Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			USE OF HEALTH SERVICES SECTION SPECIFICATIONS CRITERIA The Use of Health Services section is only administered to Continuing Facility Resident (CFR) cases and Continuing crossover facility (CFC or FFC) cases in all rounds. It it is not administered to baseline (IPR) cases. IF MCBSFAC_BPreloadSP.CURRTYPE in (1/CFR, 2/CFC, 3/FFC) THEN administer in all seasons (MCBSFAC_BPreloadSP.ROUNDTYPE in 1, 2, or 3) PLACEMENT Administered in flexible order after FQ/RH/BQ is completed.		
HSUSINT	HSUSINT	yes/no	Welcome, and thank you for taking the time to complete this survey! Your input is very important in helping to strengthen Medicare. This survey focuses on (SP)'s [(utilization of health care services and their health status)/(health status)/(utilization of health care services)] between [(DATE OF LAST INTERVIEW/RAD)] and [(DATE OF DISCHARGE/DATE OF INTERVIEW)] while they were in a resident in (FACILITY). Will you be able to answer questions on this topic?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) RFACNAM (02) HUSTAFF (-8) HUSTAFF (-9) HUSTAFF
RFACNAM	RFACNAM	yes/no	Before starting the survey let's verify that our information is correct. Is the name shown on your screen the person completing this survey? [FACILITY RESPONDENT NAME] Minor typos do not need to be corrected. However, if the name on screen is inaccurate or if your name is spelled incorrectly in a way that requires a full correction, please select NO on this screen. You will then be able to update your name on the next screen.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) RFACTITL (02) RFACNAM2 (-8) HUSTAFF (-9) HUSTAFF
RFACNAM2	RFACNAM2	verbatim	Please (enter/tell me) your first and last name.	(01) Continuous answer	(01) RFACNAM2-RFACNMEA
RFACNMEA	RFACNAM2	verbatim	Please (enter/tell me) your email address.	(01) Continuous answer	(01) RFACNAM2-RFACNMPH
RFACNMPH	RFACNAM2	verbatim	Please (enter/tell me) your phone number.	(01) Continuous answer	(01) RFACTITL
RFACTITL	RFACTITL	code one	Please (select/tell me) the title most appropriate for yourself at (FACILITY).	(01) DIRECTOR OF NURSING/VP OF NURSING (02) ASSISTANT DIRECTOR OF NURSING (03) HEAD NURSE/NURSE SUPERVISOR/CHARGE NURSE (04) NURSE, FLOOR/SHIFT (05) SOCIAL WORKER/CASE WORKER/ACTIVITIES COORDINATOR OR DIRECTOR (06) MEDICAL RECORDS CLERK/SUPERVISOR/DIRECTOR (07) NURSES AID (11) MDS COORDINATOR/NURSE (12) CASE MIX COORDINATOR (13) CARE PLAN COORDINATOR/NURSE (14) QUALITY ASSURANCE COORDINATOR (21) OWNER (22) ADMINISTRATOR (23) ASSISTANT ADMINISTRATOR/ADMINISTRATOR IN TRAINING (24) MEDICAL DIRECTOR (25) ADMISSIONS DIRECTOR/COORDINATOR (26) HUMAN RESOURCES STAFF MEMBER (27) VP FOR OPERATIONS (28) ADMINISTRATIVE ASSISTANT/SECRETARY/RECEPTIONIST (30) VP FOR FINANCE (31) CONTROLLER/COMPTROLLER (32) BUSINESS OFFICE MANAGER (33) ACCOUNTING SUPERVISOR (34) ACCOUNTING/BILLING OR ACCOUNTS RECEIVABLE CLERK/BOOKKEEPER (35) ELECTRONIC DATA PROCESSING STAFF MEMBER (36) HEALTH INFORMATION MANAGER (37) RESIDENT CARE COORDINATOR/DIRECTOR (38) ASSISTED LIVING MANAGER/DIRECTOR (91) OTHER	(01) - (38) BOX USBEG (91) RFACTLOS

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RFACTLOS	RFACTLOS	verbatim	(Please enter your title on this screen./ENTER TITLE FACILITY RESPONDENT PROVIDED)	(01) [Continuous answer.]	(01) BOX USBEG
HUSTAFF	HUSTAFF	Roster	Collecting this information is necessary to move forward with the survey. Please enter the name, email address, and phone number for the staff member that would be best suited to answer these questions and they will be contacted to complete the survey.	(01) [Continuous answer.]	(01) CONTHUNM
CONTHUNM	HUSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S NAME	(01) [Continuous answer.]	(01) CONTHUPH
CONTHUPH	HUSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S PHONE NUMBER	(01) [Continuous answer.]	(01) CONTHUEA
CONTHUEA	HUSTAFF	verbatim	ENTER FACILITY STAFF PERSON'S EMAIL ADDRESS	(01) [Continuous answer.]	(01) USHSEND2
	BOX USBEG		IF MCBSFAC_BPreloadSP.CURRTYPE in (1/CFR, 2/CFC, 3/FFC) THEN GO TO US1PRE-US1PRECT ELSE GO TO BOX HSBEG		
US1PRECT	US1PRE	code one	This series of questions is about the health care services that (SP) may have received between (US REFERENCE START DATE) and (US REFERENCE END DATE) while (SP) resided in (FACILITY). The questions include any services that (SP) received outside this (facility/home), as well as care from any providers who saw (SP) here. The kinds of services that will be asked about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. You will be asked about the type of provider and the frequency or duration of the services. Please do **not** include care while (SP) was an overnight inpatient in an acute care hospital.	(01) Continue	(01) US1 - OUTMDVST
OUTMDVST	US1	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE) while a resident in this (facility/home), did (SP) see a medical doctor of any kind, outside the (facility/home), excluding mental health therapy provided by a psychiatrist? Please include telehealth visits. Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US2 - OUTMDFRQ (02) US3 - INMDVST (-8) US3 - INMDVST (-9) US3 - INMDVST
OUTMDFRQ	US2	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (SP) see doctors outside this (facility/home)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US48-OUTMDTEL
OUTMDTEL	US48	yes/no	Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US3 – INMDVST
INMDVST	US3	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (SP) see a medical doctor of any kind, here, in this (facility/home), excluding mental health therapy provided by a psychiatrist? Please include telehealth visits. Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US5A - ANYMDFRQ (02) US6PRE - US6PRECT (-8) ~~US3A - US3ACT~~ US6PRE - US6PRECT (-9) US6PRE - US6PRECT
ANYMDFRQ	US5A	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (SP) see any doctor here?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US49 - ANYMDTEL
ANYMDTEL	US49	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US6PRE - US6PRECT
US6PRECT	US6PRE	code one	The following questions are about services used both inside and outside this (facility/home). We are only interested in services (SP) received while residing in (FACILITY).	(01) Continue	US6 - DENTVST
DENTVST	US6	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (SP) see a dentist, dental surgeon, dental assistant, or any other professional for dental care? Please include telehealth visits.Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US7 - DENTFRQ (02) US8 - MENTLVST (-8) US8 - MENTLVST (-9) US8 - MENTLVST
DENTFRQ	US7	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (SP) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US50 - DENTTEL
DENTTEL	US50	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US8 - MENTLVST

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MENTLVST	US8	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (SP) see a psychiatrist or any other mental health care professional either inside or outside this (facility/home)? Please include telehealth visits. Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US9 - PSYCHTYP (02) US12 - PHYSTHPY (-8) US12 - PHYSTHPY (-9) US12 - PHYSTHPY
PSYCHTYP	US9	code all	What type of mental health specialist did (SP) see? Please select **all** mental health specialists seen by (SP).	(01) LICENSED CLINICAL SOCIAL WORKER (02) PSYCHIATRIC NURSE (03) PSYCHIATRIC SOCIAL WORKER (04) PSYCHIATRIST (05) PSYCHOLOGIST (91) OTHER	(01) BOX US10A (02) BOX US10A (03) BOX US10A (04) BOX US10A (05) BOX US10A (91) US9 - PSYCHOS
PSYCHOS	US9	verbatim	OTHER (SPECIFY)	(01) [Continuous Answer]	(01) BOX US10A
	BOX US10A	routing	IF US9-PSYCHTYP INCLUDES 1/LicensedClinicalSocWork, GO TO US10A - LCSOWSES. ELSE GO TO BOX US10B.		
LCSOWSES	US10A	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (SP) have with a licensed clinical social worker?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US11A - LCSOWTYP
LCSOWTYP	US11A	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	US51 - LSCOWTEL
LSCOWTEL	US51	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX US10B
	BOX US10B	routing	IF US9-PSYCHTYP INCLUDES 2/PsychiatricNurse, GO TO US10B - PSCNUSES. ELSE GO TO BOX US10C.		
PSCNUSES	US10B	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (SP) have with a psychiatric nurse?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	US11B - PSCNUTYP
PSCNUTYP	US11B	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH	US52 - PSCNUTEL
PSCNUTEL	US52	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX US10C
	BOX US10C	routing	IF US9-PSYCHTYP INCLUDES 3/PsychiatricSocWork, GO TO US10C - PSSOWSES. ELSE GO TO BOX US10D.		
PSSOWSES	US10C	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (SP) have with a psychiatric social worker?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US11C - PSSOWTYP
PSSOWTYP	US11C	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH (-8) Don't Know (-9) REFUSED	US53 - PSSOWTEL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PSSOWTEL	US53	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX US10D
	BOX US10D	routing	IF US9-PSYCHTYP INCLUDES 4/Psychiatrist, GO TO US10D - PSCIASES. ELSE GO TO BOX US10E.		
PSCIASES	US10D	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (SP) have with a psychiatrist?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US11D - PSCIATYP
PSCIATYP	US11D	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH (-8) Don't Know (-9) REFUSED	US54 - PSCIATEL
PSCIATEL	US54	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX US10E
	BOX US10E	routing	IF US9-PSYCHTYP INCLUDES 5/Psychologist, GO TO US10E - PSCOLSES. ELSE GO TO BOX US10F.		
PSCOLSES	US10E	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (SP) have with a psychologist?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US11E - PSCOLTYP
PSCOLTYP	US11E	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH (-8) Don't Know (-9) REFUSED	US55 - PSCOLTEL
PSCOLTEL	US55	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX US10F
	BOX US10F	routing	IF US9-PSYCHTYP INCLUDES 91/Other, GO TO US10F - PSOTRSES. ELSE GO TO US12 - PHYSTHPY.		
PSOTRSES	US10F	Numeric	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (SP) have with a [OTHER MENTAL HEALTH SPECIALIST]?	(01) [Continuous answer.] (-8) Don't Know (-9) Refused	US11F - PSOTRTYP
PSOTRTYP	US11F	code one	Were these individual sessions, group sessions, or some of both?	(01) INDIVIDUAL (02) GROUP (03) BOTH (-8) Don't Know (-9) REFUSED	US56 - PSOTRTEL
PSOTRTEL	US56	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.]	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US12 - PHYSTHPY
PHYSTHPY	US12	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (SP) see a therapist such as a physical therapist, speech therapist, I.V. therapist, occupational therapist, or respiratory therapist? Please include telehealth visits. Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US13 - PHTPYWKL (02) US22A - PODRTHPY (-8) US22A - PODRTHPY (-9) US22A - PODRTHPY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHTPYWKL	US13	code one	About how often each week was therapy provided	(01) LESS THAN ONCE A WEEK (02) ONCE OR TWICE A WEEK (03) 3 TO 5 TIMES A WEEK (04) MORE THAN 5 TIMES A WEEK (05) ONE-TIME EVALUATION (-8) Don't Know (-9) REFUSED	(01) US14 – PHTPYFRQ (02) US14 – PHTPYFRQ (03) US14 – PHTPYFRQ (04) US14 – PHTPYFRQ (05) US57 - PHTPYTEL (-8) US14 – PHTPYFRQ (-9) US57 - PHTPYTEL
PHTPYFRQ	US14	code one	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period was therapy provided?	(01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) REFUSED	US57 - PHTPYTEL
PHTPYTEL	US57	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US22A - PODRTHPY
PODRTHPY	US22A	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE) did (SP) see a podiatrist (either inside or outside this (facility/home))? Please include telehealth visits. Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US58 - PODRTEL (02) US23 - EDHBSERV (-8) US23 - EDHBSERV (-9) US23 - EDHBSERV
PODRTEL	US58	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US23 - EDHBSERV
EDHBSERV	US23	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (SP) receive educational or habilitational services (either inside or outside this (facility/home))? Please include telehealth visits. Telehealth visits include visits by telephone or video. "Habilitational services" include training in daily living skills, self care, and so on, in a structured program.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US24 - EDUORHAB (02) US29 - OTHCPROV (-8) US29 - OTHCPROV (-9) US29 - OTHCPROV
EDUORHAB	US24	code one	Were those services educational, habilitational, or both?	(01) EDUCATIONAL (02) HABILITATIONAL (03) BOTH (-8) Don't Know (-9) REFUSED	(01) US25 - EDHABFRQ (02) US25 - EDHABFRQ (03) US25 - EDHABFRQ (-8) US25 - EDHABFRQ (-9) US59 - EDHABTEL
EDHABFRQ	US25	code one	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these [educational/habilitational/educational and habilitational] services provided?	(01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) REFUSED	US59 - EDHABTEL
EDHABTEL	US59	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX US2
	BOX US2	routing	IF US24-EDUORHAB = 3/Both, THEN GO TO US27 - HABFRQ. ELSE GO TO US29 - OTHCPROV.		
HABFRQ	US27	code one	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these habilitational services provided?	(01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) REFUSED	US60 - HABTEL

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HABTEL	US60	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US29 - OTHCPROV
OTHCPROV	US29	yes/no	Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (SP) receive care from any other licensed or certified health care provider (either inside or outside this (facility/home))? Please include telehealth visits. Telehealth visits include visits by telephone or video. Examples of licensed or certified health care providers include: audiologist, dietician, laboratory technician, nurse practitioner, ophthalmologist, optometrist, physician's assistant, recreational therapist, registered nurse, social worker, x-ray technician, among others.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US30 - TYPHCPRV (02) US31PRE - US31PRCT (-8) US31PRE - US31PRCT (-9) US31PRE - US31PRCT
TYPHCPRV	US30	code all	What kind of provider was that? SELECT ALL THAT APPLY.	(01) AUDIOLOGIST (02) DIETICIAN (03) LABORATORY TECHNICIAN (04) NURSE PRACTITIONER (05) OPHTHALMOLOGIST (06) OPTOMETRIST (07) PHYSICIAN'S ASSISTANT (08) RECREATIONAL THERAPIST (09) REGISTERED NURSE (10) SOCIAL WORKER (11) X-RAY TECHNICIAN (91) OTHER	(01) US61 - TYPHCTEL (02) US61 - TYPHCTEL (03) US61 - TYPHCTEL (04) US61 - TYPHCTEL (05) US61 - TYPHCTEL (06) US61 - TYPHCTEL (07) US61 - TYPHCTEL (08) US61 - TYPHCTEL (09) US61 - TYPHCTEL (10) US61 - TYPHCTEL (11) US61 - TYPHCTEL (91) US30 - TYPPRVOS
TYPPRVOS	US30	verbatim	OTHER (SPECIFY)	(01) [Continuous Answer]	US62 - TYPHCTEL
TYPHCTEL	US61	yes/no	Were any of these telehealth visits? Telehealth visits include visits by telephone or video.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US31PRE - US31PRCT
US31PRCT	US31PRE	code all	The next few questions are about any visits (SP) may have made to a hospital emergency room from (US REFERENCE START DATE) through (US REFERENCE END DATE). Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays.	(01) Continue	US32 - ERVISITS
ERVISITS	US32	yes/no	While (SP) was in this (facility/home), did (SP) make any visits to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US33 - ERVSTMM (02) US37 - RETSMDAY (-8) US37 - RETSMDAY (-9) US37 - RETSMDAY
ERVSTMM	US33	grid	COLLECT ALL ER VISITS. Please enter **all** dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). If **all** hospital emergency room visit dates have been entered, please move to the next screen.	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US33 - ERVSTDD
ERVSTDD	US33	grid	COLLECT ALL ER VISITS. Please enter **all** dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). If **all** hospital emergency room visit dates have been entered, please move to the next screen.	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US33 - ERVSTYY
ERVSTYY	US33	grid	COLLECT ALL ER VISITS. Please enter **all** dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). If **all** hospital emergency room visit dates have been entered, please move to the next screen.	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	BOX US33
	BOX US33	routing	CREATE NEW EMERGENCY ROOM VISITS FOR EACH DATE ADDED AND GO TO US37 - RETSMDAY.		
RETSMDAY	US37	yes/no	[Besides the [health care providers and emergency room/health care providers/emergency room] visits you have already reported,] did (SP) ever go to the hospital and return on the same day?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) US38 - RETSMFRQ (02) US40 - USEEQUIP (-8) US40 - USEEQUIP (-9) US40 - USEEQUIP
RETSMFRQ	US38	Numeric	How many times did this happen between (US REFERENCE START DATE) and (US REFERENCE END DATE)?	(01) [Continuous answer.] (-8) Don't Know (-9) REFUSED	US40 - USEEQUIP

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
USEEQUIP	US40	code all	Now you will be asked about any kind of supplies, equipment, or other types of medical services (SP) received other than the ones already asked about. What supplies or services did (SP) receive between (US REFERENCE START DATE) and (US REFERENCE END DATE)? Please select **all** that apply.	(01) AMBULANCE SERVICE (03) DIABETIC EQUIPMENT OR SUPPLIES (05) EQUIPMENT OR SUPPLIES FOR KIDNEY DIALYSIS (06) EYE GLASSES OR CONTACT LENSES (07) HEARING AID OR OTHER COMMUNICATION DEVICE (12) INCONTINENCE BRIEFS (08) ORTHOPEDIC ITEMS (09) OSTOMY SUPPLIES (10) OXYGEN (11) PROSTHESIS (96) NONE OF THE ABOVE (-8) Don't Know (-9) REFUSED	BOX US3
	BOX US3	routing	IF US40-USEEQUIP INCLUDES DK OR RF, GO TO US43 - MSTURN. ELSE GO TO US42 - USEEQUI2.		
USEEQUI2	US42	code all	What medical devices or equipment did (SP) receive between (US REFERENCE START DATE) and (US REFERENCE END DATE)? Please select **all** that apply.	(01) BEDSIDE COMMODE (02) BED PADS (CLOTH OR DISPOSABLE) (03) CATHETER AND CATHETER SUPPLIES (04) FEEDING SUPPLIES (INCLUDE PUMPS, SYRINGES, TUBES) (05) G TUBE AND SUPPLIES (06) GERI CHAIR (07) HOSPITAL BED (08) IV SUPPLIES (09) NEBULIZER (10) SPECIAL MATTRESS, CUSHIONS OR MATTRESS PADS (INCLUDING EGG CRATE, AIR) (11) SUCTION MACHINE AND SUPPLIES (12) TED HOSE AND SUPPLIES (13) WHEELCHAIR/WALKER (91) SOME OTHER TYPE OF DEVICE OR EQUIPMENT (96) NONE OF THE ABOVE (-8) Don't Know (-9) REFUSED	(01) US43 - MSTURN (02) US43 - MSTURN (03) US43 - MSTURN (04) US43 - MSTURN (05) US43 - MSTURN (06) US43 - MSTURN (07) US43 - MSTURN (08) US43 - MSTURN (09) US43 - MSTURN (10) US43 - MSTURN (11) US43 - MSTURN (12) US43 - MSTURN (13) US43 - MSTURN (91) US42 - OTHREQOS (96) US43 - MSTURN (-8) US43 - MSTURN (-9) US43 - MSTURN
OTHREQOS	US42	verbatim	SOME OTHER TYPE OF DEVICE OR EQUIPMENT (SPECIFY)	(01) [Continuous Answer]	US43 - MSTURN
MSTURN	US43	list	Please report if (SP) received any of the following medical services. Did (SP) receive… turning and positioning?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US43 - MSTUBE
MSTUBE	US43	list	Please report if (SP) received any of the following medical services. Did (SP) receive… tubefeeding?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US43 - MSINJECT
MSINJECT	US43	list	Please report if (SP) received any of the following medical services. Did (SP) receive… injections?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	US45 - OTHMEDNC
OTHMEDNC	US45	code all	Now you will be asked about any other medically necessary items or provider services (SP) received that haven't already been asked about. What other items or services did (SP) receive between (US REFERENCE START DATE) and (US REFERENCE END DATE)? Please select **all** that apply.	(01) APPLYING/CHANGING DRESSINGS INCLUDING BAND-AIDS (02) APPLYING/MONITORING HOT PACKS (03) CATHETERIZATION AND IRRIGATION (04) FEEDING (WITH SPOON, SYRINGE, PUMP, OR OTHER DEVICE) (05) G TUBE USE AND CARE (06) INCONTINENCE (07) IV USE AND CARE (08) PACEMAKER CHECK (09) SKIN TREATMENTS FOR PREVENTION/TREATMENT OF SKIN ULCERS (10) SUCTIONING (91) SOME OTHER KIND OF ITEM OR SERVICE (96) NONE OF THE ABOVE (-8) Don't Know	(01) BOX HSBEG (02) BOX HSBEG (03) BOX HSBEG (04) BOX HSBEG (05) BOX HSBEG (06) BOX HSBEG (07) BOX HSBEG (08) BOX HSBEG (09) BOX HSBEG (10) BOX HSBEG (91) US45 - OTHRSEOS (96) BOX HSBEG (-8) BOX HSBEG
OTHRSEOS	US45	verbatim	SOME OTHER KIND OF ITEM OR SERVICE (SPECIFY)	(01) [Continuous Answer]	BOX HSBEG

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			HEALTH STATUS SECTION SPECIFICATIONS CRITERIA The Health Status section is administered to all Facility sample types but is typically dependent on season: IF MCBSFAC_BPreloadSP.CURRTYPE in (1/CFR or 5/IPR) then administer if it is a Fall round (MCBSFAC_BPreloadSP.ROUNDTYPE = 1/FALL) IF MCBSFAC_BPreloadSP.CURRTYPE in (2/CFC or 3/FFC) THEN administer in all seasons (MCBSFAC_BPreloadSP.ROUNDTYPE in 1, 2, or 3) The T2 series of HS can also be administered to continuing non-Fall cases (see HS2REF logic). PLACEMENT This section is now administered along with the Use of Health Services section. The newly combined section will be administered in flexible order after FQ/RH/BQ is completed.		

	BOX HSBEG	routing	IF ((MCBSFAC_BPreloadSP.CURRTYPE in (5/IPR, 2/CFC, 3/FFC)) OR (MCBSFAC_BPreloadSP.CURRTYPE = 1/CFR AND SEASON=Fall (MCBSFAC_BPreloadSP.ROUNDTYPE = 1)) THEN GO TO BOX HA1B;
			IF (01) HSCONTN1, HSCONTN2, OR HSCONTN3 at GO TO USHSEND2;
			ELSE GO TO BOX HA24		

	BOX HA1B	routing	IF PLACTYP1= 1/Free Standing Nursing Home, 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF, or 17/Rehabilitation Facility, AND (CAIDCERT=1 OR CARECERT=1) AND CCN in (MISSING, DK, RF), GO TO HS1-CCNINTRO. ELSE GO TO BOX HA1.		
CCNINTRO	HS1	yes/no	A CMS Certification Number 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, 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 you are unsure whether your facility has a CMS Certification Number, here are a few tips: - If there is a Long-Term Care Minimum Data Set (MDS) form for (SP), the CMS Certification Number can be found in Section A0100, Question B. The CMS Certification Number is a unique number assigned to any facility certified to participate in Medicaire 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. The CMS Certification Number also used to be called the OSCAR Provider Number.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) CNN-CASPER_LUH (02) BOX HA1 (08) BOX HA1 (-9) BOX HA1
CCN	CASPER_LUH	lookup	Please enter the CMS Certification Number. It may be helpful to 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 you don't know the CMS Certification Number you can look up the number using your Facility name and address. To launch the lookup, click on the 'Search CCN' button. If your facility uses the MDS form, the CMS Certification Number can be found in section A0100 B. of the MDS form. According to the address of this facility, the first two digits of the CMS Certification Number should be [state prefix fill].	(01) (value selected from lookup) (-8) DON'T KNOW (-9) REFUSED (NF) NOT FOUND	BOX HA1
	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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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).	(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).	(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~~ HA7C - MDSINT.		
RECHAVE	HA1	YES/NO	RECORD IDENTIFICATION Do you have (SP)'s medical records for the (admission) period on or around (HS REF DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX HA2A (02) HA1B - HSCONTN1 (-8) HA1B - HSCONTN1 (-9) HA9PREB - HA9PRBC
HSCONTN1	HA1B	CODE ONE	Is there someone else who has access to these records and should complete the survey instead? Or would you prefer to continue without using the medical records?	(01) ~~YES, CONTINUE WITHOUT MEDICAL RECORDS~~ Continue the survey with someone else (02) ~~NO, RETURN TO NAVIGATE SCREEN~~ Continue without medical records	(01) HUSTAFF (02) ~~BOX HCEND~~ 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.]~~	~~(01) YES~~ ~~(02) NO~~	~~(01) BOX HA3~~ ~~(02) HA2B1 - HSCONTN2~~
~~HSCONTN2~~	~~HA2B1~~	~~CODE ONE~~	~~Is there someone else who should respond to this survey or do you want to continue the survey without the medical records?~~	~~(01) Continue the survey with someone else~~ ~~(02) Continue without medical records~~	~~(01) HA9PREB - HA9PRBC HUSTAFF~~ ~~(02) BOX HCEND 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.~~		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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 Is the form with the assessment date of (LAST ASSESSMENT DATE) a full MDS or a quarterly review.?	(00) QUARTERLY REVIEW (01) FULL MDS (8) Don't Know (9) REFUSED	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.		
CLOSFORM	HA5	YES/NO	Besides the form you just reported, does (SP)'s medical record contain any other (full) MDS form (or Quarterly Review form) dated closer to (HS REF DATE)?	(01) Yes (02) No (8) Don't Know (9) REFUSED	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 IDENTIFICATION [MDS 3.0, Section 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
FORMREAS	HA7	CODE ONE	RECORD IDENTIFICATION [MDS 3.0, Section 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 - MDSINT2
RECMDS	HA7A	YES/NO	Does (SP)'s medical record contain a full MDS assessment dated between (HS DATE RANGE)?	(01) Yes (02) No (8) Don't Know (9) REFUSED	(01) HA7B - ASSESDT2 (02) HA7C - MDSINT1 (8) HA7C - MDSINT1 (9) HA7C - MDSINT1
ASSESDT2	HA7B	date	What is the date of the full MDS assessment closest to (HS REF DATE)?	(01) CONTINUOUS ANSWER (8) Don't Know (9) REFUSED	HA7C - MDSINT1

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MDSINT1	HA7C	CODE ONE	RECORD IDENTIFICATION Now you will be aksed 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.]]	(01) CONTINUE	BOX HA19A
	BOX HA19A	routing	IF BASELINE INTERVIEW AND CCN='NF', MISSING, DK, RF, GO TO HA9PREB - HA9PRBC. ELSE GOTO BOX HA9B		
HA9PRBC	HA9PREB	CODE ONE	Now you will be asked 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 we 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.]	(01) CONTINUE	BOX HA9B
	BOX HA9B	routing	IF BASELINE INTERVIEW (MCBSFAC_BPreloadSP.CURRTYPE = 5/IPR) AND CCN= 'NF', MISSING, DK, RF, GO TO HA9B - MENTAL ELSE GO TO BOX HA10		
MENTAL	HA9B	CODE ALL	MENTAL HEALTH (ID/DD) [MDS 3.0, Section ~~[3.0,~~ A1550] Did (SP)'s record indicate any history of intellectual disability or developmental disability problems? Please select **all** that apply. If (SP) has no intellectual disability or development disability 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	BOX HA10
	BOX HA10	ROUTING	IF CCN=NON-MISSING GO TO ~~HA22PREB-HA22PRBC~~ INTROADLS. ELSE GO TO HA11B- COMATOSE.		
COMATOSE	HA11B	CODE ONE	COMATOSE [MDS 3.0, Section B01000] Was (SP) in a persistent vegetative state with no discernible consciousness on (HS REF DATE)?	(01) YES (COMATOSE) (02) NO (NOT COMATOSE) (-8) Don't Know (-9) REFUSED	(01) HA28PREB - HA28PRBC (02) HA16B - HCHECOND (-8) HA16B - HCHECOND (-9) HA16B - HCHECOND
HCHECOND	HA16B	CODE ONE	HEARING/COMMUNICATION [MDS 3.0, Section B0200] What was the condition of (SP)'s hearing, with a hearing appliance, if used, on or around (HS REF DATE)? Did (SP) hear adequately, have minimal difficulty, have moderate difficulty, or was their hearing highly impaired?	(00) HEARS ADEQUATELY (01) HEARS WITH MINIMAL DIFFICULTY (02) HEARS WITH MODERATE DIFFICULTY (03) HEARING HIGHLY IMPAIRED (-8) Don't Know (-9) REFUSED	HA17B - HCHEAID
HCHEAID	HA17B	YES/NO	HEARING/COMMUNICATION [MDS 3.0, Section B0300] Did (SP) have a hearing aid?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED	HA18PREB - HA18PRBC

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA18PRBC	HA18PREB	CODE ONE	HEARING/COMMUICATION The next section deals with how (SP) communicated with others and how well (SP) was understood by others.	(01) CONTINUE	HA18B - HCUNCOND
HCUNCOND	HA18B	CODE ONE	HEARING/COMMUNICATION [MDS 3.0, Section B0700] Which statement best describes how-well (SP) was- understood on or around (HS REF DATE)? Was (SP) always understood, usually understood, sometimes understood, or rarely or never understood?	(00) UNDERSTOOD (01) USUALLY UNDERSTOOD (02) SOMETIMES UNDERSTOOD (03) RARELY/NEVER UNDERSTOOD (-8) Don't Know (-9) Refused	HA19B - HCUNDOTH
HCUNDOTH	HA19B	CODE ONE	HEARING/COMMUNICATION [MDS 3.0, Section 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?	(00) UNDERSTAND (01) USUALLY UNDERSTAND (02) SOMETIMES UNDERSTAND (03) RARELY/NEVER UNDERSTAND (-8) Don't Know (-9) REFUSED	HA20PREB - HA20PRBC
HA20PRBC	HA20PREB	CODE ONE	VISION Next is a question concerning (SP)'s vision on or around (HS REF DATE).	(01) CONTINUE	HA20B - VISION
VISION	HA20B	CODE ONE	VISION [MDS 3.0, Section B1000] Which of the following statements best described (SP)'s ability to see in adequate light with visual aids, if used? Would you say their vision was adequate, impaired, moderately impaired, highly impaired, or severely impaired?	(00) ADEQUATE (01) IMPAIRED (02) MODERATELY IMPAIRED (03) HIGHLY IMPAIRED (04) SEVERELY IMPAIRED (-8) Don't Know (-9) REFUSED	HA12AAB - MENTCON ~~(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?~~	~~(01) YES~~ ~~(02) NO~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) HA12AAB - MENTCON~~ ~~(02) HA12AAB - MENTCON~~ ~~(-8) HA12AAB - MENTCON~~ ~~(-9) HA12AAB - MENTCON~~
MENTCON	HA12AAB	YES/NO	COGNITIVE PATTERNS [MDS 3.0, Section C0100] Should a brief interview for Mental Status (C0200-C0500) be conducted?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA12AB - MENTSUM (02) HA12PREB - HA12PRBC (-8) HA12PREB - HA12PRBC (-9) HA12PREB - HA12PRBC
MENTSUM	HA12AB	numeric	BRIEF INTERVIEW FOR MENTAL STATUS (BIMS) SUMMARY SCORE [MDS 3.0, Section C0500] Enter the summary score (between 0 - 15) from the BIMS. Please enter "99" if (SP) was unable to complete the interview.	(01) CONTINUOUS ANSWER (-8) Don't know (-9) REFUSED	(01) BOX HA12 (-8) HA52-MOOD (-9) HA52-MOOD
	BOX HA12	routing	IF MENTSUM=99, GO TO HA12PREB-HA12PRBC. ELSE GO TO HA52-MOOD.		
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.)]	(01) CONTINUE	HA12B - CSMEMST

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CSMEMST	HA12B	CODE ONE	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C0700] On or around (HS REF DATE), was (SP)'s short-term memory okay, that is, did (SP) seem or appear to recall things after 5 minutes?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) REFUSED	HA12B - CSMEMST
CSMEMLT	HA13B	CODE ONE	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C0800] Was (SP)'s long-term memory okay; that is, did (SP) seem or appear to recall events in the distant past?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) REFUSED	HA14B - HA14BCOD
HA14BCOD	HA14B	code all	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C0900] On or around (HS REF DATE), was (SP) able to recall… Please select **all** that apply.	(01) the current season? (02) the location of (her/his) own room? (03) staff names or faces? (04) the fact that (SP) was in a nursing home? (96) NONE CHECKED (-8) Don't Know	HA15B - CSDECIS
CSDECIS	HA15B	CODE ONE	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C1000] How skilled was (SP) in making daily decisions? Was (SP) independent, did (SP) exhibit modified independence, was (SP) moderately impaired, or was (SP) severely impaired?	(00) INDEPENDENT (01) MODIFIED INDEPENDENCE (02) MODERATELY IMPAIRED (03) SEVERELY IMPAIRED (-8) Don't Know (-9) REFUSED	HA52-MOOD
MOOD	HA52	CODE ONE	MOOD The next section is concerning (SP)'s mood on or around (HS REF DATE).	(01) CONTINUE	HA53A- PHQINTRO
PHQINTRO	HA53A	yes/no	MOOD [MDS 3.0, Section D0100] On or around (HS REF DATE) was a Resident Mood Interview conducted for (SP)? This is sometimes referred to as the Patient Health Questionnaire-9 or PHQ-9©. If an MDS has been conducted for the resident, it can be found in section D0100.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA53AC-PHQSEVSC (02) HA54- PHQSYINT (-8) HA54- PHQSYINT (-9) HA54- PHQSYINT
PHQSEVSC	HA53AC	numeric	RESIDENT MOOD INTERVIEW (PHQ-2 to 9©) SUMMARY SCORE [MDS 3.0, Section D0160] Enter the symptom frequency score (between 00 - 27) from the PHQ-2 to 9©. Please enter "99" if (SP) was unable to complete the interview.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	(01) BOX HA26 (-8) HA56 - BEHAV (-9) HA56 - BEHAV
	BOX HA26	routing	IF PHQSEVSC=99, GO TO HA54 - PHQSYINT. ELSE GO TO HA56 - BEHAV.		
PHQSYINT	HA54	LIST	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, did (SP) have any of the following problems or behaviors? If there is an MDS available for (SP), you can reference the MDS item D0500. A. Little interest or pleasure in doing things.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYDEP
PHQSYDEP	HA54	LIST	B. Feeling or appearing down, depressed, or hopeless.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYSLP
PHQSYSLP	HA54	LIST	C. Trouble falling or staying asleep, or sleeping too much.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYTIR

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHQSYTIR	HA54	LIST	D. Feeling tired or having little energy.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYAPT
PHQSYAPT	HA54	LIST	E. Poor appetite or overeating.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYSES
PHQSYSES	HA54	LIST	F. Indicating that (SP) feels bad about self, is a failure, or has let self or family down.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYCON
PHQSYCON	HA54	LIST	G. Trouble concentrating on things, such as reading the newspaper or watching television.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYMOV
PHQSYMOV	HA54	LIST	H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that (SP) has been moving around a lot more than usual.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYSUI
PHQSYSUI	HA54	LIST	I. States that life isn't worth living, wishes for death, or attempts to harm self.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA54-PHQSYTEM
PHQSYTEM	HA54	LIST	J. Being short-tempered, easily annoyed.	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX HA25A
	BOX HA25A	routing	IF HA54-PHQSYINT = 1/YES, GO TO HA55A-PHQSFQIN. ELSE GO TO BOX HA25B.		
PHQSFQIN	HA55A	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Little interest or pleasure in doing things.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25B
	BOX HA25B	routing	IF HA54-PHQSYDEP = 1/YES, GO TO HA55B-PHQSFQDE. ELSE GO TO BOX HA25C.		
PHQSFQDE	HA55B	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Feeling or appearing down, depressed, or hopeless.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25C
	BOX HA25C	routing	IF HA54-PHQSYSLP = 1/YES, GO TO HA55C-PHQSFQSL. ELSE GO TO BOX HA25D.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHQSFQSL	HA55C	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Trouble falling or staying asleep, or sleeping too much	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25D
	BOX HA25D	routing	IF HA54-PHQSYTIR = 1/YES, GO TO HA55D-PHQSFQTI. ELSE GO TO BOX HA25E.		
PHQSFQTI	HA55D	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Feeling tired or having little energy.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25E
	BOX HA25E	routing	IF HA54-PHQSYAPT = 1/YES, GO TO HA55E-PHQSFQAP. ELSE GO TO BOX HA25F.		
PHQSFQAP	HA55E	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Poor appetite or overeating.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25F
	BOX HA25F	routing	IF HA54-PHQSYSES = 1/YES, GO TO HA55F-PHQSFQSE. ELSE GO TO BOX BOXHA25G.		
PHQSFQSE	HA55F	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Indicating that (SP) feels bad about self, is a failure, or has let self or family down.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25G
	BOX HA25G	routing	IF HA54-PHQSYCON = 1/YES, GO TO HA55G-PHQSFQCO. ELSE GO TO BOX HA25H.		
PHQSFQCO	HA55G	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Trouble concentrating on things, such as reading the newspaper or watching television.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25H

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX HA25H	routing	IF HA54-PHQSYMOV = 1/YES, GO TO HA55H-PHQSFQMO. ELSE GO TO BOX HA25I.		
PHQSFQMO	HA55H	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that (SP) has been moving around a lot more than usual.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25I
	BOX HA25I	routing	IFHA54-PHQSYSUI= 1/YES, GO TO HA55I-PHQSFQSU. ELSE GO TO BOX HA25J.		
PHQSFQSU	HA55I	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. States that life isn't worth living, wishes for death, or attempts to harm self.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	BOX HA25J
	BOX HA25J	routing	IF HA54-PHQSYTEM= 1/YES, GO TO HA55J-PHQSFQTE. ELSE GO TO HA56-BEHAV		
PHQSFQTE	HA55J	CODE ONE	MOOD [MDS 3.0, Section D0500] Over the last 2 weeks, would you say the following behavior/ problem was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)? If there is an MDS available for (SP), you can reference the MDS item D0500. Being short-tempered, easily annoyed.	(00) Never or 1 day (01) 2-6 days (several days) (02) 7-11 days (half or more of the days) (03) 12-14 days (nearly every day) (-8) Don't Know (-9) REFUSED	HA56-BEHAV
BEHAV	HA56	CODE ONE	BEHAVIOR The next questions are about (SP)'s experiences and behavior on or around (HS REF DATE).	(01) CONTINUE	HA36B-HALLUC
HALLUC	HA36B	YES/NO	DEHYDRATION/DELUSIONS/HALLUCINATIONS [MDS 3.0, Section E0100] Did (SP) experience hallucinations on or around (HS REF DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA35B - DELUS
DELUS	HA35B	YES/NO	DEHYDRATION/DELUSIONS/HALLUCINATIONS [MDS 3.0, Section E0100] Did (SP) experience delusions on or around (HS REF DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21B - BSAYSOT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BSAYSOT	HA21B	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	HA21B - BSVERBOT
BSVERBOT	HA21B	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	HA21B - BSNOTOT
BSNOTOT	HA21B	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	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	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0500] Did any of (SP)'s behavior… put the resident at significant risk for physical illness or injury?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21AB - BSELFCAR
BSELFILL	HA21AB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0500] Did any of (SP)'s behavior… put the resident at significant risk for physical illness or injury?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21AB - BSELFCAR
BSELFACT	HA21AB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0500] significantly interfere with the resident's participation in activities or social interactions?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21BB - BSOTHILL
BSOTHILL	HA21BB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0600] Did any of (SP)'s behavior… put others at significant risk for physical illness or injury?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21BB - BSOTHACT
BSOTHACT	HA21BB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0600] significantly intrude on the privacy or activities of others?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21BB - BSOTHENV

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BSOTHENV	HA21BB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0600] significantly disrupt care or living environment?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21CB - BSNOEVAL
BSNOEVAL	HA21CB	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0800] How often did (SP) reject evaluation or care that is necessary to achieve health and well-being goals 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	HA21DB - BSOFTWAN
BSOFTWAN	HA21DB	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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~~ INTROADLS (01) HA21EB - BSWDANGR (02) HA21EB - BSWDANGR (03) HA21EB - BSWDANGR (-8) HA21EB - BSWDANGR (-9) HA21EB - BSWDANGR
BSWDANGR	HA21EB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E1000] Did any of (SP)'s wandering… place the resident at significant risk of getting to a potentially dangerous place?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21EB - BSWOTACT
BSWOTACT	HA21EB	grid	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E1000] significantly intrude on the privacy or activities of others?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	~~HA22PREB - HA22PRBC~~ INTROADLS
INTROADLS	INTROADLS	no entry	Remembering that health problems can include physical, mental, emotional, or memory problems, we will now ask about how health problems may affect (SP)'s ability to perform some everyday activities. We would like to know whether (SP) has any difficulty doing each activity alone and without special equipment.	(01) CONTINUE	ADLBATH
ADLBATH	ADLBATH	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... bathing or showering?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) EQBATH (02) EQBATH (03) NOBATH (-8) EQBATH (-9) EQBATH
NOBATH	NOBATH	yes/no	You reported that bathing or showering is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	EQBATH
EQBATH	EQBATH	yes/no	Does (SP) use special equipment or aids to help with bathing or showering?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	ADLDRESS
ADLDRESS	ADLDRESS	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... dressing?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) EQDRESS (02) EQDRESS (03) NODRESS (-8) EQDRESS (-9) EQDRESS
NODRESS	NODRESS	yes/no	You reported that dressing is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	EQDRESS

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EQDRESS	EQDRESS	yes/no	Does (SP) use special equipment or aids to help with dressing?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	ADLEAT
ADLEAT	ADLEAT	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... eating?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) EQEAT (02) EQEAT (03) NOEAT (-8) EQEAT (-9) EQEAT
NOEAT	NOEAT	yes/no	You reported that eating is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	EQEAT
EQEAT	EQEAT	yes/no	Does (SP) use special equipment or aids to help with eating?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	ADLBED
ADLBED	ADLBED	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... Transferring (for example, in and out of bed)?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) EQBED (02) EQBED (03) NOBED (-8) EQBED (-9) EQBED
NOBED	NOBED	yes/no	You reported that transferring (for example, in and out of bed) is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	EQBED
EQBED	EQBED	yes/no	Does (SP) use special equipment or aids to help with transferring (for example, in and out of bed)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	ADLWALK
ADLWALK	ADLWALK	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... walking?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) EQWALK (02) EQWALK (03) NOWALK (-8) EQWALK (-9) EQWALK
NOWALK	NOWALK	yes/no	You reported that walking is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	EQWALK
EQWALK	EQWALK	yes/no	Does (SP) use special equipment or aids to help with walking?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	ADLTOILT
ADLTOILT	ADLTOILT	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty… using the toilet, including getting up and down?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) EQTOILT (02) EQTOILT (03) NOTOILT (-8) EQTOILT (-9) EQTOILT
NOTOILT	NOTOILT	yes/no	You reported that using the toilet is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	EQTOILT
EQTOILT	EQTOILT	yes/no	Does (SP) use special equipment or aids to help with using the toilet, including getting up and down?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOXADL1
	BOX ADL1	routing	IF ADLBATH = 1/Yes OR NOBATH = 1/Yes, GO TO BATHHELP. ELSE GO TO BOX ADL2.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BATHHELP	BATHHELP	yes/no	[You reported (SP's) health makes bathing or showering difficult./You reported that bathing or showering is something (SP) doesn't do.] Does (SP) receive help from another person with bathing or showering?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BATHSTIL (02) BOX ADL2 (-8) BOX ADL2 (-9) BOX ADL2
BATHSTIL	BATHSTIL	yes/no	Do you expect that (SP) will still need help with bathing or showering three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL2
	BOX ADL2	routing	IF ADLDRESS = 1/Yes OR NODRESS = 1/Yes, GO TO DRESHELP. ELSE GO TO BOX ADL3.		
DRESHELP	DRESHELP	yes/no	[You reported (SP's) health makes dressing difficult./You reported that dressing is something (SP) doesn't do.] Does (SP) receive help from another person with dressing?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) DRESSTIL (02) BOX ADL3 (-8) BOX ADL3 (-9) BOX ADL3
DRESSTIL	DRESSTIL	yes/no	Do you expect that (SP) will still need help with dressing three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL3
	BOX ADL3	routing	IF ADLEAT = 1/Yes OR NOEAT = 1/Yes, GO TO EATHELP. ELSE GO TO BOX ADL4.		
EATHELP	EATHELP	yes/no	[You reported (SP's) health makes eating difficult./You reported that eating is something (SP) doesn't do.] Does (SP) receive help from another person with eating?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) EATSTIL (02) BOX ADL4 (-8) BOX ADL4 (-9) BOX ADL4
EATSTIL	EATSTIL	yes/no	Do you expect that (SP) will still need help with eating three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL4
	BOX ADL4	routing	IF ADLBED = 1/Yes OR NOBED = 1/Yes, GO TO BEDHELP. ELSE GO TO BOX ADL5.		
BEDHELP	BEDHELP	yes/no	[You reported (SP's) health makes transferring (for example, in and out of bed) difficult./You reported that transferring (for example, in and out of bed) is something (SP) doesn't do.] Does (SP) receive help from another person with transferring (for example, in and out of bed)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BEDSTIL (02) BOX ADL5 (-8) BOX ADL5 (-9) BOX ADL5
BEDSTIL	BEDSTIL	yes/no	Do you expect that (SP) will still need help with transferring (for example, in and out of bed) three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL5
	BOX ADL5	routing	IF ADLWALK = 1/Yes OR NOWALK = 1/Yes, GO TO WALKHELP. ELSE GO TO BOX ADL6.		
WALKHELP	WALKHELP	yes/no	[You reported (SP's) health makes walking difficult./You reported that walking is something (SP) doesn't do.] Does (SP) receive help from another person with walking?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) WALKSTIL (02) BOX ADL6 (-8) BOX ADL6 (-9) BOX ADL6
WALKSTIL	WALKSTIL	yes/no	Do you expect that (SP) will still need help with walking three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL6
	BOX ADL6	routing	IF ADLTOILT = 1/Yes OR NOTOILT = 1/Yes, GO TO TOILTHLP. ELSE GO TO HA24PREB - HA24PRBC.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TOILTHLP	TOILTHLP	yes/no	[You reported (SP's) health makes using the toilet difficult./You reported that using the toilet is something (SP) doesn't do.] Does (SP) receive help from another person with using the toilet, including getting up and down?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) TOILSTL (02) HA24PREB - HA24PRBC (-8) HA24PREB - HA24PRBC (-9) HA24PREB - HA24PRBC
TOILTSTL	TOILTSTL	yes/no	Do you expect that (SP) will still need help with using the toilet three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA24PREB - HA24PRBC
~~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~~ ~~[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~~ ~~[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~~ ~~[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~~
~~PFEATING~~	~~HA22B~~	~~CODE ONE~~	~~ADLS/PHYSICAL FUNCTIONING~~ ~~[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~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~PFTOILET~~	~~HA22B~~	~~CODE ONE~~	~~ADLS/PHYSICAL FUNCTIONING~~ ~~[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~~ ~~Again referring to the time on or around (HS REF DATE), what was (SP)'s level of self-performance when bathing: was (SP) independent, did (SP) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (SP) 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).	(01) CONTINUE	HA24B - HA24BCOD
HA24BCOD	HA24B	CODE ALL	MODES OF LOCOMOTION On or around (HS REF DATE) did (SP) use… Please select **all** that apply.	(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	IF CCN = NON-MISSING GO TO BOX HA28 ELSE 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).	(01) CONTINUE	HA25B - CTBOWELC
CTBOWELC	HA25B	CODE ONE	CONTINENCE [MDS 3.0, Section H0400] What was the level of (SP)'s bowel control on or around (HS REF DATE)? Was (SP) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (SP) 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 [MDS 3.0, Section H0300] What was the level of (SP)'s bladder control on or around (HS REF DATE)? Was (SP) always continent, occasionally incontinent, frequently incontinent, always incontinent, or was (SP) 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-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). This question is asking about active diseases associated with (SP)'s 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.	(01) CONTINUE	BOX HA28B
	BOX HA28B	routing	IF XPRIMARY <> EMPTY OR CCN=NON-MISSING , GO TO HA28B - HA28BCD1. ELSE GO TO HA28B2 - HA28BCD2.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA28BCD1	HA28B	CODE ALL	DIAGNOSES/CONDITIONS [MDS 3.0, Section I MDS ASSESSMENT DATE: (ASSESSMENT DATE)] What active diseases were checked on (SP)'s MDS assessment? Please select **all** that apply.	(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	Look at the following list and tell me what active diseases did (SP) have on or around (HS REF DATE). Please select **all** that apply.	(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 [MDS 3.0, Section I MDS ASSESSMENT DATE: (ASSESSMENT DATE)] [What active infections were checked on (SP)'s MDS assessment? When referring to the MDS, only select "96-NONE OF THE ABOVE" if that is the box checked on the MDS.] [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.]	(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 [MDS 3.0, Section I8000 MDS ASSESSMENT DATE: (ASSESSMENT DATE)] Were there any active diagnoses entered on the MDS form in the section for additional active diagnoses?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA31B - HA31BCOD (02) BOX HA16B (-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 [MDS 3.0, Section I] What were the diagnoses? Please select **all** that apply. ICD 10 codes can be entered under "OTHER DIAGNOSIS" 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 (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	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
	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.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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.]	(01) CONTINUE	HA34B - DEHYD
DEHYD	HA34B	YES/NO	DEHYDRATION [MDS 3.0, Section J1550] Did (SP) experience dehydration on or around (HS REF DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA37AB - HA37ABCO
HA37ABCO	HA37AB	CODE ALL	SWALLOWING/ORAL PROBLEMS [MDS 3.0, Section K0100] On or around (HS REF DATE), did (SP) experience the swallowing problem of… Please select **all** that apply. [When referring to 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	HA37BB - HA37BBCO

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA37BBCO	HA37BB	CODE ALL	SWALLOWING/ORAL PROBLEMS [MDS 3.0, Section L0200] On or around (HS REF DATE), did (SP) experience the oral problem of… Please select **all** that apply. [When referring to 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	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.		
HEIGHT	HA38B	CODE ONE	ORAL/NUTRITIONAL STATUS [MDS 3.0, Section K0200] What (is/was) (SP)'s height in inches?	(01) Continuous (-8) Don't Know (-9) Refused	HA39B - FCWEIGHT
FCWEIGHT	HA39B	CODE ONE	ORAL/NUTRITIONAL STATUS [MDS 3.0, Section K0200] What was (SP)'s weight on or around (HS REF DATE)?	(01) Continuous (-8) Don't Know (-9) Refused	BOX HA17BB
	BOX HA17BB	routing	GO TO HA10B - HA10BCOD.		
HA10BCOD	HA10B	CODE ALL	ADVANCED DIRECTIVES NOT ON MDS [The following questions of the health status section can be pulled from (SP's) medical records, but there may be a few items that require the MDS.] Now, please select 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… Please select **all** that apply.	(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	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).	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA33 - HA33CODE (02) BOX HA15A (-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 What were the diagnoses? Please select **all** that apply. ICD 10 codes can be entered under "OTHER DIAGNOSIS" 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 (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~~ (01) - (100) BOX HA15A ~~(2) BOX HA15AA1~~ ~~(3) BOX HA15AA1~~ ~~(4) BOX HA15AA1~~ ~~(5) BOX HA15AA1~~ ~~(6) BOX HA15AA1~~ ~~(7) BOX HA15AA1~~ ~~(8) BOX HA15AA1~~ ~~(9) BOX HA15AA1~~ ~~(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~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	~~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~~
	~~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 CCN= NON-MISSING, GO TO HA33A-HA33ACAN. ELSE IF HA28B - HA28BCD1 OR HA28B2 - HA28BCD2 INCLUDES 9/Cancer, GO TO HA33PRE - HA33PREC. ELSE, GO TO HA33D - MYOCARD.		
HA33ACAN	HA33A	CODE ONE	DIAGNOSES/CONDITIONS [MDS 3.0, Section I0100] MDS ASSESSMENT DATE: (ASSESSMENT DATE)] Was cancer checked on the MDS assessment in the section for active diagnoses?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA33B- HA33BCOD (02) HA33D-MYOCARD (-8) HA33D-MYOCARD (-9) 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).	(01) CONTINUE	HA33B - HA33BCOD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HA33BCOD	HA33B	CODE ALL	Referring to (SP)'s medical record, in which part or parts of the body was the cancer found? Please select **all** that apply.	(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?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX HA17B ~~(01) HA33E - CATAROP~~ ~~(02) HA33E - CATAROP~~ ~~(-8) HA33E - CATAROP~~ ~~(-9) HA33E - CATAROP~~
~~CATAROP~~	~~HA33E~~	~~YES/NO~~	~~VISION~~ ~~NOT ON MDS~~ ~~Has (SP) ever had an operation for cataracts?~~	~~(01) YES~~ ~~(02) NO~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) BOX HA15F~~ ~~(02) 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?~~	~~(01) YES~~ ~~(02) NO~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) BOX HA15E~~ ~~(02) HA33G - OTHCAUS~~ ~~(-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) Continuous~~	~~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 RHSEX=2 OR (RHSEX=EMPTY/NULL/DK/RF AND MCBSFAC_BPreloadSP.SEX=2), 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 DAY, YEAR].	(01) Continue	HA43A - MAMMOGR
MAMMOGR	HA43A	YES/NO	MAMMOGRAM/~~PAP SMEAR/~~HYSERECTOMY NOT ON MDS Since [CURRENT MONTH DAY, YEAR,] has (SP) had a mammogram or breast x-ray?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX HA17C
	BOX HA17C	routing	IF SP IS MCBSFAC_BPreloadSP.CURRTYPE=2/CFC or SP IS MCBSFAC_BPreloadSP.CURRTYPE=5/IPR OR ((SP IS MCBSFAC_BPreloadSP.CURRTYPE=3/FFC) 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 [CURRENT MONTH DAY, YEAR,] has (SP) had a hysterectomy?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	~~(01)~~ BOX HA17CB ~~(02) HA43O-PAPTEST~~ ~~(-8) HA43O-PAPTEST~~ ~~(-9) HA43O-PAPTEST~~
EVERHYST	HA43D	YES/NO	MAMMOGRAM/~~PAP SMEAR~~/HYSERECTOMY NOT ON MDS Has (SP) ever had a hysterectomy?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	~~(01)~~ BOX HA17CB ~~(02) HA43O-PAPTEST~~ ~~(-8) HA43O-PAPTEST~~ ~~(-9) HA43O-PAPTEST~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~PAPTEST~~	~~HA43O~~	~~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?~~	~~(01) YES~~ ~~(02) NO~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) BOX HA17CB~~ ~~(02) BOX HA17CB~~ ~~(-8) BOX HA17CB~~ ~~(-9) BOX HA17CB~~
HA43DAPC	HA43DAPR	CODE ONE	The next items are about procedures (SP) may have had since [CURRENT MONTH DAY, YEAR].	(01) Continue	~~HA43DA - DRECEXAM~~ HA43DB - BLOODPSA
~~DRECEXAM~~	~~HA43DA~~	~~YES/NO~~	~~Since (MONTH & DAY OF TODAY'S DATE) a year ago has (SP) had a digital rectal examination of the prostate?~~	~~(01) YES~~ ~~(02) NO~~ ~~(-8) Don't Know~~ ~~(-9) REFUSED~~	~~(01) HA43DB - BLOODPSA~~ ~~(02) HA43DB - BLOODPSA~~ ~~(-8) HA43DB - BLOODPSA~~ ~~(-9) HA43DB - BLOODPSA~~
BLOODPSA	HA43DB	YES/NO	Since [CURRENT MONTH DAY, YEAR,] has (SP) had a blood test for detection of prostate cancer, such as a PSA?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX HA17CB
	BOX HA17CB	routing	IF FALL ROUND, GO TO HA43DC - FLUSHOT. ELSE GO TO BOX HA17CA.		
FLUSHOT	HA43DC	YES/NO	INFLUENZA VACCINE Next, a question or two about shots people take to prevent certain illnesses. Did (SP) have a flu shot for last winter (anytime during the period from September (HS PREVIOUS YEAR) through December (HS PREVIOUS YEAR))? (This information can be found in section O0250 of the MDS.)	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	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 Has (SP) ever had a shot for pneumonia? (This information can be found in section O0300 of the MDS.)	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	COVSHOT ~~(01) HA43E - EVRSMOKE~~ ~~(02) HA43E - EVRSMOKE~~ ~~(-8) HA43E - EVRSMOKE~~ ~~(-9) HA43E - EVRSMOKE~~
COVSHOT	COVSHOT	YES/NO	COVID-19 VACCINE Is (SP)'s COVID-19 vaccination up to date? (This information can be found in section O0350 of the MDS.)	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	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?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	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~~ IADLINTRO.		
NOWSMOKE	HA43F	YES/NO	SMOKING NOT ON MDS Does (SP) smoke now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	~~HA43GPRE - HA43GPRC~~ IADLINTRO

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
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
IADLINTRO	IADLINTRO	no entry	Health problems can include physical, mental, emotional, or memory problems. We will now ask about how health problems may affect (SP)'s ability to perform some everyday activities. We would like to know whether (SP) has any difficulty doing each activity alone.		
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). Because of a physical, mental, emotional, or memory problem, did (SP) have any difficulty on or around (HS REF DATE) using the telephone?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) HA43H2 - DIFSHOP (02) HA43H2 - DIFSHOP (03) HA43I1 - REASNOPH (-8) HA43H2 - DIFSHOP (-9) HA43H2 - DIFSHOP

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
REASNOPH	HA43I1	CODE ONE	IADLS NOT ON MDS You ~~said~~ reported that using the telephone is something that (SP) doesn't do. Is this because of a ~~health or physical problem~~ physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA43H2 - DIFSHOP
DIFSHOP	HA43H2	CODE ONE	IADLS NOT ON MDS Because of a physical, mental, emotional, or memory problem, did (SP) have any difficulty ~~Did (SP) have any difficulty~~ on or around (HS REF DATE) shopping for personal items (such as toilet items or medicines)?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) HA43H3 - DIFMONEY (02) HA43H3 - DIFMONEY (03) HA43I2 - REASNOSH (-8) HA43H3 - DIFMONEY (-9) HA43H3 - DIFMONEY
REASNOSH	HA43I2	CODE ONE	IADLS NOT ON MDS You ~~said~~ reported that shopping is something that (SP) doesn't do. Is this because of a ~~health or physical problem~~ physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA43H3 - DIFMONEY
DIFMONEY	HA43H3	CODE ONE	IADLS NOT ON MDS [Because of a physical, mental, emotional, or memory problem, did (SP) have any difficulty…] ~~Did (SP) have any difficulty~~ on or around (HS REF DATE) managing money (like keeping track of ~~money~~ expenses or paying bills)?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) BOX HA17F (02) BOX HA17F (03) HA43I3 - REASNOMM (-8) BOX HA17F (-9) BOX HA17F
REASNOMM	HA43I3	CODE ONE	IADLS NOT ON MDS You ~~said~~ reported that managing money is something that (SP) doesn't do. Is this because of a ~~health or physical problem~~ physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	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 similar 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	HA43L - LIMACTIV ~~(00) HA43K - GENHLTH~~ ~~(01) HA43K - GENHLTH~~ ~~(02) HA43K - GENHLTH~~ ~~(03) HA43K - GENHLTH~~ ~~(04) HA43K - GENHLTH~~ ~~(-8) HA43K - GENHLTH~~ ~~(-9) HA43K - GENHLTH~~
~~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~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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	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 (09)ASSOCIATE'S DEGREE (10) BACHELOR'S DEGREE (08) GRADUATE DEGREE (-8) Don't Know (-9) REFUSED	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~~ BOX HCEND.		
	BOX HCEND	routing	GO TO ~~HSFINSCR2 - FINSCRN2~~ USHSEND.		
	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 medical records for the period 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). 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).	(01) CONTINUE	HA1PRE2T2 - HA1PRE2C
HA1PRE2C	HA1PRE2T2	CODE ONE	RECORD IDENTIFICATION Now, you will be asked some questions about (his/her) medical records for the period on or around (T2 REF DATE). Those are all of the questions we have about (SP)'s health on (HS REF DATE). Now, you will be asked 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).	(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 BOX HA9PRBCT2. ELSE GO TO HA1T2 - RECHAVE.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RECHAVE	HA1T2	YES/NO	RECORD IDENTIFICATION Do you have (SP)'s medical records for the period on or around (T2 REF DATE)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) BOX HA2AT2 (02) HA1BT2 - HSCONTN1 (-8) HA1BT2 - HSCONTN1 (-9) BOX HA9PRBCT2
HSCONTN1	HA1BT2	CODE ONE	Is there someone else who has access to these records and should complete the survey instead? Or would you prefer to continue without using the medical records?	(01) Continue the survey with someone else (02) Continue without medical records	(01) ~~HA9PREB - HA9PRBC~~ HUSTAFF (02) ~~BOX HCEND~~ HA9PREB - HA9PRBC
	BOX HA2AT2	routing	IF (PLACTYPE = 4/NursingHomeUnitCCRC, 7/HospitalBasedSNF OR 17/RehabilitationFacility) OR FQ.COMPLEXF = 1/Indicated, GO TO ~~HA2T2 - RECFORMS~~ HA7CT2 - MDSINT1. ELSE GO TO BOX HA9PRBCT2.		
~~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.~~	~~(01) Yes~~ ~~(02) No~~	~~(01) HA2BT2 - RECFORM2~~ ~~(02) HA2B1T2 - HSCONTN2~~
~~HSCONTN2~~	~~HA2B1T2~~	~~CODE ONE~~	~~Is there someone else who has access to these records and should complete the survey instead? Or would you prefer to continue without using the medical records?~~	~~(01) YES, CONTINUE WITHOUT MEDICAL RECORDS Continue the survey with someone else~~ ~~(02) NO, RETURN TO NAVIGATE SCREEN Continue without medical records~~	~~(01) HA9PREB - HA9PRBC HUSTAFF~~ ~~(02) BOX HCEND HA9PREB - 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)]?~~	~~(01) Yes~~ ~~(02) No~~	~~(01) HA3BT2 - ASSESDT1~~ ~~(02) HA2CT2 - HSCONTN3~~
~~HSCONTN3~~	~~HA2CT2~~	~~CODE ONE~~	~~Is there someone else who has access to these records and should complete the survey instead? Or would you prefer to continue without using the medical records?~~	~~(01) YES, CONTINUE WITHOUT MEDICAL RECORDS Continue the survey with someone else~~ ~~(02) NO, RETURN TO NAVIGATE SCREEN Continue without medical records~~	~~(01) HA9PREB - HA9PRBC HUSTAFF~~ ~~(02) BOX HCEND HA9PREB - 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 BOX HA9PRBCT2.~~ ~~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~~ ~~Is 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~~	~~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~~		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CLOSFORM	HA5T2	YES/NO	Besides the form you just reported, does (SP)'s medical record contain any other MDS form or Quarterly Review form dated closer to (T2 REF DATE)?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED	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 BOX HA9PRBCT2. 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 BOX HA10T2.		
FORMREAS	HA6T2	CODE ONE	RECORD IDENTIIFCATION [MDS 3.0, Section 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)BOX HA10T2 (02) BOX HA10T2 (03) BOX HA10T2 (91) HA6T2 - FORMREOS (-8) BOX HA10T2 (-9) BOX HA10T2
FORMREOS	HA6T2	VERBATIM TEXT	OTHER (SPECIFY)	(01) Continuous answer	BOX HA10T2
RECMDS	HA7AT2	YES/NO	Does (SP)'s medical record contain a full MDS assessment dated between (T2 DATE RANGE).	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA7BT2 - ASSESDT2 (02) BOX HA10T2 (-8) BOX HA10T2 (-9) BOX HA10T2
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	BOX HA10T2
	BOX HA10T2	routing	IF CCN=NON-MISSING THEN GO TO HA22PREBT2-HA22PRBC T2ADLS. ELSE GO TO HA7CT2 - MDSINT1.		
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.]	(01) Continue	BOX HA19AT2
	BOX HA19AT2	routing	GO TO HA11BT2 - COMATOSE.		
	BOX HA9PRBCT2		IF CCN=NON-MISSING THEN GO TO BOX HA17BBT2. ELSE GO TO HA9PREBT2-HA9PRBC		
HA9PRBC	HA9PREBT2	CODE ONE	Now you will be asked 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 this survey 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.]	(01) Continue	HA11BT2 - COMATOSE
COMATOSE	HA11BT2	CODE ONE	COMATOSE [MDS 3.0, Section B0100] Was (SP) in a persistent vegetative state with no discernible consciousness on (T2 REF DATE)?	(01) Yes (Comatose) (02) No (Not Comatose) (-8) Don't Know (-9) REFUSED	(01) HA39BT2 - FCWEIGHT (02) HA12AABT2 - MENTCON (-8) HA12AABT2 - MENTCON (-9) HA12AABT2 - MENTCON

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MENTCON	HA12AABT2	YES/NO	COGNITIVE PATTERNS [MDS 3.0, Section C0100] Should a brief interview for Mental Status (C0200-C0500) be conducted?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) HA12ABT2 - MENTSUM (02) HA12PREBT2 - HA12PRBC (-8) HA12PREBT2 - HA12PRBC (-9) HA12PREBT2 - HA12PRBC
MENTSUM	HA12ABT2	NUMERIC	BRIEF INTERVIEW FOR MENTAL STATUS (BIMS) SUMMARY SCORE [MDS 3.0, Section C0500] Enter a summary score (between 0 - 15) from the BIMS. Please enter "99" if the resident was unable to complete the interview.	(01) CONTINUOUS 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 The next series of questions deal with (SP)'s memory or recall ability.~~)~~	(01) CONTINUE	HA12BT2 - CSMEMST
CSMEMST	HA12BT2	CODE ONE	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C0700] On or around (T2 REF DATE), was (SP)'s short-term memory okay, that is, did (SP) seem or appear to recall things after 5 minutes?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) REFUSED	HA13BT2 - CSMEMLT
CSMEMLT	HA13BT2	CODE ONE	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C0800] Was (SP)'s long-term memory okay; that is, did (SP) seem or appear to recall events in the distant past?	(00) MEMORY OK (01) MEMORY PROBLEM (-8) Don't Know (-9) REFUSED	HA14BT2 - HA14BCOD
HA14BCOD	HA14BT2	CODE ALL	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C0900] On or around (T2 REF DATE), was (SP) able to recall… Please select **all** that apply.	(01) the current season? (02) the location of (her/his) own room? (03) staff names or faces? (04) the fact that (SP) was in a nursing home/hospital swing bed? (96) NONE CHECKED (-8) Don't Know	HA15BT2 - CSDECIS
CSDECIS	HA15BT2	CODE ONE	MEMORY/COGNITIVE SKILLS [MDS 3.0, Section C1000] How skilled was (SP) in making daily decisions? Was (SP) independent, did (SP) exhibit modified independence, was (SP) moderately impaired, or was (SP) severely impaired?	(00) INDEPENDENT (01) MODIFIED INDEPENDENCE (02) MODERATELY IMPAIRED (03) SEVERELY IMPAIRED (-8) Don't Know (-9) Refused	BOX HA13BT2
	BOX HA13BT2	routing	GO TO HA21BT2 - BSAYSOT		
BSAYSOT	HA21BT2	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	HA21BT2 - BSVERBOT
BSVERBOT	HA21BT2	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	HA21BT2 - BSNOTOT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BSNOTOT	HA21BT2	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	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 [MDS 3.0, Section E0500] Did any of (SP)'s behavior… put the resident at significant risk for physical illness or injury?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21ABT2 - BSELFCAR
BSELFCAR	HA21ABT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0500] significantly interfere with the resident's care?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21ABT2 - BSELFACT
BSELFACT	HA21ABT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0500] significantly interfere with the resident's participation in activities or social interactions?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21BBT2 - BSOTHILL
BSOTHILL	HA21BBT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0600] Did any of (SP)'s behavior… put others at significant risk for physical illness or injury?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21BBT2 - BSOTHACT
BSOTHACT	HA21BBT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0600] significantly intrude on the privacy or activities of others?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21BBT2 - BSOTHENV
BSOTHENV	HA21BBT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E0600] significantly disrupt care or living environment?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	HA21CBT2 - BSNOEVAL
BSNOEVAL	HA21CBT2	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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	HA21DBT2 - BSOFTWAN
BSOFTWAN	HA21DBT2	CODE ONE	BEHAVIORAL SYMPTOMS [MDS 3.0, Section 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~~ T2ADLS (01) HA21EBT2 - BSWDANGR (02) HA21EBT2 - BSWDANGR (03) HA21EBT2 - BSWDANGR (-8) HA21EBT2 - BSWDANGR (-9) HA21EBT2 - BSWDANGR
BSWDANGR	HA21EBT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E1000] Did any of (SP)'s wandering… place the resident at significant risk of getting to a potentially dangerous place?	(01) YES (02) NO (-8) Don't Know (-9) REFUSED	HA21EBT2 - BSWOTACT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
BSWOTACT	HA21EBT2	YES/NO	BEHAVIORAL SYMPTOMS [MDS 3.0, Section E1000] BSWOTACT significantly intrude on the privacy or activities of others?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2ADLS ~~(01) HA22PREBT2 - HA22PRBC~~ ~~(02) HA22PREBT2 - HA22PRBC~~ ~~(-8) HA22PREBT2 - HA22PRBC~~ ~~(-9) HA22PREBT2 - HA22PRBC~~
~~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~~ ~~(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~~ ~~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~~ ~~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~~ ~~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~~ ~~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~~ ~~Again referring to the time on or around (T2 REF DATE), what was (SP)'s level of self-performance when bathing: was (SP) independent, did (SP) require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, was (SP) 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~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
T2ADLS	T2ADLS	no entry	Remembering that health problems can include physical, mental, emotional, or memory problems, we will not like to ask you about how health problems may affect (SP)'s ability to perform some everyday activities. We would like to know whether (SP) has any difficulty doing each activity alone and without special equipment.	(01) CONTINUE	T2BATH
T2BATH	T2BATH	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... bathing or showering?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) T2EQBATH (02) T2EQBATH (03) T2NOBATH (-8) T2EQBATH (-9) T2EQBATH
T2NOBATH	T2NOBATH	yes/no	You reported that bathing or showering is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2EQBATH
T2EQBATH	T2EQBATH	yes/no	Does (SP) use special equipment or aids to help with bathing or showering?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2DRESS
T2DRESS	T2DRESS	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... dressing?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) T2EQDRES (02) T2EQDRES (03) T2NODRES (-8) T2EQDRES (-9) T2EQDRES
T2NODRES	T2NODRES	yes/no	You reported that dressing is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2EQDRES
T2EQDRES	T2EQDRES	yes/no	Does (SP) use special equipment or aids to help with dressing?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2ADLEAT
T2ADLEAT	T2ADLEAT	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... eating?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) T2EQEAT (02) T2EQEAT (03) T2NOEAT (-8) T2EQEAT (-9) T2EQEAT
T2NOEAT	T2NOEAT	yes/no	You reported that eating is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2EQEAT
T2EQEAT	T2EQEAT	yes/no	Does (SP) use special equipment or aids to help with eating?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2ADLBED
T2ADLBED	T2ADLBED	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... Transferring (for example, in and out of bed)?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) T2EQBED (02) T2EQBED (03) T2NOBED (-8) T2EQBED (-9) T2EQBED
T2NOBED	T2NOBED	yes/no	You reported that transferring (for example, in and out of bed) is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2EQBED
T2EQBED	T2EQBED	yes/no	Does (SP) use special equipment or aids to help with transferring (for example, in and out of bed)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2WALK
T2WALK	T2WALK	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty... walking?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) T2EQWALK (02) T2EQWALK (03) T2NOWALK (-8) T2EQWALK (-9) T2EQWALK

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
T2NOWALK	T2NOWALK	yes/no	You reported that walking is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2EQWALK
T2EQWALK	T2EQWALK	yes/no	Does (SP) use special equipment or aids to help with walking?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2TOILET
T2TOILET	T2TOILET	code one	Because of a physical, mental, emotional, or memory problem, does (SP) have any difficulty… using the toilet, including getting up and down?	(01) Yes (02) No (03) Doesn't Do (-8) Don't Know (-9) REFUSED	(01) T2EQTILT (02) T2EQTILT (03) T2NOTILT (-8) T2EQTILT (-9) T2EQTILT
T2NOTILT	T2NOTILT	yes/no	You reported that using the toilet is something that (SP) doesn't do. Is this because of a physical, mental, emotional, or memory problem?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	T2EQTILT
T2EQTILT	T2EQTILT	yes/no	Does (SP) use special equipment or aids to help with using the toilet, including getting up and down?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOXADL7
	BOX ADL7	routing	IF T2BATH = 1/Yes OR T2NOBATH = 1/Yes, GO TO T2BATHLP. ELSE GO TO BOX ADL8.		
T2BATHLP	T2BATHLP	yes/no	[You reported (SP's) health makes bathing or showering difficult./You reported that bathing or showering is something (SP) doesn't do.] Does (SP) receive help from another person with bathing or showering?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) T2BTHSTL (02) BOX ADL8 (-8) BOX ADL8 (-9) BOX ADL8
T2BTHSTL	T2BTHSTL	yes/no	Do you expect that (SP) will still need help with bathing or showering three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL8
	BOX ADL8	routing	IF T2DRESS = 1/Yes OR T2NODRES = 1/Yes, GO TO T2DRSHLP. ELSE GO TO BOX ADL9.		
T2DRSHLP	T2DRSHLP	yes/no	[You reported (SP's) health makes dressing difficult./You reported that dressing is something (SP) doesn't do.] Does (SP) receive help from another person with dressing?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) T2DRSSTL (02) BOX ADL9 (-8) BOX ADL9 (-9) BOX ADL9
T2DRSSTL	T2DRSSTL	yes/no	Do you expect that (SP) will still need help with dressing three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL9
	BOX ADL9	routing	IF T2ADLEAT = 1/Yes OR T2NOEAT = 1/Yes, GO TO T2EATHLP. ELSE GO TO BOX ADL10.		
T2EATHLP	T2EATHLP	yes/no	[You reported (SP's) health makes eating difficult./You reported that eating is something (SP) doesn't do.] Does (SP) receive help from another person with eating?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) T2EATSTL (02) BOX ADL10 (-8) BOX ADL10 (-9) BOX ADL10
T2EATSTL	T2EATSTL	yes/no	Do you expect that (SP) will still need help with eating three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL10

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX ADL10	routing	IF T2ADLBED = 1/Yes OR T2NOBED = 1/Yes, GO TO T2BEDHLP. ELSE GO TO BOX ADL11.		
T2BEDHLP	T2BEDHLP	yes/no	[You reported (SP's) health makes transferring (for example, in and out of bed) difficult./You reported that transferring (for example, in and out of bed) is something (SP) doesn't do.] Does (SP) receive help from another person with transferring (for example, in and out of bed)?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) T2BEDSTL (02) BOX ADL11 (-8) BOX ADL11 (-9) BOX ADL11
T2BEDSTL	T2BEDSTL	yes/no	Do you expect that (SP) will still need help with transferring (for example, in and out of bed) three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL11
	BOX ADL11	routing	IF T2WALK = 1/Yes OR T2NOWALK = 1/Yes, GO TO T2WLKHLP. ELSE GO TO BOX ADL12.		
T2WLKHLP	T2WLKHLP	yes/no	[You reported (SP's) health makes walking difficult./You reported that walking is something (SP) doesn't do.] Does (SP) receive help from another person with walking?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) T2WLKSTL (02) BOX ADL12 (-8) BOX ADL12 (-9) BOX ADL12
T2WLKSTL	T2WLKSTL	yes/no	Do you expect that (SP) will still need help with walking three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	BOX ADL12
	BOX ADL12	routing	IF T2TOILET = 1/Yes OR T2NOTLT = 1/Yes, GO TO T2TLTHLP. ELSE GO TO HA24PREBT2-HA24PRBC.		
T2TLTHLP	T2TLTHLP	yes/no	[You reported (SP's) health makes using the toilet difficult./You reported that using the toilet is something (SP) doesn't do.] Does (SP) receive help from another person with using the toilet, including getting up and down?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	(01) T2TLTSTL (02) HA24PREBT2-HA24PRBC (-8) HA24PREBT2-HA24PRBC (-9) HA24PREBT2-HA24PRBC
T2TLTSTL	T2TLTSTL	yes/no	Do you expect that (SP) will still need help with using the toilet three months from now?	(01) Yes (02) No (-8) Don't Know (-9) REFUSED	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
HA24BCOD	HA24BT2	CODE ALL	MODES OF LOCOMOTION On or around (HS REF DATE) did (SP) use… Please select **all** that apply.	(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 HA14BT2
	BOX HA14BT2	routing	IF CCN = NON-MISSING GO TO USHSEND ELSE GO TO HA39BT2 - FCWEIGHT		
FCWEIGHT	HA39BT2	NUMERIC	ORAL/NUTRITIONAL STATUS [MDS 3.0, Section K0200] What was (SP)'s weight on or around (T2 REF DATE)?	(01) CONTINUOUS (-8) Don't Know (-9) Refused	USHSEND
USHSEND	USHSEND	code one	That is all of the information needed at this time. Thank you very much for your time and participation. EXIT THE SURVEY	(01) Continue	(01) BOX HSEND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
USHSEND2	USHSEND2	code one	That is all of the information needed at this time. An email invitation will be sent to the contact name provided to answer these questions. Thank you for your time and participation.	(01) Continue	(01) BOX HSEND
	BOX HSEND	routing	END OF SURVEY		