORMREAS. ELSE IF CVATYPE = 0/QuarterlyReview, AND XBACKUP = EMPTY, GO TO HA7AT2 - RECMDS. ELSE GO TO HA7CT2 - MDSINT1.		
FORMREAS	HA6T2	CODE ONE	RECORD IDENTIIFCATION [3.0, A0310A] ASSESSMENT DATE: {ASSESSMENT DATE} What was the primary reason for the assessment on the full MDS assessment dated (TCVAD)?	(01) ADMISSION (02) ANNUAL (03) SIGNIFICANT CHANGE IN STATUS (91) OTHER (-8) Don't Know (-9) Refused	(01) HA7CT2 - MDSINT1 (02) HA7CT2 - MDSINT1 (03) HA7CT2 - MDSINT1 (91) HA6T2 - FORMREOS (-8) HA7CT2 - MDSINT1 (-9) HA7CT2 - MDSINT1
FORMREOS	HA6T2	VERBATIM TEXT	OTHER (SPECIFY)	(01) Continuous answer	HA7CT2 - MDSINT1
RECMDS	HA7AT2	YES/NO	Does (SP)'s medical record contain a full MDS assessment dated between (T2 DATE RANGE). PRESS F1 KEY FOR COMPLETE DEFINITIONS	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA7CT2 - MDSINT1 (01) HA7BT2 - ASSESDT2 (-8) HA7CT2 - MDSINT1 (-9) HA7CT2 - MDSINT1
ASSESDT2	HA7BT2	NUMERIC	What is the date of the full MDS assessment closest to (T2 REF DATE)? IF NO MDS AVAILABLE, BACK UP AND CHANGE THE RESPONSE.	(01)Continuous Answer (-8) Don't Know (-9) Refused	(01) BOX HA10T2 (-8) BOX HA10T2 (-9) BOX HA10T2
	BOX HA10T2	routing	IF CCN=NON-MISSING THEN GO TO BOX HA17BBT2. ELSE GO TO HA7CT2 - MDSINT1.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MDSINT1	HA7CT2	CODE ONE	RECORD IDENTIFICATION Please refer to the (FORM TYPE) with the assessment date of (CLOSEST VALID ASSESSMENT DATE) when answering the following questions. [If the information is not found on the Quarterly Review, please refer to the full MDS form with the assessment date of (BACKUP MDS ASSESSMENT DATE)/If the information is not found on the MDS form, please refer to (SP)'s medical record) to answer the questions.] PRESS "1" TO CONTINUE.	(01) Continue	BOX HA19AT2
	BOX HA19AT2	routing	GO TO HA11BT2 - COMATOSE.		
HA9PRBC	HA9PREBT2	CODE ONE	Now I have some questions concerning (SP)'s health on or around [(HS REF DATE)/(his/her) admission to the (facility/home)]. [(Please refer to (SP)'s medical record/Since I will be collecting information about (SP) on or around (HS REF DATE) and there is no MDS or Quarterly Review available close to that date, please refer to (SP)'s medical record for the information/Since you do not have a medical record at hand for reference, please think about the information found in (SP)'s medical record) to answer these questions.] PRESS "1" TO CONTINUE.	(01) Continue	HA11BT2 - COMATOSE
COMATOSE	HA11BT2	CODE ONE	COMATOSE [3.0, B0100] Was (SP) in a persistent vegetative state with no discernible consciousness on (T2 REF DATE)?	(00) NO (NOT COMATOSE) (01) YES (COMATOSE) (-8) Don't Know (-9) Refused	(00) HA12AABT2 - MENTCON (01) HA39BT2 - FCWEIGHT (-8) HA12AABT2 - MENTCON (-9) HA12AABT2 - MENTCON
MENTCON	HA12AABT2	YES/NO	COGNITIVE PATTERNS [3.0, C0100] Should a brief interview for Mental Status (C0200-C0500) be conducted?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA12PREBT2 - HA12PRBC (01) HA12ABT2 - MENTSUM (-8) HA12PREBT2 - HA12PRBC (-9) HA12PREBT2 - HA12PRBC
MENTSUM	HA12ABT2	NUMERIC	BRIEF INTERVIEW FOR MENTAL STATUS (BIMS) SUMMARY SCORE [3.0, C0500] ENTER SUMMARY SCORE (0 -15) FROM BIMS. ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.	(01) CONTINOUS ANSWER (-8) Don't Know (-9) Refused	(01) BOX HA12A (-8) BOX HA13BT2 (-9) BOX HA13BT2
	BOX HA12A	routing	IF MENTSUM=99, GO TO HA12PREBT2-HA12PRBC. ELSE GO TO BOX HA13BT2.		
HA12PRBC	HA12PREBT2	CODE ONE	MEMORY/COGNITIVE SKILLS [(Since (SP) was recorded as being unable to complete the Brief Interview for Mental Status, the next series of questions deal with (SP)'s memory recall ability./The next series of questions deal with (SP)'s memory or recall ability.)] PRESS "1" TO CONTINUE.	(01) CONTINUE	HA12BT2 - CSMEMST
CSMEMST	HA12BT2	CODE ONE	MEMORY/COGNITIVE SKILLS [3.0, C0700] On or around (T2 REF DATE), was (SP)'s short-term memory okay, that is, did (he/she) seem or appear to recall things after 5 minutes?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused	(00) HA13BT2 - CSMEMLT (01) HA13BT2 - CSMEMLT (-8) HA13BT2 - CSMEMLT (-9) HA13BT2 - CSMEMLT
CSMEMLT	HA13BT2	CODE ONE	MEMORY/COGNITIVE SKILLS [3.0, C0800] Was (SP)'s long-term memory okay; that is, did (she/he) seem or appear to recall events in the distant past?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) Refused	(00) HA14BT2 - HA14BCOD (01) HA14BT2 - HA14BCOD (-8) HA14BT2 - HA14BCOD (-9) HA14BT2 - HA14BCOD
HA14BCOD	HA14BT2	CODE ALL	MEMORY/COGNITIVE SKILLS [3.0, C0900] On or around (T2 REF DATE), was (SP) able to recall… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR.	(01) the current season? (02) the location of (her/his) own room? (03) staff names or faces? (04) the fact that (she/he) was in a nursing home? (96) NONE CHECKED (-8) Don't Know	(01) HA15BT2 - CSDECIS (02) HA15BT2 - CSDECIS (03) HA15BT2 - CSDECIS (04) HA15BT2 - CSDECIS (96) HA15BT2 - CSDECIS (-8) HA15BT2 - CSDECIS
CSDECIS	HA15BT2	CODE ONE	MEMORY/COGNITIVE SKILLS [3.0, C1000] How skilled was (SP) in making daily decisions? Was (she/he) independent, did (she/he) exhibit modified independence, was (she/he) moderately impaired, or was (she/he) severely impaired? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) INDEPENDENT (01) MODIFIED INDEPENDENCE (02) MODERATELY IMPAIRED (03) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused	(00) BOX HA13BT2 (01) BOX HA13BT2 (02) BOX HA13BT2 (03) BOX HA13BT2 (-8) BOX HA13BT2 (-9) BOX HA13BT2
	BOX HA13BT2	routing	GO TO HA21BT2 - BSAYSOT		
BSAYSOT	HA21BT2	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0200] How often did the following behavioral problems occur on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily? Physical behavior symptoms directed toward others.	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA21BT2 - BSVERBOT (01) HA21BT2 - BSVERBOT (02) HA21BT2 - BSVERBOT (03) HA21BT2 - BSVERBOT (-8) HA21BT2 - BSVERBOT (-9) HA21BT2 - BSVERBOT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BSVERBOT	HA21BT2	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0200] Verbal behavior symptoms directed toward others.	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA21BT2 - BSNOTOT (01) HA21BT2 - BSNOTOT (02) HA21BT2 - BSNOTOT (03) HA21BT2 - BSNOTOT (-8) HA21BT2 - BSNOTOT (-9) HA21BT2 - BSNOTOT
BSNOTOT	HA21BT2	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0200] Other behavioral symptoms not directed toward others.	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) BOX HA21BT2 (01) BOX HA21BT2 (02) BOX HA21BT2 (03) BOX HA21BT2 (-8) BOX HA21BT2 (-9) BOX HA21BT2
	BOX HA21BT2	routing	IF HA21BT2 - BSAYSOT and HA21BT2 - BSVERBOT and HA21BT2 - BSNOTOT = 0/BehaviorNotExhibited, GO TO HA21CBT2 - BSNOEVAL. ELSE GO TO HA21ABT2 - BSELFILL.		
BSELFILL	HA21ABT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0500] Did any of (SP)'s behavior… put the resident at significant risk for physical illness or injury?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21ABT2 - BSELFCAR (01) HA21ABT2 - BSELFCAR (-8) HA21ABT2 - BSELFCAR (-9) HA21ABT2 - BSELFCAR
BSELFCAR	HA21ABT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0500] significantly interfere with the resident's care?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21ABT2 - BSELFACT (01) HA21ABT2 - BSELFACT (-8) HA21ABT2 - BSELFACT (-9) HA21ABT2 - BSELFACT
BSELFACT	HA21ABT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0500] significantly interfere with the resident's participation in activities or social interactions?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21BBT2 - BSOTHILL (01) HA21BBT2 - BSOTHILL (-8) HA21BBT2 - BSOTHILL (-9) HA21BBT2 - BSOTHILL
BSOTHILL	HA21BBT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0600] Did any of (SP)'s behavior… put others at significant risk for physical illness or injury?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21BBT2 - BSOTHACT (01) HA21BBT2 - BSOTHACT (-8) HA21BBT2 - BSOTHACT (-9) HA21BBT2 - BSOTHACT
BSOTHACT	HA21BBT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0600] significantly intrude on the privacy or activities of others?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21BBT2 - BSOTHENV (01) HA21BBT2 - BSOTHENV (-8) HA21BBT2 - BSOTHENV (-9) HA21BBT2 - BSOTHENV
BSOTHENV	HA21BBT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E0600] significantly disrupt care or living environment?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21CBT2 - BSNOEVAL (01) HA21CBT2 - BSNOEVAL (-8) HA21CBT2 - BSNOEVAL (-9) HA21CBT2 - BSNOEVAL
BSNOEVAL	HA21CBT2	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0800] How often did (SP) reject evaluation or care that is necessary to achieve (his/her) goals for health and well-being on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA21DBT2 - BSOFTWAN (01) HA21DBT2 - BSOFTWAN (02) HA21DBT2 - BSOFTWAN (03) HA21DBT2 - BSOFTWAN (-8) HA21DBT2 - BSOFTWAN (-9) HA21DBT2 - BSOFTWAN
BSOFTWAN	HA21DBT2	CODE ONE	BEHAVIORAL SYMPTOMS [3.0, E0900] How often did (SP) wander on or around (T2 REF DATE)? Would you say the behavior was not exhibited, occurred 1 to 3 days, occurred 4 to 6 days, but less than daily, or occurred daily?	(00) BEHAVIOR NOT EXHIBITED (01) BEHAVIOR OCCURRED 1 TO 3 DAYS (02) BEHAVIOR OCCURRED 4 TO 6 DAYS (03) BEHAVIOR OCCURRED DAILY (-8) Don't Know (-9) Refused	(00) HA22PREBT2 - HA22PRBC (01) HA21EBT2 - BSWDANGR (02) HA21EBT2 - BSWDANGR (03) HA21EBT2 - BSWDANGR (-8) HA21EBT2 - BSWDANGR (-9) HA21EBT2 - BSWDANGR
BSWDANGR	HA21EBT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E1000] Did any of (SP)'s wandering… place the resident at significant risk of getting to a potentially dangerous place?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA21EBT2 - BSWOTACT (01) HA21EBT2 - BSWOTACT (-8) HA21EBT2 - BSWOTACT (-9) HA21EBT2 - BSWOTACT
BSWOTACT	HA21EBT2	YES/NO	BEHAVIORAL SYMPTOMS [3.0, E1000] BSWOTACT significantly intrude on the privacy or activities of others?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) HA22PREBT2 - HA22PRBC (01) HA22PREBT2 - HA22PRBC (-8) HA22PREBT2 - HA22PRBC (-9) HA22PREBT2 - HA22PRBC

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA22PRBC	HA22PREBT2	CODE ONE	The next questions are about (SP)'s ability to perform Activities of Daily Living or ADLs, on or around (T2 REF DATE). I will read you a list of activities and would like you to tell me if (SP)'s self-performance was independent, required supervision, required limited assistance, required extensive assistance, was totally dependent, or if the activity did not occur. [By self-performance I mean what (SP) actually did for (himself/herself) and how much help was required by staff members.] PRESS "1" TO CONTINUE.	(01) CONTINUE	HA22BT2 - PFTRNSFR
PFTRNSFR	HA22BT2	CODE ONE	ADLS/PHYSCIAL FUNCTIONING [3.0, G0110] (SHOW CARD HA1) Please tell me (SP)'s level of self-performance in… PRESS F1 KEY FOR COMPLETE DEFINITIONS. transferring (for example, in and out of bed).	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	(00) HA22BT2 - PFLOCOMO (01) HA22BT2 - PFLOCOMO (02) HA22BT2 - PFLOCOMO (03) HA22BT2 - PFLOCOMO (04) HA22BT2 - PFLOCOMO (07) HA22BT2 - PFLOCOMO (08) HA22BT2 - PFLOCOMO (-8) HA22BT2 - PFLOCOMO (-9) HA22BT2 - PFLOCOMO
PFLOCOMO	HA22BT2	CODE ONE	ADLS/PHYSCIAL FUNCTIONING [3.0, G0110] locomotion on unit.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	(00) IHA22BT2 - PFDRSSNG (01) HA22BT2 - PFDRSSNG (02) HA22BT2 - PFDRSSNG (03) HA22BT2 - PFDRSSNG (04) HA22BT2 - PFDRSSNG (07) HA22BT2 - PFDRSSNG (08) HA22BT2 - PFDRSSNG (-8) HA22BT2 - PFDRSSNG (-9) HA22BT2 - PFDRSSNG
PFDRSSNG	HA22BT2	CODE ONE	ADLS/PHYSCIAL FUNCTIONING [3.0, G0110] dressing.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	(00) HA22BT2 - PFEATING (01) HA22BT2 - PFEATING (02) HA22BT2 - PFEATING (03) HA22BT2 - PFEATING (04) HA22BT2 - PFEATING (07) HA22BT2 - PFEATING (08) AHA22BT2 - PFEATING (-8) HA22BT2 - PFEATING (-9) HA22BT2 - PFEATING
PFEATING	HA22BT2	CODE ONE	ADLS/PHYSCIAL FUNCTIONING [3.0, G0110] eating.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	(00) HA22BT2 - PFTOILET (01) HA22BT2 - PFTOILET (02) HA22BT2 - PFTOILET (03) HA22BT2 - PFTOILET (04) HA22BT2 - PFTOILET (07) HA22BT2 - PFTOILET (08) HA22BT2 - PFTOILET (-8) HA22BT2 - PFTOILET (-9) HA22BT2 - PFTOILET
PFTOILET	HA22BT2	CODE ONE	ADLS/PHYSCIAL FUNCTIONING [3.0, G0110] using the toilet.	(00) INDEPENDENT (01) SUPERVISION (02) LIMITED ASSISTANCE (03) EXTENSIVE ASSISTANCE (04) TOTAL DEPENDENCE (07) ACTIVITY OCCURRED ONLY ONCE OR TWICE (08) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	(00) HA23BT2 - PFBATHNG (01) HA23BT2 - PFBATHNG (02) HA23BT2 - PFBATHNG (03) HA23BT2 - PFBATHNG (04) HA23BT2 - PFBATHNG (07) HA23BT2 - PFBATHNG (08) HA23BT2 - PFBATHNG (-8) HA23BT2 - PFBATHNG (-9) HA23BT2 - PFBATHNG
PFBATHNG	HA23BT2	CODE ONE	ADLS/PHYSICAL FUNCTIONING [3.0, G0120] Again referring to the time on or around (T2 REF DATE), what was (SP)'s level of self-performance when bathing: was (she/he) independent, did (she/he) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (she/he) totally dependent, or did the activity not occur? PRESS F1 KEY FOR COMPLETE DEFINITIONS.	(00) INDEPENDENT (01) SUPERVISION (02) PHYSICAL HELP LIMITED TO TRANSFER ONLY (03) PHYSICAL HELP IN PART OF BATHING ACTIVITY (04) TOTAL DEPENDENCE (07) ACTIVITY DID NOT OCCUR (-8) Don't Know (-9) Refused	(00) HA24PREBT2 - HA24PRBC (01) HA24PREBT2 - HA24PRBC (02) HA24PREBT2 - HA24PRBC (03) HA24PREBT2 - HA24PRBC (04) HA24PREBT2 - HA24PRBC (07) HA24PREBT2 - HA24PRBC (-8) HA24PREBT2 - HA24PRBC (-9) HA24PREBT2 - HA24PRBC
HA24PRBC	HA24PREBT2	CODE ONE	The next questions are about modes of locomotion and appliances or devices (SP) might have used on or around (T2 REF DATE). PRESS "1" TO CONTINUE.	(01) CONTINUE	HA24BT2 - HA24BCOD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA24BCOD	HA24BT2	CODE ALL	MODES OF LOCOMOTION [3.0, G0600] On or around (T2 REF DATE) did (he/she) use… SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. PRESS F1 KEY FOR COMPLETE DEFINITIONS. WHEN ABSTRACTING FROM THE MDS, ONLY SELECT "96-NONE OF THE ABOVE" IF THAT IS THE BOX CHECKED ON THE MDS.	(01) a cane or crutch? (02) a walker? (03) a manual or electric wheelchair? (04) a limb prosthesis? (96) NONE CHECKED (-8) Don't Know (-9) Refused	(01) BOX HA14BT2 (02) BOX HA14BT2 (03) BOX HA14BT2 (04) BOX HA14BT2 (96) BOX HA14BT2 (-8) BOX HA14BT2 (-9) BOX HA14BT2
	BOX HA14BT2	routing	GO TO HA39BT2 - FCWEIGHT		
FCWEIGHT	HA39BT2	NUMERIC	ORAL/NUTRITIONAL STATUS [3.0, K0200] What was (SP)'s weight on or around (T2 REF DATE)?	(01) CONTINUOUS (-8) Don't Know (-9) Refused	(01) BOX HA17BBT2 (-8) BOX HA17BBT2 (-9) BOX HA17BBT2
	BOX HA17BBT2	routing	GO TO HC2T2 - DIDABSTR.		
DIDABSTR	HC2T2	CODE ONE	DID YOU ABSTRACT? TO ABSTRACT MEANS TO OBTAIN INFORMATION FROM THE BENEFICIARY'S RECORDS FOR ENTRY INTO THE QUESTIONNAIRE. EXAMPLES OF RECORDS YOU MAY HAVE ABSTRACTED FROM INCLUDE THE MINIMUM DATA SET (MDS), NURSES NOTES, PHYSICIANS ORDERS, AND/OR OTHER DOCUMENTS PROVIDED BY THE FACILITY. USE YOUR BEST JUDGMENT TO DETERMINE WHICH ANSWER IS THE MOST ACCURATE CHOICE FOR THE AMOUNT YOU ABSTRACTED. IF THERE WAS NO ABSTRACTION AT ALL, PLEASE SELECT "NONE".	(01) ALL (02) MAJORITY (03) HALF (04) SOME (05) NONE	(01) HC3T2 - WHYABSTR (02) HC3T2 - WHYABSTR (03) HC3T2 - WHYABSTR (04) HC3T2 - WHYABSTR (05) BOX HCENDT2
WHYABSTR	HC3T2	CODE ONE	WHY DID YOU ABSTRACT?	(01) NO KNOWLEDGEABLE RESPONDENT AVAILABLE (02) NO TIME/STAFF BURDEN TOO GREAT (03) REFUSAL--UNWILLING TO COOPERATE (91) OTHER	(01) BOX HCENDT2 (02) BOX HCENDT2 (03) BOX HCENDT2 (91) HC3T2 - WHYABSOS
WHYABSOS	HC3T2	VERBATIM TEXT	OTHER (SPECIFY)	(01) Continuous Answer	BOX HCENDT2
	BOX HCENDT2	routing	GO TO HSFINSCR2 - FINSCRN2.		
FINSCRN2	HSFINSCR2	CODE ONE	(RETURN TO NAVIGATOR TO CONTINUE INTERVIEW. THE HEALTH STATUS SECTION WAS NOT COMPLETED./YOU HAVE COMPLETED THE HEALTH STATUS SECTION FOR THIS SP.) PRESS "1" TO TO CONTINUE.	(01) CONTINUE	HSFINSCR - FINSCRN
FINSCRN	HSFINSCR	CODE ONE	PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) CONTINUE	BOX HSEND
	BOX HSEND	routing	GO TO NAVIGATOR		