

NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Long-Term Care Facility Resident Assessment Instrument MDS 3.0
Date Created: 29JAN2021
Number of Variables: 760

Document version date: 2/3/2025

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------|------------------------------------|----------|------------------------------|---|
| PATIENT_ID | NHCS Patient ID | Char | ID | Patient Identifier assigned by NCHS. Researchers requesting linked NHCS-CMS data should use PATIENT_ID. |
| PUBLICID | NHIS Public Use ID | Char | ID | Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHIS/LSOA II-Medicare data should use PUBLICID. |
| SEQN | NHANES Respondent Sequence Number | Num | ID | Public-use survey participant identifier assigned by NCHS. Researchers requesting linked NHEFS/NHANES III/NHANES-Medicare data should use SEQN. |
| RESNUM | NNHS Resident Record (Case) Number | Num | ID | Public-use survey participant identifier assigned by NCHS. Researchers requesting linked 2004 NNHS-Medicare data should use RESNUM. |
| SURVEY | Survey Name and survey year/cycle | Char | | |
| FILE_YEAR4 | Year of MDS 3.0 Assessment (YYYY) | Num | 2016-2018 | 2016 NHCS has been linked to only 2016-2017 Medicare Data. |
| FACILITY_ID | Facility Internal ID | Char | | This variable is needed to merge the Assessment file and Facility file. |
| TRGT_DT | Target Date (Date of Assessment) | Num | | Date provided in SAS date (numeric) format. |
| STATE_CD | State Code | Char | | This variable is needed to merge the Assessment file and Facility file. |
| MDS_ITM_SBST_CD | Item Subset Code (ISC) | Char | **OTHER** | Miscoded |
| | | | NC | Nursing Home: Comprehensive |
| | | | ND | Nursing Home: Discharge |
| | | | NO | Nursing Home: OMRA Other |
| | | | NOD | Nursing Home: OMRA Other + Discharge |
| | | | NP | Nursing Home: PPS |

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|--------------------------------|--|----------|------------------------------|---|
| | | | NQ | Nursing Home: Quarterly |
| | | | NS | Nursing Home: OMRA Start of Therapy |
| | | | NSD | Nursing Home: OMRA Start of Therapy + Discharge |
| | | | NT | Nursing Home: Tracking (entry/expired) |
| | | | | |
| SUBMSN_DT | Submission Date | Num | | Date provided in SAS date (numeric) format. |
| | | | | |
| RQRD_SUBMSN_CD | Submission Required Code (SUB_REQ) | Char | | Missing Value |
| | | | 3 | Federal required submission |
| | | | | |
| C_BIRTH_DT_SBMT_CD | Birth Date Submit Code | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| CRCTN_NUM | Correction Number | Num | 0-4 | |
| | | | | |
| MDS_CRCTN_STUS_CD | Correction Status Code | Char | | Missing Value |
| | | | C | Current Assessment |
| | | | | |
| SPEC_VRSN_CD | Data Submission Specification Version Code | Char | | |
| | | | | |
| ITM_SET_VRSN_CD | Item Set Version Code | Char | | |
| | | | | |
| V0100F_PRIOR_STF_MOOD_SCRE_NUM | Prior Assessment Staff Assessment of Resident Mood (PHQ-9) Total Severity Score Number | Char | | |
| | | | | |
| PRCSD_TS | Processed Timestamp | Num | | Date provided in SAS date (numeric) format. |
| | | | | |
| C_RSDNT_AGE_NUM | Resident Age | Char | | |
| | | | | |
| RSDNT_MATCH_CRTIA_ID | Resident Match Criteria ID | Num | 0-11 | |

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| C_URBN_RRL_CD | CBSA Urban/Rural Code | Char | | |
| C_MDCR_HIPPS_TXT | Recalculated Z0100A | Char | | |
| C_MDCR_RUG_VRSN_TXT | Recalculated Z0100B | Char | | |
| C_MDCR_STAY_CD | Recalculated Z0100C | Char | | |
| C_MDCR_SET_CD | CMI Set for Recalculated Z0100A | Char | | |
| C_MDCR_CMI_TXT | CMI Value for Recalculated Z0100A | Char | | |
| C_MDCR_NT_HIPPS_TXT | Recalculated Z0150A | Char | | |
| C_MDCR_NT_RUG_VRSN_TXT | Recalculated Z0150B | Char | | |
| C_MDCR_NT_SET_CD | CMI Set for Recalculated Z0150A | Char | | |
| C_MDCR_NT_CMI_TXT | CMI Value for Recalculated Z0150A | Char | | |
| C_STATE_RUG_GRP_TXT | Recalculated Z0200A | Char | | |
| C_STATE_RUG_VRSN_TXT | Recalculated Z0200B | Char | | |
| C_STATE_SET_CD | CMI Set for Recalculated Z0200A | Char | | |
| C_STATE_CMI_TXT | CMI Value for Recalculated Z0200A | Char | | |
| C_STATE_2_RUG_GRP_TXT | Recalculated Z0250A | Char | | |

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|--------------------------------|--|----------|------------------------------|------------------------|
| C_STATE_2_RUG_VRSN_TXT | Recalculated Z0250B | Char | | |
| C_STATE_2_SET_CD | CMI Set for Recalculated Z0250A | Char | | |
| C_STATE_2_CMI_TXT | CMI Value for Recalculated Z0250A | Char | | |
| C_MDCR_RUG3_IDX_MAX_GRP_TXT | Medicare RUG III Index Maximized Group | Char | | |
| C_MDCR_RUG3_IDX_MAX_VRSN_TXT | Medicare RUG III Index Maximized Version | Char | | |
| C_MDCR_RUG3_IDX_MAX_CMI_SET_CD | Medicare RUG III Index Maximized CMI Set | Char | | |
| C_MDCR_RUG3_IDX_MAX_CMI_TXT | Medicare RUG III Index Maximized CMI Value | Char | | |
| C_MDCR_RUG3_HIRCHCL_GRP_TXT | Medicare RUG III Hierarchical Group | Char | | |
| C_MDCR_RUG3_HIRCHCL_VRSN_TXT | Medicare RUG III Hierarchical Version | Char | | |
| C_MDCR_RUG4_HIRCHCL_GRP_TXT | Medicare RUG IV Hierarchical Group | Char | | |
| C_MDCR_RUG4_HIRCHCL_VRSN_TXT | Medicare RUG IV Hierarchical Version | Char | | |
| A0050_TRANS_TYPE_CD | A0050 Type of Record Code | Char | - | Modify existing record |
| | | | 1 | Add a new record |
| A0100A_NPI_NUM | A0100A Facility National Provider Identifier (NPI) | Char | | |

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|------------------------|---|----------|------------------------------|--|
| A0100B_CMS_CRTFCTN_NUM | A0100B Facility CMS Certification Number (CCN) | Char | | |
| A0100C_STATE_PRVDR_NUM | A0100C State Provider Number | Char | | |
| A0200_PRVDR_TYPE_CD | A0200 Type of Provider | Char | 1 | Nursing home (SNF/NF) |
| A0310A_FED_OBRA_CD | A0310A Federal OBRA Reason for Assessment Code | Char | 01 | Admission assessment (required by day 14) |
| | | | 02 | Quarterly review assessment |
| | | | 03 | Annual assessment |
| | | | 04 | Significant change in status assessment |
| | | | 05 | Significant correction to prior comprehensive assessment |
| | | | 06 | Significant correction to prior quarterly assessment |
| | | | 99 | None of the above |
| A0310B_PPS_CD | A0310B PPS Assessment Code | Char | 01 | 5-day scheduled assessment |
| | | | 02 | 14-day scheduled assessment |
| | | | 03 | 30-day scheduled assessment |
| | | | 04 | 60-day scheduled assessment |
| | | | 05 | 90-day scheduled assessment |
| | | | 07 | Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) |
| | | | 99 | None of the above |
| A0310C_PPS_OMRA_CD | A0310C PPS Other Medicare Required Assessment (OMRA) Code | Char | 0 | No |
| | | | 1 | Start of therapy assessment |

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|-----------------------------|--|----------|------------------------------|---|
| | | | 2 | End of therapy assessment |
| | | | 3 | Both Start and End of therapy assessment |
| | | | 4 | Change of therapy assessment |
| | | | | |
| A0310D_SB_CLNCL_CHG_CD | A0310D Swing Bed Clinical Change Code | Char | | Missing Value |
| | | | | |
| A0310E_FIRST_SINCE_ADMSN_CD | A0310E First Assessment Since Most Recent Admission Code | Char | 0 | No |
| | | | 1 | Yes |
| | | | | |
| A0310F_ENTRY_DSCHRG_CD | A0310F Entry/Discharge Code | Char | 01 | Entry tracking record |
| | | | 10 | Discharge assessment - return not anticipated |
| | | | 11 | Discharge assessment - return anticipated |
| | | | 12 | Death in facility record tracking record |
| | | | 99 | None of the above |
| | | | | |
| A0310G_PLND_DSCHRG_CD | A0310G Planned Discharge Code | Char | | Missing Value |
| | | | 1 | Planned |
| | | | 2 | Unplanned |
| | | | | |
| A0410_RQRD_SUBMSN_CD | A0410 Submission Required Code | Char | 3 | Federal required submission |
| | | | | |
| A0800_SEX_CD | A0800 Sex | Char | 1 | Male |
| | | | 2 | Female |
| | | | | |
| A0900_BIRTH_DT | A0900 Birth Date | Num | | Date provided in SAS date (numeric) format. |
| | | | | |

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|------------------------------|---|----------|------------------------------|-----------------------------|
| A1000A_AMRCN_INDN_AK_NTV_CD | A1000A Race/Ethnicity: American Indian or Alaskan Native Code | Char | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| A1000B_ASN_CD | A1000B Race/Ethnicity: Asian Code | Char | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| A1000C_AFRCN_AMRCN_CD | A1000C Race/Ethnicity: African American Code | Char | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| A1000D_HSPNC_CD | A1000D Race/Ethnicity: Hispanic Code | Char | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| A1000E_NTV_HI_PCFC_ISLNDR_CD | A1000E Race/Ethnicity: Native Hawaiian/Pacific Islander Code | Char | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| A1000F_WHT_CD | A1000F Race/Ethnicity: White Code | Char | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| A1100A_NEED_INTRPTR_CD | A1100A Resident Need Interpreter Code | Char | | Missing Value |

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|-------------------------|---|----------|------------------------------|-------------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| A1100B_INTRPTR_LANG_TXT | A1100B Preferred Language | Char | | |
| A1200_MRTL_STUS_CD | A1200 Marital Status Code | Char | - | Not assessed/no information |
| | | | 1 | Never married |
| | | | 2 | Married |
| | | | 3 | Widowed |
| | | | 4 | Separated |
| | | | 5 | Divorced |
| A1300A_MDCL_REC_NUM | A1300A Medical Record Number | Char | | |
| A1300B_ROOM_NUM | A1300B Room Number | Char | | |
| A1300D_LFTM_OCPTN_TXT | A1300D Lifetime Occupation(s) Text | Char | | |
| A1500_PASRR_CD | A1500 Preadmission Screening and Resident Review (PASRR) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Not a Medicaid certified unit |

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|---------------------------|---|----------|------------------------------|-----------------------------|
| A1510A_SRUS_MENTL_ILL_CD | A1510A Serious Mental Illness Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| A1510B_MENTL_RTRDTN_CD | A1510B Intellectual Disability Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| A1510C_OTHR_PASSR_RLTD_CD | A1510C Other Related Condition Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| A1550A_DOWN_SYNDRM_CD | A1550A MR/DD Status: Down Syndrome Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| A1550B_AUTSM_CD | A1550B MR/DD Status: Autism Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| A1550C_EPLPSY_CD | A1550C MR/DD Status: Epilepsy Code | Char | | Missing Value |

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|----------------------------|---|----------|------------------------------|---|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| A1550D_OTHR_ORGNC_MR_DD_CD | A1550D MR/DD Status: Other Organic MR/DD Condition Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| A1550E_OTHR_MR_DD_CD | A1550E MR/DD Status: MR/DD With No Organic Condition Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| A1550Z_NO_MR_DD_CD | A1550Z MR/DD Status: None of the Above | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| A1600_ENTRY_DT | A1600 Entry Date | Num | | Date provided in SAS date (numeric) format. |
| A1700_ENTRY_TYPE_CD | A1700 Type of Entry Code | Char | 1 | Admission |
| | | | 2 | Reentry |

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|----------------------|-----------------------------|----------|------------------------------|--|
| A1800_ENTRD_FROM_TXT | A1800 Entered From Code | Char | 01 | Community (private home/apt.,board/care,assisted living, group home) |
| | | | 02 | Another nursing home or swing bed |
| | | | 03 | Acute hospital |
| | | | 04 | Psychiatric hospital |
| | | | 05 | Inpatient rehabilitation facility |
| | | | 06 | ID/DD facility |
| | | | 07 | Hospice |
| | | | 09 | Long Term Care Hospital (LTC) |
| | | | 99 | Other |
| | | | | |
| A2000_DSCHRG_DT | A2000 Discharge Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| A2100_DSCHRG_STUS_CD | A2100 Discharge Status Code | Char | | Missing Value |
| | | | 01 | Community (private home/apt.,board/care,assisted living, group home) |
| | | | 02 | Another nursing home or swing bed |
| | | | 03 | Acute hospital |
| | | | 04 | Psychiatric hospital |
| | | | 05 | Inpatient rehabilitation facility |
| | | | 06 | ID/DD facility |
| | | | 07 | Hospice |
| | | | 08 | Deceased |
| | | | 09 | Long Term Care Hospital (LTCH) |
| | | | 99 | Other |
| | | | | |

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|--------------------------|--|----------|------------------------------|--|
| A2200_PRVS_ASMT_RFRNC_DT | A2200 Previous Assessment Reference Date For Significant Correction | Char | | Date provided in SAS date (numeric) format. |
| A2300_ASMT_RFRNC_DT | A2300 Assessment Reference Date | Num | | Date provided in SAS date (numeric) format. |
| A2400A_MDCR_STAY_CD | A2400A Has Resident Had a Medicare Stay Code Since Most Recent Admission | Char | 0 | No |
| | | | 1 | Yes |
| A2400B_MDCR_STAY_STRT_DT | A2400B Start Date of Most Recent Medicare Stay | Char | | Date provided in SAS date (numeric) format. |
| A2400C_MDCR_STAY_END_DT | A2400C End Date of Most Recent Medicare Stay | Char | | Date provided in SAS date (numeric) format. |
| B0100_CMTS_CD | B0100 Comatose Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| B0200_HEARG_CD | B0200 Hearing Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Adequate-no difficulty in normal conversation, social interaction, listening to TV |
| | | | 1 | Minimal difficulty-difficulty in some environments (e.g., when person speaks softly or setting is noisy) |
| | | | 2 | Moderate difficulty-speaker has to increase volume and speak distinctly |
| | | | 3 | High impaired-absence of useful hearing |

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| B0300_HEARG_AID_CD | B0300 Hearing Aide Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| B0600_SPCH_CLRTY_CD | B0600 Speech Clarity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Clear Speech-distinct intelligible words |
| | | | 1 | Unclear speech-slurred or mumbled words |
| | | | 2 | No speech-absence of spoken word |
| | | | | |
| B0700_SELF_UNDRSTOD_CD | B0700 Makes Self Understood Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Understood |
| | | | 1 | Usually understood-difficulty communicating some words or finishing thoughts but is able to if prompted or given time |
| | | | 2 | Sometimes understood-ability is limited to making concrete requests |
| | | | 3 | Rarely/never understood |
| | | | | |
| B0800_UNDRST_OTHR_CD | B0800 Ability to Understand Others Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Understands-clear comprehension |
| | | | 1 | Usually understands-misses some part/intent of message but comprehends most conversation |
| | | | 2 | Sometimes understands-responds adequately to simple, direct communication only |

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| | | | 3 | Rarely/never understands |
| | | | | |
| B1000_VSN_CD | B1000 Vision Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Adequate-sees fine detail, including regular print in newspapers/books |
| | | | 1 | Impaired-sees large print, but not regular print in newspapers/books |
| | | | 2 | Moderately impaired-limited vision; not able to see newspaper headlines but can identify objects |
| | | | 3 | Highly impaired-object identification in question, but eyes appear to follow objects |
| | | | 4 | Severely impaired-no vision or sees only light, colors or shapes; eyes do not appear to follow objects |
| | | | | |
| B1200_CRCTV_LENS_CD | B1200 Corrective Lenses Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C0100_CNDCT_MENTL_STUS_CD | C0100 Brief Interview for Mental Status Be Conducted Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C0200_WORD_RPET_FIRST_ATMPT_CD | C0200 BIMS: Number of Words Repeated After First Attempt | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| | | | 0 | None |
| | | | 1 | One |
| | | | 2 | Two |
| | | | 3 | Three |
| | | | | |
| C0300A_RPT_CRCT_YR_CD | C0300A BIMS: Temporal Orientation - Able to Report Correct Year | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Missed by > 5 years or no answer |
| | | | 1 | Missed by 2-5 years |
| | | | 2 | Missed by 1 year |
| | | | 3 | Correct |
| | | | | |
| C0300B_RPT_CRCT_MO_CD | C0300B BIMS: Temporal Orientation - Able to Report Correct Month | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Missed by > 1 month or no answer |
| | | | 1 | Missed by 6 days to 1 month |
| | | | 2 | Accurate within 5 days |
| | | | | |
| C0300C_RPT_CRCT_DAY_CD | C0300C BIMS: Temporal Orientation - Able to Report Correct Day of Week | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Incorrect or no answer |
| | | | 1 | Correct |
| | | | | |
| C0400A_RCALL_FIRST_WORD_CD | C0400A BIMS: Recall - Able to Recall Sock | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|---|
| | | | - | Not assessed/no information |
| | | | 0 | No-could not recall |
| | | | 1 | Yes, after cueing ("a color") |
| | | | 2 | Yes, no cue required |
| | | | | |
| C0400B_RCALL_SCND_WORD_CD | C0400B BIMS: Recall - Able to Recall Blue | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No-could not recall |
| | | | 1 | Yes, after cueing ("a color") |
| | | | 2 | Yes, no cue required |
| | | | | |
| C0400C_RCALL_THRD_WORD_CD | C0400C BIMS: Recall - Able to Recall Bed | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No-could not recall |
| | | | 1 | Yes, after cueing ("a color") |
| | | | 2 | Yes, no cue required |
| | | | | |
| C0500_BIMS_SCRE_NUM | C0500 Brief Interview for Mental Status (BIMS) Score Number | Char | | |
| | | | | |
| C0600_CNDCT_STF_MENTL_STUS_CD | C0600 Staff to Conduct Brief Interview for Mental Status | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (resident was able to complete interview) |
| | | | 1 | Yes (resident was unable to complete interview) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| C0700_SHRT_TERM_MEMRY_CD | C0700 Staff Assessment of Mental Status - Short Term Memory Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 1 | Memory OK |
| | | | | |
| C0800_LT_MEMRY_CD | C0800 Staff Assessment of Mental Status - Long Term Memory Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 1 | Memory OK |
| | | | | |
| C0900A_RCALL_CRNT_SEASN_CD | C0900A Staff Assessment of Mental Status - Recalls Current Season Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C0900B_RCALL_LCTN_ROOM_CD | C0900B Staff Assessment of Mental Status - Recalls Location of Room Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C0900C_RCALL_STF_NAME_CD | C0900C Staff Assessment of Mental Status - Recalls Staff Name Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------|---|----------|------------------------------|---|
| | | | 1 | Yes |
| | | | | |
| C0900D_RCALL_NH_CD | C0900D Staff Assessment of Mental Status - Recalls Nursing Home Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C0900Z_RCALL_NONE_CD | C0900Z Staff Assessment of Mental Status - Recalls None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C1000_DCSN_MKNG_CD | C1000 Cognitive Skills for Decision Making Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent-decisions consistent/reasonable |
| | | | 1 | Modified independence-some difficulty in new situations only |
| | | | 2 | Moderately impaired-decisions poor; cues/supervision required |
| | | | 3 | Severely impaired-never / rarely made decisions |
| | | | | |
| C1300A_INATTNTN_CD | C1300A Signs and Symptoms of Delirium - Inattention | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|--|----------|------------------------------|--|
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| | | | | |
| C1300B_DISORGNZ_THNKG_CD | C1300B Signs and Symptoms of Delirium - Disorganized Thinking | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| | | | | |
| C1300C_ALTRD_CONSCS_CD | C1300C Signs and Symptoms of Delirium - Altered Level of Consciousness | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| | | | | |
| C1300D_PSYCHMTR_RTRDTN_CD | C1300D Signs and Symptoms of Delirium - Psychomotor Retardation | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| | | | | |
| C1600_CHG_MENTL_STUS_CD | C1600 Acute Onset Mental Status Change | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| D0100_CNDCT_MOOD_CD | D0100 Resident Mood Interview Be Conducted Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No(resident is rarely/never understood) |
| | | | 1 | Yes |
| D0200A1_INTRST_LOSS_CD | D0200A1 Resident Mood Interview - Interest Loss Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | 9 | No response (leave column 2 blank) |
| D0200A2_INTRST_LOSS_FREQ_CD | D0200A2 Resident Mood Interview - Interest Loss Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| D0200B1_FEEL_DOWN_CD | D0200B1 Resident Mood Interview - Feel Down Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 1 | 2-6 days (several days) |
| | | | | |
| D0200B2_FEEL_DOWN_FREQ_CD | D0200B2 Resident Mood Interview - Feel Down Frequency Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0200C1_TRBL_SLEEP_CD | D0200C1 Resident Mood Interview - Trouble Sleep Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | | |
| D0200C2_TRBL_SLEEP_FREQ_CD | D0200C2 Resident Mood Interview - Trouble Sleep Frequency Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0200D1_LTL_ENRGY_CD | D0200D1 Resident Mood Interview - Little Energy Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | | |
| D0200D2_LTL_ENRGY_FREQ_CD | D0200D2 Resident Mood Interview - Little Energy Frequency Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0200E1_POOR_APTIT_CD | D0200E1 Resident Mood Interview - Poor Appetite Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | | |
| D0200E2_POOR_APTIT_FREQ_CD | D0200E2 Resident Mood Interview - Poor Appetite Frequency Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0200F1_SELF_DPRCTN_CD | D0200F1 Resident Mood Interview - Self Depreciation Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|--------------------------------------|
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | 9 | No response (leave column 2 blank) |
| | | | | |
| D0200F2_SELF_DPRCTN_FREQ_CD | D0200F2 Resident Mood Interview - Self Depreciation Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0200G1_CNCNTRTN_CD | D0200G1 Resident Mood Interview - Lack of Concentration Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | 9 | No response (leave column 2 blank) |
| | | | | |
| D0200G2_CNCNTRTN_FREQ_CD | D0200G2 Resident Mood Interview - Lack of Concentration Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|--------------------------------------|
| D0200H1_MVMT_DFRNT_CD | D0200H1 Resident Mood Interview - Movement Different Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | 9 | No response (leave column 2 blank) |
| | | | | |
| D0200H2_MVMT_DFRNT_FREQ_CD | D0200H2 Resident Mood Interview - Movement Different Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0200I1_NGTV_STATE_CD | D0200I1 Resident Mood Interview - Negative Statement Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | 9 | No response (leave column 2 blank) |
| | | | | |
| D0200I2_NGTV_STATE_FREQ_CD | D0200I2 Resident Mood Interview - Negative Statement Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|--------------------------------------|
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0300_MOOD_SCRE_NUM | D0300 Resident Mood Interview - Total Severity Mood Score Code | Char | | |
| | | | | |
| D0350_NGTV_STATE_NTIFY_STF_CD | D0350 Resident Mood Interview - Negative Statements Notify Staff Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| D0500A1_STF_INTRST_LOSS_CD | D0500A1 Staff Assessment of Resident Mood - Interest Loss Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500A2_STF_INTRSTLOSS_FREQ_CD | D0500A2 Staff Assessment of Resident Mood - Interest Loss Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0500B1_STF_FEEL_DOWN_CD | D0500B1 Staff Assessment of Resident Mood - Feel Down Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|--------------------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500B2_STF_FEEL_DOWN_FREQ_CD | D0500B2 Staff Assessment of Resident Mood - Feel Down Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0500C1_STF_TRBL_SLEEP_CD | D0500C1 Staff Assessment of Resident Mood - Trouble Sleep Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500C2_STF_TRBL_SLEEP_FREQ_CD | D0500C2 Staff Assessment of Resident Mood - Trouble Sleep Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |

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|--------------------------------|--|----------|------------------------------|--------------------------------------|
| D0500D1_STF_LTL_ENRGY_CD | D0500D1 Staff Assessment of Resident Mood - Little Energy Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500D2_STF_LTL_ENRGY_FREQ_CD | D0500D2 Staff Assessment of Resident Mood - Little Energy Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0500E1_STF_POOR_APTIT_CD | D0500E1 Staff Assessment of Resident Mood - Poor Appetite Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500E2_STF_POOR_APTIT_FREQ_CD | D0500E2 Staff Assessment of Resident Mood - Poor Appetite Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|--------------------------------------|
| D0500F1_STF_SELF_DPRCTN_CD | D0500F1 Staff Assessment of Resident Mood - Self Depreciation Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| D0500F2_STF_SELFDPRCTN_FREQ_CD | D0500F2 Staff Assessment of Resident Mood - Self Depreciation Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| D0500G1_STF_CNCNTRTN_CD | D0500G1 Staff Assessment of Resident Mood - Concentration Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| D0500G2_STF_CNCNTRTN_FREQ_CD | D0500G2 Staff Assessment of Resident Mood - Concentration Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |

¹The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|--------------------------------------|
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0500H1_STF_MVMT_DFRNT_CD | D0500H1 Staff Assessment of Resident Mood - Movement Different Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500H2_STF_MVMT_DFRNT_FREQ_CD | D0500H2 Staff Assessment of Resident Mood - Movement Different Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0500I1_STF_NGTV_STATE_CD | D0500I1 Staff Assessment of Resident Mood - Negative Statement Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500I2_STF_NGTV_STATE_FREQ_CD | D0500I2 Staff Assessment of Resident Mood - Negative Statement Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |

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Long-Term Care Facility Resident Assessment Instrument MDS 3.0**

Date Created: 29JAN2021

Number of Variables: 760

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|--------------------------------------|
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0500J1_STF_SHRT_TMPR_CD | D0500J1 Staff Assessment of Resident Mood - Short Temper Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (enter 0 in column 2) |
| | | | 1 | Yes (enter 0-3 in column 2) |
| | | | | |
| D0500J2_STF_SHRT_TMPR_FREQ_CD | D0500J2 Staff Assessment of Resident Mood - Short Temper Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Never or 1 day |
| | | | 1 | 2-6 days (several days) |
| | | | 2 | 7-11 days (half or more of the days) |
| | | | 3 | 12-14 days (nearly every day) |
| | | | | |
| D0600_STF_MOOD_SCRE_NUM | D0600 Staff Assessment Total Severity Mood Score | Char | | |
| | | | | |
| D0650_STF_NGTV_STATE_NTFY_CD | D0650 Staff Assessment of Resident Mood - Negative Statement Notify Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0100A_HLLCNTN_CD | E0100A Behavior: Hallucinations Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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**NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
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Date Created: 29JAN2021

Number of Variables: 760

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|---|
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0100B_DLSN_CD | E0100B Behavior: Delusion Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0100Z_NO_PSYCHOSIS_CD | E0100Z Behavior: No Psychosis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0200A_PHYS_BHVRL_CD | E0200A Behavior: Physical Behavioral Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not exhibited |
| | | | 1 | Behavior of this type occurred 1 to 3 days |
| | | | 2 | Behavior of this type occurred 4 to 6 days, but less than daily |
| | | | 3 | Behavior of this type occurred daily |
| | | | | |
| E0200B_VRBL_BHVRL_CD | E0200B Behavior: Verbal Behavioral Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not exhibited |
| | | | 1 | Behavior of this type occurred 1 to 3 days |
| | | | 2 | Behavior of this type occurred 4 to 6 days, but less than daily |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|---|
| | | | 3 | Behavior of this type occurred daily |
| | | | | |
| E0200C_OTHR_BHVRL_CD | E0200C Behavior: Other Behavioral Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not exhibited |
| | | | 1 | Behavior of this type occurred 1 to 3 days |
| | | | 2 | Behavior of this type occurred 4 to 6 days, but less than daily |
| | | | 3 | Behavior of this type occurred daily |
| | | | | |
| E0300_BHVR_PRSNT_CD | E0300 Overall Presence of Behavioral Symptoms | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0500A_BHVR_INJR_SELF_CD | E0500A Behavior Impact on Resident: Risk to Injure Self | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0500B_BHVR_INTRFR_CARE_CD | E0500B Behavior Impact on Resident: Interferes With Care | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|-----------------------------|
| E0500C_BHVR_INTRFR_PRTCPTN_CD | E0500C Behavior Impact on Resident: Interferes With Participation | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0600A_BHVR_INJR_OTHR_CD | E0600A Behavior Impact on Others: Risk to Injure Others | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0600B_BHVR_INTRD_PRIVCY_CD | E0600B Behavior Impact on Others: Intrude On Privacy of Others | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0600C_BHVR_DSRUPT_ENVRMNT_CD | E0600C Behavior Impact on Others: Disrupt Care or Living Environment | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| E0800_RJCT_EVALTN_CD | E0800 Rejection of Care: Presence and Frequency | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not exhibited |

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Number of Variables: 760

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| | | | 1 | Behavior of this type occurred 1 to 3 days |
| | | | 2 | Behavior of this type occurred 4 to 6 days, but less than daily |
| | | | 3 | Behavior of this type occurred daily |
| E0900_WNDR_CD | E0900 Wandering: Presence and Frequency | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not exhibited |
| | | | 1 | Behavior of this type occurred 1 to 3 days |
| | | | 2 | Behavior of this type occurred 4 to 6 days, but less than daily |
| | | | 3 | Behavior of this type occurred daily |
| E1000A_WNDR_RISK_CD | E1000A Wander Risk Impact | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| E1000B_WNDR_INTRD_PRIVCY_CD | E1000B Wandering Intrudes on Privacy of Others | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| E1100_BHVR_CHG_PRIOR_CD | E1100 Change in Behavior or Other Symptoms | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Same |
| | | | 1 | Improved |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|---|----------|------------------------------|---|
| | | | 2 | Worse |
| | | | 3 | N/A because not prior MDS assessment |
| | | | | |
| F0300_CNDCT_ACTVTY_CD | F0300 Should Daily and Activity Preference Interview Be Conducted | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (resident is rarely/never understood and family / significant other not available) |
| | | | 1 | Yes |
| | | | | |
| F0400A_DRESS_CD | F0400A Interview for Daily Preferences: Chooses Clothes Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400B_CARE_PRSNL_ITM_CD | F0400B Interview for Daily Preferences: Care Personal Items Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------|--|----------|------------------------------|--------------------------------------|
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400C_BATHG_OPTN_CD | F0400C Interview for Daily Preferences: Bathing Option Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400D_SNACK_BTWN_CD | F0400D Interview for Daily Preferences: Snack Between Meals Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400E_BED_TIME_CD | F0400E Interview for Daily Preferences: Choose Bed Time Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|--------------------------------------|
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400F_FMLY_INVLVMT_CD | F0400F Interview for Daily Preferences: Family Involvement Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400G_PRVT_PHNE_CD | F0400G Interview for Daily Preferences: Private Phone Time Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------|---|----------|------------------------------|--------------------------------------|
| | | | 9 | No response or non-responsive |
| | | | | |
| F0400H_LOCK_ITM_CD | F0400H Interview for Daily Preferences: Lock Item Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500A_READG_AVLBL_CD | F0500A Interview for Activity Preferences: Reading Materials Available Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500B_MUSIC_CD | F0500B Interview for Activity Preferences: Music Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------|---|----------|------------------------------|--------------------------------------|
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500C_ANML_CD | F0500C Interview for Activity Preferences: Animal Presence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500D_NEWS_CD | F0500D Interview for Activity Preferences: News Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------|---|----------|------------------------------|--------------------------------------|
| F0500E_GRP_ACTVTY_CD | F0500E Interview for Activity Preferences: Group Activity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500F_FVRT_ACTVTY_CD | F0500F Interview for Activity Preferences: Favorite Activity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500G_FRSH_AIR_CD | F0500G Interview for Activity Preferences: Time Outdoors Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|---|
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0500H_RLGN_CD | F0500H Interview for Activity Preferences: Religion Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Very important |
| | | | 2 | Somewhat important |
| | | | 3 | Not very important |
| | | | 4 | Not important at all |
| | | | 5 | Important, but can't do or no choice |
| | | | 9 | No response or non-responsive |
| | | | | |
| F0600_RSPNDT_ACTVTY_CD | F0600 Daily and Activity Preferences Primary Respondent Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Resident |
| | | | 2 | Family or significant other (close friend or other representative) |
| | | | 9 | Interview could not be completed by resident or family/significant other (No response to 3 or more items) |
| | | | | |
| F0700_STF_CNDCT_ACTVTY_CD | F0700 Conduct Staff Assessment of Daily and Activity Preferences Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No (because Interview for Daily Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|--|----------|------------------------------|---|
| | | | 1 | Yes (because 3 or more items in Interview for Daily Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other |
| F0800A_STF_DRESS_CD | F0800A Staff Assessment: Chooses Clothes Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| F0800B_STF_CARE_PRSNL_ITM_CD | F0800B Staff Assessment: Care Personal Item Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| F0800C_STF_TUB_BATH_CD | F0800C Staff Assessment: Tub Bath Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| F0800D_STF_SHWR_CD | F0800D Staff Assessment: Shower Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| F0800E_STF_BED_BATH_CD | F0800E Staff Assessment: Bed Bath Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800F_STF_SPNG_BATH_CD | F0800F Staff Assessment: Sponge Bath Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800G_STF_SNACK_BTWN_CD | F0800G Staff Assessment: Snacks Between Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800H_STF_BED_TIME_CD | F0800H Staff Assessment: Bed Time Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800I_STF_FMLY_INVLMVT_CD | F0800I Staff Assessment: Family Involvement Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800J_STF_PRVT_PHNE_CD | F0800J Staff Assessment: Private Phone Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|-----------------------------|
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800K_STF_LOCK_ITM_CD | F0800K Staff Assessment: Lock Item Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800L_STF_READG_AVLBL_CD | F0800L Staff Assessment: Reading Materials Available Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800M_STF_MUSIC_CD | F0800M Staff Assessment: Music Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800N_STF_ANML_CD | F0800N Staff Assessment: Animal Presence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800O_STF_NEWS_CD | F0800O Staff Assessment: News Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|-----------------------------|
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800P_STF_GRP_ACTVTY_CD | F0800P Staff Assessment: Group Activity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800Q_STF_FVRT_ACTVTY_CD | F0800Q Staff Assessment: Favorite Activity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800R_STF_TIME_AWAY_NH_CD | F0800R Staff Assessment: Time Away Nursing Home Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800S_STF_FRSH_AIR_CD | F0800S Staff Assessment: Time Outdoors Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| F0800T_STF_RLGN_CD | F0800T Staff Assessment: Participating in Religious Activities Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| F0800Z_STF_NO_ACTVTY_CD | F0800Z Staff Assessment: None of Above Activity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| G0110F2_LOCOMTN_OFF_SPRT_CD | G0100F2 ADL Assistance: Locomotion Off Support Provided Code | Char | | |
| G0110A1_BED_MBLTY_SELF_CD | G0110A1 ADL Assistance: Bed Mobility Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|---|
| G0110A2_BED_MBLTY_SPRT_CD | G0110A2 ADL Assistance: Bed Mobility Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 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 did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110B1_TRNSFR_SELF_CD | G0110B1 ADL Assistance: Transfer Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110B2_TRNSFR_SPRT_CD | G0110B2 ADL Assistance: Transfer Self Support Provided Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|--|----------|------------------------------|---|
| | | | - | Not assessed/no information |
| | | | 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 did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110C1_WLK_ROOM_SELF_CD | G0110C1 ADL Assistance: Walk In Room Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110C2_WLK_ROOM_SPRT_CD | G0110C2 ADL Assistance: Walk In Room Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No setup or physical help from staff |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|---|----------|------------------------------|---|
| | | | 1 | Setup help only |
| | | | 2 | One person physical assist |
| | | | 3 | Two+ persons physical assist |
| | | | 8 | ADL activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110D1_WLK_CRDR_SELF_CD | G0110D1 ADL Assistance: Walk In Corridor Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110D2_WLK_CRDR_SPRT_CD | G0110D2 ADL Assistance: Walk In Corridor Self Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No setup or physical help from staff |
| | | | 1 | Setup help only |
| | | | 2 | One person physical assist |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|---|
| | | | 3 | Two+ persons physical assist |
| | | | 8 | ADL activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110E1_LOCOMTN_ON_SELF_CD | G0110E1 ADL Assistance: Locomotion On Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110E2_LOCOMTN_ON_SPRT_CD | G0110E2 ADL Assistance: Locomotion On Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No setup or physical help from staff |
| | | | 1 | Setup help only |
| | | | 2 | One person physical assist |
| | | | 3 | Two+ persons physical assist |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| | | | 8 | ADL activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110F1_LOCOMTN_OFF_SELF_CD | G0110F1 ADL Assistance: Locomotion Off Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110G1_DRESS_SELF_CD | G0110G1 ADL Assistance: Dress Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------|--|----------|------------------------------|---|
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110G2_DRESS_SPRT_CD | G0110G2 ADL Assistance: Dress Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 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 did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110H1_EATG_SELF_CD | G0110H1 ADL Assistance: Eating Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|---|
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110H2_EATG_SPRT_CD | G0110H2 ADL Assistance: Eating Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 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 did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110I1_TOILTG_SELF_CD | G0110I1 ADL Assistance: Toileting Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110I2_TOILTG_SPRT_CD | G0110I2 ADL Assistance: Toileting Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 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 did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0110J1_PRSNL_HYGNE_SELF_CD | G0110J1 ADL Assistance: Personal Hygiene Self Performance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Independent - no help or staff oversight at any time |
| | | | 1 | Supervision - oversight, encouragement or cueing |
| | | | 2 | Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance |
| | | | 3 | Extensive assistance - resident involved in activity, staff provide weight-bearing support |
| | | | 4 | Total Dependence - full staff performance every time during entire 7-day period |
| | | | 7 | Activity occurred only once or twice - activity did occur but only once or twice |
| | | | 8 | Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|--|
| G0110J2_PRSNL_HYGNE_SPRT_CD | G0110J2 ADL Assistance: Personal Hygiene Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 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 did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| G0120A_BATHG_SELF_CD | G0120A ADL Assistance: Bathing Self Performance Code | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | - | Not assessed/no information |
| | | | 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 or family and/or facility staff provided care 100% of the entire 7-day period |
| G0120B_BATHG_SPRT_CD | G0120B ADL Assistance: Bathing Support Provided Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No setup or physical help from staff |
| | | | 1 | Setup help only |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|--|----------|------------------------------|--|
| | | | 2 | One person physical assist |
| | | | 3 | Two+ persons physical assist |
| | | | 8 | ADL activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period |
| | | | | |
| G0300A_BAL_SEAT_STNDG_CD | G0300A Balance During Seated to Standing Position Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Steady at all times |
| | | | 1 | Not steady, but able to stabilize without human assistance |
| | | | 2 | Not steady, only able to stabilize with human assistance |
| | | | 8 | Activity did not occur |
| | | | | |
| G0300B_BAL_WLKG_CD | G0300B Balance During Walking Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Steady at all times |
| | | | 1 | Not steady, but able to stabilize without human assistance |
| | | | 2 | Not steady, only able to stabilize with human assistance |
| | | | 8 | Activity did not occur |
| | | | | |
| G0300C_BAL_TRNG_ARND_CD | G0300C Balance When Turning Around Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Steady at all times |
| | | | 1 | Not steady, but able to stabilize without human assistance |
| | | | 2 | Not steady, only able to stabilize with human assistance |
| | | | 8 | Activity did not occur |

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|---------------------------|--|----------|------------------------------|--|
| G0300D_BAL_TOILT_CD | G0300D Balance Moving On and Off Toilet Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Steady at all times |
| | | | 1 | Not steady, but able to stabilize without human assistance |
| | | | 2 | Not steady, only able to stabilize with human assistance |
| | | | 8 | Activity did not occur |
| G0300E_BAL_SRFC_TRNSFR_CD | G0300E Balance With Surface to Surface Transfer Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Steady at all times |
| | | | 1 | Not steady, but able to stabilize without human assistance |
| | | | 2 | Not steady, only able to stabilize with human assistance |
| | | | 8 | Activity did not occur |
| G0400A_UPR_XTRMTY_MTN_CD | G0400A Functional Limitation in ROM: Upper Extremity Motion Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No impairment |
| | | | 1 | Impairment on one side |
| | | | 2 | Impairment on both sides |
| G0400B_LWR_XTRMTY_MTN_CD | G0400B Functional Limitation in ROM: Lower Extremity Motion Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No impairment |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|-----------------------------|
| | | | 1 | Impairment on one side |
| | | | 2 | Impairment on both sides |
| | | | | |
| G0600A_CANE_CD | G0600A Mobility Devices: Cane Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| G0600B_WLKR_CD | G0600B Mobility Devices: Walker Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| G0600C_WHLCHR_CD | G0600C Mobility Devices: Wheelchair Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| G0600D_LIMB_PRSTHTC_CD | G0600D Mobility Devices: Limb Prosthesis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| G0600Z_NO_MBLTY_CD | G0600Z Mobility Devices: None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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|------------------------------|--|----------|------------------------------|-----------------------------|
| | | | 1 | Checked (Yes) |
| | | | | |
| G0900A_INCRS_INDPNDNC_CD | G0900A Functional Rehabilitation Potential: Resident Increased Independence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| G0900B_STF_INCRS_INDPNDNC_CD | G0900B Functional Rehabilitation Potential: Staff Increased Independence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| H0100A_INDWLG_CTHTR_CD | H0100A Bladder and Bowel Appliances: Indwelling Catheter Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| H0100B_EXTRNL_CTHTR_CD | H0100B Bladder and Bowel Appliances: External Catheter Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| H0100C_OSTMY_CD | H0100C Bladder and Bowel Appliances: Ostomy Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| H0100D_INTRMTNT_CTHTR_CD | H0100D Bladder and Bowel Appliances: Intermittent Catheter Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| H0100Z_NO_URNRY_APLNC_CD | H0100Z Bladder and Bowel Appliances: No Urinary Appliance Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| H0200A_TRIL_TOILTG_PGM_CD | H0200A Urinary Toileting Program: Trial Toileting Program Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| H0200B_RSPNS_TOILTG_PGM_CD | H0200B Urinary Toileting Program: Response To Toileting Program Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|--|----------|------------------------------|--|
| | | | 0 | No improvement |
| | | | 1 | Decreased wetness |
| | | | 2 | Completely dry (continent) |
| | | | 9 | Unable to determine or trial in progress |
| | | | | |
| H0200C_CRNT_TOILTG_PGM_CD | H0200C Urinary Toileting Program: Current Toileting Program Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| H0300_URNRY_CNTNC_CD | H0300 Urinary Continence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Always continent |
| | | | 1 | Occasionally incontinent (less than 7 episodes of incontinence) |
| | | | 2 | Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) |
| | | | 3 | Always incontinent (no episode of continent voiding) |
| | | | 9 | Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 7 days |
| | | | | |
| H0400_BWL_CNTNC_CD | H0400 Bowel Continence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Always continent |
| | | | 1 | Occasionally incontinent (one episode of bowel incontinence) |
| | | | 2 | Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------|--|----------|------------------------------|--|
| | | | 3 | Always incontinent (no episodes of continent bowel movements) |
| | | | 9 | Not rated, resieent had an ostomy or did not have a bowel movement for the entire 7 days |
| | | | | |
| H0500_BWL_TOILTG_PGM_CD | H0500 Bowel Toileting Program Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| H0600_CONSTPTN_CD | H0600 Constipation Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| I0100_CNCR_CD | I0100 Active Diagnoses: Cancer Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0200_ANEMIA_CD | I0200 Active Diagnoses: Anemia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0300_DYSRHYTHMIA_CD | I0300 Active Diagnoses: Dysrhythmia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0400_CAD_CD | I0400 Active Diagnoses: Coronary Artery Disease (CAD) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0500_DVT_CD | I0500 Active Diagnoses: Deep Vein Thrombosis (DVT) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0600_HRT_FAILR_CD | I0600 Active Diagnoses: Heart Failure (CHF) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0700_HYPRTNSN_CD | I0700 Active Diagnoses: Hypertension Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0800_HYPOTNSN_CD | I0800 Active Diagnoses: Hypotension Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I0900_PVD_CD | I0900 Active Diagnoses: Peripheral Vascular Disease (PVD) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1100_CRRHS_CD | I1100 Active Diagnoses: Cirrhosis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1200_GERD_CD | I1200 Active Diagnoses: Gastroesophageal Reflux Disease (GERD) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1300_ULCRTV_CLTS_CD | I1300 Active Diagnoses: Ulcerative Colitis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------|--|----------|------------------------------|-----------------------------|
| I1400_BPH_CD | I1400 Active Diagnoses: Benign Prostatic Hyperplasia (BPH) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1500_ESRD_CD | I1500 Active Diagnoses: End Stage Renal Disease (ESRD) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1550_NRGNC_BLADR_CD | I1550 Active Diagnoses: Neurogenic Bladder Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1650_OBSTRCT_URPTHY_CD | I1650 Active Diagnoses: Obstructive Uropathy Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I1700_MDRO_CD | I1700 Active Diagnoses: Multi-drug Resistant Drug Organism (MDRO) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------|--|----------|------------------------------|-----------------------------|
| | | | 1 | Checked (Yes) |
| | | | | |
| I2000_PNEUMO_CD | I2000 Active Diagnoses: Pneumonia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I2100_SPTCMIA_CD | I2100 Active Diagnoses: Septicemia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I2200_TB_CD | I2200 Active Diagnoses: Tuberculosis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I2300_UTI_CD | I2300 Active Diagnoses: Urinary Tract Infection (UTI) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I2400_VRL_HPT_CD | I2400 Active Diagnoses: Viral Hepatitis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|-----------------------------|
| | | | 1 | Checked (Yes) |
| | | | | |
| I2500_WND_INFCTN_CD | I2500 Wound Infection Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I2900_DM_CD | I2900 Active Diagnoses: Diabetes Mellitus (DM) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I3100_HYPONATREMIA_CD | I3100 Active Diagnoses: Hyponatremia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I3200_HYPERKALEMIA_CD | I3200 Active Diagnoses: Hyperkalemia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I3300_HYPERLIPIDMIA_CD | I3300 Active Diagnoses: Hyperlipidemia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------|---|----------|------------------------------|-----------------------------|
| | | | 1 | Checked (Yes) |
| | | | | |
| I3400_THYRD_CD | I3400 Active Diagnoses: Thyroid Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I3700_ARTHTS_CD | I3700 Active Diagnoses: Arthritis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I3800_OSTPRS_CD | I3800 Active Diagnoses: Osteoporosis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I3900_HIP_FRCTR_CD | I3900 Active Diagnoses: Hip Fracture Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I4000_OTHR_FRCTR_CD | I4000 Active Diagnoses: Other Fracture Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------|--|----------|------------------------------|-----------------------------|
| I4200_ALZHMR_CD | I4200 Active Diagnoses: Alzheimers Disease Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I4300_APHASIA_CD | I4300 Active Diagnoses: Aphasia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I4400_CRBRL_PLSY_CD | I4400 Active Diagnoses: Cerebral Palsy Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I4500_STRK_CD | I4500 Active Diagnoses: Stroke (CVA or TIA or Stroke) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I4800_DMNT_CD | I4800 Active Diagnoses: Dementia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------|---|----------|------------------------------|-----------------------------|
| I4900_HEMIPLG_CD | I4900 Active Diagnoses: Hemiplegia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5000_PARAPLG_CD | I5000 Active Diagnoses: Paraplegia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5100_QUADPLG_CD | I5100 Active Diagnoses: Quadriplegia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5200_MS_CD | I5200 Active Diagnoses: Multiple Sclerosis Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5250_HNTGTN_CD | I5250 Active Diagnoses: Huntingtons Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------|---|----------|------------------------------|-----------------------------|
| I5300_PRKNSN_CD | I5300 Active Diagnoses: Parkinsons Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5350_TOURT_CD | I5350 Tourettes Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5400_SZRE_CD | I5400 Active Diagnoses: Seizure Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5500_BRN_INJURY_CD | I5500 Active Diagnoses: Traumatic Brain Injury (TBI) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5600_MALNTRTN_CD | I5600 Active Diagnoses: Malnutrition Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------|---|----------|------------------------------|-----------------------------|
| I5700_ANXTY_DSORDR_CD | I5700 Active Diagnoses: Anxiety Disorder Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5800_DPRSN_CD | I5800 Active Diagnoses: Depression Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5900_MNC_DPRSN_CD | I5900 Active Diagnoses: Manic Depression Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I5950_PSYCHTC_CD | I5950 Active Diagnoses: Psychotic Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| I6000_SCHZOPRNI_CD | I6000 Active Diagnoses: Schizophrenia Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|-----------------------------|
| I6100_PTSD_CD | I6100 Active Diagnoses: Post-traumatic Stress Disorder (PTSD) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I6200_ASTHMA_CD | I6200 Active Diagnoses: Asthma COPD Chronic Lung Disease Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I6300_RSPRTRY_FAILR_CD | I6300 Active Diagnoses: Respiratory Failure Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I6500_CTRCT_CD | I6500 Active Diagnoses: Cataracts Glaucoma or Macular Degeneration Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| I7900_NO_ACTV_DEASE_CD | I7900 Active Diagnoses: No Active Disease Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-------------------|
| | | | 1 | Checked (Yes) |
| I8000A_ICD_1_CD | I8000A Additional Active Diagnoses: ICD 1 Code | Char | | |
| I8000B_ICD_2_CD | I8000B Additional Active Diagnoses: ICD 2 Code | Char | | |
| I8000C_ICD_3_CD | I8000C Additional Active Diagnoses: ICD 3 Code | Char | | |
| I8000D_ICD_4_CD | I8000D Additional Active Diagnoses: ICD 4 Code | Char | | |
| I8000E_ICD_5_CD | I8000E Additional Active Diagnoses: ICD 5 Code | Char | | |
| I8000F_ICD_6_CD | I8000F Additional Active Diagnoses: ICD 6 Code | Char | | |
| I8000G_ICD_7_CD | I8000G Additional Active Diagnoses: ICD 7 Code | Char | | |
| I8000H_ICD_8_CD | I8000H Additional Active Diagnoses: ICD 8 Code | Char | | |
| I8000I_ICD_9_CD | I8000I Additional Active Diagnoses: ICD 9 Code | Char | | |
| I8000J_ICD_10_CD | I8000J Additional Active Diagnoses: ICD 10 Code | Char | | |
| J0100A_SCHLD_PAIN_MDCTN_CD | J0100A Pain management: Scheduled Pain Medication Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| J0100B_PRN_PAIN_MDCTN_CD | J0100B Pain management: PRN Pain Medication Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| J0100C_OTHR_PAIN_INTRVTN_CD | J0100C Pain management: Other Pain Intervention Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| J0200_CNDCT_PAIN_ASMT_CD | J0200 Should Pain Assessment be Conducted Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No(resident is rarely/never understood) |
| | | | 1 | Yes |
| J0300_PAIN_CD | J0300 Pain Assessment Interview: Pain Presence Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|-----------------------------|
| | | | 9 | Unable to Determine |
| | | | | |
| J0400_PAIN_FREQ_CD | J0400 Pain Assessment Interview: Pain Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Almost constantly |
| | | | 2 | Frequently |
| | | | 3 | Occasionally |
| | | | 4 | Rarely |
| | | | 9 | Unable to answer |
| | | | | |
| J0500A_PAIN_EFCT_SLEEP_CD | J0500A Pain Assessment Interview: Pain Effect Sleep Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| J0500B_PAIN_EFCT_ACTVTY_CD | J0500B Pain Assessment Interview: Pain Effect Activity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| J0600A_PAIN_INTNSTY_NUM | J0600A Pain Intensity Numeric Rating Scale Number | Char | | |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|-----------------------------|
| J0600B_VRBL_DSCRPTR_SCALE_NUM | J0600B Pain Intensity Verbal Descriptor Scale Number | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Mild |
| | | | 2 | Moderate |
| | | | 3 | Severe |
| | | | 4 | Very severe, horrible |
| | | | 9 | Unable to answer |
| J0700_STF_CNDCT_PAIN_ASMT_CD | J0700 Staff Conduct Pain Assessment Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| J0800A_NVRBL_SND_CD | J0800A Staff Assessment for Pain: Nonverbal Sound Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| J0800B_VCL_CMPLNT_CD | J0800B Staff Assessment for Pain: Vocal Complaint Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|--|----------|------------------------------|--|
| J0800C_FACE_EXPRSN_CD | J0800C Staff Assessment for Pain: Facial Expression Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| J0800D_PRTCTV_MVMT_CD | J0800D Staff Assessment for Pain: Protective Movement Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| J0800Z_NO_SGN_PAIN_CD | J0800Z Staff Assessment for Pain: None of Above Signs of Pain Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| J0850_STF_PAIN_FREQ_CD | J0850 Staff Frequency of Indicator of Pain or Possible Pain Frequency Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Indicators of pain or possible pain observed 1 to 2 days |
| | | | 2 | Indicators of pain or possible pain observed 3 to 4 days |
| | | | 3 | Indicators of possible pain observed daily |
| | | | | |
| J1100A_SOB_EXRTN_CD | J1100A Shortness of Breath With Exertion Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------|---|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| J1100B_SOB_SITG_CD | J1100B Shortness of Breath When Sitting Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| J1100C_SOB_LYG_CD | J1100C Shortness of Breath When Lying Flat Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| J1100Z_NO_SOB_CD | J1100Z None of Above Shortness of Breath Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| J1300_TOBCO_CD | J1300 Tobacco Use Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| J1400_LIFE_PRGNS_CD | J1400 Life Prognosis Less Than Six Months Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| J1550A_FVR_CD | J1550A Problem Conditions: Fever Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| J1550B_VMTG_CD | J1550B Problem Conditions: Vomiting Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| J1550C_DHYDRT_CD | J1550C Problem Conditions: Dehydration Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| J1550D_INTRNL_BLEDG_CD | J1550D Problem Conditions: Internal Bleeding Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| J1550Z_NO_PRBLM_COND_CD | J1550Z Problem Conditions: None of Above Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|--|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| J1700A_FALL_30_DAY_CD | J1700A Fall History on Admission: Fall 30 Day Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| J1700B_FALL_31_180_DAY_CD | J1700B Fall History on Admission: Fall 31-180 Day Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| J1700C_FRCTR_SIX_MO_CD | J1700C Fall History on Admission: Fall Six Month Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | 9 | Unable to Determine |
| | | | | |
| J1800_FALL_LAST_ASMT_CD | J1800 Falls Since Admission or Prior Assessment Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|--|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| J1900A_FALL_NO_INJURY_CD | J1900A Number of Falls Since Admission or Prior Assessment With No Injury Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | None |
| | | | 1 | One |
| | | | 2 | Two or more |
| | | | | |
| J1900B_FALL_INJURY_CD | J1900B Number of Falls Since Admission or Prior Assessment With Injury Except Major Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | None |
| | | | 1 | One |
| | | | 2 | Two or more |
| | | | | |
| J1900C_FALL_MAJ_INJURY_CD | J1900C Number of Falls Since Admission or Prior Assessment With Major Injury Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | None |
| | | | 1 | One |
| | | | 2 | Two or more |
| | | | | |
| K0100A_LOSS_MOUTH_EATG_CD | K0100A Swallowing Disorder: Loss Mouth Eating Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| K0100B_HLD_FOOD_MOUTH_CD | K0100B Swallowing Disorder: Hold Food Mouth Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| K0100C_CHOK_DRNG_MEAL_CD | K0100C Swallowing Disorder: Choke Drinking Meal Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| K0100D_CMPLNT_SWLWG_CD | K0100D Swallowing Disorder: Complaint Swallowing Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| K0100Z_NO_SWLWG_CD | K0100Z Swallowing Disorder: None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------|---|----------|------------------------------|---|
| K0200A_HGT_NUM | K0200A Height Number | Char | | |
| | | | | |
| K0200B_WT_NUM | K0200B Weight Number | Char | | |
| | | | | |
| K0300_WT_LOSS_CD | K0300 Weight Loss Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No or unknown |
| | | | 1 | Yes, on physician-prescribed weight-loss regimen |
| | | | 2 | Yes, not on physician-prescribed weight-loss regimen |
| | | | | |
| K0310_WT_GAIN_CD | K0310 Weight Gain Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No or unknown |
| | | | 1 | Yes, on physician-prescribed weight-gain regimen |
| | | | 2 | Yes, not on physician-prescribed weight- gain regimen |
| | | | | |
| K0500A_PEN_CD | K0500A Nutritional Approaches: Parenteral/IV Feeding Code | Char | | Missing Value |
| | | | | |
| K0500B_FEEDG_TUBE_CD | K0500B Nutritional Approaches: Feeding Tube Code | Char | | Missing Value |
| | | | | |
| K0500C_ALTR_FOOD_CD | K0500C Nutritional Approaches: Mechanically Altered Diet Code | Char | | Missing Value |
| | | | | |
| K0500D_THRPTC_DIET_CD | K0500D Nutritional Approaches: Therapeutic Diet Code | Char | | Missing Value |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|-----------------------------|
| K0500Z_NO_FEEDG_CD | K0500Z Nutritional Approaches: None of Above Code | Char | | Missing Value |
| K0510A1_PEN_PRIOR_CD | K0510A1 Nutritional Approaches: Prior Parenteral/IV Feeding Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510A2_PEN_POST_CD | K0510A2 Nutritional Approaches: Post Parenteral/IV | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510B1_FEEDG_TUBE_PRIOR_CD | K0510B1 Nutritional Approaches: Prior Feeding Tube Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510B2_FEEDG_TUBE_POST_CD | K0510B2 Nutritional Approaches: Post Feeding Tube Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510C1_ALTR_FOOD_PRIOR_CD | K0510C1 Nutritional Approaches: Prior Mechanically Altered Diet Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510C2_ALTR_FOOD_POST_CD | K0510C2 Nutritional Approaches: Post Mechanically Altered Diet Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510D1_THRPTC_DIET_PRIOR_CD | K0510D1 Nutritional Approaches: Prior Therapeutic Diet Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510D2_THRPTC_DIET_POST_CD | K0510D2 Nutritional Approaches: Post Therapeutic Diet Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| K0510Z1_NO_FEEDG_PRIOR_CD | K0510Z1 Nutritional Approaches: Prior None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|---|----------|------------------------------|-----------------------------|
| K0510Z2_NO_FEEDG_POST_CD | K0510Z2 Nutritional Approaches: Post None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| K0700A_CAL_PEN_CD | K0700A Percent Caloric Intake Through Parenteral/Tube Feeding Code | Char | | Missing Value |
| | | | | |
| K0700B_IV_TUBE_DAILY_CD | K0700B Average Fluid Intake by IV Or Tube Feeding Code | Char | | |
| | | | | |
| K0710A1_CAL_PRNTRL_PRIOR_CD | K0710A1 Percent Caloric Intake Through Parenteral/Tube Feeding While Not a Resident Code. | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | 25% or less |
| | | | 2 | 26-50% |
| | | | 3 | 51% or more |
| | | | | |
| K0710A2_CAL_PRNTRL_PST_CD | K0710A2 Percent Caloric Intake Through Parenteral/Tube Feeding While a Resident Code. | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | 25% or less |
| | | | 2 | 26-50% |
| | | | 3 | 51% or more |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|-----------------------------|
| K0710A3_CAL_PRNTRL_7_DAY_CD | K0710A3 Percent Caloric Intake Through Parenteral/Tube Feeding During the Entire Seven Days. | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | 25% or less |
| | | | 2 | 26-50% |
| | | | 3 | 51% or more |
| | | | | |
| K0710B1_IV_TUBE_DAILY_PRIOR_CD | K0710B1 Average Fluid Intake per Day by IV or Tube Feeding While Not a Resident. | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | 500 cc/day or less |
| | | | 2 | 501 cc/day or more |
| | | | | |
| K0710B2_IV_TUBE_DAILY_PST_CD | K0710B2 Average Fluid Intake per Day by IV or Tube Feeding While a Resident. | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | 500 cc/day or less |
| | | | 2 | 501 cc/day or more |
| | | | | |
| K0710B3_IV_TUBE_DAILY_7_DAY_CD | K0710B3 Average Fluid Intake per Day by IV or Tube Feeding During the Entire Seven Days. | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | 500 cc/day or less |
| | | | 2 | 501 cc/day or more |
| | | | | |
| L0200A_BRKN_DNTR_CD | L0200A Dental Status: Broken Denture Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200B_NO_TEETH_CD | L0200B Dental Status: No Teeth Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200C_ABNRML_MOUTH_TISUE_CD | L0200C Dental Status: Abnormal Mouth Tissue Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200D_CVTY_CD | L0200D Dental Status: Cavity Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200E_INFLMD_GUM_CD | L0200E Dental Status: Inflamed Gum Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200F_MOUTH_PAIN_CD | L0200F Dental Status: Mouth or Facial Pain Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200G_DNTL_UNK_CD | L0200G Dental Status: Unable to Examine Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| L0200Z_NO_DNTL_CD | L0200Z Dental Status: None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M0100A_RISK_VSBL_CD | M0100A Determination of Pressure Ulcer Risk: Ulcer Visible Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M0100B_RISK_FRML_ASMT_CD | M0100B Determination of Pressure Ulcer Risk: Formal Assessment/Instrument Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M0100C_RISK_CLNCL_JDGMNT_CD | M0100C Determination of Pressure Ulcer Risk: Clinical Assessment Code | Char | | Missing Value |

¹The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|---|----------|------------------------------|---|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M0100Z_NO_RISK_DTMNTN_CD | M0100Z Determination of Pressure Ulcer Risk: None of Above | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| M0150_PRSR_ULCR_RISK_CD | M0150 Pressure Ulcer Risk Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| M0210_STG_1_HGHR_ULCR_CD | M0210 One or More Stage 1 or Higher Unhealed Pressure Ulcer Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| M0300A_STG_1_ULCR_NUM | M0300A Stage 1 Pressure Ulcer Number | Char | | |
| | | | | |
| M0300B1_STG_2_ULCR_NUM | M0300B1 Stage 2 Pressure Ulcer Number | Char | | |
| | | | | |
| M0300B2_STG_2_ULCR_ADMSN_NUM | M0300B2 Stage 2 Pressure Ulcer Present on Admission Number | Char | | |
| | | | | |
| M0300B3_STG_2_ULCR_OLD_DT | M0300B3 Date of Oldest Stage 2 Pressure Ulcer | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| M0300C1_STG_3_ULCR_NUM | M0300C1 Stage 3 Pressure Ulcer Number | Char | | |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|-------------------|
| M0300C2_STG_3_ULCR_ADMSN_NUM | M0300C2 Stage 3 Pressure Ulcer Present on Admission Number | Char | | |
| M0300D1_STG_4_ULCR_NUM | M0300D1 Stage 4 Pressure Ulcer Number | Char | | |
| M0300D2_STG_4_ULCR_ADMSN_NUM | M0300D2 Stage 4 Pressure Ulcer Present on Admission Number | Char | | |
| M0300E1_UNSTGBL_ULCR_DRSNG_NUM | M0300E1 Unstageable Pressure Ulcer Due To Dressing Number | Char | | |
| M0300E2_U_ULCR_DRSNG_ADMSN_NUM | M0300E2 Unstageable Pressure Ulcer Due To Dressing on Admission Number | Char | | |
| M0300F1_UNSTGBL_ULCR_ESC_NUM | M0300F1 Unstageable Pressure Ulcer With Slough or Eschar Number | Char | | |
| M0300F2_U_ULCR_ESC_ADMSN_NUM | M0300F2 Unstageable Pressure Ulcer With Slough or Eschar on Admission Number | Char | | |
| M0300G1_UNSTGBL_ULCR_DEEP_NUM | M0300G1 Unstageable Pressure Ulcer With Deep Tissue Injury Number | Char | | |
| M0300G2_U_ULCR_DEEP_ADMSN_NUM | M0300G2 Unstageable Pressure Ulcer With Deep Tissue Injury on Admission Number | Char | | |
| M0610A_STG_3_4_ULCR_LNGTH_NUM | M0610A Unhealed Stage 3-4 Pressure Ulcer Length Number | Char | | |
| M0610B_STG_3_4_ULCR_WDTH_NUM | M0610B Unhealed Stage 3-4 Pressure Ulcer Width Number | Char | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|---|----------|------------------------------|--|
| M0610C_STG_3_4_ULCR_DPTH_NUM | M0610C Unhealed Stage 3-4 Pressure Ulcer Depth Number | Char | | |
| M0700_ULCR_TISUE_TYPE_CD | M0700 Most Severe Pressure Ulcer Tissue Type Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Epithelial tissue-new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with pigmented skin. |
| | | | 2 | Granulation tissue-pink or red tissue with skin, moist, granular appearance. |
| | | | 3 | Slough-yellow or white tissue that adhere to the ulcer bed in strings or thick clumps, or is mucinous. |
| | | | 4 | (Eschar)-black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin. |
| | | | 9 | None of the above |
| M0800A_WRSNG_STG_2_ULCR_NUM | M0800A Worsening Stage 2 Pressure Ulcer Since Prior Assessment Number | Char | | |
| M0800B_WRSNG_STG_3_ULCR_NUM | M0800B Worsening Stage 3 Pressure Ulcer Since Prior Assessment Number | Char | | |
| M0800C_WRSNG_STG_4_ULCR_NUM | M0800C Worsening Stage 4 Pressure Ulcer Since Prior Assessment Number | Char | | |
| M0900A_PRSR_ULCR_PRIOR_CD | M0900A Healed Pressure Ulcer Present on Prior Assessment Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|---|----------|------------------------------|-----------------------------|
| M0900B_HEALD_STG_2_ULCR_NUM | M0900B Healed Stage 2 Pressure Ulcer Number | Char | | |
| | | | | |
| M0900C_HEALD_STG_3_ULCR_NUM | M0900C Healed Stage 3 Pressure Ulcer Number | Char | | |
| | | | | |
| M0900D_HEALD_STG_4_ULCR_NUM | M0900D Healed Stage 4 Pressure Ulcer Number | Char | | |
| | | | | |
| M1030_ARTRL_ULCR_NUM | M1030 Venous and Arterial Ulcer Number | Char | | |
| | | | | |
| M1040A_FT_INFCTN_CD | M1040A Other Foot Skin Problems: Foot Infection Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040B_DBTC_FT_ULCR_CD | M1040B Other Foot Skin Problems: Diabetic Foot Ulcer Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040C_OTHR_LSN_FT_CD | M1040C Other Foot Skin Problems: Other Open Lesion on Foot Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040D_OPEN_LSN_CD | M1040D Other Skin Problems: Open Lesions Other Than Ulcers Rashes Cuts Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040E_SRGCL_WND_CD | M1040E Other Skin Problems: Surgical Wound(s) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040F_BRN_CD | M1040F Other Skin Problems: Burn(s) Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040G_SKIN_TEAR_CD | M1040G Other Skin Problems: Skin Tear(s) | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1040H_MASD_CD | M1040H Other Skin Problems: Moisture Associated Skin Damage | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|--|----------|------------------------------|-----------------------------|
| M1040Z_NO_OTHR_SKIN_PRBLM_CD | M1040Z Other Skin Problems: None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200A_PRSR_RDC_CHR_CD | M1200A Skin and Ulcer Treatments: Pressure Reducing Device in Chair Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200B_PRSR_RDC_BED_CD | M1200B Skin and Ulcer Treatments: Pressure Reducing Device in Bed Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200C_TRNG_PGM_CD | M1200C Skin and Ulcer Treatments: Turning/Repositioning Program Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200D_HYDRTN_CD | M1200D Skin and Ulcer Treatments: Nutrition/Hydration Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200E_ULCR_CARE_CD | M1200E Skin and Ulcer Treatments: Ulcer Care Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200F_SRGL_WND_CARE_CD | M1200F Skin and Ulcer Treatments: Surgical Wound Care Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200G_APLCTN_DRSNG_CD | M1200G Skin and Ulcer Treatments: Application Nonsurgical Dressing Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200H_APLCTN_ONTMNT_CD | M1200H Skin and Ulcer Treatments: Application Ointments/Medications Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200I_APLCTN_DRSNG_FOOT_CD | M1200I Skin and Ulcer Treatments: Application Dressings to Foot Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| M1200Z_NO_SKIN_TRMNT_CD | M1200Z Skin and Ulcer Treatments: None of Above Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| N0300_INJCT_MDCTN_DAY_NUM | N0300 Number of Days Injections of Any Type | Char | | Number of days (count) |
| | | | | |
| N0350A_INSLN_INJCT_DAY_NUM | N0350A Number of Days Insulin Injections | Char | | Number of days (count) |
| | | | | |
| N0350B_INSLN_ORDR_DAY_NUM | N0350B Number of Days Insulin Orders Changed | Char | | Number of days (count) |
| | | | | |
| N0400A_ANTIPSYCHTC_CD | N0400A Medications Received: Antipsychotic Code | Char | | Missing Value |
| | | | | |
| N0400B_ANTINXTY_CD | N0400B Medications Received: Antianxiety Code | Char | | Missing Value |
| | | | | |
| N0400C_ANTIDPRSNT_CD | N0400C Medications Received: Antidepressant Code | Char | | Missing Value |
| | | | | |
| N0400D_HPNTC_CD | N0400D Medications Received: Hypnotic Code | Char | | Missing Value |
| | | | | |
| N0400E_ANTICOAGLNT_CD | N0400E Medications Received: Anticoagulant Code | Char | | Missing Value |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|-----------------------------|
| N0400F_ANTBTC_CD | N0400F Medications Received: Antibiotic Code | Char | | Missing Value |
| | | | | |
| N0400G_DRTC_CD | N0400G Medications Received: Diuretic Code | Char | | Missing Value |
| | | | | |
| N0400Z_NO_MDCTN_RCVD_CD | N0400Z Medications Received: None of Above | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| N0410A_ANTIPSYCHTC_DAY_NUM | N0410A Medications Received: Antipsychotic Number Days | Char | | Number of days (count) |
| | | | | |
| N0410B_ANTINXTY_DAY_NUM | N0410B Medications Received: Antianxiety Number Days | Char | | Number of days (count) |
| | | | | |
| N0410C_ANTIDPRSNT_DAY_NUM | N0410C Medications Received: Antidepressant Number Days | Char | | Number of days (count) |
| | | | | |
| N0410D_HPNTC_DAY_NUM | N0410D Medications Received: Hypnotic Number Days | Char | | Number of days (count) |
| | | | | |
| N0410E_ANTICOAGLNT_DAY_NUM | N0410E Medications Received: Anticoagulant Number Days | Char | | Number of days (count) |
| | | | | |
| N0410F_ANTBTC_DAY_NUM | N0410F Medications Received: Antibiotic Number Days | Char | | Number of days (count) |
| | | | | |
| N0410G_DRTC_DAY_NUM | N0410G Medications Received: Diuretic Number Days | Char | | Number of days (count) |
| | | | | |
| O0100A1_CHMTHRPY_PRIOR_CD | O0100A1 Special Treatments/Programs: Chemotherapy Pre-admit Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100A2_CHMTHRPY_POST_CD | O0100A2 Special Treatments/Programs: Chemotherapy Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100B1_RDTN_PRIOR_CD | O0100B1 Special Treatments/Programs: Radiation Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100B2_RDTN_POST_CD | O0100B2 Special Treatments/Programs: Radiation Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100C1_OXGN_PRIOR_CD | O0100C1 Special Treatments/Programs: Oxygen Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|-----------------------------|
| O0100C2_OXGN_POST_CD | O0100C2 Special Treatments/Programs: Oxygen Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100D1_SCTNG_PRIOR_CD | O0100D1 Special Treatments/Programs: Suctioning Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100D2_SCTNG_POST_CD | O0100D2 Special Treatments/Programs: Suctioning Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100E1_TRCHOSTMY_PRIOR_CD | O0100E1 Special Treatments/Programs: Tracheostomy Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100E2_TRCHOSTMY_POST_CD | O0100E2 Special Treatments/Programs: Tracheostomy Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------|---|----------|------------------------------|-----------------------------|
| | | | 1 | Yes |
| | | | | |
| O0100F1_VNTLTR_PRIOR_CD | O0100F1 Special Treatments/Programs: Ventilator Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100F2_VNTLTR_POST_CD | O0100F2 Special Treatments/Programs: Ventilator Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100G1_CPAP_PRIOR_CD | O0100G1 Special Treatments/Programs: Continuous Positive Airway Pressure Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100G2_CPAP_POST_CD | O0100G2 Special Treatments/Programs: Continuous Positive Airway Pressure Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|-----------------------------|
| O0100H1_IV_MDCTN_PRIOR_CD | O0100H1 Special Treatments/Programs: Intravenous Medication Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100H2_IV_MDCTN_POST_CD | O0100H2 Special Treatments/Programs: Intravenous Medication Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100I1_TRNSFSN_PRIOR_CD | O0100I1 Special Treatments/Programs: Transfusion Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100I2_TRNSFSN_POST_CD | O0100I2 Special Treatments/Programs: Transfusion Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100J1_DLYS_PRIOR_CD | O0100J1 Special Treatments/Programs: Dialysis Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------|---|----------|------------------------------|-----------------------------|
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100J2_DLYS_POST_CD | O0100J2 Special Treatments/Programs: Dialysis Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100K1_HOSPC_PRIOR_CD | O0100K1 Special Treatments/Programs: Hospice Pre-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100K2_HOSPC_POST_CD | O0100K2 Special Treatments/Programs: Hospice Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100L2_RESP_POST_CD | O0100L2 Special Treatments/Programs: Respite Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100M1_ISLTN_PRIOR_CD | O0100M1 Special Treatments/Programs: Isolation Pre-admit Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100M2_ISLTN_POST_CD | O0100M2 Special Treatments/Programs: Isolation Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0100Z1_NO_TRTMT_PRIOR_CD | O0100Z1 Special Treatments/Programs: None of Above Pre-admit Treatment Prior Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| O0100Z2_NO_TRTMT_POST_CD | O0100Z2 Special Treatments/Programs: None of Above Treatment Post-admit Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0250A_INFLNZ_RCVD_CD | O0250A Influenza Received Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|---|
| O0250B_INFLNZ_RCVD_DT | O0250B Influenza Received Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| O0250C_RSN_INFLNZ_NOT_RCV_CD | O0250C Reason Influenza Not Received Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Resident not in facility during this years flu season |
| | | | 2 | Recieved outside of this facility |
| | | | 3 | Not eligible - medical contraindication |
| | | | 4 | Offered and declined |
| | | | 5 | Not offered |
| | | | 6 | Inability to obtain vaccine due to declared shortage |
| | | | 9 | None of the above |
| | | | | |
| O0300A_PPV_CD | O0300A Pneumococcal Vaccination Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| O0300B_RSN_PPV_NOT_RCVD_CD | O0300B Reason Pneumococcal Vaccination Not Received Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Not eligible - medical contraindication |
| | | | 2 | Offered and declined |
| | | | 3 | Not offered |
| | | | | |
| O0400A1_SPCH_THRPY_IND_MIN_NUM | O0400A1 Speech Therapy/Audiology Individual Minutes Number | Char | | |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|---|
| O0400A2_SPCH_THRPY_CNC_MIN_NUM | O0400A2 Speech Therapy/Audiology Concurrent Minutes Number | Char | | |
| | | | | |
| O0400A3_SPCH_THRPY_GRP_MIN_NUM | O0400A3 Speech Therapy/Audiology Group Minutes Number | Char | | |
| | | | | |
| O0400A3A_ST_TRTMT_MINUTE_NUM | O0400A3A Therapy/Audiology Co-Treatment Minutes Number | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | | |
| O0400A4_SPCH_THRPY_DAY_NUM | O0400A4 Number of Days Speech Therapy/Audiology Administered | Char | | Number of days (count) |
| | | | | |
| O0400A5_SPCH_THRPY_STRT_DT | O0400A5 Speech Therapy/Audiology Start Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| O0400A6_SPCH_THRPY_END_DT | O0400A6 Speech Therapy/Audiology End Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| O0400B1_OT_INDVDL_MIN_NUM | O0400B1 Occupational Therapy Individual Minutes Number | Char | | |
| | | | | |
| O0400B2_OT_CNCRNT_MIN_NUM | O0400B2 Occupational Therapy Concurrent Minutes Number | Char | | |
| | | | | |
| O0400B3_OT_GRP_MIN_NUM | O0400B3 Occupational Therapy Group Minutes Number | Char | | |
| | | | | |
| O0400B3A_OT_TRTMT_MINUTE_NUM | O0400B3A Occupational Therapy Co-Treatment Minutes Number | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| | | | | |
| O0400B4_OT_DAY_NUM | O0400B4 Number of Days Occupational Therapy Administered | Char | | Number of days (count) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|---|----------|------------------------------|---|
| O0400B5_OT_STRT_DT | O0400B5 Occupational Therapy Start Date | Char | | Date provided in SAS date (numeric) format. |
| O0400B6_OT_END_DT | O0400B6 Occupational Therapy End Date | Char | | Date provided in SAS date (numeric) format. |
| O0400C1_PT_INVDL_MIN_NUM | O0400C1 Physical Therapy Individual Minutes Number | Char | | |
| O0400C2_PT_CNCRNT_MIN_NUM | O0400C2 Physical Therapy Concurrent Minutes Number | Char | | |
| O0400C3_PT_GRP_MIN_NUM | O0400C3 Physical Therapy Group Minutes Number | Char | | |
| O0400C3A_PT_TRTMT_MINUTE_NUM | O0400B3A Physical Therapy Co-Treatment Minutes Number | Char | | Missing Value |
| | | | **OTHER** | Miscoded |
| O0400C4_PT_DAY_NUM | O0400C4 Number of Days Physical Therapy Administered | Char | | Number of days (count) |
| O0400C5_PT_STRT_DT | O0400C5 Physical Therapy Start Date | Char | | Date provided in SAS date (numeric) format. |
| O0400C6_PT_END_DT | O0400C6 Physical Therapy End Date | Char | | Date provided in SAS date (numeric) format. |
| O0400D1_RT_MIN_NUM | O0400D1 Respiratory Therapy Minutes Number | Char | | |
| O0400D2_RT_DAY_NUM | O0400D2 Number of Days Respiratory Therapy Administered | Char | | Number of days (count) |
| O0400E1_PSYCH_THRPY_MIN_NUM | O0400E1 Psychological Therapy Minutes Number | Char | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|--|----------|------------------------------|---|
| O0400E2_PSYCH_THRPY_DAY_NUM | O0400E2 Number of Days Psychological Therapy Administered | Char | | Number of days (count) |
| O0400F1_RCRTNL_THRPY_MIN_NUM | O0400F1 Recreational Therapy Minutes Number | Char | | |
| O0400F2_RCRTNL_THRPY_DAY_NUM | O0400F2 Number of Days Recreational Therapy Administered | Char | | Number of days (count) |
| O0420_DSTNCT_THRPY_DAY_NUM | O0420 Number of Distinct Calendar Days of Therapy Administered | Char | | Number of days (count) |
| O0450A_RSMPNTN_THRPY_CD | O0450A Has Therapy Resumed Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| O0450B_RSMPNTN_THRPY_DT | O0450B Date Therapy Resumed | Num | | Date provided in SAS date (numeric) format. |
| O0500A_PSV_ROM_NUM | O0500A Restorative Nursing: Passive Range of Motion Number | Char | | |
| O0500B_ACTV_ROM_NUM | O0500B Restorative Nursing: Active Range of Motion Number | Char | | |
| O0500C_BRC_ASTNC_NUM | O0500C Restorative Nursing: Splint/Brace Assistance Number | Char | | |
| O0500D_BED_MBLTY_TRNG_NUM | O0500D Restorative Nursing: Bed Mobility Training Number | Char | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|--|----------|------------------------------|-----------------------------|
| O0500E_TRNSFR_TRNG_NUM | O0500E Restorative Nursing: Transfer Training Number | Char | | |
| | | | | |
| O0500F_WLKG_TRNG_NUM | O0500F Restorative Nursing: Walking Training Number | Char | | |
| | | | | |
| O0500G_DRSG_TRNG_NUM | O0500G Restorative Nursing: Dressing/Grooming Training Number | Char | | |
| | | | | |
| O0500H_EATG_TRNG_NUM | O0500H Restorative Nursing: Eating/Swallowing Training Number | Char | | |
| | | | | |
| O0500I_AMPUTTN_TRNG_NUM | O0500I Restorative Nursing: Amputation/Prosthesis Care Training Number | Char | | |
| | | | | |
| O0500J_COMMUN_TRNG_NUM | O0500J Restorative Nursing: Communication Training Number | Char | | |
| | | | | |
| O0600_PHYSN_EXMN_NUM | O0600 Physician Examination Day Number | Char | | |
| | | | | |
| O0700_PHYSN_ORDR_NUM | O0700 Physician Order Day Number | Char | | |
| | | | | |
| P0100A_BED_RAIL_CD | P0100A Physical Restraints in Bed: Bed Rail Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| P0100B_TRNK_RSTRNT_BED_CD | P0100B Physical Restraints in Bed: Trunk Restraint Bed Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|-----------------------------|
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| P0100C_LMB_RSTRNT_BED_CD | P0100C Physical Restraints in Bed: Limb Restraint Bed Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| P0100D_OTHR_RSTRNT_BED_CD | P0100D Physical Restraints in Bed: Other Restraint Bed Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| P0100E_TRNK_RSTRNT_CHR_CD | P0100E Physical Restraints in Chair: Trunk Restraint Chair Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|---|----------|------------------------------|---|
| P0100F_LMB_RSTRNT_CHR_CD | P0100F Physical Restraints in Chair: Limb Restraint Chair Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| P0100G_CHR_PRVNT_RISE_CD | P0100G Physical Restraints in Chair: Chair Prevent Rise Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| P0100H_OTHR_RSTRNT_CHR_CD | P0100H Physical Restraints in Chair: Other Restraint Chair Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| V0100A_PRIOR_FED_OBRA_CD | V0100A Prior Assessment Federal OBRA Reason for Assessment Code | Char | | Missing Value |
| | | | 01 | Admission assessment (required by day 14) |
| | | | 02 | Quarterly review assessment |
| | | | 03 | Annual assessment |
| | | | 04 | Significant change in status assessment |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|--|
| | | | 05 | Significant correction to prior comprehensive assessment |
| | | | 06 | Significant correction to prior quarterly assessment |
| | | | 99 | None of the above |
| | | | | |
| V0100B_PRIOR_PPS_CD | V0100B Prior Assessment PPS Reason for Assessment Code | Char | | Missing Value |
| | | | 01 | 5-day scheduled assessment |
| | | | 02 | 14-day scheduled assessment |
| | | | 03 | 30-day scheduled assessment |
| | | | 04 | 60-day scheduled assessment |
| | | | 05 | 90-day scheduled assessment |
| | | | 06 | Readmission/return assessment |
| | | | 07 | Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) |
| | | | 99 | None of the above |
| | | | | |
| V0100C_PRIOR_ASMT_RFRNC_DT | V0100C Prior Assessment Reference Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| V0100D_PRIOR_BIMS_SCRE_NUM | V0100D Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score Number | Char | | |
| | | | | |
| V0100E_PRIOR_MOOD_SCRE_NUM | V0100E Prior Assessment Resident Mood Interview (PHQ-9) Total Severity Score Number | Char | | |
| | | | | |
| V0200A01A_DLRM_CTR_CD | V0200A01A Delirium Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|-----------------------------|
| V0200A01B_DLRM_CPL_CD | V0200A01B Delirium Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A02A_DMNT_CTR_CD | V0200A02A Dementia Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A02B_DMNT_CPL_CD | V0200A02B Dementia Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A03A_VISL_FUNC_CTR_CD | V0200A03A Visual Function Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A03B_VISL_FUNC_CPL_CD | V0200A03B Visual Function Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------|---|----------|------------------------------|-----------------------------|
| V0200A04A_COMMUN_CTR_CD | V0200A04A Communication Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A04B_COMMUN_CPL_CD | V0200A04B Communication Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A05A_ADL_CTR_CD | V0200A05A ADL Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A05B_ADL_CPL_CD | V0200A05B ADL Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A06A_URNRY_CTR_CD | V0200A06A Urinary Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A06B_URNRY_CPL_CD | V0200A06B Urinary Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|---------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A07A_PSYCHSOC_CTR_CD | V0200A07A Psychosocial Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A07B_PSYCHSOC_CPL_CD | V0200A07B Psychosocial Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A08A_MOOD_CTR_CD | V0200A08A Mood Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A08B_MOOD_CPL_CD | V0200A08B Mood Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A09A_BHVRL_CTR_CD | V0200A09A Behavioral Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------|--|----------|------------------------------|-----------------------------|
| V0200A09B_BHVRL_CPL_CD | V0200A09B Behavioral Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A10A_ACTVTY_CTR_CD | V0200A10A Activity Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A10B_ACTVTY_CPL_CD | V0200A10B Activity Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A11A_FALL_CTR_CD | V0200A11A Fall Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A11B_FALL_CPL_CD | V0200A11B Fall Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A12A_NTRNT_CTR_CD | V0200A12A Nutritional Care Area Trigger Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A12B_NTRNT_CPL_CD | V0200A12B Nutritional Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A13A_FEEDG_TUBE_CTR_CD | V0200A13A Feeding Tube Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A13B_FEEDG_TUBE_CPL_CD | V0200A13B Feeding Tube Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A14A_DHYDRTN_CTR_CD | V0200A14A Dehydration Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A14B_DHYDRTN_CPL_CD | V0200A14B Dehydration Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |

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Date Created: 29JAN2021
Number of Variables: 760

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|-----------------------------|
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A15A_DNTL_CTR_CD | V0200A15A Dental Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A15B_DNTL_CPL_CD | V0200A15B Dental Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A16A_PRSR_ULCR_CTR_CD | V0200A16A Pressure Ulcer Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A16B_PRSR_ULCR_CPL_CD | V0200A16B Pressure Ulcer Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A17A_PSYCH_DRUG_CTR_CD | V0200A17A Psychotropic Drug Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|---|----------|------------------------------|-----------------------------|
| V0200A17B_PSYCH_DRUG_CPL_CD | V0200A17B Psychotropic Drug Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A18A_RSTRNT_CTR_CD | V0200A18A Restraint Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A18B_RSTRNT_CPL_CD | V0200A18B Restraint Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A19A_PAIN_CTR_CD | V0200A19A Pain Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| V0200A19B_PAIN_CPL_CD | V0200A19B Pain Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|---|
| V0200A20A_RTN_CMNTY_CTR_CD | V0200A20A Return to Community Care Area Trigger Code | Char | | Missing Value |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200A20B_RTN_CMNTY_CPL_CD | V0200A20B Return to Community Addressed in Care Plan Code | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not checked (No) |
| | | | 1 | Checked (Yes) |
| | | | | |
| V0200B2_CAT_DT | V0200B2 Care Area Assessment Completion Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| V0200C2_CARE_PLN_DT | V0200C2 Care Plan Completion Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| X0100_TRANS_TYPE_CD | X0100 Type of Record Code | Char | | Missing Value |
| | | | | |
| X0150_CRCTN_PRVDR_TYPE_CD | X0150 Correction Provider Type Code | Char | | Missing Value |
| | | | 1 | Nursing home (SNF/NF) |
| | | | | |
| X0300_CRCTN_SEX_CD | X0300 Correction Sex Code | Char | | Missing Value |
| | | | 1 | Male |
| | | | 2 | Female |
| | | | | |
| X0400_CRCTN_BIRTH_DT | X0400 Correction Birth Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| X0600A_CRCTN_FED_OBRA_CD | X0600A Correction Federal OBRA Reason for Assessment Code | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------|---|----------|------------------------------|--|
| | | | 01 | Admission assessment (required by day 14) |
| | | | 02 | Quarterly review assessment |
| | | | 03 | Annual assessment |
| | | | 04 | Significant change in status assessment |
| | | | 05 | Significant correction to prior comprehensive assessment |
| | | | 99 | None of the above |
| | | | | |
| X0600B_CRCTN_PPS_CD | X0600B Correction PPS Reason for Assessment Code | Char | | Missing Value |
| | | | 01 | 5-day scheduled assessment |
| | | | 02 | 14-day scheduled assessment |
| | | | 03 | 30-day scheduled assessment |
| | | | 04 | 60-day scheduled assessment |
| | | | 05 | 90-day scheduled assessment |
| | | | 07 | Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) |
| | | | 99 | None of the above |
| | | | | |
| X0600C_CRCTN_PPS_OMRA_CD | X0600C PPS Other Medicare Required Assessment (OMRA) Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Start of therapy assessment |
| | | | 2 | End of therapy assessment |
| | | | 3 | Both Start and End of therapy assessment |
| | | | 4 | Change of therapy assessment |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|---|
| X0600D_CRCTN_SB_CLNCL_CHG_CD | X0600D Correction Swing Bed Clinical Change Code | Char | | Missing Value |
| X0600F_CRCTN_ENTRY_DSCHRG_CD | X0600F Correction Entry/Discharge Code | Char | | Missing Value |
| | | | 01 | Entry tracking record |
| | | | 10 | Discharge assessment - return not anticipated |
| | | | 11 | Discharge assessment - return anticipated |
| | | | 12 | Death in facility tracking record |
| | | | 99 | None of the above |
| X0700A_CRCTN_ASMT_RFRNC_DT | X0700A Correction Assessment Reference Date | Char | | Date provided in SAS date (numeric) format. |
| X0700B_CRCTN_DSCHRG_DT | X0700B Correction Discharge Date | Char | | Date provided in SAS date (numeric) format. |
| X0700C_CRCTN_ENTRY_DT | X0700C Correction Entry Date | Char | | Date provided in SAS date (numeric) format. |
| X0800_CRCTN_NUM | X0800 Correction Number | Char | | |
| X0900A_MDFCTN_TRNSCRPT_ERR_CD | X0900A Reason for Modification: Transcription Error Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| X0900B_MDFCTN_ENTRY_ERR_CD | X0900B Reason for Modification: Data Entry Error Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|---|
| X0900C_MDFCTN_SFTWR_ERR_CD | X0900C Reason for Modification: Software Product Error Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| X0900D_MDFCTN_ITM_ERR_CD | X0900D Reason for Modification: Item Coding Error Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| X0900E_MDFCTN_ADD_THRPY_DT | X0900E Reason for Modification: Add Resume Therapy Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| X0900Z_MDFCTN_OTHR_CD | X0900Z Reason for Modification: Other Error Requiring Modification Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| X1050A_INACTV_NO_EVNT_CD | X1050A Reason for Inactivation: Event Did Not Occur Code | Char | | Missing Value |
| | | | | |
| X1050Z_INACTV_OTHR_CD | X1050B Reason for Inactivation: Other Error Requiring Inactivation Code | Char | | Missing Value |
| | | | | |
| X1100E_ATSTN_DT | X1100E Attestation Date | Char | | Date provided in SAS date (numeric) format. |
| | | | | |
| Z0100A_MDCR_HIPPS_TXT | Z0100A Medicare Part A HIPPS Code Text | Char | | |
| | | | | |
| Z0100B_MDCR_RUG_VRSN_TXT | Z0100B Medicare Part A RUG Version Text | Char | | |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|---|
| Z0100C_MDCR_SHRT_STAY_CD | Z0100C Medicare Part A Short Stay Assessment Code | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| Z0150A_MDCR_NTHRPY_HIPPS_TXT | Z0150A Medicare Part A Non-therapy HIPPS Code Text | Char | | |
| | | | | |
| Z0150B_MDCR_NTHRPY_RUGVRSN_TXT | Z0150B Medicare Non-therapy Part A RUG Version Text | Char | | |
| | | | | |
| Z0200A_STATE_RUG_GRP_TXT | Z0200A State Medicaid RUG Case Mix Group Text | Char | | |
| | | | | |
| Z0200B_STATE_RUG_VRSN_TXT | Z0200B State Medicaid RUG Version Text | Char | | |
| | | | | |
| Z0250A_STATE_2_RUG_GRP_TXT | Z0250A Alternate State Medicaid RUG Case Mix Group Text | Char | | |
| | | | | |
| Z0250B_STATE_2_RUG_VRSN_TXT | Z0250B Alternate State Medicaid RUG Version Text | Char | | |
| | | | | |
| Z0500B_RN_SGN_CMPLT_DT | Z0500B Date RN Assessment Coordinator Signed Assessment as Complete | Num | | Date provided in SAS date (numeric) format. |
| | | | | |
| A0310H_PTA_DSCHRG_ASMT_IND | A0310H SNF PPS Part A Discharge Assessment | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| C1310A_MENTL_STUS_CHG_IND | C1310A Acute Mental Status Change | Char | | Missing Value |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|--|
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| C1310B_INTNTN_IND | C1310B Signs and Symptoms of Delirium: Inattention | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| C1310C_DSRGNZD_THKNG_IND | C1310C Signs and Symptoms of Delirium: Disorganized Thinking | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| C1310D_LVL_OF_CNCSNS_IND | C1310D Signs and Symptoms of Delirium: Altered Level of Consciousness | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Behavior not present |
| | | | 1 | Behavior continuously present, does not fluctuate |
| | | | 2 | Behavior present, fluctuates (comes and goes, changes in severity) |
| GG0130A1_EATG_ABILITY_STRT_CD | GG0130A1 Self Care: Eating Ability at Start of SNF PPS Part A Stay | Char | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|---|
| GG0130A2_EATG_GOAL_BY_END_CD | GG0130A2 Self Care: Eating Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0130A3_EATG_ABILITY_END_CD | GG0130A3 Self Care: Eating Ability at End of SNF PPS Part A Stay | Char | | |
| | | | | |
| GG0130B1_ORAL_ABILITY_STRT_CD | GG0130B1 Self Care: Oral Hygiene Ability at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|---|
| GG0130B2_ORAL_GOAL_BY_END_CD | GG0130B2 Self Care: Oral Hygiene Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0130B3_ORAL_ABILITY_END_CD | GG0130B3 Self Care: Oral Hygiene Ability at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0130C1_TOILT_ABILITY_STRT_CD | GG0130C1 Self Care: Toileting Hygiene Ability at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|---|
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0130C2_TOILT_GOAL_BY_END_CD | GG0130C2 Self Care: Toileting Hygiene Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0130C3_TOILT_ABILITY_END_CD | GG0130C3 Self Care: Toileting Hygiene Ability at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|---|
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170B1_SIT_LYNG_STRT_CD | GG0170B1 Mobility: Sit to Lying Ability at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170B2_SIT_LYNG_GOAL_END_CD | GG0170B2 Mobility: Sit to Lying Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|---|
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0170B3_SIT_LYNG_END_CD | GG0170B3 Mobility: Sit to Lying Ability at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170C1_STTG_BED_SIDE_STRT_CD | Lying to Sitting at Side of Bed Ability at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|---|
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170C2_STTG_BED_SIDE_GOAL_CD | Lying to Sitting at Side of Bed Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0170C3_STTG_BED_SIDE_END_CD | Lying to Sitting at Side of Bed Ability at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-----------------------------|--|----------|------------------------------|---|
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| GG0170D1_STTG_STNDG_STRT_CD | GG0170D1 Mobility: Sitting to Standing Ability at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| GG0170D2_STTG_STNDG_GOAL_CD | GG0170D2 Mobility: Sitting to Standing Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|---|
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0170D3_STTG_STNDG_END_CD | GG0170D3 Mobility: Sitting to Standing Ability at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170E1_TRNSFR_STRT_CD | Chair/Bed to Chair Transfer Ability at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|---|
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170E2_TRNSFR_GOAL_BY_END_CD | Chair/Bed to Chair Transfer Goal by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0170E3_TRNSFR_END_CD | Chair/Bed to Chair Transfer Ability at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|---|
| | | | 88 | Not attempted due to medical condition or safety concerns |
| GG0170F1_TOILT_TRNSFR_STRT_CD | GG0170F1 Mobility: Toilet Transfer at Start of SNF PPS Part A Stay | Char | | |
| GG0170F2_TOILT_TRNSFR_GOAL_CD | GG0170F2 Mobility: Toilet Transfer Goal by End of SNF PPS Part A Stay | Char | | |
| GG0170F3_TOILT_TRNSFR_END_CD | GG0170F3 Mobility: Toilet Transfer at End of SNF PPS Part A Stay | Char | | |
| GG0170H1_RSDNT_WLK_STRT_CD | GG0170H1 Mobility: Does Resident Walk at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No, and walking goal is not clinically indicated |
| | | | 1 | No, and walking goal is clinically indicated |
| | | | 2 | Yes |
| GG0170H3_RSDNT_WLK_END_CD | GG0170H3 Mobility: Does Resident Walk at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No, and walking goal is not clinically indicated |
| | | | 2 | Yes |
| GG0170J1_WLK_50_2_TURN_STRT_CD | Mobility: Ability to Walk 50 Feet With Two Turns at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|---|
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170J2_WLK_50_2_TURN_GOAL_CD | Mobility: Goal to Walk 50 Feet With Two Turns by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0170J3_WLK_50_2_TURN_END_CD | Mobility: Ability to Walk 50 Feet With Two Turns at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|---|----------|------------------------------|---|
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170K1_WLK_150_STRT_CD | GG0170K1 Mobility: Ability to Walk 150 Feet at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170K2_WLK_150_BYGOAL_CD | GG0170K2 Mobility: Goal to Walk 150 Feet by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|----------------------------|--|----------|------------------------------|---|
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |
| GG0170K3_WLK_150_END_CD | GG0170K3 Mobility: Ability to Walk 150 Feet at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170Q1_USE_WLCHR_STRT_CD | GG0170Q1 Mobility: Uses Wheelchair/Scooter at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| GG0170Q3_USE_WLCHR_END_CD | GG0170Q3 Mobility: Uses Wheelchair/Scooter at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|---|
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| GG0170R1_WHEEL_50_2_TURN_STRT | Ability to Wheel 50 Feet With Two Turns at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170R2_WHEEL_50_2_TURN_GOAL | Mobility: Goal to Wheel 50 Feet With Two Turns by End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|---|----------|------------------------------|---|
| GG0170R3_WHEEL_50_2_TURN_END_C | Mobility: Ability to Wheel 50 Feet With Two Turns at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| | | | | |
| GG0170RR1_TYPE_OF_WLCHR_STRT_C | GG0170RR1 Type of Wheelchair Used to Propel 50 Feet at SNF PPS Part A Admission | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Manual |
| | | | 2 | Motorized |
| | | | | |
| GG0170RR3_TYPE_OF_WLCHR_END_CD | Type of Wheelchair Used to Propel 50 Feet at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Manual |
| | | | 2 | Motorized |
| | | | | |
| GG0170S1_WHEEL_150_STRT_CD | Ability to Wheel at Least 150 Feet in Corridor at Start of SNF PPS Part A Stay | Char | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|---|
| GG0170S2_WHEEL_150_GOAL_CD | GG0170S2 Mobility: Goal to Wheel at Least 150 Feet by End of SNF PPS Part A Stay | Char | | |
| GG0170S3_WHEEL150_END_CD | Ability to Wheel at Least 150 Feet in Corridor at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 01 | Dependent |
| | | | 02 | Substantial/maximal assistance |
| | | | 03 | Partial/moderate assistance |
| | | | 04 | Supervision or touching assistance |
| | | | 05 | Setup or clean-up assistance |
| | | | 06 | Independent |
| | | | 07 | Resident refused |
| | | | 09 | Not applicable |
| | | | 88 | Not attempted due to medical condition or safety concerns |
| GG0170SS1_TYPE_OF_WLCHR_150_ST | Type of Wheelchair Used to Propel 150 Feet at Start of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Manual |
| | | | 2 | Motorized |
| GG0170SS3_TYPE_OF_WLCHR150_END | Type of Wheelchair Used to Propel 150 Feet at End of SNF PPS Part A Stay | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 1 | Manual |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|---|
| | | | 2 | Motorized |
| | | | | |
| X0600H_CRCTN_TYPE_OF_ASMT_IND | X0600H Correction Type of Assessment: SNF PPS Part A Discharge Assessment | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| N0410H_RCVD_OPIOID_DAYS_NUM | N0410H Medications Received: Opioid Number Days | Num | 0-100 | Number of days (count) |
| | | | | |
| N0450A_ANTPSYCT_MDCTNS_CNT | N0450A Resident Received Antipsychotic Medications | Num | | Missing Value |
| | | | 0 | No - Antipsychotics were not received |
| | | | 1 | Yes - Antipsychotics were received on a routine basis only |
| | | | 2 | Yes - Antipsychotics were received on a PRN basis only |
| | | | 3 | Yes - Antipsychotics were received on a routine and PRN basis |
| | | | | |
| N0450B_DOSE_RDCTN_SW | N0450B Gradual Dose Reduction | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |
| N0450C_LAST_ATMPTED_GDR_DT | N0450C Date of Last Attempted GDR | Num | | Date provided in SAS date (numeric) format. |
| | | | | |
| N0450D_GDR_DOCD_CONTRA_SW | N0450D GDR Physician Documented Contraindicated | Char | | Missing Value |
| | | | 0 | No |
| | | | 1 | Yes |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|--|----------|------------------------------|---|
| N0450E_GRADUAL_PHYSN_DOCDD_DT | N0450E Gradual Physician Documented Date | Num | | Date provided in SAS date (numeric) format. |
| | | | | |
| P0200A_BED_ALARM_IND | P0200A Bed Alarm | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| P0200B_CHR_ALARM_IND | P0200B Chair Alarm | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| P0200C_FLR_MAT_ALARM_IND | P0200C Floor Mat Alarm | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |
| P0200D_MTN_SENSOR_ALARM_IND | P0200D Motion Sensor Alarm | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|-----------------------------|
| P0200E_WNDR_ALARM_IND | P0200E Wander/Elopement Alarm | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| P0200F_OTHR_ALARM_IND | P0200F Other Alarm | Char | | Missing Value |
| | | | - | Not assessed/no information |
| | | | 0 | Not used |
| | | | 1 | Used less than daily |
| | | | 2 | Used Daily |
| GG0100A_PRIOR_SELF_CARE_IND | GG0100A Prior Self Care Indicator | Char | | |
| GG0100B_PRIOR_INDR_MBLTY_IND | GG0100B Prior Indoor Mobility Indicator | Char | | |
| GG0100C_PRIOR_STRS_IND | GG0100C Prior Stairs Indicator | Char | | |
| GG0100D_PRIOR_FNCTNL_CGNTN_IND | GG0100D Prior Functional Cognition Indicator | Char | | |
| GG0110A_PRIOR_MNL_WLCHR_IND | GG0110A Prior Manual Wheelchair Indicator | Char | | |
| GG0110B_PRIOR_MTRZD_WLCHR_IND | GG0110B Prior Motorized Wheelchair Indicator | Char | | |
| GG0110C_PRIOR_MCHNCL_LIFT_IND | GG0110C Prior Mechanical Lift Indicator | Char | | |
| GG0110D_PRIOR_WLKR_IND | GG0110D Prior Walker Indicator | Char | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|-------------------------------|---|----------|------------------------------|-------------------|
| GG0110E_PRIOR_ORTHTCS_IND | GG0110E Prior Orthotics Indicator | Char | | |
| | | | | |
| GG0110Z_PRIOR_NONE_OF_THE_ABV | GG0110Z Prior None Of The Above Indicator | Char | | |
| | | | | |
| GG0130E1_BTHER_SELF_STRT_CD | GG0130E1 Bathe Self Start Indicator | Char | | Missing Value |
| | | | | |
| GG0130E2_BTHER_SELF_GOAL_CD | GG0130E2 Bathe Self Goal Indicator | Char | | Missing Value |
| | | | | |
| GG0130E3_BTHER_SELF_END_CD | GG0130E3 Bathe Self End Indicator | Char | | Missing Value |
| | | | | |
| GG0130F1_UPR_DRNG_STRT_CD | GG0130F1 Upper Dressing Start Indicator | Char | | |
| | | | | |
| GG0130F2_UPR_DRNG_GOAL_CD | GG0130F2 Upper Dressing Goal Indicator | Char | | |
| | | | | |
| GG0130F3_UPR_DRNG_END_CD | GG0130F3 Upper Dressing End Indicator | Char | | |
| | | | | |
| GG0130G1_LWR_DRNG_STRT_CD | GG0130G1 Lower Dressing Start Indicator | Char | | |
| | | | | |
| GG0130G2_LWR_DRNG_GOAL_CD | GG0130G2 Lower Dressing Goal Indicator | Char | | |
| | | | | |
| GG0130G3_LWR_DRNG_END_CD | GG0130G3 Lower Dressing End Indicator | Char | | |
| | | | | |
| GG0130H1_ON_OFF_FWR_STRT_CD | GG0130H1 On Off Footwear Start Indicator | Char | | Missing Value |
| | | | | |
| GG0130H2_ON_OFF_FWR_GOAL_CD | GG0130H2 On Off Footwear Goal Indicator | Char | | Missing Value |
| | | | | |
| GG0130H3_ON_OFF_FWR_END_CD | GG0130H3 On Off Footwear End Indicator | Char | | Missing Value |
| | | | | |
| GG0170A1_ROLL_STRT_CD | GG0170A1 Roll Start Indicator | Char | | |
| | | | | |

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| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|------------------------------|--|----------|------------------------------|-------------------|
| GG0170A2_ROLL_GOAL_CD | GG0170A2 Roll Goal Indicator | Char | | |
| | | | | |
| GG0170A3_ROLL_END_CD | GG0170A3 Roll End Indicator | Char | | |
| | | | | |
| GG0170G1_CAR_TRNSFR_STRT_CD | GG0170G1 Car Transfer Start Indicator | Char | | |
| | | | | |
| GG0170G2_CAR_TRNSFR_GOAL_CD | GG0170G2 Car Transfer Goal Indicator | Char | | |
| | | | | |
| GG0170G3_CAR_TRNSFR_END_CD | GG0170G3 Car Transfer End Indicator | Char | | |
| | | | | |
| GG0170I1_WLK_10_FEET_STRT_CD | GG0170I1 Once Standing, Walk 10 Feet Start Indicator | Char | | |
| | | | | |
| GG0170I2_WLK_10_FEET_GOAL_CD | GG0170I2 Walk 10 Feet Goal Indicator | Char | | |
| | | | | |
| GG0170I3_WLK_10_FEET_END_CD | GG0170I3 Once Standing, Walk 10 Feet End Indicator | Char | | |
| | | | | |
| GG0170L1_WLKG_UNEVEN_STRT_CD | GG0170L1 Walking Uneven Start Indicator | Char | | |
| | | | | |
| GG0170L2_WLKG_UNEVEN_GOAL_CD | GG0170L2 Walking Uneven Goal Indicator | Char | | |
| | | | | |
| GG0170L3_WLKG_UNEVEN_END_CD | GG0170L3 Wlkg Uneven End Indicaty to | Char | | |
| | | | | |
| GG0170M1_1_STP_STRT_CD | GG0170M1 1 Step Start Indicator | Char | | |
| | | | | |
| GG0170M2_1_STP_GOAL_CD | GG0170M2 1 Step Goal Indicator | Char | | |
| | | | | |
| GG0170M3_1_STP_END_CD | GG0170M3 1 Step End Indicator | Char | | |
| | | | | |

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NCHS Survey Data Linked to CMS MBSF, Claims/Encounters, and Assessment Data
Long-Term Care Facility Resident Assessment Instrument MDS 3.0
Date Created: 29JAN2021
Number of Variables: 760

148

| Variable Name | Variable (VAR) Label | VAR Type | Range of Values ¹ | Value Description |
|--------------------------------|--|----------|------------------------------|-------------------|
| GG0170N1_4_STP_STRT_CD | GG0170N1 4 Step Start Indicator | Char | | |
| | | | | |
| GG0170N2_4_STP_GOAL_CD | GG0170N2 4 Step Goal Indicator | Char | | |
| | | | | |
| GG0170N3_4_STP_END_CD | GG0170N3 4 Step End Indicator | Char | | |
| | | | | |
| GG0170O1_12_STP_STRT_CD | GG0170O1 12 Step Start Indicator | Char | | |
| | | | | |
| GG0170O2_12_STP_GOAL_CD | GG0170O2 12 Stp Goal Indicato | Char | | Missing Value |
| | | | | |
| GG0170O3_12_STP_END_CD | GG0170O3 12 Stp End Indicaty to | Char | | |
| | | | | |
| GG0170P1_PCKNG_UP_OBJ_STRT_CD | GG0170P1 Picking Up Object Start Indicator | Char | | |
| | | | | |
| GG0170P2_PCKNG_UP_OBJ_GOAL_CD | GG0170P2 Picking Up Object Goal Indicator | Char | | |
| | | | | |
| GG0170P3_PCKNG_UP_OBJ_END_CD | GG0170P3 Picking Up Object End Indicator | Char | | |
| | | | | |
| I0020A_OTHR_MDCL_COND_ICD_CD | I0020A Other Medical Condition ICD Code | Char | | |
| | | | | |
| I0020_PRMRY_MDCL_COND_CTGRY_CD | I0020 Primary Medical Condition Category | Char | | |
| | | | | |
| J2000_PRIOR_SRGRY_IND | J2000 Prior Surgry Indicator | Char | | Missing Value |
| | | | | |
| N2001_DRUG_RGMN_RVW_IND | N2001 Drug Regimen Review Indicator | Char | | |
| | | | | |
| N2003_MDCTN_FLW_UP_IND | N2003 Medicationn Follow Up Indicator | Char | | |
| | | | | |
| N2005_MDCTN_INTRVTN_IND | N2005 Medication Intervention Indicator | Char | | |
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¹The range of values field contain approximate values for the payment, cost, and count variables. The actual values may include extreme outliers (positive or negative). Users may wish to consider applying top or bottom coding.