

SECTION E. MOOD AND BEHAVIOR PATERNS				
1.	INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD	(Code for indicators observed in last 30 days, irrespective of the assumed cause)		
		0. Indicator not exhibited in last 30 days		
		1. Indicator of this type exhibited up to five days a week		
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)		
		VERBAL EXPRESSIONS OF DISTRESS		i. Repetitive anxious complaints/ concerns (non- health related) e.g., persistently seeks attention/ reassurance regarding schedules, meals, laundry, clothing, relationship issues
		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?”		SLEEP-CYCLE ISSUES j. Unpleasant mood in morning
		c. Repetitive verbalizations-e.g., calling out for help, (“God help me”)		k. Insomnia/change in usual Sleep pattern
d. Persistent anger with self Or others— e.g., easily annoyed; anger at placement in nursing home; anger at care received		SAD, APATHETIC, ANXIOUS APPEARANCE l. Sad, pained, worried facial expressions—e.g., furrowed brows		
e. Self deprecation—e.g., “I am nothing; I am of no use to anyone”		m. Crying, tearfulness		
f. Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others		n. Repetitive physical movements— e.g., pacing, hand wringing, restless fidgeting, picking		
g. Recurrent statements that something terrible is about to happen—e.g., believes he or she is about to die, have a heart attack		LOSS OF INTEREST o. Withdrawal from activities of interest—e.g., no interest in long standing activities or being with family/friends		
h. Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions		p. Reduced social interaction		
4	Behavior Symptoms	(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days		
		1. Behavior of this type occurred 1 to 3 days in last 7 days		
		2. Behavior of this type occurred 4 to 6 days, but less than daily		
		3. Behavior of this type occurred daily		
		a.	WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)	
b.	VERBALLY ABUSIVE BEHAVIORAL SYPTOMS (others were threatened, screamed at, cursed at)			
c.	PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)			
d.	SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others’ belongings)			
e.	RESISTS CARE (resisted taking medications/ injections, ADL Assistance, or eating)			

SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS			
1.	(A) ADL SELF-PERFORMANCE—(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup)		
	0. INDEPENDENT—No help or oversight—OR—Help/oversight provided only 1 or 2 times during last 7 days 1. SUPERVISION—Oversight encouragement or cueing provided 3 or more times during last 7 days—OR—Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days 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 3. EXTENSIVE ASSISTANCE—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: --Weight-bearing support --Full staff performance during part (but not all) of last 7 days 4. TOTAL DEPENDENCE—Full staff performance of activity during entire 7 days 8. ACTIVITY DID NOT OCCUR during entire 7 days		
	(B) ADL SUPPORT PROVIDED —(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		(A) (B)
	0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two + persons physical assist		8. ADL activity itself did not occur during entire 7 days SELF-PERF SUPPORT
a.	BED MOBILITY	How resident moves to and from lying position, turns side to side, and positions body while in bed	
b.	TRANSFER	How resident moves between surfaces—to/from; bed, chair wheelchair, standing position (EXCLUDE to/from bath/toilet)	
h.	EATING	How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)	
i.	TOILET USE	How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes	

SECTION H. CONTINENCE IN LAST 14 DAYS		
3.	APPLIANCES AND PROGRAMS	a. Any scheduled toileting plan b. Bladder retraining program

SECTION I. DISEASE DIAGNOSES			
Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses.)			
1.	DISEASES	ENDOCRINE/METABOLIC/NUTRITIONAL and NEUROLOGICAL	
		a. Diabetes Mellitus	v. Hemiplegia/Hemiparesis
		r. Aphasia	w. Multiple Sclerosis
		s. Cerebral palsy	z. Quadriplegia
2.	INFECTIONS	e. Pneumonia	g. Septicemia

SECTION J. HEALTH CONDITIONS			
1.	PROBLEM CONDITIONS	(Check all problems present in last 7 days unless other time frame is indicated)	
		c. Dehydrated output exceeds input	h. Fever
		e. Delusions	i. Hallucinations
			j. Internal bleeding
			o. Vomiting

SECTION K. ORAL/NUTRITIONAL STATUS		
3.	WEIGHT CHANGE	a. Weight loss – 5% or more in last 30 days; or 10% more in last 180 days 0. No 1. Yes
5.	NUTRI-TIONAL	(Check all that apply in last 7 days) a. Parenteral/IV

SECTION K. ORAL/NUTRITIONAL STATUS			
	APPROACHES	b. Feeding tube	
6.	PARENTERAL OR ENTERAL INTAKE	a. Code the proportion of total calories the resident received through Parenteral or tube feedings in the last 7 days 0. None 1. 1% to 25% 2. 26% to 50% 3. 51% to 75% 4. 76% to 100%	
		b. Code the average fluid intake per day by IV or tube in last 7 days 0. None 1. 1 to 500 cc/day 2. 501 to 1000 cc/day 3. 1001 to 1500 cc/day 4. 1501 to 2000 cc/day 5. 2001 or more cc/day	

SECTION M. SKIN CONDITION			
1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer stage – regardless of cause. If none present at a stage, record “0” (zero). Code all that apply during last 7 days. Code 9=9 or more.) (Requires full body exam.)	Number at Stage
		a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.	
		b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.	
		c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues – presents as a deep crater with or without undermining adjacent tissue.	
		d. Stage 4. A full thickness of skin an subcutaneous tissue is lost, exposing muscle or bone.	
2.	TYPE OF ULCER	(For each type of ulcer, code for the highest state in the last 7 days using scale in item M1—i.e., 0=none; stages 1,2,3,4)	
		a. Pressure ulcer – any lesion caused by pressure resulting in damage of underlying tissue.	
4.	OTHER SKIN PROBLEMS OR LESIONS PRESENT	(Check all that apply during last 7 days)	
		b. Burns (second or third degree)	
		c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)	
		g. Surgical wounds	
5.	SKIN TREATMENTS	(Check all that apply during last 7 days)	
		a. Pressure relieving device(s) for chair	a.
		b. Pressure relieving device(s) for bed	b.
		c. Turning/repositioning program	c.
		d. Nutrition or hydration intervention to manage skin problems	d.
		e. Ulcer care	e.
		f. Surgical wound care	f.
		g. Application of dressings (with or without topical medications) other than to feet	g.
		h. Application of ointments/medication (other than to feet)	h.
6.	FOOT PROBLEMS AND CARE	(Check all that apply during last 7 days)	
		b. Infection of the foot –e.g., cellulitis purulent drainage	b.
		c. Open lesions on the foot	c.
		f. Application of dressings (with or without topical medications)	f.

SECTION N. ACTIVITY PURSUIT PATTERNS			
1.	TIME AWAKE	(Check appropriate time periods over last 7 days) Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:	
		a. Morning	c. Evening
		b. Afternoon	

