		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	**Decription**	**A**	**Y**	**N**	**P**	**M**	**RQ**	**D**	**R**	**RG**	**QI**	**RP**	**QM**
F3b	Sadness/anger over lost roles/status	✓	✓	✓								✓	
F3c	Perceives daily routine very different	✓	✓	✓								✓	
F3d	None of Above	✓	✓	✓									
G1aA	ADL Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1aB	ADL Support Provided	✓	✓	✓	✓		✓			✓			
G1bA	ADL Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1bB	ADL Support Provided	✓	✓	✓	✓		✓			✓			
G1cA	ADL Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1cB	ADL Support Provided	✓	✓	✓	✓		✓						
G1dA	ADL Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1dB	ADL Support Provided	✓	✓	✓	✓		✓						
G1eA	ADL Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1eB	ADL Support Provided	✓	✓	✓	✓		✓						
G1fA	ADL Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1fB	ADL Support Provided	✓	✓	✓	✓		✓						
G1gA	ADL Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1gB	ADL Support Provided	✓	✓	✓	✓		✓						
G1hA	ADL Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1hB	ADL Support Provided	✓	✓	✓	✓		✓						
G1iA	ADL Self-Performance	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
G1iB	ADL Support Provided	✓	✓	✓	✓		✓			✓			
G1jA	ADL Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	
G1jB	ADL Support Provided	✓	✓	✓	✓		✓						
G2A	Bathing self performance	✓	✓	✓	✓	✓	✓					✓	
G2B	Bathing Support Provided	✓	✓	✓									
G3a	Balance while standing	✓	✓	✓	✓		✓						
G3b	Balance while sitting	✓	✓	✓	✓		✓					✓	
G4aA	Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4aB	Voluntary movement	✓	✓	✓	✓	✓	✓						
G4bA	Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4bB	Voluntary movement	✓	✓	✓	✓	✓	✓						
G4cA	Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4cB	Voluntary movement	✓	✓	✓	✓	✓	✓						
G4dA	Range of motion	✓	✓	✓	✓	✓	✓				✓		

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	Decription	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
G4dB	Voluntary movement	✓	✓	✓	✓	✓	✓						
G4eA	Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4eB	Voluntary movement	✓	✓	✓	✓	✓	✓						
G4fA	Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4fB	Voluntary movement	✓	✓	✓	✓	✓	✓						
G5a	Cane/walker/crutch	✓	✓	✓									
G5b	Wheeled self	✓	✓	✓	✓								
G5c	Other person wheeled	✓	✓	✓									
G5d	Wheelchair for primary locomotion	✓	✓	✓									
G5e	None of Above	✓	✓	✓									
G6a	Bedfast all or most of the time	✓	✓	✓	✓	✓	✓				✓	✓	
G6b	Bed rails for bed mobility/transfer	✓	✓	✓	✓	✓	✓						
G6c	Lifted manually	✓	✓	✓									
G6d	Lifted mechanically	✓	✓	✓									
G6e	Transfer aid	✓	✓	✓									
G6f	None of Above	✓	✓	✓		✓	✓						
G7	Task Segmentation	✓	✓	✓	✓		✓						
G8a	Resident--increased independence capability	✓	✓	✓								✓	
G8b	Staff--increased independence capability	✓	✓	✓								✓	
G8c	Resident slow performing tasks/activity	✓	✓	✓									
G8d	Morning to evening difference in ADLs	✓	✓	✓									
G8e	None of Above	✓	✓	✓									
G9	Change in ADL Function	✓	✓	✓									
H1a	Bowel continence	✓	✓	✓	✓	✓	✓				✓	✓	
H1b	Bladder continence	✓	✓	✓	✓	✓	✓				✓	✓	
H2a	Bowel elimination pattern regular	✓	✓	✓									
H2b	Constipation	✓	✓	✓								✓	
H2c	Diarrhea	✓	✓	✓	✓		✓						
H2d	Fecal impaction	✓	✓	✓	✓	✓	✓				✓	✓	
H2e	None of Above	✓	✓	✓		✓	✓						
H3a	Any scheduled toileting plan	✓	✓	✓	✓	✓	✓			✓	✓		

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	Decription	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
H3b	Bladder retraining program	✓	✓	✓	✓	✓	✓			✓	✓		
H3c	External (condom) catheter	✓	✓	✓	✓	✓	✓					✓	
H3d	Indwelling catheter	✓	✓	✓	✓	✓	✓				✓	✓	
H3e	Intermittent catheter	✓	✓	✓								✓	
H3f	Did not use toilet/commode/urinal	✓	✓	✓									
H3g	Pads/briefs used	✓	✓	✓								✓	
H3h	Enemas/irrigation	✓	✓	✓									
H3i	Ostomy present	✓	✓	✓	✓	✓	✓				✓		
H3j	None of Above	✓	✓	✓		✓	✓						
H4	Change in Urinary Continence	✓	✓	✓									
I1a	Diabetes mellitus	✓	✓	✓	✓		✓			✓			
I1b	Hyperthyroidism	✓	✓	✓									
I1c	Hypothyroidism	✓	✓	✓									
I1d	Arteriosclerotic heart disease (ASHD)	✓	✓	✓	✓								
I1e	Cardiac dysrhythmias	✓	✓	✓									
I1f	Congestive heart failure	✓	✓	✓	✓								
I1g	Deep vein thrombosis	✓	✓	✓									
I1h	Hypertension	✓	✓	✓									
I1i	Hypotension	✓	✓	✓								✓	
I1j	Peripheral vascular disease	✓	✓	✓	✓							✓	
I1k	Other cardiovascular disease	✓	✓	✓									
I1l	Arthritis	✓	✓	✓									
I1m	Hip fracture	✓	✓	✓	✓		✓						
I1n	Missing limb	✓	✓	✓									
I1o	Osteoporosis	✓	✓	✓									
I1p	Pathological bone fracture	✓	✓	✓									
I1q	Alzheimer's disease	✓	✓	✓									
I1r	Aphasia	✓	✓	✓	✓		✓			✓			
I1s	Cerebral palsy	✓	✓	✓	✓		✓			✓			
I1t	Cerebrovascular accident (stroke)	✓	✓	✓	✓		✓						
I1u	Dementia other than Alzheimer's	✓	✓	✓									
I1v	Hemiplegia/hemiparesis	✓	✓	✓	✓		✓			✓			
I1w	Multiple sclerosis	✓	✓	✓	✓		✓			✓			

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		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	Decription	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
I1x	Paraplegia	✓	✓	✓	✓								✓
I1y	Parkinson's disease	✓	✓	✓									
I1z	Quadriplegia	✓	✓	✓	✓		✓			✓			✓
I1aa	Seizure disorder	✓	✓	✓									
I1bb	Transient ischemic attack (TIA)	✓	✓	✓									
I1cc	Traumatic brain injury	✓	✓	✓									
I1dd	Anxiety disorder	✓	✓	✓									
I1ee	Depression	✓	✓	✓	✓		✓					✓	
I1ff	Manic depressive (bipolar disease)	✓	✓	✓	✓		✓				✓		
I1gg	Schizophrenia	✓	✓	✓	✓						✓		
I1hh	Asthma	✓	✓	✓	✓								
I1ii	Emphysema/COPD	✓	✓	✓	✓								
I1jj	Cataracts	✓	✓	✓								✓	
I1kk	Diabetic retinopathy	✓	✓	✓									
I1ll	Glaucoma	✓	✓	✓								✓	
I1mm	Macular degeneration	✓	✓	✓									
I1nn	Allergies	✓	✓	✓									
I1oo	Anemia	✓	✓	✓									
I1pp	Cancer	✓	✓	✓									
I1qq	Renal failure	✓	✓	✓									
I1rr	None of Above	✓	✓	✓			✓						
I2a	Antibiotic resistant infection	✓	✓	✓	✓		✓						
I2b	Clostridium difficile (c. diff.)	✓	✓	✓	✓		✓						
I2c	Conjunctivitis	✓	✓	✓	✓		✓						
I2d	HIV infection	✓	✓	✓	✓		✓						
I2e	Pneumonia	✓	✓	✓	✓		✓			✓			✓
I2f	Respiratory infection	✓	✓	✓	✓		✓						✓
I2g	Septicemia	✓	✓	✓	✓		✓			✓			✓
I2h	Sexually transmitted diseases	✓	✓	✓	✓		✓						
I2i	Tuberculosis	✓	✓	✓	✓		✓						
I2j	Urinary tract infection in last 30 days	✓	✓	✓	✓	✓	✓				✓	✓	✓
I2k	Viral hepatitis	✓	✓	✓	✓		✓						✓
I2l	Wound infection	✓	✓	✓	✓		✓						✓
I2m	None of Above	✓	✓	✓	✓	✓	✓						

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MDS Item	Decription	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
I3a	Other diagnosis a	✓	✓	✓	✓	✓	✓				✓	✓	✓
I3b	Other diagnosis b	✓	✓	✓	✓	✓	✓				✓	✓	✓
I3c	Other diagnosis c	✓	✓	✓							✓	✓	✓
I3d	Other diagnosis d	✓	✓	✓							✓	✓	✓
I3e	Other diagnosis e	✓	✓	✓							✓	✓	✓
J1a	Weight fluctuation 3+ lbs in 7 days	✓	✓	✓	✓		✓					✓	
J1b	Inability to lie flat--shortness of breath	✓	✓	✓	✓		✓						
J1c	Dehydrated--output exceeds input	✓	✓	✓	✓	✓	✓			✓	✓	✓	
J1d	Insufficient fluid in last 3 days	✓	✓	✓	✓		✓					✓	
J1e	Delusions	✓	✓	✓	✓		✓			✓			
J1f	Dizziness/vertigo	✓	✓	✓								✓	
J1g	Edema	✓	✓	✓	✓		✓						
J1h	Fever	✓	✓	✓	✓		✓			✓		✓	✓
J1i	Hallucinations	✓	✓	✓	✓	✓	✓			✓	✓	✓	
J1j	Internal bleeding	✓	✓	✓	✓		✓			✓		✓	
J1k	Recurrent lung aspirations in last 90 days	✓	✓	✓	✓		✓					✓	✓
J1l	Shortness of breath	✓	✓	✓	✓		✓						
J1m	Syncope (fainting)	✓	✓	✓								✓	
J1n	Unsteady gait	✓	✓	✓	✓		✓					✓	
J1o	Vomiting	✓	✓	✓	✓		✓			✓			
J1p	None of Above	✓	✓	✓		✓	✓						
J2a	Frequency	✓	✓	✓	✓	✓	✓						✓
J2b	Intensity	✓	✓	✓	✓	✓	✓						✓
J3a	Back pain	✓	✓	✓									
J3b	Bone pain	✓	✓	✓									
J3c	Chest pain during usual activities	✓	✓	✓									
J3d	Headache	✓	✓	✓									
J3e	Hip pain	✓	✓	✓									
J3f	Incisional pain	✓	✓	✓									
J3g	Joint pain (other than hip)	✓	✓	✓									
J3h	Soft tissue pain (lesion)	✓	✓	✓									
J3i	Stomach pain	✓	✓	✓									

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MDS Item	Decription	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
J3j	Other	✓	✓	✓									
J4a	Fell in past 30 days	✓	✓	✓	✓	✓	✓				✓	✓	
J4b	Fell in past 31-180 days	✓	✓	✓	✓	✓	✓					✓	
J4c	Hip fracture in last 180 days	✓	✓	✓	✓	✓	✓				✓	✓	
J4d	Other fracture in last 180 days	✓	✓	✓	✓	✓	✓				✓		
J4e	None of Above	✓	✓	✓	✓	✓	✓						
J5a	Conditions/diseases lead to instability	✓	✓	✓	✓	✓	✓						
J5b	Resident experiencing acute episode/flare-up	✓	✓	✓	✓	✓	✓						
J5c	End-stage disease, 6 or fewer months to live	✓	✓	✓	✓	✓	✓				✓		✓
J5d	None of Above	✓	✓	✓	✓	✓	✓						
K1a	Chewing problem	✓	✓	✓	✓		✓						
K1b	Swallowing problem	✓	✓	✓	✓		✓					✓	
K1c	Mouth pain	✓	✓	✓								✓	
K1d	None of Above	✓	✓	✓			✓						
K2a	Height (inches)	✓	✓	✓	✓		✓						
K2b	Weight (pounds)	✓	✓	✓	✓		✓						
K3a	Weight loss	✓	✓	✓	✓	✓	✓			✓	✓	✓	
K3b	Weight gain	✓	✓	✓	✓	✓	✓						
K4a	Complains about taste of many foods	✓	✓	✓								✓	
K4b	Regular complaints of hunger	✓	✓	✓									
K4c	Leaves 25%+ food uneaten at most meals	✓	✓	✓								✓	
K4d	None of Above	✓	✓	✓									
K5a	Parenteral IV	✓	✓	✓	✓		✓			✓		✓	
K5b	Feeding tube	✓	✓	✓	✓	✓	✓			✓	✓	✓	
K5c	Mechanically altered diet	✓	✓	✓								✓	
K5d	Syringe (oral feeding)	✓	✓	✓								✓	
K5e	Therapeutic diet	✓	✓	✓								✓	
K5f	Dietary supplement between meals	✓	✓	✓									
K5g	Plate guard, stabilized utensil, etc.	✓	✓	✓									
K5h	On a planned weight change program	✓	✓	✓	✓	✓	✓						

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		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	**Decription**	**A**	**Y**	**N**	**P**	**M**	**RQ**	**D**	**R**	**RG**	**QI**	**RP**	**QM**
K5i	None of Above	✓	✓	✓		✓	✓						
K6a	Total calories (%) received in last 7 days	✓	✓	✓	✓		✓			✓			
K6b	Average fluid intake (daily) in last 7 days	✓	✓	✓	✓		✓			✓			
L1a	Debris in mouth before bed	✓	✓	✓								✓	
L1b	Has dentures or removable bridge	✓	✓	✓									
L1c	Some/all natural teeth lost	✓	✓	✓								✓	
L1d	Broken, loose, or carious teeth	✓	✓	✓								✓	
L1e	Inflamed/bleeding gums, oral abscesses, etc.	✓	✓	✓								✓	
L1f	Daily cleaning teeth/dentures or mouth care	✓	✓	✓								✓	
L1g	None of Above	✓	✓	✓									
M1a	Stage 1	✓	✓	✓	✓	✓	✓			✓			
M1b	Stage 2	✓	✓	✓	✓	✓	✓			✓			
M1c	Stage 3	✓	✓	✓	✓	✓	✓			✓			
M1d	Stage 4	✓	✓	✓	✓	✓	✓			✓			
M2a	Pressure ulcer	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
M2b	Stasis ulcer	✓	✓	✓	✓	✓	✓						
M3	History of resolved ulcers	✓	✓	✓	✓							✓	
M4a	Abrasions, bruises	✓	✓	✓	✓		✓						
M4b	Burns (second or third degree)	✓	✓	✓	✓		✓			✓			
M4c	Open lesions other than ulcers, rashes, cuts	✓	✓	✓	✓		✓			✓			
M4d	Rashes--e.g., intertrigo, eczema, etc.	✓	✓	✓	✓		✓						
M4e	Skin desensitized to pain or pressure	✓	✓	✓	✓		✓					✓	
M4f	Skin tears or cuts (other than surgery)	✓	✓	✓	✓		✓						
M4g	Surgical wounds	✓	✓	✓	✓		✓			✓			
M4h	None of Above	✓	✓	✓	✓		✓						

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	**Decription**	**A**	**Y**	**N**	**P**	**M**	**RQ**	**D**	**R**	**RG**	**QI**	**RP**	**QM**
M5a	Pressure relieving device(s) for chair	✓	✓	✓	✓		✓			✓			
M5b	Pressure relieving device(s) for bed	✓	✓	✓	✓		✓			✓			
M5c	Turning/repositioning program	✓	✓	✓	✓		✓			✓			
M5d	Nutrition/hydration intervention	✓	✓	✓	✓		✓			✓			
M5e	Ulcer care	✓	✓	✓	✓		✓			✓			
M5f	Surgical wound care	✓	✓	✓	✓		✓			✓			
M5g	Application of dressings	✓	✓	✓	✓		✓			✓			
M5h	Application of ointments/medications	✓	✓	✓	✓		✓			✓			
M5i	Other preventative/protective skin care	✓	✓	✓	✓		✓						
M5j	None of Above	✓	✓	✓	✓		✓						
M6a	Resident has one or more foot problems	✓	✓	✓	✓		✓						
M6b	Infection of foot--e.g.,cellulitis, etc.	✓	✓	✓	✓		✓			✓			
M6c	Open lesions on foot	✓	✓	✓	✓		✓			✓			
M6d	Nails/calluses trimmed in last 90 days	✓	✓	✓	✓		✓						
M6e	Received preventative/protective foot care	✓	✓	✓	✓		✓						
M6f	Application of dressings	✓	✓	✓	✓		✓			✓			
M6g	None of Above	✓	✓	✓	✓		✓						
N1a	Morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
N1b	Afternoon	✓	✓	✓	✓	✓	✓			✓	✓		
N1c	Evening	✓	✓	✓	✓	✓	✓			✓	✓		
N1d	None of Above	✓	✓	✓	✓	✓	✓				✓		
N2	Average Time Involved in Activities	✓	✓	✓	✓	✓	✓				✓	✓	
N3a	Own room	✓	✓	✓									
N3b	Day/activity room	✓	✓	✓									
N3c	Inside NH/off unit	✓	✓	✓									
N3d	Outside facility	✓	✓	✓									
N3e	None of Above	✓	✓	✓									

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		In Application			
MDS Item	Decription	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
N4a	Cards/other games	✓	✓	✓									
N4b	Crafts/arts	✓	✓	✓									
N4c	Exercise/sports	✓	✓	✓									
N4d	Music	✓	✓	✓									
N4e	Reading/writing	✓	✓	✓									
N4f	Spiritual/religious activities	✓	✓	✓									
N4g	Trips/shopping	✓	✓	✓									
N4h	Walking/wheeling outdoors	✓	✓	✓									
N4i	Watching TV	✓	✓	✓									
N4j	Gardening or plants	✓	✓	✓									
N4k	Talking or conversing	✓	✓	✓									
N4l	Helping others	✓	✓	✓									
N4m	None of Above	✓	✓	✓									
N5a	Type of activities involved in	✓	✓	✓								✓	
N5b	Extent of involvement in activities	✓	✓	✓								✓	
O1	Number of Medications	✓	✓	✓	✓	✓	✓				✓		
O2	New Medications	✓	✓	✓									
O3	Injections (number days)	✓	✓	✓	✓		✓						
O4a	Antipsychotic	✓	✓	✓	✓	✓	✓				✓	✓	
O4b	Antianxiety	✓	✓	✓	✓	✓	✓				✓	✓	
O4c	Antidepressants	✓	✓	✓	✓	✓	✓				✓	✓	
O4d	Hypnotic	✓	✓	✓	✓	✓	✓				✓		
O4e	Diuretic	✓	✓	✓	✓	✓	✓					✓	
P1aa	Chemotherapy	✓	✓	✓	✓		✓			✓			
P1ab	Dialysis	✓	✓	✓	✓		✓			✓			
P1ac	IV medication	✓	✓	✓	✓		✓			✓			
P1ad	Intake/output	✓	✓	✓	✓		✓						
P1ae	Monitoring acute medical condition	✓	✓	✓	✓		✓						
P1af	Ostomy care	✓	✓	✓	✓		✓						
P1ag	Oxygen therapy	✓	✓	✓	✓		✓			✓			
P1ah	Radiation	✓	✓	✓	✓		✓			✓			
P1ai	Suctioning	✓	✓	✓	✓		✓			✓			
P1aj	Tracheostomy care	✓	✓	✓	✓		✓			✓			
P1ak	Transfusions	✓	✓	✓	✓		✓			✓			