

E4.	BEHAVIORAL SYMPTOMS	(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days		
		1. Behavior of this type occurred 1 to 3 days in last 7 days		
		2. Behavior of this type occurred 4 to 6 days, but less than daily		
		3. Behavior of this type occurred daily		
(B) Behavioral symptom alterability in last 7 days		(A)	(B)	
0. Behavior not present OR behavior was easily altered				
1. Behavior was not easily altered				
a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)				
b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were threatened, screamed at, cursed at)				
c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)				
d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/throw food/feces, hoarding, rummaged through others' belongings)				
e. RESISTS CARE (resisted taking medications/injections, ADL assistance, or eating)				
G1.	(A) ADL SELF-PERFORMANCE—(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup)			
	0. INDEPENDENT —No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days			
	1. SUPERVISION —Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days			
	2. LIMITED ASSISTANCE —Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times —OR—More help provided only 1 or 2 times during last 7 days			
	3. EXTENSIVE ASSISTANCE —While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: — Weight-bearing support — Full staff performance during part (but not all) of last 7 days			
	4. TOTAL DEPENDENCE —Full staff performance of activity during entire 7 days			
	8. ACTIVITY DID NOT OCCUR during entire 7 days			
	(B) ADL SUPPORT PROVIDED—(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)			
	0. No setup or physical help from staff			
	1. Setup help only			
	2. One person physical assist			
	3. Two+ persons physical assist			
	8. ADL activity itself did not occur during entire 7 days			
			SELF-PERF	SUPPORT
	a.	BED MOBILITY	How resident moves to and from lying position, turns side to side, and positions body while in bed	
b.	TRANSFER	How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		
c.	WALK IN ROOM	How resident walks between locations in his/her room		
d.	WALK IN CORRIDOR	How resident walks in corridor on unit		
e.	LOCOMOTION ON UNIT	How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		
f.	LOCOMOTION OFF UNIT	How resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
g.	DRESSING	How resident puts on, fastens, and takes off all items of clothing, including donning/removing prosthesis		
h.	EATING	How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
i.	TOILET USE	How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes		
j.	PERSONAL HYGIENE	How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		
G2.	BATHING	How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.) Code for most dependent in self-performance.		
		(A) BATHING SELF PERFORMANCE codes appear below	(A)	
0. Independent—No help provided				
1. Supervision—Oversight help only				
2. Physical help limited to transfer only				
3. Physical help in part of bathing activity				
4. Total dependence				
8. Activity itself did not occur during entire 7 days				

G3.	TEST FOR BALANCE (see training manual)	(Code for ability during test in the last 7 days)		
		0. Maintained position as required in test 1. Unsteady, but able to rebalance self without physical support 2. Partial physical support during test; or stands (sits) but does not follow directions for test 3. Not able to attempt test without physical help		
a. Balance while standing				
b. Balance while sitting—position, trunk control				
G4.	FUNCTIONAL LIMITATION IN RANGE OF MOTION	(Code for limitations during last 7 days that interfered with daily functions or placed residents at risk of injury)		
		(A) RANGE OF MOTION	(B) VOLUNTARY MOVEMENT	
		0. No limitation		
		1. Limitation on one side		
		2. Limitation on both sides		
		a. Neck		
		b. Arm—including shoulder or elbow		
c. Hand—including wrist or fingers				
d. Leg—including hip or knee				
e. Foot—including ankle or toes				
f. Other limitation or loss				
G5.	MODES OF LOCOMOTION	(Check if applied during last 7 days)		
		b. Wheeled self <input type="checkbox"/>		
G6.	MODES OF TRANSFER	(Check all that apply during last 7 days)		
		a. Bedfast all or most of time <input type="checkbox"/>		
b. Bed rails used for bed mobility or transfer <input type="checkbox"/>				
G7.	TASK SEGMENTATION	Some or all of ADL activities were broken into subtasks during last 7 days so that resident could perform them		
		0. No	1. Yes	
H1.	CONTINENCE SELF-CONTROL CATEGORIES (Code for resident's PERFORMANCE OVER ALL SHIFTS)	0. CONTINENT —Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]		
		1. USUALLY CONTINENT —BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly		
		2. OCCASIONALLY INCONTINENT —BLADDER, 2 or more times a week but not daily; BOWEL, once a week		
		3. FREQUENTLY INCONTINENT —BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week		
		4. INCONTINENT —Had inadequate control BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time		
a.	BOWEL CONTINENCE	Control of bowel movement, with appliance or bowel continence programs, if employed		
b.	BLADDER CONTINENCE	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed		
H2.	BOWEL ELIMINATION PATTERN	c. Diarrhea		
		d. Fecal impaction		
H3.	APPLIANCES AND PROGRAMS	a. Any scheduled toileting plan		
		b. Bladder retraining program		
		c. External (condom) catheter		
		d. Indwelling catheter		
		i. Ostomy present		
For Section I : check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses)				
I1.	DISEASES	a. Diabetes melitus		
		d. Arteriosclerotic heart disease (ASHD)		
		f. Congestive heart failure		
		j. Peripheral vascular disease		
		m. Hip fracture		
		r. Aphasia		
		s. Cerebral palsy		
		t. Cerebrovascular accident (stroke)		
		v. Hemiplegia/Hemiparesis		
		w. Multiple sclerosis		
I2.	INFECTIONS (If none apply, CHECK the NONE OF ABOVE box)	a. Antibiotic resistant infection (e.g. Methicillin resistant staph)		
		b. Clostridium difficile (c. diff.)		
		c. Conjunctivitis		
		d. HIV infection		
		e. Pneumonia		
		f. Respiratory infection		
		g. Septicemia		
		h. Sexually transmitted diseases		
		i. Tuberculosis		
		j. Urinary tract infection in last 30 days		
k. Viral hepatitis				
l. Wound infection				
		m. NONE OF ABOVE		