

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
1	rec_id	A2	Record Identifier	2	1	2	B1	REQUIRED
<i>Edits</i>								
2	Aa1_f	A12	First name	12	3	14		All caps, left justified, REQUIRED
<i>Edits</i>								
3	Aa1_m	A1	Middle initial	1	15	15		All caps, left justified,
<i>Edits</i>								
4	Aa1_l	A18	Last name	18	16	33		All caps, left justified, REQUIRED
<i>Edits</i>								
5	Aa1_s	A3	Name suffix	3	34	36		All caps, left justified,
<i>Edits</i>								
6	Aa2	A1	Gender	1	37	37	1,2,-	
<i>Edits</i>								
7	Aa3	A8	Birthdate	8	38	45	Valid Date	Valid date, yyyyymmdd
<i>Edits</i> Birthdate(Aa3) must be less than or equal to Date of Entry (Ab1). Birthdate(Aa3) must be less than or equal to Date Completed (Ad2). Birthdate(Aa3) must be less than or equal to Assessment Date (A5).								
7.1	Aa3_YYYY	A4	Birthdate - Year	4	38	41		
<i>Edits</i>								
7.2	Aa3_MM	A2	Birthdate - Month	2	42	43		
<i>Edits</i>								
7.3	Aa3_DD	A2	Birthdate - Day	2	44	45		
<i>Edits</i>								
8	Aa4	A1	Race	1	46	46	1-6,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
9	<b>Aa5a</b>	A9	Social Security	9	47	55		Valid SSN, no hyphens, no spaces or special characters, REQUIRED. If no SSN call Muskie @ 780-5576
<i>Edits</i>								
10	<b>Aa5b</b>	A12	Medicare number	12	56	67		Valid Medicare number, no spaces, no dashes or special characters, "C" ( if No Medicare number), left justified, ALL CAPS.
<i>Edits</i>								
11	<b>Aa6a</b>	A30	Facility name	30	68	97		All caps, left justified, REQUIRED
<i>Edits</i>								
12	<b>Aa6b</b>	A9	Facility provider no.	9	98	106		REQUIRED, left justified, with trailing blanks, no hyphens, spaces or special characters. If no Provider #, call Muskie (780-5576) for temporary id.
<i>Edits</i>								
13	<b>Aa7</b>	A9	Medicaid number	9	107	115		Valid Medicaid number (no embedded dashes, spaces, all letters CAPS), "+" (Pending) or "N" (not medicaid), left justified, blank filled.
<i>Edits</i> When A8a = 1, then Aa7 must be "+" or valid medicaid number.								
14	<b>Ab1</b>	A8	Date of entry	8	116	123	Valid Date	Valid date, yyyyymmdd
<i>Edits</i> Date of entry (Ab1) must be earlier or equal to date completed (Ad2) and later or equal to Date of Birth (AA3) .								
14.1	<b>Ab1_YYYY</b>	A4	Date of entry - Year	4	116	119		
<i>Edits</i>								
14.2	<b>Ab1_MM</b>	A2	Date of entry - Month	2	120	121		
<i>Edits</i>								
14.3	<b>Ab1_DD</b>	A2	Date of entry - Day	2	122	123		
<i>Edits</i>								
15	<b>Ab2</b>	A1	Admitted from at entry	1	124	124	1-8,-	When 8, enter specific in ab2oth field
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
16	<b>Ab2oth</b>	A15	Admitted from other (specify)	15	125	139		All caps, left justified, only entered when ab2=8
<i>Edits</i> If AB2 is not "8", then blank								
17	<b>Ab3</b>	A1	Lived alone (prior to entry)	1	140	140	0-2,-	
<i>Edits</i>								
18	<b>Ab4</b>	A5	Prior primary residence zip code	5	141	145		Valid zip code; unknown = "-----"; out of country = 99999.
<i>Edits</i>								
19	<b>Ab5a</b>	A1	Prior stay at this home	1	146	146	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ab5f is not checked(0), at least one box must be checked(1), Ab5a-e. If Ab5a is checked, Ab5f can not be checked(0).								
20	<b>Ab5b</b>	A1	Nursing home	1	147	147	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ab5f is not checked(0), at least one box must be checked(1), Ab5a-e. If Ab5b is checked, Ab5f can not be checked(0).								
21	<b>Ab5c</b>	A1	Other residential facility	1	148	148	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ab5f is not checked(0), at least one box must be checked(1), Ab5a-e. If Ab5c is checked, Ab5f can not be checked(0).								
22	<b>Ab5d</b>	A1	MH/psychiatric hospital	1	149	149	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ab5f is not checked(0), at least one box must be checked(1), Ab5a-e. If Ab5d is checked, Ab5f can not be checked(0).								
23	<b>Ab5e</b>	A1	MR/DD facility	1	150	150	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ab5f is not checked(0), at least one box must be checked(1), Ab5a-e. If Ab5e is checked, Ab5f can not be checked(0).								
24	<b>Ab5f</b>	A1	None of above	1	151	151	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), all items Ab5a-5e can not checked(0).								
25	<b>Ab6</b>	A20	Lifetime occupation	20	152	171		All caps, left justified with trailing blanks.
<i>Edits</i>								
26	<b>Ab7</b>	A1	Education	1	172	172	1-8,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
27	<b>Ab8</b>	A1	Primary language	1	173	173	0-3,-	When 3, enter specific in ab8oth field
<i>Edits</i>								
28	<b>Ab8oth</b>	A15	Other language (specify)	15	174	188		All caps, left justified, only entered when ab8=3
<i>Edits</i> If Ab8<>3, Ab8oth is blank								
29	<b>Ab9a</b>	A1	Mental retardation	1	189	189	0,1,-	
<i>Edits</i>								
30	<b>Ab9b</b>	A1	Mental illness	1	190	190	0,1,-	
<i>Edits</i>								
31	<b>Ab9c</b>	A1	Developmental disability	1	191	191	0,1,-	
<i>Edits</i>								
32	<b>Ab10a</b>	A1	Not applicable - no MR/DD	1	192	192	0,1,-	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. If Ab10a is checked (1) then items ab10b-ab10g should be blank. If Ab10a is not checked (0) then ab10b - g can not be blank, must be either checked (1) or not checked (0). And at least one of ab10b - g must be checked.								
33	<b>Ab10b</b>	A1	Down's syndrome	1	193	193	0,1,-," "	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. Blank filled if Ab10a=1.								
34	<b>Ab10c</b>	A1	Autism	1	194	194	0,1,-," "	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. Blank filled if Ab10a=1.								
35	<b>Ab10d</b>	A1	Epilepsy	1	195	195	0,1,-," "	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. Blank filled if Ab10a=1.								
36	<b>Ab10e</b>	A1	Cerebral palsy	1	196	196	0,1,-," "	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. Blank filled if Ab10a=1.								
37	<b>Ab10f</b>	A1	Other organic condition related to MR/DD	1	197	197	0,1,-," "	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. Blank filled if Ab10a=1.								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
38	<b>Ab10g</b>	A1	MR/DD with no organic condition	1	198	198	0,1,-," "	
<i>Edits</i> At least one box must be checked(1), Ab10a-g. Blank filled if Ab10a=1.								
39	<b>Ab11a</b>	A1	Alzheimer's disease	1	199	199	0,1,-	
<i>Edits</i>								
40	<b>Ab11b</b>	A1	Dementia (other than Alzheimer's)	1	200	200	0,1,-	
<i>Edits</i>								
41	<b>Ac1a</b>	A1	Stayed up late at night	1	201	201	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
42	<b>Ac1b</b>	A1	Napped regularly during day (at least 1 hour)	1	202	202	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
43	<b>Ac1c</b>	A1	Went out 1+days a week	1	203	203	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
44	<b>Ac1d</b>	A1	Stayed busy with hobbies, reading or a fixed daily routine	1	204	204	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
45	<b>Ac1e</b>	A1	Spent most of time alone or watching TV	1	205	205	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
46	<b>Ac1f</b>	A1	Moved independently indoors (with appliances, if used)	1	206	206	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
47	<b>Ac1g</b>	A1	Used tobacco products at least daily	1	207	207	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1h is not checked (0), at least one box must be checked(1), Ac1a-g, unless Ac1z is checked (1).								
48	<b>Ac1h</b>	A1	None of above	1	208	208	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1) then items ac1a-g should be not checked (0).								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
49	<b>Ac1i</b>	A1	Distinct food preferences	1	209	209	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1l is not checked (0), at least one box must be checked(1), Ac1i-k, unless Ac1z is checked (1).								
50	<b>Ac1j</b>	A1	Ate between meals all or most days	1	210	210	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1l is not checked (0), at least one box must be checked(1), Ac1i-k, unless Ac1z is checked (1).								
51	<b>Ac1k</b>	A1	Used alcohol beverage(s) at least weekly	1	211	211	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1l is not checked (0), at least one box must be checked(1), Ac1i-k, unless Ac1z is checked (1).								
52	<b>Ac1l</b>	A1	None of above	1	212	212	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1) then items Ac1i-k should be not checked (0).								
53	<b>Ac1m</b>	A1	In bedclothes much of the day	1	213	213	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1s is not checked (0), at least one box must be checked(1), ac1m-r, unless Ac1z is checked (1).								
54	<b>Ac1n</b>	A1	Wakened to toilet all or most nights	1	214	214	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1s is not checked (0), at least one box must be checked(1), ac1m-r, unless Ac1z is checked (1).								
55	<b>Ac1o</b>	A1	Had irregular bowel movement pattern	1	215	215	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1s is not checked (0), at least one box must be checked(1), ac1m-r, unless Ac1z is checked (1).								
56	<b>Ac1p</b>	A1	Shower for bath	1	216	216	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1s is not checked (0), at least one box must be checked(1), ac1m-r, unless Ac1z is checked (1).								
57	<b>Ac1q</b>	A1	Sponge bath	1	217	217	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1s is not checked (0), at least one box must be checked(1), ac1m-r, unless Ac1z is checked (1).								
58	<b>Ac1r</b>	A1	Bathed in PM	1	218	218	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1s is not checked (0), at least one box must be checked(1), ac1m-r, unless Ac1z is checked (1).								
59	<b>Ac1s</b>	A1	None of above	1	219	219	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1) then items Ac1m-r should be not checked (0).								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
60	<b>Ac1t</b>	A1	Daily contact with relatives/close friends	1	220	220	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1y is not checked (0), at least one box must be checked(1), ac1t-x, unless Ac1z is checked (1).								
61	<b>Ac1u</b>	A1	Usually attended church, temple, synagogue (etc.)	1	221	221	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1y is not checked (0), at least one box must be checked(1), ac1t-x, unless Ac1z is checked (1).								
62	<b>Ac1v</b>	A1	Found strength in faith	1	222	222	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1y is not checked (0), at least one box must be checked(1), ac1t-x, unless Ac1z is checked (1).								
63	<b>Ac1w</b>	A1	Daily animal companion/presence	1	223	223	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1y is not checked (0), at least one box must be checked(1), ac1t-x, unless Ac1z is checked (1).								
64	<b>Ac1x</b>	A1	Involved in group activities	1	224	224	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Ac1y is not checked (0), at least one box must be checked(1), ac1t-x, unlessAc1z is checked (1).								
65	<b>Ac1y</b>	A1	None of above	1	225	225	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1) then items Ac1t-x should be not checked (0).								
66	<b>Ac1z</b>	A1	Unknown	1	226	226	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1) then items A-y should be not checked (0).								
67	<b>Ad2</b>	A8	Date completed	8	227	234	Valid date	Valid date, yyyyymmdd
<i>Edits</i> End date (Ad2) should be less than <Adate (a5) + 30>. End Date(Ad2) must be greater or equal to Adate (A5).								
67.1	<b>Ad2_YYYY</b>	A4	Date completed - Year	4	227	230		
<i>Edits</i>								
67.2	<b>Ad2_MM</b>	A2	Date completed - Month	2	231	232		
<i>Edits</i>								
67.3	<b>Ad2_DD</b>	A2	Date completed - Day	2	233	234		
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
68	<b>A1_f</b>	A12	First name	12	235	246		All caps, left justified, REQUIRED
<i>Edits</i> A1_f should be equal to AA1_f if A6 = 1								
69	<b>A1_m</b>	A1	Middle initial	1	247	247		All caps, left justified
<i>Edits</i> A1_m should be equal to AA1_m if A6 = 1								
70	<b>A1_l</b>	A18	Last name	18	248	265		All caps, left justified, REQUIRED
<i>Edits</i> A1_l should be equal to AA1_l if A6 = 1								
71	<b>A1_s</b>	A3	Name suffix	3	266	268		All caps, left justified
<i>Edits</i> A1_s should be equal to AA1_s if A6 = 1								
72	<b>A2a</b>	A9	Social Security Number	9	269	277		Valid SSN, no hyphens, no spaces or special characters, REQUIRED. If no SSN call Muskie @ 780-5576
<i>Edits</i> A2a should be equal to AA5a if A6 = 1								
73	<b>A2b</b>	A12	Medicare number	12	278	289		Valid Medicare number, no spaces, no dashes or special characters, "C" ( if non-medicare no.), left justified, ALL CAPS
<i>Edits</i> A2b should be equal to AA5b if A6 = 1								
74	<b>A3a</b>	A30	Facility name	30	290	319		All caps, left justified, REQUIRED
<i>Edits</i> A3a should be equal to AA6a if A6 = 1								
75	<b>A3b</b>	A9	Facility provider number	9	320	328		REQUIRED, left justified, with trailing blanks, no hyphens, spaces or special characters. If no Provider #, call Muskie (780-5576) for temporary id.
<i>Edits</i> A3b should be equal to AA6b if A6 = 1								
76	<b>A4</b>	A9	Medicaid number	9	329	337		Valid Medicaid number (no embedded dashes, spaces all letters CAPS), "+" (Pending) or "N" (not medicaid), left justified, blank filled.
<i>Edits</i> When A8a = 1, then A4 must be "+" or valid medicaid number.								
77	<b>A5</b>	A8	Assessment date	8	338	345	Valid date	REQUIRED, valid date, yyyyymmdd
<i>Edits</i> Adate (a5) must be greater than or equal to birthdate (aa3) and Date of Entry (Ab1). Adate (A5) must be equal to or less than date completed (ad2).								



**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
77.1	<b>A5_YYYY</b>	A4	Assessment date - Year	4	338	341		
<i>Edits</i>								
77.2	<b>A5_MM</b>	A2	Assessment date - Month	2	342	343		
<i>Edits</i>								
77.3	<b>A5_DD</b>	A2	Assessment date - Day	2	344	345		
<i>Edits</i>								
78	<b>A6</b>	A1	Reason for assessment	1	346	346	1-5,	REQUIRED
<i>Edits</i> When A6 <> 5 then A6oth is blank filled.								
79	<b>A6oth</b>	A15	Reason for assessment - other	15	347	361		All caps, left justified, entered only if A6 = 5.
<i>Edits</i> Blank unless A6 = 5								
80	<b>A7</b>	A1	Marital status	1	362	362	1-5,-	
<i>Edits</i>								
81	<b>A8a</b>	A1	Medicaid/state assistance	1	363	363	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h. If a8a = 1 Aa7 and A4 should be completed.								
82	<b>A8b</b>	A1	SSI	1	364	364	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h.								
83	<b>A8c</b>	A1	VA	1	365	365	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h.								
84	<b>A8d</b>	A1	Social Security	1	366	366	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h.								
85	<b>A8e</b>	A1	Private pay	1	367	367	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h.								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
86	<b>A8f</b>	A1	Private insurance (including co-payment)	1	368	368	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h.								
87	<b>A8g</b>	A1	SSDI	1	369	369	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> At least one box must be checked(1), A8a-h.								
88	<b>A8h</b>	A1	Other	1	370	370	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then enter specific in A8hoth field.								
89	<b>A8hoth</b>	A15	Other (specify)	15	371	385		All caps, left justified, entered only if a8h is checked (1).
<i>Edits</i> If A8h is not checked (0), A8hoth is blank.								
90	<b>A9a</b>	A1	Legal guardian	1	386	386	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1), A9i cannot be checked(0).								
91	<b>A9b</b>	A1	Other legal oversight	1	387	387	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1), A9i cannot be checked(0).								
92	<b>A9c</b>	A1	Durable power of attorney/health care	1	388	388	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1),A9i cannot be checked(0).								
93	<b>A9d</b>	A1	Durable power of attorney/financial	1	389	389	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1),A9i cannot be checked(0).								
94	<b>A9e</b>	A1	Family member responsible	1	390	390	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1),A9i cannot be checked(0).								
95	<b>A9f</b>	A1	Self	1	391	391	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1), A9i cannot be checked(0).								
96	<b>A9g</b>	A1	Legal conservator	1	392	392	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1), A9i cannot be checked(0).								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
97	<b>A9h</b>	A1	Representative Payee	1	393	393	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked(1), A9i cannot be checked(0).								
98	<b>A9i</b>	A1	None of above	1	394	394	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If A9i is not checked (0), at least one box must be checked(1), A9a-h. If checked (1), then all of A9a-h should be not checked (0).								
99	<b>A10a</b>	A1	Living will	1	395	395	0,1,-	
<i>Edits</i>								
100	<b>A10b</b>	A1	Do not resuscitate (DNR)	1	396	396	0,1,-	
<i>Edits</i>								
101	<b>A10c</b>	A1	Do not hospitalize	1	397	397	0,1,-	
<i>Edits</i>								
102	<b>A10d</b>	A15	Organ donation	1	398	398	0,1,-	
<i>Edits</i>								
103	<b>A10e</b>	A1	Other	1	399	399	0,1,-	If checked (1), then enter specific in a10eoth field.
<i>Edits</i>								
104	<b>A10eoth</b>	A15	Other (specify)	15	400	414		All caps, left justified, entered only if a10e is checked (1).
<i>Edits</i> If A10e is not checked (0), A10eoth is blank								
105	<b>B1a</b>	A1	Short-term memory OK	1	415	415	0,1,-	
<i>Edits</i>								
106	<b>B1b</b>	A1	Long-term memory OK	1	416	416	0,1,-	
<i>Edits</i>								
107	<b>B2a</b>	A1	Current season	1	417	417	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If B2e is not checked (0), at least one box must be checked(1), B2a-d. If checked, B2e must not be checked(0).								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
108	<b>B2b</b>	A1	Location of own room	1	418	418	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If B2e is not checked (0), at least one box must be checked(1), B2a-d. If checked, B2e must not be checked(0).								
109	<b>B2c</b>	A1	Staff names/faces	1	419	419	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If B2e is not checked (0), at least one box must be checked(1), B2a-d. If checked, B2e must not be checked(0).								
110	<b>B2d</b>	A1	That he/she is in a facility/home	1	420	420	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If B2e is not checked (0), at least one box must be checked(1), B2a-d. If checked, B2e must not be checked(0).								
111	<b>B2e</b>	A1	None of above are recalled	1	421	421	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If B2e is checked (1), then items B2a-d must not be checked (0).								
112	<b>B3</b>	A1	Cognitive skills for daily decision-making	1	422	422	0-3,-	
<i>Edits</i>								
113	<b>B4</b>	A1	Cognitive status	1	423	423	0-2,-	
<i>Edits</i>								
114	<b>C1</b>	A1	Hearing	1	424	424	0-3,-	
<i>Edits</i>								
115	<b>C2a</b>	A1	Hearing aid, present and used	1	425	425	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If C2d is not checked (0), at least one box must be checked(1), C2a-c. If checked, C2d must not be checked(0).								
116	<b>C2b</b>	A1	Hearing aid, present and not used regularly	1	426	426	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If C2d is not checked (0), at least one box must be checked(1), C2a-c. If checked, C2d must not be checked(0).								
117	<b>C2c</b>	A1	Other receptive communication techniques used	1	427	427	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If C2d is not checked (0), at least one box must be checked(1), C2a-c. If checked, C2d must not be checked(0).								
118	<b>C2d</b>	A1	None of above	1	428	428	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If C2e is checked (1), then items C2a-c must not be checked (0).								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
119	<b>C3</b>	A1	Making self understood	1	429	429	0-3,-	
<i>Edits</i>								
120	<b>C4</b>	A1	Ability to understand others	1	430	430	0-3,-	
<i>Edits</i>								
121	<b>C5</b>	A1	Communication	1	431	431	0-2,-	
<i>Edits</i>								
122	<b>D1</b>	A1	Vison	1	432	432	0-4,-	
<i>Edits</i>								
123	<b>D2a</b>	A1	Glasses, contact lenses	1	433	433	0,1,-	
<i>Edits</i>								
124	<b>D2b</b>	A1	Artificial eye	1	434	434	0,1,-	
<i>Edits</i>								
125	<b>E1a</b>	A1	Resident made negative statements	1	435	435	0-2,-	
<i>Edits</i>								
126	<b>E1b</b>	A1	Repetitive questions	1	436	436	0-2,-	
<i>Edits</i>								
127	<b>E1c</b>	A1	Repetitive verbalizations	1	437	437	0-2,-	
<i>Edits</i>								
128	<b>E1d</b>	A1	Persistent anger with self or others	1	438	438	0-2,-	
<i>Edits</i>								
129	<b>E1e</b>	A1	Self deprecation	1	439	439	0-2,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
130	<b>E1f</b>	A1	Expressions of what appear to be unrealistic fears	1	440	440	0-2,-	
<i>Edits</i>								
131	<b>E1g</b>	A1	Recurrent statements that something terrible is about to happen	1	441	441	0-2,-	
<i>Edits</i>								
132	<b>E1h</b>	A1	Repetitive health complaints	1	442	442	0-2,-	
<i>Edits</i>								
133	<b>E1i</b>	A1	Repetitive anxious complaints/concerns	1	443	443	0-2,-	
<i>Edits</i>								
134	<b>E1j</b>	A1	Unpleasant mood in morning	1	444	444	0-2,-	
<i>Edits</i>								
135	<b>E1k</b>	A1	Insomnia/change in usual sleep pattern	1	445	445	0-2,-	
<i>Edits</i>								
136	<b>E1l</b>	A1	Sad, pained, worried facial expressions	1	446	446	0-2,-	
<i>Edits</i>								
137	<b>E1m</b>	A1	Crying, tearfulness	1	447	447	0-2,-	
<i>Edits</i>								
138	<b>E1n</b>	A1	Repetitive physical movements	1	448	448	0-2,-	
<i>Edits</i>								
139	<b>E1o</b>	A1	Withdrawal from activities of interest	1	449	449	0-2,-	
<i>Edits</i>								
140	<b>E1p</b>	A1	Reduced social interaction	1	450	450	0-2,-	
<i>Edits</i>								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
141	<b>E1q</b>	A1	Inflated self-worth	1	451	451	0-2,-	
<i>Edits</i>								
142	<b>E1r</b>	A1	Exited behavior, motor excitation	1	452	452	0-2,-	
<i>Edits</i>								
143	<b>E2</b>	A1	Mood Persistence	1	453	453	0-2,-	
<i>Edits</i>								
144	<b>E3</b>	A1	Mood change	1	454	454	0-2,-	
<i>Edits</i>								
145	<b>E4aa</b>	A1	Wandering - frequency	1	455	455	0-3,-	
<i>Edits</i> If E4aa > 0 then E4ab and E4ac can not be blank. If E4aa = 0 then E4ab must be 0.								
146	<b>E4ab</b>	A1	Wandering - alterability	1	456	456	0,1,-	
<i>Edits</i> If E4aa > 0 then E4ab and E4ac can not be blank. If E4aa = 0 then E4ab must be 0.								
147	<b>E4ac</b>	A1	Wandering - history	1	457	457	0,1,-	
<i>Edits</i> If E4aa > 0 then E4ab and E4ac can not be blank. If E4aa = 0 then E4ab must be 0.								
148	<b>E4ba</b>	A1	Verbally abusive - frequency	1	458	458	0-3,-	
<i>Edits</i> If E4ba > 0 then E4bb and E4bc can not be blank. If E4ba = 0 then E4bb must be 0.								
149	<b>E4bb</b>	A1	Verbally abusive - alterability	1	459	459	0,1,-	
<i>Edits</i> If E4ba > 0 then E4bb and E4bc can not be blank. If E4ba = 0 then E4bb must be 0.								
150	<b>E4bc</b>	A1	Verbally abusive - history	1	460	460	0,1,-	
<i>Edits</i> If E4ba > 0 then E4bb and E4bc can not be blank. If E4ba = 0 then E4bb must be 0.								
151	<b>E4ca</b>	A1	Physically abusive - frequency	1	461	461	0-3,-	
<i>Edits</i> If E4ca > 0 then E4cb and E4cc can not be blank. If E4ca = 0 then E4cb must be 0.								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
152	<b>E4cb</b>	A1	Physically abusive - alterability	1	462	462	0,1,-	
<i>Edits</i> If E4ca > 0 then E4cb and E4cc can not be blank. If E4ca = 0 then E4cb must be 0.								
153	<b>E4cc</b>	A1	Physically abusive - history	1	463	463	0,1,-	
<i>Edits</i> If E4ca > 0 then E4cb and E4cc can not be blank. If E4ca = 0 then E4cb must be 0.								
154	<b>E4da</b>	A1	Socially inappropriate/disruptive - frequency	1	464	464	0-3,-	
<i>Edits</i> If E4da > 0 then E4db and E4dc can not be blank. If E4da = 0 then E4db must be 0.								
155	<b>E4db</b>	A1	Socially inappropriate/disruptive - alterability	1	465	465	0,1,-	
<i>Edits</i> If E4da > 0 then E4db and E4dc can not be blank. If E4da = 0 then E4db must be 0.								
156	<b>E4dc</b>	A1	Socially inappropriate/disruptive - history	1	466	466	0,1,-	
<i>Edits</i> If E4da > 0 then E4db and E4dc can not be blank. If E4da = 0 then E4db must be 0.								
157	<b>E4ea</b>	A1	Resists care - frequency	1	467	467	0-3,-	
<i>Edits</i> If E4ea > 0 then E4eb and E4ec can not be blank. If E4ea = 0 then E4eb must be 0.								
158	<b>E4eb</b>	A1	Resists care - alterability	1	468	468	0,1,-	
<i>Edits</i> If E4ea > 0 then E4eb and E4ec can not be blank. If E4ea = 0 then E4eb must be 0.								
159	<b>E4ec</b>	A1	Resists care - history	1	469	469	0,1,-	
<i>Edits</i> If E4ea > 0 then E4eb and E4ec can not be blank. If E4ea = 0 then E4eb must be 0.								
160	<b>E4fa</b>	A1	Intimidating behavior - frequency	1	470	470	0-3,-	
<i>Edits</i> If E4fa > 0 then E4fb and E4fc can not be blank. If E4fa = 0 then E4fb must be 0.								
161	<b>E4fb</b>	A1	Intimidating behavior - alterability	1	471	471	0,1,-	
<i>Edits</i> If E4fa > 0 then E4fb and E4fc can not be blank. If E4fa = 0 then E4fb must be 0.								
162	<b>E4fc</b>	A1	Intimidating behavior - history	1	472	472	0,1,-	
<i>Edits</i> If E4fa > 0 then E4fb and E4fc can not be blank. If E4fa = 0 then E4fb must be 0.								



*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
163	<b>E4ga</b>	A1	Elopement - frequency	1	473	473	0-3,-	
<i>Edits</i> If E4ga > 0 then E4gb and E4gc can not be blank. If E4ga = 0 then E4gb must be 0.								
164	<b>E4gb</b>	A1	Elopement - alterability	1	474	474	0,1,-	
<i>Edits</i> If E4ga > 0 then E4gb and E4gc can not be blank. If E4ga = 0 then E4gb must be 0.								
165	<b>E4gc</b>	A1	Elopement - history	1	475	475	0,1,-	
<i>Edits</i> If E4ga > 0 then E4gb and E4gc can not be blank. If E4ga = 0 then E4gb must be 0.								
166	<b>E4ha</b>	A1	Dangerous non-violent behavior - frequency	1	476	476	0-3,-	
<i>Edits</i> If E4ha > 0 then E4hb and E4hc can not be blank. If E4ha = 0 then E4hb must be 0.								
167	<b>E4hb</b>	A1	Dangerous non-violent behavior - alterability	1	477	477	0,1,-	
<i>Edits</i> If E4ha > 0 then E4hb and E4hc can not be blank. If E4ha = 0 then E4hb must be 0.								
168	<b>E4hc</b>	A1	Dangerous non-violent behavior - history	1	478	478	0,1,-	
<i>Edits</i> If E4ha > 0 then E4hb and E4hc can not be blank. If E4ha = 0 then E4hb must be 0.								
169	<b>E4ia</b>	A1	Dangerous violent behavior - frequency	1	479	479	0-3,-	
<i>Edits</i> If E4ia > 0 then E4ib and E4ic can not be blank. If E4ia = 0 then E4ib must be 0.								
170	<b>E4ib</b>	A1	Dangerous violent behavior - alterability	1	480	480	0,1,-	
<i>Edits</i> If E4ia > 0 then E4ib and E4ic can not be blank. If E4ia = 0 then E4ib must be 0.								
171	<b>E4ic</b>	A1	Dangerous violent behavior - history	1	481	481	0,1,-	
<i>Edits</i> If E4ia > 0 then E4ib and E4ic can not be blank. If E4ia = 0 then E4ib must be 0.								
172	<b>E4ja</b>	A1	Fire setting - frequency	1	482	482	0-3,-	
<i>Edits</i> If E4ja > 0 then E4jb and E4jc can not be blank. If E4ja = 0 then E4jb must be 0.								
173	<b>E4jb</b>	A1	Fire setting - alterability	1	483	483	0,1,-	
<i>Edits</i> If E4ja > 0 then E4jb and E4jc can not be blank. If E4ja = 0 then E4jb must be 0.								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
174	<b>E4jc</b>	A1	Fire setting - history	1	484	484	0,1,-	
<i>Edits</i> If E4ja > 0 then E4jb and E4jc can not be blank. If E4ja = 0 then E4jb must be 0.								
175	<b>E5</b>	A1	Suicidal ideation	1	485	485	0,1,-	
<i>Edits</i>								
176	<b>E6a</b>	A1	Sleep problems - Inability to awaken when desired	1	486	486	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If E6e is not checked (0), at least one box must be checked(1), E6a-d. If checked, E6e must not be checked(0)								
177	<b>E6b</b>	A1	Sleep problems - Difficulty falling asleep	1	487	487	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If E6e is not checked (0), at least one box must be checked(1), E6a-d. If checked, E6e must not be checked(0)								
178	<b>E6c</b>	A1	Sleep problems - Restless or non-restful sleep	1	488	488	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If E6e is not checked (0), at least one box must be checked(1), E6a-d. If checked, E6e must not be checked(0)								
179	<b>E6d</b>	A1	Sleep problems - Interrupted sleep	1	489	489	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If E6e is not checked (0), at least one box must be checked(1), E6a-d. If checked, E6e must not be checked(0)								
180	<b>E6e</b>	A1	Sleep Problems - None of Above	1	490	490	0,1,-	
<i>Edits</i> If E6e is checked (1), then items E6a - d must not be checked (0).								
181	<b>E7</b>	A1	Insight into Mental Health	1	491	491	0-2,-	
<i>Edits</i>								
182	<b>E8</b>	A1	Behavior change	1	492	492	0-2,-	
<i>Edits</i>								
183	<b>F1a</b>	A1	At ease interacting with others	1	493	493	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is not checked (0), at least one box must be checked(1), F1a-f. If checked, F1g must not be checked(0)								
184	<b>F1b</b>	A1	At ease doing planned or structured activities	1	494	494	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is not checked (0), at least one box must be checked(1), F1a-f. If checked, F1g must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
185	<b>F1c</b>	A1	At ease doing self-initiated activities	1	495	495	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is not checked (0), at least one box must be checked(1), F1a-f. If checked, F1g must not be checked(0)								
186	<b>F1d</b>	A1	Establishes own goals	1	496	496	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is not checked (0), at least one box must be checked(1), F1a-f. If checked, F1g must not be checked(0)								
187	<b>F1e</b>	A1	Pursues involvement in life of facility	1	497	497	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is not checked (0), at least one box must be checked(1), F1a-f. If checked, F1g must not be checked(0)								
188	<b>F1f</b>	A1	Accepts invitations	1	498	498	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is not checked (0), at least one box must be checked(1), F1a-f. If checked, F1g must not be checked(0)								
189	<b>F1g</b>	A1	None of above	1	499	499	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F1g is checked (1), then items F1a-f must not be checked (0).								
190	<b>F2a</b>	A1	Covert/open conflict	1	500	500	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								
191	<b>F2b</b>	A1	Unhappy with roommate	1	501	501	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								
192	<b>F2c</b>	A1	Unhappy with residents other than roommate	1	502	502	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								
193	<b>F2d</b>	A1	Openly express conflict/anger with family/friends	1	503	503	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								
194	<b>F2e</b>	A1	Absence of personal contact with family/friends	1	504	504	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								
195	<b>F2f</b>	A1	Recent loss of close family member/friend	1	505	505	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
196	<b>F2g</b>	A1	Does not adjust easily to change in routines	1	506	506	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is not checked (0), at least one box must be checked(1), F2a-g. If checked, F2h must not be checked(0)								
197	<b>F2h</b>	A1	None of above	1	507	507	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F2h is checked (1), then items F2a-g must not be checked (0).								
198	<b>F3a</b>	A1	Serious Accident or physial illness	1	508	508	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3a is checked, F3L must not be checked(0)								
199	<b>F3b</b>	A1	Health concerns for other person	1	509	509	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3b is checked, F3L must not be checked(0)								
200	<b>F3c</b>	A1	Death of family member or close friend	1	510	510	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3c is checked, F3L must not be checked(0)								
201	<b>F3d</b>	A1	Trouble with the law	1	511	511	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3d is checked, F3L must not be checked(0)								
202	<b>F3e</b>	A1	Robbed/physically attacked	1	512	512	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3e is checked, F3L must not be checked(0)								
203	<b>F3f</b>	A1	Conflict laden or severed relationship	1	513	513	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3f is checked, F3L must not be checked(0)								
204	<b>F3g</b>	A1	Loss of income leading to change in lifestyle	1	514	514	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3g is checked, F3L must not be checked(0)								
205	<b>F3h</b>	A1	Sexual assault/abuse	1	515	515	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3h is checked, F3L must not be checked(0)								
206	<b>F3i</b>	A1	Child custody issues	1	516	516	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3i is checked, F3L must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
207	<b>F3j</b>	A1	Change in marital/partner status	1	517	517	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3j is checked, F3L must not be checked(0)								
208	<b>F3k</b>	A1	Review hearings	1	518	518	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is not checked (0), at least one box must be checked(1), F3a-k. If F3k is checked, F3L must not be checked(0)								
209	<b>F3l</b>	A1	None of the above	1	519	519	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If F3L is checked (1), then items F3a-k must not be checked(0)								
210	<b>G1aa</b>	A1	Bed mobility - sp	1	520	520	0-4,8,-	
<i>Edits</i>								
211	<b>G1ab</b>	A1	Bed mobility - support	1	521	521	0-3,8,-	
<i>Edits</i>								
212	<b>G1ba</b>	A1	Transfer - sp	1	522	522	0-4,8,-	
<i>Edits</i>								
213	<b>G1bb</b>	A1	Transfer - support	1	523	523	0-3,8,-	
<i>Edits</i>								
214	<b>G1ca</b>	A1	Locomotion - sp	1	524	524	0-4,8,-	
<i>Edits</i>								
215	<b>G1cb</b>	A1	Locomotion - support	1	525	525	0-3,8,-	
<i>Edits</i>								
216	<b>G1da</b>	A1	Dressing - sp	1	526	526	0-4,8,-	
<i>Edits</i>								
217	<b>G1db</b>	A1	Dressing - support	1	527	527	0-3,8,-	
<i>Edits</i>								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
218	<b>G1ea</b>	A1	Eating - sp	1	528	528	0-4,8,-	
<i>Edits</i>								
219	<b>G1eb</b>	A1	Eating - support	1	529	529	0-3,8,-	
<i>Edits</i>								
220	<b>G1fa</b>	A1	Toilet use - sp	1	530	530	0-4,8,-	
<i>Edits</i>								
221	<b>G1fb</b>	A1	Toilet use - support	1	531	531	0-3,8,-	
<i>Edits</i>								
222	<b>G1ga</b>	A1	Personal hygiene - sp	1	532	532	0-4,8,-	
<i>Edits</i>								
223	<b>G1gb</b>	A1	Personal hygiene - support	1	533	533	0-3,8,-	
<i>Edits</i>								
224	<b>G1ha</b>	A1	Stairs - sp	1	534	534	0-4,8,-	
<i>Edits</i>								
225	<b>G1hb</b>	A1	Stairs - support	1	535	535	0-3,8,-	
<i>Edits</i>								
226	<b>G2</b>	A1	Bathing self-performance	1	536	536	0-4,8,-	
<i>Edits</i>								
227	<b>G3aa</b>	A1	Cane/walker/crutch	1	537	537	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g3ad is not checked (0), at least one box must be checked(1), g3aa-ac. If checked, G3ad must not be checked(0)								
228	<b>G3ab</b>	A1	Wheeled self	1	538	538	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g3ad is not checked (0), at least one box must be checked(1), g3aa-ac. If checked, G3ad must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
229	<b>G3ac</b>	A1	Other person wheeled	1	539	539	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g3ad is not checked (0), at least one box must be checked(1), g3aa-ac. If checked, G3ad must not be checked(0)								
230	<b>G3ad</b>	A1	None of above	1	540	540	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items g3aa-ac must not be checked (0).								
231	<b>G3b</b>	A1	Main mode of locomotion	1	541	541	0,1,-	
<i>Edits</i>								
232	<b>G3ca</b>	A1	Bedfast all or most of time	1	542	542	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g3cc is not checked (0), at least one box must be checked(1), g3ca-cb. If checked, G3cc must not be checked(0)								
233	<b>G3cb</b>	A1	Chairfast all or most of time	1	543	543	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g3cc is not checked (0), at least one box must be checked(1), g3ca-cb. If checked, G3cc must not be checked(0)								
234	<b>G3cc</b>	A1	None of above	1	544	544	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items g3ca-cb must not be checked (0).								
235	<b>G4</b>	A1	Self performance in ADL status change	1	545	545	0-2,-	
<i>Edits</i>								
236	<b>G5aa</b>	A1	Arranged for shopping	1	546	546	0-2,8,-	
<i>Edits</i>								
237	<b>G5ab</b>	A1	Shopping	1	547	547	0-2,8,-	
<i>Edits</i>								
238	<b>G5ac</b>	A1	Transportation	1	548	548	0-2,8,-	
<i>Edits</i>								
239	<b>G5ad</b>	A1	Managed finances	1	549	549	0-2,8,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
240	<b>G5ae</b>	A1	Managed cash, allowance	1	550	550	0-2,8,-	
<i>Edits</i>								
241	<b>G5af</b>	A1	Prepares snack	1	551	551	0-2,8,-	
<i>Edits</i>								
242	<b>G5ag</b>	A1	Used phone	1	552	552	0-2,8,-	
<i>Edits</i>								
243	<b>G5ah</b>	A1	Light housework	1	553	553	0-2,8,-	
<i>Edits</i>								
244	<b>G5ai</b>	A1	Laundry	1	554	554	0-2,8,-	
<i>Edits</i>								
245	<b>G5ba</b>	A1	Drove to activities/appointments	1	555	555	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g5bd is not checked (0), at least one box must be checked(1), g5ba-bc. If checked, G5bd must not be checked(0)								
246	<b>G5bb</b>	A1	Rode unaccompanied to appointments	1	556	556	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g5bd is not checked (0), at least one box must be checked(1), g5ba-bc. If checked, G5bd must not be checked(0)								
247	<b>G5bc</b>	A1	Rode accompanied to appointments	1	557	557	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g5bd is not checked (0), at least one box must be checked(1), g5ba-bc. If checked, G5bd must not be checked(0)								
248	<b>G5bd</b>	A1	Activity did not occur	1	558	558	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items g5ba-bc must not be checked (0).								
249	<b>G6a</b>	A1	Resident believes capable of increase independence	1	559	559	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1), g6a-i. If checked, G6j must not be checked(0)								
250	<b>G6b</b>	A1	Direct care staff believe resident capable of increase independence	1	560	560	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1), g6a-i. If checked, G6j must not be checked(0)								



**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
251	<b>G6c</b>	A1	Resident able to perform tasks but is very slow	1	561	561	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1), g6a-i. If checked, G6j must not be checked(0)								
252	<b>G6d</b>	A1	Difference in ADL/IADL sp morning to evening	1	562	562	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1),g6a-i. If checked, G6j must not be checked(0)								
253	<b>G6e</b>	A1	Resident requires one-step direction	1	563	563	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1),g6a-i. If checked, G6j must not be checked(0)								
254	<b>G6f</b>	A1	Resident requires two-step direction	1	564	564	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1),g6a-i. If checked, G6j must not be checked(0)								
255	<b>G6g</b>	A1	Resident could be more independent with spec. equip	1	565	565	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1), g6a-i. If checked, G6j must not be checked(0)								
256	<b>G6h</b>	A1	Resident could be more independent with task broken into subtask	1	566	566	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1),g6a-i. If checked, G6j must not be checked(0)								
257	<b>G6i</b>	A1	Resident could be more independent with skill training	1	567	567	0,1,-	
<i>Edits</i> If g6j is not checked (0), at least one box must be checked(1), g6a-i. If checked, G6j must not be checked(0)								
258	<b>G6j</b>	A1	None of above	1	568	568	0,1,-	
<i>Edits</i> If checked (1), then items g6a-i must not be checked (0).								
259	<b>G7a</b>	A1	New device: eyeglasses	1	569	569	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								
260	<b>G7b</b>	A1	New device: hearing aid	1	570	570	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								
261	<b>G7c</b>	A1	New device: cane or walker	1	571	571	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
262	<b>G7d</b>	A1	New device: wheelchair	1	572	572	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								
263	<b>G7e</b>	A1	New device: assistive feeding	1	573	573	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								
264	<b>G7f</b>	A1	New device: assistive dressing	1	574	574	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								
265	<b>G7g</b>	A1	New device: dentures	1	575	575	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0)								
266	<b>G7h</b>	A1	New device: other	1	576	576	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If g7i is not checked (0), at least one box must be checked(1), g7a-h. If checked, G7i must not be checked(0). If checked (1), then enter specific in g7hoth								
267	<b>G7hoth</b>	A15	New device: other (specify)	15	577	591		All caps, left justified, entered only if g7h is checked (1).
<i>Edits</i> If g7h is not checked (0), g7hoth is blank								
268	<b>G7i</b>	A1	New device: none of above	1	592	592	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items g7a-h must not be checked (0).								
269	<b>G8</b>	A1	Self performance in IADL change status	1	593	593	0-2,-	
<i>Edits</i>								
270	<b>H1a</b>	A1	Bowel continence	1	594	594	0-4,-	
<i>Edits</i>								
271	<b>H1b</b>	A1	Bladder continence	1	595	595	0-4,-	
<i>Edits</i>								
272	<b>H2a</b>	A1	Bowel elimination pattern regular-at least one movement every three	1	596	596	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h2f is not checked (0), at least one box must be checked(1), h2a-e. If checked, H2f must not be checked.								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
273	<b>H2b</b>	A1	Constipation	1	597	597	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> if h2f is not checked (0), at least one box must be checked(1), h2a-e. If checked, H2f must not be checked(0)								
274	<b>H2c</b>	A1	Diarrhea	1	598	598	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> if h2f is not checked (0), at least one box must be checked(1), h2a-e. If checked, H2f must not be checked(0)								
275	<b>H2d</b>	A1	Fecal impaction	1	599	599	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> if h2f is not checked (0), at least one box must be checked(1),, h2a-e. If checked, H2f must not be checked(0)								
276	<b>H2e</b>	A1	Resident is independent	1	600	600	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> if h2f is not checked (0), at least one box must be checked(1), h2a-e. If checked, H2f must not be checked(0)								
277	<b>H2f</b>	A1	None of Above	1	601	601	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items h2a-e must not be checked (0).								
278	<b>H3a</b>	A1	Any scheduled toileting plan	1	602	602	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
279	<b>H3b</b>	A1	Bladder retraining program	1	603	603	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
280	<b>H3c</b>	A1	External (condom) catheter	1	604	604	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
281	<b>H3d</b>	A1	Indwelling catheter	1	605	605	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
282	<b>H3e</b>	A1	Intermittent catheter	1	606	606	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
283	<b>H3f</b>	A1	Did not use toilet room/commode/urinal	1	607	607	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
284	<b>H3g</b>	A1	Pads/briefs used	1	608	608	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
285	<b>H3h</b>	A1	Enemas/irrigation	1	609	609	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
286	<b>H3i</b>	A1	Ostomy present	1	610	610	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If h3j is not checked (0), at least one box must be checked(1), h3a-i. If checked, H3j must not be checked(0)								
287	<b>H3j</b>	A1	None of above	1	611	611	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items h3a-i must not be checked (0).								
288	<b>H4</b>	A1	Use of incontinence supplies	1	612	612	0-3,-	
<i>Edits</i>								
289	<b>H5</b>	A1	Changes in urinary continence	1	613	613	0-2,-	
<i>Edits</i>								
290	<b>I1a</b>	A1	Diabetes mellitus	1	614	614	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
291	<b>I1b</b>	A1	Hyperthyroidism	1	615	615	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
292	<b>I1c</b>	A1	Hypothyroidism	1	616	616	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
293	<b>I1d</b>	A1	ASHD	1	617	617	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
294	<b>I1e</b>	A1	Cardiac dysrhythmia	1	618	618	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
295	<b>I1f</b>	A1	Congestive heart failure	1	619	619	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
296	<b>I1g</b>	A1	Deep vein thrombosis	1	620	620	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
297	<b>I1h</b>	A1	Hypertension	1	621	621	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
298	<b>I1i</b>	A1	Hypotension	1	622	622	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
299	<b>I1j</b>	A1	Peripheral vascular disease	1	623	623	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
300	<b>I1k</b>	A1	Other cardiovascular disease	1	624	624	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
301	<b>I1l</b>	A1	Arthritis	1	625	625	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
302	<b>I1m</b>	A1	Hip fracture	1	626	626	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
303	<b>I1n</b>	A1	Missing limb	1	627	627	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
304	<b>I1o</b>	A1	Osteoporosis	1	628	628	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
305	<b>I1p</b>	A1	Pathological bone fracture	1	629	629	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
306	<b>I1q</b>	A1	Alzheimer's disease	1	630	630	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
307	<b>I1r</b>	A1	Aphasia	1	631	631	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
308	<b>I1s</b>	A1	Cerebral palsy	1	632	632	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
309	<b>I1t</b>	A1	Cerebrovascular accident (stroke)	1	633	633	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
310	<b>I1u</b>	A1	Dementia other than Alzheimer's	1	634	634	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
311	<b>I1v</b>	A1	Hemiplegia/hemiparesis	1	635	635	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
312	<b>I1w</b>	A1	Multiple sclerosis	1	636	636	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
313	<b>I1x</b>	A1	Paraplegia	1	637	637	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
314	<b>I1y</b>	A1	Parkinson's disease	1	638	638	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
315	<b>I1z</b>	A1	Quadriplegia	1	639	639	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
316	<b>I1aa</b>	A1	Seizure disorder	1	640	640	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
317	<b>I1bb</b>	A1	Transient ischemic attack	1	641	641	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
318	<b>I1cc</b>	A1	Traumatic brain injury	1	642	642	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
319	<b>I1dd</b>	A1	Anxiety disorder	1	643	643	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
320	<b>I1ee</b>	A1	Depression	1	644	644	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
321	<b>I1ff</b>	A1	Manic depressive	1	645	645	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
322	<b>I1gg</b>	A1	Schizophrenia	1	646	646	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
323	<b>I1hh</b>	A1	Asthma	1	647	647	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
324	<b>I1ii</b>	A1	Emphysema/COPD	1	648	648	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
325	<b>I1jj</b>	A1	Cataracts	1	649	649	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
326	<b>I1kk</b>	A1	Diabetic retinopathy	1	650	650	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
327	<b>I1ll</b>	A1	Glaucoma	1	651	651	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
328	<b>I1mm</b>	A1	Macular degeneration	1	652	652	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
329	<b>I1nn</b>	A1	Allergies	1	653	653	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
330	<b>I1nnoth</b>	A15	Allergies (specify)	15	654	668		All caps, left justified; entered only when i1nn = 1
<i>Edits</i> If i1nn is not checked (0), i1nnoth is blank. If i1nn is checked, then i1nnoth can not be blank.								
331	<b>I1oo</b>	A1	Anemia	1	669	669	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
332	<b>I1pp</b>	A1	Cancer	1	670	670	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
333	<b>I1qq</b>	A1	Renal failure	1	671	671	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
334	<b>I1rr</b>	A1	Tuberculosis	1	672	672	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
335	<b>I1ss</b>	A1	HIV	1	673	673	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked (1), i1a-ww. If checked, i1xx must not be checked(0)								
336	<b>I1tt</b>	A1	Mental retardation	1	674	674	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked (1), i1a-ww. If checked, i1xx must not be checked(0)								
337	<b>I1uu</b>	A1	Substance abuse	1	675	675	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								
338	<b>I1vv</b>	A1	Other psychiatric diagnosis	1	676	676	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked(1), i1a-ww. If checked, i1xx must not be checked(0)								



**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
339	<b>I1ww</b>	A1	Explicit terminal prognosis	1	677	677	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is not checked (0), at least one box must be checked (1), i1a-ww. If checked, i1xx must not be checked(0)								
340	<b>I1xx</b>	A1	None of above	1	678	678	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If i1xx is checked (1), i1a - i1ww must not be checked (0)								
341	<b>I2a</b>	A7	Other diagnosis	7	679	685		Valid code, sp(7)
<i>Edits</i> Non Blank value: Character 1 must be E or space, Character 2 can be V if Character 1 is a space otherwise it must be 0 thru 9 or space. Character 3 & 4 must be 0 thru 9. Character 5 must be decimal point. Characters 6 & 7 must be 0 thru 9. If Character 6 is a space than 7 must be a space.								
342	<b>I2b</b>	A7	Other diagnosis	7	686	692		Valid code, sp(7)
<i>Edits</i> Non Blank value: Character 1 must be E or space, Character 2 can be V if Character 1 is a space otherwise it must be 0 thru 9 or space. Character 3 & 4 must be 0 thru 9. Character 5 must be decimal point. Characters 6 & 7 must be 0 thru 9. If Character 6 is a space than 7 must be a space.								
343	<b>I2c</b>	A7	Other diagnosis	7	693	699		Valid code, sp(7)
<i>Edits</i> Non Blank value: Character 1 must be E or space, Character 2 can be V if Character 1 is a space otherwise it must be 0 thru 9 or space. Character 3 & 4 must be 0 thru 9. Character 5 must be decimal point. Characters 6 & 7 must be 0 thru 9. If Character 6 is a space than 7 must be a space.								
344	<b>J1a</b>	A1	Inability to lie flat due to shortness breath	1	700	700	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
345	<b>J1b</b>	A1	Shortness of breath	1	701	701	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
346	<b>J1c</b>	A1	Edema	1	702	702	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
347	<b>J1d</b>	A1	Dizziness/vertigo	1	703	703	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
348	<b>J1e</b>	A1	Delusions	1	704	704	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
349	<b>J1f</b>	A1	Hallucinations	1	705	705	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
350	<b>J1g</b>	A1	Hostility	1	706	706	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
351	<b>J1h</b>	A1	Suspiciousness	1	707	707	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
352	<b>J1i</b>	A1	Headache	1	708	708	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
353	<b>J1j</b>	A1	Numbness/tingling	1	709	709	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
354	<b>J1k</b>	A1	Blurred vision	1	710	710	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
355	<b>J1l</b>	A1	Dry mouth	1	711	711	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
356	<b>J1m</b>	A1	Excessive salivation or drooling	1	712	712	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
357	<b>J1n</b>	A1	Change in normal appetite	1	713	713	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
358	<b>J1o</b>	A1	Other	1	714	714	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j1p is not checked (0), at least one box must be checked(1), j1a-o. If checked, J1p must not be checked(0)								
359	<b>J1ooth</b>	A15	Other Specify	15	715	729		All caps, left justified, entered only if j1o is checked (1)
<i>Edits</i> If j1o is not checked (0), j1ooth is blank. If j1o is checked(1), then j1ooth must not be blank.								
360	<b>J1p</b>	A1	None of above	1	730	730	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), then all items j1a-o should be not checked(0).								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
361	<b>J2a</b>	A1	Akathisia	1	731	731	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
362	<b>J2b</b>	A1	Dyskinesia	1	732	732	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
363	<b>J2c</b>	A1	Tremor	1	733	733	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
364	<b>J2d</b>	A1	Rigidity	1	734	734	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
365	<b>J2e</b>	A1	Slow shuffling gait	1	735	735	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
366	<b>J2f</b>	A1	Bradykinesia	1	736	736	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
367	<b>J2g</b>	A1	Dystonia	1	737	737	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j2h is not checked (0), at least one box must be checked(1), j2a-g. If checked, J2h must not be checked(0)								
368	<b>J2h</b>	A1	None of the above	1	738	738	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then all items j2a-g must not be checked(0).								
369	<b>J3</b>	A2	Pain symptoms	2	739	740	0-10,-	If 0 then skip to item J7.
<i>Edits</i> If j3 is not equal to 0, then at least one box must be answered j4a-j.								
370	<b>J4a</b>	A1	Back pain	1	741	741	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
371	<b>J4b</b>	A1	Bone pain	1	742	742	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
372	<b>J4c</b>	A1	Chest pain	1	743	743	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
373	<b>J4d</b>	A1	Headache	1	744	744	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
374	<b>J4e</b>	A1	Hip pain	1	745	745	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
375	<b>J4f</b>	A1	Incisional pain	1	746	746	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
376	<b>J4g</b>	A1	Joint pain (other than hip)	1	747	747	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
377	<b>J4h</b>	A1	Soft tissue pain	1	748	748	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
378	<b>J4i</b>	A1	Stomach pain	1	749	749	0,1,-," "	Checked = 1, Not Checked = 0
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
379	<b>J4j</b>	A1	Other	1	750	750	0,1,-," "	If checked (1), enter specific in j3joth; Checked = 1, Not Checked = 0.
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
380	<b>J4joth</b>	A15	Other specify	15	751	765		All caps, left justified, entered only if j4j is checked (1).
<i>Edits</i> Answered only when j3 > 0 and J4j =1. If j3=0 or J4j <> 1 then blank fill								
381	<b>J5</b>	A1	Pain Interferes	1	766	766	1-4,-	
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								
382	<b>J6</b>	A1	Pain Management	1	767	767	1-4,-	
<i>Edits</i> Answered only when j3 > 0. If j3=0 then blank fill.								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
383	<b>J7a</b>	A1	Fell in past 30 days	1	768	768	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j7e is not checked (0), at least one box must be checked(1), j7a-d. If checked, J7e must not be checked(0)								
384	<b>J7b</b>	A1	Fell in past 31-180 days	1	769	769	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j7e is not checked (0), at least one box must be checked(1), j7a-d. If checked, J7e must not be checked.								
385	<b>J7c</b>	A1	Hip fracture in last 180 days	1	770	770	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j7e is not checked (0), at least one box must be checked(1), j7a-d. If checked, J7e must not be checked.								
386	<b>J7d</b>	A1	Other fracture in last 180 days	1	771	771	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j7e is not checked (0), at least one box must be checked(1), j7a-d. If checked, J7e must not be checked(0)								
387	<b>J7e</b>	A1	None of above	1	772	772	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), then all items j7a-d should be not checked(0).								
388	<b>J8a</b>	A1	Has unsteady gait	1	773	773	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j8f is not checked (0), at least one box must be checked(1), j8a-e. If checked, J8f must not be checked(0)								
389	<b>J8b</b>	A1	Has balance problem	1	774	774	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j8f is not checked (0), at least one box must be checked(1), j8a-e. If checked, J8f must not be checked(0)								
390	<b>J8c</b>	A1	Limits activities because of fear of falling	1	775	775	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j8f is not checked (0), at least one box must be checked(1), j8a-e. If checked, J8f must not be checked(0)								
391	<b>J8d</b>	A1	Unstable transision	1	776	776	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If j8f is not checked (0), at least one box must be checked(1), j8a-e. If checked, J8f must not be checked(0)								
392	<b>J8e</b>	A1	Other	1	777	777	0,1,-	If checked (1), enter specific in j8eoth. Checked = 1, Not Checked = 0
<i>Edits</i> If j8f is not checked (0), at least one box must be checked(1), j8a-e. If checked, J8f must not be checked(0)								
393	<b>J8eoth</b>	A15	Other specify	15	778	792		All caps, left justified, entered only if j8e is checked (1).
<i>Edits</i> If j8e is not checked (0), j8eoth is blank								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
394	<b>J8f</b>	A1	None of above	1	793	793	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), then all items j8a-e should be not checked(0).								
395	<b>K1a</b>	A1	Mouth is dry	1	794	794	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k1e is not checked (0), at least one box must be checked(1), k1a-d. If checked, K1e must not be checked(0)								
396	<b>K1b</b>	A1	Chewing Problem	1	795	795	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k1e is not checked (0), at least one box must be checked(1), k1a-d. If checked, K1e must not be checked(0)								
397	<b>K1c</b>	A1	Swallowing Problem	1	796	796	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k1e is not checked (0), at least one box must be checked(1), k1a-d. If checked, K1e must not be checked(0)								
398	<b>K1d</b>	A1	Mouth Pain	1	797	797	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k1e is not checked (0), at least one box must be checked(1), k1a-d. If checked, K1e must not be checked(0)								
399	<b>K1e</b>	A1	None of Above	1	798	798	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then all items k1a-d must not be checked (0).								
400	<b>K2a</b>	A2	Height	2	799	800	00-99,--	Zero pad, right justify, hyphen fill.
<i>Edits</i>								
401	<b>K2b</b>	A3	Weight	3	801	803	000-999,---	Zero pad, right justify, hyphen fill.
<i>Edits</i>								
402	<b>K3a</b>	A1	Unintended weight loss	1	804	804	0,1,-	
<i>Edits</i>								
403	<b>K3b</b>	A1	Unintended weight gain	1	805	805	0,1,-	
<i>Edits</i>								
404	<b>K4a</b>	A1	Complains about the taste of food	1	806	806	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
405	<b>K4b</b>	A1	Regular or repetitive complaints of hunger	1	807	807	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
406	<b>K4c</b>	A1	Leaves 25% or more food uneaten	1	808	808	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
407	<b>K4d</b>	A1	Therapeutic diet	1	809	809	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
408	<b>K4e</b>	A1	Mechanically altered diet	1	810	810	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
409	<b>K4f</b>	A1	Noncompliance with diet	1	811	811	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
410	<b>K4g</b>	A1	Eating disorders	1	812	812	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
411	<b>K4h</b>	A1	Food allergies	1	813	813	0,1,-	If checked(1), then enter specific allergy in k4hoth field. Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
412	<b>K4hoth</b>	A15	Food allergies (specify)	15	814	828		All caps, left justified, entered only if k4h is checked (1).
<i>Edits</i> If k4h is not checked (0), k4hoth is blank. If k4h is checked(1), then k4hoth must not be blank.								
413	<b>K4i</b>	A1	Restrictions	1	829	829	0,1,-	If checked, enter specific restriction in k4ioth field. Checked = 1, Not Checked = 0
<i>Edits</i> If k4j is not checked (0), at least one box must be checked(1), k4a-i. If checked, K4j must not be checked(0)								
414	<b>K4ioth</b>	A15	Restrictions (specify)	15	830	844		All caps, left justify, enter only if k4i is checked (1).
<i>Edits</i> If k4i is not checked (0), k4ioth is blank. If k4h is checked(1), then k4hoth must not be blank.								
415	<b>K4j</b>	A1	None of above	1	845	845	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then all items k4a-i must not be checked (0).								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
416	<b>L1a</b>	A1	Has dentures or bridge	1	846	846	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If l1g is not checked (0), at least one box must be checked(1), l1a-f. If checked, L1g must not be checked(0)								
417	<b>L1b</b>	A1	Some/all natural teeth lost	1	847	847	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If l1g is not checked (0), at least one box must be checked(1), l1a-f. If checked, L1g must not be checked(0)								
418	<b>L1c</b>	A1	Broken, loose or carious teeth	1	848	848	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If l1g is not checked (0), at least one box must be checked(1), l1a-f. If checked, L1g must not be checked(0)								
419	<b>L1d</b>	A1	Inflamed gums	1	849	849	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If l1g is not checked (0), at least one box must be checked(1), l1a-f. If checked, L1g must not be checked(0)								
420	<b>L1e</b>	A1	Daily cleaning of teeth/dentures	1	850	850	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If l1g is not checked (0), at least one box must be checked(1), l1a-f. If checked, L1g must not be checked(0)								
421	<b>L1f</b>	A1	Resident has difficulty brushing	1	851	851	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If l1g is not checked (0), at least one box must be checked(1), l1a-f. If checked, L1g must not be checked(0)								
422	<b>L1g</b>	A1	None of Above	1	852	852	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items l1a-f must not be checked (0).								
423	<b>M1a</b>	A1	Abrasions	1	853	853	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If m1g is not checked (0), at least one box must be checked(1), m1a-f. If checked, m1g must not be checked(0)								
424	<b>M1b</b>	A1	Burns (2nd or 3rd degree)	1	854	854	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If m1g is not checked (0), at least one box must be checked(1), m1a-f. If checked, m1g must not be checked(0)								
425	<b>M1c</b>	A1	Bruises	1	855	855	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If m1g is not checked (0), at least one box must be checked(1), m1a-f. If checked, m1g must not be checked(0)								
426	<b>M1d</b>	A1	Rashes, itchiness, body lice	1	856	856	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If m1g is not checked (0), at least one box must be checked(1), m1a-f. If checked, m1g must not be checked(0)								



**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
427	<b>M1e</b>	A1	Open sores or lesions	1	857	857	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If m1g is not checked (0), at least one box must be checked(1), m1a-f. If checked, m1g must not be checked(0)								
428	<b>M1f</b>	A1	Other	1	858	858	0,1,-	If checked, then enter specific in m1foth field. Checked = 1, Not Checked = 0
<i>Edits</i> If m1g is not checked (0), at least one box must be checked(1), m1a-f. If checked, m1g must not be checked(0)								
429	<b>M1foth</b>	A15	Other (specify)	15	859	873		All caps, left justified, entered only if m1f is checked (1).
<i>Edits</i> If m1f is not checked (0), m1foth is blank. If m1f is checked(1), then m1foth must not be blank.								
430	<b>M1g</b>	A1	None of above	1	874	874	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then all items m1a-f should be not checked (0).								
431	<b>M2a</b>	A1	Ulcers Stage 1	1	875	875	0-9,-	
<i>Edits</i>								
432	<b>M2b</b>	A1	Ulcers Stage 2	1	876	876	0-9,-	
<i>Edits</i>								
433	<b>M2c</b>	A1	Ulcers Stage 3	1	877	877	0-9,-	
<i>Edits</i>								
434	<b>M2d</b>	A1	Ulcers Stage 4	1	878	878	0-9,-	
<i>Edits</i>								
435	<b>M3a</b>	A1	Resident or someone else inspects feet on regular basis	1	879	879	0,1,-	
<i>Edits</i>								
436	<b>M3b</b>	A1	One or more foot problems	1	880	880	0,1,-	
<i>Edits</i>								
437	<b>N1a</b>	A1	Morning	1	881	881	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n1e is not checked (0), at least one box must be checked(1), n1a-d. If checked, n1e must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
438	<b>N1b</b>	A1	Afternoon	1	882	882	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n1e is not checked (0), at least one box must be checked(1), n1a-d. If checked, n1e must not be checked(0)								
439	<b>N1c</b>	A1	Evening	1	883	883	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n1e is not checked (0), at least one box must be checked(1), n1a-d. If checked, n1e must not be checked(0)								
440	<b>N1d</b>	A1	Night	1	884	884	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n1e is not checked (0), at least one box must be checked(1), n1a-d. If checked, n1e must not be checked(0)								
441	<b>N1e</b>	A1	None of above	1	885	885	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), then items n1a-d should be not checked (0).								
442	<b>N2</b>	A1	Average time involved in activities	1	886	886	1-4,-	
<i>Edits</i>								
443	<b>N3a</b>	A1	Own room	1	887	887	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n3e is not checked (0), at least one box must be checked(1), n3a-d. If checked, n3e must not be checked(0)								
444	<b>N3b</b>	A1	Day/activity room	1	888	888	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n3e is not checked (0), at least one box must be checked(1), n3a-d. If checked, n3e must not be checked(0)								
445	<b>N3c</b>	A1	Outside of facility	1	889	889	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n3e is not checked (0), at least one box must be checked(1), n3a-d. If checked, n3e must not be checked(0)								
446	<b>N3d</b>	A1	Away from facility	1	890	890	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n3e is not checked (0), at least one box must be checked(1), n3a-d. If checked, n3e must not be checked(0)								
447	<b>N3e</b>	A1	None of above	1	891	891	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then items n3a-d should be not checked (0).								
448	<b>N4a</b>	A1	Cards/other games	1	892	892	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
449	<b>N4b</b>	A1	Crafts/arts	1	893	893	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
450	<b>N4c</b>	A1	Exercise/sports	1	894	894	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
451	<b>N4d</b>	A1	Dancing	1	895	895	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
452	<b>N4e</b>	A1	Music	1	896	896	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
453	<b>N4f</b>	A1	Reading/writing	1	897	897	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
454	<b>N4g</b>	A1	Spiritual/religious activities	1	898	898	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
455	<b>N4h</b>	A1	Trips/shopping	1	899	899	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
456	<b>N4i</b>	A1	Walking/wheeling outdoors	1	900	900	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
457	<b>N4j</b>	A1	Watching TV	1	901	901	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
458	<b>N4k</b>	A1	Gardening or plants	1	902	902	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
459	<b>N4l</b>	A1	Talking or conversing	1	903	903	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
460	<b>N4m</b>	A1	Helping others	1	904	904	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
461	<b>N4n</b>	A1	Doing chores	1	905	905	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
462	<b>N4o</b>	A1	Cooking/baking	1	906	906	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
463	<b>N4p</b>	A1	Computer activities	1	907	907	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
464	<b>N4q</b>	A1	Volunteering	1	908	908	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
465	<b>N4r</b>	A1	Other	1	909	909	0,1,-	Checked = 1, Not Checked = 0, If checked, then enter specific in n4roth field.
<i>Edits</i> If n4s is not checked (0), at least one box must be checked(1), n4a-r. If checked, n4s must not be checked(0)								
466	<b>N4roth</b>	A15	Other (specify)	15	910	924		All caps, left justified, entered only if n4r is checked (1).
<i>Edits</i> If n4r is not checked (0), n4roth is blank. If n4r is checked(1), n4roth must not be blank.								
467	<b>N4s</b>	A1	None of above	1	925	925	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), then all items n4a-r should be not checked (0).								
468	<b>N5a</b>	A1	Preferred activity size -Individual	1	926	926	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If N5d is not checked (0), then at least one item must be checked (1), N5a-c. If checked, n5d must not be checked(0)								
469	<b>N5b</b>	A1	Preferred activity size- Small group	1	927	927	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If N5d is not checked (0), then at least one item must be checked (1), N5a-c. If checked, n5d must not be checked(0)								
470	<b>N5c</b>	A1	Preferred activity size -Larger group	1	928	928	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If N5d is not checked (0), then at least one item must be checked (1), N5a-c. If checked, n5d must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
471	<b>N5d</b>	A1	Preferred activity size - No preference	1	929	929	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then all items n5a-c should be not checked (0).								
472	<b>N6a</b>	A1	Resident prefers change in type of activity	1	930	930	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n6f is not checked (0), at least one box must be checked(1), n6a-e. If checked, n6f must not be checked(0)								
473	<b>N6b</b>	A1	Resident prefers change in extent of involvement	1	931	931	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n6f is not checked (0), at least one box must be checked(1), n6a-e. If checked, n6f must not be checked(0)								
474	<b>N6c</b>	A1	Resident prefers change in location	1	932	932	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n6f is not checked (0), at least one box must be checked(1), n6a-e. If checked, n6f must not be checked(0)								
475	<b>N6d</b>	A1	Resident prefers activities at different time of day	1	933	933	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n6f is not checked (0), at least one box must be checked(1), n6a-e. If checked, n6f must not be checked(0)								
476	<b>N6e</b>	A1	Resident prefers stability in routine	1	934	934	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If n6f is not checked (0), at least one box must be checked(1), n6a-e. If checked, n6f must not be checked(0)								
477	<b>N6f</b>	A1	None of above	1	935	935	0,1,	Checked = 1, Not Checked = 0
<i>Edits</i> If checked (1), then all items n6a-e should not be checked(0).								
478	<b>N7a</b>	A1	How often visited in last 30 days	1	936	936	1-6,-	
<i>Edits</i>								
479	<b>N7b</b>	A1	How often talked on phone in last 30 days	1	937	937	1-6,-	
<i>Edits</i>								
480	<b>N8</b>	A1	Voting	1	938	938	0,1,-	
<i>Edits</i>								
481	<b>N9</b>	A1	Social activity change	1	939	939	0-2,-	
<i>Edits</i>								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
482	<b>O1</b>	A2	Number of medications	2	940	941	00-99,--	Right justified, leading zeros (0) included, I.e., 0 would be 00
<i>Edits</i>								
483	<b>O2</b>	A1	New medications	1	942	942	0,1,-	
<i>Edits</i>								
484	<b>O3</b>	A1	Injections	2	943	944	00-30,--	Right justified, leading zeros (0) included, I.e., 0 would be 00
<i>Edits</i>								
485	<b>O4Aa</b>	A1	Antipsychotic	1	945	945	0-7,-	
<i>Edits</i>								
486	<b>O4Ab</b>	A1	Antianxiety	1	946	946	0-7,-	
<i>Edits</i>								
487	<b>O4Ac</b>	A1	Antidepressant	1	947	947	0-7,-	
<i>Edits</i>								
488	<b>O4Ad</b>	A1	Hypnotic	1	948	948	0-7,-	
<i>Edits</i>								
489	<b>O4Ae</b>	A1	Diuretic	1	949	949	0-7,-	
<i>Edits</i>								
490	<b>O4Af</b>	A1	Aricept	1	950	950	0-7,-	
<i>Edits</i>								
491	<b>O4Ag</b>	A1	Insulin	1	951	951	0-7,-	
<i>Edits</i>								
492	<b>O4b</b>	A1	PRN for mental, emotional or nervous condition	1	952	952	0,1,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
493	<b>O5a</b>	A1	Insulin	1	953	953	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked(1), o5a-g. If checked, o5h must not be checked(0).								
494	<b>O5b</b>	A1	Oxygen	1	954	954	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked(1), o5a-g. If checked, o5h must not be checked(0)								
495	<b>O5c</b>	A1	Nebulizers	1	955	955	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked(1), o5a-g. If checked, o5h must not be checked(0)								
496	<b>O5d</b>	A1	Nitropatch	1	956	956	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked(1), o5a-g. If checked, o5h must not be checked(0)								
497	<b>O5e</b>	A1	Glucoscan	1	957	957	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked(1), o5a-g. If checked, o5h must not be checked(0)								
498	<b>O5f</b>	A1	Over-the-counter meds	1	958	958	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked(1), o5a-g. If checked, o5h must not be checked(0)								
499	<b>O5g</b>	A1	Other	1	959	959	0,1,-	If checked, then enter specific in o5goth field. Checked = 1, Not Checked = 0
<i>Edits</i> If o5h is not checked (0), at least one box must be checked, o5a-g. If checked, o5h must not be checked(0)								
500	<b>O5goth</b>	A15	Other (specify)	15	960	974		All caps, left justified, entered only if o5g is checked (1).
<i>Edits</i> If o5g is checked (1), must be answered. Blank if o5g is not checked (0).								
501	<b>O5h</b>	A1	None of above	1	975	975	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked(1), then all items o5a-g should be not checked (0).								
502	<b>O6</b>	A1	Medication preparation administration	1	976	976	0-3,-	
<i>Edits</i>								
503	<b>O7</b>	A1	Medication compliance	1	977	977	0-4,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
504	<b>O8</b>	A1	Misuse of medication	1	978	978	0,1,-	
<i>Edits</i>								
505	<b>P1aa</b>	A1	Chemotherapy	1	979	979	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
506	<b>P1ab</b>	A1	Oxygen therapy	1	980	980	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
507	<b>P1ac</b>	A1	Dialysis	1	981	981	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
508	<b>P1ad</b>	A1	Alcohol/drug treatment program	1	982	982	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
509	<b>P1ae</b>	A1	Alzheimer's/dementia special care unit	1	983	983	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
510	<b>P1af</b>	A1	Hospice care	1	984	984	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
511	<b>P1ag</b>	A1	Home health	1	985	985	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
512	<b>P1ah</b>	A1	Home care	1	986	986	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
513	<b>P1ai</b>	A1	Training in skills for return to community	1	987	987	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								
514	<b>P1aj</b>	A1	Case management	1	988	988	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)								



**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
515	<b>P1ak</b>	A1	Day treatment program	1	989	989	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)							
516	<b>P1al</b>	A1	Sheltered workshop/employment	1	990	990	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)							
517	<b>P1am</b>	A1	Job training	1	991	991	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)							
518	<b>P1an</b>	A1	Transportation	1	992	992	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)							
519	<b>P1ao</b>	A1	Psychological rehabilitation	1	993	993	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1ap is not checked (0), at least one box must be checked(1), p1aa-ao. If checked, p1ap must not be checked(0)							
520	<b>P1ap</b>	A1	Formal Education	1	994	994	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If checked(1), then all items p1aa-ao should be not checked(0).							
521	<b>P1aq</b>	A1	None of above	1	995	995	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If checked(1), then all items p1aa-ao should be not checked(0).							
522	<b>P1baa</b>	A1	Speech - days	1	996	996	0-7,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1baa = 0, then p1bab and p1bac should be 0.							
523	<b>P1bab</b>	A1	Speech - on site	1	997	997	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1baa is not equal to 0, then either or both p1bab or p1bac must be checked(1),							
524	<b>P1bac</b>	A1	Speech off-site	1	998	998	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1baa is not equal to 0, then either or both p1bab or p1bac must be checked(1),							
525	<b>P1bba</b>	A1	OT - days	1	999	999	0-7,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bba = 0, then p1bbb and p1bbc should be 0.							

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
526	<b>P1bbb</b>	A1	OT - on-site	1	1000	1000	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bba is not equal to 0, then either or both p1bbb or p1bbc must be checked(1),							
527	<b>P1bbc</b>	A1	OT - off-site	1	1001	1001	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bba is not equal to 0, then either or both p1bbb or p1bbc must be checked(1),							
528	<b>P1bca</b>	A1	PT - days	1	1002	1002	0-7,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bca = 0, then p1bcb and p1bcc should be 0.							
529	<b>P1bcb</b>	A1	PT - on-site	1	1003	1003	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bca is not equal to 0, then either or both p1bcb or p1bcc must be checked(1),							
530	<b>P1bcc</b>	A1	PT - off-site	1	1004	1004	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bca is not equal to 0, then either or both p1bcb or p1bcc must be checked(1),							
531	<b>P1bda</b>	A1	RT - days	1	1005	1005	0-7,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bda = 0, then p1bdb and p1bdc should be 0.							
532	<b>P1bdb</b>	A1	RT - on-site	1	1006	1006	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bda is not equal to 0, then either or both p1bdb or p1bdc must be checked(1),							
533	<b>P1bdc</b>	A1	RT - off-site	1	1007	1007	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bda is not equal to 0, then either or both p1bdb or p1bdc must be checked(1),							
534	<b>P1bea</b>	A1	Psych therapy days	1	1008	1008	0-7,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bea = 0, then p1beb and p1bec should be 0.							
535	<b>P1beb</b>	A1	Psych therapy on-site	1	1009	1009	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bea is not equal to 0, then either or both p1beb or p1bec must be checked(1),							
536	<b>P1bec</b>	A1	Psych therapy off-site	1	1010	1010	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>	If p1bea is not equal to 0, then either or both p1beb or p1bec must be checked(1),							

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
537	<b>P2a</b>	A1	Special behavior symptom eval program	1	1011	1011	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
538	<b>P2b</b>	A1	Special behavior management program	1	1012	1012	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
539	<b>P2c</b>	A1	Evaluated by MH spec last 90 days	1	1013	1013	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
540	<b>P2d</b>	A1	Group therapy	1	1014	1014	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
541	<b>P2e</b>	A1	Resident-spec changes in environ. to address behavior	1	1015	1015	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
542	<b>P2f</b>	A1	Reorientation	1	1016	1016	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
543	<b>P2g</b>	A1	Validation/redirection	1	1017	1017	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
544	<b>P2h</b>	A1	Crisis intervention in facility	1	1018	1018	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
545	<b>P2i</b>	A1	Crisis stabilization unit in last 90 days	1	1019	1019	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
546	<b>P2j</b>	A1	Other	1	1020	1020	0,1,-	If checked (1), then enter specific in p2joth field. Checked = 1, Not Checked = 0
<i>Edits</i> If p2k is not checked (0), at least one box must be checked(1), p2a-j. If checked, p2k must not be checked(0)								
547	<b>P2joth</b>	A15	Other (specify)	15	1021	1035		All caps, left justified.
<i>Edits</i> If p2j is not checked (0), p2joth is blank. If p2j is checked(1), p2joth must be answered.								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
548	<b>P2k</b>	A1	None of above	1	1036	1036	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If checked, then all items p2a-j should be not checked (0).								
549	<b>P3a</b>	A1	Acute physical or psychiatric condition - not chronic	1	1037	1037	0-3,-	
<i>Edits</i>								
550	<b>P3b</b>	A1	New treatment/medication	1	1038	1038	0-3,-	
<i>Edits</i>								
551	<b>P4a</b>	A1	ROM - passive	1	1039	1039	0-7,-	
<i>Edits</i>								
552	<b>P4b</b>	A1	ROM - active	1	1040	1040	0-7,-	
<i>Edits</i>								
553	<b>P4c</b>	A1	Splint/brace assistance	1	1041	1041	0-7,-	
<i>Edits</i>								
554	<b>P4d</b>	A1	Bed mobility	1	1042	1042	0-7,-	
<i>Edits</i>								
555	<b>P4e</b>	A1	Transfer	1	1043	1043	0-7,-	
<i>Edits</i>								
556	<b>P4f</b>	A1	Walking	1	1044	1044	0-7,-	
<i>Edits</i>								
557	<b>P4g</b>	A1	Dressing or grooming	1	1045	1045	0-7,-	
<i>Edits</i>								
558	<b>P4h</b>	A1	Eating or swallowing	1	1046	1046	0-7,-	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
559	<b>P4i</b>	A1	Amputation/prosthesis care	1	1047	1047	0-7,-	
<i>Edits</i>								
560	<b>P4j</b>	A1	Communication	1	1048	1048	0-7,-	
<i>Edits</i>								
561	<b>P4k</b>	A1	Time management	1	1049	1049	0-7,-	
<i>Edits</i>								
562	<b>P4l</b>	A1	Other	1	1050	1050	0-7,-	If P4l > 0, then enter specific in P4loth
<i>Edits</i>								
563	<b>P4loth</b>	A15	Other (specify)	15	1051	1065		All caps, left justified, entered only if p4l > 0
<i>Edits</i> If p4l = 0, p4loth is blank.								
564	<b>P5a</b>	A2	Meal preparation	2	1066	1067	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
565	<b>P5b</b>	A2	Telephone use	2	1068	1069	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
566	<b>P5c</b>	A2	Light housework	2	1070	1071	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
567	<b>P5d</b>	A2	Laundry	2	1072	1073	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
568	<b>P5e</b>	A2	Managing incontinence supplies	2	1074	1075	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
569	<b>P5f</b>	A2	Managing cash	2	1076	1077	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
570	<b>P5g</b>	A2	Managing finances	2	1078	1079	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
571	<b>P5h</b>	A2	Arranges shopping	2	1080	1081	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
572	<b>P5i</b>	A2	Shopping	2	1082	1083	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
573	<b>P5j</b>	A2	Transportation	2	1084	1085	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
574	<b>P5k</b>	A2	Medications	2	1086	1087	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
575	<b>P5l</b>	A2	Other	2	1088	1089	00-30,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
576	<b>P5loth</b>	A15	Other (specify)	15	1090	1104		All caps, left justified, entered only if p5l > 00
<i>Edits</i> If p5l = 00, p5loth is blank.								
577	<b>P6</b>	A1	Adherence with treatments/therapies/programs	1	1105	1105	0-3,8-	
<i>Edits</i>								
578	<b>P7</b>	A2	General hospital stay	2	1106	1107	00-99,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
579	<b>P8</b>	A2	ER visits	2	1108	1109	00-99,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
580	<b>P9</b>	A2	Physician visits	2	1110	1111	00-99,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
581	<b>P10</b>	A2	Physicians orders	2	1112	1113	00-14,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
582	<b>P11</b>	A1	Abnormal lab values	1	1114	1114	0,1,-	
<i>Edits</i>								
583	<b>P12</b>	A2	Psychiatric hospital stay	2	1115	1116	00-99,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
584	<b>P13</b>	A2	Outpatient surgery	2	1117	1118	00,99,--	Right justified, leading zeros (0) included, i.e., 0 would be 00
<i>Edits</i>								
585	<b>Q1a</b>	A1	Health promotion/wellness/exercise	1	1119	1119		Checked = 1, Not Checked = 0
<i>Edits</i> If Q1h is not checked (0), at least one box must be checked(1), Q1a-g. If checked(1), Q1h must not be checked(0)								
586	<b>Q1b</b>	A1	Social involvement/making friends	1	1120	1120		Checked = 1, Not Checked = 0
<i>Edits</i> If Q1h is not checked (0), at least one box must be checked(1), Q1a-g. If checked(1), Q1h must not be checked(0)								
587	<b>Q1c</b>	A1	Activities/hobbies/adult learning	1	1121	1121		Checked = 1, Not Checked = 0
<i>Edits</i> If Q1his not checked (0), at least one box must be checked (1), Q1a-g. If checked(1), Q1h must not be checked(0)								
588	<b>Q1d</b>	A1	Rehabilitation - skilled	1	1122	1122		Checked = 1, Not Checked = 0
<i>Edits</i> If Q1h is not checked (0), at least one box must be checked(1), Q1a-g. If checked(1), Q1h must not be checked(0)								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
589	<b>Q1e</b>	A1	Maintaining physical/cognitive function	1	1123	1123		Checked = 1, Not Checked = 0
<i>Edits</i> If Q1h is not checked (0), at least one box must be checked(1), Q1a-g. If checked(1), Q1h must not be checked(0)								
590	<b>Q1f</b>	A1	Participation in the community	1	1124	1124		Checked = 1, Not Checked = 0, If checked (1), enter specific in Q1foth
<i>Edits</i> If Q1h is not checked (0), at least one box must be checked(1), Q1a-g. If checked(1), Q1h must not be checked(0)								
591	<b>Q1g</b>	A1	Other	1	1125	1125		Checked = 1, Not Checked = 0, If checked (1), enter specific in Q1foth
<i>Edits</i> If Q1h is not checked (0), at least one box must be checked(1), Q1a-g. If checked(1), Q1h must not be checked(0)								
592	<b>Q1goth</b>	A15	Other specify	15	1126	1140		All caps, left justified, entered only if Q1f is checked.
<i>Edits</i> If Q1g is not checked (0), Q1goth is blank. If Q1g is checked(1), Q1goth must be answer.								
593	<b>Q1h</b>	A1	No goals	1	1141	1141	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i> If Q1g is checked (1), then Q1a-g should not be checked (0).								
594	<b>Q2a</b>	A1	Conflict resident and family	1	1142	1142	0,1,-	
<i>Edits</i>								
595	<b>Q2b</b>	A1	Conflict resident, family and staff	1	1143	1143	0,1,-	
<i>Edits</i>								
596	<b>R1a</b>	A1	Preference to return to community	1	1144	1144	0,1,-	
<i>Edits</i>								
597	<b>R1b</b>	A1	Support person positive towards discharge	1	1145	1145	0,1,-	
<i>Edits</i>								
598	<b>R1c</b>	A1	Self-sufficiency	1	1146	1146	0-2,-	
<i>Edits</i>								
599	<b>S1a</b>	A1	Participation - resident	1	1147	1147	0,1,-	
<i>Edits</i>								



**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
600	<b>S1b</b>	A1	Participation - family	1	1148	1148	0-2,-	
<i>Edits</i>								
601	<b>S1c</b>	A1	Participation - other Non-Staff	1	1149	1149	0-2,-	
<i>Edits</i>								
602	<b>S2b</b>	A8	Assessment completion date	8	1150	1157	Valid Date	Valid date, yyyyymmdd
<i>Edits</i> End date (R2b) must be less than < Adate (a4a) + 30.								
602.1	<b>S2b_YYYY</b>	A4	Assessment completion date - Year	4	1150	1153		
<i>Edits</i>								
602.2	<b>S2b_MM</b>	A2	Assessment completion date - Month	2	1154	1155		
<i>Edits</i>								
602.3	<b>S2b_DD</b>	A2	Assessment completion date - Day	2	1156	1157		
<i>Edits</i>								
603	<b>S3</b>	A5	Casemix group	5	1158	1162		Left justified, First three (3) characters are a valaid RUGs code and the last 2 characters are spaces.
<i>Edits</i>								
605	<b>T1a</b>	A1	Blood pressure monitoring	1	1163	1163	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
606	<b>T1b</b>	A1	Hearing assessment	1	1164	1164	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
607	<b>T1c</b>	A1	Vision test	1	1165	1165	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
608	<b>T1d</b>	A1	Dental visit	1	1166	1166	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<b>Order</b>	<b>Field</b>	<b>Picture</b>	<b>Description</b>	<b>Length</b>	<b>Start</b>	<b>End</b>	<b>Values</b>	<b>Notes</b>
609	<b>T1e</b>	A1	Influenza vaccine	1	1167	1167	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
610	<b>T1f</b>	A1	Pneumococcal vaccine	1	1168	1168	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
611	<b>T1g</b>	A1	Breast exam	1	1169	1169	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
612	<b>T1h</b>	A1	Pap smear	1	1170	1170	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
613	<b>T1i</b>	A1	PSA or rectal Exam	1	1171	1171	0,1,-	Checked = 1, Not Checked = 0
<i>Edits</i>								
614	<b>T1j</b>	A1	Other	1	1172	1172	0,1,-	If checked, then enter specific in T1joth field.
<i>Edits</i>								
615	<b>T1joth</b>	A15	Other (specify)	15	1173	1187		All caps, left justified, entered only if T1j is checked(1).
<i>Edits</i> If T1j = 0 then T1joth is blank								
616	<b>Ra1</b>	A2	Route #1	2	1188	1189	01-10,--, " "	
<i>Edits</i>								
617	<b>Freq1</b>	A2	Frequency #1	2	1190	1191		Valid codes from form or blank fill
<i>Edits</i> If freq1 = "PR", then PRN1 should be completed								
618	<b>Prn1</b>	A2	PRN #1	2	1192	1193	00-99,--, " "	
<i>Edits</i> If freq1 = "PR", enter value else blank								
619	<b>Ndc1</b>	A11	NDC #1	11	1194	1204		Valid NDC code or blank fill
<i>Edits</i>								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
620	<b>Ra2</b>	A2	Route #2	2	1205	1206	01-10,--, " "	
<i>Edits</i>								
621	<b>Freq2</b>	A2	Frequency #2	2	1207	1208		Valid codes from form or blank fill
<i>Edits</i> If freq2 = "PR", then PRN2 should be completed								
622	<b>Prn2</b>	A2	PRN #2	2	1209	1210	00-99,--, " "	
<i>Edits</i> If freq2 = "PR", enter value else blank								
623	<b>Ndc2</b>	A11	NDC #2	11	1211	1221		Valid NDC code or blnak fill
<i>Edits</i>								
624	<b>Ra3</b>	A2	Route #3	2	1222	1223	01-10,--, " "	
<i>Edits</i>								
625	<b>Freq3</b>	A2	Frequency #3	2	1224	1225		Valid codes from form or blank fill
<i>Edits</i> If freq3 = "PR", then PRN3 should be completed								
626	<b>Prn3</b>	A2	PRN #3	2	1226	1227	00-99,--, " "	
<i>Edits</i> If freq3 = "PR", enter value else blank								
627	<b>Ndc3</b>	A11	NDC #3	11	1228	1238		Valid NDC code or blank fill
<i>Edits</i>								
628	<b>Ra4</b>	A2	Route #4	2	1239	1240	01-10,--, " "	
<i>Edits</i>								
629	<b>Freq4</b>	A2	Frequency #4	2	1241	1242		Valid code from form or blank fill
<i>Edits</i> If freq4 = "PR", then PRN4 should be completed								
630	<b>Prn4</b>	A2	PRN #4	2	1243	1244	00-99,--, " "	
<i>Edits</i> If freq4 = "PR", enter value else blank								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
631	<b>Ndc4</b>	A11	NDC #4	11	1245	1255		Valid NDC code or blank fill
<i>Edits</i>								
632	<b>Ra5</b>	A2	Route #5	2	1256	1257	01-10,--, " "	
<i>Edits</i>								
633	<b>Freq5</b>	A2	Frequency #5	2	1258	1259		Valid code from form or blank fill
<i>Edits</i> If freq5 = "PR", then PRN5 should be completed								
634	<b>Prn5</b>	A2	PRN #5	2	1260	1261	00-99,--, " "	
<i>Edits</i> If freq5 = "PR", enter value else blank								
635	<b>Ndc5</b>	A11	NDC #5	11	1262	1272		Valid NDC code or blank fill
<i>Edits</i>								
636	<b>Ra6</b>	A2	Route #6	2	1273	1274	01-10,--, " "	
<i>Edits</i>								
637	<b>Freq6</b>	A2	Frequency #6	2	1275	1276		Valid code from form or blank fill
<i>Edits</i> If freq6 = "PR", then PRN6 should be completed.								
638	<b>Prn6</b>	A2	PRN #6	2	1277	1278	00-99,--, " "	
<i>Edits</i> If freq6 = "PR", enter value else blank								
639	<b>Ndc6</b>	A11	NDC #6	11	1279	1289		Valid NDC code or blank fill
<i>Edits</i>								
640	<b>Ra7</b>	A2	Route #7	2	1290	1291	01-10,--, " "	
<i>Edits</i>								
641	<b>Freq7</b>	A2	Frequency #7	2	1292	1293		Valid code from form or blank fill
<i>Edits</i> If freq7 = "PR", then PRN7 should be completed.								

*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
642	<b>Prn7</b>	A2	PRN #7	2	1294	1295	00-99,--, " "	
<i>Edits</i> If freq7 = "PR", enter value else blank								
643	<b>Ndc7</b>	A11	NDC #7	11	1296	1306		Valid NDC code or blank fill
<i>Edits</i>								
644	<b>Ra8</b>	A2	Route #8	2	1307	1308	01-10,--, " "	
<i>Edits</i>								
645	<b>Freq8</b>	A2	Frequency #8	2	1309	1310		Valid code from form or blank fill
<i>Edits</i> If freq8 = "PR", then PRN8 should be completed.								
646	<b>Prn8</b>	A2	PRN #8	2	1311	1312	00-99,--, " "	
<i>Edits</i> If freq8 = "PR", enter value else blank								
647	<b>Ndc8</b>	A11	NDC #8	11	1313	1323		Valid NDC code or blank fill
<i>Edits</i>								
648	<b>Ra9</b>	A2	Route #9	2	1324	1325	01-10,--, " "	
<i>Edits</i>								
649	<b>Freq9</b>	A2	Frequency #9	2	1326	1327		Valid code from form or blank fill
<i>Edits</i> If freq9 = "PR", then PRN9 should be completed.								
650	<b>Prn9</b>	A2	PRN #9	2	1328	1329	00-99,--, " "	
<i>Edits</i> If freq9 = "PR", enter value else blank								
651	<b>Ndc9</b>	A11	NDC #9	11	1330	1340		Valid NDC code or blank fill
<i>Edits</i>								
652	<b>Ra10</b>	A2	Route #10	2	1341	1342	01-10,--, " "	
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
653	<b>Freq10</b>	A2	Frequency #10	2	1343	1344		Valid code from form or blank fill
<i>Edits</i> If freq10 = "PR", then PRN10 should be completed.								
654	<b>Prn10</b>	A2	PRN #10	2	1345	1346	00-99,--, " "	
<i>Edits</i> If freq10 = "PR", enter value else blank								
655	<b>Ndc10</b>	A11	NDC #10	11	1347	1357		Valid NDC code or blank fill
<i>Edits</i>								
656	<b>Ra11</b>	A2	Route #11	2	1358	1359	01-10,--, " "	
<i>Edits</i>								
657	<b>Freq11</b>	A2	Frequency #11	2	1360	1361		Valid code from form or blank fill
<i>Edits</i> If freq11 = "PR", then PRN11 should be completed.								
658	<b>Prn11</b>	A2	PRN #11	2	1362	1363	00-99,--, " "	
<i>Edits</i> If freq11 = "PR", enter value else blank								
659	<b>Ndc11</b>	A11	NDC #11	11	1364	1374		Valid NDC code or blank fill
<i>Edits</i>								
660	<b>Ra12</b>	A2	Route #12	2	1375	1376	01-10,--, " "	
<i>Edits</i>								
661	<b>Freq12</b>	A2	Frequency #12	2	1377	1378		Valid code from form or blank fill
<i>Edits</i> If freq12 = "PR", then PRN12 should be completed.								
662	<b>Prn12</b>	A2	PRN #12	2	1379	1380	00-99,--, " "	
<i>Edits</i> If freq12 = "PR", enter value else blank								
663	<b>Ndc12</b>	A11	NDC #12	11	1381	1391		Valid NDC code or blank fill
<i>Edits</i>								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
664	<b>Ra13</b>	A2	Route #13	2	1392	1393	01-10,--, " "	
<i>Edits</i>								
665	<b>Freq13</b>	A2	Frequency #13	2	1394	1395		Valid code from form or blank fill
<i>Edits</i> If freq13 = "PR", then PRN13 should be completed.								
666	<b>Prn13</b>	A2	PRN #13	2	1396	1397	00-99,--, " "	
<i>Edits</i> If freq13 = "PR", enter value else blank								
667	<b>Ndc13</b>	A11	NDC #13	11	1398	1408		Valid NDC code or blank fill
<i>Edits</i>								
668	<b>Ra14</b>	A2	Route #14	2	1409	1410	01-10,--, " "	
<i>Edits</i>								
669	<b>Freq14</b>	A2	Frequency #14	2	1411	1412		Valid code from form or blank fill
<i>Edits</i> If freq14 = "PR", then PRN14 should be completed.								
670	<b>Prn14</b>	A2	PRN #14	2	1413	1414	00-99,--, " "	
<i>Edits</i> If freq14 = "PR", enter value else blank								
671	<b>Ndc14</b>	A11	NDC #14	11	1415	1425		Valid NDC code or blank fill
<i>Edits</i>								
672	<b>Ra15</b>	A2	Route #15	2	1426	1427	01-10,--, " "	
<i>Edits</i>								
673	<b>Freq15</b>	A2	Frequency #15	2	1428	1429		Valid code from form or blank fill
<i>Edits</i> If freq15 = "PR", then PRN15 should be completed.								
674	<b>Prn15</b>	A2	PRN #15	2	1430	1431	00-99,--, " "	
<i>Edits</i> If freq15 = "PR", enter value else blank								

**MDS-ALS Assessment Specifications**

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
675	<b>Ndc15</b>	A11	NDC #15	11	1432	1442		Valid NDC code or blank fill
<i>Edits</i>								
676	<b>Ra16</b>	A2	Route #16	2	1443	1444	01-10,--, " "	
<i>Edits</i>								
677	<b>Freq16</b>	A2	Frequency #16	2	1445	1446		Valid code from form or blank fill
<i>Edits</i> If freq16 = "PR", then PRN16 should be completed..								
679	<b>Prn16</b>	A2	PRN #16	2	1447	1448	00-99,--, " "	
<i>Edits</i> If freq16 = "PR", enter value else blank								
680	<b>Ndc16</b>	A11	NDC #16	11	1449	1459		Valid NDC code or blank fill
<i>Edits</i>								
681	<b>Ra17</b>	A2	Route #17	2	1460	1461	01-10,--, " "	
<i>Edits</i>								
682	<b>Freq17</b>	A2	Frequency #17	2	1462	1463		Valid code from form or blank fill
<i>Edits</i> If freq17 = "PR", then PRN17 should be completed.								
683	<b>Prn17</b>	A2	PRN #17	2	1464	1465	00-99,--, " "	
<i>Edits</i> If freq17 = "PR", enter value else blank								
684	<b>Ndc17</b>	A11	NDC #17	11	1466	1476		Valid NDC code or blank fill
<i>Edits</i>								
685	<b>Ra18</b>	A2	Route #18	2	1477	1478	01-10,--, " "	
<i>Edits</i>								
686	<b>Freq18</b>	A2	Frequency #18	2	1479	1480		Valid code from form or blank fill
<i>Edits</i> If freq18 = "PR", then PRN18 should be completed.								



*MDS-ALS Assessment Specifications*

<i>Order</i>	<i>Field</i>	<i>Picture</i>	<i>Description</i>	<i>Length</i>	<i>Start</i>	<i>End</i>	<i>Values</i>	<i>Notes</i>
687	<b>Prn18</b>	A2	PRN #18	2	1481	1482	00-99,--, " "	
<i>Edits</i> If freq18 = "PR", enter value else blank								
688	<b>Ndc18</b>	A11	NDC #18	11	1483	1493		Valid NDC code or blank fill
<i>Edits</i>								
689	<b>Vdate</b>	A7	Version date	7	1494	1500	V120103	
<i>Edits</i>								
690	<b>Data_end</b>	A1	End of data terminator	1	1501	1501	%	
<i>Edits</i>								
691	<b>Crg_Rtn</b>	A1	Carriage Return	1	1502	1502	ASCII (013)	
<i>Edits</i>								
692	<b>Ln_Fd</b>	A1	Line Feed	1	1503	1503	ASCII (010)	
<i>Edits</i>								