MINIMUM DATA SET - HOME CARE (MDS-HC)®

• Unless otherwise noted, score for last 3 days

• Examples of exceptions include IADLs/Continence/Services/Treatments where status scored over last 7 days

	A. NAME AND IDENTIFICATION NUMBERS		DE	CHON B.	COGNITIVE PATTERNS
NAME OF CLIENT			1.	MEMORY	(Code for recall of what was learned or known) 0. Memory OK 1. Memory problem
	a. (Last/Family Name) b. (First Name) c. (Middle Initial)	1.37	J484	ABILITY	a. Short-term memory OK — seems/appears to recall after 5 minutes
RECORD NO.	a. Pension (Social Security) Number				b. Situational memory OK—Both: recognizes the name (or face) of frequently encountered staff who provide help (e.g., physician, health care aide, homemaker) AND knows location of places regularly
MENT PENSION AND HEALTH	h Health insurance number (or other comparable insurance number)				visited (bedroom, living room, bathroom, common area) c. Procedural memory OK—Can perform all or almost all steps in a multiask sequence without cues for initiation
INSURANCE NUMBERS			2.	COGNITIVE SKILLS FOR DAILY	How well client made decisions about organizing the day (e.g., when
CTION B	B. PERSONAL ITEMS (Complete at Intake Only)			DECISION- MAKING	INDEPENDENT—Decisions consistent/reasonable/safe MODIFIED INDEPENDENCE—Some difficulty in new situations only
GENDER	1. Male 2. Fernale				MINIMALLY IMPAIRED—In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
BIRTHDATE	Month Day Year				MODEHAI ELY IMPAINED—Decisions consistently poor or unsale, cues/supervision required at all times SEVERELY IMPAIRED—Never/rarely made decisions
RACE/® ETHINICITY	Norm Norm		3.	INDICATORS OF DELIRIUM	a. Sudden or new onset/change in mental function over LAST 7 DAYS (including ability to pay attention, awareness of surroundings, being coherent, unpredictable variation over course of day) 0. No 1. Yes
MARITAL STATUS	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other				b. In the LAST 90 DAYS (or since last assessment if less than 90
	Primary Language 0. English 1. Spanish 2. French 3. Other				days), client has become agitated or disoriented such that his or her safety is endangered or client requires protection by others 0. No 1. Yes
EDUCATION (Highest	No schooling 5. Technical or trade school Bth grade/less 6. Some college	,	SE	CTION C.	COMMUNICATION/HEARING PATTERNS
Level	3,9-11 grades 7. Balchelor's degree 4. High school 8. Graduate degree	ſ	1.	HEARING	(With hearing appliance if used)
	(Code for responsibility/advanced directives) 0. No 1. Yes				HEARS ADEQUATELY—Normal talk, TV, phone, doorbell MINIMAL DIFFICULTY—When not in quiet setting HEARS IN SPECIAL SITUATIONS ONLY—Speaker has to adjust
DIRECTIVES	a. Client has a legal guardian	L			tonal quality and speak distinctly 3. HIGHLY IMPAIRED —Absence of useful hearing
	b. Client has advanced medical directives in place (for example, a do not hospitalize order)		2.	MAKING SELF	(Expressing information content—however able) 0. UNDERSTOOD—Expresses ideas without difficulty
	REFERRAL ITEMS (Complete at Intake Only)			(Expression)	USUALLY UNDERSTOOD—Difficulty finding words or finishing thoughts BUT it given time, little or no prompting required OFTEN UNDERSTOOD—Difficulty finding words or finishing thoughts,
DATE CASE OPENED/ REOPENED	Month Day Year				prompting usuality required 3. SOMETIMES UNDERSTOOD—Ability is limited to making concrete requests 14. RAPIELYNEVER UNDERSTOOD
REASON FOR	Post hospital care Community chronic care S. Day care	ľ	3.	ABILITY TO UNDER-	(Understands verbal informationhowever able)
GOALSOF	3. Home placement screen 6. Other (Code for patient/family understanding of goals of care) 0. No 1. Yes			STAND OTHERS	UNDERSTANDS—Clear comprehension USUALLY UNDERSTANDS—Misses some part/intent of message, BUT comprehends most conversation with little or no prompting
CARE	a. Rehabilitation c. Recuperation			(Comprehension)	OFTEN UNDERSTANDS—Misses some part/intent of message; with prompting can often comprehend conversation
	b. Family respite d. Palliative care			J,	S. SOMETIMES UNDERSTANDS—Responds adequately to simple, direct communication RARELYNEVER UNDERSTANDS
LIVED AT	Private home/apt. with no home care services Private home/apt. with home care services Board and care/assisted living/group home		SE	CTION D.	VISION PATTERNS
TIME OF REFERRAL	4. Nursing home 5. Other	ſ	1.	VISION	(Ability to see in adequate light and with glasses if used)
	1. Lived alone	ł			ADEQUATE—Sees fine detail, including regular print in newspapers/books
	2. Lived with spouse only 3. Lived with spouse and other(s) 4. Lived with child (not spouse) 5. Lived with other(s) (not spouse)				IMPAIRED—Sees large print, but not regular print in newspapers/books MODERATELY IMPAIRED—Limited vision; not able to see newspa-
DDIG 2 1411	5. Lived with other(s) (not spouse of children) 6. Lived in group setting with non-relative(s)				per headlines, but can identify objects 3. HIGHLY IMPAIRED—Object identification in question, but eyes appear to follow objects
PLACEMENT	Lived in a nursing home at anytime during 5 years priot to case opening 0. No 1. Yes				A SEVERELY IMPAIRED—No vision or sees only light, colors, or shapes; eyes do not appear to follow objects
TIAL	Moved to current residence within last two years		2.	VISUAL.	Saw halos or rings around lights, curtains over eyes, or flashes of
HISTORY	0. No 1. Yes			DIFFICUL- TIES	lights 0. No 1. Yes
	ASSESSMENT INFORMATION		3.	VISION	Worsening of vision as compared to status of 90 days ago (or since
ASSESS- MENT	Date of assessment			DECLINE	last assessment if less than 90 days) 0. No 1. Yes
REFERENCE DATE			SE	ECTION E. N	MOOD AND BEHAVIOR PATTERNS
REASONS	Month Day Year Type of assessment		1	INDICATORS	(Code for observed indicators irrespective of the assumed cause)
FOR ASSESS- MENT	Initial assessment Follow-up assessment Routine assessment at fixed intervals			OF DEPRES- SION, ANXIETY.	Indicator not exhibited in last 3 days Exhibited 1-2 of last 3 days Exhibited on each of last 3 days
	Review within 30-day period prior to discharge from the program S. Review at return from hospital	1		SAD MOOD	
= When how	6. Change in status 7. Other blank, must enter number or letter a. = When letter in box, check if condition				that life is not worth living, that nothing matters, that he or she is of no use to
MDS-H	C Version 12 — May 07, 1999 interRAI, 1994,1996, 1997, 1999		L	1	anyone or would rather be dead ADS-HC Version 12 — 05/07/1999 MDS-HC-P

ADLSE PE	REPORTMANCE (cont.)				
TING Includ	ing taking in food by any method, including tube feedings.				
off toilet dear	ncluding using the toilet room or commode, bedpan, urinal, transferring ning self after toilet use, changing pad, managing any special devices or catfleter), and adjusting clothes.				
ishing/drying to	SIENE—Including combing hair, brushing teeth, shaving, applying makeup, ace and hands, and perineum (EXCLUDE baths and showers)				
back and hair).	patient takes full-body bath/shower or sponge bath (EXCLUDE washing lindudes how each part of body is bathed; arms, upper and lower legs, perineal area. Code for most dependent episode in LAST7 DAYS				
MODES OF LOCOMO-	No assistive device 3. Scooter (e.g., Amigo) A. Wheelchair S. Activity did not occur				
TION	a. Indoors				
	b. Outdoors				
STAIR CLIMBING	In the last 3 days, how client went up and down stairs (e.g., single or multiple steps, using handrail as needed). If client did not go up and down stairs, code client's capacity for stair climbing				
	Up and down stairs without help Up and down stairs with help Not go up and down stairs—could do without help				
3. Not go up and down stairs—could do with help					
	Not go up and down stairs—no capacity to do it Not go up and down stairs—no capacity to do it Not go up and down stairs and assessor is unable to judge whether the capacity exists				
STAMINA	a. In a typical week, during the LAST 30 DAYS (or since last assessment), code the number of days client usually went out of the house or building in which client lives (no matter how short a time period) 0. Every day 2.1 day a week				
	1. 2-6 days a week 3. No days				
	b. Hours of physical activities in the last 3 days (e.g., walking, cleaning house, exercise) 0. Two or more hours 1. Less than two hours				
UNCTIONAL POTENTIAL	Client believes he/she capable of increased functional independence (ADL, IADL, mobility)	a.			
	Caregivers believe client is capable of increased functional independence (ADL, IADL, mobility)	b.			
,	Good prospects of recovery from current disease or conditions, improved health status expected	с.			
	NONE OF ABOVE	d.			
CTION I. CO	ONTINENCE IN LAST 7 DAYS				
BLADDER CONTI- NENCE	In LAST 7 DAYS (or since last assessment if less than 7 days) control of urinary bladder function (with appliances such as catheters or incontinence program employed) [Note—if dribbles, volume insufficient to soak through underparts]				
	CONTINENT—Complete control USUALLY CONTINENT—Incontinent episodes once a week or less COCASIONALLY INCONTINENT—Incontinent episodes 2 or more				
	times a week but not daily 3. FRECUENTLY INCONTINENT—Tends to be incontinent daily, but				

BLADDER CONTI- NENCE	In LAST 7 DAYS (or since last assessment if less than 7 days) control of urinary bladder function (with appliances such as catheters or incontinence program employed) [Note—if dribbles, volume insufficient to soak through underpants]	
	O. CONTINENT—Complete control USUALLY CONTINENT—Incontinent episodes once a week or	
	less 2. OCCASIONALLY INCONTINENT—Incontinent episodes 2 or more times a week but not daily	
	3. FREQUENTLY INCONTINENT—Tends to be incontinent daily, but some control present	
	INCONTINENT—Inadequate control, multiple daily episodes	
BLADDER DEVICES	(Check all that apply in LAST 7 DAYS—or since last assessment if less than 7 days)	
	Use of pads or briefs to protect against wetness	2
	Use of an indwelling urinary catheter	b
	NONE OF ABOVE	C.
BOWEL CONTI- NENCE	in LAST 7 DAYS (or since last assessment if less than 7 days), control of bowel movement (with appliance or bowel continence program if employed)	
NEWCE	(amproyed)	
	0.CONTINENT—Complete control 1.USUALLY CONTINENT—Bowel incontinent episodes less than weekly	3
	2. OCCASIONALLY INCONTINENT—Bowel incontinent episode once a week	
•	3. FREQUENTLY INCONTINENT—Bowel incontinent episodes 2-3 times a week	
	4. INCONTINENT—Bowel incontinent all (or almost all) of the time	

CTION J. DISEASE DIAGNOSES

ase/infection that doctor has indicated is present and affects client's status, requires treatit, or symptom management. Also include if disease is monitored by a health professional or is reason for a hospitalization in **last 90 days** (or since last assessment if less than 90 days)

- blank]. Not present
 . Present—not subject to focused treatment or monitoring by home care nurse
 . Present—monitored or treated by home care nurse
 If no disease in list, check J1ac, None of Abovej

1.	DISEASES	HEART/CIRCULATION	p. Osteoporosis
		a. Cerebrovascular accident (stroke)	SENSES
		,,	q. Cataract
		b. Congestive heart failure	r. Glaucoma
		c. Coronary artery disease	PSYCHIATRIC/MOOD
		d. Hypertension	s. Any psychiatric diagnosis
		e. Irregularly irregular pulse	INFECTIONS
		f. Peripheral vascular disease	t. HIV infection
		NEUROLOGICAL	u. Pneumonia
		g. Alzheimer's	v. Tuberculosis
		h. Dementia other than Alzheimer's disease	w. Urinary tract infection (in last 30 days)
		I. Head trauma	OTHER DISEASES
		j. Hemipigial/hemiparesis	
		k. Multiple sclerosis	x. Cancer—(in past 5 years) not including skin cancer
		I. Parkinsonism	y. Diabetes
		MUSCULO-SKELETAL	z. Emphysema/COPD/asthma
		m.Arthritis	aa. Renal Failure
		n. Hip fracture	ab.Thyroid disease (hyper or hypo)
		o. Other fractures (e.g., wrist, vertebral)	ac. NONE OF ABOVE ac.
2.	OTHER	8.	1 1 1 101 1
l	OR MORE		
	DETAILED	p	
	DIAGNOSES	c	
	AND ICD-9 CODES	d.	

SECTION K. HEALTH CONDITIONS AND PREVENTIVE HEALTH

MEASURES									
1.		NTIVE (Check all that apply—in PAST2YEARS)							
	HEALTH (PASTTWO	Blood pressure measured							
	YEARS)	Received influenza vaccination							
		est for blood in stool or screening endoscopy							
		FEMALE: Received breast examination or mammography							
		NONEOFABOVE		<u></u>	0.				
2.		(Check all that were present or	n at lea	st 2 of the last 3 days)					
	CONDITIONS PRESENT ON	Diamhea	_	Loss of appetite	d.				
	2 OR MORE	Difficulty urinating or urinating		Vomitina					
	DAYS	3 or more times at night	b .		<u>. </u>				
		Fever	C.	NONE OF ABOVE	f.				
3.		(Check all present at any poin	t during	last 3 days)					
	CONDITIONS IN LAST	PHYSICAL HEALTH		Edema	d.				
	WEEK	Chest pain at exertion or		Shortness of breath	•.				
		chest pain/pressure at rest	2.	MENTAL HEALTH					
		Constipation on all 3 of last 3		Delusions	٤.				
		days	b.	 Hallucinations					
		Dizziness or lightheadedness	c.	NONE OF ABOVE	g. h				
4.	PAIN	a Frequency with which client	comoir	ains or shows evidence of pain	<u> </u>				
"		0. No pain	2	2. Daily - one period					
		1. Less than daily	3	B. Daily - multiple periods (e.g., morning and evening)					
		b. Intensity of pain		(
	,	0. No pain 2. Mode		4. Times when pain is homble					
		1. Mild 3. Sever	9	or excruciating					
		c. From client's point of view,	pain in	tensity disrupts usual activities					
	ļ	0. No 1. Yes			—				
		d. Character of pain 0. No pain 1. Locali	zed - sir	ngle site 2. Multiple sites	<u></u>				
		e. From client's point of view,	medica	tions adequately control pain					
		0. Yes or no pain 1. Medic	ations o	to not 2. Pain present, ontrol pain medication not					
		i i	-	taken					
5.		Number of times fell in LAST	180 D/	AYS (or since last assessment if					
_	FREQUENCY		000e T	; it more than 9, code 9					
6.	DANGER OF	(Code for danger of falling) 0. No 1. Ye	s						
		a. Unsteady gait							
		b. Client limits going outdoor using bus, goes out only v	s due to vith oth	o fear of falling (e.g., stopped ers)	<u> </u>				

2.	SPECIAL TREATMENTS,	SPECIAL PROCEDURES DONE IN HOME			Medical a electronic					
	THERAPIES,	x. Daily nurse monitoring		aa.	Skin treat	ment				
	(cont)	(e.g., EKG, urinary output)		<u> </u>	Special di					
		y. Nurse monitoring less than daily		ac.	NONEOF	ABOVE		ac.		
3.	MANAGE- MENT OF	Management codes: 0. Not used				1				
	EQUIPMENT (in Last 3	1. Managed on own								
	Days)									
		a. Oxygen	<u> </u>	c. (Catheter					
_		b.IV		1						
4.	VISITS IN LAST 90 DAYS									
	OR SINCELAST	a. Number of times ADMITTE								
	ASSESSMEN	b. Number of times VISITED 6 overnight stay		IC14	or noon	/ WILL KOUL	341			
		c. EMERGENT CARE—incluing theraputic visits to office or		sche	eduled nu	rsing, phy	sician, or			
5.	TREATMENT GOALS	Any treatment goals that have last assessment if less than				90 DAYS	(or since			
_		0. No 1. Yes	3	• •		ac ~==	anned to			
6.	OVERALL CHANGE IN	Overall self sufficiency has of status of 90 DAYS AGO (or sin 0. No change 1. Improved—no	ice last :	asse	essment if	less than !	90 days)			
_	CARE NEEDS	supports			rece	ives more	support			
7.	TRADE OFFS	among purchasing any of the	following	1 0 : 0	rescribed	medication	ons, suffi-	i		
		cient home heat, necessary ph 0. No 1. Yes	nysician	car	e, adequa	te 1000, n	orne care			
		IEDICATIONS							1	
1.	MEDICA-	Record the number of different counter), including eye drops, to	laken re	gula	uny oron a	лоссаѕю	na! Dasis	1 1		
	TIONS	in the LAST 7 DAYS (or sind more than 9, code "9"]								
2.	RECEIPT OF PSYCHO-	assesssment) [Note-Review	v client	s m	edications	with the	list that			
	TROPIC MEDICATION	applies to the following catego	ories]	1	0. No		/es			
		a. Antipsychotic b. Antianxiety		1	:. Antidepi d. Hypnoti					
3.	MEDICAL	Physician reviewed client's me	dication				O DAYS			
	OVERSIGHT	0. Discussed with at least o	ne phys	sicia	n (or no m	edication	taken)			
4.	COMPLI-	No single physician review Compliant all or most of time with		_	~~~	ribed by p	hysician			
	ANCE/ ADHERENCE	(both during and between the	rapy vis	its)						
	WITH MEDICA-	O. Always compliant Compliant 80% of time or	more							
	HONS	Compliant less than 80% prescribed medications NOMEDICATIONS PRES			luding tak	nue so baro	JI8S6			
5.	LISTOFALL	List prescribed and popprescri	bed me	dica	tions take	n in LAST	7 DAYS	orsince	last as	sessment)
	MEDICATIONS	b. Form: Code the route of A	dminist	ratio	n using th	e following	g list:		=other	
		1=by mouth (PO) 2=sub lingual (SL) 3=intramuscular (IM)	+==rurav 5==subci 5==rectal	utan (P)	us (IV) eous(SQ)	/=lup 8=inh 9=ent	alation eral tube		-04 101	ļ
		d. Freq: Code the number of		٠.					adminis	stered
		using the following list: PR=(PRN) as necessary	2D=(B	IID) I	two times	daily	QO=eve	ery other	r day	
		1H=(QH) every hour 2H=(Q2H) every two hours 3H=(Q3H) every three hours	3D=(T	1D) 1	des every hree time	s daily	4W=4 tir 5W=five	times e	ach we	ek
		AH-(CAH) every four bours 5D-five times daily 1: 1M=(C month) once every month								
		6H=(Q6H) every six hours 1W=(Q week) once each wk 2M=twice every month 8H=(Q8H) every eight hours 2W=two times every week C=continuous 1D=(QD or HS) once daily 3W=three times every week O=other								
		1D=(QD or HS) once daily a. Name and Dose	J##=U	# UU	#11 62 6 76	b. Form	•	mber Ta	ken	d. Freq.
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⁹ Country specific MDS-HC Version 12 — 05/07/1999