

Minimum Data Set (MDS) 2.0© Canadian Version

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FULL ASSESSMENT

* Status in last 7 days, unless other time frame indicated.

Addressograph

SECTION AA and A: IDENTIFICATION INFORMATION			
AA1	UNIQUE REGISTRATION IDENTIFIER		
A1	RESIDENT NAME		
A2	ROOM NUMBER	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> a. Unit b. Room # </div>	
AA2	SEX	<div style="display: flex; justify-content: space-between;"> M. Male F. Female O. Other </div>	
A3	ASSESSMENT REFERENCE DATE	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	
AA3a	BIRTH DATE	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>	
AA3b	ESTIMATED BIRTH DATE	<div style="display: flex; justify-content: space-between;"> Birth date is estimated 0. No 1. Yes </div>	
AA4	ABORIGINAL IDENTITY	Person identifies self as First Nations, Métis or Inuit 0. No 1. Yes a. First Nations b. Métis c. Inuit	
A5	MARITAL STATUS	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">1. Never married</div> <div style="width: 50%;">4. Separated</div> <div style="width: 50%;">2. Married</div> <div style="width: 50%;">5. Divorced</div> <div style="width: 50%;">3. Widowed</div> <div style="width: 50%;">9. Unknown</div> </div>	
AA6	FACILITY NUMBER	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Prov./Terr. Facility Number </div> (See manual for province/territory codes)	
AA5a	HEALTH CARD NUMBER	a. Enter the resident's health card number, or enter "0" if unknown or "1" if not applicable. <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
AA5b	PROVINCE/ TERRITORY OF ISSUE	b. Enter the Province/Territory code issuing health card number. (See CCRS manual for province/territory codes.) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
A6a	HEALTH RECORD NUMBER	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
A6b	HEALTH REGISTER NUMBER	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

A7	RESPONSIBILITY FOR PAYMENT	<i>(Check all that apply in LAST 30 DAYS.)</i> a. Provincial/territory government plan (for resident of province/territory) b. Other province/territory (resident of Canada) c. Federal government—Veterans Affairs Canada d. Federal government—First Nations and Inuit Health Branch (FNIHB) e. Federal government—other (RCMP, Canadian Forces, federal penitentiary inmate, refugee) f. Worker's compensation board (WCB/WSIB) g. Canadian resident, private insurance pay h. Canadian resident, public trustee pay i. Canadian resident, self pay j. Other country resident, self pay k. Responsibility for payment unknown/unavailable	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
AA8	REASON FOR ASSESSMENT	Primary reason for assessment 01. Admission assessment (before day 14) 02. Full annual assessment 03. Significant change in status assessment 04. Significant correction of prior full assessment	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
A11	DECISION-MAKER FOR PERSONAL CARE AND PROPERTY	1. Person 2. Other a. Personal Care b. Property	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
A12	ADVANCE DIRECTIVES	0. Not in Place 1. In Place a. Advance Directives for Not Resuscitating b. Advance Directives for Not Hospitalizing	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>

= when box blank, must enter number or letter

a = when letter in box, or when instructed to do so, check if condition applies

SECTION AB: DEMOGRAPHIC INFORMATION

AB1	ADMISSION DATE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	<input type="text"/> <input type="text"/> Month	<input type="text"/> <input type="text"/> Day
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SECTION B: COGNITIVE PATTERNS

B1	COMATOSE	(Persistent vegetative state or no discernible consciousness) 0. No 1. Yes (Skip to item G1)	
B2	MEMORY	(Recall of what was learned or known) a. Short-term memory OK—seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem b. Long-term memory OK—seems or appears to recall long past 0. Memory OK 1. Memory problem	
B3	MEMORY/ RECALL ABILITY	(Check all that resident was normally able to recall during the LAST 7 DAYS.) a. Current season b. Location of own room c. Staff names/faces d. That he/she is in a facility e. NONE OF ABOVE are recalled	a b c d e
B4	COGNITIVE SKILLS FOR DAILY DECISION MAKING	(Made decisions regarding tasks of daily life.) 0. INDEPENDENT—decisions consistent and reasonable 1. MODIFIED INDEPENDENCE—some difficulty in new situations only 2. MODERATELY IMPAIRED—decisions poor; cues or supervision required 3. SEVERELY IMPAIRED—never/rarely made decisions	
B5	INDICATORS OF DELIRIUM-PERIODIC DISORDERED THINKING/AWARENESS	(Code for behaviour in LAST 7 DAYS.) Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behaviour over this time. 0. Behaviour not present 1. Behaviour present, not of recent onset 2. Behaviour present, over last 7 days appears different from resident's usual functioning (e.g. new onset or worsening) a. EASILY DISTRACTED (e.g. difficulty paying attention, gets sidetracked) b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS (e.g. moves lips or talks to someone not present; believes he or she is somewhere else; confuses night and day) c. EPISODES OF DISORGANIZED SPEECH (e.g. speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought) d. PERIODS OF RESTLESSNESS (e.g. fidgeting or picking at skin, clothing, napkins, etc.; frequent position changes; repetitive physical movements or calling out) e. PERIODS OF LETHARGY (e.g. sluggishness; staring into space; difficult to arouse; little bodily movement) f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY (e.g. sometimes better, sometimes worse; behaviours sometimes present, sometimes not)	
B6	CHANGE IN COGNITIVE STATUS	Resident's cognitive status, skills or abilities have changed as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No change 1. Improved 2. Deteriorated	

SECTION C: COMMUNICATION/HEARING PATTERNS

C1	HEARING	(With hearing appliance, if used) 0. HEARS ADEQUATELY—normal talk, TV, phone 1. MINIMAL DIFFICULTY—when not in quiet setting 2. HEARS IN SPECIAL SITUATION ONLY—speaker has to adjust tonal quality and speak distinctly 3. HIGHLY IMPAIRED or absence of useful hearing	
C2	COMMUNICATION DEVICES/ TECHNIQUES	(Check all that apply during LAST 7 DAYS.) a. Hearing aid, present and used regularly b. Hearing aid, present and not used regularly c. Other receptive communication techniques used (e.g. lip reading) d. NONE OF ABOVE	a b c d
C3	MODES OF EXPRESSION	(Check all used by resident to make needs known.) a. Speech b. Writing messages to express or clarify needs c. American sign language or Braille d. Signs or gestures or sounds e. Communication board f. Other g. NONE OF ABOVE	a b c d e f g
C4	MAKING SELF UNDERSTOOD	(Expressing information content—however able) 0. UNDERSTOOD 1. USUALLY UNDERSTOOD—difficulty finding words or finishing thoughts 2. SOMETIMES UNDERSTOOD—ability is limited to making concrete requests 3. RARELY OR NEVER UNDERSTOOD	
C5	SPEECH CLARITY	(Code for speech in LAST 7 DAYS.) 0. CLEAR SPEECH—distinct, intelligible words 1. UNCLEAR SPEECH—slurred, mumbled words 2. NO SPEECH—absence of spoken words	
C6	ABILITY TO UNDERSTAND OTHERS	(Understanding verbal information content—however able) 0. UNDERSTANDS 1. USUALLY UNDERSTANDS—may miss some part or intent of message 2. SOMETIMES UNDERSTANDS—responds adequately to simple, direct communication 3. RARELY OR NEVER UNDERSTANDS	
C7	CHANGE IN COMMUNICATION/ HEARING	Resident's ability to express, understand, or hear information has changed as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No Change 1. Improved 2. Deteriorated	

D1	VISION	<p><i>(Able to see in adequate light and with glasses, if used)</i></p> <p>0. ADEQUATE—sees fine detail, including regular print in newspapers or books</p> <p>1. IMPAIRED—sees large print, but not regular print in newspapers or books</p> <p>2. MODERATELY IMPAIRED—limited vision; not able to see newspaper headlines, but can identify objects</p> <p>3. HIGHLY IMPAIRED—object identification in question, but eyes appear to follow objects</p> <p>4. SEVERELY IMPAIRED—no vision or sees only light, colours or shapes; eyes do not appear to follow objects</p>	
D2	VISUAL LIMITATIONS/ DIFFICULTIES	<p>a. Side vision problems—decreased peripheral vision (e.g. leaves food on one side of tray, difficulty travelling, bumps into people and objects, misjudges placement of chair when seating self)</p> <p>0. No</p> <p>1. Yes</p> <p>b. Experiences any of the following: sees halos or rings around lights, sees flashes of light, sees “curtains” over eyes</p> <p>0. No</p> <p>1. Yes</p>	
D3	VISUAL APPLIANCES	<p>Glasses; contact lenses; magnifying glass</p> <p>0. No</p> <p>1. Yes</p>	

E1	INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	<p><i>(Code for indicators observed in LAST 30 DAYS, irrespective of the assumed cause.)</i></p> <ol style="list-style-type: none"> 0. Indicator not exhibited in last 30 days 1. Indicator of this type exhibited up to 5 days a week 2. Indicator of this type exhibited daily or almost daily (6, 7 days) <p>VERBAL EXPRESSIONS OF DISTRESS</p> <ol style="list-style-type: none"> a. Resident made negative statements (e.g. "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die.") b. Repetitive questions: (e.g. "Where do I go? What do I do?") c. Repetitive verbalizations (e.g. Calling out for help; "God help me.") d. Persistent anger with self or others (e.g. easily annoyed, anger at placement in facility; anger at care received) e. Self deprecation (e.g. "I am nothing, of no use to anyone.") f. Expressions of what appear to be unrealistic fears (e.g. fear of being abandoned, left alone, being with others) g. Recurrent statements that something terrible is about to happen (e.g. believes is about to die, have a heart attack) h. Repetitive health complaints (e.g. persistently seeks medical attention, obsessive concern with body functions) i. Repetitive anxious complaints or concerns—non-health (e.g. persistently seeks attention or reassurance regarding schedules, meals, laundry or clothing, relationship issues) <p>SLEEP-CYCLE ISSUES</p> <ol style="list-style-type: none"> j. Unpleasant mood in morning k. Insomnia or change in usual sleep pattern <p>SAD, APATHETIC, ANXIOUS APPEARANCE</p> <ol style="list-style-type: none"> l. Sad, pained, worried facial expressions (e.g. furrowed brows) m. Crying, tearfulness n. Repetitive physical movements (e.g. pacing, hand wringing, restlessness, fidgeting, picking)
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		LOSS OF INTEREST o. Withdrawal from activities of interest (e.g. no interest in longstanding activities or being with family, friends) p. Reduced social interaction		
E2	MOOD PERSISTENCE	One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident in LAST 7 DAYS. 0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered		
E3	CHANGE IN MOOD	Resident's mood status has changed as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No change 1. Improved 2. Deteriorated		
E4	BEHAVIOURAL SYMPTOMS	<i>(Code for behaviour in LAST 7 DAYS.)</i> A. Behavioural symptom frequency in last 7 days 0. Behaviour not exhibited in last 7 days 1. Behaviour of this type occurred on 1 to 3 days in last 7 days 2. Behaviour of this type occurred 4 to 6 days, but less than daily 3. Behaviour of this type occurred daily B. Behavioural symptom alterability in last 7 days 0. Behaviour not present—OR—behaviour was easily altered 1. Behaviour was not easily altered	A	B
		a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)		
		b. VERBALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were threatened, screamed at, cursed at)		
		c. PHYSICALLY ABUSIVE BEHAVIOURAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)		
		d. SOCIALLY INAPPROPRIATE or DISRUPTIVE BEHAVIOURAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behaviour or disrobing in public, smeared or threw food or feces, hoarding, rummaged in others' belongings)		
		e. RESISTS CARE (resisted taking meds or injections, ADL assistance, or eating)		
E5	CHANGE IN BEHAVIOURAL SYMPTOMS	Resident's behavioural status has changed as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No change 1. Improved 2. Deteriorated		

SECTION F: PSYCHOSOCIAL WELL-BEING

F1	SENSE OF INITIATIVE/ INVOLVEMENT	a. At ease interacting with others	a
		b. At ease doing planned or structured activities	b
		c. At ease doing self-initiated activities	c
		d. Establishes own goals	d
		e. Pursues involvement in life of facility (e.g. makes and keeps friends; involved in group activities; responds positively to new activities; assists at religious services)	e
		f. Accepts invitations into most group activities	f
		g. <i>NONE OF ABOVE</i>	g
		F2	UNSETTLED RELATIONSHIPS
b. Unhappy with roommate	b		
c. Unhappy with residents other than roommate	c		
d. Openly expresses conflict/anger with family/friends	d		
e. Absence of personal contact with family or friends	e		
f. Recent loss of close family member or friend	f		
g. Does not adjust easily to change in routines	g		
h. <i>NONE OF ABOVE</i>	h		
F3	PAST ROLES	a. Strong identification with past roles and life status	
		0. No 1. Yes 9. Unknown (admission only)	
		b. Expresses sadness, anger or empty feeling over lost roles or status	
		0. No 1. Yes 9. Unknown (admission only)	
		c. Resident perceives that daily life (customary routine, activities) is very different from prior pattern in the community	
		0. No 1. Yes 9. Unknown (admission only)	

SECTION G: PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

G1	A. ADL SELF-PERFORMANCE (Code for resident's PERFORMANCE OVER ALL SHIFTS during LAST 7 DAYS , not including setup)		A	B
	<p>0. INDEPENDENT. No help or oversight—OR—help/oversight provided only 1 or 2 times during last 7 days.</p> <p>1. SUPERVISION. Oversight, encouragement or cueing provided 3 or more times during last 7 days—OR—Supervision plus physical assistance provided only 1 or 2 times during last 7 days.</p> <p>2. LIMITED ASSISTANCE. Resident highly involved in activity; received physical help in guided maneuvering of limbs, or other non-weight-bearing assistance 3 or more times—OR—More help provided only 1 or 2 times during last 7 days.</p> <p>3. EXTENSIVE ASSISTANCE. Although resident performed part of activity, over last 7-day period, help of the following type(s) was provided 3 or more times:</p> <ul style="list-style-type: none"> weight-bearing support full staff performance during part (but not all) of last 7 days. <p>4. TOTAL DEPENDENCE. Full staff performance of activity during entire 7 days.</p> <p>8. ACTIVITY DID NOT OCCUR during entire 7 days.</p>			
	B. ADL SUPPORT PROVIDED (Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during LAST 7 DAYS ; code regardless of resident's self-performance classification.)			
	<p>0. No setup or physical help from staff</p> <p>1. Setup help only</p> <p>2. One-person physical assist</p> <p>3. Two+ persons physical assist</p> <p>8. ADL activity did not occur during entire 7 days</p>		SELF-PERFORMANCE	SUPPORT PROVIDED
G1a	BED MOBILITY	How resident moves to and from lying position, turns from side to side, and positions body while in bed		
G1b	TRANSFER	How resident moves between surfaces—to and from: bed, chair, wheelchair, standing position (EXCLUDE to and from bath and toilet)		
G1c	WALK IN ROOM	How resident walks between locations in own room		
G1d	WALK IN CORRIDOR	How resident walks in corridor on unit		
G1e	LOCOMOTION ON UNIT	How resident moves between locations in own room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		
G1f	LOCOMOTION OFF UNIT	How resident moves to and returns from off-unit locations (e.g. areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
G1g	DRESSING	How resident puts on, fastens, and takes off all items of street clothing, including donning and removing prosthesis		
G1h	EATING	How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition)		
G1i	TOILET USE	How resident uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes		
G1j	PERSONAL HYGIENE	How resident maintains personal hygiene, including combing hair; brushing teeth; shaving; applying makeup; washing and drying face, hands, and perineum (EXCLUDE baths and showers)		

SECTION G: PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS (cont'd)

G2	BATHING	How resident takes full-body bath or shower, sponge bath, and transfers in and out of tub or shower (EXCLUDE washing of back and hair). (Code for most dependent in self-performance and support.) Bathing self-performance codes are: 0. Independent—No help provided 1. Supervision—Oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Bathing did not occur during the entire 7 days (Bathing support codes are as defined in item G1aB, "support provided" above)	A	B
			SELF-PERFORMANCE	SUPPORT PROVIDED
G3	TEST FOR BALANCE	(Code for ability during test in the LAST 7 DAYS.) 0. Maintained position as required in test 1. Unsteady, but able to rebalance self without physical support 2. Partial physical support during test or doesn't follow directions 3. Not able to attempt test without physical help a. Balance while standing b. Balance while sitting—position, trunk control		
G4	FUNCTIONAL LIMITATION IN RANGE OF MOTION	(Code for limitations during LAST 7 DAYS that interfered with daily functions or put resident at risk of injury.) A. RANGE OF MOTION 0. No limitation 1. Limitation on 1 side 2. Limitation on both sides B. VOLUNTARY MOVEMENT 0. No loss 1. Partial loss 2. Full loss	A	B
		a. Neck		
		b. Arm—including shoulder or elbow		
		c. Hand—including wrist or fingers		
		d. Leg—including hip or knee		
		e. Foot—including ankle or toes		
		f. Other limitation or loss		
G5	MODES OF LOCOMOTION	(Check all that apply during LAST 7 DAYS.) a. Cane, walker, or crutch b. Wheeled self c. Other person wheeled d. Wheelchair primary mode of locomotion e. NONE OF ABOVE		a b c d e
G6	MODES OF TRANSFER	(Check all that apply during LAST 7 DAYS.) a. Bedfast all or most of the time b. Bed rails used for bed mobility or transfer c. Lifted manually d. Lifted mechanically e. Transfer aid (e.g. slide board, trapeze, cane, walker, brace) f. NONE OF ABOVE		a b c d e f
G7	TASK SEGMENTATION	Some or all of ADL activities were broken into sub-tasks during LAST 7 DAYS so that resident could perform them. 0. No 1. Yes		
G8	ADL FUNCTIONAL REHAB. POTENTIAL	(Check all that apply during LAST 7 DAYS.) a. Resident believes self to be capable of increased independence in at least some ADLs b. Direct care staff believe resident is capable of increased independence in at least some ADLs c. Resident able to perform tasks/activity but is very slow d. Difference in ADL self-performance or ADL support, comparing mornings to evenings e. NONE OF ABOVE		a b c d e
G9	CHANGE IN ADL FUNCTION	Resident's ADL Self-Performance status has changed as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No change 1. Improved 2. Deteriorated		

SECTION H: CONTINENCE IN LAST 14 DAYS

H1	CONTINENCE SELF-CONTROL CATEGORIES (Code for performance over all shifts.) 0. CONTINENT—Complete control 1. USUALLY CONTINENT—BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly 2. OCCASIONALLY INCONTINENT—BLADDER, 2+ times a week but not daily; BOWEL, once a week 3. FREQUENTLY INCONTINENT—BLADDER, tended to be incontinent daily, but some control present (e.g. on day shift); BOWEL, 2 or 3 times a week 4. INCONTINENT—Had inadequate control. BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time	
H1a	BOWEL CONTINENCE	Control of bowel movement, with appliance or bowel continence programs, if used
H1b	BLADDER CONTINENCE	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g. foley) or continence programs, if used
H2	BOWEL ELIMINATION PATTERN	(Check all that apply in LAST 14 DAYS.) a. Bowel elimination pattern regular—at least 1 movement every 3 days b. Constipation c. Diarrhea d. Fecal impaction e. NONE OF ABOVE
H3	APPLIANCES AND PROGRAMS	(Check all that apply in LAST 14 DAYS.) a. Any scheduled toileting plan b. Bladder retraining program c. External (condom) catheter d. Indwelling catheter e. Intermittent catheter f. Did not use toilet, commode, urinal g. Pads or briefs used h. Enemas, irrigation i. Ostomy present j. NONE OF ABOVE
H4	CHANGE IN URINARY CONTINENCE	Resident's urinary continence has changed as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No change 1. Improved 2. Deteriorated

SECTION I: DISEASE DIAGNOSES

(Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behaviour status, medical treatments, nurse monitoring, or risk of death. Do not list inactive diagnoses.)

I1	DISEASES	(If none of I1a-I1uu apply, CHECK item I1vv)
	ENDOCRINE/METABOLIC/NUTRITIONAL	
	a. Diabetes mellitus	a
	b. Hyperthyroidism	b
	c. Hypothyroidism	c
	HEART/CIRCULATION	
	d. Arteriosclerotic heart disease (ASHD)	d
	e. Cardiac dysrhythmia	e
	f. Congestive heart failure	f
	g. Deep vein thrombosis	g
	h. Hypertension	h
	i. Hypotension	i
	j. Peripheral vascular disease	j
	k. Other cardiovascular disease	k
	MUSCULOSKELETAL	
	l. Arthritis	l
	m. Hip fracture	m
	n. Missing limb (e.g. amputation)	n
	o. Osteoporosis	o
	p. Pathological bone fracture	p
	NEUROLOGICAL	
	q. Amyotrophic lateral sclerosis (ALS)	q
	r. Alzheimer's disease	r
	s. Aphasia	s
	t. Cerebral palsy	t
	u. Cerebrovascular accident (stroke)	u
	v. Dementia other than Alzheimer's disease	v
	w. Hemiplegia/hemiparesis	w
	x. Huntington's chorea	x
	y. Multiple sclerosis	y
	z. Paraplegia	z
	aa. Parkinson's disease	aa
	bb. Quadriplegia	bb
	cc. Seizure disorder	cc
	dd. Transient ischemic attack (TIA)	dd
	ee. Traumatic brain injury	ee
	PSYCHIATRIC/MOOD	
	ff. Anxiety disorder	ff
	gg. Depression	gg
	hh. Bipolar Disorder	hh
	ii. Schizophrenia	ii
	PULMONARY	
	jj. Asthma	jj
	kk. Emphysema/ COPD	kk
	SENSORY	
	ll. Cataracts	ll
	mm. Diabetic retinopathy	mm
	nn. Glaucoma	nn
	oo. Macular degeneration	oo
	OTHER	
	pp. Allergies	pp
	qq. Anemia	qq
	rr. Cancer	rr
	ss. Gastrointestinal disease	ss
	tt. Liver disease	tt
	uu. Renal failure	uu
	vv. NONE OF ABOVE	vv
I2	INFECTIONS	(If none of I2a-I2m apply, CHECK item I2n.)
	a. Antibiotic resistant infection (e.g. Methicillin resistant staph)	a
	b. Cellulitis	b
	c. Clostridium difficile	c
	d. Conjunctivitis	d
	e. HIV infection	e
	f. Pneumonia	f

		g. Respiratory infection	g
		h. Septicemia	h
		i. Sexually transmitted diseases	i
		j. Tuberculosis (active)	j
		k. Urinary tract infection in LAST 30 DAYS	k
		l. Viral hepatitis	l
		m. Wound infection	m
		n. NONE OF ABOVE	n
I3	OTHER CURRENT DIAGNOSIS AND ICD-10-CA CODES	a	
		b	
		c	
		d	
		e	
		f	

SECTION J: HEALTH CONDITIONS

J1	PROBLEM CONDITIONS	(Check all problems present in LAST 7 DAYS UNLESS OTHER TIME FRAME IS INDICATED.)
		INDICATORS OF FLUID STATUS
		a. Weight gain or loss of 1.5 or more kilograms in last 7 days (3 lbs.)
		b. Inability to lie flat due to shortness of breath
		c. Dehydrated; e.g. output exceeds intake
		d. Insufficient fluid; did NOT consume all or almost all liquids provided during LAST 3 DAYS
		OTHER
		e. Delusions
		f. Dizziness/vertigo
		g. Edema
		h. Fever
		i. Hallucinations
		j. Internal bleeding
		k. Recurrent lung aspirations in LAST 90 DAYS
		l. Shortness of breath
		m. Syncope (fainting)
		n. Unsteady gait
		o. Vomiting
		p. NONE OF ABOVE
J2	PAIN SYMPTOMS	(Code for the highest level of pain present in LAST 7 DAYS.)
		a. FREQUENCY with which resident complains or shows evidence of pain: 0. No pain (Skip to J4) 1. Pain less than daily 2. Pain daily
		b. INTENSITY of pain: 1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating
J3	PAIN SITE	(Check all sites where pain was present in LAST 7 DAYS.)
		a. Back pain a f. Incisional pain f
		b. Bone pain b g. Joint pain (other than hip) g
		c. Chest pain during usual activities c h. Soft tissue pain (e.g. lesion, muscle) h
		d. Headache d i. Stomach pain i
		e. Hip pain e j. Other site j
J4	ACCIDENTS	(CHECK all that apply.)
		a. Fell in PAST 30 DAYS a
		b. Fell in PAST 31 to 180 DAYS b
		c. Hip fracture in LAST 180 DAYS c
		d. Other fracture in LAST 180 DAYS d
		e. NONE OF ABOVE e

SECTION N: ACTIVITY PURSUIT PATTERNS

N1	TIME AWAKE	(Check appropriate time periods over LAST 7 DAYS.) Resident awake all or most of the time (i.e. naps no more than 1 hour per time period) in the:			
		a. Morning	a	c. Evening	c
		b. Afternoon	b	d. NONE OF ABOVE	d
(If resident is comatose, skip to Section O.)					
N2	AVERAGE TIME INVOLVED IN ACTIVITIES	(When awake and not getting treatment or ADL care) 0. Most—more than 2/3 of time 1. Some—from 1/3 to 2/3 of time 2. Little—less than 1/3 of time 3. None			
N3	PREFERRED ACTIVITY SETTINGS	(Check all settings in which activities are preferred.) a. Own room a d. Outside facility d b. Day or activity room b e. NONE OF ABOVE e c. Inside facility/off unit c			
N4	GENERAL ACTIVITY PREFERENCES (adapted to resident's current abilities)	(Check all PREFERENCES whether or not activity is currently available to resident.) a. Cards, other games a i. Watching TV i b. Crafts or arts b j. Gardening or plants j c. Exercise or sports c k. Talking or conversing k d. Music d l. Helping others l e. Reading, writing e m. NONE OF ABOVE m f. Spiritual or religious activities f g. Trips or shopping g h. Walk/wheeling outdoors h			
N5	PREFERS CHANGE IN DAILY ROUTINE	(Code for resident preferences in daily routine.) 0. No change 1. Slight change 2. Major change a. Type of activities in which resident is currently involved b. Extent of resident involvement in activities			

SECTION O: MEDICATIONS

O1	NUMBER OF MEDICATIONS	(Record the NUMBER of different MEDICATIONS used in the LAST 7 DAYS. Enter "00" if none used.)			
O2	NEW MEDICATIONS	Resident currently receiving medications that were initiated during the LAST 90 DAYS. 0. No 1. Yes 9. Unknown (admission only)			
O3	INJECTIONS	(Record the NUMBER OF DAYS injections of any type were received during the LAST 7 DAYS. Enter "0" if none used.)			
O4	DAYS RECEIVED THE FOLLOWING MEDICATION	(Record the NUMBER OF DAYS during LAST 7 DAYS; enter "0" if not used. N.B. Enter "1" for long-acting medications used less than weekly.) a. Antipsychotic a d. Hypnotic d b. Antianxiety b e. Diuretic e c. Antidepressant c f. Analgesic f			

SECTION P: SPECIAL TREATMENTS AND PROCEDURES

P1a	SPECIAL TREATMENTS, PROCEDURES AND PROGRAMS	SPECIAL CARE —(Check treatments or programs received in LAST 14 DAYS.) TREATMENTS a. Chemotherapy a b. Renal Dialysis b c. IV medication c d. Intake/output d e. Monitoring acute medical condition e f. Ostomy care f g. Oxygen therapy g h. Radiation h i. Suctioning i j. Trach. Care j k. Transfusions k l. Ventilator or respirator l PROGRAMS m. Alcohol or drug treatment program m n. Alzheimer's or dementia special care unit n o. Hospice care o p. Pediatric Unit p q. Respite care q r. Training in skills required to return to the community (e.g. taking medications, housework, shopping, transportation, ADLs) r s. NONE OF ABOVE s			
P1b		THERAPIES —(Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the LAST 7 DAYS. Enter "0" if none or less than 15 minutes daily.) Note: Count only post-admission therapies. Box A = # of days administered for 15 minutes or more Box B = total # of minutes provided in last 7 days a. Speech—language pathology, audiology service A B b. Occupational therapy c. Physical therapy d. Respiratory therapy e. Psychological therapy (by any licensed mental health professional) f. Recreation therapy			
P2	INTERVENTION PROGRAMS FOR MOOD, BEHAVIOUR, COGNITIVE LOSS	(Check all interventions or strategies used in the LAST 7 DAYS, no matter where received.) a. Special behaviour symptom evaluation program a b. Evaluation by a licensed mental health specialist in LAST 90 DAYS b c. Group therapy c d. Resident-specific deliberate changes in the environment to address mood or behaviour patterns (e.g. providing bureau in which to rummage) d e. Reorientation (e.g. cueing) e f. NONE OF ABOVE f			
P3	NURSING REHABILITATION/ RESTORATIVE CARE	(Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the LAST 7 DAYS. Enter "0" if none or less than 15 minutes daily.) a. Range of motion (passive) b. Range of motion (active) c. Splint or brace assistance Training and skill practice in: d. Bed mobility e. Transfer f. Walking g. Dressing or grooming h. Eating or swallowing i. Amputation or prosthesis care j. Communication k. Other			

SECTION P: SPECIAL TREATMENTS AND PROCEDURES

P4	DEVICES AND RESTRAINTS	(Use the following codes for the LAST 7 DAYS:) 0. Not used 1. Used less than daily 2. Used daily	
	a. Full bed rails on all open sides of bed		
	b. Other types of side rails used (e.g. half rail, 1 side)		
	c. Trunk restraint		
	d. Limb restraint		
	e. Chair prevents rising		
P5	HOSPITAL STAY(s)	Record number of times resident was admitted to hospital in the LAST 90 DAYS [or since last assessment]. Enter "00" if no admission.	
P6	EMERGENCY ROOM (ER) VISIT(s)	Record number of times resident visited ER in the LAST 90 DAYS [or since last assessment if less than 90 days]. Enter "00" if no ER visits.	
P7	PHYSICIAN VISITS	In the LAST 14 DAYS (or since admission, if less than 14 days in facility), how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter "00" if none.)	
P8	PHYSICIAN ORDERS	In the LAST 14 DAYS (or since admission, if less than 14 days in facility), on how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter "00" if none.)	
P9	ABNORMAL LAB VALUES	Has the resident had any abnormal lab values during the LAST 90 DAYS (or since admission)? 0. No 1. Yes	

SECTION Q: DISCHARGE POTENTIAL AND OVERALL STATUS

Q1	DISCHARGE POTENTIAL	a. Resident expresses or indicates preference to return to the community. 0. No 1. Yes	
	b. Resident has a support person who is positive towards discharge. 0. No 1. Yes		
	c. Stay projected to be of a short duration—Discharge projected WITHIN 90 DAYS. (Do not include expected discharge due to death.) 0. No 2. Within 31–90 days 1. Within 30 days 3. Discharge status uncertain		
Q2	OVERALL CHANGE IN CARE NEEDS	Resident's overall level of self-sufficiency has changed significantly as compared to status of 90 DAYS AGO (or since last assessment if less than 90 days). 0. No change 1. Improved—receives fewer supports, needs less restrictive level of care 2. Deteriorated—receives more support	

SECTION R: ASSESSMENT INFORMATION

R1	PARTICIPATION IN ASSESSMENT	a. Resident: 0. No 1. Yes	
	b. Family: 0. No 1. Yes 2. No family		
	c. Significant other: 0. No. 1. Yes 2. None		

SECTION R: ASSESSMENT INFORMATION (cont'd)

SIGNATURES OF THOSE COMPLETING THE ASSESSMENT

Provider Type

Assessor ID #

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[illegible]

Signature of Assessment Coordinator (sign on above line)

R2b. Date Assessment Coordinator signed as complete

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Year

--	--

Month

--	--

Day

Other Signatures

Title

Sections

Date _____

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