

Minimum Data Set (MDS) 2.0© Canadian Version

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ADMISSION/RE-ENTRY FORM

Addressograph

SECTION AA and A: IDENTIFICATION INFORMATION

AA1	UNIQUE REGISTRATION IDENTIFIER			
	RESIDENT NAME			
	ROOM NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
		a. Unit	b. Room #	
AA2	SEX	M. Male	F. Female	O. Other
AA3a	BIRTH DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Year	Month	Day
AA3b	ESTIMATED BIRTH DATE?	Birth date is estimated.	0. No	1. Yes
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	1. Never married	4. Separated	
		2. Married	5. Divorced	
		3. Widowed	9. Unknown	
AA5a	HEALTH CARD NUMBER	a. Enter the resident's health card number, or enter "0" if unknown or "1" if not applicable.		
		<input type="text"/>		
AA5b	PROVINCE/TERRITORY ISSUING HEALTH CARD NUMBER	b. Enter the Province/Territory code issuing health card number (See CCRS data submission manual for province/territory abbreviations.)		
		<input type="text"/>		
AA6	FACILITY NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Prov./Terr.	Facility Number	
		(See CCRS data submission manual for province/territory codes.)		
A6a	HEALTH RECORD NUMBER	<input type="text"/>		
A6b	HEALTH REGISTER NUMBER	<input type="text"/>		

SECTION AA and A: IDENTIFICATION INFORMATION (cont'd)

A7	RESPONSIBILITY FOR PAYMENT	(Check all that apply in LAST 30 DAYS.)	
		a. Provincial/territory government plan (for resident of province/territory)	a
		b. Other province/territory (resident of Canada)	b
		c. Federal government—Veterans Affairs Canada	c
		d. Federal government—First Nations and Inuit Health Branch (FNIHB)	d
		e. Federal government—other (RCMP, Canadian Forces, federal penitentiary inmate, refugee)	e
		f. Worker's compensation board (WCB/WSIB)	f
		g. Canadian resident, private insurance pay	g
		h. Canadian resident, public trustee pay	h
		i. Canadian resident, self pay	i
		j. Other country resident, self pay	j
		k. Responsibility for payment unknown/unavailable	k
AA7	ADMISSION TYPE	Primary reason for admission	
		01. Admission	
		09. Re-entry	

SECTION AB: DEMOGRAPHIC INFORMATION

AB1	ADMISSION/RE-ENTRY DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Year	Month	Day
AB2a	ADMISSION/RE-ENTRY FROM FACILITY/LEVEL OF CARE	a. Facility/Level of Care		
		00. Ambulatory Health Service		
		01. Inpatient Acute Care Service		
		02. Inpatient Rehabilitation Service (General)		
		03. Inpatient Continuing Care Service		
		04. Residential Care Service (24-hour nursing care)		
		05. Inpatient Psychiatry Service		
		06. Other/Unclassified Service		
		07. Inpatient Rehabilitation Service (Specialized)		
		08. Home Care Service		
		09. Residential Care Service (board and care)		
		10. Private Home (no home care)		
AB2b	ADMISSION/RE-ENTRY FROM FACILITY NUMBER	b. Facility Number Admitted From		
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Prov./Terr.	Facility Number	
AB3	LIVED ALONE (prior to entry)	0. No	1. Yes	9. Unknown

= 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 (cont'd)		
AB4	PRIOR PRIMARY RESIDENCE POSTAL CODE	Postal code (See RAI-MDS 2.0 manual for homeless/missing codes.) <input type="text"/>
AB5	RESIDENTIAL HISTORY (5 years prior to entry)	(Check all settings resident lived in during the 5 years prior to date of entry.) Use "9" if unknown. a. Prior stay at this facility b. Prior stay in other similar level of care facility c. Prior stay in other board and care facility d. Prior stay in a psychiatric facility e. Prior stay in developmental disability facility f. NONE OF ABOVE
AB7	EDUCATION (Highest Completed)	1. No Schooling 2. 8th Grade or less 3. 9th to 11th Grade 4. High School 5. Technical or Trade School 6. Some College 7. Bachelor's Degree 8. Graduate Degree 9. Unknown
AB8	LANGUAGE	Primary language (See HCC language codes document for additional codes.) eng. English fre. French
AB9	MENTAL HEALTH HISTORY	Does resident's RECORD indicate any history of mental illness, or developmental disability problem? 0. No 1. Yes
AB10	CONDITIONS RELATED TO DEVELOPMENTAL DISABILITY STATUS	(Check all conditions that are related to developmental disability.) a. Not applicable—no developmental disability (Skip to item AC1) Development disability with organic condition: b. Down's syndrome c. Autism d. Epilepsy e. Other organic condition related to developmental disability f. Development disability with no organic condition

SECTION AC: CUSTOMARY ROUTINE (only at 1st admission) (cont'd)				
AC1		No	Yes	Unknown
EATING PATTERNS	i. Distinct food preferences			
	j. Eats between meals all or most days			
	k. Use of alcoholic beverage(s) at least weekly			
ADL PATTERNS	m. In bedclothes much of the day			
	n. Wakens to toilet all or most nights			
	o. Has irregular bowel movement pattern			
	p. Showers for bathing			
	q. Bathing in the PM			
INVOLVE-MENT PATTERNS	s. Daily contact with relatives or close friends			
	t. Usually attends church, temple, synagogue, etc.			
	u. Finds strength in faith			
	v. Daily animal companion or presence			
	w. Involved in group activities			

SECTION AD: ADMINISTRATIVE INFORMATION		
AD1	PRIVATE PAY RESIDENT FLAG	(See CCRS data submission manual for additional information.) <input type="checkbox"/> 0. No 1. Yes
AD2	BED TYPE	(See CCRS data submission manual for additional information.) <input type="text"/>
AD3	UNIT—FUNCTIONAL CENTRE ACCOUNT CODE	(See CCRS data submission manual for additional information.) <input type="text"/>
AD4	PROGRAM TYPE	(See CCRS data submission manual for additional information.) <input type="text"/>

SECTION AC: CUSTOMARY ROUTINE (only at 1st admission)				
In the year prior to date of entry to this facility, or year last in community if now being admitted from another facility. Check one response for each.				
AC1		No	Yes	Unknown
CYCLE OF DAILY EVENTS	a. Stays up late at night (e.g. after 9:00 p.m.)			
	b. Naps regularly during day (at least 1 hour)			
	c. Goes out 1+ days a week			
	d. Stays busy with hobbies, reading or fixed daily routine			
	e. Spends most of time alone or watching TV			
	f. Moves independently indoors (with appliances, if used)			
	g. Uses tobacco products at least daily			

SIGNATURES OF PERSONS COMPLETING THESE ITEMS:		
Signature	Title	Date

= when box blank, must enter number or letter

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