

Look back period for all items is 7 days unless another time frame is indicated

Section B Hearing, Speech, and Vision

B0100. Comatose

Enter Code <input type="checkbox"/>	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance
--	--

B0200. Hearing CAA

Enter Code <input type="checkbox"/>	Ability to hear (with hearing aid or hearing appliances if normally used) 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) 4 2. Moderate difficulty – speaker has to increase volume and speak distinctly 4 3. Highly impaired – absence of useful hearing 4
--	--

B0300. Hearing Aid

Enter Code <input type="checkbox"/>	Hearing aid or other hearing appliance used in completing B0200, Hearing 0. No 1. Yes
--	--

B0600. Speech Clarity

Enter Code <input type="checkbox"/>	Select best description of speech pattern 0. Clear speech – distinct intelligible words 1. Unclear speech – slurred or mumbled words 2. No speech – absence of spoken words
--	--

B0700. Makes Self Understood CAA

Enter Code <input type="checkbox"/>	Ability to express ideas and wants , consider both verbal and non-verbal expression 0. Understood 1. Usually understood – difficulty communicating some words or finishing thoughts but is able if prompted or given time 4 2. Sometimes understood – ability is limited to making concrete requests 4 3. Rarely/never understood 4
--	---

B0800. Ability To Understand Others CAA

Enter Code <input type="checkbox"/>	Understanding verbal content, however able (with hearing aid or device if used) 0. Understands – clear comprehension 1. Usually understands – misses some part/intent of message but comprehends most conversation 4 2. Sometimes understands – responds adequately to simple, direct communication only 4 3. Rarely/never understands 4
--	--

B1000. Vision CAA

Enter Code <input type="checkbox"/>	Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate – sees fine detail, including regular print in newspapers/books 1. Impaired – sees large print, but not regular print in newspapers/books 3 2. Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects 3 3. Highly impaired – object identification in question, but eyes appear to follow objects 3 4. Severely impaired – no vision or sees only light, colors or shapes; eyes do not appear to follow objects 3
--	---

B1200. Corrective Lenses

Enter Code <input type="checkbox"/>	Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision 0. No 1. Yes
--	---

Section C Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all residents

Enter Code

- 0. **No** (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
- 1. **Yes** → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words."

Number of words repeated after first attempt

- 0. **None**
- 1. **One**
- 2. **Two**
- 3. **Three**

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code

Ask resident: "Please tell me what year it is right now."

A. Able to report correct year

- 0. **Missed by > 5 years** or no answer
- 1. **Missed by 2-5 years**
- 2. **Missed by 1 year**
- 3. **Correct**

Enter Code

Ask resident: "What month are we in right now?"

B. Able to report correct month

- 0. **Missed by > 1 month** or no answer
- 1. **Missed by 6 days to 1 month**
- 2. **Accurate within 5 days**

Enter Code

Ask resident: "What day of the week is today?"

C. Able to report correct day of the week

- 0. **Incorrect** or no answer
- 1. **Correct**

C0400. Recall

Enter Code

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

A. Able to recall "sock"

- 0. **No** – could not recall
- 1. **Yes, after cueing** ("something to wear")
- 2. **Yes, no cue required**

Enter Code

B. Able to recall "blue"

- 0. **No** – could not recall
- 1. **Yes, after cueing** ("a color")
- 2. **Yes, no cue required**

Enter Code

C. Able to recall "bed"

- 0. **No** – could not recall
- 1. **Yes, after cueing** ("a piece of furniture")
- 2. **Yes, no cue required**

C0500. Summary Score **CAA**

Enter Score

Ⓢ Add scores for questions C0200-C0400 and fill in total score (00-15) 00-15 = 1, 2, 5

Enter 99 if the resident was unable to complete the interview



Section C Cognitive Patterns

C0600. Should the Staff Assessment for Mental Status (C0700-C1000) be Conducted?

Enter Code

0. **No** (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium
 1. **Yes** (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

Staff Assessment for Mental Status
 Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed

C0700. Short-term Memory OK CAA

Enter Code Seems or appears to recall after 5 minutes

0. **Memory OK**
 1. **Memory problem** 2

C0800. Long-term Memory OK CAA

Enter Code Seems or appears to recall long past

0. **Memory OK**
 1. **Memory problem** 2

C0900. Memory/Recall Ability

↓ Check all that the resident was normally able to recall

A. **Current season**

B. **Location of own room**

C. **Staff names and faces**

D. **That he or she is in a nursing home**

Z. **None of the above** were recalled

C1000. Cognitive Skills for Daily Decision Making CAA

Enter Code Made decisions regarding tasks of daily life

0. **Independent** – decisions consistent/reasonable
 1. **Modified independence** – some difficulty in new situations only 2, 5
 2. **Moderately impaired** – decisions poor; cues/supervision required 2, 5
 3. **Severely impaired** – never/rarely made decisions 2, 5

Delirium

C1300. Signs and Symptoms of Delirium (from CAM®) CAA

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

<p>Coding:</p> <p>0. Behavior not present</p> <p>1. Behavior continuously present, does not fluctuate</p> <p>2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	<p>↓ Enter Codes in Boxes</p> <p><input type="checkbox"/> A. Inattention – Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? 1 or 2 = 2</p> <p><input type="checkbox"/> B. Disorganized thinking – Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? 1 or 2 = 2</p> <p><input type="checkbox"/> C. Altered level of consciousness – Did the resident have altered level of consciousness? (e.g., vigilant – startled easily to any sound or touch; lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch; stuporous – very difficult to arouse and keep aroused for the interview; comatose – could not be aroused)? 1 or 2 = 2</p> <p><input type="checkbox"/> D. Psychomotor retardation – Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? 1 or 2 = 2</p>
--	---

C1600. Acute Onset Mental Status Change

Enter Code Is there evidence of an acute change in mental status from the resident's baseline?

0. **No**
 1. **Yes** 1

Section D Mood

D0100. Should Resident Mood Interview be Conducted? – Attempt to conduct interview with all residents

Enter Code

0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
 1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9e)

D0200. Resident Mood Interview (PHQ-9e) CAA

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
 If yes in column 1, then ask the resident: "About **how often** have you been bothered by this?"
 Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

	1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
	0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)	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)		
↓ Enter Scores in Boxes ↓				
A. <i>Little interest or pleasure in doing things</i>	<input type="checkbox"/>		7, 10 <input type="checkbox"/>	☹ <input type="checkbox"/>
B. <i>Feeling down, depressed, or hopeless</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
C. <i>Trouble falling or staying asleep, or sleeping too much</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
D. <i>Feeling tired or having little energy</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
E. <i>Poor appetite or overeating</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
F. <i>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
H. <i>Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</i>	<input type="checkbox"/>		<input type="checkbox"/>	☹ <input type="checkbox"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	<input type="checkbox"/>		8 <input type="checkbox"/>	☹ <input type="checkbox"/>

D0300. Total Severity Score CAA

☹ **Add scores for all frequency responses in Column 2, Symptom Frequency.** Total score must be between 00 and 27.
 Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items). 00-27 = 8

Enter Score

D0350. Safety Notification – Complete only if D0200I1 = 1 indicating possibility of resident self harm

Enter Code

Was responsible staff or provider informed that there is a potential for resident self harm?
 0. **No**
 1. **Yes**

Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.



Section D Mood

D0500. Staff Assessment of Resident Mood (PHQ-9-OV*) CAA
 Do not conduct if Resident Mood Interview (D0200-D0300) was completed

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency.

		1. Symptom Presence	2. Symptom Frequency
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2)		2. Symptom Frequency 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)	
↓ Enter Scores in Boxes ↓			
A. Little interest or pleasure in doing things	7, 10	<input type="checkbox"/>	☞ <input type="checkbox"/>
B. Feeling or appearing down, depressed, or hopeless		<input type="checkbox"/>	☞ <input type="checkbox"/>
C. Trouble falling or staying asleep, or sleeping too much		<input type="checkbox"/>	☞ <input type="checkbox"/>
D. Feeling tired or having little energy		<input type="checkbox"/>	☞ <input type="checkbox"/>
E. Poor appetite or overeating		<input type="checkbox"/>	☞ <input type="checkbox"/>
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down		<input type="checkbox"/>	☞ <input type="checkbox"/>
G. Trouble concentrating on things, such as reading the newspaper or watching television		<input type="checkbox"/>	☞ <input type="checkbox"/>
H. Moving or speaking so slowly that other people have noticed. Or the opposite – being so fidgety or restless that s/he has been moving around a lot more than usual		<input type="checkbox"/>	☞ <input type="checkbox"/>
I. States that life isn't worth living, wishes for death, or attempts to harm self	8	<input type="checkbox"/>	☞ <input type="checkbox"/>
J. Being short-tempered, easily annoyed		<input type="checkbox"/>	☞ <input type="checkbox"/>

D0600. Total Severity Score CAA

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.

Enter Score

D0650. Safety Notification – Complete only if D0500I1 = 1 indicating possibility of resident self harm

Enter Code	Was responsible staff or provider informed that there is a potential for resident self harm?
<input style="width: 30px; height: 20px;" type="checkbox"/>	0. No 1. Yes

* Copyright Pfizer Inc. All rights reserved. Reproduced with permission.

Section F Preferences for Customary Routine and Activities

F0300. Should interview for Daily and Activity Preferences be Conducted? – Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

Enter Code	0. No (resident is rarely/never understood <u>and</u> family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences
<input type="checkbox"/>	1. Yes → Continue to F0400, Interview for Daily Preferences

F0400. Interview for Daily Preferences

Show resident the response options and say: **“While you are in this facility...”**

<p>Coding:</p> <p>1. Very important</p> <p>2. Somewhat important</p> <p>3. Not very important</p> <p>4. Not important at all</p> <p>5. Important, but can't do or no choice</p> <p>9. No response or non-responsive</p>	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. how important is it to you to choose what clothes to wear?
	<input type="checkbox"/> B. how important is it to you to take care of your personal belongings or things?
	<input type="checkbox"/> C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
	<input type="checkbox"/> D. how important is it to you to have snacks available between meals?
	<input type="checkbox"/> E. how important is it to you to choose your own bedtime?
	<input type="checkbox"/> F. how important is it to you to have your family or a close friend involved in discussions about your care?
	<input type="checkbox"/> G. how important is it to you to be able to use the phone in private?
	<input type="checkbox"/> H. how important is it to you to have a place to lock your things to keep them safe?

F0500. Interview for Activity Preferences CAA

Show resident the response options and say: **“While you are in this facility...”**

<p>Coding:</p> <p>1. Very important</p> <p>2. Somewhat important</p> <p>3. Not very important</p> <p>4. Not important at all</p> <p>5. Important, but can't do or no choice</p> <p>9. No response or non-responsive</p>	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. how important is it to you to have books, newspapers, and magazines to read? 4 or 5 = 7, 10
	<input type="checkbox"/> B. how important is it to you to listen to music you like? 4 or 5 = 7, 10
	<input type="checkbox"/> C. how important is it to you to be around animals such as pets? 4 or 5 = 7, 10
	<input type="checkbox"/> D. how important is it to you to keep up with the news? 4 or 5 = 7, 10
	<input type="checkbox"/> E. how important is it to you to do things with groups of people? 4 or 5 = 7, 10
	<input type="checkbox"/> F. how important is it to you to do your favorite activities? 3, 4, 5 = 7, 10
	<input type="checkbox"/> G. how important is it to you to go outside to get fresh air when the weather is good? 4 or 5 = 7, 10
	<input type="checkbox"/> H. how important is it to you to participate in religious services or practices? 4 or 5 = 7, 10

F0600. Daily and Activity Preferences Primary Respondent CAA

Enter Code	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)
<input type="checkbox"/>	1. Resident 7
	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)



Section F Preferences for Customary Routine and Activities

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

Enter Code <input type="checkbox"/>	0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance
	1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences

F0800. Staff Assessment of Daily and Activity Preferences CAA

Do not conduct if Interview for Daily and Activity Preferences (F0400 - F0500) was completed

Resident Prefers:

↓ Check all that apply

<input type="checkbox"/>	A. Choosing clothes to wear	
<input type="checkbox"/>	B. Caring for personal belongings	
<input type="checkbox"/>	C. Receiving tub bath	
<input type="checkbox"/>	D. Receiving shower	
<input type="checkbox"/>	E. Receiving bed bath	
<input type="checkbox"/>	F. Receiving sponge bath	
<input type="checkbox"/>	G. Snacks between meals	
<input type="checkbox"/>	H. Staying up past 8:00 p.m.	
<input type="checkbox"/>	I. Family or significant other involvement in care discussions	
<input type="checkbox"/>	J. Use of phone in private	
<input type="checkbox"/>	K. Place to lock personal belongings	
<input type="checkbox"/>	L. Reading books, newspapers, or magazines	not ✓ = 10
<input type="checkbox"/>	M. Listening to music	not ✓ = 10
<input type="checkbox"/>	N. Being around animals such as pets	not ✓ = 10
<input type="checkbox"/>	O. Keeping up with the news	not ✓ = 10
<input type="checkbox"/>	P. Doing things with groups of people	not ✓ = 10
<input type="checkbox"/>	Q. Participating in favorite activities	not ✓ = 10
<input type="checkbox"/>	R. Spending time away from the nursing home	not ✓ = 10
<input type="checkbox"/>	S. Spending time outdoors	not ✓ = 10
<input type="checkbox"/>	T. Participating in religious activities or practices	not ✓ = 10
<input type="checkbox"/>	Z. None of the above	

Section E Behavior

E0100. Psychosis

↓ Check all that apply

A. ☺ Hallucinations (perceptual experiences in the absence of real external sensory stimuli)

B. ☺ Delusions (misconceptions or beliefs that are firmly held, contrary to reality)

Z. None of the above

Behavioral Symptoms

E0200. Behavioral Symptom – Presence & Frequency CAA

Note presence of symptoms and their frequency

<p>Coding:</p> <p>0. Behavior not exhibited</p> <p>1. Behavior of this type occurred 1 to 3 days</p> <p>2. Behavior of this type occurred 4 to 6 days, but less than daily</p> <p>3. Behavior of this type occurred daily</p>	<p style="text-align: center;">↓ Enter Codes in Boxes</p> <p><input type="checkbox"/> A. ☺ Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) 1, 2, 3 = 2, 7</p> <p><input type="checkbox"/> B. ☺ Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) 1, 2, 3 = 2, 7</p> <p><input type="checkbox"/> C. ☺ Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) 1, 2, 3 = 2</p>
--	---

E0300. Overall Presence of Behavioral Symptoms CAA

Enter Code	<input type="checkbox"/>	<p>Were any behavioral symptoms in questions E0200 coded 1, 2 or 3?</p> <p>0. No → Skip to E0800, Rejection of Care</p> <p>1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below 9</p>
------------	--------------------------	--

E0500. Impact on Resident

		<p>Did any of the identified symptom(s):</p> <p>A. Put the resident at significant risk for physical illness or injury?</p> <p>0. No</p> <p>1. Yes</p>
Enter Code	<input type="checkbox"/>	<p>B. Significantly interfere with the resident's care?</p> <p>0. No</p> <p>1. Yes</p>
Enter Code	<input type="checkbox"/>	<p>C. Significantly interfere with the resident's participation in activities or social interactions?</p> <p>0. No</p> <p>1. Yes</p>

E0600. Impact on Others

		<p>Did any of the identified symptom(s):</p> <p>A. Put others at significant risk for physical injury?</p> <p>0. No</p> <p>1. Yes</p>
Enter Code	<input type="checkbox"/>	<p>B. Significantly intrude on the privacy or activity of others?</p> <p>0. No</p> <p>1. Yes</p>
Enter Code	<input type="checkbox"/>	<p>C. Significantly disrupt care or living environment?</p> <p>0. No</p> <p>1. Yes</p>

E0800. Rejection of Care – Presence & Frequency CAA

		<p>Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and/or determined to be consistent with resident values, preferences, or goals.</p>
Enter Code	<input type="checkbox"/>	<p>☺ 0. Behavior not exhibited</p> <p>☺ 1. Behavior of this type occurred 1 to 3 days 2, 9</p> <p>☺ 2. Behavior of this type occurred 4 to 6 days, but less than daily 2, 9</p> <p>☺ 3. Behavior of this type occurred daily 2, 9</p>

Section E Behavior

E0900. Wandering – Presence & Frequency CAA

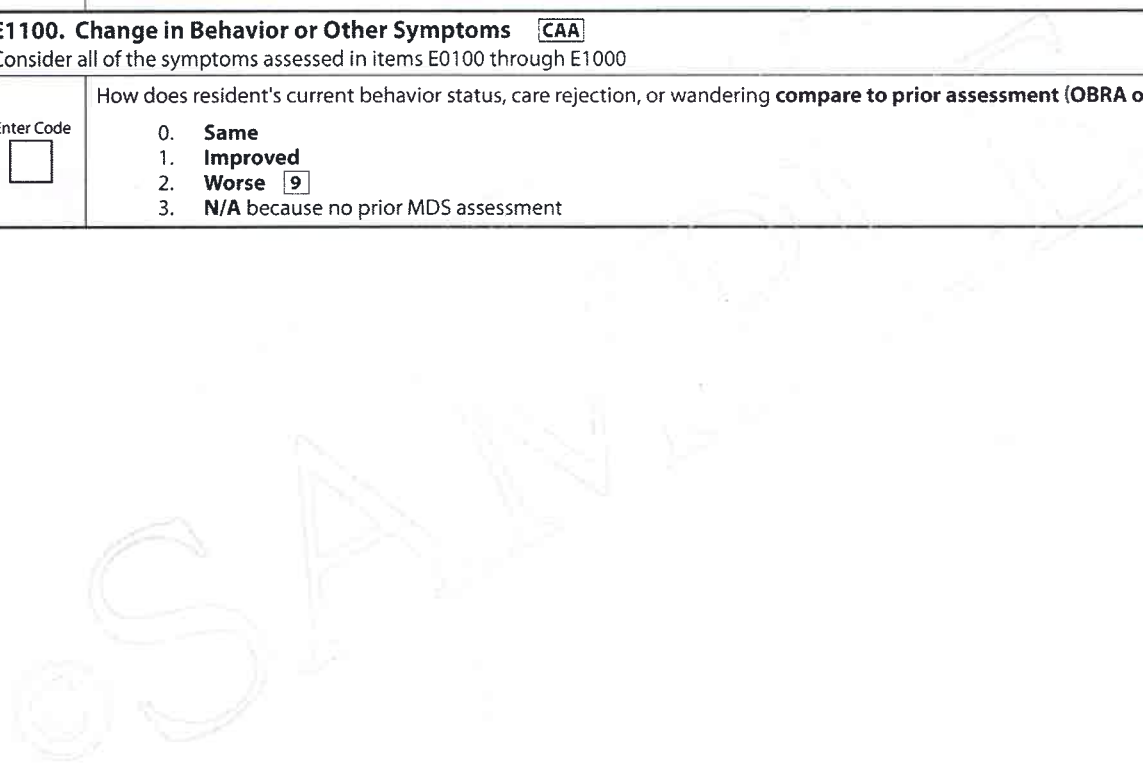
Enter Code <input type="checkbox"/>	Has the resident wandered? 0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms 1. Behavior of this type occurred 1 to 3 days 2, 9, 11 2. Behavior of this type occurred 4 to 6 days, but less than daily 2, 9, 11 3. Behavior of this type occurred daily 2, 9, 11
--	---

E1000. Wandering – Impact

Enter Code <input type="checkbox"/>	A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)? 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Does the wandering significantly intrude on the privacy or activities of others? 0. No 1. Yes

E1100. Change in Behavior or Other Symptoms CAA
 Consider all of the symptoms assessed in items E0100 through E1000

Enter Code <input type="checkbox"/>	How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or PPS)? 0. Same 1. Improved 2. Worse 9 3. N/A because no prior MDS assessment
--	---



Section E Behavior

E0100. Psychosis

↓ Check all that apply

- A. **Hallucinations** (perceptual experiences in the absence of real external sensory stimuli)
- B. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
- Z. **None of the above**

Behavioral Symptoms

E0200. Behavioral Symptom – Presence & Frequency CAA

Note presence of symptoms and their frequency

<p>Coding:</p> <ul style="list-style-type: none"> 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 	<p style="text-align: center;">↓ Enter Codes in Boxes</p> <ul style="list-style-type: none"> <input type="checkbox"/> A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) 1, 2, 3 = 2, 7 <input type="checkbox"/> B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others) 1, 2, 3 = 2, 7 <input type="checkbox"/> C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds) 1, 2, 3 = 2
---	--

E0800. Rejection of Care – Presence & Frequency CAA

<p>Enter Code</p> <input style="width: 30px; height: 20px;" type="text"/>	<p>Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and/or determined to be consistent with resident values, preferences, or goals.</p> <ul style="list-style-type: none"> <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days 2, 9 <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days, but less than daily 2, 9 <input type="radio"/> 3. Behavior of this type occurred daily 2, 9
---	---

E0900. Wandering – Presence & Frequency CAA

<p>Enter Code</p> <input style="width: 30px; height: 20px;" type="text"/>	<p>Has the resident wandered?</p> <ul style="list-style-type: none"> <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days 2, 9, 11 <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days, but less than daily 2, 9, 11 <input type="radio"/> 3. Behavior of this type occurred daily 2, 9, 11
---	---

Section Q Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

Enter Code <input type="checkbox"/>	A. Resident participated in assessment 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other
Enter Code <input type="checkbox"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative

Q0300. Resident's Overall Expectation
Complete only if A0310E = 1

Enter Code <input type="checkbox"/>	A. Resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. None of the above

Q0400. Discharge Plan CAA

Enter Code <input type="checkbox"/>	A. Is there an active discharge plan in place for the resident to return to the community? 0. No 20 1. Yes → Skip to Q0600, Referral
Enter Code <input type="checkbox"/>	B. What determination was made by the resident and the care planning team regarding discharge to the community? 0. Determination not made 1. Discharge to community determined to be feasible → Skip to Q0600, Referral 20 2. Discharge to community determined to be not feasible → Skip to next active section (V or X)

Q0500. Return to Community CAA

Enter Code <input type="checkbox"/>	A. Has the resident been asked about returning to the community? 0. No 1. Yes – previous response was “no” 2. Yes – previous response was “yes” → Skip to Q0600, Referral 3. Yes – previous response was “unknown”
Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other if resident is unable to respond): “Do you want to talk to someone about the possibility of returning to the community?” 0. No 1. Yes 20 9. Unknown or uncertain

Q0600. Referral

Enter Code <input type="checkbox"/>	Has a referral been made to the local contact agency? 0. No – determination has been made by the resident and the care planning team that contact is not required 1. No – referral not made 2. Yes
--	--