

SHP is pleased to provide home health agencies with a complete side-by-side comparison of the OASIS-D1 and OASIS-E/E1 assessment forms. Items that have been added or removed between the two OASIS versions are indicated with color coding. This document includes all items recorded at start of care (SOC), resumption of care (ROC), follow-up (FU), transfer (TRF), discharge (DC), and death at home (DAH). Next to each item is a box listing the assessment reasons at which each item is recorded, (o) indicates an optional item.

This guide is an excellent reference for anyone who works with OASIS Assessments and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims. We recommend printing copies for your staff to aid in the transition to OASIS-E1 and beyond. **Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.**

## Item Summary

Item #	Sec.	Description	OASIS-D1 Time Points						OASIS-E/E1 Time Points						Notes
			SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH	
M0010-100,150	A	Administrative Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M0102	A	Date of Phys-ordered S/ROC	✓	✓					✓	✓					
M0104	A	Date of Referral	✓	✓					✓	✓					
M0110	A	Episode Timing	✓	✓	✓				E	E	E				Removed (E1)
M0906	A	Discharge/Transfer/Death Date				✓	✓	✓				✓	✓	✓	
M1000	A	Inpat Fac DC within 14 days	✓	✓					✓	✓					
M1005	A	Inpat DC Date	✓	✓					✓	✓					
M0140	A	Race/Ethnicity	✓	✓											Removed (E)
A1005	A	Ethnicity							✓						Added (E)
A1010	A	Race							✓						Added (E)
A1110	A	Language							✓						Added (E)
A1250	A	Transportation							✓	✓			✓		Added (E)
M2301	A	Emergent Care				✓	✓					✓	✓		
M2310	A	Reason for EC				✓	✓					✓	✓		
M2410	A	Inpat Fac admitted to				✓	✓					✓	✓		
M2420	A	DC Disposition					✓						✓		
A2120	A	Med List Provision to Provider										✓			Added (E)
A2121	A	Med List Provision to Provider											✓		Added (E)
A2122	A	Route of Provision to Provider										✓	✓		Added (E)
A2123	A	Med List Provision to Patient											✓		Added (E)
A2124	A	Route of Provision to Patient											✓		Added (E)
B0200	B	Hearing							✓						Added (E)
M1200	B	Vision	✓	✓	✓										Removed (E)
B1000	B	Vision							✓						Added (E)
B1300	B	Health Literacy							✓	✓			✓		Added (E)
C0100	C	BIMS Interview Attempted							✓	✓			✓		Added (E)
C0200	C	BIMS: Repetition of 3 Words							✓	✓			✓		Added (E)
C0300	C	BIMS: Temporal Orientation							✓	✓			✓		Added (E)
C0400	C	BIMS: Recall							✓	✓			✓		Added (E)
C0500	C	BIMS: Summary Score							✓	✓			✓		Added (E)
C1310	C	Signs/Symp of Delirium							✓	✓			✓		Added (E)
M1700	C	Cognitive Functioning	✓	✓			✓		✓	✓			✓		
M1710	C	When Confused	✓	✓			✓		✓	✓			✓		
M1720	C	When Anxious	✓	✓			✓		✓	✓			✓		
M1730	D	Depression Screening	✓	✓											Removed (E)
D0150	D	Patient Mood Interview							✓	✓			✓		Added (E)
D0160	D	Total Severity Score							✓	✓			✓		Added (E)
D0700	D	Social Isolation							✓	✓			✓		Added (E)
M1740	E	Cog, Behav, Psych Symptoms	✓	✓			✓		✓	✓			✓		
M1745	E	Freq of Behavior Symptoms	✓	✓			✓		✓	✓			✓		
M1100	F	Living Situation	✓	✓					✓	✓					
M2102	F	Types and Src of Assistance	✓	✓			✓		✓	✓			✓		
M1800	G	Grooming	✓	✓	✓		✓		✓	✓	✓		✓		
M1810	G	Upper Dressing	✓	✓	✓		✓		✓	✓	✓		✓		
M1820	G	Lower Dressing	✓	✓	✓		✓		✓	✓	✓		✓		
M1830	G	Bathing	✓	✓	✓		✓		✓	✓	✓		✓		
M1840	G	Toilet Trf	✓	✓	✓		✓		✓	✓	✓		✓		
M1845	G	Toilet Hyg	✓	✓			✓		✓	✓			✓		
M1850	G	Bed Trf	✓	✓	✓		✓		✓	✓	✓		✓		
M1860	G	Ambulation	✓	✓	✓		✓		✓	✓	✓		✓		
GG0100	GG	Prior Functioning	✓	✓					✓	✓					

## Continued...

Item #	Sec.	Description	OASIS-D1 Time Points							OASIS-E/E1 Time Points							Notes
			SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH			
GG0110	GG	Prior Device Use	✓	✓					✓	✓							
GG0130	GG	Self-Care	✓	✓	✓		✓		✓	✓	✓		✓			DC Goal Remvd (E1)	
GG0170	GG	Mobility	✓	✓	✓		✓		✓	✓	✓		✓			DC Goal Remvd (E1)	
M1600	H	UTI	✓	✓			✓		✓	✓			✓				
M1610	H	Urinary Incont/Catheter	✓	✓	✓				✓	✓						Removed at FU (E)	
M1620	H	Bowel Incont Freq	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1630	H	Ostomy	✓	✓	✓				✓	✓						Removed at FU (E)	
M1021	I	Primary Dx	✓	✓	✓				✓	✓						Removed at FU (E)	
M1023	I	Other Dx	✓	✓	✓				✓	✓						Removed at FU (E)	
M1028	I	Comorb/Co-existing Conditions	✓	✓					✓	✓							
M1033	J	Risk for Hospitalization	✓	✓	✓				✓	✓	✓						
J0510	J	Pain Effect on Sleep							✓	✓			✓			Added (E)	
M1242	J	Freq of Pain Interfer w/ Activity	✓	✓	✓		✓									Removed (E)	
J0520	J	Pain Interfer w/ Therapy							✓	✓			✓			Added (E)	
J0530	J	Pain Interfer w/ Activity							✓	✓			✓			Added (E)	
J1800	J	Any Falls since S/ROC				✓	✓	✓				✓	✓	✓			
J1900	J	Number of Falls since S/ROC				✓	✓	✓				✓	✓	✓			
M1910	J	Falls Risk Asmt	✓	✓												Removed (E)	
M1400	J	Dyspnea	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1060	K	Height and Weight	✓	✓					✓	✓							
K0520	K	Nutritional Approaches							✓	✓			✓			Added (E)	
M1030	K	Therapies Received at Home	✓	✓	✓											Removed (E)	
M1870	K	Feeding or Eating	✓	✓			✓		✓	✓			✓				
M1306	M	Unhealed PU Stage 2+	✓	✓	✓		✓		✓	✓	✓		✓				
M1307	M	Oldest Stage 2 PU					✓						✓				
M1311	M	Current # Unhealed PUs	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1322	M	Current # Stage 1 PUs	✓	✓	✓				✓	✓						Removed at FU (E)	
M1324	M	Stage of Most Prob PU	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1330	M	Presence of Stasis Ulc	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1332	M	Current # Obs Stasis Ulc	✓	✓	✓				✓	✓						Removed at FU (E)	
M1334	M	Status of Most Prob Stasis Ulc	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1340	M	Presence of Surgical Wound	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
M1342	M	Status of Most Prob Srg Wnd	✓	✓	✓		✓		✓	✓			✓			Removed at FU (E)	
N0415	N	High Risk Drug Classes							✓	✓			✓			Added (E)	
M2001	N	Drug Reg Review	✓	✓					✓	✓							
M2003	N	Medication Follow-up	✓	✓					✓	✓							
M2005	N	Medication Intervention				✓	✓	✓				✓	✓	✓			
M2010	N	High-Risk Drug Education	✓	✓					✓	✓							
M2016	N	Drug Education Intervention				✓	✓									Removed (E)	
M2020	N	Mgmt of Oral Meds	✓	✓			✓		✓	✓			✓				
M2030	N	Mgmt of Injectable Meds	✓	✓	✓				✓	✓						Removed at FU (E)	
O0110	O	Special Trtmts, Procd, Prog							✓	✓			✓			Added (E)	
O0350	O	COVID-19 Vac										✓	✓	✓		Added (E1)	
M1041	O	Flu Vac Data Collection Period				✓	✓					✓	✓				
M1046	O	Flu Vac Received				✓	✓					✓	✓				
M1051	O	Pneumococcal Vac				✓	✓									Removed (E)	
M1056	O	Reason PPV Not Received				✓	✓									Removed (E)	
M2200	O	Therapy Need	✓	✓	✓				E	E						Removed (E1)	
M2401	Q	Intervention Synopsis				✓	✓					✓	✓			2401a removed (E)	

This is based on the Final OASIS-E1 All Items Instrument posted by CMS on December 23, 2024 and scheduled for implementation on January 1, 2025. This guide is provided by SHP as a service and is for informational use only. Always consult CMS.gov for the most up-to-date information including future changes.

OASIS-D	Clinical Record Items, Patient History, Items Collected at TRF/DC	
M0010. CMS Certification Number		
	<div></div>	
M0014. Branch State		
	<div></div>	
M0016. Branch ID Number		
	<div></div>	
M0018. National Provider Identifier (NPI) for the attending physician who has signed the plan of care		
	<div></div> <div>UK - Unknown or Not Available</div>	
M0020. Patient ID Number		
	<div></div>	
M0030. Start of Care Date		
	<div></div> <div>MonthDayYear</div>	
M0032. Resumption of Care Date		
	<div></div> <div>MonthDayYear</div> <div>NA - Not Applicable</div>	
M0040. Patient Name		
	<div></div> <div>(First)</div> <div></div> <div>(MI)</div> <div></div> <div>(Last)</div> <div></div> <div>(Suffix)</div>	
M0050. Patient State of Residence		
	<div></div>	
M0060. Patient ZIP Code		
	<div></div>	
M0063. Medicare Number		
	<div></div> <div>NA - No Medicare</div>	
M0064. Social Security Number		
	<div></div> <div>UK - Unknown or Not Available</div>	
M0065. Medicaid Number		
	<div></div> <div>NA - No Medicare</div>	
M0066. Birth Date		
	<div></div> <div>MonthDayYear</div>	
M0069. Gender		
<div>Enter Code</div> <div></div>	<div>1. Male</div> <div>2. Female</div>	
M0080. Discipline of Person Completing Assessment		
<div>Enter Code</div> <div></div>	<div>1. RN</div> <div>2. PT</div> <div>3. SLP/ST</div> <div>4. OT</div>	
M0090. Date Assessment Completed		
	<div></div> <div>MonthDayYear</div>	
M0100. This Assessment is Currently Being Completed for the Following Reason		
<div>Enter Code</div> <div></div>	<div>Start/Resumption of Care</div> <div>1. Start of care - further visits planned</div> <div>3. Resumption of care (after inpatient stay)</div> <div>Follow-Up</div> <div>4. Recertification (follow-up) reassessment ↓ Skip to M0110</div> <div>5. Other follow-up ↓ Skip to M0110</div> <div>Transfer to an Inpatient Facility</div> <div>6. Transferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041</div> <div>7. Transferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041</div> <div>Discharge from Agency - Not to an Inpatient Facility</div> <div>8. Death at home ↓ Skip to M2005</div> <div>9. Discharge from agency ↓ Skip to M1041</div>	

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OASIS-E/E1	Section A	Administrative Information
M0010. CMS Certification Number		
	<div></div>	
M0014. Branch State		
	<div></div>	
M0016. Branch ID Number		
	<div></div>	
M0018. National Provider Identifier (NPI) for the attending physician who has signed the plan of care		
	<div></div> <div>UK - Unknown or Not Available</div>	
M0020. Patient ID Number		
	<div></div>	
M0030. Start of Care Date		
	<div></div> <div>MonthDayYear</div>	
M0032. Resumption of Care Date		
	<div></div> <div>MonthDayYear</div> <div>NA - Not Applicable</div>	
M0040. Patient Name		
	<div></div> <div>(First)</div> <div></div> <div>(MI)</div> <div></div> <div>(Last)</div> <div></div> <div>(Suffix)</div>	
M0050. Patient State of Residence		
	<div></div>	
M0060. Patient ZIP Code		
	<div></div>	
M0063. Medicare Number		
	<div></div> <div>NA - No Medicare</div>	
M0064. Social Security Number		
	<div></div> <div>UK - Unknown or Not Available</div>	
M0065. Medicaid Number		
	<div></div> <div>NA - No Medicare</div>	
M0066. Birth Date		
	<div></div> <div>MonthDayYear</div>	
M0069. Gender		
<div>Enter Code</div> <div></div>	<div>1. Male</div> <div>2. Female</div>	
M0080. Discipline of Person Completing Assessment		
<div>Enter Code</div> <div></div>	<div>1. RN</div> <div>2. PT</div> <div>3. SLP/ST</div> <div>4. OT</div>	
M0090. Date Assessment Completed		
	<div></div> <div>MonthDayYear</div>	
M0100. This Assessment is Currently Being Completed for the Following Reason		
<div>Enter Code</div> <div></div>	<div>Start/Resumption of Care</div> <div>1. Start of care - further visits planned</div> <div>3. Resumption of care (after inpatient stay)</div> <div>Follow-Up</div> <div>4. Recertification (follow-up) reassessment ↓ Skip to M0110</div> <div>5. Other follow-up ↓ Skip to M0110</div> <div>Transfer to an Inpatient Facility</div> <div>6. Transferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041</div> <div>7. Transferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041</div> <div>Discharge from Agency - Not to an Inpatient Facility</div> <div>8. Death at home ↓ Skip to M2005</div> <div>9. Discharge from agency ↓ Skip to M1041</div>	

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M2420. Discharge Disposition

Where is the patient after discharge from your agency? (Choose only one answer.)

Enter Code

☐

1.

Patient remained in the community (without formal assistive services)

2.

Patient remained in the community (with formal assistive services)

3.

Patient transferred to a non-institutional hospice

4.

Unknown because patient moved to a geographic location not served by this agency

5.

UK Other unknown [\[Go to M0906\]](#)

DC

M2420. Discharge Disposition

Where is the patient after discharge from your agency? (Choose only one answer.)

Enter Code

☐

1.

Patient remained in the community (without skilled services from a Medicare Certified HHA or non-institutional hospice) → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge

2.

Patient remained in the community (with skilled services from a Medicare Certified HHA) → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

3.

Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

4.

Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge

UK

Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge

A2120. Provision of Current Reconciled Medication List to Subsequent Provider at Transfer

At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?

Enter Code

☐

0.

No - Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC

1.

Yes - Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider

2.

NA - The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?

Enter Code

☐

0.

No - Current reconciled medication list not provided to the subsequent provider → Skip to B1300, Health Literacy

1.

Yes - Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Route of Transmission

↓ Check all that apply ☐

A.

Electronic Health Record

☐

B.

Health Information Exchange Organization

☐

C.

Verbal (e.g., in-person, telephone, video conferencing)

☐

D.

Paper-based (e.g., fax, copies, printouts)

☐

E.

Other Methods (e.g., texting, email, CDs)

☐

After completing A2122, Skip to B1300, Health Literacy at Discharge

A2123. Provision of Current Reconciled Medication List to Patient at Discharge

At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?

Enter Code

☐

0.

No - Current reconciled medication list not provided to the patient, family, and/or caregiver → Skip to B1300, Health Literacy

1.

Yes - Current reconciled medication list provided to the patient, family, and/or caregiver → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient

A2124. Route of Current Reconciled Medication List Transmission to Patient

Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.

Route of Transmission

↓ Check all that apply ☐

A.

Electronic Health Record

☐

B.

Health Information Exchange Organization

☐

C.

Verbal (e.g., in-person, telephone, video conferencing)

☐

D.

Paper-based (e.g., fax, copies, printouts)

☐

E.

Other Methods (e.g., texting, email, CDs)

☐

DC

TRF

DC

TRF

DC

DC

DC

SHP



M1200. Vision with corrective lenses if the patient usually wears them):	
Enter Code <div></div>	<div>0. Normal vision: sees adequately in most situations; can see medication labels, newsprint.</div> <div>1. Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.</div> <div>2. Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.</div>

SOC

ROC

FU

M1242. Frequency of Pain shown in section J

M1400. Dyspnea shown in section J

B0200. Hearing	
Enter Code <div></div>	<div>Ability to hear (with hearing aid or hearing appliances if normally used)</div> <div>0. Adequate - no difficulty in normal conversation, social interaction, listening to TV</div> <div>1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly, or setting is noisy)</div> <div>2. Moderate difficulty - speaker has to increase volume and speak distinctly</div> <div>3. Highly impaired - absence of useful hearing</div>
B1000. Vision	
Enter Code <div></div>	<div>Ability to see in adequate light (with glasses or other visual appliances)</div> <div>0. Adequate - sees fine detail, such as regular print in newspapers/books</div> <div>1. Impaired - sees large print, but not regular print in newspapers/books</div> <div>2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects</div> <div>3. Highly impaired - object identification in question, but eyes appear to follow objects</div> <div>4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects</div>
B1300. Health Literacy (From Creative Commons ©) How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	
Enter Code <div></div>	<div>0. Never</div> <div>1. Rarely</div> <div>2. Sometimes</div> <div>3. Often</div> <div>4. Always</div> <div>7. Patient declines to respond</div> <div>8. Patient unable to respond</div>

SOC

SOC

SOC

ROC

DC

M1730. Depression Screening (removed item) shown in section D

M1740. Cognitive, Behavioral, and Psychiatric Symptoms shown in section E

M1745. Frequency of Disruptive Behavior Symptoms shown in section E

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

Attempt to conduct interview with all patients.

Enter Code

0.

No (patient is rarely/never understood) → Skip to C1310 Signs and Symptoms of Delirium (from CAM ©)

1.

Yes → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

Ask patient: "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 patient'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 patient: "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 patient: "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 patient: "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 patient: "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. BIMS Summary Score

Enter Score

Add scores for questions C0200-C0400 and fill in total score (00-15)

Enter 99 if the patient was unable to complete the interview


SOC  
ROC  
DC

SOC  
ROC  
DC

SOC  
ROC  
DC

SOC  
ROC  
DC

SOC  
ROC  
DC

 SHP

<b>M1700. Cognitive Functioning</b> Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	
Enter Code <input type="checkbox"/>	0. Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility. 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.
<b>M1710. When Confused</b> Reported or observed within the last 14 days.	
Enter Code <input type="checkbox"/>	0. Never 1. In new or complex situations only 2. On awakening or at night only 3. During the day and evening, but not constantly 4. Constantly NA Patient nonresponsive
<b>M1720. When Anxious</b> Reported or observed within the last 14 days.	
Enter Code <input type="checkbox"/>	0. None of the time 1. Less often than daily 2. Daily, but not constantly 3. All of the time NA Patient nonresponsive

SOC  
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DC

SOC  
ROC  
DC

SOC  
ROC  
DC

<b>C1310. Signs and Symptoms of Delirium (from CAM©)</b>		
Code <b>after completing</b> Brief Interview for Mental Status and reviewing medical record.		
A. <b>Acute Onset of Mental Status Change</b>		
Enter Code <input type="checkbox"/>	Is there evidence of an acute change in mental status from the patient's baseline? 0. <b>No</b> 1. <b>Yes</b>	
Coding: 0. <b>Behavior not present</b> 1. <b>Behavior continuously present, does not fluctuate</b> 2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	B. <b>Inattention</b> - Did patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being
	<input type="checkbox"/>	C. <b>Disorganized thinking</b> - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/>	D. <b>Altered level of consciousness</b> - Did the patient have altered level of consciousness, as indicated by any of the following criteria? ▪ <b>Vigilant</b> - startled easily to any sound or touch ▪ <b>Lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch ▪ <b>Stuporous</b> - very difficult to arouse and keep aroused for the interview ▪ <b>Comatose</b> - could not be aroused
<b>M1700. Cognitive Functioning</b> Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.		
Enter Code <input type="checkbox"/>	0. Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 1. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. 2. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility. 3. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 4. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	
<b>M1710. When Confused</b> Reported or Observed Within the Last 14 Days.		
Enter Code <input type="checkbox"/>	0. Never 1. In new or complex situations only 2. On awakening or at night only 3. During the day and evening, but not constantly 4. Constantly NA Patient nonresponsive	
<b>M1720. When Anxious</b> Reported or Observed Within the Last 14 Days.		
Enter Code <input type="checkbox"/>	0. None of the time 1. Less often than daily 2. Daily, but not constantly 3. All of the time NA Patient nonresponsive	

SOC  
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ROC  
DC

SOC  
ROC  
DC





SOC  
ROC  
DC

OASIS-D

Neuro / Emotional / Behavioral Status (continued)

M1740. Cognitive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (reported or observed)

↓ Check all that apply

☐

1.

Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required

☐

2.

Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions

☐

3.

Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.

☐

4.

Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)

☐

5.

Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)

☐

6.

Delusional, hallucinatory, or paranoid behavior

☐

7.

None of the above behaviors demonstrated

M1745. Frequency of Disruptive Behavior Symptoms (reported or observed)

Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

Enter Code

☐

0.

Never

1.

Less than once a month

2.

Once a month

3.

Several times each month

4.

Several times a week

5.

At least daily

SOC

ROC

DC

OASIS-D

Living Arrangements / Care Management

M1100. Patient Living Situation

Which of the following best describes the patient's residential circumstance and availability of assistance?

Living Arrangement	Availability of Assistance				
	Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term	No Assistance Available
	↓ Check one box only □				
A. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
B. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
C. Patient lives in congregate situation (for example, assisted living, residential care home)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

M2102. Types and Sources of Assistance

Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.

Enter Code

☐

A. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

Enter Code

☐

C. Medication administration (for example, oral, inhaled or injectable)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

Enter Code

☐

D. Medical procedures/treatments (for example, changing wound dressing, home exercise program)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

Enter Code

☐

F. Supervision and safety (for example, due to cognitive impairment)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

SOC

ROC

DC

OASIS-E/E1

Section E

Behavior

M1740. Cognitive, Behavioral, and Psychiatric Symptoms that are demonstrated at least once a week (reported or observed)

↓ Check all that apply

☐

1.

Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required

☐

2.

Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions

☐

3.

Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc.

☐

4.

Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects)

☐

5.

Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions)

☐

6.

Delusional, hallucinatory, or paranoid behavior

☐

7.

None of the above behaviors demonstrated

M1745. Frequency of Disruptive Behavior Symptoms (reported or observed)

Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.

Enter Code

☐

0.

Never

1.

Less than once a month

2.

Once a month

3.

Several times each month

4.

Several times a week

5.

At least daily

SOC

ROC

DC

OASIS-E/E1

Section F

Preferences for Customary Routine Activities

M1100. Patient Living Situation

Which of the following best describes the patient's residential circumstance and availability of assistance?

Living Arrangement	Availability of Assistance				
	Around the Clock	Regular Daytime	Regular Nighttime	Occasional/ Short-Term	No Assistance Available
	↓ Check one box only □				
A. Patient lives alone	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
B. Patient lives with other person(s) in the home	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	<input type="checkbox"/> 09	<input type="checkbox"/> 10
C. Patient lives in congregate situation (for example, assisted living, residential care home)	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15

M2102. Types and Sources of Assistance

Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.

Enter Code

☐

A. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

Enter Code

☐

C. Medication administration (for example, oral, inhaled or injectable)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

Enter Code

☐

D. Medical procedures/treatments (for example, changing wound dressing, home exercise program)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

Enter Code

☐

F. Supervision and safety (for example, due to cognitive impairment)

0.

No assistance needed - patient is independent or does not have needs in this area

1.

Non-agency caregiver(s) currently provide assistance

2.

Non-agency caregiver(s) need training/supportive services to provide assistance

3.

Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance

4.

Assistance needed, but no non-agency caregiver(s) available

SOC

ROC

DC

OASIS-D	ADL / IADLs
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<b>M1800. Grooming</b>	
Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	
Enter Code <input type="checkbox"/>	0. Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1. Grooming utensils must be placed within reach before able to complete grooming activities. 2. Someone must assist the patient to groom self. 3. Patient depends entirely upon someone else for grooming needs.
<b>M1810. Current Ability to Dress <u>Upper</u> Body</b> safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps.	
Enter Code <input type="checkbox"/>	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1. Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2. Someone must help the patient put on upper body clothing. 3. Patient depends entirely upon another person to dress the upper body.
<b>M1820. Current Ability to Dress <u>Lower</u> Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	
Enter Code <input type="checkbox"/>	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1. Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2. Someone must help the patient put on upper body clothing. 3. Patient depends entirely upon another person to dress the upper body.
<b>M1830. Bathing</b>	
Current ability to wash entire body safely. <u>Excludes</u> grooming (washing face, washing hands, and shampooing hair).	
Enter Code <input type="checkbox"/>	0. Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower. 1. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 2. Able to bathe in shower or tub with the intermittent assistance of another person: a. for intermittent supervision or encouragement or reminders, <u>OR</u> b. to get in and out of the shower or tub, <u>OR</u> c. for washing difficult to reach areas. 3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 5. Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 6. Unable to participate effectively in bathing and is bathed totally by another person.
<b>M1840. Toilet Transferring</b>	
Current ability to get to and from the toilet or bedside commode safely and transfer on <u>and</u> off toilet/commode.	
Enter Code <input type="checkbox"/>	0. Able to get to and from the toilet and transfer independently with or without a device. 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 2. <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3. <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4. Is totally dependent in toileting.
<b>M1845. Toileting Hygiene</b>	
Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment.	
Enter Code <input type="checkbox"/>	0. Able to manage toileting hygiene and clothing management without assistance. 1. Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. 2. Someone must help the patient to maintain toileting hygiene and/or adjust clothing. 3. Patient depends entirely upon another person to maintain toileting hygiene.
<b>M1850. Transferring</b>	
Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	
Enter Code <input type="checkbox"/>	0. Able to independently transfer. 1. Able to transfer with minimal human assistance or with use of an assistive device. 2. Able to bear weight and pivot during the transfer process but unable to transfer self. 3. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4. Bedfast, unable to transfer but is able to turn and position self in bed. 5. Bedfast, unable to transfer and is unable to turn and position self.
<b>M1860. Ambulation/Locomotion</b>	
Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code <input type="checkbox"/>	0. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3. Able to walk only with the supervision or assistance of another person at all times. 4. Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. 5. Chairfast, <u>unable</u> to ambulate and is unable to wheel self. 6. Bedfast, unable to ambulate or be up in a chair.

M1870. Feeding or Eating shown in section K



OASIS-E/E1	Section G	Functional Status
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## G

<b>M1800. Grooming</b>	
Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	
Enter Code <input type="checkbox"/>	0. Able to groom self unaided, with or without the use of assistive devices or adapted methods. 1. Grooming utensils must be placed within reach before able to complete grooming activities. 2. Someone must assist the patient to groom self. 3. Patient depends entirely upon someone else for grooming needs.
<b>M1810. Current Ability to Dress <u>Upper</u> Body</b> safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps.	
Enter Code <input type="checkbox"/>	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 1. Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2. Someone must help the patient put on upper body clothing. 3. Patient depends entirely upon another person to dress the upper body.
<b>M1820. Current Ability to Dress <u>Lower</u> Body</b> safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	
Enter Code <input type="checkbox"/>	0. Able to obtain, put on, and remove clothing and shoes without assistance. 1. Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient. 2. Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. 3. Patient depends entirely upon another person to dress lower body.
<b>M1830. Bathing</b>	
Current ability to wash entire body safely. <u>Excludes</u> grooming (washing face, washing hands, and shampooing hair).	
Enter Code <input type="checkbox"/>	0. Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower. 1. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 2. Able to bathe in shower or tub with the intermittent assistance of another person: a. for intermittent supervision or encouragement or reminders, <u>OR</u> b. to get in and out of the shower or tub, <u>OR</u> c. for washing difficult to reach areas. 3. Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 5. Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 6. Unable to participate effectively in bathing and is bathed totally by another person.
<b>M1840. Toilet Transferring</b>	
Current ability to get to and from the toilet or bedside commode safely and transfer on <u>and</u> off toilet/commode.	
Enter Code <input type="checkbox"/>	0. Able to get to and from the toilet and transfer independently with or without a device. 1. When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 2. <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance). 3. <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 4. Is totally dependent in toileting.
<b>M1845. Toileting Hygiene</b>	
Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment.	
Enter Code <input type="checkbox"/>	0. Able to manage toileting hygiene and clothing management without assistance. 1. Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient. 2. Someone must help the patient to maintain toileting hygiene and/or adjust clothing. 3. Patient depends entirely upon another person to maintain toileting hygiene.
<b>M1850. Transferring</b>	
Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	
Enter Code <input type="checkbox"/>	0. Able to independently transfer. 1. Able to transfer with minimal human assistance or with use of an assistive device. 2. Able to bear weight and pivot during the transfer process but unable to transfer self. 3. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 4. Bedfast, unable to transfer but is able to turn and position self in bed. 5. Bedfast, unable to transfer and is unable to turn and position self.
<b>M1860. Ambulation/Locomotion</b>	
Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	
Enter Code <input type="checkbox"/>	0. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 3. Able to walk only with the supervision or assistance of another person at all times. 4. Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. 5. Chairfast, <u>unable</u> to ambulate and is unable to wheel self. 6. Bedfast, unable to ambulate or be up in a chair.

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GG0100. Prior Functioning: Everyday Activities

Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

<b>Coding:</b> 3. <b>Independent</b> - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.  2. <b>Needed Some Help</b> - Patient needed partial assistance from another person to complete any activities.  1. <b>Dependent</b> - A helper completed all the activities for the patient.  8. <b>Unknown</b> 9. <b>Not Applicable</b>	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. <b>Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	B. <b>Indoor Mobility (Ambulation):</b> Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	C. <b>Stairs:</b> Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	<input type="checkbox"/>	D. <b>Functional Cognition:</b> Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0110. Prior Device Use

Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

GG0130. Self Care

[SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale.

[SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.

05. **Setup or clean up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. **Patient refused**

09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.

10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

88. **Not attempted due to medical conditions or safety concerns**

[at SOC/ROC]		[at Fol-Up]	[at DC]	
1. SOC/ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf	
↓ Enter Codes in Boxes				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B. <b>Oral Hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C. <b>Toileting Hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>		<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of
<input type="text"/>	<input type="text"/>		<input type="text"/>	F. <b>Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>		<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>		<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

SOC

ROC

SOC

ROC

SOC

ROC

FU

DC

GG0100. Prior Functioning: Everyday Activities

Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury.

<b>Coding:</b> 3. <b>Independent</b> - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.  2. <b>Needed Some Help</b> - Patient needed partial assistance from another person to complete any activities.  1. <b>Dependent</b> - A helper completed all the activities for the patient.  8. <b>Unknown</b> 9. <b>Not Applicable</b>	↓ Enter Codes in Boxes	
	<input type="checkbox"/>	A. <b>Self Care:</b> Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	B. <b>Indoor Mobility (Ambulation):</b> Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	C. <b>Stairs:</b> Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
	<input type="checkbox"/>	D. <b>Functional Cognition:</b> Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0110. Prior Device Use

Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury.

↓ Check all that apply	
<input type="checkbox"/>	A. Manual wheelchair
<input type="checkbox"/>	B. Motorized wheelchair and/or scooter
<input type="checkbox"/>	C. Mechanical lift
<input type="checkbox"/>	D. Walker
<input type="checkbox"/>	E. Orthotics/Prosthetics
<input type="checkbox"/>	Z. None of the above

GG0130. Self Care

[SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale.

[SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding:

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. **Independent** - Patient completes the activity by him/herself with no assistance from a helper.

05. **Setup or clean up assistance** - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.

04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.

03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. **Dependent** - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

07. **Patient refused**

09. **Not applicable** - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.

10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)

88. **Not attempted due to medical conditions or safety concerns**

[at SOC/ROC]		[at Fol-Up]	[at DC]	
1. SOC/ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf	
↓ Enter Codes in Boxes				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	A. <b>Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	B. <b>Oral Hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C. <b>Toileting Hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>		<input type="text"/>	E. <b>Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of
<input type="text"/>	<input type="text"/>		<input type="text"/>	F. <b>Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>		<input type="text"/>	G. <b>Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>		<input type="text"/>	H. <b>Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

GG

SOC

ROC

SOC

ROC

SOC

ROC

FU

DC

GG0170. Mobility

[SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale.

[SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

[at SOC/ROC]

1. SOC/  
ROC Perf

[at Fol-Up]

2. DC  
Goal

[at DC]

4. Fol-Up  
Perf

3. DC  
Perf

↓ Enter Codes in Boxes

				A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
				B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
				C. <b>Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
				D. <b>Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
				E. <b>Chair/bed to chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
				F. <b>Toilet transfer:</b> The ability to get on and off a toilet or commode.
				G. <b>Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
				I. <b>Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If performance is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb).</i>
				J. <b>Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.
				K. <b>Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
				L. <b>Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
				M. <b>1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. <i>If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</i>
				N. <b>4 steps:</b> The ability to go up and down four steps with or without a rail. <i>If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</i>
				O. <b>12 steps:</b> The ability to go up and down 12 steps with or without a rail.
				P. <b>Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
				Q1/Q3/Q4. <b>Does patient use wheelchair and/or a scooter?</b> 0. <b>No</b> → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. <b>Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns.
				R. <b>Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
				RR1/RR3. <b>Indicate the type of wheelchair or scooter used.</b> 1. <b>Manual</b> 2. <b>Motorized</b>
				S. <b>Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
				SS1/SS3. <b>Indicate the type of wheelchair or scooter used.</b> 1. <b>Manual</b> 2. <b>Motorized</b>

SOC  
ROC  
FU  
DC

GG0170. Mobility

[SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale.

[SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

[at SOC/ROC]

1. SOC/  
ROC Perf

2. DC  
Goal

[at Fol-Up]

4. Fol-Up  
Perf

3. DC  
Perf

↓ Enter Codes in Boxes

				A. <b>Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
				B. <b>Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
				C. <b>Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
				D. <b>Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
				E. <b>Chair/bed to chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
				F. <b>Toilet transfer:</b> The ability to get on and off a toilet or commode.
				G. <b>Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
				I. <b>Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. <i>If performance is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb).</i>
				J. <b>Walk 50 feet with two turns:</b> Once standing, the ability to walk 50 feet and make two turns.
				K. <b>Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.
				L. <b>Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
				M. <b>1 step (curb):</b> The ability to go up and down a curb and/or up and down one step. <i>If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</i>
				N. <b>4 steps:</b> The ability to go up and down four steps with or without a rail. <i>If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.</i>
				O. <b>12 steps:</b> The ability to go up and down 12 steps with or without a rail.
				P. <b>Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
				Q. <b>Does patient use wheelchair and/or a scooter?</b> 0. <b>No</b> → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. <b>Yes</b> → Continue to GG0170R, Wheel 50 feet with two turns.
				R. <b>Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
				RR1/RR3. <b>Indicate the type of wheelchair or scooter used.</b> 1. <b>Manual</b> 2. <b>Motorized</b>
				S. <b>Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
				SS1/SS3. <b>Indicate the type of wheelchair or scooter used.</b> 1. <b>Manual</b> 2. <b>Motorized</b>

SOC  
ROC  
FU  
DC

SHP





M1033. Risk for Hospitalization

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓ Check all that apply

<input type="checkbox"/>	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

SOC

ROC

FU

M1242. Frequency of Pain Interfering with patient's activity or movement

Enter Code

☐

0. Patient has no pain

1. Patient has pain that does not interfere with activity or movement

2. Less often than daily

3. Daily, but not constantly

4. All of the time

SOC

ROC

FU

DC

J1800. Any Falls Since SOC/ROC, whichever is more recent

Enter Code

☐

Has the patient had any falls since SOC/ROC, whichever is more recent?

0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH

1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

TRF

DC

DAH

J1900. Number of Falls Since SOC/ROC, whichever is more recent

Coding:

0. None

1. One

2. Two or more

↓ Enter Codes in Boxes

<input type="checkbox"/>	A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
<input type="checkbox"/>	B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
<input type="checkbox"/>	C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

TRF

DC

DAH

M1910. Has this patient had a multi-factor Falls Risk Assessment using a standardized, validated assessment tool?

Enter Code

☐

0. No

1. Yes, and it does not indicate a risk for falls.

2. Yes, and it does indicate a risk for falls.

SOC(o)

ROC(o)

M1400. When is the patient dyspneic or noticeably Short of Breath?

Enter Code

☐

0. Patient is not short of breath

1. When walking more than 20 feet, climbing stairs

2. With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)

3. With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation

4. At rest (during day or night)

SOC

ROC

FU(o)

DC

M1033. Risk for Hospitalization

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

↓ Check all that apply

<input type="checkbox"/>	1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)
<input type="checkbox"/>	2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months
<input type="checkbox"/>	3. Multiple hospitalizations (2 or more) in the past 6 months
<input type="checkbox"/>	4. Multiple emergency department visits (2 or more) in the past 6 months
<input type="checkbox"/>	5. Decline in mental, emotional, or behavioral status in the past 3 months
<input type="checkbox"/>	6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
<input type="checkbox"/>	7. Currently taking 5 or more medications
<input type="checkbox"/>	8. Currently reports exhaustion
<input type="checkbox"/>	9. Other risk(s) not listed in 1-8
<input type="checkbox"/>	10. None of the above

SOC

ROC

FU

J0510. Pain Effect on Sleep

Enter Code

☐

Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"

0. Does not apply – I have not had any pain or hurting in the past 5 days → Skip to M1400, Short of Breath at SOC/ROC; Skip to J1800 Any Falls Since SOC/ROC at DC

1. Rarely or not at all

2. Occasionally

3. Frequently

4. Almost constantly

8. Unable to answer

SOC

ROC

DC

J0520. Pain Interference with Therapy Activities

Enter Code

☐

Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

0. Does not apply – I have not received rehabilitation therapy in the past 5 days

1. Rarely or not at all

2. Occasionally

3. Frequently

4. Almost constantly

8. Unable to answer

SOC

ROC

DC

J0530. Pain Interference with Day-to-Day Activities

Enter Code

☐

Ask patient: "Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation therapy session) because of pain?"

1. Rarely or not at all

2. Occasionally

3. Frequently

4. Almost constantly

8. Unable to answer

SOC

ROC

DC

J1800. Any Falls Since SOC/ROC, whichever is more recent

Enter Code

☐

Has the patient had any falls since SOC/ROC, whichever is more recent?

0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH

1. Yes → Continue to J1900, Number of Falls Since SOC/ROC

TRF

DC

DAH

J1900. Number of Falls Since SOC/ROC, whichever is more recent

Coding:

0. None

1. One

2. Two or more

↓ Enter Codes in Boxes

<input type="checkbox"/>	A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall
<input type="checkbox"/>	B. <b>Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain
<input type="checkbox"/>	C. <b>Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

TRF

DC

DAH

M1400. When is the patient dyspneic or noticeably Short of Breath?

Enter Code

☐

0. Patient is not short of breath

1. When walking more than 20 feet, climbing stairs

2. With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet)

3. With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation

4. At rest (during day or night)

SOC

ROC

DC

OASIS-D

Patient History (continued) / ADL/IADLs (continued) / Health Conditions

M1060. Height and Weight

- While measuring, if the number is X.1-X.4 round down; X.5 or greater round up.

inches

A.      **Height** (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

B.      **Weight** (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

SOC  
ROC

M1030. Therapies the patient receives at home:

↓ Check all that apply

1.      Intravenous or infusion therapy (excludes TPN)

2.      Parenteral nutrition (TPN or lipids)

3.      Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)

4.      None of the above

M1870. Feeding or Eating

Current ability to feed self meals and snacks safely.  
Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

Enter Code

0.      Able to independently feed self.

1.      Able to feed self independently but requires:

a.      meal set-up; OR

b.      intermittent assistance or supervision from another person; OR

c.      a liquid, pureed or ground meat diet.

2.      Unable to feed self and must be assisted or supervised throughout the meal/snack.

3.      Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.

4.      Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.

5.      Unable to take in nutrients orally or by tube feeding.

SOC  
ROC  
FU(o)

M1800-M1860. Other ADL/IADLs shown in section G

OASIS-E/E1

Section K

Swallowing/Nutritional Status

M1060. Height and Weight

- While measuring, if the number is X.1-X.4 round down; X.5 or greater round up.

inches

A.      **Height** (in inches). Record most recent height measure since the most recent SOC/ROC

pounds

B.      **Weight** (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)

K0520. Nutritional Approaches

SOC/ROC

DC

1.      **On Admission** - Check all that apply on admission

4.      **Last 7 days** - Check all that were received in the last 7 days

5.      **At Discharge** - Check all that were being received at discharge

1.      **On Admission**

4.      **Last 7 days**

5.      **At Discharge**

↓ Check all that apply ☐

SOC  
ROC  
DC

M1870. Feeding or Eating

Current ability to feed self meals and snacks safely.  
Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

Enter Code

0.      Able to independently feed self.

1.      Able to feed self independently but requires:

a.      meal set-up; OR

b.      intermittent assistance or supervision from another person; OR

c.      a liquid, pureed or ground meat diet.

2.      Unable to feed self and must be assisted or supervised throughout the meal/snack.

3.      Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.

4.      Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.


5.      Unable to take in nutrients orally or by tube feeding.

K

SOC  
ROC

SOC  
ROC  
DC

SOC  
ROC  
DC

 SHP

OASIS-D		Integumentary Status	
M1306. Does this patient have at least one <b>Unhealed Pressure Ulcer/Injury at Stage 2 or Higher</b> or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)			
Enter Code <div></div>	0.	<b>No</b> → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC	
	1.	<b>Yes</b>	
M1307. The <b>Oldest Stage 2 Pressure Ulcer</b> that is present at discharge: (Excludes healed Stage 2 pressure ulcers)			
Enter Code <div></div>	1.	<b>Was present at the most recent SOC/ROC assessment</b>	
	2.	<b>Developed since the most recent SOC/ROC assessment.</b> Record date pressure ulcer first identified: <div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Month      Day      Year</div>	
	NA.	<b>No Stage 2 pressure ulcers are present at discharge</b>	
M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage			
Enter Number <div></div>	<b>Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.		
	A1.	<b>Number of Stage 2 pressure ulcers</b> - If 0 → Skip to M1311B1, Stage 3	
Enter Number <div></div>	A2.	<b>Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.		
	B1.	<b>Number of Stage 3 pressure ulcers</b> - If 0 → Skip to M1311C1, Stage 4	
Enter Number <div></div>	B2.	<b>Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.		
	C1.	<b>Number of Stage 4 pressure ulcers</b> - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device	
Enter Number <div></div>	C2.	<b>Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Unstageable: Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device		
	D1.	<b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> - If 0 → Skip to M1311E1, Unstageable: Slough and/or eschar	
Enter Number <div></div>	D2.	<b>Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar		
	E1.	<b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> - If 0 → Skip to M1311F1, Unstageable: Deep tissue injury	
Enter Number <div></div>	E2.	<b>Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Unstageable: Deep tissue injury</b>		
	F1.	<b>Number of unstageable pressure injuries presenting as deep tissue injury</b> - If 0 → Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	
Enter Number <div></div>	F2.	<b>Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
M1322. Current Number of Stage 1 Pressure Injuries			
Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.			
Enter Code <div></div>	0.	Zero	
	1.	One	
	2.	Two	
	3.	Three	
	4.	Four or more	
M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable			
Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.			
Enter Code <div></div>	1.	Stage 1	
	2.	Stage 2	
	3.	Stage 3	
	4.	Stage 4	
	NA	Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries	

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OASIS-E/E1	Section M	Skin Conditions	
M1306. Does this patient have at least one <b>Unhealed Pressure Ulcer/Injury at Stage 2 or Higher</b> or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)			
Enter Code <div></div>	0.	<b>No</b> → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC	
	1.	<b>Yes</b>	
M1307. The <b>Oldest Stage 2 Pressure Ulcer</b> that is present at discharge: (Excludes healed Stage 2 pressure ulcers)			
Enter Code <div></div>	1.	<b>Was present at the most recent SOC/ROC assessment</b>	
	2.	<b>Developed since the most recent SOC/ROC assessment.</b> Record date pressure ulcer first identified: <div><div></div><div></div> - <div></div><div></div> - <div></div><div></div><div></div><div></div><div></div><div></div></div> <div>Month      Day      Year</div>	
	NA.	<b>No Stage 2 pressure ulcers are present at discharge</b>	
M1311. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage			
Enter Number <div></div>	<b>Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.		
	A1.	<b>Number of Stage 2 pressure ulcers</b> - If 0 → Skip to M1311B1, Stage 3	
Enter Number <div></div>	A2.	<b>Number of <u>these</u> Stage 2 pressure ulcers that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.		
	B1.	<b>Number of Stage 3 pressure ulcers</b> - If 0 → Skip to M1311C1, Stage 4	
Enter Number <div></div>	B2.	<b>Number of <u>these</u> Stage 3 pressure ulcers that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Stage 4:</b> Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.		
	C1.	<b>Number of Stage 4 pressure ulcers</b> - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device	
Enter Number <div></div>	C2.	<b>Number of <u>these</u> Stage 4 pressure ulcers that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Unstageable: Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device		
	D1.	<b>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> - If 0 → Skip to M1311E1, Unstageable: Slough and/or eschar	
Enter Number <div></div>	D2.	<b>Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Unstageable: Slough and/or eschar:</b> Known but not stageable due to coverage of wound bed by slough and/or eschar		
	E1.	<b>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar</b> - If 0 → Skip to M1311F1, Unstageable: Deep tissue injury	
Enter Number <div></div>	E2.	<b>Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
Enter Number <div></div>	<b>Unstageable: Deep tissue injury</b>		
	F1.	<b>Number of unstageable pressure injuries presenting as deep tissue injury</b> - If 0 → Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	
Enter Number <div></div>	F2.	<b>Number of <u>these</u> unstageable pressure ulcers/injuries that were present at most recent SOC/ROC</b> - enter how many were noted at the time of most recent SOC/ROC	
M1322. Current Number of Stage 1 Pressure Injuries			
Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.			
Enter Code <div></div>	0.	Zero	
	1.	One	
	2.	Two	
	3.	Three	
	4.	Four or more	
M1324. Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable			
Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.			
Enter Code <div></div>	1.	Stage 1	
	2.	Stage 2	
	3.	Stage 3	
	4.	Stage 4	
	NA	Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries	

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M1330. Does this patient have a <b>Stasis Ulcer</b> ?	
Enter Code <input type="checkbox"/>	<div>0. No → Skip to M1340, Surgical Wound</div> <div>1. Yes, patient has BOTH observable and unobservable stasis ulcers</div> <div>2. Yes, patient has observable stasis ulcers ONLY</div> <div>3. Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound</div>
M1332. Current Number of Stasis Ulcer(s) that are Observable	
Enter Code <input type="checkbox"/>	<div>1. One</div> <div>2. Two</div> <div>3. Three</div> <div>4. Four</div>
M1334. Status of Most Problematic Stasis Ulcer that is Observable	
Enter Code <input type="checkbox"/>	<div>1. Fully granulating</div> <div>2. Early/partial granulation</div> <div>3. Not healing</div>
M1340. Does this patient have a <b>Surgical Wound</b> ?	
Enter Code <input type="checkbox"/>	<div>0. No → Skip to N0415, High-Risk Drug Classes: Use and Indication</div> <div>1. Yes, patient has at least one observable surgical wound</div> <div>2. Surgical wound known but not observable due to non-removable dressing/device → Skip to N0415, High-Risk Drug Classes: Use and Indication</div>
M1342. Status of Most Problematic Surgical Wound that is Observable	
Enter Code <input type="checkbox"/>	<div>0. Newly epithelialized</div> <div>1. Fully granulating</div> <div>2. Early/partial granulation</div> <div>3. Not healing</div>

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M1330. Does this patient have a <b>Stasis Ulcer</b> ?	
Enter Code <input type="checkbox"/>	<div>0. No → Skip to M1340, Surgical Wound</div> <div>1. Yes, patient has BOTH observable and unobservable stasis ulcers</div> <div>2. Yes, patient has observable stasis ulcers ONLY</div> <div>3. Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound</div>
M1332. Current Number of Stasis Ulcer(s) that are Observable	
Enter Code <input type="checkbox"/>	<div>1. One</div> <div>2. Two</div> <div>3. Three</div> <div>4. Four</div>
M1334. Status of Most Problematic Stasis Ulcer that is Observable	
Enter Code <input type="checkbox"/>	<div>1. Fully granulating</div> <div>2. Early/partial granulation</div> <div>3. Not healing</div>
M1340. Does this patient have a <b>Surgical Wound</b> ?	
Enter Code <input type="checkbox"/>	<div>0. No → Skip to N0415, High-Risk Drug Classes: Use and Indication</div> <div>1. Yes, patient has at least one observable surgical wound</div> <div>2. Surgical wound known but not observable due to non-removable dressing/device → Skip to N0415, High-Risk Drug Classes: Use and Indication</div>
M1342. Status of Most Problematic Surgical Wound that is Observable	
Enter Code <input type="checkbox"/>	<div>0. Newly epithelialized</div> <div>1. Fully granulating</div> <div>2. Early/partial granulation</div> <div>3. Not healing</div>

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<b>M2001. Drug Regimen Review</b> Did a complete drug regimen review identify potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0. <b>No - No issues found during review</b> → Skip to M2010, Patient/Caregiver High-Risk Drug Education 1. <b>Yes - Issues found during review</b> 9. <b>NA - Patient is not taking any medications</b> → Skip to M2102, Types and Sources of Assistance
<b>M2003. Medication Follow-up</b> Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b>
<b>M2005. Medication Intervention</b> Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b> 9. <b>NA</b> - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications
<b>M2010. Patient/Caregiver High-Risk Drug Education</b> Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b> NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications
<b>M2016. Patient/Caregiver Drug Education Intervention</b> At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?	
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b> NA <b>Patient not taking any drugs</b>
<b>M2020. Management of Oral Medications</b> <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	
Enter Code <input type="checkbox"/>	0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1. Able to take medication(s) at the correct times if: a. individual dosages are prepared in advance by another person; <u>OR</u> b. another person develops a drug diary or chart. 2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times 3. <u>Unable</u> to take medication unless administered by another person. NA No oral medications prescribed.
<b>M2030. Management of Injectable Medications</b> <u>Patient's current ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <u>Excludes</u> IV medications.	
Enter Code <input type="checkbox"/>	0. Able to independently take the correct medication(s) and proper dosage(s) at the correct times. 1. Able to take injectable medication(s) at the correct times if: a. individual syringes are prepared in advance by another person; <u>OR</u> b. another person develops a drug diary or chart. 2. Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection 3. <u>Unable</u> to take injectable medication unless administered by another person. NA No injectable medications prescribed.

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<b>SOC/ROC and Discharge</b>		
<b>N0415. High-Risk Drug Classes: Use and Indication</b>		
1. <b>Is taking</b> Check if the patient is taking any medications by pharmacological classification, not how it is used, in the	1. Is Taking	2. Indication Noted
2. <b>Indication noted</b> If Column 1 is checked, check if there is an indication noted for all medications in the drug class		
↓ Check all that apply <input type="checkbox"/>		
A. <b>Antipsychotic</b>	<input type="checkbox"/>	<input type="checkbox"/>
E. <b>Anticoagulant</b>	<input type="checkbox"/>	<input type="checkbox"/>
F. <b>Antibiotic</b>	<input type="checkbox"/>	<input type="checkbox"/>
H. <b>Opioid</b>	<input type="checkbox"/>	<input type="checkbox"/>
I. <b>Antiplatelet</b>	<input type="checkbox"/>	<input type="checkbox"/>
J. <b>Hypoglycemic</b> (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. <b>None of the above</b>	<input type="checkbox"/>	
<b>M2001. Drug Regimen Review</b> Did a complete drug regimen review identify potential clinically significant medication issues?		
Enter Code <input type="checkbox"/>	0. <b>No - No issues found during review</b> → Skip to M2010, Patient/Caregiver High-Risk Drug Education 1. <b>Yes - Issues found during review</b> 9. <b>NA - Patient is not taking any medications</b> → Skip to O0110, Special Treatments, Procedures, and Programs	
<b>M2003. Medication Follow-up</b> Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?		
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b>	
<b>M2005. Medication Intervention</b> Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?		
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b> 9. <b>NA</b> - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications	
<b>M2010. Patient/Caregiver High-Risk Drug Education</b> Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?		
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b> NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications	

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<b>M2020. Management of Oral Medications</b> <u>Patient's current ability</u> to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)		
Enter Code <input type="checkbox"/>	0. Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 1. Able to take medication(s) at the correct times if: a. individual dosages are prepared in advance by another person; <u>OR</u> b. another person develops a drug diary or chart. 2. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times 3. <u>Unable</u> to take medication unless administered by another person. NA No oral medications prescribed.	
<b>M2030. Management of Injectable Medications</b> <u>Patient's current ability</u> to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. <u>Excludes</u> IV medications.		
Enter Code <input type="checkbox"/>	0. Able to independently take the correct medication(s) and proper dosage(s) at the correct times. 1. Able to take injectable medication(s) at the correct times if: a. individual syringes are prepared in advance by another person; <u>OR</u> b. another person develops a drug diary or chart. 2. Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection 3. <u>Unable</u> to take injectable medication unless administered by another person. NA No injectable medications prescribed.	

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<b>M1041. Influenza Vaccine Data Collection Period</b> Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?		TRF DC
Enter Code <input type="checkbox"/>	0. <b>No</b> → Skip to M1051, Pneumococcal Vaccine 1. <b>Yes</b> → Continue to M1046, Influenza Vaccine Received	
<b>M1046. Influenza Vaccine Received</b> Did the patient receive the influenza vaccine for this year's flu season?		TRF DC
Enter Code <input type="checkbox"/>	1. <b>Yes</b> ; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge) 2. <b>Yes</b> ; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge) 3. <b>Yes</b> ; received from another health care provider (for example, physician, pharmacist) 4. <b>No</b> ; patient offered and declined 5. <b>No</b> ; patient assessed and determined to have medical contraindication(s) 6. <b>No</b> ; not indicated - patient does not meet age/condition guidelines for influenza vaccine 7. <b>No</b> ; inability to obtain vaccine due to declared shortage 8. <b>No</b> ; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.	
<b>M1051. Pneumococcal Vaccine</b> Has the patient ever received the pneumococcal vaccination (for example, pneumovax)?		TRF DC
Enter Code <input type="checkbox"/>	0. <b>No</b> 1. <b>Yes</b> [Go to M2005 at TRN; Go to M1242 at DC]	
<b>M1056. Reason Pneumococcal Vaccine not received</b> If patient has never received the pneumococcal vaccination (for example, pneumovax), state reason:		TRF DC
Enter Code <input type="checkbox"/>	1. <b>Offered and Declined</b> 2. <b>Assessed and determined to have medical contraindication(s)</b> 3. <b>Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine</b> 4. <b>None of the above</b>	

<b>SOC/ROC and Discharge</b>			SOC ROC DC	
<b>O0110. Special Treatments, Procedures, and Programs</b>		<b>a. On Admission</b>		<b>c. At Discharge</b>
Check all of the following treatments, procedures, and programs that apply.		↓ Check all that apply <input type="checkbox"/>		
<b>Cancer Treatments</b>				
A1. <b>Chemotherapy</b>		<input type="checkbox"/>	<input type="checkbox"/>	
A2. <b>IV</b>		<input type="checkbox"/>	<input type="checkbox"/>	
A3. <b>Oral</b>		<input type="checkbox"/>	<input type="checkbox"/>	
A10. <b>Other</b>		<input type="checkbox"/>	<input type="checkbox"/>	
B1. <b>Radiation</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Respiratory Therapies</b>				
C1. <b>Oxygen Therapy</b>		<input type="checkbox"/>	<input type="checkbox"/>	
C2. <b>Continuous</b>		<input type="checkbox"/>	<input type="checkbox"/>	
C3. <b>Intermittent</b>		<input type="checkbox"/>	<input type="checkbox"/>	
C4. <b>High-concentration</b>		<input type="checkbox"/>	<input type="checkbox"/>	
D1. <b>Suctioning</b>		<input type="checkbox"/>	<input type="checkbox"/>	
D2. <b>Scheduled</b>		<input type="checkbox"/>	<input type="checkbox"/>	
D3. <b>As needed</b>		<input type="checkbox"/>	<input type="checkbox"/>	
E1. <b>Tracheostomy Care</b>		<input type="checkbox"/>	<input type="checkbox"/>	
F1. <b>Invasive Mechanical Ventilator</b> (ventilator or respirator)		<input type="checkbox"/>	<input type="checkbox"/>	
G1. <b>Non-invasive Mechanical Ventilator</b>		<input type="checkbox"/>	<input type="checkbox"/>	
G2. <b>BiPAP</b>		<input type="checkbox"/>	<input type="checkbox"/>	
G3. <b>CPAP</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other</b>				
H1. <b>IV Medications</b>		<input type="checkbox"/>	<input type="checkbox"/>	
H2. <b>Vasoactive medications</b>		<input type="checkbox"/>	<input type="checkbox"/>	
H3. <b>Antibiotics</b>		<input type="checkbox"/>	<input type="checkbox"/>	
H4. <b>Anticoagulation</b>		<input type="checkbox"/>	<input type="checkbox"/>	
H10. <b>Other</b>		<input type="checkbox"/>	<input type="checkbox"/>	
I1. <b>Transfusions</b>		<input type="checkbox"/>	<input type="checkbox"/>	
J1. <b>Dialysis</b>		<input type="checkbox"/>	<input type="checkbox"/>	
J2. <b>Hemodialysis</b>		<input type="checkbox"/>	<input type="checkbox"/>	
J3. <b>Peritoneal dialysis</b>		<input type="checkbox"/>	<input type="checkbox"/>	
O1. <b>IV Access</b>		<input type="checkbox"/>	<input type="checkbox"/>	
O2. <b>Peripheral</b>		<input type="checkbox"/>	<input type="checkbox"/>	
O3. <b>Mid-line</b>		<input type="checkbox"/>	<input type="checkbox"/>	
O4. <b>Central</b> (e.g., PICC, tunneled, port)		<input type="checkbox"/>	<input type="checkbox"/>	
<b>None of the Above</b>				
Z1. <b>None of the Above</b>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>O0350. Patient's COVID-19 vaccination is up to date.</b>				
Enter Code <input type="checkbox"/>	0. <b>No</b> , patient is not up to date 1. <b>Yes</b> , patient is up to date			
<b>M1041. Influenza Vaccine Data Collection Period</b> Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?				
Enter Code <input type="checkbox"/>	0. <b>No</b> → Skip to M2401, Intervention Synopsis 1. <b>Yes</b> → Continue to M1046, Influenza Vaccine Received			
<b>M1046. Influenza Vaccine Received</b> Did the patient receive the influenza vaccine for this year's flu season?				
Enter Code <input type="checkbox"/>	1. <b>Yes</b> ; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge) 2. <b>Yes</b> ; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge) 3. <b>Yes</b> ; received from another health care provider (for example, physician, pharmacist) 4. <b>No</b> ; patient offered and declined 5. <b>No</b> ; patient assessed and determined to have medical contraindication(s) 6. <b>No</b> ; not indicated - patient does not meet age/condition guidelines for influenza vaccine 7. <b>No</b> ; inability to obtain vaccine due to declared shortage 8. <b>No</b> ; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.			



Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

☐ NA - Not Applicable: No case mix group defined by this assessment.

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OASIS-DItems Collected at TRF/DC (continued)

M2401. Intervention Synopsis

At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Mark only one box in each row.)

Plan/Intervention	No	Yes	Not Applicable	
	↓Check only one box in each row↓			
A. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).
B. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.
C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
D. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.
E. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.
F. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

TRF  
DC

M2200. Therapy Need

In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? (Enter zero ["000"] if no therapy visits indicated.)

☐ ☐ ☐

Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).

☐ NA - Not Applicable: No case mix group defined by this assessment.

SOC  
ROC

OASIS-E/E1Section QParticipation in Assessment and Goal Setting

M2401. Intervention Synopsis

At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Mark only one box in each row.)

Plan/Intervention	No	Yes	Not Applicable
	↓Check only one box in each row↓		

TRF  
DC

B. Falls prevention interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.
C. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.
D. Intervention(s) to monitor and mitigate pain	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.
E. Intervention(s) to prevent pressure ulcers	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.
F. Pressure ulcer treatment based on principles of moist wound healing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

M0906. Discharge/Transfer/Death Date shown in section A

SHP