

MCBS COVID-19 Facility Supplement Questionnaire: Fall 2020

Variable Name	Question Text/Description	Response Options	Routing
<b>Facility-Level Questions</b>			
	Thank you for agreeing to participate in this short survey about (FACILITY'S NAME) experiences during the coronavirus pandemic, also known as COVID-19 or SARS-CoV-2.	(01) CONTINUE	NEXT QUESTION
SUSINTRO	<p><u>As of today</u>, are any in-person services currently suspended, inside or outside of (FACILITY NAME), <u>due</u> to the coronavirus pandemic?</p> <p>[IF NEEDED: Please include only in-person services.]</p> <p>[IF NEEDED: Suspension of in-person services means these services are not currently being provided in-person.]</p>	(00) NO, NOT SUSPENDED (01) YES, SUSPENDED (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	(00) TELINTRO (01) NEXT QUESTION (02) TELINTRO (-8) TELINTRO (-9) TELINTRO
OUTDRSUS	<p>[As of today] are in-person <u>primary care</u> visits with a doctor or other health professional <u>outside</u> this facility currently suspended <u>due</u> to the coronavirus pandemic?</p> <p>[IF NEEDED: Primary care visits are for treating common medical conditions and may be for regular check-ups.]</p>	(00) NO, NOT SUSPENDED (01) YES, SUSPENDED (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
OUTSDSUS	<p>[As of today] are in-person <u>specialty care</u> visits with a doctor or other health professional <u>outside</u> this facility currently suspended <u>due</u> to the coronavirus pandemic?</p> <p>[IF NEEDED: Specialty care visits may be for more complex health issues, such as chronic conditions.]</p>	(00) NO, NOT SUSPENDED (01) YES, SUSPENDED (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
INDRSUS	<p>[As of today] are in-person <u>primary care</u> visits with a doctor or other health professional <u>inside</u> this facility currently suspended <u>due</u> to the coronavirus pandemic?</p> <p>[IF NEEDED: Primary care visits are for treating common medical conditions and may be for regular check-ups.]</p>	(00) NO, NOT SUSPENDED (01) YES, SUSPENDED (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
INSDSUS	<p>[As of today] are in-person <u>specialty care</u> visits with a doctor or other health professional <u>inside</u> this facility currently suspended <u>due</u> to the coronavirus pandemic?</p> <p>[IF NEEDED: Specialty care visits may be for more complex health issues, such as chronic conditions.]</p>	<p>(00) NO, NOT SUSPENDED                      (01) YES, SUSPENDED                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
OTHSUSPE	<p>[As of today] are any of the following in-person services, both inside and outside this facility, currently suspended <u>due</u> to the coronavirus pandemic?</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> <li>• <b>DENTSUS.</b> Dental visits</li> <li>• <b>MENTSUS.</b> Psychiatrist or other mental health professional visits</li> <li>• <b>PODSUS.</b> Podiatrist visits</li> <li>• <b>EDHABSUS.</b> Educational or habilitational services</li> <li>• <b>OTHSUS.</b> Any other types of services</li> </ul>	<p>(00) NO, NOT SUSPENDED                      (01) YES, SUSPENDED                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
TELINTRO	<p>Did (FACILITY NAME) offer any services through telehealth <u>before</u> the coronavirus pandemic?</p>	<p>(00) NO                      (01) YES                      (-8) DON'T KNOW                      (-9) REFUSED</p>	<p>(00) TELCOVID                      (01) NEXT QUESTION                      (-8) TELCOVID                      (-9) TELCOVID</p>
TELOUTDR	<p>Were doctor or other health professional visits <u>outside</u> this facility offered through telehealth <u>before</u> the coronavirus pandemic? Please include outside visits for both primary and specialty care.</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES WERE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALITY CARE OUTSIDE THE FACILITY ANSWER "YES".</p>	<p>(00) NO                      (01) YES                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
TELINDR	<p>Were doctor or other health professional visits <u>inside</u> this facility offered through telehealth <u>before</u> the coronavirus pandemic?</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES WERE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALITY CARE INSIDE THE FACILITY ANSWER "YES".</p>	<p>(00) NO                      (01) YES                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
TELMED1	<p>Which of the following services, both inside and outside this facility, were offered through telehealth <u>before</u> the coronavirus pandemic?</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> <li>• <b>TELDENT.</b> Dental visits</li> <li>• <b>TELMH.</b> Psychiatrist or other mental health professional visits</li> <li>• <b>TELPOD.</b> Podiatrist visits</li> <li>• <b>TELEDHAB.</b> Educational or habilitational services</li> <li>• <b>TELOTH.</b> Any other types of services</li> </ul> <p>[IF NEEDED: Other types of services inside or outside the facility may include dieticians, nurse practitioners, physician's assistants, registered nurses, or social workers.]</p>	<p>(00) NO                      (01) YES                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
TELCOVID	<p><u>As of today</u>, are any services provided through telehealth by (FACILITY NAME) <u>due to</u> the coronavirus pandemic?</p>	<p>(00) NO                      (01) YES                      (-8) DON'T KNOW                      (-9) REFUSED</p>	<p>(00) TELEMDS                      (01) NEXT QUESTION                      (-8) TELEMDS                      (-9) TELEMDS</p>

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
TLOUTDRC	<p>[As of today] are doctor or other health professional visits <u>outside</u> this facility currently offered through telehealth <u>due to</u> the coronavirus pandemic? Please include outside visits for both primary and specialty care.</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES ARE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALITY CARE OUTSIDE THE FACILITY ANSWER "YES".</p>	<p>(00) NO                      (01) YES                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
TELINDRC	<p>[As of today] are doctor or other health professional visits <u>inside</u> this facility currently offered through telehealth <u>due to</u> the coronavirus pandemic? Please include inside visits for both primary and specialty care.</p> <p>VISITS SHOULD INCLUDE BOTH PRIMARY AND SPECIALTY CARE. IF SERVICES ARE OFFERED THROUGH TELEHEALTH FOR EITHER PRIMARY OR SPECIALITY CARE INSIDE THE FACILITY ANSWER "YES".</p>	<p>(00) NO                      (01) YES                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
TELMED2	<p>[As of today] which of the following services, both inside and outside this facility, are currently offered through telehealth <u>due to</u> the coronavirus pandemic?</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> <li>• <b>TELDENTC.</b> Dental visits</li> <li>• <b>TELMHC.</b> Psychiatrist or other mental health professional visits</li> <li>• <b>TELPODC.</b> Podiatrist visits</li> <li>• <b>TELEDHBC.</b> Educational or habilitational services</li> <li>• <b>TELOTHC.</b> Any other types of services</li> </ul> <p>[IF NEEDED: Other types of services inside or outside the facility may include dieticians, nurse practitioners, physician's assistants, registered nurses, or social workers.]</p>	<p>(00) NO                      (01) YES                      (02) NOT APPLICABLE                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
TELEMDS	Due to the coronavirus pandemic, is (FACILITY NAME) <u>currently</u> conducting any section of the Minimum Data Set Resident Assessment and Care Screenings, also known as the MDS, via video calls, voice calls, or conferencing over the internet, such as with Zoom, Skype, or FaceTime?	(00) NO (01) YES (02) NOT APPLICABLE (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ACTINTRO	Now I would like to ask you about activities this facility may be using to prevent the spread of COVID-19.	(01) CONTINUE	NEXT QUESTION
PREVVIS	<u>As of today</u> , does (FACILITY NAME) currently allow visitation, such as by family, friends, or volunteers?  [IF NEEDED: Some examples may include allowing visitation for end of life situations, making visitation decisions on a case by case basis, or not restricting visitation at all.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) PREVVIS4 (01) NEXT QUESTION (-8) PREVVIS4 (-9) PREVVIS4
PREVVIS3	If visitors are permitted inside, are they required to...  Ask YES/NO for each: <ul style="list-style-type: none"> <li>• <b>VISMASK.</b> Wear a face mask</li> <li>• <b>VISRROOM.</b> Restrict their visit to the resident's room</li> <li>• <b>VISWSHH.</b> Frequently wash hands</li> </ul>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
PREVVIS2	Does this facility provide alternative methods for visitation such as video conferencing for residents?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
PREVHCP1	Does this facility monitor health care personnel adherence to...  Ask YES/NO for each: <ul style="list-style-type: none"> <li>• <b>HCPHH.</b> Hand hygiene</li> <li>• <b>HCPPPE.</b> Use of Personal Protective Equipment (PPE)</li> <li>• <b>HCPDES.</b> Cleaning and disinfecting environmental surfaces</li> </ul>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
HCPFLUVC	<p>What is (FACILITY NAME)'s policy about the flu shot for <u>health care personnel</u>? READ RESPONSE OPTIONS ALOUD:</p> <ul style="list-style-type: none"> <li>• Flu shot is required</li> <li>• Flu shot is recommended</li> <li>• Neither</li> </ul>	<p>(01) VACCINE IS REQUIRED                      (02) VACCINE IS RECOMMENDED                      (03) NEITHER                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
HPCOVVC <sup>1</sup>	<p>What (is/will be) the (FACILITY NAME)'s policy about the Coronavirus vaccine for <u>health care personnel</u>? READ RESPONSE OPTIONS ALOUD:</p> <ul style="list-style-type: none"> <li>• Vaccine (is/will be) required</li> <li>• Vaccine (is/will be) recommended</li> <li>• Neither</li> <li>• Don't know</li> </ul>	<p>(01) VACCINE (IS/WILL BE) REQUIRED                      (02) VACCINE (IS/WILL BE) RECOMMENDED                      (03) NEITHER                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
PREVRES1	<p>Does this facility educate residents about...</p> <p>Ask YES/NO for each:</p> <ul style="list-style-type: none"> <li>• <b>EDSYMTRM.</b> COVID-19 symptoms and transmission</li> <li>• <b>EDACTRES.</b> Actions they can take to protect themselves such as hand washing</li> <li>• <b>EDACTFAC.</b> Actions the facility is taking to keep them safe</li> </ul>	<p>(00) NO                      (01) YES                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION
RESFLUVC	<p>What is (FACILITY NAME)'s policy about the flu shot for <u>residents</u>? READ RESPONSE OPTIONS ALOUD:</p> <ul style="list-style-type: none"> <li>• Flu shot is required</li> <li>• Flu shot is recommended</li> <li>• Neither</li> </ul>	<p>(01) VACCINE IS REQUIRED                      (02) VACCINE IS RECOMMENDED                      (03) NEITHER                      (-8) DON'T KNOW                      (-9) REFUSED</p>	NEXT QUESTION

<sup>1</sup> For variables HPCOVVC and RESCOVVC, interviewers asked about the facility's future Coronavirus vaccine policy in Fall 2020. Once a Coronavirus vaccine is available to the public, these items will ask about the Facility's current Coronavirus vaccine policy.

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
RESCOVVC	What (is/will be) the (FACILITY NAME)'s policy about the Coronavirus vaccine for <u>residents</u> ? READ RESPONSE OPTIONS ALOUD: <ul style="list-style-type: none"> <li>• Vaccine (is/will be) required</li> <li>• Vaccine (is/will be) recommended</li> <li>• Neither</li> <li>• Don't know</li> </ul>	(01) VACCINE (IS/WILL BE) REQUIRED (02) VACCINE (IS/WILL BE) RECOMMENDED (03) NEITHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
FACLABCS	As of today, is there at least one laboratory-confirmed COVID-19 case in (FACILITY NAME)? Please include residents and facility staff.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ALTPROV1	As of today, have additional health care personnel been recruited in (FACILITY NAME) beyond the usual health care personnel in this facility in response to the coronavirus pandemic?  [IF NEEDED: Health care personnel may have been recruited because facility staff have been sick with or exposed to COVID-19.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) MENTHLTH (01) ALTPROV2 (-8) MENTHLTH (-9) MENTHLTH
ALTPROV2	What kind of health care personnel was that? SELECT ALL THAT APPLY.  CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES:	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) NURSE PRACTITIONERS (05) PHARMACISTS (06) PHLEBOTOMISTS (07) PHYSICIANS (08) TECHNICIANS (09) THERAPISTS (10) NATIONAL GUARD (11) OTHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
PREMHS	The next questions are about mental health services.	(01) CONTINUE	NEXT QUESTION
MENTFAC	Does this facility offer...  Ask YES/NO to each: <ul style="list-style-type: none"> <li>• <b>FACMHITS.</b> Individual Therapy Sessions</li> <li>• <b>FACMHGTS.</b> Group Therapy Sessions</li> <li>• <b>FACMHSG.</b> Support Groups</li> <li>• <b>FACMHAT.</b> Art Therapy</li> <li>• <b>FACMHOTH.</b> Other</li> </ul>	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	IF YES TO AT LEAST ONE SUPPORT SERVICE GO TO SUSPCOV  ELSE GO TO SOCINTRO
SUSPCOV	Are any of these support services currently suspended <u>due</u> to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
MTELESER	Are any of these support services currently shifted to an online platform, such as Zoom, Skype, or FaceTime <u>due</u> to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
SOCINTRO	The next questions are about social and recreational activities.	(01) CONTINUE	
ACTINFAC	Does this facility usually provide social and recreational activities <u>within</u> the facility?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ACTOUTFAC	Does this facility usually provide social and recreational activities <u>outside</u> the facility?  "OUTSIDE THE FACILITY" REFERS TO ACTIVITIES THAT OCCUR OFF THE FACILITY PREMISES.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	BOX 1
BOX 1	IF ACTINFAC or ACTOUTFAC = (01) YES go to ACTSUSP ELSE go to CVDINTRO		

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
ACTSUSP	Are any of these activities currently suspended <u>due</u> to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
ACTTELE	Are any of these activities currently shifted to an online platform, such as Zoom, Skype, or FaceTime <u>due</u> to the coronavirus pandemic?	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
<b>Beneficiary-Level Questions</b>			
CVDINTRO	I am now going to ask you some questions about different types of coronavirus tests (SP) may have had.	CONTINUE	NEXT QUESTION
CVDTEST	<p>Since (REFERENCE DATE) has (SP) been tested to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test?</p> <p>[IF NEEDED: For example, the test can be done by swabbing someone's nose.]</p> <p>[IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) ANTICVD (01) NEXT QUESTION (-8) ANTICVD (-9) ANTICVD
TESTRES	<p>Did the test find that (SP) had Coronavirus or COVID-19?</p> <p>[IF NEEDED: If (SP) had more than one test to see whether (he/she) was infected with coronavirus or COVID-19 at the time of the test, refer to their most recent test.]</p> <p>DO NOT INCLUDE ANTIBODY TESTS, WHICH TEST WHETHER SOMEONE HAS EVER BEEN INFECTED WITH CORONAVIRUS.</p>	(01) YES, THE TEST SHOWED R HAD COVID-19 (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19 (03) NO RESULTS YET (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
ANTICVD	<p>Since (REFERENCE DATE) has (SP) received an antibody test to determine if (he/she) had Coronavirus or COVID-19 in the past?</p> <p>[IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If (SP) had more than one antibody test to determine if (he/she) ever had the coronavirus, refer to their most recent test.]</p>	<p>(00) NO                      (01) YES                      (-8) Don't Know                      (-9) Refused</p>	<p>(00) MEDICARE                      (01) NEXT QUESTION                      (-8) MEDICARE                      (-9) MEDICARE</p>
ANTIRES	<p>Did the test find that (SP) had Coronavirus or COVID-19?</p> <p>[IF NEEDED: An antibody test looks at someone’s blood to see if they have ever been infected with the coronavirus.]</p> <p>[IF NEEDED: If (SP) had more than one antibody test to determine if (he/she) ever had the coronavirus, refer to their most recent test.]</p>	<p>(01) YES, THE TEST SHOWED R HAD COVID-19                      (02) NO, THE TEST SHOWED R DID NOT HAVE COVID-19                      (03) NO RESULTS YET                      (-8) DON'T KNOW                      (-9) REFUSED</p>	<p>NEXT QUESTION</p>
MEDICARE	<p>Since (REFERENCE DATE) has (SP) received medical care (either inside or outside this (facility/home)) for the coronavirus or COVID-19?</p> <p>[IF NEEDED: Please include services provided by all health care personnel.]</p>	<p>(00) NO                      (01) YES                      (-8) Don't Know                      (-9) Refused</p>	<p>(00) CDCVAC1                      (01) NEXT QUESTION                      (-8) CDCVAC1                      (-9) CDCVAC1</p>

MCBS COVID-19 Fall 2020 Facility Supplement

Variable Name	Question Text/Description	Response Options	Routing
PROVTYP	What kind of provider did (he/she) receive care from for the coronavirus or COVID-19? SELECT ALL THAT APPLY.  CODE BASED ON THE RESPONSE FACILITY RESPONDENT GIVES:	(01) EMERGENCY MEDICAL SERVICE PERSONNEL (02) NURSES (03) NURSING ASSISTANTS (04) PHARMACISTS (05) PHLEBOTOMISTS (06) PHYSICIANS (07) TECHNICIANS (08) THERAPISTS (09) OTHER (-8) DON'T KNOW (-9) REFUSED	NEXT QUESTION
BOX 2	IF CVVACFLG=1 (VACCINE AVAILABLE) THEN GO TO CVDVAC1. ELSE GO TO MDSINTRO.		
CDCVAC1 <sup>2</sup>	Since (DATE of COVID-19 vaccine availability) has (SP) had a coronavirus vaccination?  DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) MDSINTRO (01) NEXT QUESTION (-8) MDSINTRO (-9) MDSINTRO
CVDVACNUM	How many coronavirus vaccinations has (SP) had?  DO NOT REPORT VACCINES THAT ARE SCHEDULED FOR THE FUTURE. ONLY REPORT VACCINATIONS THAT HAVE BEEN RECEIVED BY THE DATE OF THE INTERVIEW.	(01) One vaccination (02) Two vaccinations (-8) DON'T KNOW (-9) REFUSED	(01) NEXT QUESTION (02) NEXT QUESTION (-8) MDSINTRO (-9) MDSINTRO
DOSEDAT1	Date of <u>first</u> dose of coronavirus vaccination received – Complete date and skip to the next section if response to question two was <b>1</b> ; continue to next question if the response to question two was <b>2</b> . Month/Year	MONTH (VAC1MM)  YEAR (VAC1YY)	IF RESPONSE TO CVDVACNUM =(02) GO TO DOSEDAT2. ELSE GO TO MDSINTRO.

<sup>2</sup> Variables CVDVAC1 through DOSEDAT2 were included in the specifications but were not fielded in Fall 2020. The items will be fielded in a future MCBS COVID-19 Facility Supplement once a Coronavirus vaccine is available to the public.

MCBS COVID-19 Fall 2020 Facility Supplement

<b>Variable Name</b>	<b>Question Text/Description</b>	<b>Response Options</b>	<b>Routing</b>
DOSEDAT2	Date of <u>second</u> coronavirus vaccination received – Complete date and skip to the next section Month/Year	MONTH (VAC2MM)  YEAR (VAC2YY)	NEXT QUESTION
MDSINTRO	MOOD The next section is concerning (SP)'s mood on or around (HS REF DATE).	(01) CONTINUE	NEXT QUESTION
PHQINTRO	MOOD [3.0, D0100]  On or around (HS REF DATE) was a Resident Mood Interview conducted for (SP)?  [IF NEEDED: This is sometimes referred to as the Patient Health Questionnaire-9 or PHQ-9©. If an MDS has been conducted for the resident, it can be found in section D0100.]	(00) NO (01) YES (-8) DON'T KNOW (-9) REFUSED	(00) PHQSYMPT (01) PHQSCORE (-8) PHQSYMPT (-9) PHQSYMPT
PHQSCORE	MOOD [3.0, D0300]  ENTER SYMPTOM FREQUENCY SCORE (00-27) FROM PHQ-9.  ENTER "99" IF THE RESIDENT WAS UNABLE TO COMPLETE THE INTERVIEW.	( _ ) CONTINUOUS RESPONSE (99) UNABLE TO COMPLETE INTERVIEW	THANKEND

Variable Name	Question Text/Description	Response Options	Routing
PHQSYMPT	<p>MOOD [3.0, D0500]</p> <p>Over the last 2 weeks, did the resident have any of the following problems or behaviors?</p> <p>IF THE FACILITY RESPONDENT IS UNSURE AND THIS INFORMATION CANNOT BE FOUND IN THE MEDICAL CHART, BUT THERE IS AN MDS AVAILABLE, YOU CAN REFERENCE THE MDS ITEM [3.0, D0500].</p> <p>Ask YES/NO for each:  <b>PHQSYINT.</b> A. Little interest or pleasure in doing things.  <b>PHQSYDEP.</b> B. Feeling or appearing down, depressed, or hopeless.  <b>PHQSYSLP.</b> C. Trouble falling or staying asleep, or sleeping too much.  <b>PHQSYTIR.</b> D. Feeling tired or having little energy.  <b>PHQSYAPT.</b> E. Poor appetite or overeating.  <b>PHQSYSES.</b> F. Indicating that s/he feels bad about self, is a failure, or has let self or family down.  <b>PHQSYCON.</b> G. Trouble concentrating on things, such as reading the newspaper or watching television.  <b>PHQSYMOMV.</b> H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual.  <b>PHQSYSUI.</b> I. States that life isn't worth living, wishes for death, or attempts to harm self.  <b>PHQSYTEM.</b> J. Being short-tempered, easily annoyed.</p>	<p>(00) NO  (01) YES  (-8) DON'T KNOW  (-9) REFUSED</p>	<p>If (01) YES TO ANY, GO TO PHQSYMFAQ.   ELSE GO TO THANKEND</p>

Variable Name	Question Text/Description	Response Options	Routing
PHQSYMFAQ	<p>MOOD [3.0, D0500]</p> <p>Over the last 2 weeks, would you say [INSERT PROBLEM OR BEHAVIOR FROM PHQSYMPT] was exhibited never or 1 day, for 2 to 6 days (several days), for 7 to 11 days (half or more of the days), or for 12-14 days (nearly every day)?</p> <p>IF THE FACILITY RESPONDENT IS UNSURE AND THIS INFORMATION CANNOT BE FOUND IN THE MEDICAL CHART, BUT THERE IS AN MDS AVAILABLE, YOU CAN REFERENCE THE MDS ITEM [3.0, D0500].</p> <p>COLLECT SYMPTOM FREQUENCY FOR EACH PROBLEM/BEHAVIOR THAT IS REPORTED "YES"</p> <p><b>PHQFQIN.</b> Little interest or pleasure in doing things.  <b>PHQSFQDE.</b> Feeling or appearing down, depressed, or hopeless.  <b>PHQSFQSL.</b> Trouble falling or staying asleep, or sleeping too much.  <b>PHQSFQTI.</b> Feeling tired or having little energy.  <b>PHQSFQAP.</b> Poor appetite or overeating.  <b>PHQSFQSE.</b> Indicating that s/he feels bad about self, is a failure, or has let self or family down.  <b>PHQSFQCO.</b> Trouble concentrating on things, such as reading the newspaper or watching television.  <b>PHQSFQMO.</b> Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual.  <b>PHQSFQSU.</b> States that life isn't worth living, wishes for death, or attempts to harm self.  <b>PHQSFQTE.</b> Being short-tempered, easily annoyed.</p>	<p>(00) Never or 1 day  (01) 2-6 days (several days)  (02) 7-11 days (half or more of the days)  (03) 12-14 days (nearly every day)</p>	<p>NEXT QUESTION</p>

MCBS COVID-19 Fall 2020 Facility Supplement

<b>Variable Name</b>	<b>Question Text/Description</b>	<b>Response Options</b>	<b>Routing</b>
THANKEND	Thank you for participating in this important survey.		