

Community Support Services Common Assessment Project

interRAI CHA

**Implementation Validation Guide
For InterRAI CHA Solution**

For Vendors

Document Revision 1.0.12

April 11, 2012

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Revision History

| Version | Comments | Author | Date |
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| 1.0 | Initial release | CSS CAP Project Team | October 8, 2010 |
| 1.0.1 | Added references to Part 2 – Data Submission' | Abby Atafo | October 13, 2010 |
| 1.0.2 | Scenario 4 – added instruction to complete administrative face sheet | Abby Atafo | December 10, 2010 |
| 1.0.3 | Reworded step 3 Supplement creation scenario | Abby Atafo | January 07, 2011 |
| 1.0.4 | Edited part 1 implementation validation process for vendor and LHIN/HSP section –one channel for validation scenarios files submission to IAR IAR Part 2 – Removed reference to historical submission for interRAI CHA 9.0 | Abby Atafo | February 11 , 2011 |
| 1.0.5 | Added Validation scenarios 5,6,7 and 8 | Abby Atafo | March 01, 2011 |
| 1.0.6 | Corrected references to completing supplement scenarios for scenarios 7 and 8 Scenario 8, Functional Supplement Coding for C2 f correction | Abby Atafo | March 21, 2011 |
| 1.0.7 | Part 2 – IAR submission requirements updated pages 133 -135 | Abby Atafo | May 16, 2011 |

| | | | |
|--------|--|---------------------------------|--------------------|
| 1.0.8 | Minor changes to scenario 7 –FS section M3 –changed coding value from 240 to 3 hrs scenario 7 Core section G1d changed coding to “8 – Activity did not Occur” Scenario 8 added Capacity coding value for G1f,g,h | Abby Atafo | July 19, 2011 |
| 1.0.9 | Added validation steps for Offline version of software and Reports for the Features Checklist Section | Abby Atafo | September 30, 2011 |
| 1.0.10 | Made corrections to coding descriptions | Abby Atafo | October 18, 2011 |
| 1.0.11 | Made corrections to page number references and eliminated blank pages and spaces so document is smaller | Sue Fukushima and Susan Maclean | February 21, 2012 |
| 1.0.12 | Changed contact numbers on privacy and security warning on page 107 and reformatted | Sue Fukushima and Susan Maclean | April 11, 2012 |

interRAI CHA Implementation Validation

Acceptance Responsibilities

References to LHINs made throughout this document also apply to Provincial Community Support Services (CSS) organizations.

Responsibilities of Vendors:

Development testing (unit / system and integration testing) is the responsibility of the implementing vendor. The vendor must ensure that the implemented system meets all of the software and technical requirements communicated as part of the interRAI CHA software requirements specifications release package. The release package is located in the interRAI CHA vendor area of the CCIM website at www.ccim.on.ca.

Responsibilities of Local Health Integrated Network (LHIN) and/or Health Service Provider (HSP):

Depending on the LHIN's vendor strategy, responsibilities for implementation validation may fall under the LHIN, the HSP, or both.

It is the LHIN/HSP's responsibility to review and understand the interRAI CHA software requirements specifications release package as documented/communicated by the project team. The release package is located in the interRAI CHA vendor area of the CCIM website at www.ccim.on.ca.

It is the LHIN/HSP's responsibility to test, validate, and accept the delivered solution from the vendor based on the requirements specifications communicated by the project team. This INCLUDES any specific needs or requirements the LHIN/HSP has based on their technical infrastructure (hardware and software), other implemented software applications already in use by the HSP and specific business processes, users, access, approvals and the like.

Responsibilities of Project Team:

It is the Project Team's responsibility to clearly document and communicate the requirements specifications to LHINs/HSPs and Vendors. The Project Team will also provide support to Vendors, LHINs and HSPs during testing activities.

Document Purpose

The purpose of this document is to guide vendors and LHINs/HSPs through implementation validation. This document includes high-level test scenarios and a features checklist. Together, these ensure minimal validation of core system functionalities and algorithm configuration as pertaining to the implementation of the interRAI CHA. This is an Implementation Validation Guide for vendors and a separate, but similar guide exists for LHINs/HSPs.

This implementation validation guide, and test scenarios contained within, does not replace the need for vendors to conduct unit, system and integration testing. The guide and scenarios are exclusive of these testing activities and it is recommended that the validation activities be carried out in the test environment.

The implementation validation process is split into two parts:

- software validation, and
- assessment file submission to IAR

The implementation validation guide for InterRAI CHA solution is available on the CCIM website to help provide guidance to vendors and LHINs/HSPs through the course of the validation and test submission activities to IAR. The document constitutes of two parts;

1. The Software Implementation Validation – Part 1
2. The Vendor Development and Validation Test (IAR Test Submission) - Part 2

Intended Audience

The intended audience of this guide is:

- LHINs (including Provincial Organizations implementing within LHIN(s)) within Ontario implementing the interRAI CHA assessment tool, taking part in the CSS CAP. Implementation validation is the responsibility of a LHIN (or a Provincial Organization) where the LHIN's strategy is to implement a single vendor solution on a single platform. The LHIN and the HSP should both validate implementations where there is a hybrid strategy and the LHIN is implementing a single vendor solution on a single platform, but there are unique circumstances that may warrant an HSP's decision to implement a different vendor solution than the LHIN solution.
- HSPs within Ontario implementing the interRAI CHA tool, taking part in the CSS CAP
- Vendors implementing an automated solution for the interRAI CHA in support of HSPs implementing the interRAI CHA assessment tool and taking part in the CSS CAP

This document as well as supporting documents and communications will be shared with LHINs, HSPs and licensed interRAI CHA vendors involved in the automation of the interRAI CHA tool.

Implementation Validation Process

For Vendors

Step 1 – Vendors must complete unit, system and integration testing throughout the implementation process based on the requirements documentation provided, as well as the communications and clarifications from the weekly/monthly vendor teleconferences.

Step 2 – Vendors may choose to leverage the interRAI CHA Feature Checklist as part of their testing process.

Step 3 – Vendors should execute the test scenarios provided in this document and save the assessment information in their test environment.

Step 4 – Please refer to Part 2 IAR test submission specification in this document for how to submit the validation test scenarios files

Note: Vendors should not limit their testing to the aforementioned steps. These are a minimum set of tests, and vendors should engage their quality assurance teams to conduct end-to-end testing of the interRAI CHA implementation before delivering the final product to the LHIN/HSPs.

For LHIN/HSPs

Although the Project Team is not responsible for testing/validating the implemented solution delivered to the LHIN/HSPs, the interRAI CHA Implementation Validation Guide is provided as an additional validation beyond UAT.

For a successful interRAI CHA implementation a LHIN/HSP must conduct user acceptance testing (UAT). UAT should provide assurance to LHIN/HSPs that all key requirements have been implemented accurately by the vendor. If there are any concerns or errors in the system, the LHIN/HSPs must notify the vendor(s).

This guide refers to a 'Features Checklist', 'Test Scenarios' and IAR Test Submission Scenarios. The interRAI CHA Features Checklist is a summary of all interRAI CHA software requirements presented in a checklist format for the LHIN/HSPs to use during the UAT process.

The Test Scenarios outlines test scenarios that highlight critical functional areas of the software application without getting into details and specifics around data entry. In general, users have the option to enter any data but guidance around critical areas (e.g., cross validation fields, CAPs and Outcome scores) is provided to ensure proper testing and results. The LHIN/HSP should not be limited to the scenarios provided within this document. A thorough system test (i.e., UAT) by the LHIN/HSPs will ensure accurate assessment data collection and a proper working automated solution.

Parts of the scenarios include data submission. The Project Team will work with the LHIN/HSPs closely to ensure that adequate data submission testing is done and that HSPs are ready prior to going live. Data submission is addressed in Vendor Development and Validation Test Part 2.

Part 1

Software Implementation Validation

Documentation

The interRAI Implementation Validation Document consists of:

1. Test Scenarios which comprise of:

- New Assessment
- Triggered Supplements
- Re- assessment
- Discharge Assessment

And will cover validation of algorithms based on outcome scales and CAPs

2. Features Checklist

- Assessment Creation
- Supplement Creation
- Complete Reassessment
- Assessment Cancellation
- Assessment Completion
- Assessment Management
- Extract and Submit Assessment

Software Implementation Validation Steps

Step 1 – LHIN/HSPs should plan to complete business and system testing of the automated solution delivered by their vendor(s); they should refer to the CSS CAP interRAI CHA software requirements specifications provided to vendors, which is available on the CCIM website. The LHIN/HSP is responsible for ensuring the software requirements specifications are met by their vendor(s).

Step 2 – LHIN/HSPs can use the interRAI CHA Feature Checklist to validate that the implemented solution meets the software requirements provided by the CSS CAP project.

Step 3 – Before Go Live, the LHIN/HSPs will enter mock assessments (i.e., Test Scenarios) into the test environment for the automated solution implemented by the vendor. The test data should be deleted after Step 5 and before Go Live.

Step 4 – LHIN/HSPs will use the assessment data extraction feature provided to them by their vendors to extract assessment data captured in Step 3.

Step 5 – LHIN/HSPs will [submit](#) the validation test scenario files to IAR test environment – Please refer to Part 2 IAR test submission specification in this document for how to submit the validation test files scenarios

Test Scenarios

The following scenarios will be used by vendors and/or LHIN/HSPs for the business and systems testing of the automated interRAI CHA solution, by conducting test scenarios covering a variety of assessment types. When completed, the assessments are submitted to the CSS CAP team via the data submission file for validation. The validation by the project team will verify assessment business scenarios and the structure of the data submission file, along with mandatory fields, valid values and cross-validation rules.

It is recommended that each instance of implementation of the automated solution must be validated. For example:

- If there is only a single implemented solution in a LHIN and all HSPs will access the single implemented solution, this implementation will require a single validation
- If each HSP is implementing an instance of a solution, even if it is the same solution as other HSPs, each implementation will require validation

Scenario 1 – Create a New Core Assessment

Purpose: The purpose of this scenario is to complete a Core Assessment for a new Client

“interRAI™ Community Health (CHA) Assessment Form”

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

| Item | Description | Coding Legend | Coding Response |
|------|--|--|-----------------|
| A7 | Reason for Assessment | 1 – First Assessment | 1 |
| A11 | Residential/Living Status at time of assessment | 1 - Private home / apartment / rented room | 1 |
| A12 | Living Arrangement | 1 - Alone | 1 |
| B4a | Long – term care facility e.g., nursing home | 0 -No | 0 |
| B4b | Board and care home, assisted living | 0 -No | 0 |
| B4c | Mental Health Residence – e.g. psychiatric group home | 0 - No | 0 |
| B4d | Psychiatric hospital unit | 0 - No | 0 |
| B4e | Setting for persons with intellectual disability | 0 - No | 0 |
| C1 | Cognitive Skills for Daily Decision Making | 3 - Moderately impaired— Decisions consistently poor or unsafe; cues / supervision required at all times | 3 |
| C2 | Memory/Recall Ability | 0 - Yes, memory OK | 0 |
| C3 | Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago) | 2 - Declined | 2 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| D1 | Making Self Understood (Expression) | 1 - Usually understood— Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required | 1 |
| D2 | Ability to Understand others (Comprehension) | 0 – Understands – clear comprehension | 0 |
| D3 | Hearing Ability to hear (with hearing appliance if normally used) | 3 - Severe difficulty—Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled) | 3 |
| D4 | Vision Ability to see in adequate light (with glasses with other visual appliance normally used) | 0 - Adequate— Sees fine detail, including regular print in newspapers / books | 0 |
| E1a | Made negative statements | 2 – Exhibited in 1-2 days of last 3 days | 2 |
| E1b | Persistent anger with self or others | 0 – Not present | 0 |
| E1c | Expressions, including nonverbal, of what appear to be unrealistic fears | 0 – Not present | 0 |

| Item | Description | Coding Legend | Coding Response |
|------|---|------------------------------------|-----------------|
| E1d | Repetitive health complaints | 0 – Not present | 0 |
| E1e | Repetitive anxious complaints / concerns (non-health-related) | 0 – Not present | 0 |
| E1f | Sad, pained, or worried facial expressions | 0 – Not present | 0 |
| E1g | Crying, tearfulness | 0 – Not present | 0 |
| E1h | Withdrawal from activities of interest | 0 – Not present | 0 |
| E1i | Reduced social interactions | 3 – Exhibited daily in last 3 days | 3 |
| E2a | Little interest or pleasure in things you normally enjoy? | 0 – Not in last 3 days | 0 |
| E2b | Anxious, restless, or uneasy? | 0 – Not in last 3 days | 0 |
| E2c | Sad, depressed, or hopeless? | 2 - in 1-2 of last 3 days | 2 |
| F1a | Participation in social activities of long-standing interest | 1 – More than 30 days ago | 1 |
| F1b | Visit with a long-standing social relation or family member | 4 – In last 3 days | 4 |
| F1c | Other interaction with long-standing social relation or family member | 4 – In last 3 days | 4 |
| F1d | Conflict or anger with family or friends | 0 - Never | 0 |
| F1e | Fearful of a family member or close acquaintance | 0 - Never | 0 |
| F1f | Neglected, abused, or mistreated | 0 - Never | 0 |
| F2 | Lonely Says or indicates that he/she feels lonely | 0 - No | 0 |
| F3 | Change in social activities in the last 90 days (or since last assessment if less than 90 days ago) | 1 – Decline, not distressed | 1 |

| Item | Description | Coding Legend | Coding Response |
|------|--|---|-----------------|
| F4 | Length of time alone during the day (morning and afternoon) | 2 – More than 2 hours but less than 8 hours | 2 |
| F5 | Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car | 1 - Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|------|-------------|---------------|-----------------|
|------|-------------|---------------|-----------------|

| Section G Functional Status | | | | |
|-----------------------------|----------------------|--|-------------|----------|
| G1a | Meal preparation | 5 – Maximal assistance - help throughout task, but performs less than 50% of task on own | Performance | Capacity |
| | | | 5 | 5 |
| G1b | Ordinary housework | 8 –Activity did not occur – during entire period 6 – Total dependence – full performance by others during entire period | 8 | 6 |
| | | | | |
| G1c | Managing finances | 6 – Total dependence – full performance by others during entire period | 6 | 6 |
| G1d | Managing medications | 2 – Supervision –oversight /cueing | 2 | 4 |

| | | | | |
|--|--|--|--|--|
| | | 4 – Extensive assistance – help throughout task, but performs 50% of task on own | | |
|--|--|--|--|--|

| Item | Description | Coding Legend | Coding Response | Item |
|------|----------------|--|-----------------|------|
| G1e | Phone use | 0 – Independent, no help, set up, or supervision | 0 | 0 |
| G1f | Stairs | 8 –Activity did not occur – during entire period 5 – Maximal assistance - help throughout task, but performs less than 50% of task on own | 8 | 5 |
| G1g | Shopping | 8 –Activity did not occur – during entire period 6 – Total dependence – full performance by others during entire period | 8 | 6 |
| G1h | Transportation | 8 –Activity did not occur – during entire period 5 – Maximal assistance - help throughout task, but | 8 | 5 |

| | | | | |
|--|--|---------------------------------------|--|--|
| | | performs less than 50% of task on own | | |
|--|--|---------------------------------------|--|--|

| Item | Description | Coding Legend | Coding Response |
|------|--|--|-----------------|
| G2a | Bathing | 4 – Extensive assistance – weight bearing support | 4 |
| G2b | Personal hygiene | 8 – Activity did not occur during entire period | 8 |
| G2c | Dressing upper body | 2 – Supervision –oversight /cueing | 2 |
| G2d | Dressing lower body | 4 – Extensive assistance – weight bearing support | 4 |
| G2e | Walking | 0 – Independent no physical assistance, set up or supervision in any episode | 0 |
| G2f | Locomotion | 0 – Independent no physical assistance, set up or supervision in any episode | 0 |
| G3 | Primary Mode of Locomotion Indoors | 0 – Walking no assistive device | 0 |
| G4a | Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking | 0 – None | 0 |
| G4b | Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period) | No days out | 0 |
| G5 | Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago | 2 - Declined | 2 |
| G6a | Driving Drove car (vehicle) in the LAST | 0 – No | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|---------------|-----------------|
| | 90 DAYS | | |
| G6B | Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving | 0 – No | 0 |

| | | | |
|------------|--|---|-------|
| I1a | Musculoskeletal | 0 – Not present | 0 |
| I1b | Musculoskeletal | 0 – Not present | 0 |
| I1c | Neurological | 0 – Not present | 0 |
| I1d | Neurological | 0 – Not present | 0 |
| I1e | Neurological | 0 – Not present | 0 |
| I1f | Cardiac and Pulmonary | 0 – Not present | 0 |
| I1g | Cardiac and Pulmonary | 0 – Not present | 0 |
| I1h | Cardiac and Pulmonary | 0 – Not present | 0 |
| I1i | Psychiatric | 0 – Not present | 0 |
| I1j | Psychiatric | 0 – Not present | 0 |
| I1k | Psychiatric | 0 – Not present | 0 |
| I1l | Psychiatric | 0 – Not present | 0 |
| I1m | Other -cancer | 0 – Not present | 0 |
| I1n | Other – Diabetes mellitus | 0 – Not present | 0 |
| H1 | Bladder Continence | 3 - Occasionally incontinent— Less than daily | 3 |
| J1 | Falls | 0 - No fall in last 90 days | 0 |
| J2 | Recent Falls [skip if last assessment more than 30days ago or if this is the first | Blank - Not applicable (first assessment, or more than 30 days. | blank |
| J3a | Balance - Dizziness | 0 – Not present | 0 |
| J3b | Balance - Unsteady gait | 4 – Exhibited daily in last 3 days | 4 |
| J3c | Cardiac - Chest pain | 0 – Not present | 0 |
| J3d | Psychiatric - Abnormal thought process | 4 – Exhibited daily in last 3 days | 4 |
| J3e | Psychiatric - Delusions | 0 – Not present | 0 |

| Item | Description | Coding Legend | Coding Response |
|------|--|---|-----------------|
| J3f | Psychiatric - Hallucinations | 4 – Exhibited daily in last 3 days | 4 |
| J3g | GI status - Acid reflux | 0 – Not present | 0 |
| J3h | GI status - Constipation | 4 – Exhibited daily in last 3 days | 4 |
| J3i | GI status - Diarrhea | 0 – Not present | 0 |
| J3j | GI status - Vomiting | 0 – Not present | 0 |
| J3k | Sleep problems - Difficulty falling asleep or staying asleep | 0 – Not present | 0 |
| J3l | Sleep problems - Too much Sleep | 0 – Not present | 0 |
| J4 | DYSPNEA (Shortness of breath) Absence of symptom | 0 – Not present | 0 |
| J5 | Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs) | 3 - Severe— Due to diminished energy, UNABLE TO START SOME normal day-to-day activities | 3 |
| J6a | Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain) | 3 - Exhibited daily in last 3 days | 3 |
| J6b | Intensity of highest level of pain present | 4 - Times when pain is horrible or excruciating | 4 |
| J6c | Consistency of pain | 2 – Intermittent | 2 |
| J6d | Breakthrough pain | 0 – No | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| J6e | Pain Control | 3 – Controlled when therapeutic regimen followed, but not always followed as ordered | 3 |
| J7a | Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating) | 1 – Yes | 1 |
| J7b | Experiencing an acute episode, or a flare-up of a recurrent or chronic problem | 0 –No | 0 |
| J8 | Self-Reported Health | 0 – Excellent | 0 |
| J9a | Tobacco use Smokes daily | 0 – NO | 0 |
| J9b | Alcohol use highest number of drinks in any “single sitting” in last 14 days | 0 – None | 0 |
| K1a | Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS | 1 - Yes | 1 |
| K1b | Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific] | 0 - No | 0 |
| K1c | Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day) | 0 - No | 0 |
| K1d | Fluid output exceeds input | 0 - No | 0 |

| Coding Response | | | | |
|-------------------------------|---------------------|-----|-------------------------|-------|
| Section L: Medications | | | | |
| 1.Novo bicultamide | 50 | mg | PO | Daily |
| 2.Atacand | 8 | mg | PO | Daily |
| 3.Vitamin B12 | 1200 | mcg | PO | Daily |
| 4.Soflax | 100 | mg | PO | Daily |
| 5.acetaminophen | 500 | mg | PO | Tid |
| L2 | Allergy to any Drug | 0 | No known drug allergies | 0 |

| Item | Description | Coding Legend | Coding Response |
|-------------|--|---------------|-----------------|
| M1a | Blood pressure measured in LAST YEAR | 1 -Yes | 1 |
| M1b | Colonoscopy test in LAST 5 YEARS | 0 -No | 0 |
| M1c | Dental exam in LAST YEAR | 0 -No | 0 |
| M1d | Eye exam in LAST YEAR | 0 – No | 0 |
| M1e | Hearing exam in LAST 2 YEARS | 0 - No | 0 |
| M1f | Influenza vaccine in LAST YEA | 1 -Yes | 1 |
| M 1g | Mammogram or breast exam in LAST 2 YEARS (for women) | 0 - No | 0 |
| M1h | Pneumovax vaccine in LAST 5 YEARS or after age 65 | 1 -Yes | 1 |
| M2a | Hospital Use | 0 | 0 |
| M2b | Emergency Room Use | 0 | 0 |
| M2c | Physician visit | 1 | 1 |
| N1 | Strong and Supportive relationship with family | 1 - Yes | 1 |
| O1 | Finances | 0 - No | 0 |
| P1 | Last day of stay | | Skip |
| P2 | Residential/Living Status at Time of Discharge | | Skip |

Supplements Triggered

Triggered Supplements

What Supplements were triggered?

Actual Results

Functional Supplement

YES NO

Mental Health Supplement

YES NO

Assisted Living Supplement

YES NO

Deaf/Blind Supplement

YES NO

If a Functional Supplement is triggered then complete Scenario 2 – ‘Complete a Triggered Functional Supplement’

If any of the Optional Supplements (Mental Health, Assisted Living, Deaf/Blind) were triggered it is not required to be completed

Scenario 2 –Complete a Triggered Functional Supplement

Purpose: The purpose of this scenario is to complete a Functional Supplement triggered from a Core assessment for the same client.

Note: if any additional optional supplement (AL, MH, DB) was triggered from the CHA you may choose not to complete it

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

“interRAI™ Functional Supplement (FS) Assessment Form”

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| B1a | Procedural memory OK Can perform all or almost all steps in a multitask sequence without cues | Memory Problem | 1 |
| B1b | Situational memory OK Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited | Yes, memory OK | 0 |
| B2a | Easily distracted e.g., episodes of difficulty paying attention; gets sidetracked | Behavior present, appears different from usual functioning (e.g. new onset or worsening; different from a few weeks ago) | 2 |
| B2b | Episodes of disorganized speech e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought | Behavior present, appears different from usual functioning (e.g. new onset or worsening; different from a few weeks ago) | 2 |
| B2c | Mental function varies over the course of the day e.g., sometimes better, sometimes worse | Behavior not present | 0 |
| B3 | Acute change in mental status from person's usual Functioning | Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| C1a | Recurrent statements that something terrible is about to happen e.g. believes he or she is about to die, have a heart attack | Not present | 0 |
| C1b | Expressions, including nonverbal, of a lack of pleasure in life (anhedonia) e.g., "I don't enjoy anything anymore" | Exhibited on 1-2 days of last 3 days | 2 |
| C2a | Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety | Not present | 0 |
| C2b | Verbal abuse – e.g. others were threatened, screamed at, cursed at | Not present | 0 |
| C2c | Physical abuse e.g., others were hit, shoved, scratched, sexually abused | Not present | 0 |
| C2d | Socially inappropriate or disruptive behaviour e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings | Not present | 0 |
| C2e | Inappropriate public sexual behaviour or public disrobing | Not present | 0 |
| C2f | Resists care e.g., taking medications / injections, ADL assistance, eating | Not present | 0 |
| D1a | Transfer toilet How moves on and off toilet or commode | Independent – No physical assistance, set up or supervision in any episode | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| D1b | Toilet use How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes—Exclude transfer on and off toilet | Supervision - Oversight/cueing | 2 |
| D1c | Bed Mobility How moves to and from lying position, turns from side to side, and positions body while in bed | Independent – No physical assistance, set up or supervision in any episode | 0 |
| D1d | Eating How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition) | Supervision - Oversight/cueing | 2 |
| D2a | Timed 4-meter (13 foot) walk Enter time in seconds, up to 30 seconds | 30 or more seconds to walk 4 meters | 30 |
| D2b | Distance Walked | Less than 5 meters (under 15 feet) | 1 |
| D2c | Distance wheeled self- | Did not use wheelchair | 8 |
| D3a | Improvement potential-Person believes he / she is capable of improved performance in physical function | No | 0 |
| D3b | Improvement potential-Care professional believes person is capable of improved performance in physical function | No | 0 |
| E1 | Urinary collection device (Exclude pads / briefs) | None | 0 |
| E2 | Bowel Continence Did not occur—No bowel movement in last 3 days | Did not occur—No bowel movement in last 3 days | 8 |
| E3 | Pads or Briefs worn | Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|------|---|--|-----------------|
| F1a | Neurological Hemiplegia | Not present | 0 |
| F1b | Neurological - Multiple sclerosis | Not present | 0 |
| F1c | Neurological - Paraplegia | Not present | 0 |
| F1d | Neurological - Parkinson's disease | Not present | 0 |
| F1e | Neurological Quadriplegia | Not present | 0 |
| F1f | Infections Pneumonia | Not present | 0 |
| F1g | Infections Urinary tract infection in last 30 days | Not present | 0 |
| G1a | Balance Difficult or unable to move self to standing position unassisted | Not present | 0 |
| G1b | Balance Difficult or unable to turn self around and face the opposite direction when standing | Not present | 0 |
| G1c | Pulmonary Difficulty clearing airway secretions | Not present | 0 |
| G1d | Neurological Aphasia | Not present | 0 |
| G1e | Other Aspirations | Not present | 0 |
| G1f | Other Fever | Not present | 0 |
| G1g | Other GI or GU bleeding | Exhibited on 1 of last 3 days | 2 |
| G1h | Other Hygiene—Unusually poor hygiene, unkempt, disheveled | Exhibited on daily on last 3 days | 4 |
| G1i | Peripheral edema | Not present | 0 |
| G2 | | | |
| G2a | End-stage disease, 6 or fewer months to live | 0 No | 0 |
| H1a | Height | HT (cm) 170 | |
| H1b | Weight | WT (kg) 78 | |
| H2 | Mode of Nutritional Intake | 0 Normal—Swallows all types of foods | 0 |
| H3a | Wears a denture (removable prosthesis) - Yes | | 1 |
| H3b | Has broken, fragmented, loose, or otherwise non-intact natural teeth - NO | | 0 |
| H3c | Reports having dry mouth - NO | | 0 |
| H3d | Reports difficulty chewing - NO | | 0 |

| Item | Description | Coding Legend | Coding Response |
|----------|--|---|----------------------------|
| I1 | Most severe pressure ulcer | Any area of persistent skin redness | 1 |
| I2 | Prior pressure ulcer | No | 0 |
| I3 | Presence of skin ulcer other than pressure ulcer | No | 0 |
| I4 | Major skin Problems | No | 0 |
| I5 | Skin tears or cuts | No | 0 |
| I6 | Other skin conditions or changes in skin condition | Yes | 1 |
| I7 | Foot Problems | No foot problems | 0 |
| J1 | Medications | Adherent with medications prescribed by physician | 2 |
| K | Treatments | | |
| K1a | Chemotherapy | 0 Not ordered AND did not occur | 0 |
| K1b | Dialysis | 0 Not ordered AND did not occur | 0 |
| K1c | Infection control—e.g., isolation, quarantine | 0 Not ordered AND did not occur | 0 |
| K1d | IV medication | 0 Not ordered AND did not occur | 0 |
| K1e | Oxygen therapy | 0 Not ordered AND did not occur | 0 |
| K1f | Radiation | 0 Not ordered AND did not occur | 0 |
| K1g | Suctioning | 0 Not ordered AND did not occur | 0 |
| K1h | Tracheotomy care | 0 Not ordered AND did not occur | 0 |
| K1i | Transfusion | 0 Not ordered AND did not occur | 0 |
| K1j | Ventilator or respirator | 0 Not ordered AND did not occur | 0 |
| K1k | Wound care | 0 Not ordered AND did not occur | 0 |
| K1l | Scheduled toileting program | 0 Not ordered AND did not occur | 0 |
| K1m | Palliative care program | 0 Not ordered AND did not occur | 0 |
| K1n | Turning / repositioning program | 0 Not ordered AND did not occur | 0 |
| K2 | | # of days A | Total Minutes in Last Week |
| K2a | Home health aides | 1 | 180 |

| Item | Description | Coding Legend | | Coding Response | |
|------------|---|------------------------------|------------------------|-----------------|---|
| K2b | Home nurse | 0 | | 0 | |
| K2c | Homemaking services | 1 | | 180 | |
| K2d | Meals | 0 | | 0 | |
| K2e | Physical therapy | 0 | | 0 | |
| K2f | Occupational therapy | 0 | | 0 | |
| K2g | Speech-language pathology and audiology services | 0 | | 0 | |
| K2h | Psychological there by (by any licenced mental health professional) | 0 | | 0 | |
| K3 | Physically Restrained | No | | 0 | |
| L1a | Decision-maker for Personal Care [Country specific] | 1 -Person | | 1 | |
| L1b | Decision-maker for Property [Country specific] | 1 -Person | | 1 | |
| M1a | Relationship to person | 1 -Child or Child - in - law | 9 - No informal Helper | 1 | 9 |
| M1b | Lives with person | 0 - No | 8 – No informal Helper | 0 | 8 |
| M1c | Areas of informal help during the last 3 days IADL help (IADL Help) | 1 - Yes | 8 – No informal Helper | 1 | 8 |
| M1d | Areas of informal help during the last 3 days IADL help (ADL Help) | 1 - Yes | 8 – No informal Helper | 1 | 8 |
| M2a | Informal helper(s) is unable to continue in caring activities— e.g., decline in health of helper makes it difficult to continue | 0 – No | | 0 | |
| M2b | Primary informal helper expresses feelings of distress, anger, or depression | 0 – No | | 0 | |
| M2c | Family or close friends report feeling overwhelmed by person’s illness | 1 – Yes | | 1 | |

| Item | Description | Coding Legend | Coding Response |
|------------|---|---|-----------------|
| M3 | Hours of Informal care and active monitoring during the last 3 days | For instrumental and personal activities of daily living in the LAST 3 DAYS, indicate the total number of hours of help received from all family, friends, and neighbours | 4 |
| N1a | Disrepair of the home e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes | No | 0 |
| N1b | Squalid condition e.g., extremely dirty, infestation by rats or bugs | Yes | 1 |
| N1c | Inadequate heating or cooling e.g., too hot in summer, too cold in winter | No | 0 |
| N1d | Lack of personal safety e.g., fear of violence, safety problem in going to mailbox or visiting neighbours, heavy traffic in street | No | 0 |
| N1e | Limited access to home or rooms in home e.g., difficulty entering or leaving home, unable to climb stairs, difficulty manoeuvring within rooms, no railings although needed | No | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|------------------------|-----------------|
| N2 | Lives in apartment or house re-engineered accessible for persons with disabilities | No | 0 |
| N3a | Outside environment: availability of emergency assistance | Yes | 1 |
| N3b | Outside environment: accessibility to grocery store without assistance | No | 0 |
| N3c | Outside environment: availability of home delivery of groceries | Yes | 1 |
| O1 | One or more care goals met in the last 90 days (or since last assessment if less than 90 days) | No | 0 |
| O2 | Overall self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days) | Deteriorated | 2 |
| O3 | Number of 10 ADL areas in which person was independent prior to deterioration | Enter a value of 9 | 9 |
| O4 | Number of 8 IADL areas in which person was independent prior to deterioration | Enter a value of 5 | 5 |
| O5 | Time of onset of the precipitating event or problem related to deterioration | 0 - Within last 7 days | 0 |

Scenario 3 – Complete a Reassessment for same client

****Important**:** To complete the test scenarios please DO NOT enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

“interRAI™ Community Health (CHA) Assessment Form”

| Item | Description | Coding Legend | Coding Response |
|------|--|--|-----------------|
| A7 | Reason for Assessment | 3 - Return Assessment | 3 |
| A11 | Residential/Living Status at time of assessment | 1 - Private home / apartment / rented room | 1 |
| A12 | Living Arrangement | Alone | 1 |
| C1 | Cognitive Skills for Daily Decision Making | 0 - Independent | 0 |
| C2 | Memory/Recall Ability | 0 – Yes memory ok | 0 |
| C3 | Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago) | 1 – No Change | 1 |
| D1 | Making Self Understood (Expression) | 1 - Usually understood—Difficulty finding words or finishing thoughts BUT if given time, little or no prompting required | 1 |
| D2 | Ability to Understand others (Comprehension) | 0 – Understands - Clear comprehension | 0 |
| D3 | Hearing Ability to hear (with hearing appliance if normally used) | 1 – Minimal difficulty in some environments (e.g. when persons speaks softly or is more than 2 meters (6 feet away) | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| D4 | Vision Ability to see in adequate light (with glasses with other visual appliance normally used) | 0 - Adequate— Sees fine detail, including regular print in newspapers / books | 0 |
| E1a | Made negative statements | 2 - Exhibited on 1 -2 of last 3 days | 2 |
| E1b | Persistent anger with self or others | 0 – Not Present | 0 |
| E1c | Expressions, including nonverbal, of what appear to be unrealistic fears | 0 – Not Present | 0 |
| E1d | Repetitive health complaints | 0 – Not Present | 0 |
| E1e | Repetitive anxious complaints / concerns (non-health-related) | 0 – Not Present | 0 |
| E1f | Sad, pained, or worried facial expressions | 0 – Not Present | 0 |
| E1g | Crying, tearfulness | 0 – Not Present | 0 |
| E1h | Withdrawal from activities of interest | 0 – Not Present | 0 |
| E1i | Reduced social interactions | 3 - Exhibited daily in last 3 days | 3 |
| E2a | Little interest or pleasure in things you normally enjoy? | 0 – Not in last 3 days | 0 |
| E2b | Anxious, restless, or uneasy? | 0 – Not in last 3 days | 0 |
| E2c | Sad, depressed, or hopeless? | 2 -1 -2 of last 3 days | 2 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|---------------------------------------|-----------------|
| F1a | Participation in social activities of long-standing interest | 1- More than 30 days ago | 1 |
| F1b | Visit with a long-standing social relation or family member | 4 – In last 3 days | 4 |
| F1c | Other interaction with long-standing social relation or family member | 4 – In last 3 days | 4 |
| F1d | Conflict or anger with family or friends | 0 - Never | 0 |
| F1e | Fearful of a family member or close acquaintance | 0 - Never | 0 |
| F1f | Neglected, abused, or mistreated | 0 - Never | 0 |
| F2 | Lonely Says or indicates that he/she feels lonely | 0 - No | 0 |
| F3 | Change in social activities in the last 90 days (or since last assessment if less than 90 days ago) | 1 – Decline, not distressed | 1 |
| F4 | Length of time alone during the day (morning and afternoon) | 2 - More than 2 hours but less than 8 | 2 |
| F5 | Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car | 1 - Yes | 1 |

| Item | Description | Coding Legend | Coding Response | |
|------------------------------------|----------------------|--|-------------------------|----------------------|
| Section G Functional Status | | | | |
| G1a | Meal preparation | 5 -Maximal assistance – Help throughout task, but performs less than 50% of task on own | Performance 5 | Capacity 5 |
| G1b | Ordinary housework | 8 – Activity did not occur – during the entire period 6 – Total dependence – full performance by others during entire period | 8 | 6 |
| G1c | Managing finances | 6 – Total dependence – full performance by others during entire period | 6 | 6 |
| G1d | Managing medications | 2 –Supervision-oversight/cueing 4 – Extensive assistance –help throughout task, but performs 50% or more of task on own | 2 | 4 |
| G1e | Phone use | 0 - Independent | 0 | 0 |
| G1f | Stairs | 8 – Activity did not occur – during the entire period 5 -Maximal assistance – Help throughout task, but performs less than 50% of task on own | 8 | 5 |

| Item | Description | Coding Legend | Coding Response | |
|------------|----------------|--|--|---|
| G1g | Shopping | 8 – Activity did not occur – during the entire period 6 – Total dependence – full performance by others during entire period | 8 | 6 |
| G1h | Transportation | 8 – Activity did not occur – during the entire period 5 -Maximal assistance – Help throughout task, but performs less than 50% of task on own | 8 | 5 |
| G2a | Bathing | 1 – Independent, set up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode | How takes a full-body bath / shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area EXCLUDE WASHING OF BACK AND HAIR | 1 |

| Item | Description | Coding Legend | Coding Response | |
|------------|---------------------|---|---|---|
| G2b | Personal hygiene | 1 – Independent, set up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode | How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands EXCLUDE BATHS AND SHOWERS | 1 |
| G2c | Dressing upper body | 2 – Supervision – oversight /cueing | How dresses and undresses (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc. | 2 |
| G2d | Dressing lower body | 0 – Independent - No physical assistance, set up or supervision in any episode | How dresses and undresses (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc. | 0 |

| Item | Description | Coding Legend | Coding Response | |
|------------|--|--|---|---|
| G2e | Walking | 0 – Independent - No physical assistance, set up or supervision in any episode | How walks between locations on same floor indoors | 0 |
| G2f | Locomotion | 0 – Independent - No physical assistance, set up or supervision in any episode | How moves between locations on same floor (walking or wheeling). If in wheelchair, self-sufficiency once in chair | 0 |
| G3 | Primary Mode of Locomotion Indoors | 1 – Walking, uses assistive device - e.g. cane, walker, crutch, pushing wheelchair | Walking, uses assistive device- e.g., cane, walker, crutch, pushing wheelchair | 1 |
| G4a | Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking | 0 - None | | 0 |
| G4b | Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period) | 0 – No days out | | 0 |
| G5 | Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago | 2 - Declined | | 2 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| G6a | Driving Drove car (vehicle) in the LAST 90 DAYS | 0 - No | 0 |
| G6b | Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving | 0 - No | 0 |
| H1 | Bladder Continence | 3 - Occasionally incontinent—Less than daily | 3 |
| I1a | Musculoskeletal | 0 – Not present | 0 |
| I1b | Musculoskeletal | 0 – Not present | 0 |
| I1c | Neurological | 0 – Not present | 0 |
| I1d | Neurological | 0 – Not present | 0 |
| I1e | Neurological | 0 – Not present | 0 |
| I1f | Cardiac and Pulmonary | 0 – Not present | 0 |
| I1g | Cardiac and Pulmonary | 0 – Not present | 0 |
| I1h | Cardiac and Pulmonary | 0 – Not present | 0 |
| I1i | Psychiatric | 0 – Not present | 0 |
| I1j | Psychiatric | 0 – Not present | 0 |
| I1k | Psychiatric | 0 – Not present | 0 |
| I1l | Psychiatric | 0 – Not present | 0 |
| I1m | Other | 0 – Not present | 0 |
| I1n | Other | 0 – Not present | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| J1 | Falls | 0 - No fall in last 90 days | 0 |
| J2 | Recent Falls [skip if last assessment more than 30days ago or if this is the first | Blank - Not applicable (first assessment, or more than 30 days. | Blank / 0 |
| J3a | Balance - Dizziness | 0 – Not present | 0 |
| J3b | Balance - Unsteady gait | 4 – Exhibited daily in last 3 days | 4 |
| J3c | Cardiac - Chest pain | 0 – Not present | 0 |
| J3d | Psychiatric - Abnormal thought process | 4 – Exhibited daily in last 3 days | 4 |
| J3e | Psychiatric - Delusions | 0 – Not present | 0 |
| J3f | Psychiatric - Hallucinations | 4 – Exhibited daily in last 3 days | 4 |
| J3g | GI status - Acid reflux | 0 – Not present | 0 |
| J3h | GI status - Constipation | 4 – Exhibited daily in last 3 days | 4 |
| J3i | GI status - Diarrhea | 0 – Not present | 0 |
| J3j | GI status - Vomiting | 0 – Not present | 0 |
| J3k | Sleep problems - Difficulty falling asleep or staying asleep | 0 – Not present | 0 |
| J3l | Sleep problems - Too much Sleep | 0 – Not present | 0 |
| J4 | DYSPNEA (Shortness of breath) Absence of symptom | 0 – Not present | 0 |
| J5 | Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs | 3 - Severe—Due to diminished energy, UNABLE TO START SOME normal day-to-day activities | 3 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| J6a | Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain) | 3 - Exhibited daily in last 3 days | 3 |
| J6b | Intensity of highest level of pain present | 4 - Times when pain is horrible or excruciating | 4 |
| J6c | Consistency of pain | 2 - Intermittent | 2 |
| J6d | Breakthrough pain | 0 - No | 0 |
| J6e | Pain Control | 3 – Controlled when therapeutic regimen followed, but not always followed as ordered | 3 |
| J7a | Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating) | 1 - Yes | 1 |
| J7b | Experiencing an acute episode, or a flare-up of a recurrent or chronic problem | 0 -No | 0 |
| J8 | Self-Reported Health | 0 –Excellent | 0 |
| J9a | Tobacco use Smokes daily | 0 – NO | 0 |
| J9b | Alcohol use highest number of drinks in any “single sitting” in last 14 days | 0 - None | 0 |
| K1a | Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS | 1 - Yes | 1 |

| Item | Description | Coding Legend | | Coding Response |
|-------------------|--|---------------|----|-----------------|
| K1b | Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific] | 0 - No | | 0 |
| K1c | Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day) | 0 - No | | 0 |
| K1d | Fluid output exceeds input | 0 - No | | 0 |
| 1.Novo bicutamide | 50 | mg | PO | Daily |
| 2.Atacand | 8 | mg | PO | Daily |
| 3.Vitamin B12 | 1200 | mg | PO | Daily |
| 4.Soflax | 100 | mg | PO | Daily |
| 5.acetaminophen | 500 | mg | PO | Daily |
| L2 | Allergy to any Drug | 0 | | 0 |
| M1a | Blood pressure measured in LAST YEAR | 1 - Yes | | 1 |
| M1b | Colonoscopy test in LAST 5 YEARS | 0 - No | | 0 |
| M1c | Dental exam in LAST YEAR | 0 - No | | 0 |
| M1d | Eye exam in LAST YEAR | 0 - No | | 0 |
| M1e | Hearing exam in LAST 2 YEARS | 0 - No | | 0 |
| M1f | Influenza vaccine in LAST YEA | 1 - Yes | | 1 |
| M 1g | Mammogram or breast exam in LAST 2 YEARS (for women) | 0 - No | | 0 |
| M1h | Pneumovax vaccine in LAST 5 YEARS or after age 65 | 1 - Yes | | 1 |
| M2a | Hospital Use | 0 | | 0 |
| M2b | Emergency Room Use | 0 | | 0 |
| M2c | Physician visit | 1 | | 1 |
| N1 | Strong and Supportive relationship with family | 1 - Yes | | 1 |
| O1 | Finances | 0 - No | | 0 |

Supplements Triggered
Triggered Supplements

What Supplements were triggered?

Actual Results

Functional Supplement

YES NO

Mental Health Supplement

YES NO

Assisted Living Supplement

YES NO

Deaf/Blind Supplement

YES NO

If any of the Supplements (Functional, Mental Health, Assisted Living, Deaf/Blind) were triggered, they are not required to be completed for this scenario

Scenario 4 -Complete a Discharge Assessment – Core CHA only

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

Assessment Type: Discharge Tracking Only -6, Section A, Section P and Administrative face sheet is required for completion, ***DO NOT*** provide responses for other sections within the assessment.

| Item | Description | Coding Legend | Coding Response |
|-----------------------------|--|-----------------------|------------------------|
| A1- A12 | Complete all mandatory fields | | |
| Section P: Discharge | | | |
| P1 | Last Day of Stay | Date field | |
| P2 | Residential living status at time of discharge | Enter any value 1 -15 | |

Scenario 5 –First Assessment

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

| Item | Description | Coding Legend | Coding Response |
|--|--|--|-----------------|
| A1-A12 | Complete all mandatory fields | | |
| Section B: Intake and Initial History | | | |
| B4a – B4e | Residential history over last 5 years | No | 0 |
| Section C: Cognition | | | |
| C1 | Cognitive Skills for Daily Decision Making | 0 – Independent | 0 |
| C2 | Memory/Recall Ability | 0 – Yes memory ok | 0 |
| C3 | Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago) | 0 – Improved | 0 |
| D1 | Making Self Understood (Expression) | 3 – Sometimes Understood – ability is limited to making concrete requests | 3 |
| D2 | Ability to Understand others (Comprehension) | 3– Sometimes understands –responds adequately to simple direct communication only | 3 |
| D3 | Hearing Ability to hear (with hearing appliance if normally used) | 0 Adequate no difficulty in normal conversation, social interaction, listening to tv | 0 |
| D4 | Vision Ability to see in adequate light (with glasses with other visual appliance normally used) | 0 - Adequate—Sees fine detail, including regular print in newspapers / books | 0 |
| E1a | Made negative statements | 2 - Exhibited on 1 -2 of last 3 days | 2 |

| Item | Description | Coding Legend | Coding Response |
|------|--|---|-----------------|
| E1b | Persistent anger with self or others | 2 - Exhibited on 1 -2 of last 3 days | 2 |
| E1c | Expressions, including nonverbal, of what appear to be unrealistic fears | 3 -Exhibited daily in last 3 days | 3 |
| E1d | Repetitive health complaints | 3 -Exhibited daily in last 3 days | 3 |
| E1e | Repetitive anxious complaints / concerns (non-health-related) | 3 -Exhibited daily in last 3 days | 3 |
| E1f | Sad, pained, or worried facial expressions | 3 -Exhibited daily in last 3 days | 3 |
| E1g | Crying, tearfulness | 3 -Exhibited daily in last 3 days | 3 |
| E1h | Withdrawal from activities of interest | 1 –Present but not exhibited in last 3 days | 1 |
| E1i | Reduced social interactions | 1 –Present but not exhibited in last 3 days | 1 |
| E2a | Little interest or pleasure in things you normally enjoy? | 0 – Not in last 3 days | 0 |
| E2b | Anxious, restless, or uneasy? | 0 – Not in last 3 days | 0 |
| E2c | Sad, depressed, or hopeless? | 0 – Not in last 3 days | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|----------------------------|-----------------|
| F1a | Participation in social activities of long-standing interest | 1- More than 30 days ago | 1 |
| F1b | Visit with a long-standing social relation or family member | 1- More than 30 days ago | 1 |
| F1c | Other interaction with long-standing social relation or family member | 1- More than 30 days ago | 1 |
| F1d | Conflict or anger with family or friends | 1- More than 30 days ago | 1 |
| F1e | Fearful of a family member or close acquaintance | 1- More than 30 days ago | 1 |
| F1f | Neglected, abused, or mistreated | 1- More than 30 days ago | 1 |
| F2 | Lonely Says or indicates that he/she feels lonely | 1- Yes | 1 |
| F3 | Change in social activities in the last 90 days (or since last assessment if less than 90 days ago) | 1- Declined not distressed | 1 |
| F4 | Length of time alone during the day (morning and afternoon) | 0- Less than 1 hour | 0 |
| F5 | Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car | 0 – No | 0 |

| Item | Description | Coding Legend | Coding Response | |
|------------------------------------|----------------------|---|-------------------------|----------------------|
| Section G Functional Status | | | | |
| G1a | Meal preparation | 0–Independent no help, no help, set up | Performance 0 | Capacity 0 |
| G1b | Ordinary housework | 0–Independent no help, no help, set up | 0 | 0 |
| G1c | Managing finances | 1– Set up help only | 1 | 1 |
| G1d | Managing medications | 0–Independent no help, no help, set up | 0 | 0 |
| G1e | Phone use | 0–Independent no help, no help, set up | 0 | 0 |
| G1f | Stairs | 0–Independent no help, no help, set up | 0 | 0 |
| G1g | Shopping | 0–Independent no help, no help, set up | 0 | 0 |
| G1h | Transportation | 0–Independent no help, no help, set up | 0 | 0 |
| G2a | Bathing | 0 – Independent, no physical assistance, set up or supervision episode | 0 | |
| G2b | Personal hygiene | 1 – Independent, set up help only – Article or device provided or placed within reach, no physical assistance or supervision in any episode | 1 | |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| G2c | Dressing upper body | 0 – Independent, no physical assistance, set up or supervision episode | 0 |
| G2d | Dressing lower body | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G2e | Walking | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G2f | Locomotion | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G3 | Primary Mode of Locomotion Indoors | 0 – Walking, no assistive device | 0 |
| G4a | Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking | 2 – 1-2 hours | 2 |
| G4b | Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period) | 2 – 1 -2 days | 2 |
| G5 | Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago | 0 - Improved | 0 |
| G6a | Driving Drove car (vehicle) in the LAST 90 DAYS | 1- Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|----------------|--|---|-----------------|
| G6b | Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving | 0 – No or does not drive | 0 |
| H1 | Bladder Continence | 0 – Continent complete control does not use any type of catheter or other urinary collection device | 0 |
| I1a -1n | Musculoskeletal | 0 – Not present | 0 |
| I2 | No disease entered | Blank | blank |
| J1 | Falls | 3 – Two or more falls in last 30 days | 3 |
| J2 | Recent Falls [skip if last assessment more than 30days ago or if this is the first | Blank - Not applicable (first assessment, or more than 30 days. | blank |
| J3a | Balance - Dizziness | 0 – Not present | 0 |
| J3b | Balance - Unsteady gait | 0 – Not present | 0 |
| J3c | Cardiac - Chest pain | 3– Exhibited on 2 of last 3 days | 3 |
| J3d | Psychiatric - Abnormal thought process | 0 – Not present | 0 |
| J3e | Psychiatric - Delusions | 0 – Not present | 0 |
| J3f | Psychiatric - Hallucinations | 0 – Not present | 0 |
| J3g | GI status - Acid reflux | 0 – Not present | 0 |
| J3h | GI status - Constipation | 0 – Not present | 0 |
| J3i | GI status - Diarrhea | 0 – Not present | 0 |
| J3j | GI status - Vomiting | 0 – Not present | 0 |
| J3k | Sleep problems - Difficulty falling asleep or staying asleep | 0 – Not present | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| J3I | Sleep problems - Too much Sleep | 0 – Not present | 0 |
| J4 | DYSPNEA (Shortness of breath) Absence of symptom | 0 – Not present | 0 |
| J5 | Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs) | 0 - None | 0 |
| J6a | Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain) | 2 - Exhibited on 1 -2 of last 3 days | 2 |
| J6b | Intensity of highest level of pain present | 3 – Severe | 3 |
| J6c | Consistency of pain | 2 – Intermittent | 2 |
| J6d | Breakthrough pain | 1 – Yes | 1 |
| J6e | Pain Control | 2 – Controlled adequately with therapeutic regimen | 2 |
| J7a | Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating) | 0 – No | 0 |
| J7b | Experiencing an acute episode, or a flare-up of a recurrent or chronic problem | 0 –No | 0 |
| J8 | Self-Reported Health | 0 –Excellent | 0 |
| J9a | Tobacco use Smokes daily | 1 – Not in last 3 days but is usually a daily smoker | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|-----------------------------|-----------------|
| J9b | Alcohol use highest number of drinks in any “single sitting” in last 14 days | 3- 5 or more | 3 |
| K1a | Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS | 0 – No | 0 |
| K1b | Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific] | 0 – No | 0 |
| K1c | Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day) | 0 – No | 0 |
| K1d | Fluid output exceeds input | 0 – No | 0 |
| L1 | No medications | Blank | Blank |
| L2 | Allergy to any drug | 0 – no known drug allergies | 0 |
| M1a | Blood pressure measured in LAST YEAR | 0 – No | 0 |
| M1b | Colonoscopy test in LAST 5 YEARS | 0 – No | 0 |
| M1c | Dental exam in LAST YEAR | 0 - No | 0 |
| M1d | Eye exam in LAST YEAR | 0 - No | 0 |
| M1e | Hearing exam in LAST 2 YEARS | 0 - No | 0 |
| M1f | Influenza vaccine in LAST YEA | 0 – No | 0 |
| M1g | Mammogram or breast exam in LAST 2 YEARS (for women) | 0 - No | 0 |
| M1h | Pneumovax vaccine in LAST 5 YEARS or after age 65 | 0 - No | 0 |
| M2a | Hospital Use | 0 | 0 |
| M2b | Emergency Room Use | 0 | 0 |
| M2c | Physician visit | 2 | 2 |
| N1 | Strong and Supportive relationship with family | 1 – Yes | 1 |
| O1 | Finances | 0 – No | 0 |

Supplements Triggered
Triggered Supplements

What Supplements were triggered?

Actual Results

Functional Supplement
YES NO

Mental Health Supplement
YES NO

Assisted Living Supplement
YES NO

Deaf/Blind Supplement
YES NO

If any of the Supplements (Functional, Mental Health, Assisted Living, Deaf/Blind) were triggered, they are not required to be completed for this scenario

Scenario 6 –First Assessment Scenario

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

| Item | Description | Coding Legend | Coding Response |
|--|--|--|-----------------|
| A1- A12 | Complete all mandatory fields | | |
| Section B: Intake and Initial History | | | |
| B1 – B3 | Complete all mandatory fields | | |
| B4a – B4e | Residential History over last 5 years | No | 0 |
| Section C: Cognition | | | |
| C1 | Cognitive Skills for Daily Decision Making | 0 – Independent | 0 |
| C2 | Memory/Recall Ability | 0 – Yes memory ok | 0 |
| C3 | Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago) | 1 – No Change | 1 |
| D1 | Making Self Understood (Expression) | 0 – Understood expresses ideas without difficulty | 0 |
| D2 | Ability to Understand others (Comprehension) | 1– Usually understands – misses some part/intent of message but | 1 |
| D3 | Hearing Ability to hear (with hearing appliance if normally used) | 0 Adequate no difficulty in normal conversation, social interaction, listening to tv | 0 |
| D4 | Vision Ability to see in adequate light (with glasses with other visual appliance normally used) | 0 - Adequate—Sees fine detail, including regular print in newspapers / books | 0 |
| E1a | Made negative statements | 0 – Not Present | 0 |
| E1b | Persistent anger with self or others | 1 – Present but not exhibited in last 3 days | 1 |
| E1c | Expressions, including nonverbal, of what appear to be unrealistic fears | 1 – Present but not exhibited in last 3 days | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| E1d | Repetitive health complaints | 1 – Present but not exhibited in last 3 days | 1 |
| E1e | Repetitive anxious complaints / concerns (non-health-related) | 2 -Exhibited on 1-2 of last 3 days | 2 |
| E1f | Sad, pained, or worried facial expressions | 2 -Exhibited on 1-2 of last 3 days | 2 |
| E1g | Crying, tearfulness | 0 – Not Present | 0 |
| E1h | Withdrawal from activities of interest | 1 – Present but not exhibited in last 3 days | 1 |
| E1i | Reduced social interactions | 1 – Present but not exhibited in last 3 days | 1 |
| E2a | Little interest or pleasure in things you normally enjoy? | 0 – Not in last 3 days | 0 |
| E2b | Anxious, restless, or uneasy? | 0 – Not in last 3 days | 0 |
| E2c | Sad, depressed, or hopeless? | 0 – Not in last 3 days | 0 |
| F1a | Participation in social activities of long-standing interest | 4- In last 3 days | 4 |
| F1b | Visit with a long-standing social relation or family member | 4- In last 3 days | 4 |
| F1c | Other interaction with long-standing social relation or family member | 3- 4 -7 days ago | 3 |
| F1d | Conflict or anger with family or friends | 0- Never | 0 |
| F1e | Fearful of a family member or close acquaintance | 0- Never | 0 |
| F1f | Neglected, abused, or mistreated | 0- Never | 0 |
| F2 | Lonely Says or indicates that he/she feels lonely | 0- No | 0 |
| F3 | Change in social activities in the last 90 days (or since last assessment if less than 90 days ago) | 0- No Decline | 0 |

| Item | Description | Coding Legend | Coding Response |
|-----------|--|---------------------|-----------------|
| F4 | Length of time alone during the day (morning and afternoon) | 0- Less than 1 hour | 0 |
| F5 | Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car | 1 – Yes | 1 |

| Item | Description | Coding Legend | Coding Response | |
|------------------------------------|----------------------|--|-------------------------|----------------------|
| Section G Functional Status | | | | |
| G1a | Meal preparation | 0–Independent no help, no help, set up | Performance 0 | Capacity 0 |
| G1b | Ordinary housework | 0–Independent no help, no help, set up | 0 | 0 |
| G1c | Managing finances | 1– Set up help only | 1 | 1 |
| G1d | Managing medications | 0–Independent no help, no help, set up | 0 | 0 |
| G1e | Phone use | 0–Independent no help, no help, set up | 0 | 0 |
| G1f | Stairs | 0–Independent no help, no help, set up | 0 | 0 |
| G1g | Shopping | 0–Independent no help, no help, set up | 0 | 0 |
| G1h | Transportation | 0–Independent no help, no help, set up | 0 | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| G2a | Bathing | 0 – Independent, no physical assistance, set up or supervision episode | 0 |
| G2b | Personal hygiene | 0 – Independent, no physical assistance, set up or supervision episode | 0 |
| G2c | Dressing upper body | 0 – Independent, no physical assistance, set up or supervision episode | 0 |
| G2d | Dressing lower body | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G2e | Walking | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G2f | Locomotion | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G3 | Primary Mode of Locomotion Indoors | 0 – Walking, no assistive device | 0 |
| G4a | Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking | 2 – 1-2 hours | 2 |
| G4b | Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period) | 2 – 1 -2 days | 2 |

| Item | Description | Coding Legend | Coding Response |
|----------------|--|---|-----------------|
| G5 | Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago | 0 - Improved | 0 |
| G6a | Driving Drove car (vehicle) in the LAST 90 DAYS | 1- Yes | 1 |
| G6b | Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving | 1 – Yes | 1 |
| H1 | Bladder Continence | 0 – Continent complete control does not use any type of catheter or other urinary collection device | 0 |
| I1a -1n | Musculoskeletal | 0 – Not present | 0 |
| I2 | No disease entered | Blank | blank |
| J1 | Falls | 2– one fall in last 30 days | 2 |
| J2 | Recent Falls [skip if last assessment more than 30days ago or if this is the first | Blank - Not applicable (first assessment, or more than 30 days. | blank |
| J3a | Balance - Dizziness | 0 – Not present | 0 |
| J3b | Balance - Unsteady gait | 0 – Not present | 0 |
| J3c | Cardiac - Chest pain | 0 – Not present | 0 |
| J3d | Psychiatric - Abnormal thought process | 0 – Not present | 0 |
| J3e | Psychiatric - Delusions | 0 – Not present | 0 |
| J3f | Psychiatric - Hallucinations | 0 – Not present | 0 |
| J3g | GI status - Acid reflux | 1 – Present but not exhibited in last 30 days | 1 |
| J3h | GI status - Constipation | 1 – Present but not exhibited in last 30 days | 1 |
| J3i | GI status - Diarrhea | 0 – Not present | 0 |
| J3j | GI status - Vomiting | 0 – Not present | 0 |

| | | | |
|------------|--|--|---|
| J3k | Sleep problems - Difficulty falling asleep or staying asleep | 0 – Not present | 0 |
| J3l | Sleep problems - Too much Sleep | 0 – Not present | 0 |
| J4 | DYSPNEA (Shortness of breath) Absence of symptom | 0 – Not present | 0 |
| J5 | Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs) | 0 - None | 0 |
| J6a | Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain) | 3 –Exhibited daily in last 3 days | 3 |
| J6b | Intensity of highest level of pain present | 2 – Moderate | 2 |
| J6c | Consistency of pain | 2 – Intermittent | 2 |
| J6d | Breakthrough pain | 1 – Yes | 1 |
| J6e | Pain Control | 2 – Controlled adequately with therapeutic regimen | 2 |
| J7a | Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating) | 0 – No | 0 |
| J7b | Experiencing an acute episode, or a flare-up of a recurrent or chronic problem | 0 –No | 0 |
| J8 | Self-Reported Health | 0 –Excellent | 0 |
| J9a | Tobacco use Smokes daily | 0 – No | 0 |

| Item | Description | Coding Legend | Coding Response |
|-------------|--|-----------------------------|-----------------|
| J9b | Alcohol use highest number of drinks in any “single sitting” in last 14 days | 1- 1 | 1 |
| K1a | Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS | 0 – No | 0 |
| K1b | Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific] | 0 – No | 0 |
| K1c | Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day) | 0 – No | 0 |
| K1d | Fluid output exceeds input | 0 – No | 0 |
| L1 | No medications | Blank | Blank |
| L2 | Allergy to any drug | 0 – no known drug allergies | 0 |
| M1a | Blood pressure measured in LAST YEAR | 0 – No | 0 |
| M1b | Colonoscopy test in LAST 5 YEARS | 0 – No | 0 |
| M1c | Dental exam in LAST YEAR | 0 - No | 0 |
| M1d | Eye exam in LAST YEAR | 0 - No | 0 |
| M1e | Hearing exam in LAST 2 YEARS | 0 - No | 0 |
| M1f | Influenza vaccine in LAST YEA | 0 – No | 0 |
| M 1g | Mammogram or breast exam in LAST 2 YEARS (for women) | 0 - No | 0 |
| M1h | Pneumovax vaccine in LAST 5 YEARS or after age 65 | 0 - No | 0 |
| M2a | Hospital Use | 0 | 0 |
| M2b | Emergency Room Use | 0 | 0 |
| M2c | Physician visit | 0 | 0 |
| N1 | Strong and Supportive relationship with family | 1 – Yes | 1 |
| O1 | Finances | 0 – No | 0 |

Supplements Triggered
Triggered Supplements

What Supplements were triggered?

Actual Results

Functional Supplement
YES NO

Mental Health Supplement
YES NO

Assisted Living Supplement
YES NO

Deaf/Blind Supplement
YES NO

If any of the Supplements (Functional, Mental Health, Assisted Living, Deaf/Blind) were triggered, they are not required to be completed for this scenario

Scenario 7 –Routine Reassessment

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

| Item | Description | Coding Legend | Coding Response |
|-----------------------------|--|--|-----------------|
| A1- A10 | Complete all mandatory fields Code A7 – Routine Assessment | | |
| A11 | Residential living status at time of assessment | Private home/apartment/rented room | 1 |
| Section C: Cognition | | | |
| C1 | Cognitive Skills for Daily Decision Making | 1 – Modified Independence | 1 |
| C2 | Memory/Recall Ability | 1 – Memory problem | 1 |
| C3 | Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago) | 2 – Declined | 2 |
| D1 | Making Self Understood (Expression) | 0 – Understood expresses ideas without difficulty | 0 |
| D2 | Ability to Understand others (Comprehension) | 0– Understands clear comprehension | 0 |
| D3 | Hearing Ability to hear (with hearing appliance if normally used) | 0 Adequate no difficulty in normal conversation, social interaction, listening to tv | 0 |
| D4 | Vision Ability to see in adequate light (with glasses with other visual appliance normally used) | 0 – Adequate—Sees fine detail, including regular print in newspapers / books | 0 |
| E1a | Made negative statements | 0 – Not Present | 0 |
| E1b | Persistent anger with self or others | 0 – Not Present | 0 |
| E1c | Expressions, including nonverbal, of what appear to be unrealistic fears | 0 – Not Present | 0 |

| Item | Description | Coding Legend | Coding Response |
|------|---|--|-----------------|
| E1d | Repetitive health complaints | 1 – Present but not exhibited in last 3 days | 1 |
| E1e | Repetitive anxious complaints / concerns (non-health-related) | 3-Exhibited daily in last 3 days | 3 |
| E1f | Sad, pained, or worried facial expressions | 1 – Present but not exhibited in last 3 days | 1 |
| E1g | Crying, tearfulness | 0 – Not Present | 0 |
| E1h | Withdrawal from activities of interest | 1 – Present but not exhibited in last 3 days | 1 |
| E1i | Reduced social interactions | 0 – Not Present | 0 |
| E2a | Little interest or pleasure in things you normally enjoy? | 0 – Not in last 3 days | 0 |
| E2b | Anxious, restless, or uneasy? | 0 – Not in last 3 days | 0 |
| E2c | Sad, depressed, or hopeless? | 0 – Not in last 3 days | 0 |
| F1a | Participation in social activities of long-standing interest | 3- 4 -7 days ago | 3 |
| F1b | Visit with a long-standing social relation or family member | 4- In last 3 days | 4 |
| F1c | Other interaction with long-standing social relation or family member | 4- In last 3 days | 4 |
| F1d | Conflict or anger with family or friends | 0- Never | 0 |
| F1e | Fearful of a family member or close acquaintance | 2- 8 – 30 days ago | 2 |
| F1f | Neglected, abused, or mistreated | 2- 8 – 30 days ago | 2 |
| F2 | Lonely Says or indicates that he/she feels lonely | 0- No | 0 |
| F3 | Change in social activities in the last 90 days (or since last assessment if less than 90 days ago) | 0- No Decline | 0 |
| F4 | Length of time alone during the day (morning and afternoon) | 3- 8 hours or more | 3 |

| Item | Description | Coding Legend | Coding Response | |
|------------------------------------|--|---|-------------------------|----------------------|
| F5 | Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car | 0 – No | 0 | |
| Section G Functional Status | | | | |
| G1a | Meal preparation | 3–Limited assistance help on some occasions | Performance 3 | Capacity 3 |
| G1b | Ordinary housework | 3–Limited assistance help on some occasions | 3 | 3 |
| G1c | Managing finances | 1– Set up help only 2 – Supervision oversight/cueing | 1 | 2 |
| G1d | Managing medications | 8– Activity did not occur | 8 | 0 |
| G1e | Phone use | 0–Independent no help, no help, set up | 0 | 0 |
| G1f | Stairs | 1– Set up help only | 1 | 1 |
| G1g | Shopping | 4 – Extensive assistance 3–Limited assistance help on some occasions | 4 | 3 |
| G1h | Transportation | 4 – Extensive assistance 3–Limited assistance help on some occasions | 4 | 3 |
| G2a | Bathing | 0 – Independent, no physical assistance, set up or supervision episode | 0 | |
| G2b | Personal hygiene | 0 – Independent, no physical assistance, set up or supervision episode | 0 | |

| Item | Description | Coding Legend | Coding Response |
|------------|--|--|-----------------|
| G2c | Dressing upper body | 0 – Independent, no physical assistance, set up or supervision episode | 0 |
| G2d | Dressing lower body | 0 – Independent - No physical assistance, set up or supervision in any episode | 0 |
| G2e | Walking | 1– Independent - set up help only | 1 |
| G2f | Locomotion | 1– Independent - set up help only | 1 |
| G3 | Primary Mode of Locomotion Indoors | 0 – Walking, no assistive device | 0 |
| G4a | Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking | 1 – less than 1 hour | 1 |
| G4b | Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period) | 1 – Did not go out in last 3 days but usually goes out over a 3 day period | 1 |
| G5 | Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago | 1 – No change | 1 |
| G6a | Driving Drove car (vehicle) in the LAST 90 DAYS | 1- Yes | 1 |
| G6b | Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving | 0–No | 0 |

| Item | Description | Coding Legend | Coding Response |
|---------|---|---|-----------------|
| H1 | Bladder Continence | 0 – Continent complete control does not use any type of catheter or other urinary collection device | 0 |
| I1a -1n | Musculoskeletal | 0 – Not present | 0 |
| I2 | No disease entered | Blank | blank |
| J1 | Falls | 0– No fall in last 90 days | 0 |
| J2 | Recent Falls [skip if last assessment more than 30days ago or if this is the first | Blank – Not applicable (first assessment, or more than 30 days. | blank |
| J3a | Balance – Dizziness | 0 – Not present | 0 |
| J3b | Balance - Unsteady gait | 0 – Not present | 0 |
| J3c | Cardiac - Chest pain | 0 – Not present | 0 |
| J3d | Psychiatric - Abnormal thought process | 0 – Not present | 0 |
| J3e | Psychiatric – Delusions | 0 – Not present | 0 |
| J3f | Psychiatric - Hallucinations | 0 – Not present | 0 |
| J3g | GI status - Acid reflux | 0 – Not present | 0 |
| J3h | GI status – Constipation | 0 – Not present | 0 |
| J3i | GI status - Diarrhea | 0 – Not present | 0 |
| J3j | GI status – Vomiting | 0 – Not present | 0 |
| J3k | Sleep problems - Difficulty falling asleep or staying asleep | 0 – Not present | 0 |
| J3l | Sleep problems - Too much Sleep | 0 – Not present | 0 |
| J4 | DYSPNEA (Shortness of breath) Absence of symptom | 0 – Not present | 0 |
| J5 | Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs | 1 - Minimal diminished energy but completes normal day to day activities | 1 |
| J6a | Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when | 0 –No Pain | 0 |

| | | | |
|------------|--|-----------------------------|-------|
| | touched, or other nonverbal signs suggesting pain) | | |
| J6b | Intensity of highest level of pain present | 0 –No Pain | 0 |
| J6c | Consistency of pain | 0 –No Pain | 0 |
| J6d | Breakthrough pain | 0 – No | 0 |
| J6e | Pain Control | 0 – No issue of pain | 0 |
| J7a | Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating) | 0 – No | 0 |
| J7b | Experiencing an acute episode, or a flare-up of a recurrent or chronic problem | 0 –No | 0 |
| J8 | Self-Reported Health | 0 –Excellent | 0 |
| J9a | Tobacco use Smokes daily | 0 – No | 0 |
| J9b | Alcohol use highest number of drinks in any “single sitting” in last 14 days | 0- None | 0 |
| K1a | Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS | 1 – Yes | 1 |
| K1b | Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific] | 0 – No | 0 |
| K1c | Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day) | 0 – No | 0 |
| K1d | Fluid output exceeds input | 0 – No | 0 |
| L1 | No medications | Blank | Blank |
| L2 | Allergy to any drug | 0 – no known drug allergies | 0 |

| Item | Description | Coding Legend | Coding Response |
|-------------|--|---------------|-----------------|
| M1a | Blood pressure measured in LAST YEAR | 1 – Yes | 1 |
| M1b | Colonoscopy test in LAST 5 YEARS | 1 – Yes | 1 |
| M1c | Dental exam in LAST YEAR | 1 – Yes | 1 |
| M1d | Eye exam in LAST YEAR | 1 – Yes | 1 |
| M1e | Hearing exam in LAST 2 YEARS | 1 – Yes | 1 |
| M1f | Influenza vaccine in LAST YEA | 1 – Yes | 1 |
| M 1g | Mammogram or breast exam in LAST 2 YEARS (for women) | 1 – Yes | 1 |
| M1h | Pneumovax vaccine in LAST 5 YEARS or after age 65 | 1 – Yes | 1 |
| M2a | Hospital Use | 0 | 0 |
| M2b | Emergency Room Use | 0 | 0 |
| M2c | Physician visit | 1 | 1 |
| N1 | Strong and Supportive relationship with family | 1 – Yes | 1 |
| O1 | Finances | 0 – No | 0 |

Supplements Triggered

Triggered Supplements

What Supplements were triggered?

Actual Results

Functional Supplement

YES NO

Mental Health Supplement

YES NO

Assisted Living Supplement

YES NO

Deaf/Blind Supplement

YES NO

If a Functional Supplement is triggered then complete the Triggered 'Functional Supplement Assessment Form' on the next page

If any of the Optional Supplements (Mental Health, Assisted Living, Deaf/Blind) were triggered they are not required to be completed

Triggered “interRAI™ Functional Supplement (FS) Assessment Form”

| Item | Description | Coding Legend | Coding Response |
|------------|---|---|-----------------|
| A5a | Living Arrangement As compared to 90 days ago (or since last assessment) | 0 – No | 0 |
| A5b | Person or relative feels that the person would be better off living elsewhere | 0 – No | 0 |
| A6 | Time since last hospital stay | 1 – 31 to 90 days ago | 1 |
| B1a | Procedural memory OK Can perform all or almost all steps in a multitask sequence without cues | 0 – Yes memory OK | 0 |
| B1b | Situational memory OK Both: recognizes caregivers’ names / faces frequently encountered AND knows location of places regularly visited | Yes, memory OK | 0 |
| B2a | Easily distracted e.g., episodes of difficulty paying attention; gets sidetracked | 2 -Behavior present, appears different from usual functioning (e.g. new onset or worsening; different from a few weeks ago) | 2 |
| B2b | Episodes of disorganized speech e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought | 2 - Behavior present, appears different from usual functioning (e.g. new onset or worsening; different from a few weeks ago) | 2 |
| B2c | Mental function varies over the course of the day e.g., sometimes better, sometimes worse | 0 -Behavior not present, | 0 |
| B3 | Acute change in mental status from person’s usual Functioning | Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|---|-----------------|
| C1a | Recurrent statements that something terrible is about to happen e.g. believes he or she is about to die, have a heart attack | 0 - Not present | 0 |
| C1b | Expressions, including nonverbal, of a lack of pleasure in life (anhedonia) e.g., "I don't enjoy anything anymore" | 0 - Not present | 0 |
| C2a | Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety | 2 -Exhibited on 1-2 days of last 3 days | 2 |
| C2b | Verbal abuse – e.g. others were threatened, screamed at, cursed at | 2 -Exhibited on 1-2 days of last 3 days | 2 |
| C2c | Physical abuse e.g., others were hit, shoved, scratched, sexually abused | 3 –Exhibited daily in last 3 days | 3 |
| C2d | Socially inappropriate or disruptive behaviour e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings | Not present | 0 |
| C2e | Inappropriate public sexual behaviour or public disrobing | Not present | 0 |
| C2f | Resists care e.g., taking medications / injections, ADL assistance, eating | 3 –Exhibited daily in last 3 days | 3 |
| D1a | Transfer toilet How moves on and off toilet or commode | 6 –Total dependence | 6 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|---------------------------------------|-----------------|
| D1b | Toilet use How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes—Exclude transfer on and off toilet | 3 –Limited assistance | 3 |
| D1c | Bed Mobility How moves to and from lying position, turns from side to side, and positions body while in bed | 6 –Total dependence | 6 |
| D1d | Eating How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition) | 2 -Supervision - Oversight/cueing | 2 |
| D2a | Timed 4-meter (13 foot) walk Enter time in seconds, up to 30 seconds | 77 stopped before test complete | 77 |
| D2b | Distance Walked | 1 -Less than 5 meters (under 15 feet) | 1 |
| D2c | Distance wheeled self- | Did not use wheelchair | 8 |
| D3a | Improvement potential-Person believes he / she is capable of improved performance in physical function | 1 –Yes | 1 |
| D3b | Improvement potential-Care professional believes person is capable of improved performance in physical function | 1 –Yes | 1 |
| E1 | Urinary collection device (Exclude pads / briefs) | None | 0 |
| E2 | Bowel Continence Did not occur—No bowel movement in last 3 days | 0 – Continent | 0 |
| E3 | Pads or Briefs worn | No | 0 |

| Item | Description | Coding Legend | Coding Response |
|------|---|--|-----------------|
| F1a | Neurological Hemiplegia | Not present | 0 |
| F1b | Neurological - Multiple sclerosis | Not present | 0 |
| F1c | Neurological - Paraplegia | Not present | 0 |
| F1d | Neurological - Parkinson's disease | Not present | 0 |
| F1e | Neurological Quadriplegia | Not present | 0 |
| F1f | Infections Pneumonia | Not present | 0 |
| F1g | Infections Urinary tract infection in last 30 days | Not present | 0 |
| G1a | Balance Difficult or unable to move self to standing position unassisted | Not present | 0 |
| G1b | Balance Difficult or unable to turn self around and face the opposite direction when standing | Not present | 0 |
| G1c | Pulmonary Difficulty clearing airway secretions | Not present | 0 |
| G1d | Neurological Aphasia | Not present | 0 |
| G1e | Other Aspirations | Not present | 0 |
| G1f | Other Fever | Present but not exhibited in last 3 days | 1 |
| G1g | Other GI or GU bleeding | Not present | 0 |
| G1h | Other Hygiene—Unusually poor hygiene, unkempt, disheveled | Present but not exhibited in last 3 days | 1 |
| G1i | Peripheral edema | Present but not exhibited in last 3 days | 1 |
| G2 | | | |
| G2a | End-stage disease, 6 or fewer months to live | 1 Yes | 1 |
| H1a | Height | HT (cm) 172 | |
| H1b | Weight | WT (kg) 60 | |
| H2 | Mode of Nutritional Intake | 5 Combined oral and parenteral or feeding tube | 5 |
| H3a | Wears a denture (removable prosthesis - No | | 0 |
| H3b | Has broken, fragmented, loose, or otherwise non-intact natural teeth -Yes | | 1 |
| H3c | Reports having dry mouth - Yes | | 1 |
| H3d | Reports difficulty chewing - Yes | | 1 |

| Item | Description | Coding Legend | Coding Response |
|-----------|--|-------------------------------------|----------------------------|
| I1 | Most severe pressure ulcer | Any area of persistent skin redness | 1 |
| I2 | Prior pressure ulcer | Yes | 1 |
| I3 | Presence of skin ulcer other than pressure ulcer | Yes | 1 |
| I4 | Major skin Problems | No | 0 |
| I5 | Skin tears or cuts | No | 0 |
| I6 | Other skin conditions or changes in skin condition | No | 0 |
| I7 | Foot Problems | No foot problems | 0 |
| J1 | Medications | No medications prescribed | 8 |
| K | Treatments | | |
| K1a | Chemotherapy | 0 Not ordered AND did not occur | 0 |
| K1b | Dialysis | 0 Not ordered AND did not occur | 0 |
| K1c | Infection control—e.g., isolation, quarantine | 0 Not ordered AND did not occur | 0 |
| K1d | IV medication | 0 Not ordered AND did not occur | 0 |
| K1e | Oxygen therapy | 0 Not ordered AND did not occur | 0 |
| K1f | Radiation | 0 Not ordered AND did not occur | 0 |
| K1g | Suctioning | 0 Not ordered AND did not occur | 0 |
| K1h | Tracheotomy care | 0 Not ordered AND did not occur | 0 |
| K1i | Transfusion | 0 Not ordered AND did not occur | 0 |
| K1j | Ventilator or respirator | 0 Not ordered AND did not occur | 0 |
| K1k | Wound care | 0 Not ordered AND did not occur | 0 |
| K1l | Scheduled toileting program | 0 Not ordered AND did not occur | 0 |
| K1m | Palliative care program | 0 Not ordered AND did not occur | 0 |
| K1n | Turning / repositioning program | 0 Not ordered AND did not occur | 0 |
| K2 | | # of days A | Total Minutes in Last Week |
| K2a | Home health aides | 5 | 240 |

| Item | Description | Coding Legend | | Coding Response | |
|------------|---|----------------------------|-------------------------------|-----------------|---|
| K2b | Home nurse | 5 | | 240 | |
| K2c | Homemaking services | 5 | | 240 | |
| K2d | Meals | 5 | | 240 | |
| K2e | Physical therapy | 5 | | 240 | |
| K2f | Occupational therapy | 5 | | 240 | |
| K2g | Speech-language pathology and audiology services | 5 | | 240 | |
| K2h | Psychological there by (by any licenced mental health professional) | 5 | | 240 | |
| K3 | Physically Restrained | No | | 0 | |
| L1a | Decision-maker for Personal Care [Country specific] | Person | | 1 | |
| L1b | Decision-maker for Property [Country specific] | Person | | 1 | |
| M1a | Relationship to person | 6 –Other relative | 3 -Partner /significant other | 6 | 3 |
| M1b | Lives with person | 2 – Yes more than 6 months | 2 – Yes more than 6 months | 2 | 2 |
| M1c | Areas of informal help during the last 3 days IADL help (IADL Help) | 1 - Yes | 1 - Yes | 1 | 1 |
| M1d | Areas of informal help during the last 3 days IADL help (ADL Help) | 1 - Yes | 1 - Yes | 1 | 1 |
| M2a | Informal helper(s) is unable to continue in caring activities— e.g., decline in health of helper makes it difficult to continue | 0 – No | | 0 | |
| M2b | Primary informal helper expresses feelings of distress, anger, or depression | 1 – Yes | | 1 | |
| M2c | Family or close friends report feeling overwhelmed by person’s illness | 1 – Yes | | 1 | |

| Item | Description | Coding Legend | Coding Response |
|------------|---|---|-----------------|
| M3 | Hours of Informal care and active monitoring during the last 3 days | For instrumental and personal activities of daily living in the LAST 3 DAYS, indicate the total number of hours of help received from all family, friends, and neighbours | 3 |
| N1a | Disrepair of the home e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes | No | 0 |
| N1b | Squalid condition e.g., extremely dirty, infestation by rats or bugs | Yes | 1 |
| N1c | Inadequate heating or cooling e.g., too hot in summer, too cold in winter | No | 0 |
| N1d | Lack of personal safety e.g., fear of violence, safety problem in going to mailbox or visiting neighbours, heavy traffic in street | No | 0 |
| N1e | Limited access to home or rooms in home e.g., difficulty entering or leaving home, unable to climb stairs, difficulty manoeuvring within rooms, no railings although needed | Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|------------------------|-----------------|
| N2 | Lives in apartment or house re-engineered accessible for persons with disabilities | Yes | 1 |
| N3a | Outside environment: availability of emergency assistance | Yes | 1 |
| N3b | Outside environment: accessibility to grocery store without assistance | No | 0 |
| N3c | Outside environment: availability of home delivery of groceries | Yes | 1 |
| O1 | One or more care goals met in the last 90 days (or since last assessment if less than 90 days) | Yes | 1 |
| O2 | Overall self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days) | Deteriorated | 2 |
| O3 | Number of 10 ADL areas in which person was independent prior to deterioration | Enter a value of 5 | 5 |
| O4 | Number of 8 IADL areas in which person was independent prior to deterioration | Enter a value of 4 | 4 |
| O5 | Time of onset of the precipitating event or problem related to deterioration | 0 - Within last 7 days | 0 |

Scenario 8 –Return Assessment Scenario

****Important**:** To complete the test scenarios please **DO NOT** enter real client information.

Mandatory elements and Coding Responses required testing CAPs and Outcome scores have been provided in the scenarios below, you may enter appropriate responses for all other elements not listed within the scenarios

| Item | Description | Coding Legend | Coding Response |
|----------------------|--|--|-----------------|
| A1- A10 | Complete all mandatory fields Code A7 – Return Assessment | | |
| A11 | Residential living status at time of assessment | Assisted living or semi independent | 3 |
| A12 | Living arrangement | With spouse/partner only | 2 |
| Section C: Cognition | | | |
| C1 | Cognitive Skills for Daily Decision Making | Severely impaired | 4 |
| C2 | Memory/Recall Ability | 1 – Memory problem | 1 |
| C3 | Change in Decision Making as compared to 90 days ago (or since last assessment if less than 90 days ago) | 1 – No Change | 1 |
| D1 | Making Self Understood (Expression) | Rarely or never understood | 4 |
| D2 | Ability to Understand others (Comprehension) | Rarely or never understands | 4 |
| D3 | Hearing Ability to hear (with hearing appliance if normally used) | Severe difficulty | 3 |
| D4 | Vision Ability to see in adequate light (with glasses with other visual appliance normally used) | Severe difficulty | 3 |
| E1a | Made negative statements | Exhibited on 1 -2 of last 3 days | 2 |
| E1b | Persistent anger with self or others | Not Present | 0 |
| E1c | Expressions, including nonverbal, of what appear to be unrealistic fears | Present but not exhibited in last 3 days | 1 |

| | | | |
|------------|---|--|---|
| E1d | Repetitive health complaints | Exhibited on 1 -2 of last 3 days | 2 |
| E1e | Repetitive anxious complaints / concerns (non-health-related) | Exhibited on 1 -2 of last 3 days | 2 |
| E1f | Sad, pained, or worried facial expressions | Exhibited on 1 -2 of last 3 days | 2 |
| E1g | Crying, tearfulness | Present but not exhibited in last 3 days | 1 |
| E1h | Withdrawal from activities of interest | Present but not exhibited in last 3 days | 1 |
| E1i | Reduced social interactions | Present but not exhibited in last 3 days | 1 |
| E2a | Little interest or pleasure in things you normally enjoy? | 0 – Not in last 3 days | 0 |
| E2b | Anxious, restless, or uneasy? | In 1 -2 of last 3 days | 2 |
| E2c | Sad, depressed, or hopeless? | In 1 -2 of last 3 days | 2 |
| F1a | Participation in social activities of long-standing interest | More than 30 days ago | 1 |
| F1b | Visit with a long-standing social relation or family member | More than 30 days ago | 1 |
| F1c | Other interaction with long-standing social relation or family member | More than 30 days ago | 1 |
| F1d | Conflict or anger with family or friends | More than 30 days ago | 1 |
| F1e | Fearful of a family member or close acquaintance | Never | 0 |
| F1f | Neglected, abused, or mistreated | Never | 0 |
| F2 | Lonely Says or indicates that he/she feels lonely | 0- No | 0 |
| F3 | Change in social activities in the last 90 days (or since last assessment if less than 90 days ago) | 0- No Decline | 0 |
| F4 | Length of time alone during the day (morning and afternoon) | Less than 1 hour | 0 |

| Item | Description | Coding Legend | Coding Response | |
|------------------------------------|--|--|-------------------------|----------------------|
| F5 | Major Life Stressors in the last 90 days e.g., episode of severe personal illness; death or severe illness of close family member / friend; loss of home; major loss of income / assets; victim of a crime such as robbery or assault; loss of driving license/car | 0 – No | 0 | |
| Section G Functional Status | | | | |
| G1a | Meal preparation | Total dependence | Performance 6 | Capacity 6 |
| G1b | Ordinary housework | Total dependence | 6 | 6 |
| G1c | Managing finances | Total dependence | 6 | 6 |
| G1d | Managing medications | Total dependence | 6 | 6 |
| G1e | Phone use | Total dependence | 6 | 6 |
| G1f | Stairs | Activity did not occur | 8 | 6 |
| G1g | Shopping | Activity did not occur | 8 | 6 |
| G1h | Transportation | Activity did not occur | 8 | 6 |
| G2a | Bathing | Total dependence | 6 | |
| G2b | Personal hygiene | Total dependence | 6 | |
| G2c | Dressing upper body | Total dependence | 6 | |
| G2d | Dressing lower body | Total dependence | 6 | |
| G2e | Walking | Activity did not occur | 8 | |
| G2f | Locomotion | Total dependence | 6 | |
| G3 | Primary Mode of Locomotion Indoors | Wheelchair, scooter | 2 | |
| G4a | Activity Level Total hours of exercise or physical activity in the last 3 days e.g. walking | None | 0 | |
| G4b | Activity Level In the last 3 days, number of days went out of the house or building in which he/she resides (no matter how short the period) | 1 – Did not go out in last 3 days but usually goes out over a 3 day period | 1 | |

| Item | Description | Coding Legend | Coding Response |
|------------|--|---|-----------------|
| G5 | Change in ADL Status as compared to 90 days ago or since last assessment if less than 90 days ago | 1 – No change | 1 |
| G6a | Driving Drove car (vehicle) in the LAST 90 DAYS | 0–No | 0 |
| G6b | Driving If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving | 0–No, or does not drive | 0 |
| H1 | Bladder Continence | Frequently incontinent | 4 |
| I1a | Musculoskeletal (hip fracture) | 0 – Not present | 0 |
| I1b | Other fracture | 0 – Not present | 0 |
| I1c | Alzheimers disease | Diagnosis present, receiving active treatment | 2 |
| I1d | Dementia | Diagnosis present, receiving active treatment | 2 |
| I1e | Stroke | 0 – Not present | 0 |
| I1f | Coronary heart disease | Diagnosis present, receiving active treatment | 2 |
| I1g | Chronic obstructive pulmonary disease | 0 – Not present | 0 |
| I1h | Congestive heart failure | Primary diagnosis/diagnoses for current stay | 1 |
| I1i | Anxiety | Primary diagnosis/diagnoses for current stay | 1 |
| I1j | Bipolar disorder | 0 – Not present | 0 |
| I1k | Depression | Primary diagnosis/diagnoses for current stay | 1 |

| Item | Description | Coding Legend | Coding Response |
|------|--|---|-----------------|
| I1l | Schizophrenia | Primary diagnosis/diagnoses for current stay | 1 |
| I1m | Cancer | 0 – Not present | 0 |
| I1n | Diabetes mellitus | 0 – Not present | 0 |
| I2 | No disease entered | Blank | blank |
| J1 | Falls | One fall in last 30 days | 2 |
| J2 | Recent Falls [skip if last assessment more than 30days ago or if this is the first | Yes | 1 |
| J3a | Balance - Dizziness | Exhibited daily in last 3 days | 4 |
| J3b | Balance - Unsteady gait | Exhibited on 1 of last 3 days | 2 |
| J3c | Cardiac - Chest pain | Exhibited daily in last 3 days | 4 |
| J3d | Psychiatric - Abnormal thought process | Exhibited on 2 of last 3 days | 3 |
| J3e | Psychiatric - Delusions | Present but not exhibited in last 3 days | 1 |
| J3f | Psychiatric - Hallucinations | 0 – Not present | 0 |
| J3g | GI status - Acid reflux | 0 – Not present | 0 |
| J3h | GI status - Constipation | 0 – Not present | 0 |
| J3i | GI status - Diarrhea | Exhibited daily in last 3 days | 4 |
| J3j | GI status - Vomiting | Exhibited daily in last 3 days | 4 |
| J3k | Sleep problems - Difficulty falling asleep or staying asleep | Present but not exhibited in last 3 days | 1 |
| J3l | Sleep problems - Too much Sleep | 0 – Not present | 0 |
| J4 | DYSPNEA (Shortness of breath) Absence of symptom | Present at rest | 3 |
| J5 | Fatigue (Inability to complete normal daily activities –e.g., ADLs, IADLs | Severe due to diminished energy , Unable to start some normal day to day activities | 3 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|---|-----------------|
| J6a | Frequency with which person complains or shows evidence of pain (including grimacing, teeth clenching, moaning, withdrawal when touched, or other nonverbal signs suggesting pain) | Exhibited on 1 – 2 of last 3 days | 2 |
| J6b | Intensity of highest level of pain present | Severe | 3 |
| J6c | Consistency of pain | Constant | 3 |
| J6d | Breakthrough pain | Yes | 1 |
| J6e | Pain Control | Therapeutic regimen followed, but pain control not adequate | 4 |
| J7a | Conditions / diseases make cognitive, ADL, mood or behaviour patterns unstable (fluctuating, precarious, or deteriorating) | Yes | 1 |
| J7b | Experiencing an acute episode, or a flare-up of a recurrent or chronic problem | Yes | 1 |
| J8 | Self-Reported Health | Poor | 3 |
| J9a | Tobacco use Smokes daily | 0 – No | 0 |

| Item | Description | Coding Legend | Coding Response | |
|-------------------|--|---------------|-------------------------|-------|
| J9b | Alcohol use highest number of drinks in any “single sitting” in last 14 days | 0- None | 0 | |
| K1a | Weight loss of 5% or more in LAST 30 DAYS, or 10% or more in LAST 180 DAYS | 1 – Yes | 1 | |
| K1b | Dehydrated or BUN / Cre ratio > 25 [Ratio, country specific] | 1 – Yes | 1 | |
| K1c | Fluid intake less than 1,000 cc per day (less than four 8 oz cups/day) | 1 – Yes | 1 | |
| K1d | Fluid output exceeds input | 1 – Yes | 1 | |
| L1 | | | | |
| 1.Novo bicutamide | 50 | mg | PO | Daily |
| 2.Atacand | 8 | mg | PO | Daily |
| 3.Vitamin B12 | 1200 | mcg | PO | Daily |
| 4.Soflax | 100 | mg | PO | Daily |
| 5.acetaminophen | 500 | mg | PO | Tid |
| 6. Tylenol | 100 | mg | PO | Daily |
| 7. Cold Fx | 100 | mg | PO | Daily |
| 8. Neo Citran | 100 | mg | PO | Daily |
| 9. Iron | 100 | mg | PO | Daily |
| L2 | Allergy to any Drug | 0 | No known drug allergies | 0 |

| Item | Description | Coding Legend | Coding Response |
|-------------|--|---------------|-----------------|
| M1a | Blood pressure measured in LAST YEAR | 1 – Yes | 1 |
| M1b | Colonoscopy test in LAST 5 YEARS | 1 – Yes | 1 |
| M1c | Dental exam in LAST YEAR | 1 – Yes | 1 |
| M1d | Eye exam in LAST YEAR | 1 – Yes | 1 |
| M1e | Hearing exam in LAST 2 YEARS | 1 – Yes | 1 |
| M1f | Influenza vaccine in LAST YEA | 1 – Yes | 1 |
| M 1g | Mammogram or breast exam in LAST 2 YEARS (for women) | 1 – Yes | 1 |
| M1h | Pneumovax vaccine in LAST 5 YEARS or after age 65 | 1 – Yes | 1 |
| M2a | Hospital Use | 3 | 3 |
| M2b | Emergency Room Use | 2 | 2 |
| M2c | Physician visit | 3 | 3 |
| N1 | Strong and Supportive relationship with family | 1 – Yes | 1 |
| O1 | Finances | 0 – No | 0 |

Supplements Triggered

Triggered Supplements

What Supplements were triggered?

Actual Results

Functional Supplement

YES NO

Mental Health Supplement

YES NO

Assisted Living Supplement

YES NO

Deaf/Blind Supplement

YES NO

If a Functional Supplement is triggered, then complete the Triggered 'Functional Supplement' on the next page

If any of the Optional Supplements (Mental Health, Assisted Living, Deaf/Blind) were triggered, they are not required to be completed

Triggered “interRAI™ Functional Supplement (FS) Assessment Form”

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| A5a | Living Arrangement As compared to 90 days ago (or since last assessment) | 0 – No | 0 |
| A5b | Person or relative feels that the person would be better off living elsewhere | 0 – No | 0 |
| A6 | Time since last hospital stay | 15 to 30 days ago | 2 |
| B1a | Procedural memory OK Can perform all or almost all steps in a multitask sequence without cues | Memory problem | 1 |
| B1b | Situational memory OK Both: recognizes caregivers' names / faces frequently encountered AND knows location of places regularly visited | Memory problem | 1 |
| B2a | Easily distracted e.g., episodes of difficulty paying attention; gets sidetracked | -Behavior present, consistent with usual functioning | 1 |
| B2b | Episodes of disorganized speech e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought | -Behavior present, consistent with usual functioning | 1 |
| B2c | Mental function varies over the course of the day e.g., sometimes better, sometimes worse | -Behavior present, consistent with usual functioning | 1 |
| B3 | Acute change in mental status from person's usual Functioning | No | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|--|-----------------|
| C1a | Recurrent statements that something terrible is about to happen e.g. believes he or she is about to die, have a heart attack | Exhibited on 1 -2 of last 3 days | 2 |
| C1b | Expressions, including nonverbal, of a lack of pleasure in life (anhedonia) e.g., "I don't enjoy anything anymore" | Exhibited on 1 -2 of last 3 days | 2 |
| C2a | Wandering - Moved with no rational purpose, seemingly oblivious to needs or safety | 0 - Not present | 0 |
| C2b | Verbal abuse – e.g. others were threatened, screamed at, cursed at | 0 - Not present | 0 |
| C2c | Physical abuse e.g., others were hit, shoved, scratched, sexually abused | 0 - Not present | 0 |
| C2d | Socially inappropriate or disruptive behaviour e.g., made disruptive sounds or noises, screamed out, smeared or threw food or feces, hoarded, rummaged through other's belongings | Exhibited on 1 -2 of last 3 days | 2 |
| C2e | Inappropriate public sexual behaviour or public disrobing | Not present | 0 |
| C2f | Resists care e.g., taking medications / injections, ADL assistance, eating | 1–Present but not exhibited in last 3 days | 1 |
| D1a | Transfer toilet How moves on and off toilet or commode | 6 –Total dependence | 6 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|--------------------------------------|-----------------|
| D1b | Toilet use How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes—Exclude transfer on and off toilet | 6 –Total dependence | 6 |
| D1c | Bed Mobility How moves to and from lying position, turns from side to side, and positions body while in bed | 6 –Total dependence | 6 |
| D1d | Eating How eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition) | 6 –Total dependence | 6 |
| D2a | Timed 4-meter (13 foot) walk Enter time in seconds, up to 30 seconds | Not tested | 99 |
| D2b | Distance Walked | Did not walk | 0 |
| D2c | Distance wheeled self- | Used motorized wheelchair or scooter | 1 |
| D3a | Improvement potential-Person believes he / she is capable of improved performance in physical function | No | 0 |
| D3b | Improvement potential-Care professional believes person is capable of improved performance in physical function | No | 0 |
| E1 | Urinary collection device (Exclude pads / briefs) | Condom catheter | 1 |
| E2 | Bowel Continence Did not occur—No bowel movement in last 3 days | Frequently incontinent | 4 |

| Item | Description | Coding Legend | | Coding Response |
|------|---|--|-------------------------------|-----------------|
| E3 | Pads or Briefs worn | Yes | | 1 |
| F1a | Neurological Hemiplegia | Not present | | 0 |
| F1b | Neurological - Multiple sclerosis | Not present | | 0 |
| F1c | Neurological - Paraplegia | Not present | | 0 |
| F1d | Neurological - Parkinson's disease | Not present | | 0 |
| F1e | Neurological Quadriplegia | Diagnosis present receiving active treatment | | 2 |
| F1f | Infections Pneumonia | Not present | | 0 |
| F1g | Infections Urinary tract infection in last 30 days | Not present | | 0 |
| G1a | Balance Difficult or unable to move self to standing position unassisted | Exhibited daily in last 3 days | | 4 |
| G1b | Balance Difficult or unable to turn self around and face the opposite direction when standing | Exhibited daily in last 3 days | | 4 |
| G1c | Pulmonary Difficulty clearing airway secretions | Exhibited on 1 of last 3 days | | 2 |
| G1d | Neurological Aphasia | Not present | | 0 |
| G1e | Other Aspirations | Present but not exhibited in last 3 days | | 1 |
| G1f | Other Fever | Present but not exhibited in last 3 days | | 1 |
| G1g | Other GI or GU bleeding | Not present | | 0 |
| G1h | Other Hygiene—Unusually poor hygiene, unkempt, disheveled | Exhibited daily in last 3 days | | 4 |
| G1i | Peripheral edema | Not present | | 0 |
| G2 | | | | |
| G2a | End-stage disease, 6 or fewer months to live | 1 | Yes | 1 |
| H1a | Height | HT (cm) | 165 | |
| H1b | Weight | WT (kg) | 42 | |
| H2 | Mode of Nutritional Intake | 6 | Nasogastric tube feeding only | 6 |
| H3a | Wears a denture (removable prosthesis - Yes | | | 1 |
| H3b | Has broken, fragmented, loose, or otherwise non-intact natural teeth -Yes | | | 1 |
| H3c | Reports having dry mouth - No | | | 0 |

| Item | Description | Coding Legend | Coding Response |
|------------|--|-------------------------------------|----------------------------|
| H3d | Reports difficulty chewing – Yes | | 1 |
| I1 | Most severe pressure ulcer | Any area of persistent skin redness | 1 |
| I2 | Prior pressure ulcer | Yes | 1 |
| I3 | Presence of skin ulcer other than pressure ulcer | Yes | 1 |
| I4 | Major skin Problems | Yes | 1 |
| I5 | Skin tears or cuts | Yes | 1 |
| I6 | Other skin conditions or changes in skin condition | Yes | 1 |
| I7 | Foot Problems | No foot problems | 0 |
| J1 | Medications | Adherent 80% of the time | 1 |
| K | Treatments | | |
| K1a | Chemotherapy | 0 Not ordered AND did not occur | 0 |
| K1b | Dialysis | 0 Not ordered AND did not occur | 0 |
| K1c | Infection control—e.g., isolation, quarantine | 0 Not ordered AND did not occur | 0 |
| K1d | IV medication | 0 Not ordered AND did not occur | 0 |
| K1e | Oxygen therapy | 0 Not ordered AND did not occur | 0 |
| K1f | Radiation | 0 Not ordered AND did not occur | 0 |
| K1g | Suctioning | 0 Not ordered AND did not occur | 0 |
| K1h | Tracheotomy care | 0 Not ordered AND did not occur | 0 |
| K1i | Transfusion | 0 Not ordered AND did not occur | 0 |
| K1j | Ventilator or respirator | Ordered not implemented | 1 |
| K1k | Wound care | 1 -2 of last 3 days | 2 |
| K1l | Scheduled toileting program | 0 Not ordered AND did not occur | 0 |
| K1m | Palliative care program | 0 Not ordered AND did not occur | 0 |
| K1n | Turning / repositioning program | 1 -2 of last 3 days | 2 |
| K2 | | # of days A | Total Minutes in Last Week |
| K2a | Home health aides | 4 | 240 |

| Item | Description | Coding Legend | | Coding Response | |
|------------|---|----------------------------|-----------------------|-----------------|---|
| K2b | Home nurse | 4 | | 240 | |
| K2c | Homemaking services | 4 | | 240 | |
| K2d | Meals | 5 | | 120 | |
| K2e | Physical therapy | 5 | | 120 | |
| K2f | Occupational therapy | 5 | | 120 | |
| K2g | Speech-language pathology and audiology services | 2 | | 120 | |
| K2h | Psychological there by (by any licenced mental health professional) | 0 | | 0 | |
| K3 | Physically Restrained | No | | 0 | |
| L1a | Decision-maker for Personal Care [Country specific] | Person | | 1 | |
| L1b | Decision-maker for Property [Country specific] | Person | | 1 | |
| M1a | Relationship to person | Spouse | Child or child in law | 2 | 1 |
| M1b | Lives with person | 2 – Yes more than 6 months | No | 2 | 0 |
| M1c | Areas of informal help during the last 3 days IADL help (IADL Help) | 1 - Yes | 1 - Yes | 1 | 1 |
| M1d | Areas of informal help during the last 3 days IADL help (ADL Help) | 1 - Yes | 1 - Yes | 1 | 1 |
| M2a | Informal helper(s) is unable to continue in caring activities— e.g., decline in health of helper makes it difficult to continue | 0 – No | | 0 | |
| M2b | Primary informal helper expresses feelings of distress, anger, or depression | 0 – No | | 0 | |
| M2c | Family or close friends report feeling overwhelmed by person’s illness | 0 – No | | 0 | |

| Item | Description | Coding Legend | Coding Response |
|------------|---|---|-----------------|
| M3 | Hours of Informal care and active monitoring during the last 3 days | For instrumental and personal activities of daily living in the LAST 3 DAYS, indicate the total number of hours of help received from all family, friends, and neighbours | 20 |
| N1a | Disrepair of the home e.g., hazardous clutter; inadequate or no lighting in living room, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes | No | 0 |
| N1b | Squalid condition e.g., extremely dirty, infestation by rats or bugs | No | 0 |
| N1c | Inadequate heating or cooling e.g., too hot in summer, too cold in winter | No | 0 |
| N1d | Lack of personal safety e.g., fear of violence, safety problem in going to mailbox or visiting neighbours, heavy traffic in street | No | 0 |
| N1e | Limited access to home or rooms in home e.g., difficulty entering or leaving home, unable to climb stairs, difficulty manoeuvring within rooms, no railings although needed | Yes | 1 |

| Item | Description | Coding Legend | Coding Response |
|------------|---|---------------|-----------------|
| N2 | Lives in apartment or house re-engineered accessible for persons with disabilities | Yes | 1 |
| N3a | Outside environment: availability of emergency assistance | Yes | 1 |
| N3b | Outside environment: accessibility to grocery store without assistance | No | 0 |
| N3c | Outside environment: availability of home delivery of groceries | Yes | 1 |
| O1 | One or more care goals met in the last 90 days (or since last assessment if less than 90 days) | Yes | 1 |
| O2 | Overall self-sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days) | No Change | 1 |
| O3 | Number of 10 ADL areas in which person was independent prior to deterioration | Skip | |
| O4 | Number of 8 IADL areas in which person was independent prior to deterioration | Skip | |
| O5 | Time of onset of the precipitating event or problem related to deterioration | Skip | |

Features Checklist

Reminder: Actual results answers should always be YES. Alert your vendor if any answer is NO

1. Assessment Creation

| Steps | Description | Expected Result | Actual Results |
|-------|---|---|---|
| 1 | Start a new assessment | Assessor is able to create a new assessment with a unique id | Can you create a new assessment? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | Is the Assessment ID displayed unique YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2 | Check the assessment status displayed | The assessment is assigned an "In Progress" status | Is the Assessment status displayed as 'In Progress'? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3 | Enter few assessment responses in any order within sections | Assessment responses can be entered randomly in any order or sequence | Can you provide responses randomly? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4 | Enter notes in one or more sections of the assessment | Notes are appended to each section within the assessment | Are notes appended to the end of each section YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5 | Save assessment | User is able to save assessment at any time while still In Progress | Can you save an assessment in this status at any time? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6 | Perform a search for the specific Client or Assessment record | The status of the assessment record for that client should remain as "In Progress" and prior responses provided must be displayed | Is the assessment record displayed with an In Progress status YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | Does the system display previous saved responses? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| Steps | Description | Expected Result | Actual Results |
|--------------|--|---|--|
| 7 | Assessment completion continuation | User is able to continue entering responses within the same assessment record | Does the system allow user continue from where last response was entered? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8 | Skip entry for Section C2 and Section H 1 and enter responses for all required questions for the assessment and mark as complete | An error message is displayed preventing user from marking the assessment record as complete | Is error message displayed preventing the user from marking the assessment as complete? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9 | Complete all required mandatory fields for the assessment and mark as complete | marked complete successfully and no error message is displayed | Can you mark it as complete YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 10 | View Outcomes Scores and CAPs result | Outcome scores and Triggered CAPs are displayed | Can user view Outcome scores and triggered CAPs YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 11 | Perform a search for the specific Client or Assessment record | The user can view the assessment record and the triggered CAPs and Outcome scores, with the status also displayed as Complete | Are Outcome Scores and Triggered CAPs displayed YES <input type="checkbox"/> NO <input type="checkbox"/> Is the status of the assessment Complete? YES <input type="checkbox"/> NO <input type="checkbox"/> |

2. Supplement Creation

| Steps | Description | Expected Result | Actual Results |
|-------|--|--|---|
| 1 | Choose to complete a supplement (not triggered) | User must be able to select any of the supplements to complete even if it was not triggered | Can you choose a supplement YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2 | A supplement is required to be completed based on certain responses provided | A message alert is displayed indicating a supplement has been triggered | Can you view a notification alert YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3 | Choose not to complete a triggered optional supplement (Deaf/Blind, Assisted Living, Mental Health Supplement) and mark core and supplement assessment as complete | Assessment is assigned a Complete status based on the completed core assessment only | Is the assessment record assigned a Complete status YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4 | Choose not to complete a triggered Functional Supplement and mark supplement assessment as complete | An error message is displayed indicating it is mandatory to complete a Functional Supplement if triggered | Is an error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5 | Start triggered Supplement | User is able to enter responses for supplement assessment linked to the initial CHA The status of the supplement assessment should be In Progress | Can you start the triggered supplement YES <input type="checkbox"/> NO <input type="checkbox"/> Is the assessment status displayed as "In Progress" YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6 | Display of responses provided in Section A of Core CHA repopulated in Supplement | Responses from section A of core CHA is repopulated in supplement assessment | Are fields from section A of CHA repopulated to section A of Supplement YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7 | Enter notes in one or more sections of the supplement assessment | Notes are appended to each section within the supplement assessment | Are notes appended to the end of each section YES <input type="checkbox"/> NO <input type="checkbox"/> |

| Steps | Description | Expected Result | Actual Results |
|-------|---|---|--|
| 8 | Enter supplement assessment responses randomly within the supplements and refer back to the Core CHA to make changes to responses previously provided | User is able to toggle between the Core CHA and the supplements and change prior responses provided within the Core CHA | Can you toggle between Supplement and Core CHA YES <input type="checkbox"/> NO <input type="checkbox"/> Can you enter and change responses randomly between the core CHA and Supplements YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9 | Skip entry for at least 2 questions in the supplement assessment and enter responses for all required questions for the assessment and mark as complete | An error message is displayed highlighting missing mandatory fields | Is error message displayed identifying these fields YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 10 | Complete all required mandatory fields for the supplement assessment and mark as complete | No error message is displayed and core and supplement assessment are submitted successfully | Can you mark it as complete YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 11 | View Outcomes Scores and CAPs result | Outcome scores and Triggered CAPs are displayed | Can user view Outcome scores and triggered CAPs YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 12 | Verify the core assessment is linked to the completed supplement assessment | The completed core assessment must be linked to the completed Supplement assessment as one assessment record | Can you view both the core and supplement as part of one assessment record YES <input type="checkbox"/> NO <input type="checkbox"/> |

3. Complete Reassessment

| Steps | Description | Expected Result | Actual Results |
|-------|--|---|--|
| 1 | Next reassessment date | A system generated default reassessment date is displayed for the client | Is a default reassessment date displayed for the same client YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2 | Override a default re-assessment date | The default re-assessment date is editable | Can the user change the reassessment date YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3 | Start completion of reassessment for the same client | Information entered in Section A and Section B1 of prior assessment is repopulated in the new reassessment record | Is information from last prior assessment for Section A and Section B1 repopulated YES <input type="checkbox"/> NO <input type="checkbox"/> |

4. Assessment Cancellation

| Steps | Description | Expected Result | Actual Results |
|-------|--|---|---|
| 1 | Create a new assessment, Enter responses to some fields and choose to cancel the assessment record with a cancellation reason | Assessment status is changed to cancelled | Is the assessment status changed to cancel? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2 | Search for the 'Cancelled' assessment record to verify responses entered prior to cancellation and cancellation reason entered is stored | The record displays responses provided prior to cancellation, cancellation reason entered and status is cancelled | Is a Cancelled status displayed for the assessment record YES <input type="checkbox"/> NO <input type="checkbox"/> Is the cancellation reason displayed YES <input type="checkbox"/> NO <input type="checkbox"/> Values of responses provided are displayed YES <input type="checkbox"/> NO <input type="checkbox"/> |

5. Assessment Completion

| Steps | Description | Expected Result | Actual Results |
|-------|---|--|--|
| 1 | Enter current date in the Client Date of Birth field | An error message is displayed if Client birth date is current date | Is error message displayed preventing the user to enter current date as DOB? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2 | Enter a birth date less than current date | The date is accepted as a valid birth date | Is this date accepted as a valid birth date YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3 | Enter an Assessment Reference Date less than the Date Case Opened Example: Assessment Reference Date = September 8, 2010 Date Case Opened = September 12, 2010 | An error message is displayed indicating the value entered for the Assessment Reference Date must be greater than the Date Case Opened | Is error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4 | Enter an Assessment Reference Date greater than the Date Case Opened Example: Assessment Reference Date = September 12, 2010 Date Case Opened = September 8, 2010 | The date is accepted as valid | Is the date accepted as a valid Assessment Reference Date? YES <input type="checkbox"/> NO <input type="checkbox"/> |

| | | | |
|---|--|--|--|
| 5 | <p>Enter a date value for the 'Date Case Opened' field, the value entered must be greater than the 'Assessment Reference Date'</p> <p>Example: Date Case Opened = September 12, 2010 Assessment Reference Date = September 8, 2010</p> | <p>An error message is displayed indicating the value entered for the Date Case Opened must be less than the Assessment Reference Date value</p> | <p>Is an error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| 6 | <p>Enter a date value for the 'Date Case Opened' field, the value entered must be less than the 'Assessment Reference Date'</p> <p>Example: Date Case Opened = September 08, 2010 Assessment Reference Date = September 12, 2010</p> | <p>The date is accepted as valid</p> | <p>Is the date accepted as a valid Assessment Reference Date? YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| 7 | <p>Enter a Completion date that is less than the 'Date Case Opened' and 'Assessment Reference Date'.</p> | <p>An error message is displayed indicating the Completion Date cannot be less than the Date Case Opened and Assessment Reference Date</p> | <p>Is error message displayed YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| 8 | <p>Enter a 'Completion Date' value that is greater than the 'Date Case Opened' and 'Assessment Reference Date'.</p> | <p>The date is accepted as valid</p> | <p>Is the date entered accepted as a valid date entry YES <input type="checkbox"/> NO <input type="checkbox"/></p> |

6. Assessment Management

| Steps | Description | Expected Result | Actual Results |
|-------|---|---|--|
| 1 | Search and View client assessments (based on defined search criteria client Id, status etc) | A historical list of client assessment record is displayed | Are client assessments record displayed based on search criteria? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2 | Print 'In Progress' and 'Completed' assessments (should include CAPs and Outcome scores and header information) | Assessments can be printed | Are assessments, outcome scores, and header information printed properly information? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3 | Print assessments without Notes section | Assessment can be printed without the notes | Is user able to print assessment without notes? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4 | Print assessments with Notes | Assessment can be printed with notes | Is user able to print assessment with notes YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5 | Export one or multiple assessment records to CSV or Excel file formats | Assessment records are exportable to excel and/or CSV | Able to export one or more assessment records to CSV or Excel file format YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6 | Print blank assessment | Blank assessment should have the same look and feel as paper version of RAI CHA | Is the blank assessment printout version same as a paper version YES <input type="checkbox"/> NO <input type="checkbox"/> |

7. Software Offline Version

| Steps | Description | Expected Result | Actual Results |
|-------|---|---|--|
| 1 | In the offline mode repeat all the steps in Features Checklist Section 1 Assessment Creation. | Refer to expected results | Refer to actual results for Assessment Creation |
| 2 | Ensure that once you are back in the office and connected to your server you are able to upload the assessments created | The assessment records created offline are uploaded successfully | Can you upload the assessment? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3 | Search for assessment records created in offline version of the software. | You are able to search and view the assessment records online and all the information displayed matches the offline version | Are the records created offline searchable in the online version and do the number of records and information match? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4 | In the offline mode repeat all the steps in Features Checklist Section 2 Supplement Creation | Refer to expected results | Refer to actual results for Supplement Creation |
| 5 | In the offline mode repeat all the steps in Features Checklist Section 3 Complete Reassessment. | Refer to expected results | Refer to actual results of Complete Reassessment |
| 6 | In the offline mode repeat all the steps in Features Checklist Section 4 Assessment Cancellation . | Refer to expected results | Refer to actual results of Assessment Cancellation |
| 7 | In the offline mode repeat all the steps in Features Checklist Section 5 Assessment Completion. | Refer to expected results | Refer to actual results of Assessment Completion |
| 8 | In the offline mode repeat all the steps in Features Checklist Section 6 Assessment Management | Refer to expected results | Refer to actual results of Assessment Management |

8. Organization and Assessor Reports

| Steps | Description | Expected Result | Actual Results |
|-------|---|---|--|
| 1 | Ensure your vendor has developed the following Assessor Reports: <ol style="list-style-type: none"> 1. Client's CAPs and Outcomes Report 2. Client Progression Report 3. Client Assessment Summary Report | The data generated in the report should be accurate when checked against the actual assessment record | Is the data generated accurate? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | Report features such as filters, format of display, sort are working properly | Are all the features working properly? YES <input type="checkbox"/> NO <input type="checkbox"/> |

9. Extract and Submit the XML Files

| Steps | Description | Expected Result | Actual Results |
|-------|---|---|--|
| 1 | Extract and Submit assessment data in XML format | <p>File name should conform to the following format [Assessment Type]<YYYYYMMDD><HHMM><OOOO><ZZ>.<999>.xml [RAI CHA]<20100923><08:30><1234><IA>.<002>.xml Where: [Assessment Type], 'RAI CHA', YYYYYMMDD – the date when the export process started; HHMM - time when the export process started (note 24 hour clock is used); OOOO – organization ID, or parent organization id used in assessment application in multi-site environments (in case of OCAN); ZZ - target system suffix, 'IA' for Integrated Assessment; 999 - File sequence number, a sequence number of extracted file if export is broken into multiple parts, default value 001.</p> | <p>Is the generated file in the required format YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| 2 | Extract and submit files that include CHA,FS,AL DB and MH | <p>Only completed assessments files will be submitted in XML file, the status must = Complete.</p> <p>Supplements based on the conditions outlined will be submitted as part of assessment</p> <ul style="list-style-type: none"> • Triggered and Not Completed • Triggered and Completed • Not Triggered and Completed | <p>Do all assessment records have a completed status? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Are there assessment records with any one of the conditions outlined? YES <input type="checkbox"/> NO <input type="checkbox"/></p> |

Part 2

Vendor Development and Validation Tests

(IAR Test Submission)

**** Please note that all vendor and CCIM validations must be done using mock data. Live data is not permitted in the IAR Vendor Validation environment.

The CCIM Vendor Validation environment is provided by CCIM for testing and validation purposes only. The Vendor Validation is a developing environment that does not and cannot provide necessary controls to safeguard PHI. In a case of an accidental upload of PHI to the Vendor Validation environment please immediately notify the CCIM Vendor Management team at 1-416-597-6019 or 416-597-6508 and email IAR@ccim.on.ca to remove the uploaded PHI to minimize the risk of unauthorized PHI disclosure.

Security Classification: Medium Security

Vendor Development and Validation Test – Phase 1

IAR Test Identity Information (assigned by CCIM)

| | |
|------------------------|--|
| Organization ID | |
| Application ID | |
| Username | |
| Password | |

Purpose

The compliance tests are meant to ensure transmissions to the IAR:

- meet IAR Technical Specifications as outlined within the CCIM Data Submission and Technical Specifications V1.0,
- meet IAR Technical Specifications as outlined in the IAR Release 3 Supplement – Submission and Consent Specifications
- can handle simple activity sequences regarding assessments,
- Can create historical output as per IAR requirements.

Scope

There are 4 identical submission tests that cover both manual file uploads through IAR and the IAR Web Service using the “Submit Assessment” operation. Each set of submission tests is repeated for each major Assessment type supported by the vendor – RAI-CHA plus historical assessments

In order to successfully pass a test, the submission must pass through schema validation and import into the IAR without error.

The tests themselves will confirm that the following criteria are met:

1. The IAR Submission Envelope is formatted correctly.
2. The IAR SOAP Envelope is formatted correctly (Web Service only).
3. All necessary Submission Header values properly configured.
4. Assessment data and IAR PHI data match correctly.
5. Assessment data is passes schema validation.
6. All of the various assessment types are covered.
7. All allowed actions (adding, updating, deletion) work as expected.
8. Historical information can be produced, submitted and accepted in IAR.
9. Error conditions are handled by vendor software.

For data submission to IAR please refer to the Data submission and Technical specification document on the Integrated Assessment Record section of the Vendor portal at www.ccim.on.ca

How to obtain access to the IAR Test Environment

Prior to any test submission, a specific vendor account must be setup within the IAR Test Environment. IAR will issue unique Organization, RAI-CHA and application identifiers to be used by the vendor for all test purposes.

An account will be made available by an email request to iar@ccim.on.ca with a subject line of "IAR Technical – Request Vendor Test system access".

What tests need to be performed?

The tests comprise of 2 main categories, Web Service submissions and Manual File upload. In order for a system to be deemed compliant using either method, the test steps listed for that category must be completed. The same set of assessment data can be used for both test categories.

For RAI-CHA submissions, vendors are requested to submit assessments that meet the Test Scenarios content outlined within the interRAI CHA Implementation Validation Guide Part 1.

For vendors that have implemented interRAI CHA version 9.1, sample assessments for historical uploading into the IAR are required as well.

Test 1 - Web Service Assessment Uploads through IAR

Test 2 - Manual Assessment Uploads through IAR

Please refer to the **IAR Validation Environment Guide (link below)** for additional information:

<https://www.ccim.on.ca/Vendor/IAR/default.aspx>

The 2 tests involve submitting data following the 4 steps listed below. Both tests can contain the same assessment data. Test 1 involves submissions strictly via the IAR Vendor Test Web Service; Test 2 involves the creation of submission files and importing these files into the IAR via its Browser interface.

Step 1 - Single Assessment using same Assessment ID

| Test Type | RAI-CHA 2010 |
|-----------|--------------|
| Add New | pass/fail |
| Update | pass/fail |

Add New- submit a single assessment record (this Assessment record should include at a minimum Core CHA and one or more completed supplement)

Update – Resubmit the same assessment record with updated information (e.g. marital status)

Note: the test types indicated must be individual submissions therefore the submission timestamps must be different and made as two separate submissions.

Step 2 – 3 or more Assessment records in 1 Submission

Test Type **RAI-CHA** (plus one or more supplements)

| | |
|----------------|-----------|
| Add New | pass/fail |
|----------------|-----------|

3 or more assessments of any assessment type –

Submit multiple assessment records in one submission (assessment record may also contain any completed supplement as part of one assessment record)

The assessments may be assessment records created based on the test scenarios outlined in the software implementation validation guide part 1 which contains test scenarios for new, reassessment and discharge assessments.

Note: multiple assessments will be contained in one file submission with one submission timestamp for the file.

Step 3 – Scenario Coverage

Test Type **RAI-CHA** 2010

| | |
|----------------|-----------|
| Add New | pass/fail |
| Update | pass/fail |

This should reflect multiple assessments types per upload based on scenarios outlined in the software implementation validation guide part1 for the various assessment types (First Assessments, Reassessment, Routine assessment and Discharge)

Step 4 – Historical Assessments optional

For Organizations who have implemented interRAI CHA version 9.1.3 and have existing assessment records

Test Type **RAI-CHA**

| | |
|----------------|-----------|
| Add New | pass/fail |
|----------------|-----------|

Note: this may be one file submission for all inter RAI CHA 9.1.3 version of historical assessment data