

Residential Assessment Instrument



Date range: CCRS – January 1, 1992 onwards (Functional Centre – January 1, 2010 onwards)

Date range: Functional Centre – January 1, 2010 onwards

Date range: HCRS – January 1, 2003 onwards

Core vs. Non-Core Data

Core Data: Some BC Ministry of Health data sets available through PopData and HDPBC are called ‘Core Data’. A Core Data set is a standardized ‘bundle’ of commonly requested variables. A Core Data set may not include **ALL** the variables available in the data set. For example, some Core Data variables, such as geography or organisational codes, are suppressed to meet privacy legislation requirements.

Non-Core Data: Non-Core Data are variables that are **NOT** included in the standardized Core Data set. Non-Core Data is available for request **as an addition** to the Core Data set.

For the majority of DARs, requesting access to Core Data ONLY may make the data access approval process quicker and may expedite data provision. Data requests that include Non-Core Data will be subject to regular rather than expedited processes, both for application review and data provisioning.

ALL AVAILABLE VARIABLES

ccrs_episode

| Name | Core vs Non-Core | Description |
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| EPISODE_ID* | Core | Identifier assigned to each episode, used to uniquely track each episode (encrypted) |
| UNIQUE_REGISTRATION_IDENTIFIER* | Core | The Unique Registration Identifier uniquely identifies the resident admission. (encrypted) |
| SEX | Core | Sex code |
| BIRTH_DATE | Core | Birth date (year and month only) |
| BIRTH_DATE | Non-Core | Birth date (year, month and day) |
| ESTIMATED_BIRTH_DATE_FLAG | Core | Indicates that the birth date is estimated |
| UNENCRYPTED_HEALTH_CARD_NUMBER* | Core | Health card number assigned by the province or territory (replaced with study ID) |
| PROV_ISSUE_HEALTH_CARD | Core | Province or territory that issued the health card number |
| FACILITY | Core | Facility number assigned by the province or territory (encrypted) |
| FACILITY | Non-Core | Facility number assigned by the province or territory (unencrypted) |
| ENTRY_DATE | Core | Date that the resident entered the facility for care and that the stay began; date that the |
| DD_NO_OR_NOT_APPLICABLE | Core | Conditions related to developmental disability status - not applicable, no developmental |
| DD_DOWNS_SYNDROME | Core | Conditions related to developmental disability status - Down-s syndrome |
| DD_AUTISM | Core | Conditions related to developmental disability status - autism |
| DD_EPILEPSY | Core | Conditions related to developmental disability status - epilepsy |
| DD_ORGANIC_OTHER_CONDITION | Core | Conditions related to developmental disability status - other developmental disability related to |
| DD_NO_ORGANIC_CONDITION | Core | Conditions related to developmental disability status - developmental disability with no organic |
| ENTRY_SERVICE_TYPE | Core | Admitted from facility / level of care |
| ADMISSION_FROM_FACILITY | Core | Admitted from Facility number (encrypted) |
| ADMISSION_FROM_FACILITY | Non-Core | Admitted from Facility number (unencrypted) |
| LIVED_ALONE | Core | Resident-s living arrangement prior to admission |
| RESIDENT_POSTAL_CODE | Core | Prior primary resident postal code (first 3 digits) |
| RESIDENT_POSTAL_CODE | Non-Core | Prior primary resident postal code (6 digit) |
| STAY_HERE_BEFORE | Core | Resident history 5 years prior to entry (AB1) - prior stay at this facility |
| STAY_IN_OTHER_SIMILAR_FACILITY | Core | Resident history 5 years prior to entry (AB1) - stay in other similar level of care facility |
| STAY_IN_OTHER_RESIDE_FACILITY | Core | Resident history 5 years prior to entry (AB1) - prior stay in other board and care facility, assisted |
| STAY_IN_PSYCHIATRIC_SETTING | Core | Resident history 5 years prior to entry (AB1) - prior stay in a psychiatric facility |
| STAY_IN_DD_SETTING | Core | Resident history 5 years prior to entry (AB1) - prior stay in developmental facility |
| EDUCATION_COMPLETED | Core | Highest education completed |
| LANGUAGE | Non-Core | Primary language spoken by the resident at home on a regular basis |
| MENTAL_HEALTH_HISTORY_OR_DD | Core | Resident-s record indicates any history of mental illness or developmental disability problem |
| STAYS_UP_LATE_AT_NIGHT | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| NAPS_DURING_DAY | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| GOES_OUT_OFTEN | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| STAYS_BUSY_WITH_HOBBIES | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| STAYS_ALONE_OR_TV | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| INDEPENDENT_INDOORS | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| USES_TOBACCO | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| DISTINCT_FOOD_PREFER | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| EATS_BETWEEN_MEALS | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| USE_OF_ALCOHOL_WEEKLY | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| BEDCLOTHES_MUCH_OF_DAY | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| WAKENS_TO_TOILET | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |

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| IRREGULAR_BOWEL | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| SHOWERS_FOR_BATHING | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| BATHING_IN_PM | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| DAILY_CONTACT_RELATIVE | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| ATTENDS_CHURCH | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| STRENGTH_IN_FAITH | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| ANIMAL_COMPANION | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| INVOLVED_GROUP_ACTIVITY | Core | Resident-s customary routine in the year prior to Admission Date to this facility or for the year |
| DISCHARGE_LEVEL_OF_CARE | Core | Level of care at time of discharge |
| DISCHARGE_TO_FACILITY | Core | Discharged to Facility Number (encrypted) |
| DISCHARGE_TO_FACILITY | Non-Core | Discharged to Facility Number (unencrypted) |
| DISCHARGE_DATE | Core | Date that resident is discharged from the facility |
| BED_TYPE_AT_ADMISSION | Core | To enable reporting on the different types of beds that residents may be placed within a facility. |
| BED_TYPE_AT_DISCHARGE | Core | To enable reporting on the different types of beds that residents may be placed within a facility. |
| CIHI_ASSUMED_DISCHARGE_DATE | Core | Date of assumed discharge |
| CIHI_FISCAL_QUARTER_DISCHARGE | Core | Fiscal quarter of discharge |
| CIHI_FISCAL_QUARTER_ENTRY | Core | Fiscal quarter of entry date |
| CIHI_FISCAL_YEAR_DISCHARGE | Core | Fiscal year of discharge |
| CIHI_FISCAL_YEAR_ENTRY | Core | Fiscal year of entry date |
| CONSISTENT_BIRTH_DATE_FLAG | Core | Flag for whether or not the resident has consistent information regarding birth date across all |
| CONSISTENT_SEX_FLAG | Core | Flag for whether or not the resident has consistent information regarding sex information across |
| DQ_DATE_PROBLEMS_FLAG | Core | A data quality flag assigned at the Episode level to flag episodes with date problems. |
| DQ_DISCHARGE_ASSUMED_FLAG | Core | Resident has not been discharged, expected date (assessment or discharge) has not been |
| DISCHARGE_FLAG | Core | Indicates if the episode has a discharge record |
| DISCHARGE_LOS_DAYS | Core | Length of stay at discharge for the resident |
| DISCHARGE_REASON | Core | Reason for discharge |
| ENTRY_TYPE | Core | Whether the entry is a new admission or re-entry |
| EPISODE_ASSESSMENT_STATUS | Core | Whether or not the resident was assessed. If assessed, whether it was admission assessment or |
| LANGUAGE_GROUP | Non-Core | Indicates the grouping of the primary language spoken by the resident at home on a regular |
| LAST_TRANSFER_DATE | Core | Date of last transfer to facility |
| LOS_DAYS_CATEGORY | Core | Length of stay days category |
| MARITAL_STATUS_ADMISSION | Core | Resident-s marital status at admission |
| NUM_OF_ASSESSMENT_EPISODE | Core | Number of assessments in the episode |
| PREVIOUS_FACILITY | Core | Previous facility (encrypted) |
| PREVIOUS_FACILITY | Non-Core | Previous facility (unencrypted) |
| RESIDENT_CENSUS_DIVISION | Core | Statistics Canada's Standard Geographic census division code for the resident's prior primary |
| RESIDENT_CENSUS_SUBDIVISION | Core | Statistics Canada's Standard Geographic census subdivision code for the facility providing care to |
| RESIDENT_GEO_DIMENSION_LINK | Core | Indicates whether the resident postal code linked to CIHI's Geography Dimension File |
| RESIDENT_HEALTH_REGION | Non-Core | The resident's prior primary residence health region. Health regions are subprovincial areas |
| RESIDENT_PROVINCE | Core | Province based on resident-s Postal Code |
| RESIDENT_QAIPPE | Core | Resident-s prior primary residence neighbourhood income quintile |
| RESIDENT_SAC_CODE | Core | Statistics Canada's census metropolitan area/census agglomeration code for the resident's prior |
| RESIDENT_SAC_TYPE | Core | Resident-s prior primary residence statistical area classification type |
| RESIDENT_SUB_HEALTH_DISTRICT | Non-Core | The resident's prior primary residence health district code. Health districts are geographically |
| RESIDENT_URBAN_RURAL_CODE | Core | Urban or rural status of resident-s prior residence or facility |
| SECTOR | Core | Main sector, hospital based or residential based, that facility is assigned to |
| MIS_AT_ADMISSION | Non-Core | The Unit-MIS Functional Centre Account Code is the account number that is used to represent |

ccrs_assess

| Name | Core vs Non-Core | Description |
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| ASSESSMENT_ID* | Core | Identifier assigned to each assessment in the database (encrypted) |
| LIVING_WILL | Core | Legal existence of directives in the record regarding treatment options - living will |
| DO_NOT_RESUSCITATE | Core | Legal existence of directives in the record regarding treatment options - do not resuscitate |
| DO_NOT_HOSPITALIZE | Core | Legal existence of directives in the record regarding treatment options - do not hospitalize |
| ORGAN_DONATION | Core | Legal existence of directives in the record regarding treatment options - organ donation |
| AUTOPSY_REQUEST | Core | Legal existence of directives in the record regarding treatment options - autopsy request |
| FEEDING_RESTRICTIONS | Core | Legal existence of directives in the record regarding treatment options - feeding restrictions |
| MEDS_RESTRICTIONS | Core | Legal existence of directives in the record regarding treatment options - medication restrictions |
| OTHER_TREAT_RESTRICTIONS | Core | Legal existence of directives in the record regarding treatment options - other treatment |
| ASSESSMENT_DATE | Core | Assessment reference date - last day of the resident-s observation period |
| MARITAL_STATUS | Core | Resident-s marital status |
| LEGAL_GUARDIAN | Core | Responsibility for participating in decisions about resident-s health care, treatment, financial |
| ENDURING_POA_FINANCES | Core | Responsibility for participating in decisions about resident-s health care, treatment, financial |
| OTHER_LEGAL_OVERSIGHT | Core | Responsibility for participating in decisions about resident-s health care, treatment, financial |
| FAMILY_RESPONSIBLE | Core | Responsibility for participating in decisions about resident-s health care, treatment, financial |
| DURABLE_POA_HEALTH | Core | Responsibility for participating in decisions about resident-s health care, treatment, financial |
| PATIENT_RESPONSIBLE | Core | Responsibility for participating in decisions about resident-s health care, treatment, financial |
| UNIQUE_REGISTRATION_IDENTIFIER* | Core | The Unique Registration Identifier uniquely identifies the resident admission. It is composed of a |

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| FACILITY | Core | Facility number assigned by the province or territory (encrypted) |
| FACILITY | Non-Core | Facility number assigned by the province or territory (unencrypted) |
| ASSESSMENT_TYPE | Core | Reason for assessment |
| COMATOSE | Core | Resident's record includes documented neurological diagnosis of coma or persistent vegetative |
| SHORT_TERM_MEMORY | Core | Resident-s functional capacity to remember recent events |
| LONG_TERM_MEMORY_OK | Core | Resident-s functional capacity to remember long past events |
| CURRENT_SEASON | Core | Memory recall performance during the last 7 days - current season |
| LOCATION_OF_OWN_ROOM | Core | Memory recall performance during the last 7 days - location of own room |
| RECALL_NAMES_FACES | Core | Memory recall performance during the last 7 days - staff names / faces |
| AWARE_IN_NURSING_HOME | Core | Memory recall performance during the last 7 days - that he / she is in a facility |
| COGNITIVE_SKILLS | Core | Cognitive skills for making every day decisions about tasks or activities of daily living over the last |
| EASILY_DISTRACTED | Core | Delirium - periodic disordered thinking or awareness in last 7 days - easily distracted |
| PERIODS_OF_ALTERED_PERCEPTION | Core | Delirium - periodic disordered thinking or awareness in last 7 days - periods of altered |
| EPISODES_OF_DISORG_SPEECH | Core | Delirium - periodic disordered thinking or awareness in last 7 days - episodes of disordered |
| PERIODS_OF_RESTLESSNESS | Core | Delirium - periodic disordered thinking or awareness in last 7 days - periods of restlessness |
| PERIODS_OF_LETHARGY | Core | Delirium - periodic disordered thinking or awareness in last 7 days - periods of lethargy |
| MENTAL_FUNCTION_VARIES | Core | Delirium - periodic disordered thinking or awareness in last 7 days - mental function varies over |
| CHANGE_IN_COGNITIVE_STATUS | Core | Resident's cognitive status, skills or abilities have changed as compared to status of 90 days ago, |
| HEARING | Core | Resident's ability to hear, with environmental adjustments if necessary, during the past 7 days |
| HEARING_AID_USED_REGULARLY | Core | Communication devices and techniques over the last 7 days - hearing aid used regularly |
| HEARING_AID_NOT_USED_REGULARLY | Core | Communication devices and techniques over the last 7 days - hearing aid not used regularly |
| OTHER_RECEPT_COMM_TECH | Core | Communication devices and techniques over the last 7 days - other receptive communication |
| SPEECH | Core | Resident makes needs known in last 7 days - speech |
| WRITING_MESSAGES | Core | Resident makes needs known in last 7 days - writing messages |
| SIGN_LANGUAGE | Core | Resident makes needs known in last 7 days - American sign or braille |
| SIGNS_GESTURES | Core | Resident makes needs known in last 7 days - signs, gestures, sounds |
| COMMUNICATION_BOARD | Core | Resident makes needs known in last 7 days - communication board |
| OTHER_EXPRESSION_MODE | Core | Resident makes needs known in last 7 days - other modes |
| MAKING_SELF_UNDERSTOOD | Core | Resident-s ability to express or communicate requests, needs, opinions, urgent problems and |
| SPEECH_CLARITY | Core | Quality of resident-s speech, not content or appropriateness in last 7 days |
| UNDERSTAND_OTHERS | Core | Resident-s ability to comprehend verbal information content in last 7 days |
| CHANGE_IN_COMMUNICATION | Core | Change in resident-s ability to express, understand or hear information compared to 90 days ago |
| VISION | Core | Resident's ability to see close objects in adequate lighting using customary visual appliances in |
| SIDE_VISION_PROBLEMS | Core | Resident-s visual limitations or difficulties related to diseases common in aged persons - side |
| SEES_HALOS | Core | Resident-s visual limitations or difficulties related to diseases common in aged persons - halos, |
| VISUAL_APPLIANCES | Core | Resident uses visual appliances - glasses, contact lenses or magnifying glass |
| NEGATIVE_STATEMENTS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - negative statements |
| REPETITIVE_QUESTIONS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - repetitive questions |
| REPETITIVE_VERBALIZATIONS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - repetitive |
| PERSISTENT_ANGER | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - persistent anger with |
| SELF_DEPRECIATION | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - self deprecation |
| EXPRESS_UNREALISTIC_FEAR | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - expressions of what |
| RECURRENT_TERRIBLE_STATEMENTS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - recurrent statements |
| REPEAT_HEALTH_COMPLAINTS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - repetitive health |
| REPEAT_ANXIOUS_COMPLAINTS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - repetitive anxious |
| UNPLEASANT_MOOD_IN_MORNING | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - unpleasant mood in |
| INSOMNIA | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - insomnia or change in |
| SAD_FACIAL_EXPRESSION | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - sad, pained, worried |
| CRYING | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - crying, tearfulness |
| REPEAT_PHYSICAL_MOVEMENTS | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - repetitive physical |
| WITHDRAWAL_FROM_ACTIVITIES | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - withdrawal from |
| REDUCED_SOCIAL_INTERACTION | Core | Frequency of indicators of depression, anxiety, sad mood in last 30 days - reduced social |
| MOOD_PERSISTENCE | Core | One or more indicators of depression, anxiety or sad mood not easily altered by attempts to |
| CHANGE_IN_MOOD | Core | Resident-s mood status has changed compared to status 90 days ago or since last assessment if |
| WANDERING_FREQ | Core | Behavioural symptoms frequency in last 7 days - wandering |
| WANDERING_ALTER | Core | Behavioural symptoms alterability in last 7 days - wandering |
| VERBALLY_ABUSE_FREQ | Core | Behavioural symptoms frequency in last 7 days - verbally abusive |
| VERBAL_ABUSE_ALTER | Core | Behavioural symptoms alterability in last 7 days - verbally abusive |
| PHYSICAL_ABUSE_FREQ | Core | Behavioural symptoms frequency in last 7 days - physically abusive |
| PHYSICAL_ABUSE_ALTER | Core | Behavioural symptoms alterability in last 7 days - physically abusive |
| DISRUPTIVE_FREQ | Core | Behavioural symptoms frequency in last 7 days - socially inappropriate or disruptive |
| DISRUPTIVE_ALTER | Core | Behavioural symptoms alterability in last 7 days - socially inappropriate or disruptive |
| RESISTS_CARE_FREQ | Core | Behavioural symptoms frequency in last 7 days - resists care |
| RESISTS_CARE_ALTER | Core | Behavioural symptoms alterability in last 7 days - resists care |
| CHANGE_IN_BEHAVIOUR_SYMPTOM | Core | Change in behavioural symptoms compared to status 90 days ago or since last assessment if less |
| EASY_INTERACT_WITH_OTHERS | Core | Sense of initiative or involvement in last 7 days - at ease interacting with others |
| EASY_PLANNED_ACTIVITY | Core | Sense of initiative or involvement in last 7 days - at ease doing planned or structured activities |
| EASY_SELF_INITIATE_ACTIVITY | Core | Sense of initiative or involvement in last 7 days - at ease doing self-initiated activities |
| ESTABLISH_OWN_GOALS | Core | Sense of initiative or involvement in last 7 days - establishes own goals |

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| PURSUES_INVOLVEMENT | Core | Sense of initiative or involvement in last 7 days - pursues involvement in life of facility |
| ACCEPTS_INVITATIONS | Core | Sense of initiative or involvement in last 7 days - accepts invitations into most group activities |
| CONFLICT_WITH_STAFF | Core | Unsettled relationship in last 7 days - covert or open conflict with or repeated criticism of staff |
| UNHAPPY_WITH_ROOMMATE | Core | Unsettled relationship in last 7 days - unhappy with roommate |
| UNHAPPY_WITH_OTHER_RESIDENTS | Core | Unsettled relationship in last 7 days - unhappy with residents other than roommate |
| CONFLICT_WITH_FAMILY | Core | Unsettled relationship in last 7 days - openly expresses conflict or anger with family or friends |
| NO_CONTACT_WITH_FAMILY | Core | Unsettled relationship in last 7 days - absence of personal contact with family or friends |
| RECENT_LOSS_FAMILY | Core | Unsettled relationship in last 7 days - recent loss of close family member or friend |
| ADJUST_TO_ROUTINE_CHANGE | Core | Unsettled relationship in last 7 days - does not adjust easily to change in routines |
| IDENTIFY_PAST_ROLES | Core | Recognition or acceptance of feelings regarding roles or status previous to living in facility in last |
| SAD_OVER_LOST_ROLES | Core | Recognition or acceptance of feelings regarding roles or status previous to living in facility in last |
| PERCEIVES_DIFF_ROUTINE | Core | Recognition or acceptance of feelings regarding roles or status previous to living in facility in last |
| ADL_BED_MOBILITY_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - bed mobility |
| BED_MOBILITY_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - bed mobility |
| ADL_TRANSFER_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - transfer |
| TRANSFER_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - transfer |
| ADL_WALK_IN_ROOM_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - walk in room |
| WALK_IN_ROOM_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - walk in room |
| ADL_WALK_IN_CORRIDOR_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - walk in corridor |
| WALK_IN_CORRIDOR_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - walk in corridor |
| ADL_LOCOMOT_ON_UNIT_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - locomotion on unit |
| LOCOMOT_ON_UNIT_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - locomotion on unit |
| ADL_LOCOMOT_OFF_UNIT_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - locomotion off unit |
| LOCOMOT_OFF_UNIT_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - locomotion off unit |
| ADL_DRESSING_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - dressing |
| DRESSING_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - dressing |
| ADL_EATING_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - eating |
| EATING_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - eating |
| ADL_TOILET_USE_SELF_PERF | Core | Self care performance in activities of daily living in last 7 days - toilet |
| TOILET_USE_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - toilet |
| ADL_PERSONAL_HYGIENE_SELF | Core | Self care performance in activities of daily living in last 7 days - personal hygiene |
| PERSONAL_HYGIENE_SUPPORT | Core | Highest level of support received for activities of daily living in last 7 days - personal hygiene |
| BATHING_SELF_PERFORMANCE | Core | Bathing self performance |
| BATHING_SUPPORT | Core | Bathing support |
| BALANCE_WHILE_STANDING | Core | Test for balance in last 7 days - balance while standing |
| BALANCE_WHILE_SITTING | Core | Test for balance in last 7 days - balance while sitting |
| NECK_RANGE_OF_MOTION | Core | Functional limitation in range of motion in last 7 days - neck |
| NECK_VOLUNTARY_MOVEMENT | Core | Loss of voluntary movement in last 7 days - neck |
| ARM_RANGE_OF_MOTION | Core | Functional limitation in range of motion in last 7 days - arm including shoulder or elbow |
| ARM_VOLUNTARY_MOVEMENT | Core | Loss of voluntary movement in last 7 days - arm including shoulder or elbow |
| HAND_RANGE_OF_MOTION | Core | Functional limitation in range of motion in last 7 days - hand including wrist or fingers |
| HAND_VOLUNTARY_MOVEMENT | Core | Loss of voluntary movement in last 7 days - hand including wrist or fingers |
| LEG_RANGE_OF_MOTION | Core | Functional limitation in range of motion in last 7 days - leg including hip or knee |
| LEG_VOLUNTARY_MOVEMENT | Core | Loss of voluntary movement in last 7 days - leg including hip or knee |
| FOOT_RANGE_OF_MOTION | Core | Functional limitation in range of motion in last 7 days - foot including ankle or toes |
| FOOT_VOLUNTARY_MOVEMENT | Core | Loss of voluntary movement in last 7 days - foot including ankle or toes |
| OTHER_LTD_RANGE_OF_MOTION | Core | Functional limitation in range of motion in last 7 days - other limitation or loss |
| OTHER_LTD_VOLUNTARY_MOVEMENT | Core | Loss of voluntary movement in last 7 days - limitation or loss in other joints not listed |
| CANE_WALKER | Core | Modes of locomotion in last 7 days - cane, walker, crutch |
| WHEELED_SELF | Core | Modes of locomotion in last 7 days - wheeled self |
| OTHER_PERSON_WHEELED | Core | Modes of locomotion in last 7 days - other person wheeled |
| WHEELCHAIR_PRIMARY_LOCOMOT | Core | Modes of locomotion in last 7 days - wheelchair primary mode of locomotion |
| BEDFAST | Core | Modes of transfer in last 7 days - bedfast all or most of time |
| BED_RAILS_FOR_BED_MOBILITY | Core | Modes of transfer in last 7 days - bed rails used for bed mobility or transfer |
| LIFTED_MANUALLY | Core | Modes of transfer in last 7 days - lifted manually |
| LIFTED_MECHANICALLY | Core | Modes of transfer in last 7 days - lifted mechanically |
| TRANSFER_AID | Core | Modes of transfer in last 7 days - transfer aid |
| TASK_SEGMENTATION | Core | Task segmentation in last 7 days - some or all of the activities of daily living broken into subtasks |
| RES_MORE_INDEPENDENCE | Core | Activities of daily living functional rehabilitation potential in last 7 days - resident believes self to |
| STAFF_MORE_INDEPENDENCE | Core | Activities of daily living functional rehabilitation potential in last 7 days - staff believe resident is |
| SLOW_PERFORMING_TASKS | Core | Activities of daily living functional rehabilitation potential in last 7 days - resident able to |
| AM_PM_DIFFER_ADLS | Core | Activities of daily living functional rehabilitation potential in last 7 days - difference in ADL self |
| CHANGE_IN_ADL_FUNCTION | Core | Activities of daily living self performance status has changed compared to status 90 days ago or |
| BOWEL_CONTINENCE | Core | Continence in last 14 days - bowel continence |
| BLADDER_CONTINENCE_SELF | Core | Continence in last 14 days - bladder continence |
| BOWEL_ELIMINATION_REGULAR | Core | Bowel elimination pattern in last 14 days - regular |
| CONSTIPATION | Core | Bowel elimination pattern in last 14 days - constipation |
| DIARRHEA | Core | Bowel elimination pattern in last 14 days - diarrhea |
| FECAL_IMPACTION | Core | Bowel elimination pattern in last 14 days - fecal impaction |

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| SCHEDULED_TOILETING_PLAN | Core | Applicance and programs in last 14 days - scheduled toilet plan |
| BLADDER_RETRAINING_PROGRAM | Core | Applicance and programs in last 14 days - bladder retraining program |
| EXTERNAL_CATHETER | Core | Applicance and programs in last 14 days - external catheter |
| INDWELLING_CATHETER | Core | Applicance and programs in last 14 days - indwelling catheter |
| INTERMITTENT_CATHETER | Core | Applicance and programs in last 14 days - intermittent catheter |
| DID_NOT_USE_TOILET | Core | Applicance and programs in last 14 days - did not use toilet |
| PADS_OR_BRIEFS | Core | Applicance and programs in last 14 days - pads or briefs used |
| ENEMAS_IRRIGATION | Core | Applicance and programs in last 14 days - enemas or irrigation |
| OSTOMY_PRESENT | Core | Applicance and programs in last 14 days - ostomy present |
| CHANGE_IN_URINARY_CONTINENCE | Core | Change in urinary continence compared to 90 days ago or since last assessment if less than 90 |
| DIABETES_MELLITUS | Core | Disease - diabetes mellitus |
| PARKINSONS | Core | Disease - Parkinson's disease |
| HYPERTHYROIDISM | Core | Disease - hyperthyroidism |
| QUADRIPLEGIA | Core | Disease - quadriplegia |
| HYPOTHYROIDISM | Core | Disease - hypothyroidism |
| SEIZURE_DISORDER | Core | Disease - seizure disorder |
| ARTERIO_HEART_DISEASE | Core | Disease - arteriosclerotic heart |
| TRANSIENT_ISCHEMIC_ATTACK | Core | Disease - transient ischemic attack |
| CARDIAC_DYSRHYTHMIAS | Core | Disease - cardiac dysrhythmia |
| TRAUMATIC_BRAIN_INJURY | Core | Disease - traumatic brain injury |
| CONGESTIVE_HEART_FAILURE | Core | Disease - congestive heart failure |
| ANXIETY_DISORDER | Core | Disease - anxiety disorder |
| DEEP_VEIN_THROMBOSIS | Core | Disease - deep vein thrombosis |
| DEPRESSION | Core | Disease - depression |
| HYPERTENSION | Core | Disease - hypertension |
| MANIC_DEPRESSIVE | Core | Disease - bipolar disorder, manic depressive |
| HYPOTENSION | Core | Disease - hypotension |
| SCHIZOPHRENIA | Core | Disease - schizophrenia |
| PERIPHERAL_VASC_DISEASE | Core | Disease - peripheral vascular |
| ASTHMA | Core | Disease - asthma |
| OTHER_CARDIOVASC_DISEASE | Core | Disease - other cardiovascular |
| EMPHYSEMA_COPD | Core | Disease - emphysema or COPD |
| ARTHRITIS | Core | Disease - arthritis |
| CATARACTS | Core | Disease - cataracts |
| HIP_FRACTURE | Core | Disease - hip fracture |
| DIABETIC_RETINOPATHY | Core | Disease - diabetic retinopathy |
| MISSING_LIMB | Core | Disease - missing limb |
| GLAUCOMA | Core | Disease - glaucoma |
| OSTEOPOROSIS | Core | Disease - osteoporosis |
| MACULAR_DEGENERATION | Core | Disease - macular degeneration |
| PATHOLOGICAL_BONE_FRACTURE | Core | Disease - pathological bone fracture |
| ALLERGIES | Core | Disease - allergies |
| AMYOTROPHIC_LAT_SCLEROSIS | Core | Disease - amyotrophic lateral sclerosis |
| ANEMIA | Core | Disease - anemia |
| ALZHEIMERS | Core | Disease - Alzheimer's |
| CANCER | Core | Disease - cancer |
| APHASIA | Core | Disease - aphasia |
| GASTROINTESTINAL_DISEASE | Core | Disease - gastrointestinal disease |
| CEREBRAL_PALSY | Core | Disease - cerebral palsy |
| LIVER_DISEASE | Core | Disease - liver disease |
| CEREBROVASCULAR_ACCIDENT | Core | Disease - cerebrovascular accident |
| RENAL_FAILURE | Core | Disease - renal failure |
| DEMENTIA_NOT_ALZHEIMERS | Core | Disease - dementia other than Alzheimer's |
| HEMIPLEGIA_HEMIPARESIS | Core | Disease - hemiplegia or hemiparesis |
| HUNTINGTONS_CHOREA | Core | Disease - Huntington's chorea |
| MULTIPLE_SCLEROSIS | Core | Disease - multiple sclerosis |
| PARAPLEGIA | Core | Disease - paraplegia |
| ANTIBIOTIC_RESIST_INFECT | Core | Infection - antibiotic resistant infection |
| CELLULITIS | Core | Infection - cellulitis |
| CLOSTRIDIUM_DIFFICILE | Core | Infection - clostridium difficile |
| CONJUNCTIVITIS | Core | Infection - conjunctivitis |
| HIV_INFECTION | Core | Infection - HIV infection |
| PNEUMONIA | Core | Infection - pneumonia |
| RESPIRATORY_INFECTION | Core | Infection - respiratory infection |
| SEPTICEMIA | Core | Infection - septicemia |
| SEXUALLY_TRANSMIT_DISEASES | Core | Infection - sexually transmitted disease |
| TUBERCULOSIS | Core | Infection - tuberculosis |
| URINARY_TRACT_INFECTION | Core | Infection - urinary tract infection in last 30 days |
| VIRAL_HEPATITIS | Core | Infection - viral hepatitis |

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| WOUND_INFECTION | Core | Infection - wound infection |
| OTHER_DIAG_A | Core | Other current diagnosis ICD-10-CA code |
| OTHER_DIAG_B | Core | Other current diagnosis ICD-10-CA code |
| OTHER_DIAG_C | Core | Other current diagnosis ICD-10-CA code |
| OTHER_DIAG_D | Core | Other current diagnosis ICD-10-CA code |
| OTHER_DIAG_E | Core | Other current diagnosis ICD-10-CA code |
| OTHER_DIAG_F | Core | Other current diagnosis ICD-10-CA code |
| WEIGHT_FLUCTUATION | Core | Problem conditions in last 7 days - weight gain or loss of 1.5+ kilos |
| INABILITY_TO_LIE_FLAT | Core | Problem conditions in last 7 days - inability to lie flat due to shortness of breath |
| DEHYDRATION | Core | Problem conditions in last 7 days - dehydrated, output exceeds input |
| INSUFFICIENT_FLUIDS | Core | Problem conditions - insufficient fluid consumed in last 3 days |
| DELUSIONS | Core | Problem conditions in last 7 days - delusions |
| DIZZINESS | Core | Problem conditions in last 7 days - dizziness or vertigo |
| EDEMA | Core | Problem conditions in last 7 days - edema |
| FEVER | Core | Problem conditions in last 7 days - fever |
| HALLUCINATIONS | Core | Problem conditions in last 7 days - hallucinations |
| INTERNAL_BLEEDING | Core | Problem conditions in last 7 days - internal bleeding |
| RECURRENT_LUNG_ASPIRATIONS | Core | Problem conditions - recurrent lung aspirations in last 90 days |
| SHORTNESS_OF_BREATH | Core | Problem conditions in last 7 days - shortness of breath |
| SYNCOPE | Core | Problem conditions in last 7 days - syncope |
| UNSTEADY_GAIT | Core | Problem conditions in last 7 days - unsteady gait |
| VOMITING | Core | Problem conditions in last 7 days - vomiting |
| PAIN_SYMPTOMS_FREQ | Core | Frequency of complaints or evidence of pain in last 7 days |
| PAIN_SYMPTOMS_INTENSITY | Core | Intensity of pain in last 7 days |
| BACK_PAIN | Core | Site where pain was present in last 7 days - back |
| BONE_PAIN | Core | Site where pain was present in last 7 days - bone |
| CHEST_PAIN | Core | Site where pain was present in last 7 days - chest |
| HEADACHE | Core | Site where pain was present in last 7 days - headache |
| HIP_PAIN | Core | Site where pain was present in last 7 days - hip |
| INCISIONAL_PAIN | Core | Site where pain was present in last 7 days - incisional |
| JOINT_PAIN_HIP | Core | Site where pain was present in last 7 days - joint other than hip |
| SOFT_TISSUE_PAIN | Core | Site where pain was present in last 7 days - soft tissue |
| STOMACH_PAIN | Core | Site where pain was present in last 7 days - stomach |
| OTHER_PAIN | Core | Site where pain was present in last 7 days - other |
| FELL_IN_PAST_30_DAYS | Core | Accident - fell in past 30 days |
| FELL_IN_PAST_31_180_DAYS | Core | Accident - fell in past 31 to 180 days |
| HIP_FRACTURE_IN_LAST_180_DAYS | Core | Accident - hip fracture in last 180 days |
| OTHER_FRACTURE | Core | Accident - other fracture in last 180 days |
| CONDITION_LEADS_TO_INSTABILITY | Core | Stability of condition - cognitive, ADL, mood or behaviour patterns unstable |
| EXPERIENCING_ACUTE_EPISODE | Core | Stability of condition - acute episode or flare-up of recurrent or chronic problem |
| END_STAGE_DISEASE | Core | Stability of condition - end stage disease, 6 months or less to live |
| CHEWING_PROBLEM | Core | Oral problem in last 7 days - chewing |
| SWALLOWING_PROBLEM | Core | Oral problem in last 7 days - swallowing |
| MOUTH_PAIN | Core | Oral problem in last 7 days - mouth pain |
| HEIGHT | Core | Height in centimetres |
| WEIGHT | Core | Weight in kilograms |
| WEIGHT_LOSS | Core | Weight loss 5% or more in last 30 days or 10% or more in last 180 days |
| WEIGHT_GAIN | Core | Weight gain 5% or more in last 30 days or 10% or more in last 180 days |
| COMPLAINS_ABOUT_TASTE | Core | Nutritional problems in last 7 days - complains about the taste of many foods |
| COMPLAINTS_OF_HUNGER | Core | Nutritional problems in last 7 days - regular or repetitive complaints of hunger |
| LEAVES_FOOD_UNEATEN | Core | Nutritional problems in last 7 days - leaves 25% or more of food uneaten at most meals |
| PARENTERAL_IV | Core | Nutritional approaches in last 7 days - parenteral IV |
| FEEDING_TUBE | Core | Nutritional approaches in last 7 days - feeding tube |
| MECHANIC_ALTERED_DIET | Core | Nutritional approaches in last 7 days - mechanically altered diet |
| ORAL_FEEDING | Core | Nutritional approaches in last 7 days - syringe oral feeding |
| THERAPEUTIC_DIET | Core | Nutritional approaches in last 7 days - therapeutic diet |
| DIETARY_SUPPLEMENT | Core | Nutritional approaches in last 7 days - dietary supplement between meals |
| PLATE_GUARD | Core | Nutritional approaches in last 7 days - plate guard, stabilized built-up utensils etc. |
| PLANNED_WEIGHT_CHANGE_PROG | Core | Nutritional approaches in last 7 days - planned weight change program |
| TOTAL_CALORIES | Core | Parenteral or enteral intake in last 7 days - proportions of total calories |
| AVERAGE_FLUIDS | Core | Parenteral or enteral intake in last 7 days - average fluid intake |
| DEBRIS_IN_MOUTH | Core | Oral status and disease prevention in last 7 days - debris present in mouth prior to going to bed |
| DENTURES_REMOVE_BRIDGE | Core | Oral status and disease prevention in last 7 days - dentures or removable bridge |
| NATURAL_TEETH_LOST | Core | Oral status and disease prevention in last 7 days - some or all natural teeth lost, does not use |
| BROKEN_LOOSE_TEETH | Core | Oral status and disease prevention in last 7 days - broken, loose or carious teeth |
| INFLAMED_GUMS | Core | Oral status and disease prevention in last 7 days - inflamed, swollen or bleeding gums, oral |
| DAILY_CLEANING_TEETH | Core | Oral status and disease prevention in last 7 days - daily cleaning of teeth or dentures |
| STAGE1_ULCERS | Core | Ulcers in last 7 days - stage 1, persistent area of skin redness does not disappear when pressure |
| STAGE2_ULCERS | Core | Ulcers in last 7 days - stage 2, partial thickness loss of skin layers that presents as abrasion, |

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| STAGE3_ULCERS | Core | Ulcers in last 7 days - stage 3, full thickness of skin loss, exposing subcutaneous tissues, deep |
| STAGE4_ULCERS | Core | Ulcers in last 7 days - stage 4, full thickness of skin and subcutaneous tissue loss, exposing |
| STAGE_OF_PRESSURE_ULCER | Core | Type of ulcer in last 7 days - pressure |
| STAGE_OF_STASIS_ULCER | Core | Type of ulcer in last 7 days - stasis |
| HISTORY_OF_RESOLVED_ULCERS | Core | Ulcer resolved or cured in last 90 days |
| ABRASIONS_BRUISES | Core | Other skin problem or lesion in last 7 days - abrasions, bruises |
| BURNS | Core | Other skin problem or lesion in last 7 days - burns, second or third degree |
| OPEN_LESIONS_NOT_ULCERS | Core | Other skin problem or lesion in last 7 days - open lesions other than ulcers, rashes, cuts |
| RASHES | Core | Other skin problem or lesion in last 7 days - rash |
| SKIN_DESENSITIZED_TO_PAIN | Core | Other skin problem or lesion in last 7 days - skin desensitized to pain or pressure |
| SKIN_TEAR_OR_CUTS | Core | Other skin problem or lesion in last 7 days - skin tears or cuts other than surgery |
| SURGICAL_WOUND | Core | Other skin problem or lesion in last 7 days - surgical wounds |
| RELIEVING_DEVICE_CHAIR | Core | Skin treatments in last 7 days - pressure relieving device for chair |
| RELIEVING_DEVICE_BED | Core | Skin treatments in last 7 days - pressure relieving device for bed |
| TURNING_PROGRAM | Core | Skin treatments in last 7 days - turning or repositioning program |
| SKIN_NUTRITION_INTERVENTION | Core | Skin treatments in last 7 days - nutrition or hydration intervention to manage skin problems |
| ULCER_CARE | Core | Skin treatments in last 7 days - ulcer care |
| SURGICAL_WOUND_CARE | Core | Skin treatments in last 7 days - surgical wound care |
| APPLY_DRESSING_NOT_FEET | Core | Skin treatments in last 7 days - application of dressings other than to feet |
| APPLY_OINTMENT_NOT_FEET | Core | Skin treatments in last 7 days - application of ointments or medications other than to feet |
| OTHER_PREVENT_NOT_FEET | Core | Skin treatments in last 7 days - other preventative or protective skin care other than feet |
| FOOT_PROBLEM | Core | Foot problem and care in last 7 days - one or more foot problems |
| INFECTION_OF_FOOT | Core | Foot problem and care in last 7 days - infection of foot |
| OPEN_LESIONS_ON_FOOT | Core | Foot problem and care in last 7 days - open lesions on the foot |
| NAILS_CALLUSES_TRIMMED | Core | Foot problem and care - nails or calluses trimmed in last 90 days |
| RECEIVED_PREVENT_FOOT_CARE | Core | Foot problem and care in last 7 days - received preventative or protective foot care |
| APPLY_DRESSING_FOOT | Core | Foot problem and care in last 7 days - application of dressings |
| TIME_AWAKE_MORNING | Core | Time awake in last 7 days - morning |
| TIME_AWAKE_AFTERNOON | Core | Time awake in last 7 days - afternoon |
| TIME_AWAKE_EVENING | Core | Time awake in last 7 days - evening |
| AVERAGE_TIME_ACTIVITIES | Core | Average time involved in activities in last 7 days |
| PREF_ACT_OWN_ROOM | Core | Preferred activity setting in last 7 days - own room |
| PREF_ACT_ACTIVITY_ROOM | Core | Preferred activity setting in last 7 days - day or activity room |
| PREF_ACT_INSIDE | Core | Preferred activity setting in last 7 days - inside facility or off unit |
| PREF_ACT_OUTSIDE | Core | Preferred activity setting in last 7 days - outside facility |
| PREF_ACT_CARDS_GAMES | Core | Preferred activity in last 7 days - cards, other games |
| PREF_ACT_CRAFTS | Core | Preferred activity in last 7 days - crafts or arts |
| PREF_ACT_EXERCISE | Core | Preferred activity in last 7 days - exercise or sports |
| PREF_ACT_MUSIC | Core | Preferred activity in last 7 days - music |
| PREF_ACT_READING | Core | Preferred activity in last 7 days - reading or writing |
| PREF_ACT_SPIRITUAL | Core | Preferred activity in last 7 days - spiritual or religious activities |
| PREF_ACT_TRIPS | Core | Preferred activity in last 7 days - trips or shopping |
| PREF_ACT_WALKING | Core | Preferred activity in last 7 days - walking or wheeling outdoors |
| PREF_ACT_WATCH_TV | Core | Preferred activity in last 7 days - watching TV |
| PREF_ACT_GARDENING | Core | Preferred activity in last 7 days - gardening or plants |
| PREF_ACT_TALKING | Core | Preferred activity in last 7 days - talking or conversing |
| PREF_ACT_HELP_OTHERS | Core | Preferred activity in last 7 days - helping others |
| PREFER_CHANGE_IN_ACTIVITY | Core | Prefers change in daily routine in last 7 days - in current activities |
| PREFER_CHANGE_IN_INVOLVEMENT | Core | Prefers change in daily routine in last 7 days - in extent of involvement in activities |
| NUM_OF_MEDS | Core | Number of medications in last 7 days |
| NEW_MEDS | Core | New medications in last 90 days |
| DAYS_INJECTIONS | Core | Number of days injections were received in last 7 days |
| DAYS_ANTIPSYCHOTIC | Core | Number of days received medication in last 7 days - antipsychotic |
| DAYS_ANTIANKXIETY | Core | Number of days received medication in last 7 days - anti anxiety |
| DAYS_ANTI DEPRESSANT | Core | Number of days received medication in last 7 days - antidepressant |
| DAYS_HYPNOTIC | Core | Number of days received medication in last 7 days - hypnotic |
| DAYS_DIURETIC | Core | Number of days received medication in last 7 days - diuretic |
| DAYS_ANALGESIC | Core | Number of days received medication in last 7 days - analgesic |
| CHEMOTHERAPY | Core | Special care in last 14 days - chemotherapy |
| DIALYSIS | Core | Special care in last 14 days - renal dialysis |
| IV_MEDS | Core | Special care in last 14 days - IV medication |
| INTAKE_OUTPUT | Core | Special care in last 14 days - intake or output |
| MONITOR_MEDICAL_CONDITION | Core | Special care in last 14 days - monitoring acute medical condition |
| OSTOMY_CARE | Core | Special care in last 14 days - ostomy care |
| OXYGEN_THERAPY | Core | Special care in last 14 days - oxygen therapy |
| RADIATION | Core | Special care in last 14 days - radiation |
| SUCTIONING | Core | Special care in last 14 days - suctioning |
| TRACHEOSTOMY | Core | Special care in last 14 days - tracheostomy care |
| TRANSFUSIONS | Core | Special care in last 14 days - transfusions |

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| VENTILATOR_OR_RESPIRATOR | Core | Special care in last 14 days - ventilator or respirator |
| ALCOHOL_DRUG_PROGRAM | Core | Special care in last 14 days - alcohol or drug treatment program |
| ALZHEIMERS_CARE_UNIT | Core | Special care in last 14 days - Alzheimer's or dementia special care unit |
| HOSPICE_CARE | Core | Special care in last 14 days - hospice care |
| PEDIATRIC_UNIT | Core | Special care in last 14 days - pediatric unit |
| RESPIRE_CARE | Core | Special care in last 14 days - respite care |
| TRAINING_COMMUNITY_SKILLS | Core | Special care in last 14 days - training in skills required to return to community |
| DAYS_SPEECH_THERAPY | Core | Number of days of therapy administered for at least 15 minutes a day in last 7 days - speech, |
| MINS_SPEECH_THERAPY | Core | Total minutes of therapy provided in last 7 days - speech, language pathology and audiology |
| DAYS_OCCUPATION_THERAPY | Core | Number of days of therapy administered for at least 15 minutes a day in last 7 days - |
| MINS_OCCUPATION_THERAPY | Core | Total minutes of therapy provided in last 7 days - occupational |
| DAYS_PHYSICAL_THERAPY | Core | Number of days of therapy administered for at least 15 minutes a day in last 7 days - physical |
| MINS_PHYSICAL_THERAPY | Core | Total minutes of therapy provided in last 7 days - physical |
| DAYS_RESPIRATORY_THERAPY | Core | Number of days of therapy administered for at least 15 minutes a day in last 7 days - respiratory |
| MINS_RESPIRATORY_THERAPY | Core | Total minutes of therapy provided in last 7 days - respiratory |
| DAYS_PSYCHO_THERAPY | Core | Number of days of therapy administered for at least 15 minutes a day in last 7 days - |
| MINS_PSYCHO_THERAPY | Core | Total minutes of therapy provided in last 7 days - psychological |
| DAYS_RECREATION_THERAPY | Core | Number of days of therapy administered for at least 15 minutes a day in last 7 days - |
| MINS_RECREATION_THERAPY | Core | Total minutes of therapy provided in last 7 days - recreational |
| INTERV_PRG_SPEC_BEHAV_SYMPTOM | Core | Intervention program for mood, behaviour, cognitive loss in last 7 days - special behaviour |
| INTERV_PRG_EVAL_MH_SPECIALIST | Core | Intervention program for mood, behaviour, cognitive loss - evaluation by licensed mental health |
| INTERV_PRG_GROUP_THERAPY | Core | Intervention program for mood, behaviour, cognitive loss in last 7 days - group therapy |
| INTERV_PRG_RESIDENT_CHANGE_ENV | Core | Intervention program for mood, behaviour, cognitive loss in last 7 days - resident specific |
| INTERV_PRG_REORIENTATION | Core | Intervention program for mood, behaviour, cognitive loss in last 7 days - reorientation |
| REHAB_DAYS_ROM_PASSIVE | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - range of motion |
| REHAB_DAYS_ROM_ACTIVE | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - range of motion |
| REHAB_DAYS_SPLINT_ASSIST | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - splint or brace |
| REHAB_DAYS_BED_MOBILITY | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - bed mobility |
| REHAB_DAYS_TRANSFER | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - transfer |
| REHAB_DAYS_WALKING | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - walking |
| REHAB_DAYS_DRESSING | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - dressing or grooming |
| REHAB_DAYS_EATING | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - eating or swallowing |
| REHAB_DAYS_AMPUTATION | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - amputation or |
| REHAB_DAYS_COMMUNICATION | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - communication |
| REHAB_DAYS_OTHER | Core | Number of days of nursing rehabilitation or restorative care in last 7 days - other |
| FULL_BED_RAILS | Core | Devices or restraints in last 7 days - full bed rails on all sides |
| OTHER_TYPES_OF_RAILS | Core | Devices or restraints in last 7 days - other types of bed rails |
| TRUNK_RESTRAINT | Core | Devices or restraints in last 7 days - trunk restraint |
| LIMB_RESTRAINT | Core | Devices or restraints in last 7 days - limb restraint |
| CHAIR_PREVENTS_RISING | Core | Devices or restraints in last 7 days - chair prevents rising |
| HOSPITAL_STAYS | Core | Hospital stay in last 90 days or since last assessment if less than 90 days |
| EMERGENCY_ROOM_VISITS | Core | Emergency room visits in last 90 days or since the last assessment if less than 90 days |
| DAYS_PHYSICIAN_VISITS | Core | Physician visits in last 14 days or since admission if less than 14 days |
| DAYS_DOCTOR_ORDERS_CHANGED | Core | Physician-s orders in last 14 days or since admission if less than 14 days |
| ABNORMAL_LAB_VALUES | Core | Abnormal lab values in last 90 days or since admission if less than 90 days |
| WANTS_RETURN_TO_COMMUNITY | Core | Discharge potential in next 3 months - expresses or indicates preference to return to community |
| SUPPORT_POSITIVE_DISCHARGE | Core | Discharge potential in next 3 months - has a support person who is positive towards discharge |
| STAY_SHORT_DURATION | Core | Discharge potential in next 3 months - stay projected to be of short duration |
| CHANGE_IN_CARE_NEEDS | Core | Overall change in care needs and level of self sufficiency in last 90 days or since assessment if |
| RES_PARTICIPATED_ASSESS | Core | Participation in assessment - resident |
| FAMILY_PARTICIPATED_ASSESS | Core | Participation in assessment - family |
| OTHER_PARTICIPATED_ASSESS | Core | Participation in assessment - significant other |
| SIGNED_COMPLETE_DATE | Core | Date that the registered nurse coordinator signed the assessment as being complete |
| ABS | Core | Score for Aggressive Behaviour Scale for the resident on current assessment |
| ABS_CHANGE_CODE | Core | Change in score for Aggressive Behaviour Scale for the resident on current assessment from |
| ACTIVE_NEW_STATUS | Core | Identifies whether a resident is new or existing in the facility. A new resident is one whose date |
| ACTIVITIES_CAP | Core | Activities CAP |
| ADL_CAP | Core | Activities of Daily Living CAP |
| ADL_HIERARCHY | Core | Score for ADL Hierarchy Scale for the resident on current assessment |
| ADL_HIERARCHY_CHANGE_CODE | Core | Change in score for ADL Hierarchy Scale for the resident on current assessment from previous |
| ADL_LONG_FORM | Core | Score for ADL Long Form Scale for the resident on current assessment |
| ADL_LONG_FORM_CHANGE_CODE | Core | Change in score for ADL Long Form Scale for the resident on current assessment from previous |
| ADL_SHORT_FORM | Core | Score for ADL Short Form Scale for the resident on current assessment |
| ADL_SHORT_FORM_CHANGE_CODE | Core | Change in score for ADL Short Form Scale for the resident on current assessment from previous |
| APPROP_MEDS_CAP | Core | Appropriate Medication CAP |
| ASSESSMENT_FY_FACILITY_FLAG | Core | Flag for whether this particular assessment is selected to represent the resident's condition in |
| ASSESSMENT_FY_SECTOR_FLAG | Core | Flag for whether this particular assessment is selected to represent the resident's condition in |
| BED_TYPE_AT_ASSESSMENT | Core | To enable reporting on the different types of beds that residents may be placed within a facility. |
| BEHAVIOUR_CAP | Core | Behaviour CAP |

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| BOWEL_CONDITIONS_CAP | Core | Bowel Conditions CAP |
| CARDIO_RESPIRATORY_CAP | Core | Cardio Respiratory Condition CAP |
| CHESS | Core | Score for CHESS for the resident on current assessment |
| CHESS_CHANGE_CODE | Core | Change in score for CHESS for the resident on current assessment from previous assessment |
| CIHI_ASSESSMENT_PREV_QTR_FLAG | Core | Flag for whether the assessed resident has had an assessment in the previous quarter |
| CIHI_FISCAL_QUARTER_ASSESSMENT | Core | Fiscal quarter of assessment |
| CIHI_FISCAL_YEAR_ASSESSMENT | Core | Fiscal year of assessment |
| CIHI_QUARTER_FLAG | Core | Flag for whether this particular assessment is selected to represent the resident's condition in |
| CMI_HIERARCHY | Core | CMI Code for Hierarchical Methodology |
| CMI_INDEX_MAX | Core | CMI for Index Maximizing Methodology |
| COGNITIVE_LOSS_CAP | Core | Cognitive Loss CAP |
| COMATOSE_CHANGE_FLAG | Core | Whether or not comatose status has changed since previous |
| COMMUNICATION_CAP | Core | Communication CAP |
| CPS | Core | Score for Cognitive Performance Scale for the resident on current assessment |
| CPS_CHANGE_CODE | Core | Change in score for Cognitive Performance Scale for the resident on current assessment from |
| DQ_ASSESSMENT_FLAG | Core | A data quality flag assigned at the Assessment level to flag Assessment with date problems. |
| DAY_FLAG | Core | Flag for whether this particular assessment is selected to represent the resident's condition on |
| DEHYDRATION_CAP | Core | Dehydration CAP |
| DELIRIUM_CAP | Core | Delirium CAP |
| DRS | Core | Score for Depression Rating Scale for the resident on current assessment |
| DRS_CHANGE_CODE | Core | Change in score for Depression Rating Scale for the resident on current assessment from |
| EPISODE_ID* | Core | Identifier assigned to each episode, used to uniquely track each episode (encrypted) |
| FALLS_CAP | Core | Falls CAP |
| FEEDING_TUBE_CAP | Core | Feeding Tube CAP |
| ISE | Core | Score for Index for Social Engagement for the resident on current assessment |
| ISE_CHANGE_CODE | Core | Change in score for Index for Social Engagement for the resident on current assessment from |
| MOOD_CAP | Core | Mood CAP |
| NO_TRIGGERED_CAPS | Core | No triggered CAPs |
| NUM_OF_MEDS_RECORDS_SUBMIT | Core | Number of medication records submitted |
| PAIN | Core | Score for Pain Scale for the resident on current assessment |
| PAIN_CAP | Core | Pain CAP |
| PAIN_CHANGE_CODE | Core | Change in score for Pain Scale for the resident on current assessment from previous assessment |
| PHYSICAL_RESTRAINTS_CAP | Core | Physical Restraints CAP |
| PRESSURE_ULCER_CAP | Core | Pressure Ulcer CAP |
| PREVIOUS_ASSESSMENT_ID* | Core | Assessment ID for the previous assessment of resident, if applicable, which was used in the |
| PURS | Core | Score for Pressure Ulcer Risk Scale |
| PURS_SCORE_CHANGE | Core | Change in score for PURS for the resident on current assessment from previous assessment |
| RUG_HIERARCHY_CATEGORY | Core | RUG category for Hierarchical Methodology |
| RUG_HIERARCHY_CODE | Core | RUG category for Hierarchical Methodology |
| RUG_INDEX_MAX_CATEGORY | Core | RUG Category for Index Maximizing Methodology |
| RUG_INDEX_MAX_CODE | Core | RUG Code for Index Maximizing Methodology |
| SECTOR | Core | Main sector, hospital based or residential based, that facility is assigned to |
| SOCIAL_RELATIONSHIP_CAP | Core | Social Relationship CAP |
| UNDERNUTRITION_CAP | Core | Undernutrition CAP |
| MIS_AT_ASSESSMENT | Non-Core | The Unit MIS Functional Centre Account Code is the account number that is used to represent |
| URINARY_INCONTINENCE_CAP | Core | Urinary Incontinence CAP |

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| Name | Core vs Non-Core | Description |
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| FACILITY | Core | Facility number assigned by the province or territory (encrypted) |
| FACILITY | Non-Core | Facility number assigned by the province or territory (unencrypted) |
| CITY | Core | Generated for Light Load Target Detail Usage: CITY |
| END_DATE | Core | Date that the facility stopped submitting data to CCRS |
| FACILITY_CENSUS_DIVISION | Core | Statistics Canada's Standard Geographic census division code for the facility providing care to the |
| FACILITY_CENSUS_SUBDIVISION | Core | Statistics Canada's Standard Geographic census subdivision code for the facility providing care to |
| HA_NM | Core | Health Authority Name |
| HA_CD | Core | Health Authority Code |
| FACILITY_NAME | Non-Core | Facility name |
| FACILITY_QAIPPE | Core | Neighbourhood income quintile for the facility providing care to the resident |
| FACILITY_SIZE | Core | Facility size |
| FACILITY_SAC_CODE | Core | Statistics Canada's census metropolitan area/census agglomeration code for the facility |
| FACILITY_SAC_TYPE | Core | Statistical area classification type for the facility providing care to the resident |
| HSDA_NM | Core | Health Service Delivery Area Name |
| HSDA_CD | Core | Health Service Delivery Area Code |
| FACILITY_URBAN_RURAL_CODE | Core | Urban/rural status of facility |
| MERGE_TO_FACILITY | Core | Identification number assigned to the facility by the province for the facility that was merge |
| MERGE_TO_FACILITY | Non-Core | Identification number assigned to the facility by the province for the facility that was merge |
| POSTAL_CODE | Core | Facility postal code (first 3 digits) |

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| POSTAL_CODE | Non-Core | Facility postal code (6 digit) |
| PROVINCE | Core | Province or territory in which the facility is located |

ccrs_medcn

| Name | Core vs Non-Core | Description |
|------------------|------------------|---------------------------------------------------------------------------------------------|
| ASSESSMENT_ID* | Core | Identifier assigned to each assessment in the database (encrypted) |
| ADMIN_ROUTE | Core | Route of administration of medication received in last 7 days |
| ADMIN_FREQUENCY | Core | Frequency that medication is administered |
| ADMIN_AMOUNT | Core | Amount of medication administered |
| PRN_DOSES_NUMBER | Core | Number of doses in last 7 days if U3 frequency is as necessary |
| DIN | Core | Drug Identification Number of medication received in last 7 days |
| MEDS_SEQ_NUMBER | Core | Sequence number assigned to the various medications given to a resident for each assessment |

ccrs_func_centre

| Name | Core vs Non-Core | Description |
|---------------------------------|------------------|------------------------------------------------------------------------------------------------|
| UNIQUE_REGISTRATION_IDENTIFIER* | Core | The Unique Registration Identifier uniquely identifies the resident admission. (encrypted) |
| MIS_ACCOUNT_CODE | Non-Core | MIS Functional Centre Account Code is the account number used to represent the statistical and |
| MIS_DQ_FLAG | Core | Determines if the response is valid AD3 |
| MIS_EFFECTIVE_DATE | Core | Date when Update record was received |

hcrs_episode

| Name | Core vs Non-Core | Description |
|---------------------------------|------------------|--------------------------------------------------------------------------------------------------|
| EPISODE_ID* | Core | Uniquely track each episode (encrypted) |
| UNENCRYPTED_HEALTH_CARD_NUMBER* | Core | Unencrypted Health Card Number (replaced by study ID) |
| CLIENT_POSTAL_CODE | Core | Postal Code of residence (first 3 digits) |
| CLIENT_POSTAL_CODE | Non-Core | Postal Code of residence (6 digit) |
| SEX | Core | Sex |
| BIRTH_DATE | Core | Birth Date YYYYMM |
| BIRTH_DATE | Non-Core | Birth Date YYYYMMDD |
| ESTIMATED_BIRTH_DATE_FLAG | Core | A flag to indicate that client birth date is estimated |
| MARITAL_STATUS | Core | Marital Status |
| LANGUAGE | Non-Core | Primary Language |
| DATE_CASE_OPENED_REOPENED | Core | Date Case Opened or Reopened |
| DISCHARGE_DATE | Core | Date a source organization completes administrative processes that record termination of all |
| SERVICE_GOALS_MET_AT_DISCHARGE | Core | Indicates whether home care client-s documented service goals have been met at discharge |
| DISCHARGE_REASON | Core | Reason for the client-s discharge from the source organization-s home care program |
| REFERRAL_TO_OTH_HEALTH_SERVICE | Core | The health service setting that a client was referred to at time of discharge from the home care |
| PROGRAM_TYPE | Core | Program under which the source organization provides home care services |
| REFERRAL_SOURCE | Core | Person or organization that referred the client for home care services |
| ACCEPTANCE_DATE | Core | The date on which an individual is accepted into the home care program |
| ORGANIZATION_IDENTIFIER | Core | Uniquely identifies an organization (encrypted) |
| ORGANIZATION_IDENTIFIER | Non-Core | Uniquely identifies an organization (unencrypted) |
| CLIENT_GROUP_ADMISSION | Core | Client Group assigned at admission to Home Care |
| CLIENT_GROUP_DISCHARGE | Core | Client Group assigned at Discharge |

hcrs_assess

| Name | Core vs Non-Core | Description |
|---------------------------|------------------|-----------------------------------------------------------------------------------------------|
| ASSESSMENT_ID* | Core | Unique identifier for each assessment (encrypted) |
| ASSESSMENT_DATE | Core | Assessment Reference Date |
| ASSESSMENT_REASON | Core | Reason for Assessment |
| SHORT_TERM_MEMORY | Core | Memory Recall Ability - Short term memory |
| PROCEDURAL_MEMORY | Core | Memory Recall Ability - Procedural memory |
| DECISION_MAKING | Core | Cognitive Skills - Decision Making |
| WORSENING_DECISION_MAKING | Core | Cognitive Skills - Worsening Decision Making |
| DELIRIUM_7_DAYS | Core | Indicator of Delirium - Sudden or new onset or changes in mental function over last 7 days |
| DELIRIUM_90_DAYS | Core | Indicator of delirium - behaviour over the past 90 days or since last assessment if < 90 days |
| SEX | Core | Sex |
| BIRTH_DATE | Core | Birth Date YYYYMM |
| BIRTH_DATE | Non-Core | Birth Date YYYYMMDD |
| ESTIMATED_BIRTH_DATE_FLAG | Core | A flag to indicate that client birth date is estimated |
| MARITAL_STATUS | Core | Marital Status |
| LANGUAGE | Non-Core | Primary Language |
| INTERPRETER_NEEDED | Core | Interpreter Needed |
| EDUCATION_COMPLETED | Core | Highest level of education completed |
| LEGAL_GUARDIAN | Core | Legal Guardian or Substitute Decision Maker |
| ADV_MEDICAL_DIRECTIVES | Core | Written documentation that states type of intervention client does or does not desire |
| HEARING | Core | Evaluate client-s ability to hear during the past 3 day period |

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| MAKING_SELF_UNDERSTOOD | Core | Level of making self understood |
| ABILITY_TO_UNDERSTAND_OTHERS | Core | Level of ability to understand others |
| COMMUNICATION_DECLINE | Core | To compare current abilities to make themselves understood or understand others to 90 days |
| DATE_CASE_OPENED_REOPENED | Core | Date is when a referral was first received |
| REASON_FOR_REFERRAL | Core | To document the primary reason for referral to the home care agency |
| UNDERSTAND_NURSING_TREATMENT | Core | Understanding of goals of care - Skilled nursing treatment |
| UNDERSTAND_MONITORING | Core | Understanding of goals of care - Monitoring |
| UNDERSTAND_REHABILITATION | Core | Understanding of goals of care - Rehabilitation |
| UNDERSTAND_FAMILY_EDUCATION | Core | Understanding of goals of care - Client and family education |
| UNDERSTAND_FAMILY_RESPITE | Core | Understanding of goals of care - Family Respite |
| UNDERSTAND_PALLIATIVE_CARE | Core | Understanding of goals of care - Palliative Care |
| LAST_HOSPITAL_STAY | Core | Time since discharge from last inpatient setting. Most recent discharge within the past 180 days |
| LIVED_TIME_OF_REFERRAL | Core | Client-s permanent living arrangement at time of referral |
| LIVING_ARRANGEMENT | Core | Whom the client lives with presently at time of referral |
| PRIOR_RESIDENT_CARE_FACILITY | Core | Resided in one or more residential care facilities at anytime during 5 years prior to case opening |
| RESIDENCE_HISTORY | Core | Moved to current residence within last two years |
| VISION | Core | To evaluate ability to see close objects using client-s customary visual appliances |
| VISUAL_LIMITATIONS | Core | whether client experiences visual limitations related to diseases common in aged persons |
| VISUAL_DECLINE | Core | Has vision declined |
| SAD_MOOD | Core | A feeling of sadness or being depressed in last 3 days |
| PERSISTENT_ANGER | Core | Persistent anger with self or others in last 3 days |
| UNREALISTIC_FEARS | Core | Expressions of what appear to be unrealistic fears in last 3 days |
| REPETITIVE_HEALTH_COMPLAINTS | Core | Indicators of Depression, Anxiety, Sad Mood in last 3 days - Repetitive health complaints |
| REPETITIVE_ANXIOUS_COMPLAINTS | Core | InRepetitive anxious complaints or concerns non health related in last 3 days |
| SAD_FACIAL_EXPRESSION | Core | Sad, pained, worried facial expressions in last 3 days |
| RECURRENT_CRYING_TEARFULNESS | Core | Indicators of Depression, Anxiety, Sad Mood in last 3 days - Recurrent Crying, Tearfulness |
| WITHDRAWAL_FROM_ACTIVITIES | Core | Withdrawal from Activities of Interest in last 3 days |
| REDUCED_SOCIAL_INTERACTION | Core | Indicators of Depression, Anxiety, Sad Mood in last 3 days - Reduced Social Interaction |
| MOOD_DECLINE | Core | To compare current status of mood indicators to status 90 days ago |
| WANDERING_FREQ | Core | Behavioural symptoms frequency in last 3 days - Wandering |
| VERBALLY_ABUSE_FREQ | Core | Behavioural symptoms frequency in last 3 days - Verbally Abusive |
| PHYSICAL_ABUSE_FREQ | Core | Behavioural symptoms frequency in last 3 days - Physically Abusive |
| DISRUPTIVE_FREQ | Core | Behavioural symptoms frequency in last 3 days - Socially Inappropriate or Disruptive |
| RESISTS_CARE_FREQ | Core | Behavioural symptoms frequency in last 3 days - Resists Care |
| DECLINE_IN_BEHAVIOUR_SYMPTOM | Core | Behavioural symptoms/resistance to care compared to 90 days ago or last assessment if < 90 |
| EASY_INTERACT_WITH_OTHERS | Core | Involvement - At ease interacting with others |
| CONFLICT_WITH_FAMILY | Core | Involvement - Openly expresses conflict or anger with family or friends |
| DECLINE_IN_SOCIAL_ACTIVITIES | Core | Recent change compared to 90 days ago in level of participation in activities or relationships |
| LENGTH_OF_TIME_ALONE_IN_DAY | Core | Isolation - Length of actual time client is alone during morning and afternoon |
| CLIENT_FEELS_LONELY | Core | Isolation - Client-s perception of feeling lonely |
| LIVES_WITH_CLIENT_PRIMARY | Core | Informal Helper Lives with Client - Primary informal caregiver support system |
| LIVES_WITH_CLIENT_SECONDARY | Core | Informal Helper Lives with Client - Secondary informal caregiver support system |
| RELATIONSHIP_CLIENT_PRIMARY | Core | Informal helper-s relationship to client - Primary |
| RELATIONSHIP_CLIENT_SECONDARY | Core | Informal helper-s relationship to client - Secondary |
| EMOTIONAL_SUPPORT_PRIMARY | Core | Informal helper-s Areas of Help - Advice or Emotional Support - Primary |
| EMOTIONAL_SUPPORT_SECONDARY | Core | Informal helper-s Areas of Help - Advice or Emotional Support - Secondary |
| IADL_CARE_PRIMARY | Core | Informal helper-s Areas of Help - Instrumental Activities of Daily Living Care - Primary |
| IADL_CARE_SECONDARY | Core | Informal helper-s Areas of Help - Instrumental Activities of Daily Living Care - Secondary |
| ADL_CARE_PRIMARY | Core | Informal helper-s Areas of Help - Activities of Daily Living Care - Primary |
| ADL_CARE_SECONDARY | Core | Informal helper-s Areas of Help - Activities of Daily Living Care - Secondary |
| WILLING_MORE_SUPPORT_PRIMARY | Core | Informal helper-s willingness to increase Emotional Support - Primary |
| WILLING_MORE_SUPPORT_SECONDARY | Core | Informal helper-s willingness to increase Emotional Support - Secondary |
| WILLING_MORE_IADL_CARE_PRIMARY | Core | Informal helper-s willingness to increase Instrumental Activities of Daily Living Care -Primary |
| WILLING_MORE_IADL_CARE_SECOND | Core | Informal helper-s willingness to increase Instrumental Activities of Daily Living Care-Secondary |
| WILLING_MORE_ADL_CARE_PRIMARY | Core | Informal helper-s willingness to increase Activities of Daily Living Care - Primary |
| WILLING_MORE_ADL_CARE_SECOND | Core | Informal helper-s willingness to increase Activities of Daily Living Care - Secondary |
| CAREGIVER_UNABLE_TO_CONTINUE | Core | The caregiver/client/assessor believes caregiver(s) not able to continue in caring activities |
| CAREGIVER_NO_SATISFIED_SUPPORT | Core | The primary caregiver not satisfied with support others are currently providing |
| CAREGIVER_EXPRESS_DISTRESS | Core | Primary caregiver expresses distress/anger/depression/in conflict from caring for client |
| CAREGIVER_STATUS_NONE_OF_ABOVE | Core | Caregiver Status - None of the Above |
| INFORMAL_HELP_5_WEEKDAYS | Core | Extent of informal help over the last 7 days - Capture number of hours over 5 weekdays |
| INFORMAL_HELP_2_WEEKEND_DAYS | Core | Extent of informal help over the last 7 days - Capture number of hours over 2 weekend days |
| IADL_MEAL_PREP_SELF_PERF | Core | IADL in last 7 days - Meal Preparation - Self Performance |
| IADL_MEAL_PREP_DIFFICULTY | Core | IADL in last 7 days - Meal Preparation - Difficulty |
| IADL_HOUSEWORK_SELF_PERF | Core | IADL in last 7 days - Ordinary Housework - Self Performance |
| IADL_HOUSEWORK_DIFFICULTY | Core | IADL in last 7 days - Ordinary Housework - Difficulty |
| IADL_MANAGE_FINANCES_SELF_PERF | Core | IADL in last 7 days - Managing Finances - Self Performance |
| IADL_MANAGE_FINANCE_DIFFICULTY | Core | IADL in last 7 days - Managing Finances - Difficulty |
| IADL_MANAGE_MEDS_SELF_PERF | Core | IADL in last 7 days - Managing Medications - Self Performance |

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| IADL_MANAGE_MEDS_DIFFICULTY | Core | IADL in last 7 days - Managing Medications - Difficulty |
| IADL_PHONE_USE_SELF_PERF | Core | IADL in last 7 days - Phone Use - Self Performance |
| IADL_PHONE_USE_DIFFICULTY | Core | IADL in last 7 days - Phone Use - Difficulty |
| IADL_SHOPPING_SELF_PERF | Core | IADL in last 7 days - Shopping - Self Performance |
| IADL_SHOPPING_DIFFICULTY | Core | IADL in last 7 days - Shopping - Difficulty |
| IADL_TRANSPORTATION_SELF_PERF | Core | IADL in last 7 days - Transportation - Self Performance |
| IADL_TRANSPORTATION_DIFFICULTY | Core | IADL in last 7 days - Transportation - Difficulty |
| ADL_MOBILITY_IN_BED_SELF_PERF | Core | Activities of Daily Living - Mobility in Bed |
| ADL_TRANSFER_SELF_PERF | Core | Activities of Daily Living - Transfer - moving to and between surfaces |
| ADL_LOCOMOT_IN_HOME_SELF_PERF | Core | Activities of Daily Living - Locomotion in Home |
| ADL_LOCOMOT_OUT_HOME_SELF_PERF | Core | Activities of Daily Living - Locomotion Outside of Home |
| ADL_DRESS_UPPER_BODY_SELF_PERF | Core | Activities of Daily Living - Dressing Upper Body |
| ADL_DRESS_LOWER_BODY_SELF_PERF | Core | Activities of Daily Living - Dressing Lower Body |
| ADL_EATING_SELF_PERF | Core | Activities of Daily Living - Eating |
| ADL_TOILET_USE_SELF_PERF | Core | Activities of Daily Living - Toilet Use |
| ADL_PERSONAL_HYGIENE_SELF_PERF | Core | Activities of Daily Living - Personal Hygiene |
| ADL_BATHING_SELF_PERF | Core | Activities of Daily Living - Bathing |
| ADL_DECLINE | Core | Current Activities of Daily Living status to status of 90 days ago |
| MODE_OF_LOCOMOTION_INDOORS | Core | Mode of Locomotion - Indoors |
| MODE_OF_LOCOMOTION_OUTDOORS | Core | Mode of Locomotion - Outdoors |
| STAIR_CLIMBING | Core | Stair Climbing ability in last 3 days |
| DAYS_WENT_OUT_OF_HOUSE | Core | Stamina - Went out of the house - How many days client went outdoors |
| HOURS_OF_PHYSICAL_ACTIVITY | Core | Stamina - Hours of physical activity in the last 3 days |
| CLIENT_MORE_INDEPENDENCE | Core | Functional Potential - Client believes she/he can increase function independence |
| CAREGIVER_MORE_INDEPENDENCE | Core | Functional Potential - Caregivers believe client can increase function independence |
| GOOD_PROSPECT_OF_RECOVERY | Core | Functional Potential - Good Prospect of Recovery from current disease or conditions |
| FUNCTIONAL_NONE_OF_THE_ABOVE | Core | Functional Potential - None of the Above |
| BLADDER_CONTINENCE_SELF | Core | Client-s pattern of bladder continence over the last 7 days |
| WORSENING_OF_INCONTINENCE | Core | Compare current bladder continence status to 90 days ago |
| PADS_OR_BRIEFS | Core | Use of Pad or Briefs over the last 7 days |
| INDWELLING_URINARY_CATHETER | Core | Use of indwelling urinary catheter over the last 7 days |
| BLADDER_DEVICE_NONE_OF_ABOVE | Core | None of the above or no bladder devices being used over the last 7 days |
| BOWEL_CONTINENCE | Core | Client-s pattern of bowel continence over the last 7 days or since last assessment if < 7 days |
| CEREBROVASCULAR_ACCIDENT | Core | Heart/circulation disease diagnosis - Cerebrovascular Accident |
| RENAL_FAILURE | Core | Disease diagnosis - Renal Failure |
| THYROID_DISEASE | Core | Disease diagnosis - Thyroid Disease (hyper or hypo) |
| DISEASE_NONE_OF_THE_ABOVE | Core | Disease - None of the Above |
| CONGESTIVE_HEART_FAILURE | Core | Heart/circulation disease diagnosis - Congestive Heart Failure |
| CORONARY_HEART_DISEASE | Core | >= 1 of coronary arteries is narrowed by plaque or vascular spasms |
| HYPERTENSION | Core | Heart/circulation disease diagnosis - Persistently high arterial blood pressure |
| IRREGULARLY_IRREGULAR_PULSE | Core | Heart/circulation disease diagnosis - Any abnormal cardiac rhythm |
| PERIPH_VASC_DISEASE_MONITORED | Core | Heart/circulation disease diagnosis - Vascular disease of the lower extremities |
| ALZHEIMERS | Core | Neurological disease diagnosis - Alzheimer-s |
| DEMENTIA_OTHER_THAN_ALZHEIMERS | Core | Neurological disease diagnosis - Dementia other than Alzheimer-s |
| HEAD_TRAUMA | Core | Neurological disease diagnosis - wound or injury to head |
| HEMIPLEGIA_HEMIPARESIS | Core | Neurological disease diagnosis - paralysis on ones side of body |
| MULTIPLE_SCLEROSIS | Core | Neurological disease diagnosis - Multiple Sclerosis |
| PARKINSONS_MONITORED | Core | Neurological disease diagnosis - Parkinsonism |
| ARTHRITIS | Core | Musculo-skeletal disease diagnosis - Arthritis |
| HIP_FRACTURE | Core | Musculo-skeletal disease diagnosis - Hip Fracture |
| OTHER_FRACTURE_WRIST_VERTEBRA | Core | Musculo-skeletal disease diagnosis - Other Fractures (wrist, vertebral) |
| OSTEOPOROSIS | Core | Musculo-skeletal disease diagnosis - Osteoporosis |
| CATARACTS | Core | Senses disease diagnosis - Cataract |
| GLAUCOMA | Core | Senses disease diagnosis - Glaucoma |
| ANY_PSYCHIATRIC_DIAGNOSIS | Core | Any psychiatric diagnosis |
| HIV_INFECTION | Core | Infection disease diagnosis - HIV infection |
| PNEUMONIA | Core | Infection disease diagnosis - Pneumonia |
| TUBERCULOSIS | Core | Infection disease diagnosis - Tuberculosis |
| URINARY_TRACT_INFECTION | Core | Infection disease diagnosis - Urinary Tract Infection |
| CANCER_NOT_INCLUDING_SKIN | Core | Disease diagnosis - Cancer in past 5 years, not including skin cancer |
| DIABETES | Core | Disease diagnosis - Diabetes |
| EMPHYSEMA_COPD_ASTHMA | Core | Disease diagnosis - Emphysema/COPD/asthma |
| OTHER_A_ICD_10_CA | Core | Other diseases that affect client's status/require treatments/symptom management - A-ICD |
| OTHER_B_ICD_10_CA | Core | Other diseases that affect client's status/require treatments/symptom management - B - ICD |
| OTHER_C_ICD_10_CA | Core | Other diseases that affect client's status/require treatments/symptom management - C - ICD |
| OTHER_D_ICD_10_CA | Core | Other diseases that affect client's status/require treatments/symptom management - D - ICD |
| BLOOD_PRESSURE_MEASURED | Core | Preventative Health - Blood pressure was measured by a clinician during the past two years |
| RECEIVED_INFLUENZA_VACCINATION | Core | Preventative Health - Received vaccination for influenza prevention during the past two years |
| TEST_STOOL_BLOOD_ENDOSCOPY | Core | Preventative Health - Entire colon (from anus to cecum) was viewed by means of a fiber-optic |

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| BREAST_EXAM_MAMMOGRAPHY | Core | Preventative Health - Had either a mammogram or a breast examination by a clinician during |
| PREVENTIVE_NONE_OF_THE_ABOVE | Core | Preventative Health - None of the Above |
| DIARRHEA | Core | Problem Conditions present on 2+ days of the last 3 days - Diarrhea |
| CHANGE_IN_URINATING | Core | Problem Conditions present on 2+ days of the last 3 days - difficulty urinating or urinating three |
| FEVER | Core | Problem Conditions present on 2+ days of the last 3 days - fever |
| LOSS_OF_APPETITE | Core | Problem Conditions present on 2+ days of the last 3 days - loss of appetite |
| VOMITING | Core | Problem Conditions present on 2+ days of the last 3 days - vomiting |
| CONDITIONS_NONE_OF_THE_ABOVE | Core | None of the above Problem Conditions present 2+ days of the last 3 days |
| CHEST_PAIN | Core | Physical Health Problem Conditions in the last 3 days -Chest pain at rest or on exertion |
| NO_BOWEL_MOVEMENT_IN_3_DAYS | Core | Physical Health Problem Conditions in the last 3 days - No bowel movement |
| DIZZINESS | Core | Physical Health Problem Conditions in the last 3 days -Dizziness or Lightheadedness |
| EDEMA | Core | Physical Health Problem Conditions in the last 3 days -Accumulation of fluid in tissue |
| SHORTNESS_OF_BREATH | Core | Physical Health Problem Conditions in the last 3 days -Difficulty breathing occurring at rest, with |
| DELUSIONS | Core | Mental Health Problem Conditions in the last 3 days -Delusions |
| HALLUCINATIONS | Core | Mental Health Problem Conditions in the last 3 days -Hallucinations |
| MENTAL_HLTH_NONE_OF_THE_ABOVE | Core | Mental Health Problem Conditions in the last 3 days -None of the above |
| PAIN_FREQUENCY | Core | Pain - Frequency with which client complains or shows evidence of pain |
| PAIN_INTENSITY | Core | Pain - Client-s perception of intensity or severity of pain |
| PAIN_DISRUPTS_USUAL_ACTIVITIES | Core | Pain - From client-s point of view, pain intensely disrupts usual activities |
| CHARACTER_OF_PAIN | Core | Pain - Client reported he/she was experiencing pain in single site/area or multiple sites/areas, |
| ADEQUATE_MEDS_FOR_PAIN | Core | Pain - Client reports adequacy of pain control with current medications taken |
| FALLS_FREQUENCY | Core | Number of times client fell in last 90 days or since last assessment if less than 90 days |
| UNSTEADY_GAIT | Core | Danger of Fall - A gait that places the client at risk of falling |
| LIMIT_GOING_OUT_AFRAID_FALLING | Core | Danger of Fall - Any restriction by self or others of going outdoors with goal of preventing fall |
| ADVISE_REDUCE_DRINKING | Core | Lifestyle in the last 90 days - client or people in client life expressed concern regarding amount |
| ALCOHOL_IN_MORNING_OR_TROUBLE | Core | Lifestyle in the last 90 days - client or caregiver report client had to have alcoholic drink first |
| SMOKE_OR_CHEW_TOBACCO_DAILY | Core | Lifestyle - Client Smoked or Chewed Tobacco Daily |
| CLIENT_FEELS_HAS_POOR_HEALTH | Core | Health Status Indicators - client feels he/she has poor health |
| CONDITION_UNSTABLE_BEHAVIOUR | Core | Health Status Indicators - Has conditions or disease that make cognition, ADL, mood, or |
| FLAREUP_RECURRENT_PROBLEM | Core | Health Status Indicators - Experiencing a flare-up of a recurrent or chronic problem |
| TREATMENT_CHANGED_LAST_30_DAYS | Core | Health Status Indicators - Treatments changed in last 30 days because of new acute episode or |
| LESS_THAN_6_MONTHS_TO_LIVE | Core | Health Status Indicators - The client or family has been told by physician, the client has end-stage |
| STATUS_NONE_OF_THE_ABOVE | Core | Health Status Indicators - none of the above |
| FEARS_FAMILY_CAREGIVER | Core | Other Status Indicators - Client expresses, either verbally or through behaviour, fear towards a |
| UNUSUALLY_POOR_HYGIENE | Core | Other Status Indicators - Client is observed to have unusually poor hygiene beyond what |
| UNEXPLAINED_INJURY_BROKEN_BONE | Core | Other Status Indicators - Injuries or accidents that do not fit the clinical picture or realm of |
| NEGLECTED_ABUSED | Core | Other Status Indicators - Client had serious or life threatening situation or conditions that go |
| PHYSICALLY_RESTRAINED | Core | Other Status Indicators - physically restrained regardless of stated intent |
| OTHER_STATUS_NONE_OF_THE_ABOVE | Core | Other Status Indicators - none of the above |
| WEIGHT_LOSS | Core | Unintended weight loss of 5% or more in last 30 days or 10% or more in last 180 days |
| SEVERE_MALNUTRITION | Core | Disorder of nutrition; may be due to a deficient diet, breakdown, assimilation, or utilization of |
| MORBID_OBESITY | Core | Obesity to a degree as to interfere with normal activities, including respiration |
| ONE_OR_FEWER_MEALS_A_DAY | Core | In at least 2 out of the last three days, ate one or fewer meals a day |
| DECREASE_FOOD_FLUIDS_CONSUMED | Core | In last 3 days, noticeable decrease in amount of food or fluids client usually consumes |
| INSUFFICIENT_FLUIDS | Core | Did not consume all/almost all fluids during the last 3 days |
| ENTERAL_TUBE_FEEDING | Core | Enteral tube feeding |
| SWALLOWING_DIFFICULTY | Core | Level of swallowing difficulty |
| PROBLEM_CHEWING | Core | Inability to chew food easily and without pain or difficulties, regardless of cause |
| DRY_MOUTH | Core | Client reports having a dry mouth, or observed difficulty in moving food bolus in mouth |
| PROBLEM_BRUSHING_TEETH_DENTURE | Core | Difficulty in cleaning teeth and/or dentures due to endurance, motivation or fine motor skill |
| ORAL_STATUS_NONE_OF_THE_ABOVE | Core | None of the above Oral Status issues |
| SKIN_PROBLEMS | Core | Any troubling skin condition or changes in skin condition such as bruises, rashes, itchiness, body |
| PRESSURE_ULCER | Core | Ulcers present in the last 3 days - Lesion caused by pressure resulting in damage of underlying |
| STASIS_ULCER | Core | Ulcers present in the last 3 days - open lesion, usually in the lower extremities, caused by |
| BURNS | Core | Other Skin Problems Requiring Treatment - Burns |
| OPEN_LESIONS_OTHER_THAN_ULCERS | Core | Other Skin Problems Requiring Treatment - Open lesions other than ulcers |
| SKIN_TEAR_OR_CUTS | Core | Other Skin Problems Requiring Treatment - Skin tears or cuts |
| SURGICAL_WOUND | Core | Other Skin Problems Requiring Treatment - Surgical wounds |
| CORNS_CALLUS_INFECTIONS_FUNGI | Core | Other Skin Problems Requiring Treatment - Corns, Calluses, structural problems, infections, fungi |
| SKIN_NONE_OF_THE_ABOVE | Core | Other Skin Problems Requiring Treatment - None of the Above |
| PRIOR_PRESSURE_ULCER | Core | History or prior pressure ulcer |
| ANTIBIOTICS | Core | Wound or Ulcer Care - Antibiotics, systemic or topical |
| DRESSINGS | Core | Wound or Ulcer Care - Dressing |
| SURGICAL_WOUND_CARE | Core | Wound or Ulcer Care - Surgical wound care |
| OTHER_WOUND_ULCER_CARE | Core | Wound or Ulcer Care - Other wound or ulcer care such as pressure relieving device, nutrition, |
| WOUND_CARE_NONE_OF_THE_ABOVE | Core | Wound or Ulcer Care - None of the Above |
| LIGHTING | Core | Home Environment - Lighting assessment |
| FLOORS_CARPETS | Core | Home Environment - Floors and carpets assessment |
| BATHROOM_TOILET | Core | Home Environment - Bathroom and toilet assessment |

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| KITCHEN | Core | Home Environment - Kitchen assessment |
| HEATING_AND_COOLING | Core | Home Environment - Heating and cooling assessment |
| PERSONAL_SAFETY | Core | Home Environment - Personal safety assessment |
| ACCESS_TO_HOME | Core | Home Environment - Access to home assessment |
| ACCESS_TO_ROOMS_IN_HOUSE | Core | Home Environment - Access to rooms in house assessment |
| HOME_ENVIRON_NONE_OF_THE_ABOVE | Core | Home Environment - None of the above |
| CLIENT_LIVES_WITH_OTHERS | Core | Living Arrangement - compared to 90 days ago client now lives with other persons |
| OTHER_LIVING_ENVIRON_BETTER | Core | Living Arrangement - Client or primary caregiver feels the client would be better off in another |
| HOME_HEALTH_AIDES_VISIT_DAYS | Core | Formal Care - Home health aides - Traditionally provide -hands-on- ADL support to client and |
| HOME_HEALTH_AIDES_HOURS | Core | Formal Care - Home health aides - Traditionally provide -hands-on- ADL support to client and |
| HOME_HEALTH_AIDES_MINS | Core | Formal Care - Home health aides - Traditionally provide -hands-on- ADL support to client and |
| VISITING_NURSES_VISIT_DAYS | Core | Formal Care - Visiting nurses - Licensed/registered nurses provide assessment and complex or |
| VISITING_NURSES_HOURS | Core | Formal Care - Visiting nurses - Licensed/registered nurses provide assessment and complex or |
| VISITING_NURSES_MINS | Core | Formal Care - Visiting nurses - Licensed/registered nurses provide assessment and complex or |
| HOMEMAKING_SERVICES_VISIT_DAYS | Core | Formal Care - Homemaking services - include IADL support in the form of housekeeping |
| HOMEMAKING_SERVICES_HOURS | Core | Formal Care - Homemaking services - include IADL support in the form of housekeeping |
| HOMEMAKING_SERVICES_MINS | Core | Formal Care - Homemaking services - include IADL support in the form of housekeeping |
| MEALS_DELIVERED_DAYS | Core | Formal Care - Meals - Prepared meals are delivered to the client for immediate or later |
| MEALS_DELIVERED_HOURS | Core | Formal Care - Meals - Prepared meals are delivered to the client for immediate or later |
| MEALS_DELIVERED_MINS | Core | Formal Care - Meals - Prepared meals are delivered to the client for immediate or later |
| VOLUNTEER_SERVICES_DAYS | Core | Formal Care - Volunteer services - Cover a great range of services from visiting to light |
| VOLUNTEER_SERVICES_HOURS | Core | Formal Care - Volunteer services - Cover a great range of services from visiting to light |
| VOLUNTEER_SERVICES_MINS | Core | Formal Care - Volunteer services - Cover a great range of services from visiting to light |
| PHYSICAL_THERAPY_DAYS | Core | Formal Care - Physical therapy - Therapy services that are provided or directly supervised by a |
| PHYSICAL_THERAPY_HOURS | Core | Formal Care - Physical therapy - Therapy services that are provided or directly supervised by a |
| PHYSICAL_THERAPY_MINS | Core | Formal Care - Physical therapy - Therapy services that are provided or directly supervised by a |
| OCCUPATIONAL_THERAPY_DAYS | Core | Formal Care - Occupational therapy - Therapy services that are provided or directly supervised |
| OCCUPATIONAL_THERAPY_HOURS | Core | Formal Care - Occupational therapy - Therapy services that are provided or directly supervised |
| OCCUPATIONAL_THERAPY_MINS | Core | Formal Care - Occupational therapy - Therapy services that are provided or directly supervised |
| SPEECH_THERAPY_DAYS | Core | Formal Care - Speech therapy - Services that are provided by a qualified speech language |
| SPEECH_THERAPY_HOURS | Core | Formal Care - Speech therapy - Services that are provided by a qualified speech language |
| SPEECH_THERAPY_MINS | Core | Formal Care - Speech therapy - Services that are provided by a qualified speech language |
| DAY_CARE_OR_DAY_HOSPITAL_DAYS | Core | Formal Care - Day care or day hospital - Program out of the home where client receives social, |
| DAY_CARE_OR_DAY_HOSPITAL_HOURS | Core | Formal Care - Day care or day hospital - Program out of the home where client receives social, |
| DAY_CARE_OR_DAY_HOSPITAL_MINS | Core | Formal Care - Day care or day hospital - Program out of the home where client receives social, |
| SOCIAL_WORKER_IN_HOME_DAYS | Core | Formal Care - Social worker in home - Social worker provided psychosocial support assessment |
| SOCIAL_WORKER_IN_HOME_HOURS | Core | Formal Care - Social worker in home - Social worker provided psychosocial support assessment |
| SOCIAL_WORKERS_IN_HOME_MINS | Core | Formal Care - Social worker in home - Social worker provided psychosocial support assessment |
| OXYGEN_TREATMENT_ADHERE | Core | Treatments - Either intermittent or continuous use of oxygen to support, promote or maintain |
| TREATMENT_NONE_OF_THE_ABOVE | Core | Treatments - Special treatment - None of the above |
| RESPIRATOR_ASSISTIVE_ADHERE | Core | Treatments - Respirator for assistive breathing |
| OTHER_RESPIRATORY_TREATMENT | Core | Treatments - All other respiratory treatments |
| ALCOHOL_DRUG_PROGRAM_ADHERE | Core | Treatments - Chemical dependency program Where psychological emotional support and/or |
| BLOOD_TRANSFUSION_ADHERE | Core | Treatments - Blood transfusion - To replace blood loss through injury surgery or disease |
| CHEMOTHERAPY_ADHERE | Core | Treatments - Chemotherapy |
| DIALYSIS_ADHERE | Core | Treatments - Dialysis |
| INFUSION_CENTRAL_IV_ADHERE | Core | Treatments - IV Infusion Central - Drug given by intravenous push or drip |
| INFUSION_PERIPHERAL_IV_ADHERE | Core | Treatments - IV Infusion Peripheral-Drug given by intravenous push or drip. Does not include |
| MEDS_BY_INJECTION_ADHERE | Core | Treatments - Medication by injection - Medication delivered through a needle, IM,SQ, ID |
| OSTOMY_CARE_ADHERE | Core | Treatments - Ostomy care - Refers to care of site with open wound and only care that requires |
| RADIATION_ADHERE | Core | Treatments - Radiation therapy - The treatment of disease by ionizing radiation |
| TRACHEOSTOMY_CARE_ADHERE | Core | Treatments - Tracheostomy care - Includes cleansing of tracheostomy and cannula |
| EXERCISE_THERAPY_ADHERE | Core | Treatments - Exercise therapy - Planned program of prescribed exercises to support or enhance |
| OCCUPATIONAL_THERAPY_ADHERE | Core | Treatments - Occupational therapy - Therapy services provided or directly supervised by |
| PHYSICAL_THERAPY_ADHERE | Core | Treatments - Physical therapy - Therapy services provided or directly supervised by qualified |
| DAY_CENTRE_ADHERE | Core | Treatments - Day centre - Program out of home where client receives social, recreational, |
| DAY_HOSPITAL_ADHERE | Core | Treatments - Day hospital - Program out of home where client receives medical, functional and |
| HOSPICE_CARE_ADHERE | Core | Treatments - Hospice care - Client is identified being in program for terminally ill persons |
| PHYSICIAN_CLINIC_VISIT_ADHERE | Core | Treatments - Physician or clinic visit - Includes client visit to a physician office or clinic or |
| RESPIRE_CARE_ADHERE | Core | Treatments - Respite care - Care program involves short term stay in facility to provide relief |
| DAILY_NURSE_MONITORING_ADHERE | Core | Treatments - Daily nurse monitoring |
| NON_DAILY_NURSE_MONITOR_ADHERE | Core | Treatments - Nurse monitoring less than daily |
| MED_BRACELET_ELEC_ALERT_ADHERE | Core | Treatments - Medical alert bracelet or electronic security alert - Any identification or device that |
| SKIN_ULCERATION_TREAT_ADHERE | Core | Treatments - Skin treatment - Any skin intervention performed for prevention or treatment of |
| SPECIAL_DIET | Core | Treatments - Special diet - Nutritionally supplemented or mechanically altered diet |
| MANAGE_OXYGEN_EQUIPMENT | Core | Management of Equipment in last 3 days - Oxygen |
| MANAGE_IV | Core | Management of Equipment in last 3 days - IV |
| MANAGE_CATHETER | Core | Management of Equipment in last 3 days - Catheter |
| MANAGE_OSTOMY | Core | Management of Equipment in last 3 days - Ostomy |

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| OVERNIGHT_HOSPITAL_ADMISSION | Core | Visits in last 90 days - Admitted to Hospital - Number of times client admitted to hospital with |
| EMERGENCY_ROOM_VISITS | Core | Visits in last 90 days - Visited Emergency Room - Number of visits to emergency room but not |
| EMERGENT_CARE_VISITS | Core | Visits in last 90 days - Emergent Care - Number of visits to or from a health provider that was |
| TREATMENT_GOALS_ACHIEVED | Core | Treatment Goals - Identify if treatment goals established by nurses social workers therapists or |
| OVERALL_CHANGE_IN_CARE_NEEDS | Core | Overall change in care needs - Monitor overall functional status over the past 90 to determine if |
| SPENDING_TRADE_OFFS | Core | Trade offs - During the last month determine if limited funds prevented client from receiving |
| NUM_OF_MEDS | Core | Number of Medications - Number of different medications over the counter and prescription |
| ANTIpsychOTIC_NeuroLEPTIC | Core | Receipt of Psychotropic Medications in last 7 days - Antipsychotic or Neuroleptic |
| ANxiolyTIC | Core | Receipt of Psychotropic Medications in last 7 days - Anxiolytic |
| ANTIdePRESSANT | Core | Receipt of Psychotropic Medications in last 7 days - Antidepressant |
| HYPNOTICS_OR_ANALGESICS | Core | Receipt of Psychotropic Medications in last 7 days - Hypnotics or Analgesics |
| MEDICAL_OVERSIGHT | Core | Medical oversight - Client has discussed all their medications and therefore medical problems |
| COMPLIANCE_ADHERENCE_WITH_MEDS | Core | Compliance or Adherence with Medications - client is actually taking the medication as |
| DATE_ASSESSMENT_COMPLETE | Core | Signatures of Persons Completing the Assessment - Date Assessment Coordinator signed as |
| CLIENT_GROUP | Core | High level description of home care clients based on health status and assessed needs |
| ASSESSMENT_LOCATION | Core | Assessment Location |
| FACILITY_ADMISSION_DATE | Core | Facility Admission Date |
| ABUSE_CAP_HC | Core | Elder Abuse Cap |
| ABUSE_CAP2008_HC | Core | Abusive Relationship Cap - 2008 Release |
| ADHERENCE_CAP_HC | Core | Adherence Cap |
| ADL_CAP2008_HC | Core | Activities of Daily Living (ADLs) Cap - 2008 Release |
| ADL_LONG_FORM_HC | Core | Activities of Daily Living (ADL) Scale - Long Form |
| ADL_REHAB_CAP_HC | Core | ADL/Rehabilitation Cap |
| ADL_SELF_PERFORM_HC | Core | Activities of Daily Living (ADL) Scale - Self-Performance Hierarchy |
| ADL_SHORT_FORM_HC | Core | Activities of Daily Living (ADL) Scale - Short Form |
| ALCOHOL_CAP_HC | Core | Alcohol Dependence and Hazardous Drinking Cap |
| APPROP_MEDS_CAP2008_HC | Core | Appropriate Medications Cap - 2008 Release |
| BEHAVIOUR_CAP_HC | Core | Behaviour Cap |
| BEHAVIOUR_CAP2008_HC | Core | Behaviour Cap - 2008 Release |
| BOWEL_CONDITIONS_CAP2008_HC | Core | Bowel Conditions Cap - 2008 Release |
| BOWEL_MGMT_CAP_HC | Core | Bowel Management Cap |
| BRITTLE_CAP_HC | Core | Brittle Support Cap |
| CARDIO_RESPIRATORY_CAP_HC | Core | Cardio-respiratory Cap |
| CARDIO_RESPIRATORY_CAP2008_HC | Core | Cardio-Respiratory Conditions Cap - 2008 Release |
| CHESS_HC | Core | Changes in Health, End-Stage disease and Symptoms and Signs (CHESS) Score |
| COGNITION_CAP_HC | Core | Cognition Cap |
| COGNITIVE_CAP2008_HC | Core | Cognitive Loss Cap - 2008 Release |
| COMMUNICATION_CAP_HC | Core | Communication Disorder Cap |
| COMMUNICATION_CAP2008_HC | Core | Communication Cap - 2008 Release |
| CPS_HC | Core | Cognitive Performance Scale |
| DEHYDRATION_CAP_HC | Core | Dehydration Cap |
| DEHYDRATION_CAP2008_HC | Core | Dehydration Cap - 2008 Release |
| DELIRIUM_CAP2008_HC | Core | Delirium Cap - 2008 Release |
| DEPRESSION_CAP_HC | Core | Depression and Anxiety Cap |
| DRS_HC | Core | Depression Rating Scale |
| ENVIRONMENT_CAP_HC | Core | Environmental Assessment Cap |
| ENVIRONMENT_CAP2008_HC | Core | Home Environment Optimization Cap - 2008 Release |
| EPISODE_ID* | Core | Uniquely track each episode (encrypted) |
| FALLS_CAP_HC | Core | Falls Cap |
| FALLS_CAP2008_HC | Core | Falls Cap - 2008 Release |
| FEEDING_CAP2008_HC | Core | Feeding Tube Cap - 2008 Release |
| HEALTH_CAP_HC | Core | Health Promotion Cap |
| IADL_CAP_HC | Core | Instrumental Activities of Daily Living (IADLs) Cap |
| IADL_CAP2008_HC | Core | Instrumental Activities of Daily Living (IADLs) Cap - 2008 Release |
| IADL_DIFFICULTY_HC | Core | Instrumental Activities of Daily Living (IADL) Difficulty Scale |
| IADL_INVOLVEMENT_HC | Core | Instrumental Activities of Daily Living (IADL) Involvement Scale |
| INSTITUTIONAL_RISK_CAP_HC | Core | Institutional Risk Cap |
| INSTITUTIONAL_RISK_CAP2008_HC | Core | Institutional Risk Cap - 2008 Release |
| MAPLE_HC | Core | Method for Assigning Priority Levels (MAPLe) |
| MEDS_CAP_HC | Core | Medication Management Cap |
| MOOD_CAP2008_HC | Core | Mood Cap - 2008 Release |
| NUM_OF_MEDS_RECORDS_SUBMIT | Core | Number of medication records submitted |
| NUTRITION_CAP_HC | Core | Nutrition Cap |
| ORAL_CAP_HC | Core | Oral Health Cap |
| PAIN_CAP_HC | Core | Pain Cap |
| PAIN_CAP2008_HC | Core | Pain Cap - 2008 Release |
| PAIN_HC | Core | Pain Scale |
| PALLIATIVE_CAP_HC | Core | Palliative Care Cap |
| PHYSICAL_ACTIVITY_CAP2008_HC | Core | Physical Activities Promotion Cap - 2008 Release |

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| PRESSURE_ULCER_CAP2008_HC | Core | Pressure Ulcer Cap - 2008 Release |
| PRESSURE_ULCERS_CAP_HC | Core | Pressure Ulcers Cap |
| PREVENTIVE_CAP_HC | Core | Preventive Health Measures: Immunization and Screening Cap |
| PSYCH_DRUG_CAP_HC | Core | Psychotropic Drugs Cap |
| PURS_HC | Core | Pressure Ulcer Risk Scale (PURS) |
| REDUCED_FORMAL_SERVICES_CAP_HC | Core | Reduction in Formal Services Cap |
| RUG_III_HC | Core | Resource Utilization Groups |
| RUG_III_HC_CATEGORY | Core | Seven major groups of RUG_III_HC |
| SKIN_CAP_HC | Core | Skin and Foot Conditions Cap |
| SOCIAL_CAP_HC | Core | Social Function Cap |
| SOCIAL_CAP2008_HC | Core | Social Relationship Cap - 2008 Release |
| SUPPORT_CAP2008_HC | Core | Informal Support Cap - 2008 Release |
| URINARY_CAP_HC | Core | Urinary Incontinence and Indwelling Catheter Cap |
| URINARY_CAP2008_HC | Core | Urinary Incontinence Cap - 2008 Release |
| VISUAL_CAP_HC | Core | Visual Function Cap |

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| Name | Core vs Non-Core | Description |
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| ASSESSMENT_ID* | Core | Unique identifier for each assessment (encrypted) |
| MEDS_NAME | Core | List of All Medication Used in the last 7 days - Medication name |
| MEDS_DOSE | Core | List of All Medication Used in the last 7 days - Medication dose - Amount of medication ordered |
| MEDS_FORM | Core | List of All Medication Used in the last 7 days - Medication form - Route of administration |
| MEDS_FREQUENCY | Core | List of All Medication Used in the last 7 days - Medication frequency - number of times per day, |
| MEDS_ON_PRN_BASIS | Core | List of All Medication Used in the last 7 days - If PRN - If the client took the medication on a Pro |
| MEDS_SEQUENCE_NUMBER | Core | Number representing sequence of medication within section Q5 of RAI-HC assessment that is |
| DIN | Core | Drug Identification Number of a medication listed in Q5 of RAI-HC assessment |

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| Name | Core vs Non-Core | Description |
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| ACUTE_SERVICES_FLAG | Core | Flag designed to capture delivery of acute care services to clients with rehabilitation or longer |
| DISCHARGE_DATE | Core | Date a source organization completes administrative processes that record termination of all |
| EPISODE_ID* | Core | Uniquely track each episode (encrypted) |
| HOME_CARE_DISCIPLINE | Core | Discipline, profession or occupational group of individuals providing home care services to client |
| MINS_OF_SERVICE | Core | Minutes spent in delivery of home care service to or on behalf of home care client during |
| NUM_OF_SERVICE_VISITS | Core | Occurrences more than 5 minutes during which home care service provider provides given home |
| REPORTING_FISCAL_YEAR | Core | Fiscal Year to which the data being submitted relate |
| REPORTING_PERIOD | Core | Fiscal period in which client event took place |
| SERVICE_DELIVERY_SETTING | Core | Location or setting where home care service was provided to client |
| SERVICE_END_DATE | Core | Date which home care service provider stopped providing home care service to client |
| SERVICE_START_DATE | Core | Date which home care service provider began to provide home care service to client |
| SERVICE_TYPE | Core | The type of home care service provided to the client |

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