

Section GG Functional Abilities

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury
Complete only if A0310B = 01

Coding:

3. **Independent** - Resident completed all the activities by themselves, with or without an assistive device, with no assistance from a helper.
2. **Needed Some Help** - Resident needed partial assistance from another person to complete any activities.
1. **Dependent** - A helper completed all the activities for the resident.
8. **Unknown.**
9. **Not Applicable.**

Enter
Codes in
Boxes


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A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.

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B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

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C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

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D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury
Complete only if A0310B = 01



Check all that apply

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A. Manual wheelchair

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B. Motorized wheelchair and/or scooter

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C. Mechanical lift

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D. Walker

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E. Orthotics/Prosthetics

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Z. None of the above

GG0115. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days

Coding:

0. No impairment
1. Impairment on one side
2. Impairment on both sides



Enter Codes in Boxes

☐

A. Upper extremity (shoulder, elbow, wrist, hand)

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B. Lower extremity (hip, knee, ankle, foot)

GG0120. Mobility Devices



Check all that were normally used in the last 7 days

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A. Cane/crutch

☐

B. Walker

☐

C. Wheelchair (manual or electric)

☐

D. Limb prosthesis

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Z. None of the above were used

Section GG Functional Abilities - Admission**GG0130. Self-Care** (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01 or when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused**09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance	
Enter Codes In Boxes	
<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. **5 28 35
<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. **5
<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. **5, 6
<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. **5
<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. **5
<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. **5
<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. **5
<input type="text"/>	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). **5

MDS Quality Measures (Long-Stay)

28 - Residents whose need for help with ADLs has increased

36 - Residents whose ability to walk independently worsened **Covariate**

Items in RED indicate potential triggers for CAAs.

** = two items required to trigger

*** = three or more items required to trigger

^ = six or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential

6 - Urinary Incontinence and Indwelling Catheter

Section GG Functional Abilities - Admission

GG0170. Mobility (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01 or when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.

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

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

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

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

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

If activity was not attempted, code reason:

07. Resident refused

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

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

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

1. Admission Performance	
Enter Codes in Boxes	
<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. **5, 16
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. **5, 16 (25) (28)
<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support. **5, 16 (21)
<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. **5 (25) (28) (36)
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). **5
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode. **5, 6 (28) (36)
<input type="text"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower. **5
<input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. **5
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb) **5 (25) (28) (36)
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. **5
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. **5

GG0170 continued on next page

Items in RED indicate potential triggers for CAAs.

** = two items required to trigger

*** = three or more items required to trigger

^ = six or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential

6 - Urinary Incontinence and Indwelling Catheter

16 - Pressure Ulcer/Injury

MDS Quality Measures (Long-Stay)

(21) - Residents with pressure ulcers (Covariate)

(25) - Residents with new or worsened bowel or bladder incontinence (Covariate)

(28) - Residents whose need for help with ADLs has increased

(36) - Residents whose ability to walk independently worsened

(36) - Residents whose ability to walk independently worsened (Covariate)

Section GG Functional Abilities - Admission

GG0170. Mobility (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01 or when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

If activity was not attempted, code reason:

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- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

07. Resident refused

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

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

88. Not attempted due to medical condition or safety concerns

1. Admission Performance	
Enter Codes in Boxes	
<input type="text"/>	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. **5
<input type="text"/>	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object. **5
<input type="text"/>	N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object. **5
<input type="text"/>	O. 12 steps: The ability to go up and down 12 steps with or without a rail. **5
<input type="text"/>	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. **5
<input type="checkbox"/>	Q1. Does the resident use a wheelchair and/or scooter? 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. **5 (25)
<input type="checkbox"/>	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. **5
<input type="checkbox"/>	SS1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

MDS Quality Measures (Long-Stay)

(25) - Residents with new or worsened bowel or bladder incontinence (Covariate)

Items in RED indicate potential triggers for CAAs.

** = two items required to trigger

*** = three or more items required to trigger

^ = six or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential

Section GG Functional Abilities - Discharge

GG0130. Self-Care (Assessment period is the last 3 days of the stay)

Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.

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

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

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

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

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

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07. **Resident refused**

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

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

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

3.
Discharge
Performance

Enter Codes
in Boxes

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A. **Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. ④ ⑧ 28 36

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B. **Oral hygiene:** The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. ④ ⑧

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C. **Toileting hygiene:** The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. ④ ⑧

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E. **Shower/bathe self:** The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. ④

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F. **Upper body dressing:** The ability to dress and undress above the waist; including fasteners, if applicable. ④

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G. **Lower body dressing:** The ability to dress and undress below the waist, including fasteners; does not include footwear. ④

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H. **Putting on/taking off footwear:** The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. ④

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I. **Personal hygiene:** The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

MDS Quality Measures (Long-Stay)

28 - Residents whose need for help with ADLs has increased

36 - Residents whose ability to walk independently worsened (Covariate)

SNF QRP Quality Measures

④ - Discharge self-care score for medical rehabilitation patients

⑧ - Discharge function score

Section GG Functional Abilities - Discharge

GG0170. Mobility (Assessment period is the last 3 days of the stay)

Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

- 06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
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- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. 5 6
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. 5 25 28
<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support. 5 6 21
<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. 5 6 25 28 35
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). 5 6
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode. 5 6 28 35
<input type="text"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.
<input type="text"/>	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. 5
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. 5 6 35 36 If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. 5 6
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. 5

GG0170 continued on next page

MDS Quality Measures (Long-Stay)

- 21 - Residents with pressure ulcers (Covariate)
- 25 - Residents with new or worsened bowel or bladder incontinence (Covariate)
- 28 - Residents whose need for help with ADLs has increased
- 35 - Residents whose ability to walk independently worsened
- 36 - Residents whose ability to walk independently worsened (Covariate)

SNF QRP Quality Measures

- 5 - Discharge mobility score for medical rehabilitation patients
- 6 - Discharge function score

Section GG Functional Abilities - Discharge

GG0170. Mobility (Assessment period is the last 3 days of the stay)

Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.
Activities may be completed with or without assistive devices.

If activity was not attempted, code reason:

07. Resident refused

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

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

88. Not attempted due to medical condition or safety concerns

06. Independent - Resident completes the activity by themselves with no assistance from a helper.

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

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

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

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

3.
Discharge
Performance

Enter Codes
in Boxes

L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. ⑤

M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. ⑤
If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object

N. 4 steps: The ability to go up and down four steps with or without a rail. ⑤
If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object

O. 12 steps: The ability to go up and down 12 steps with or without a rail. ⑤

P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. ⑤

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Q3. Does the resident use a wheelchair and/or scooter?

0. No → Skip to H0100, Appliances

1. Yes → Continue to GG0170R, Wheel 50 feet with two turns

R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. ⑤ ②⑤

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RR3. Indicate the type of wheelchair or scooter used.

1. Manual

2. Motorized

S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. ⑤ ⑧

☐

SS3. Indicate the type of wheelchair or scooter used.

1. Manual

2. Motorized

MDS Quality Measures (Long-Stay)

②⑤ - Residents with new or worsened bowel or bladder incontinence **Covariate**

SNF QRP Quality Measures

⑤ - Discharge mobility score for medical rehabilitation patients

⑧ - Discharge function score

Section GG Functional Abilities - OBRA/Interim

GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days)
Complete column 5 when A0310A = 02 - 06 and A0310B = 99.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

- 06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
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If activity was not attempted, code reason:

- 07. Resident refused
- 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

5. OBRA/Interim Performance	Enter Codes in Boxes	
<input type="text"/>	<input type="text"/>	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. **5 23 36
<input type="text"/>	<input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. **5
<input type="text"/>	<input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. **5, 6
<input type="text"/>	<input type="text"/>	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. **5
<input type="text"/>	<input type="text"/>	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. **5
<input type="text"/>	<input type="text"/>	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. **5
<input type="text"/>	<input type="text"/>	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. **5
<input type="text"/>	<input type="text"/>	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene). **5

MDS Quality Measures (Long-Stay)

- 23 - Residents whose need for help with ADLs has increased
- 36 - Residents whose ability to walk independently worsened Covariate

Items in RED indicate potential triggers for CAAs.

- ** = two items required to trigger
- *** = three or more items required to trigger
- ^ = six or more items required to trigger

- 5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential
- 6 - Urinary Incontinence and Indwelling Catheter

Section GG Functional Abilities - OBRA/Interim

GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days)
Complete column 5 when A0310A = 02 - 06 and A0310B = 99.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

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

Activities may be completed with or without assistive devices.

- 06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

5. OBRA/Interim Performance	
Enter Codes in Boxes	
<input type="text"/>	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. **5, 16
<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. **5, 16 (25) (28)
<input type="text"/>	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support. **5, 16 (21)
<input type="text"/>	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. **5 (25) (28) (36)
<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). **5
<input type="text"/>	F. Toilet transfer: The ability to get on and off a toilet or commode. **5, 6 (28) (36)
<input type="text"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower. **5
<input type="text"/>	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. **5 (36) (36) If performance in the last 7 days is coded 07, 09, 10, or 88 → Skip to GG0170Q5, Does the resident use a wheelchair or scooter?
<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. **5
<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. **5

GG0170 continued on next page

MDS Quality Measures (Long-Stay)

- (21) - Residents with pressure ulcers (Covariate)
- (25) - Residents with new or worsened bowel or bladder incontinence (Covariate)
- (28) - Residents whose need for help with ADLs has increased
- (36) - Residents whose ability to walk independently worsened
- (36) - Residents whose ability to walk independently worsened (Covariate)

Items in RED indicate potential triggers for CAAs.

- ** = two items required to trigger
- *** = three or more items required to trigger
- ^ = six or more items required to trigger

- 5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential
- 6 - Urinary Incontinence and Indwelling Catheter
- 16 - Pressure Ulcer/Injury

Section GG Functional Abilities - OBRA/Interim

GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days)
 Complete column 5 when A0310A = 02 - 06 and A0310B = 99.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

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

Activities may be completed with or without assistive devices.

- 06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. Resident refused
- 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

5. OBRA/Interim Performance		Enter Codes in Boxes	
<input type="checkbox"/>	Q5. Does the resident use a wheelchair and/or scooter?		
	0. No → Skip to H0100, Appliances		
	1. Yes → Continue to GG0170R, Wheel 50 feet with two turns		
<input type="checkbox"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. **5 (25)		
<input type="checkbox"/>	RR5. Indicate the type of wheelchair or scooter used.		
	1. Manual		
	2. Motorized		
<input type="checkbox"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. **5		
<input type="checkbox"/>	SS5. Indicate the type of wheelchair or scooter used.		
	1. Manual		
	2. Motorized		

MDS Quality Measures (Long-Stay)

(25) - Residents with new or worsened bowel or bladder incontinence (Covariate)

Items in RED indicate potential triggers for CAAs.

** = two items required to trigger

*** = three or more items required to trigger

^ = six or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential