

Item Number	Item Description	Common Items to All Settings ¹	Acute Hospital Discharge	PAC Admission	PAC Discharge	Interim	Expired
Signatures of Persons who Completed a Portion of the Assessment							
a-l		X	X	X	X	X	X
I. Administrative Items							
A1.	Assessment Type Reason for assessment	X	X	X	X	X	X
B. Provider Information							
B1	Provider's Name	X	X	X	X	X	X
B2	Medicare Provider's Identification Number	X	X	X	X	X	X
B3	National Provider Identification Code (NPI)	X	X	X	X	X	X
C. Patient Information							
C1	Patient's First Name	X	X	X	X	X	X
C2	Patient's Middle Name	X	X	X	X	X	X
C3	Patient's Last Name	X	X	X	X	X	X
C4	Patient's Nickname	X	X	X	X	X	X
C5	Patient's Medicare Health Insurance Number	X	X	X	X	X	X
C6	Patient's Medicaid Number	X	X	X	X	X	X
C7	Patient's Identification Number	X	X	X			
C8	Birth Date	X	X	X			
C9	Social Security Number	X	X	X			
C10	Gender	X	X	X			
C11a-C11g	Race/Ethnicity	X	X	X			
C12	Is English their Primary Language	X	X	X			
C12a	If not, is an interpreter available?	X	X	X			
C12b	If not, what is the patient's primary language?	X	X	X			
C13a	Patient's choices documented in medical record	X	X	X	X	X	
C13b	Medical record documents authority to make decisions	X	X	X	X	X	
C13c	Medical record documents whether to resuscitate	X	X	X	X	X	
D. Payer Information							
D1-D13	Current Payment Sources	X	X	X		X	
T.I.	How long did it take you to complete this section?						
II. Admission Information: Health History							
A. Pre-admission Service Use							
A1	Admission Date	X	X	X			
A2	Admission From	X	X	X			
A3a	If admitted from other setting, Last Primary Diagnosis		X	X			
A3b	If admitted from other setting, Last ICD-9 CM		X	X			
A4a-A4i	Other Services in past 2 months	X	X	X			
B. Patient History Prior To This Current Illness, Exacerbation, or Injury							
B1	Type of Prior Residence	X	X	X			
B2	If in community, Zip Code of Prior Residence		X	X			
B3a-B3g	If in community, Lived With:		X	X			
B4a-B4f	If in community, Structural Barriers		X	X			
B5a-B5e	Prior Functioning	X	X	X			
B6a-B6f	Mobility Devices	X	X	X			
B7	History of Falls	X	X	X			
B8	Prior Mental Status	X	X	X			
T.II.	How long did it take you to complete this section?						
III. Current Medical Items							
A. Primary Diagnosis							
A1	Primary Diagnosis	X	X	X	X	X	X
A2	ICD-9 CM	X	X	X	X	X	X
A2a	If primary is V-code, Medical Condition		X	X	X	X	X
A2b	ICD-9 CM for A2a		X	X	X	X	X
B. Other Diagnoses, Comorbidities, and Complications							
B1a-B15a	Diagnosis	X	X	X	X	X	X
B1b-B15b	ICD-9 Code	X	X	X	X	X	X
B16	If all boxes are used, is list complete?		X	X	X	X	X
C. Procedures							
C1	Any therapeutic or major procedure?	X	X		X	X	X
C1a-C15a	If yes, Procedure Name		X		X	X	X
C1b-C15b	If yes, ICD-9 CM Procedure Code		X		X	X	X
C1c-C15c	If yes, Bilateral Procedure?		X		X	X	X
C16	If all boxes are used, is list complete?		X		X	X	X

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<i>D. Treatments</i>							
D1a-D32a	Treatment at admission (or discharge)	X	X	X	X	X	X
D1b-D32b	Used at any time during stay		X		X	X	X
D9c	Reason for continuous monitoring		X	X	X	X	X
D12c	Frequency of suctioning		X	X	X	X	X
D23c	Reason for 24-hour supervision		X	X	X	X	X
<i>E. Medications</i>							
E1a-E30a	Medication Name	X	X	X	X	X	X
E1b-E30b	Dose	X	X	X	X	X	X
E1c-E30c	Route	X	X	X	X	X	X
E1d-E30d	Frequency	X	X	X	X	X	X
E1e-E30e	Planned Stop Date	X	X	X	X	X	X
E31	If all boxes are used, is list complete?		X	X	X	X	X
<i>F. Allergies and Adverse Drug Reactions</i>							
F1	Any Known Allergies or Reactions?	X	X	X	X		
F1a-F8a	Allergy/Cause of Reaction		X	X	X		
F1b-F8b	Patient Reactions		X	X	X		
F9	If all lines are used, is the list complete?		X	X	X		
<i>G. Skin Integrity</i>							
G1	Pressure Ulcer Risk	X	X	X	X	X	
G2	Any Stage 2+ Pressure Ulcers?	X	X	X	X	X	
G2a-G2d	Number of Pressure Ulcers/Stage 2+		X	X	X	X	
G2e	If Stage 2 :Number of Older Unhealed		X	X	X	X	
G3a	Largest stage 3 or 4 or eshcar length in any direction		X	X	X	X	
G3b	Width of SAME unhealed ulcer or eschar		X	X	X	X	
G3c	Most recent measurement date of SAME ulcer or eschar		X	X	X	X	
G4	If Stage 3 or 4, Tunneling		X	X	X	X	
G5	Any Major Wounds (non-pressure ulcer)	X	X	X	X	X	
G5a-G5e	Number of Major Wounds		X	X	X	X	
G6a-G6d	Turning surfaces not intact		X	X	X	X	
<i>H. Physiologic Factors</i>							
H1a-H28a	Date	X	X	X	X	X	
H1b-H28b	Value	X	X	X	X	X	
H1c-H28c	Check if NOT tested		X	X	X	X	
H1c-H4c	Estimated value		X	X	X	X	
T.III.	How long did it take you to complete this section?						
IV. Cognitive Status							
<i>A. Comatose</i>							
A1	Persistent vegetative state	X	X	X	X	X	
<i>B. Brief Interview for Mental Status</i>							
B1	Interview Attempted	X	X	X	X	X	
B1a	If no, reason interview not attempted		X	X	X	X	
B2	Repetition of Three Words	X	X	X	X	X	
B3a-B3b	Temporal Orientation	X	X	X	X	X	
B4a-B4c	Recall	X	X	X	X	X	
<i>C. Observational of Cognitive Status</i>							
C1	Short Term Memory	X	X	X	X	X	
C2	Long Term Memory	X	X	X	X	X	
C3a-C3e	Memory/Recall Ability	X	X	X	X	X	
C4	Cognitive Reasoning	X	X	X	X	X	
<i>D. Confusion Assessment Method</i>							
D1	Inattention	X	X	X	X	X	
D2	Disorganized thinking	X	X	X	X	X	
D3	Altered level of consciousness/alertness	X	X	X	X	X	
D4	Psychomotor retardation	X	X	X	X	X	
<i>E. Behavioral Signs and Symptoms</i>							
E1	Physical	X	X	X	X	X	
E2	Verbal	X	X	X	X	X	
E3	Other	X	X	X	X	X	

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<i>F. Mood</i>							
F1	Interview attempted	X	X	X	X	X	
F2a-F2d	PHQ2	X	X	X	X	X	
F3	Feeling Sad	X	X	X	X	X	
<i>G. Pain</i>							
G1	Interview attempted?	X	X	X	X	X	
G2	Pain presence	X	X	X	X	X	
G3	Pain severity 0-10		X	X	X	X	
G4	Pain severity verbal descriptor		X	X	X	X	
G5a-G5b	Pain effect on function		X	X	X	X	
G6a-G6e	Observed Pain		X	X	X	X	
T.IV.	How long did it take you to complete this section?						
V. Impairments							
A1	Any Impairment?	X	X	X	X	X	
<i>B. Bladder and Bowel Management</i>							
B1a-B1b	Use of external or indwelling device		X	X	X	X	
B2a-B2b	Frequency of incontinence		X	X	X	X	
B3a-B3b	Assistance managing bowel/bladder		X	X	X	X	
B4	If incontinent, history of incontinence		X	X	X	X	
<i>C. Swallowing</i>							
C1a-C1g	Swallowing disorder (1)		X	X	X	X	
C2a-C2c	Swallowing disorder (2)		X	X	X	X	
<i>D. Hearing, Vision, and Communication Comprehension</i>							
D1	Understanding verbal content		X	X	X	X	
D2	Expression of ideas and wants		X	X	X	X	
D3	Ability to see in adequate light		X	X	X	X	
D4	Ability to hear		X	X	X	X	
<i>E. Upper Extremity Range of Motion</i>							
E1a-E1d	Range of motion		X	X	X	X	
<i>F. Weight-bearing Restrictions</i>							
F1a-F1d	Weight bearing restriction		X	X	X	X	
<i>G. Grip Strength</i>							
G1a-G1b	Grip Strength		X	X	X	X	
<i>H. Respiratory Status</i>							
H1	Respiratory status		X	X	X	X	
<i>I. Endurance</i>							
I1	Mobility Endurance		X	X	X	X	
I2	Sitting Endurance		X	X	X	X	
<i>J. Mobility and Aides Needed</i>							
Ja-Jf	Indicate all mobility and aides needed		X	X	X	X	
T.V.	How long did it take you to complete this section?						
VI. Functional Status							
<i>A. Self Care</i>							
A1	Eating	X	X	X	X	X	
A2	Tube Feeding	X	X	X	X	X	
A3	Oral Hygiene	X	X	X	X	X	
A4	Toilet Hygiene	X	X	X	X	X	
A5	Upper Body Dressing	X	X	X	X	X	
A6	Lower Body dressing	X	X	X	X	X	
<i>B. Core Functional Mobility</i>							
B1	Lying to Sitting on Side of Bed	X	X	X	X	X	
B2	Sit to Stand	X	X	X	X	X	
B3	Chair/Bed-to-Chair Transfer	X	X	X	X	X	
B4	Toilet Transfer	X	X	X	X	X	
B5	Mode of Mobility	X	X	X	X	X	
B5a	Longest distance patient can walk		X	X	X	X	
B5b	Longest distance patient can wheel		X	X	X	X	

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<i>C. Supplemental Functional Ability: Code patient on all activities that the patient can participate in and which you can observe.</i>							
C1	Sponge Bath			X	X	X	
C2	Shower/Bathe Self			X	X	X	
C3	Roll Left or Right			X	X	X	
C4	Sit to Lying			X	X	X	
C5	Picking up object			X	X	X	
C6	Mode of Mobility: Wheelchair?			X	X	X	
C6a	One Step (curb)			X	X	X	
C6b	Walk 50 feet with 2 turns			X	X	X	
C6c	12 steps-interior			X	X	X	
C6d	4 steps-exterior			X	X	X	
C6e	Wheelchair Users Only: Short ramp			X	X	X	
C6f	Wheelchair Users Only: Long ramp			X	X	X	
C7	Telephone-Answering	X	X	X	X	X	
C8	Telephone-Placing Cal	X	X	X	X	X	
C9	Medication Management-Oral Medications			X	X	X	
C10	Medication Management-Inhalant/Mist Medications			X	X	X	
C11	Medication Management-Injectable Medications			X	X	X	
C12	Make light meal			X	X	X	
C13	Wipe down surface			X	X	X	
C14	Light shopping			X	X	X	
C15	Laundry			X	X	X	
C16	Get in/out of car			X	X	X	
C17	Drive a car			X	X	X	
C18	Use Public Transportation			X	X	X	
T.VI.	How long did it take you to complete this section?						
VII. Engagement							
A1	Indicate level of engagement: 0-6 scale	X	X	X	X	X	
T.VII.	How long did it take you to complete this section?						
VIII. Frailty/Life Expectancy							
A1	Surprise if patient was readmitted in the next 6 months	X	X		X	X	
A2	Surprise if patient died in the next 12 months	X	X		X	X	
T.VIII.	How long did it take you to complete this section?						
IX. Discharge Status							
A1	Discharge date	X	X		X		
A2	Discharge location	X	X		X		
A3	Frequency of Assistance at Discharge		X		X		
<i>B. Caregiver Information: If discharged to non-institutional community setting</i>							
B1a-B1f	Patient Lives with at Discharge		X		X		
B2	Caregiver Availability		X		X		
B3a-B3d	Types of Caregivers		X		X		
<i>C. Other Discharge Needs</i>							
C1	Ability to pay for medications		X		X		
C2	Ability to manage medications		X				
C3	Patient Transportation		X		X		
C4.	Does availability of caregivers affect discharge options		X		X		
<i>D. Discharge Care Options</i>							
D1a-D1j	Deemed Appropriate by the Provider	X	X		X		
D2a-D2j	Bed/Services Available	X	X		X		
D3a-D3j	Refused by Patient/Family	X	X		X		
D4a-D4j	Not Covered by Insurance	X	X		X		
<i>E. Discharge Information</i>							
E1	Provider Name	X	X		X		
E2	Provider Type	X	X		X		
E3	Provider City	X	X		X		
E4	Provider State	X	X		X		
E5	Medicare Provider Identification Number	X	X		X		
E6	Patient requests that information not be shared	X	X		X		
E7	Discharge delay	X	X		X		
E8	Reason for Discharge Delay		X		X		
T.IX.	How long did it take you to complete this section?						

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X. Other Useful Information

A1	Other useful information about this patient	X	X	X	X	X	X
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XI. Feedback

A1	Notes	X	X	X	X	X	X
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Note:

1. These items are collected regardless of site of care. Discharge items are collected only on discharge assessments. Admission are collected only on admission assessments.