03/13/07 OAS 2004			MEDICARE CURRENT BENEFICIARY SURVEY OASIS	RIC: CA Page: 1 Version: 1	
			Frequency ComQues# FacQues# Variable	e Type & Label	
RIC	1 2		C Record	l Identification Code	
VERSION	3 1		C Version	on Number	
BASEID	4 8	\$BSIDFMT	C Unique	e SP Identification Number	
			4,117 LOW-HIGH BASEII) Count	
M0010_ME	12 6		C Agency	v Medicare provider number	
M0012_ME	18 15		C Agency	Medicaid provider number	
M0014_BR	33 2		C Agency	v branch state	
M0016_BR	35 10		C Agency	branch ID	
M0030_ST	45 8		N Start	of care date	
M0032_R0	53 1		N Resump	otion of care date, NA flag	
M0032_RO	54 8		N Resump	otion of care date	
M0050_PA	62 2		C Patier	nt-State	
M0060_PA	64 11		C Patier	ıt-ZIP	
M0066_PA	75 8		N Patier	nt birth date	
M0069_PA	83 1	GEND	N Patier	nt gender	
			1,459 1 Male 2,658 2 Female	è	
M0072_P7	84 1		N Primar	ry referring physician, UK flag	
M0072_PH	85 10		C Primar	ry referring physician UPIN	
M0080_AS	95 2	\$DISCIOA	C Discip	pline of person completing assess	
			3,547 01 RN 529 02 PT 6 03 SLP/ST 35 04 OT	?	
M0090_AS	97 8		N Assess	sment completion date	
M0100_AS	105 2	\$ACOMPOA	C Assess	sment reason	
			0 02 S/R; S 278 03 S/R; F 1,094 04 Follow 37 05 Follow 440 06 Transf 58 07 Transf 15 08 Disch 1,020 09 Disch	Start; further visits planned Start; no further visits planned Resumption of care v-up; Recertification v-up; Other For to inpat fac; Patient not disch from agency; Death at home from agency; Disch from agency from agency; No visits completed	

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT BENEFICIARY		RIC: Page: Version:	OA 2
					ComQues# FacQues#	Variable Type & Label		
M0140_E0	107	1	INDICOA			N Ethnicity; Asian		
				2,664 1,432 21		. Missing 0 Not indicated 1 Indicated		
M0140_E1	108	1	INDICOA			N Ethnicity; Afr Amer		
				2,664 1,273 180		. Missing 0 Not indicated 1 Indicated		
M0140_E2	109	1	INDICOA			N Ethnicity; Hispancic		
				2,664 1,386 67		. Missing 0 Not indicated 1 Indicated		
M0140_E3	110	1	INDICOA			N Ethnicity; Hawaii		
				2,664 1,451 2		. Missing 0 Not indicated 1 Indicated		
M0140_E4	111	1	INDICOA			N Ethnicity; White		
				2,664 304 1,149		. Missing 0 Not indicated 1 Indicated		
M0140_E5	112	1	INDICOA			N Ethnicity; Unknown		
				2,664 1,431 22		. Missing 0 Not indicated 1 Indicated		
M0140_ET	113	1	INDICOA			N Ethnicity; Am Indian		
				2,664 1,440 13		. Missing 0 Not indicated 1 Indicated		
M0150_10	114	1	INDICOA			N Payment; Workers comp		
				4,117 0		0 Not indicated 1 Indicated		
M0150_11	115	1	INDICOA			N Payment; Title programs		
				4,116 1		0 Not indicated 1 Indicated		
M0150_12	116	1	INDICOA			N Payment; Other govt		
				4,101 16		0 Not indicated 1 Indicated		
M0150_13	117	1	INDICOA			N Payment; Private ins		
				3,954 163		0 Not indicated 1 Indicated		

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFIC	IARY	SURVEY	RIC: Page: Version:	OA 3
				Frequency				Variable Type & Label		
M0150_14	118	1	INDICOA					N Payment; Private HMO		
				4,103 14				0 Not indicated 1 Indicated		
M0150_15	119	1	INDICOA					N Payment; Self-pay		
				4,091 26				0 Not indicated 1 Indicated		
M0150_16	120	1	INDICOA					N Payment; Other		
				4,068 49				0 Not indicated 1 Indicated		
M0150_17	121	1	INDICOA					N Payment; Unknown		
				2,664				. Missing		
				1,453 0				0 Not indicated 1 Indicated		
M0150_C6	122	1	INDICOA	·				N Payment; Medicare FFS		
				542				0 Not indicated		
				3,575				1 Indicated		
M0150_C7	123	1	INDICOA					N Payment; Medicare HMO		
				3,832 285				0 Not indicated 1 Indicated		
M0150_C8	124	1	INDICOA					N Payment; Medicaid FFS		
				3,585				0 Not indicated		
				532				1 Indicated		
M0150_C9	125	1	INDICOA					N Payment; Medicaid HMO		
				4,105 12				0 Not indicated 1 Indicated		
				12						
M0150_CP	126	1	INDICOA					N Payment; None		
				4,117 0				0 Not indicated 1 Indicated		
M0160_18	127	1	INDICOA					N Finance limit; Medicine		
				4,117				. Missing		
				0				0 Not indicated 1 Indicated		
				U				1 Indicated		
M0160_19	128	1	INDICOA					N Finance limit; Ins copay		
				4,117 0				. Missing O Not indicated		
				0				1 Indicated		

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT B	ENEFICIARY	SURVEY RIC: OA Page: 4 Version: 1
				Frequency			Variable Type & Label
м0160_20							N Finance limit; Rent
				4,117 0 0			. Missing 0 Not indicated 1 Indicated
M0160_21	130	1	INDICOA				N Finance limit; Food
				4,117 0 0			. Missing O Not indicated 1 Indicated
M0160_22	131	1	INDICOA				N Finance limit; Other
				4,117 0 0			. Missing 0 Not indicated 1 Indicated
M0160_LT	132	1	INDICOA				N Finance limit; None
				4,117 0 0			. Missing 0 Not indicated 1 Indicated
M0175_HS	133	1	INDICOA				N Disch in past 14 days; Hospital
				1,533 1,661 923			. Missing 0 Not indicated 1 Indicated
M0175_NO	134	1	INDICOA				N Disch in past 14 days; Not disch
				1,533 1,133 1,451			. Missing 0 Not indicated 1 Indicated
M0175_ON	135	1	INDICOA				N Disch in past 14 days; Other nursing hom
				1,533 2,573 11			. Missing 0 Not indicated 1 Indicated
M0175_OT	136	1	INDICOA				N Disch in past 14 days; Other
				1,533 2,574 10			. Missing 0 Not indicated 1 Indicated
M0175_RH	137	1	INDICOA				N Disch in past 14 days; Rehab
				1,533 2,442 142			. Missing 0 Not indicated 1 Indicated
M0175_SN	138	1	INDICOA				N Disch in past 14 days; SNF
				1,533 2,455 129			. Missing 0 Not indicated 1 Indicated
M0180_DS	139	1					C Disch in past 14 days; UK flag

03/13/07 OAS 2004			MEDICARE CURRENT BENEFICIARY OASIS	C SURVEY	RIC: OA Page: 5 Version: 1
			Frequency ComQues# FacQues#	Variable Type & Label	
M0180_IN	140	8		N Inpatient discharge date	
M0190_14	148	7		C Inpatient diag 1 ICD9	
M0190_26	155	7		C Inpatient diag 2 ICD9	
M0200_RE	162	1 YESNOOA		N Treatment regimen change	
			1,644 1,172 1,301	. Missing 0 No 1 Yes	
M0210_27	163	7		C Changed regimen; ICD9 2	
M0210_28	170	7		C Changed regimen; ICD9 3	
M0210_29	177	7		C Changed regimen; ICD9 4	
M0210_CH	184	7		C Changed regimen; ICD9 1	
M0220_30	191	1 \$INDICOA		C Prior condition; Catheter	
			2,587 1,486 44	Missing 0 Not indicated 1 Indicated	
M0220_31	192	1 \$INDICOA		C Prior condition; Intr pain	
			2,587 1,369 161	Missing 0 Not indicated 1 Indicated	
M0220_32	193	1 \$INDICOA		C Prior condition; Impaired of	lecision
			2,587 1,238 292	Missing O Not indicated 1 Indicated	
M0220_33	194	1 \$INDICOA		C Prior condition; Disruptive	e beh
			2,587 1,499 31	Missing O Not indicated 1 Indicated	
M0220_34	195	1 \$INDICOA		C Prior condition; Memory los	55
			2,587 1,312 218	Missing 0 Not indicated 1 Indicated	
M0220_35	196	1 \$INDICOA		C Prior condition; None of 1:	isted
			2,587 802 728	Missing O Not indicated 1 Indicated	
M0220_36	197	1 \$INDICOA		C Prior condition; No change	
			2,664 1,353 100	Missing 0 Not indicated 1 Indicated	

03/13/07 OAS 2004	MEDICARE OASIS	CURRENT BENEFICIARY		RIC: OA Page: 6 Version: 1
	Format Frequency		Variable Type & Label	
M0220_37 198 1	\$INDICOA		C Prior condition; Unknown	
	2,664 1,443 10		Missing 0 Not indicated 1 Indicated	
M0220_PR 199 1	\$INDICOA		C Prior condition; Urinary inc	ont
	2,587 1,094 436		Missing 0 Not indicated 1 Indicated	
M0230_38 200 2	\$SEVEROA		C Primary diag; Severity ratin	g
	1,533 6 169 1,402 834 173	C C C	Missing O Asymptomatic, not treatement Symptoms contr with current Symptoms contr with difficul Symptoms poorly contr, freq Symptoms poorly contr, hist	therapy ty dose adjust
M0230_PR 202 7			C Primary diag; ICD9	
M0240_39 209 2	\$SEVEROA		C Oth diag 1; Severity rating	
	1,634 8 263 1,414 691 107	C C C	Missing O Asymptomatic, not treatement Symptoms contr with current Symptoms contr with difficul Symptoms poorly contr, freq Symptoms poorly contr, hist	therapy ty dose adjust
M0240_40 211 7			C Oth diag 2; ICD9	
M0240_41 218 2	\$SEVEROA		C Oth diag 2; Severity rating	
	1,931 13 328 1,263 500 82) () ()	Missing O Asymptomatic, not treatement Symptoms contr with current Symptoms contr with difficul Symptoms poorly contr, freq Symptoms poorly contr, hist	therapy ty dose adjust
M0240_42 220 7			C Oth diag 3; ICD9	
M0240_43 227 2	\$SEVEROA		C Oth diag 3; Severity rating	
M0240_44 229 7	2,404 8 310 1,016 327 52	(((Missing O Asymptomatic, not treatement Symptoms contr with current Symptoms contr with difficul Symptoms poorly contr, freq Symptoms poorly contr, hist C Oth diag 4; ICD9	therapy ty dose adjust

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT B	ENEFICIARY	y si	URVEY	RIC: Page: Version:	OA 7
				Frequency				ariable Type & Label		
M0240_45							С	Oth diag 4; Severity rating	ı	
				2,787 14 267 783 221 45			00 01 02 03	Missing Asymptomatic, not treatemer Symptoms contr with current Symptoms contr with difficu Symptoms poorly contr, free Symptoms poorly contr, hist	therapy lty dose adjust	
M0240_46	238	7					С	Oth diag 5; ICD9		
M0240_47	245	2	\$SEVEROA				С	Oth diag 5; Severity rating	r	
				3,224 10 197 515 135 36			00 01 02 03	Missing Asymptomatic, not treatemer Symptoms contr with current Symptoms contr with difficu Symptoms poorly contr, free Symptoms poorly contr, hist	therapy lty dose adjust	
M0240_OT	247	7					С	Oth diag 1; ICD9		
M0250_48	254	1	INDICOA				N	Home therapies; Par nutr		
				513 3,603 1			0	Missing Not indicated Indicated		
M0250_49	255	1	INDICOA				N	Home therapies; Ent nutr		
				513 3,554 50			0	Missing Not indicated Indicated		
M0250_50	256	1	INDICOA				N	Home therapies; None of abo	ve	
				513 101 3,503			0	Missing Not indicated Indicated		
M0250_TH	257	1	INDICOA				N	Home therapies; IV infusion	L	
				513 3,552 52			0	Missing Not indicated Indicated		
M0260_OA	258	2	\$OVPRGOA				С	Overall prognosis		
				2,664 17 225 1,211			00	Missing Unknown Poor Good/Fair		
M0270_RH	260	2	\$REPRGOA				С	Rehab prognosis		
				2,664 20 426 1,007			00	Missing Unknown Guarded Good		

03/13/07 OAS 2004				MEDICARE O	CURRENT 1	BENEFICIARY	? ST	JRVEY	RIC: Page: Version:	OA 8
				Frequency				ariable Type & Label		
M0280_LI	262	2	\$LIFEEOA				С	Life expectancy		
				1,644 2,195 278			00	Missing Life expectancy is greater life expectancy is 6 month	than 6 montl	hs
M0290_51	264	1	INDICOA				N	High risk factors; Obesity		
				1,644 2,138 335			0	Missing Not indicated Indicated		
M0290_52	265	1	INDICOA				N	High risk factors; Alcohol		
				1,644 2,451 22			0	Missing Not indicated Indicated		
M0290_53	266	1	INDICOA				N	High risk factors; Drugs		
				1,644 2,458 15			0	Missing Not indicated Indicated		
M0290_54	267	1	INDICOA				N	High risk factors; None		
				1,644 503 1,970			0	Missing Not indicated Indicated		
M0290_55	268	1	INDICOA				N	High risk factors; Unknown		
				2,664 1,427 26			0	Missing Not indicated Indicated		
M0290_RS	269	1	INDICOA				N	High risk factors; Smoking		
				1,644 2,303 170			0	Missing Not indicated Indicated		
M0300_CU	270	2	\$CURREOA				С	Current residence		
				1,644 1,845 311 24 273 20			02 03 04	Missing Patient owned or rented res Family member residence Boarding home or rented roo Board and care or assisted Other	om	li
M0310_S0	272	1	INDICOA				N	Struct barriers; Stairs mus	;t	
				4,117 0 0			0	Missing Not indicated Indicated		

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIARY	s		RIC: Page: Version:	OA 9
						s# FacQues#		ariable Type & Label		
M0310_S1	273	1	INDICOA				N	Struct barriers; Stairs opt		
				4,117 0				Missing Not indicated		
				0			1	Indicated		
M0310_S2	274	1	INDICOA				N	Struct barriers; Stairs outs	ide	
				4,117				Missing		
				0				Not indicated Indicated		
				U			Τ	Indicated		
M0310_S3	275	1	INDICOA				N	Struct barriers; Doorways		
				4,117				Missing		
				0				Not indicated		
				0			Т	Indicated		
M0310_ST	276	1	INDICOA				N	Struct barriers; None		
				4,117				Missing		
				0				Not indicated		
				0			1	Indicated		
M0320_10	277	1	INDICOA				N	Safety haz; Floor covering		
				4,117				Missing		
				0				Not indicated		
				0			1	Indicated		
M0320_11	278	1	INDICOA				N	Safety haz; Railings		
				4,117				Missing		
				0				Not indicated		
				0			1	Indicated		
M0320_12	279	1	INDICOA				N	Safety haz; Haz Materials		
				4,117				Missing		
				0				Not indicated		
				0			1	Indicated		
M0320_13	280	1	INDICOA				N	Safety haz; Lead paint		
				4,117				Missing		
				0				Not indicated		
				0			1	Indicated		
M0320_14	281	1	INDICOA				N	Safety haz; Other		
				4,117				Missing		
				0			0	Not indicated		
				0			1	Indicated		
M0320_S4	282	1	INDICOA				N	Safety haz; Floor, roof, windo	ows	
				4,117				Missing		
				0			0	Not indicated		
				0			1	Indicated		

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT BENEFICIARY	SURVEY	RIC: Page: Version:	OA 10 1
Variable	Col	Len	Format	Frequency		Variable Type & Label		
M0320_S5	283	1	INDICOA			N Safety haz; Lighting		
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0320_S6	284	1	INDICOA			N Safety haz; Appliances		
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0320_S7	285	1	INDICOA			N Safety haz; Heating		
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0320_S8	286	1	INDICOA			N Safety haz; Cooling		
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0320_S9	287	1	INDICOA			N Safety haz; Lack of fire of	levices	
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0320_SA	288	1	INDICOA			N Safety haz; None		
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0330_15	289	1	INDICOA			N Sanitation haz; No running	y water	
				4,117		. Missing		
				0		0 Not indicated		
				0		1 Indicated		
M0330_16	290	1	INDICOA			N Sanitation haz; Contaminat	ed water	
				4,117		. Missing		
				0		0 Not indicated 1 Indicated		
				U		1 Indicated		
M0330_17	291	1	INDICOA			N Sanitation haz; No toilet	fac	
				4,117		. Missing		
				0		0 Not indicated 1 Indicated		
M0220 10	202	1	TNIDTGO	· ·			310+ f	
M0330_18	292	Τ	INDICOA			N Sanitation haz; Outdoor to	otter rac	
				4,117		. Missing		
				0		0 Not indicated 1 Indicated		
				O				

03/13/07 OAS 2004			MEDICARE CURRENT BENEFICIA OASIS		OA 11
			Frequency ComQues# FacQues	# Variable Type & Label	
M0330_19	293 1	INDICOA		N Sanitation haz; Inadequate sewer disp	
			4,117 0 0	. Missing O Not indicated 1 Indicated	
M0330_20	294 1	INDICOA		N Sanitation haz; Inadequate food stor	
			4,117 0 0	. Missing O Not indicated 1 Indicated	
M0330_21	295 1	INDICOA		N Sanitation haz; No food refridge	
			4,117 0 0	. Missing O Not indicated 1 Indicated	
M0330_22	296 1	INDICOA		N Sanitation haz; No cooking fac	
			4,117 0 0	. Missing 0 Not indicated 1 Indicated	
M0330_23	297 1	INDICOA		N Sanitation haz; Insects/rodents present	
			4,117 0 0	. Missing 0 Not indicated 1 Indicated	
M0330_24	298 1	INDICOA		N Sanitation haz; No trash pickup	
			4,117 0 0	. Missing 0 Not indicated 1 Indicated	
M0330_25	299 1	INDICOA		N Sanitation haz; Cluttered/Soiled living	
			4,117 0 0	. Missing O Not indicated 1 Indicated	
M0330_26	300 1	INDICOA		N Sanitation haz; Other	
			4,117 0 0	. Missing 0 Not indicated 1 Indicated	
M0330_SA	301 1	INDICOA		N Sanitation haz; None	
			4,117 0 0	. Missing 0 Not indicated 1 Indicated	
M0340_27	302 1	INDICOA		N Patient lives w/ spouse	
			1,644 1,640 833	. Missing 0 Not indicated 1 Indicated	

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIAR	Y i	SURVEY	RIC: Page: Version:	OA 12 1
						s# FacQues#		Variable Type & Label		
M0340_28								N Patient lives w/ oth fam		
				1,644 1,676 797			(. Missing) Not indicated l Indicated		
M0340_29	304	1	INDICOA				1	N Patient lives w/ friend		
				1,644 2,431 42			(. Missing) Not indicated l Indicated		
M0340_30	305	1	INDICOA				1	N Patient lives w/ paid help		
				1,644 2,227 246			(. Missing O Not indicated I Indicated		
M0340_31	306	1	INDICOA				1	N Patient lives w/ other		
				1,644 2,435 38			(. Missing) Not indicated l Indicated		
M0340_LI	307	1	INDICOA				1	N Patient lives w/ alone		
				1,644 1,799 674			(. Missing) Not indicated l Indicated		
M0350_A0	308	1	INDICOA				1	N Assist person; Home residen	t	
				1,644 1,110 1,363			(. Missing) Not indicated ! Indicated		
M0350_A1	309	1	INDICOA				1	N Assist person; Paid help		
				1,644 1,913 560			(. Missing O Not indicated L Indicated		
M0350_A2	310	1	INDICOA				1	N Assist person; None		
				1,644 2,397 76			(. Missing O Not indicated I Indicated		
M0350_A3	311	1	INDICOA				1	N Assist person; Unknown		
				2,664 1,452 1			(. Missing) Not indicated Indicated		
M0350_AP	312	1	INDICOA				1	N Assist person; Relative/Fri	end	
				1,644 1,185 1,288			(. Missing) Not indicated Indicated		

03/13/07 OAS 2004				MEDICARE (CURRENT B	ENEFICIAR	y s	URVEY	RIC: Page: Version:	OA 13 1
				Frequency			V	ariable Type & Label		
M0360_PR							C	Primary caregiver		
				1,721 0 396 632 748 266 57 297			UK 00 01 02 03 04	Missing Unknown No one person Spouse of significant other Daughter or son Other family member Friend, neighbor, community Paid help		emb
M0370_FR	315	2	\$OFTASOA				С	Primary caregiver; How often	en	
				2,117 2 884 676 159 170 87 22			01 02 03 04 05	Missing Unknown Several times during day or Several times during day Once daily Three or more times per week One to two times per week Less often than weekly		
M0380_10	317	1	\$INDICOA				С	Caregiver assist; Unknown		
				2,928 1,188 1				Missing Not indicated Indicated		
M0380_C4	318	1	\$INDICOA				С	Caregiver assist; IADL		
				2,121 143 1,853			0	Missing Not indicated Indicated		
M0380_C5	319	1	\$INDICOA				С	Caregiver assist; Environme	ental	
				2,120 196 1,801				Missing Not indicated Indicated		
M0380_C6	320	1	\$INDICOA				С	Caregiver assist; Psychosoc	cial	
				2,121 141 1,855				Missing Not indicated Indicated		
M0380_C7	321	1	\$INDICOA				С	Caregiver assist; Medical o	care	
				2,124 457 1,536				Missing Not indicated Indicated		
M0380_C8	322	1	\$INDICOA				С	Caregiver assist; Financial	/Legal	
				2,142 1,496 479				Missing Not indicated Indicated		

03/13/07 OAS 2004				MEDICARE (CURRENT BENEFICIAR	Y S	URVEY	RIC: Page: Version:	OA 14 1
					ComQues# FacQues#		ariable Type & Label		
M0380_C9	323	1	\$INDICOA			С	Caregiver assist; Health car	re agent	
				2,144 1,619 354			Missing Not indicated Indicated		
M0380_CA	324	1	\$INDICOA			С	Caregiver assist; ADL		
				2,128 804 1,185		0	Missing Not indicated Indicated		
M0390_VI	325	2	\$VISIOOA			С	Physical assesment; Vision		
				1,533 1,604 840 140		01	Missing Normal vision Partially impaired Severely impaired		
M0400_HE	327	2	\$HEARIOA			С	Physical assesment; Hearing		
				2,664 831 460 127 31 4		01 02 03	Missing No observable impairement Minimal difficulty Moderate difficulty Severe difficulty Unable to hear or nonrespons	sive	
M0410_SP	329	2	\$SPEECOA			С	Physical assesment; Speech		
				1,644 1,564 616 203 49 21 20		01 02 03 04	Missing No observable impairement Minimal difficulty Moderate difficulty Severe difficulty Unable to express basic need Nonresponsive or unable to s		
M0420_FR	331	2	\$FREQPOA			С	Frequency of pain		
				513 1,425 492 1,417 270		01 02	Missing No pain or pain does not int Less often than daily Daily, but not constantly All of the time	terfere	
M0430_IN	333	1	YESNOOA			N	Intractable pain		
				1,644 2,156 317		0	Missing No Yes		
M0440_LE	334	1	YESNOOA			N	Skin lesion/Open wound		
				513 1,920 1,684		0	Missing No Yes		

OAS 2004				OASIS	CORRENT BENEFICIARI		OKVEI	Page: Version:	
							ariable Type & Label		
M0445_PR	335	1	\$YESNOOA			С	Pressure ulcer		
				2,895			Missing		
				1,104 118			No Yes		
M0450_N0	336	2	\$ULNUMOA			С	No. of press ulcers Stage 2	2	
				2 (00			Minning		
				3,690 283			Missing None		
				90			One		
				40			Two		
				9			Three		
				5			Four or more		
M0450_N1	338	2	\$ULNUMOA			C	No. of press ulcers Stage 3	3	
				3,691			Missing		
				364		00	None		
				48		01	One		
				11		02	Two		
				2		03	Three		
				1		04	Four or more		
M0450_N2	340	2	\$ULNUMOA			С	No. of press ulcers Stage 4	ŀ	
				3,691			Missing		
				387		00	None		
				33			One		
				3			Two		
				2			Three		
				1		04	Four or more		
M0450_NB	342	2	\$ULNUMOA			С	No. of Press ulcers Stage 1	-	
				3,691			Missing		
				377			None		
				39			One		
				7			Two		
				3			Three		
				0		04	Four or more		
M0450_UN	344	1	\$YESNOOA			С	Press ulcer cannot be obser	rved	
				3,691			Missing		
				413		0	No		
				13		1	Yes		
M0460_ST	345	2	\$ULSTGOA			С	Stage of most prob press ul	cer	
				3,862			Missing		
				12		NA	No observable pressure ulce	er	
				29		01	Stage one		
				125			Stage two		
				51			Stage three		
				38		04	Stage four		

RIC: OA

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIAR	y s	URVEY	RIC: Page: Version:	OA 16 1
						# FacQues#		ariable Type & Label		
M0464_ST	347	2	\$ULSTAOA				С	Status of most prob press	ulcer	
				3,999				Missing		
				9				No observable pressure ul	cer	
				24				Fully granulating		
				46 39				Early/Partial granulation Not healing		
				33			03	Not incurring		
M0468_ST	349	1	\$YESNOOA				С	Stasis ulcer		
				2,895				Missing		
				1,174				No		
				48			1	Yes		
M0470_NB	350	2	\$ULNUMOA				С	No. of statis ulcers		
				4,069				Missing		
				2			00	None		
				23				One		
				8				Two		
				6 9				Three Four or more		
M0474_UN	352	1	¢vfgn∩∩∆					Stasis ulcer that cannot	ne observed	
110 1 / 1_01	332	_	PIEDNOON				C	Stabis areer enac camioe	oc obscived	
				4,069				Missing		
				47				No		
				1			1	Yes		
M0476_ST	353	2	\$ULSTAOA				С	Status of most problemat	stasis ulcer	
				3,936				Missing		
				75				No observable pressure ul	cer	
				9				Fully granulating		
				48 49				Early/Partial granulation Not healing		
				49			03	Not hearing		
M0482_SU	355	1	\$YESNOOA				С	Surgical wound		
				2,895				Missing		
				636				No		
				586			Τ	Yes		
M0484_NB	356	2	\$ULNUMOA				С	No. of surgical wounds		
				3,531				Missing		
				28				None		
				397				One		
				88 34				Two Three		
				39				Four or more		
M0486_UN	358	1	\$YESNOOA	39				Surgical wound that canno	t be observed	l
				0 = 5 =						
				3,531 543			0	Missing No		
				43				Yes		
				13			_			

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BEN	EFICIARY	. si	URVEY	RIC: Page: Version		OA 17 1
				Frequency				Vá	ariable Type & Label			
M0488_ST	359	2	\$ULSTAOA					С	Status of most problemat su	rgical w	vound	l
				3,404 97 269 275 72				NA 01 02	Missing No observable pressure ulce Fully granulating Early/Partial granulation Not healing	r		
M0490_WH	361	2	\$SBREAOA					С	When is patient dyspneic			
				513 1,289 779 858 531 147				00 01 02 03	Missing Never When walking more than 20 f With moderate exertion With minimal exertion At rest (day or night)	eet		
M0500_R0	363	1	INDICOA					N	Respir treatment; Ventilato	r		
				1,644 2,470 3				0	Missing Not indicated Indicated			
M0500_R1	364	1	INDICOA					N	Respir treatment; Airway pr	essure		
				1,644 2,451 22				0	Missing Not indicated Indicated			
M0500_R2	365	1	INDICOA					N	Respir treatment; None			
				1,644 402 2,071				0	Missing Not indicated Indicated			
M0500_RE	366	1	INDICOA					N	Respir treatment; Oxygen			
				1,644 2,086 387				0	Missing Not indicated Indicated			
M0510_UT	367	2	\$UTINFOA					С	Urinary tract infection			
				1,644 11 20 2,303 139				UK 00	Missing Patient on prophylactic tre Unknown No Yes	atment		
M0520_UR	369	2	\$UIUCPOA					С	Urinary incontinence			
				1,644 1,508 871 94				01	Missing No incontinence or catheter Patient is incintinent Patient requires a urinary		c.	

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT B	ENEFICIAR	Y S	URVEY	RIC: Page: Version:	OA 18 1
				Frequency			Va -	ariable Type & Label		
M0530_UR	371	2	\$URINCOA				С	Urinary incontinence occurs		
				2,596 340 87 1,094			01	Missing Timed-voiding deters incont: During the night only During the day and night	inence	
M0540_BW	373	2	\$BWINCOA				С	Bowel incontinence frequency	?	
				513 51 0 2,876 191 238 100 123 25			UK 00 01 02 03 04	Missing Patient has ostomy for bowed Unknown Very rarely or never has box Less than once weekly One to three times weekly Four to six times weekly On a daily basis More often than once daily		on
M0550_OS	375	2	\$BWOSTOA				С	Ostomy		
				513 3,553 35 16			01	Missing Does not have an ostomy Ostomy was not related to in Ostomy was related to inpat:	_	ay
M0560_CO	377	2	\$COGFUOA				С	Cognitive functioning		
				1,644 1,487 609 255 96 26			01 02 03	Missing Alert/Oriented Req prompting Req assist and some direction Req conciderable assist in a Totally dependent due to dis	routine sit	ua
M0570_WH	379	2	\$WCONFOA				С	When confused (reported or o	observed)	
				1,644 10 1,332 759 36 261			00 01 02 03	Missing Patient nonresponsive Never In new or complex situations On awakening or at night on During the day or evening Constantly		
M0580_WH	381	2	\$WANXIOA				С	When anxious (reported or ol	oserved)	
				1,644 16 1,503 544 382 28			00 01 02	Missing Patient nonresponsive None of the time Less often than daily Daily, but not constantly All of the time		
M0590_D0	383	1	INDICOA				N	Sense of failure or self rep	proach	
				1,644 2,436 37			0	Missing Not indicated Indicated		

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03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIARY	SURVEY	RIC: Page: Version:	OA 19 1
						# FacQues#	Variable Type & Label		
M0590_D1	384	1	INDICOA				N Hopelessness		
				1,644 2,419 54			. Missing 0 Not indicated 1 Indicated		
M0590_D2	385	1	INDICOA				N Recurrent thoughts of death		
				1,644 2,463 10			. Missing 0 Not indicated 1 Indicated		
M0590_D3	386	1	INDICOA				N Thoughts of suicide		
				1,644 2,470 3			. Missing 0 Not indicated 1 Indicated		
M0590_D4	387	1	INDICOA				N None of the above feelings		
				1,644 487 1,986			. Missing 0 Not indicated 1 Indicated		
M0590_DP	388	1	INDICOA				N Depressed mood		
				1,644 1,998 475			. Missing 0 Not indicated 1 Indicated		
M0600_10	389	1	INDICOA				N None of the above behaviors		
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		
M0600_B5	390	1	INDICOA				N Diminished interest in most	activities	
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		
M0600_B6	391	1	INDICOA				N Sleep disturbances		
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		
M0600_B7	392	1	INDICOA				N Recent change in appetite or	weight	
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		
M0600_B8	393	1	INDICOA				N Agitation		
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		

03/13/07 OAS 2004				MEDICARE (CURRENT	BENEFICIARY	SURVEY	RIC: Page: Version:	OA 20 1
Variable				Frequency			Variable Type & Label		
M0600_B9	394	1	INDICOA				N A suicide attempt		
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		
M0600_BE	395	1	INDICOA				N Indecisiveness, lack of con-	centration	
				4,117 0 0			. Missing 0 Not indicated 1 Indicated		
M0610_11	396	1	INDICOA				N Impaired decision-making		
				513 2,803 801			. Missing 0 Not indicated 1 Indicated		
M0610_12	397	1	INDICOA				N Verbal disruption		
				513 3,533 71			. Missing 0 Not indicated 1 Indicated		
M0610_13	398	1	INDICOA				N Physical aggression		
				513 3,584 20			. Missing 0 Not indicated 1 Indicated		
M0610_14	399	1	INDICOA				N Disruptive, infantile, or so	ocially inap	qç
				513 3,562 42			. Missing 0 Not indicated 1 Indicated		
M0610_15	400	1	INDICOA				N Delusional, hallucinatory,	or paranoid	
				513 3,535 69			. Missing 0 Not indicated 1 Indicated		
M0610_16	401	1	INDICOA				N None of the above behaivors	demonstrate	ed
				513 1,125 2,479			. Missing 0 Not indicated 1 Indicated		
M0610_BD	402	1	INDICOA				N Memory deficit		
				513 2,894 710			. Missing 0 Not indicated 1 Indicated		

03/13/07 OAS 2004			MEDICARE OASIS	CURRENT BENEFICIA	ARY SURVEY	RIC: OA Page: 21 Version: 1
Variable	Col Le	n Format	Frequency	ComQues# FacQues	# Variable Type & Label	
M0620_BE	403 2	\$FREQBOA			C Frequency of behavior	problems
			1,644 0 2,163 27 4 41 68 170		Missing 0 As reported 00 Never 01 Less than once a month 02 One a month 03 Several times each mon 04 Several times a week 05 At least daily	
M0630_RE	405 1	YESNOOA			N Receiving psychiatric	nursing services
			1,644 2,424 49		. Missing 0 No 1 Yes	
M0640_CU	406 2	\$GROOMOA			C Grooming, current	
			1,644 0 1,352 496 404 221		Missing UK Unknown 00 Able to groom self una 01 Utensils must be place 02 Someone must assis pat 03 Depends entirely upon	d within reach ient to groom self
M0640_PR	408 2	\$GROOMOA			C Grooming, prior	
			2,664 18 794 269 235 137		Missing UK Unknown 00 Able to groom self una 01 Utensils must be place 02 Someone must assis pat 03 Depends entirely upon	d within reach ient to groom self
M0650_CU	410 2	\$DRESSOA			C Ability to dress upper	body, current
			513 0 1,619 833 767 385		Missing UK Unknown 00 No assist needed 01 No assist needed if cl 02 Assist from another pe 03 Depends entirely upon	rson
M0650_PR	412 2	\$DRESSOA			C Ability to dress upper	body, prior
			2,664 17 758 260 267 151		Missing UK Unknown 00 No assist needed 01 No assist needed if cl 02 Assist from another pe 03 Depends entirely upon	rson
M0660_CU	414 2	\$DRESSOA			C Ability to dress lower	body, current
			513 0 1,395 585 1,122 502		Missing UK Unknown 00 No assist needed 01 No assist needed if cl 02 Assist from another pe 03 Depends entirely upon	rson

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT BENEFICIARY	Y S	URVEY	RIC: Page: Version:	OA 22 1
							ariable Type & Label		
M0660_PR							Ability to dress lower body		
				2,664			Missing		
				17			Unknown		
				701			No assist needed	. 1.11	
				178 370			No assist needed if clothin	g laid out	
				187			Assist from another person Depends entirely upon anoth	er person	
M0670_CU	418	2	\$BATHIOA			С	Bathing, current		
				Г12			Minning		
				513 0		TTV	Missing Unknown		
				527			Bathes self independently		
				572			Bathes self with use of dev	ices	
				919			Bathes with intermittent as		
				881		03	Bathes with complete assist	/supervisio	n
				438		04	Unable, bed/bedside chair		
				267		05	Unable, totally bathed by a	nother pers	ion
M0670_PR	420	2	\$BATHIOA			С	Bathing, prior		
				2,664			Missing		
				20			Unknown		
				415			Bathes self independently		
				217 230			Bathes self with use of dev Bathes with intermittent as		
				323			Bathes with complete assist		ın
				145			Unable, bed/bedside chair	, buper vibre	/11
				103			Unable, totally bathed by a	nother pers	son
M0680_CU	422	2	\$TOILEOA			С	Toileting, current		
				513			Missing		
				0		UK	Unknown		
				2,267		00	Toilet, to and from indepen	dently	
				775		01	Toilet, when reminded/assis	t/supervise	èd
				213			Unable toil, able to bedsid		
				37			Unable toil/bedside commode	-	an
				312		04	Depends entirely upon anoth	er person	
M0680_PR	424	2	\$TOILEOA			С	Toileting, prior		
				2,664			Missing		
				19			Unknown		
				951			Toilet, to and from indepen		
				272			Toilet, when reminded/assis	_	∌d.
				78 22			Unable toil, able to bedsid Unable toil/bedside commode		222
				111			Depends entirely upon anoth	_	all
M0690_CU	426	2	\$TRANSOA			С	Transferring, current		
				513			Missing		
				0		UK	Unknown		
				1,162		00	Able to independently trans	fer	
				1,919			Transfers with minimal assi		:e
				234			Unable transfer self, able	_	
				150			Unable transfer self, unabl	_	
				44			Bedfast, unable trans, able	_	
				95		US	Bedfast, unable trans, unab	ie to posit	.10

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIARY	. si	URVEY	RIC: Page: Version:	OA 23 1
				Frequency				ariable Type & Label		
M0690_PR	428	2	\$TRANSOA				С	Transferring, prior		
				2,664 18 603 648 95			00 01	Missing Unknown Able to independently transf Transfers with minimal assis Unable transfer self, able t	st or device	е
				43 17 29			04 05	Unable transfer self, unable Bedfast, unable trans, able Bedfast, unable trans, unabl	to positio le to posit:	io
M0700_CU	430	2	ŞAMBULOA	513 0 572 2,075 456 220 218 63			UK 00 01 02 03	Ambulation/Locomotion, curred Missing Unknown Able to independently walk/s Able to walk w/ device, assistable to walk w/ constant assistant Chairfast, able to wheel self Chairfast, unable to wheel self Bedfast, unable to ambulate.	stairs st w/ stain sist/superv: f independ self indepen	is
M0700_PR	432	2	\$AMBULOA	2,664 16 434 657 189 60 76 21			UK 00 01 02 03	Ambulation/Locomotion, prior Missing Unknown Able to independently walk/s Able to walk w/ device, assi Able to walk w/ constant ass Chairfast, able to wheel sel Chairfast, unable to wheel sel Bedfast, unable to ambulate	stairs lst w/ stain sist/superv lf independ self indeper	is
M0710_CU				1,644 0 1,651 703 96 6 122			UK 00 01 02 03 04	Feeding or eating, current Missing Unknown Able independently feed self Able feed self with intermit Unable feed self, complete a Able take nutri oral, rec to Unable take nutri oral, rec Unable take nutri oral or to	tent assist assist/super abe feedi tube feedi	
M0710_PR	436	2	ŞFEEDIOA				G	Feeding or eating, prior		

Missing

00 Able independently feed self

01 Able feed self with intermittent assist 02 Unable feed self, complete assist/superv 03 Able take nutri oral, rec tube feedi 04 Unable take nutri oral, rec tube feedi

05 Unable take nutri oral or tube feedi

UK Unknown

2,664

15 978

395

53 2 6

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIAR	Y S	URVEY	RIC: Page: Version:	OA 24 1
Variable	Col	Len	Format	Frequency	ComQues	# FacQues#	V	ariable Type & Label		
M0720_CU	438	2	\$MEALSOA				С	Planning/Preparing light me	als, curren	t
				1,644				Missing		
				1,044			UK	Unknown		
				877				Able to independently prepa	re all meal	s
				687			01	Unable to prepare meals on	regular bas	is
				909			02	Unable to prepare any meals		
M0720_PR	440	2	\$MEALSOA				С	Planning/Preparing light me	als, prior	
				2,664				Missing		
				15				Unknown		
				589				Able to independently prepa		
				310				Unable to prepare meals on		is
				539			02	Unable to prepare any meals		
M0730_CU	442	2	\$TRANPOA				С	Transportation, current		
				1,644				Missing		
				170				Unknown		
				179 2,169				Able to independently drive Able to ride when car drive		r
				125				Unable to ride in car, tran	_	
M0730_PR	444	2	\$TRANPOA				С	Transportation, prior		
				2,664				Missing		
				17			UK	Unknown		
				286			00	Able to independently drive	car	
				1,063				Able to ride when car drive	_	
				87			02	Unable to ride in car, tran	s by ambula	nc
M0740_CU	446	2	\$LAUNDOA				С	Laundry, current		
				1,644				Missing		
				0				Unknown		
				233				Able to independently do la		
				649 1,591				Able to do only lt laundry, Unable to do any laundry	assist nea	vy
M0740 DD	440	0	di albino.	1,351				-		
M0740_PR	448	2	ŞLAUNDOA				C	Laundry, prior		
				2,664				Missing		
				18				Unknown	_	
				318				Able to independently do la		
				296 821				Able to do only lt laundry, Unable to do any laundry	assist nea	vy
M0750_CU	450	2	\$HOUSEOA				С	Housekeeping, current		
				1,644				Missing		
				0			UK	Unknown		
				142			00	Able independently perform		
				662				Able perform only light hou		
				124				Able perform houskeep w/ in		
				322				Unable perform houskeep w/c		st
				1,223			U4	Unable particip in any hous	veeb rasks	

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT BENEFICIARY	rs	URVEY	RIC: OA Page: 25 Version: 1
Variable					ComQues# FacQues#		ariable Type & Label	
M0750_PR	452	2	\$HOUSEOA			С	Housekeeping, prior	
				2,664 16 288 272 63 128 686		00 01 02 03	Missing Unknown Able independently perform Able perform only light hou Able perform houskeep w/ in Unable perform houskeep w/o Unable particip in any hous	skeep termit assist compl assist
M0760_CU	454	2	\$SHOPPOA			С	Shopping, current	
				1,644 0 122 622 893 836		00 01 02	Missing Unknown Able to independently shop Able to shop, but needs som Unable to shop, but can arr Needs someone to do all sho	ange delivery
M0760_PR	456	2	\$SHOPPOA			С	Shopping, prior	
				2,664 18 277 309 358 491		00 01 02	Missing Unknown Able to independently shop Able to shop, but needs som Unable to shop, but can arr Needs someone to do all sho	ange delivery
M0770_CU	458	2	\$TELEPOA			С	Ability to use telephone, o	urrent
				1,644 52 0 1,687 136 186 155 113		UK 00 01 02 03 04	Missing Patient does not have a tel Unknown Able independently dial/ans Able use a specif adapted p Able answer calls, diff pla Able answer calls only some Unable answer phone at all, Totaly unable to use the te	wer calls whome and call desing calls of the time can listen
M0770_PR	460	2	\$TELEPOA			С	Ability to use telephone, p	rior
				2,664 28 18 956 83 117 104 65		UK 00 01 02 03 04	Missing Patient does not have a tel Unknown Able independently dial/ans Able use a specif adapted p Able answer calls, diff pla Able answer calls only some Unable answer phone at all, Totaly unable to use the te	wer calls chone and call cing calls of the time can listen
M0780_CU	462	2	\$MANRXOA			С	Manage oral medica, current	
				1,644 29 0 1,046 737 661		UK 00 01	Missing No med of this type prescri Unknown Able to independently take Able to take med corect tim Unable to take med unless a	correct med mes w/ assist

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT BE	NEFICIARY	SURVEY	RIC: Page: Version:	OA 26 1
Variable					ComQues# I		Variable Type & Label		
M0780_PR							C Manage oral medica, pr	ior	
				2,664 23 17 594 395 424		Ţ (Missing NA No med of this type pr UK Unknown 00 Able to independently 01 Able to take med corec 02 Unable to take med unl	take correct med t times w/ assis	st
M0790_CU	466	2	\$MANRXOA			·	C Manage inhalation/mist		
				1,644 1,910 0 274 146 143		Ţ (Missing NA No med of this type pr UK Unknown 00 Able to independently 01 Able to take med corec 02 Unable to take med unl	take correct med t times w/ assis	st
M0790_PR	468	2	\$MANRXOA				C Manage inhalation/mist	medica, prior	
				2,664 1,077 30 172 82 92		Ţ (Missing NA No med of this type pr UK Unknown 00 Able to independently 01 Able to take med corec 02 Unable to take med unl	take correct med t times w/ assis	st
M0800_CU	470	2	\$MANRXOA				C Manage injectable medi	ca, current	
				1,644 2,067 0 143 52 211		Ţ (Missing NA No med of this type pr UK Unknown 00 Able to independently 01 Able to take med corec 02 Unable to take med unl	take correct med t times w/ assis	st
M0800_PR	472	2	\$MANRXOA				C Manage injectable medi	ca, prior	
				2,664 1,178 35 82 31		Ţ (Missing NA No med of this type pr UK Unknown 00 Able to independently 01 Able to take med corec 02 Unable to take med unl	take correct med t times w/ assis	st
M0810_PA	474	2	\$PQUIPOA				C Patient management of	equipment	
				1,644 2,036 93 98 33 37 176		(Missing NA No equipment used in t 00 Able to independently 01 Able to manage equip i 02 Req considerable assis 03 Only able to monitor e 04 Depends entirely upon	manage all equip f someone sets u t managing equip quipment	ıp

MEDICARE CURRENT BENEFICIARY SURVEY

RIC:

OA

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIARY	r si	URVEY	RIC: Page: Version:	OA 27 1
						# FacQues#		ariable Type & Label		
M0820_CG	476	2	\$CQUIPOA				С	Caregiver management of ed	quipment	
				3,680				Missing		
				40				No caregiver		
				5 220				Unknown Able to independently mana	age all equip	1
				114				Able to manage equip if so		
				11			02	Req considerable assist ma	anaging equip)
				17				Only able to monitor equip		
				30)		04	Depends entirely upon anot	ther person	
M0825_TH	478	2	\$YESNAOA				С	Indication of therapy need	i	
				1,533				Missing		
				306 1,542				Inapplicable No		
				736				Yes		
M0830_E0	480	1	INDICOA				N	Emerg; Hospital emergency	room	
				2,599)			Missing		
				1,193	}			Not indicated		
				325	5		1	Indicated		
M0830_E1	481	1	INDICOA				N	Emerg; Doctors office emer	rg visit	
				2,599				Missing		
				1,495				Not indicated		
				23	•		Τ	Indicated		
M0830_E2	482	1	INDICOA				N	Emerg; Outpatient depart/o	clinic emerg	
				2,599				Missing		
				1,514 4				Not indicated Indicated		
M0830_E3	483	1	INDICOA	-	•			Emerg; Unknown emergent ca	are	
_				0.500						
				2,599 1,491				Missing Not indicated		
				27				Indicated		
M0830_EC	484	1	INDICOA				N	Emerg; No emergent care se	ervices	
				2,599)			Missing		
				374				Not indicated		
				1,144	Ł		1	Indicated		
M0840_10	485	1	\$INDICOA				С	Reas; GI bleeding, obstruc	ction	
				3,770				Missing		
				340 7				Not indicated Indicated		
				,			Τ	Indicated		
M0840_11	486	1	\$INDICOA				С	Reas; Other emergent care	reason	
				3,770			_	Missing		
				227 120				Not indicated Indicated		
				120	•		Т	Indicated		

RIC:

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICIARY	Ja T	JRVEY	RIC: Page: Version:	OA 28 1
				Frequency			Va	ariable Type & Label		
M0840_12	487	1	\$INDICOA				С	Reas; Unknown emergent care	reason	
				3,770 321 26			0	Missing Not indicated Indicated		
M0840_E4	488	1	\$INDICOA				С	Reas; Nausia, dehydration, m	alnutrition	ı
				3,770 326 21			0	Missing Not indicated Indicated		
M0840_E5	489	1	\$INDICOA				С	Reas; Injury from fall or ho	me accident	=
				3,770 316 31			0	Missing Not indicated Indicated		
M0840_E6	490	1	\$INDICOA				С	Reas; Respiratory problems		
				3,770 270 77			0	Missing Not indicated Indicated		
M0840_E7	491	1	\$INDICOA				С	Reas; Wound infection, new 1	esion/ulcer	<u>-</u>
				3,770 324 23			0	Missing Not indicated Indicated		
M0840_E8	492	1	\$INDICOA				С	Reas; Cardiac problems		
				3,770 281 66			0	Missing Not indicated Indicated		
M0840_E9	493	1	\$INDICOA				С	Reas; Hypo/Hyperglycemia, di	abetes	
				3,770 340 7			0	Missing Not indicated Indicated		
M0840_EC	494	1	\$INDICOA				С	Reas; Improper medication ad	lministratio	on
				3,770 344 3				Missing Not indicated Indicated		
M0855_IN	495	2	\$INFACOA				С	Inpatient facility admitted	to	
				2,599 1,020 474 0 23			NA 01 02 03	Missing No inpatient facility admiss Hospital Rehabilitation facility Nursing home Hospice	ion	

03/13/07 OAS 2004				MEDICARE (CURRENT	BENEFICIARY	S	URVEY	RIC: Page: Version:	OA 29 1
				Frequency			Vá	ariable Type & Label		
M0870_DS							С	Discharge disposition		
				3,097 8 971 22 19			UK 01 02	Missing Unknown, other Patient remained in the com Patient transferred to a no Unknown, location not serve	ninsti hosp	
0A_0880M	499	1	\$INDICOA				С	Svcs after disch; Family/Fr	iends	
				3,146 245 726			0	Missing Not indicated Indicated		
M0880_A1	500	1	\$INDICOA				С	Svcs after disch; Other com	m resources	
				3,146 720 251			0	Missing Not indicated Indicated		
M0880_AF	501	1	\$INDICOA				С	Svcs after disch; No service	es	
				3,146 851 120			0	Missing Not indicated Indicated		
м0890_но	502	2	\$RHOSPOA				С	Reason admitted to acute ca	re hospital	
				3,643 14 396 34 30			UK 01 02	Missing Unknown Hospitalization; Emergent of Hospitalization; Urgent can Hospitalization; Elective of	re e	
M0895_10	504	1	\$INDICOA				С	ReasHosp; Scheduled surgical	ıl procedure	
				3,643 451 23			0	Missing Not indicated Indicated		
M0895_11	505	1	\$INDICOA				С	ReasHosp; Urinary tract inf	ection	
				3,643 467 7				Missing Not indicated Indicated		
M0895_12	506	1	\$INDICOA				С	ReasHosp; IV catheter-relat	ed infectio	n
				3,643 474 0				Missing Not indicated Indicated		
M0895_13	507	1	\$INDICOA				С	ReasHosp; Pulminary embolus	3	
				3,643 471 3				Missing Not indicated Indicated		

03/13/07 OAS 2004				MEDICARE OASIS	CURRENT	BENEFICI	ARY	SURVEY RIC: OA Page: 30 Version: 1
				Frequency				Variable Type & Label
M0895_14	508	1	\$INDICOA					C ReasHosp; Uncontrolled pain
				3,643 460 14				Missing 0 Not indicated 1 Indicated
M0895_15	509	1	\$INDICOA					C ReasHosp; Psychotic episode
				3,643 462 12				Missing 0 Not indicated 1 Indicated
M0895_16	510	1	\$INDICOA					C ReasHosp; Other reason
				3,643 276 198				Missing 0 Not indicated 1 Indicated
м0895_н2	511	1	\$INDICOA					C ReasHosp; Injury from fall or home accid
				3,643 443 31				Missing 0 Not indicated 1 Indicated
м0895_н3	512	1	\$INDICOA					C ReasHosp; Respiratory problems
				3,643 376 98				Missing 0 Not indicated 1 Indicated
м0895_н4	513	1	\$INDICOA					C ReasHosp; Wound infection, new lesion/ul
				3,643 443 31				Missing 0 Not indicated 1 Indicated
М0895_Н5	514	1	\$INDICOA					C ReasHosp; Hypo/Hyperglycemia, diabetes
				3,643 463 11				Missing 0 Not indicated 1 Indicated
М0895_Н6	515	1	\$INDICOA					C ReasHosp; GI bleeding, obstruction
				3,643 461 13				Missing 0 Not indicated 1 Indicated
M0895_H7	516	1	\$INDICOA					C ReasHosp; Exac of CHF, heart failure
				3,643 421 53				Missing 0 Not indicated 1 Indicated
М0895_Н8	517	1	\$INDICOA					C ReasHosp; Myocardial infarction, stroke
				3,643 458 16				Missing 0 Not indicated 1 Indicated

03, 0A 3					MEDICARE OASIS	CURRENT	BENI	EFICIARY	SURVEY	RIC: Page: Version:	OA 31 1
					Frequency				Variable Type & Label		
				\$INDICOA					C ReasHosp; Chemotherapy		
					3,643 474 0				Missing 0 Not indicated 1 Indicated		
MO	895_HO	519	1	\$INDICOA					C ReasHosp; Improper medical	administrat:	io
					3,643 468 6				Missing 0 Not indicated 1 Indicated		
MOS	900_17	520	1	\$INDICOA					C Reason admitted to nursing	home	
					4,094 22 1				Missing 0 Not indicated 1 Indicated		
MO	900_18	521	1	\$INDICOA					C ReasHome; Hospice care		
					4,094 23 0				Missing 0 Not indicated 1 Indicated		
M09	900_19	522	1	\$INDICOA					C ReasHome; Permanent Placeme	nt	
					4,094 13 10				Missing 0 Not indicated 1 Indicated		
M09	900_20	523	1	\$INDICOA					C ReasHome; Unsafe for care a	t home	
					4,094 16 7				Missing 0 Not indicated 1 Indicated		
M09	900_21	524	1	\$INDICOA					C ReasHome; Other reason		
					4,094 17 6				Missing 0 Not indicated 1 Indicated		
MOS	900_22	525	1	\$INDICOA					C ReasHome; Unknown reason		
					4,094 23 0				Missing 0 Not indicated 1 Indicated		
M0	900_NH	526	1	\$INDICOA					C ReasHome; Therapy Services		
					4,094 21 2				Missing 0 Not indicated 1 Indicated		
M09	903_LA	527	8						N Date of last home visit		
M0	906_DC	535	8						N Discharge/Transfer/Death da	te	