

WEST VIRGINIA SECTION S

01/16/2004

Form Location	Form Description	Length	Start	End	Required on Rectype	Blank on Rectype	Range	Data type	Consistency Checks Between Fields Needed (yes/no)
S1a	Capable of self-administration of medications	1	903	903	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0 No;1 Yes; 2 Limited		no
S1b	Wishes to self-medicate	1	904	904	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0 No;1 Yes; 2 Limited		no
S2	Pressure Sore Development								
S2a	No. of new/reoccurring pressure sores in last qtr.	1	905	905	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0-9		no
S2b	Where developed	1	906	906	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=inhouse; 2=other; 3=both		no
S3	Contractures								
S3a	Hand	1	907	907	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3b	Wrist	1	908	908	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3c	Elbow	1	909	909	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3d	Shoulder	1	910	910	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3e	Neck	1	911	911	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3f	Ankle	1	912	912	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3g	Knee	1	913	913	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3h	Hip	1	914	914	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S3i	Other	1	915	915	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=none; 1=right; 2=left; 3=both sides		no
S4	Behavior Management Program	1	916	916	A,AM,AO,Y,YM,YO,Q.QM,QO	D,R	0=Program not provided in the last 7 days. 1=Program not provided in the last 1-3 days. 2=Program not provided in the last 4-6 days. 3=Program not provided daily in the last 7 days		no