

interRAI Community Health Assessment (CHA) Canadian, 9.1.4: Errata and Addenda

The following are changes made to the Canadian edition of the interRAI Community Health Assessment (CHA). Changes or additions to the manual are outlined below, but have not been implemented; changes or additions to the CHA Core and Functional Supplement Forms are outlined below, and have also been implemented in the updated version (9.1.4) of these forms. These updated forms are included, along with their older versions, in CHA print and ebook manuals. Licenses to print the updated forms are also available on the interRAI catalog. Page numbers refer to the published manual/forms (manual version 9.1.4). The table is organized alphabetically by item.

Manual or Form	Item	Page	Old	New
Manual	A2	13	A2. Sex <i>Coding</i> 1. Male 2. Female	A2a. Sex <i>Definition</i> Person's sex that was assigned at birth. <i>Process</i> A person's sex plays an important role in treating certain health conditions and a potential protective/risk factor. It can be used to predict health-related issues and outcomes. Ask the person: "What is your sex that was assigned at birth?" <i>Coding</i> M. Male F. Female UN. Not assigned male or female
Form (CHA Core)	A2	1	2. SEX	2. SEX/GENDER IDENTITY
Form (CHA Core)	A2a	1	2. SEX 1 Male 2 Female	2a. Sex M Male F Female UN Not assigned male or female
Manual	A2b	13	not included	A2b. Gender Identity <i>Definition</i> Gender is the person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as, or different than their birth-assigned sex. Gender identity is fundamentally different than a person's sexual orientation. <i>Coding</i> M. Male F. Female OTH. Other gender identity UNK. Not known NA. Not applicable

(continued)

Manual or Form	Item	Page	Old	New
Manual (continued)				Use the code UNK (Not known) when the question could not be asked or the person could not answer it. Use the code NA (Not applicable) when the question was not asked because it was inappropriate. For example, the person was cognitively impaired. Use the code OTH for persons who do not identify solely as male or female.
Form (CHA Core)	A2b	1	not included	2b. Gender Identity M Male F Female OTH Other gender identity UNK Not Known NA Not applicable
Manual	A2c	13	not included	A2c. Person Self-Identifies Gender As: <i>Process</i> If the person responded “Other” to the gender identity question, ask him/her: “What best identifies your current gender identity?” <i>Coding</i> Use the open text box to record the person’s verbatim response. If he/she does not want to respond to the above question, leave the box blank.
Form (CHA Core)	A2c	1	not included	2c. Person self-identifies gender as <i>Enter up to 25 characters</i> [text box]
Form (CHA-FS)	A3	1	3. PROVINCE OR TERRITORY OF USUAL LIVING ARRANGEMENT AND AGENCY IDENTIFIER [EXAMPLE — CANADA] a. Province or Territory b. Agency Identifier	6. AGENCY IDENTIFIER [EXAMPLE — CANADA]
Form (CHA-MH)	A3	1	3. PROVINCE OR TERRITORY OF USUAL LIVING ARRANGEMENT AND AGENCY IDENTIFIER [EXAMPLE — CANADA] a. Province or Territory b. Agency Identifier	3. AGENCY IDENTIFIER [EXAMPLE — CANADA]
Form (CHA-Db)	A3	1	3. PROVINCE OR TERRITORY OF USUAL LIVING ARRANGEMENT AND AGENCY IDENTIFIER [EXAMPLE — CANADA] a. Province or Territory b. Agency Identifier	3. AGENCY IDENTIFIER [EXAMPLE — CANADA]
Manual	A6	15	A6. Province or Territory of Usual Living Arrangement and Agency Identifier [Country Specific] <i>Intent</i> To record the province or territory of the person’s usual living arrangement, and to identify the specific agency from which the person is receiving help at the time of the assessment, [. . .] <i>Process</i> Each province/territory has a reporting code. Each agency has a unique numeric identifier.	A6. Agency Identifier <i>Intent</i> To identify the specific agency from which the person is receiving help at the time of the assessment, [. . .] <i>Process</i> Each agency has a unique numeric identifier. <i>Coding</i> Record the agency identifier, as identified by your organization, in the spaces provided. When entering the code, always right-justify.

Manual or Form	Item	Page	Old	New
Manual <i>(continued)</i>			<p><i>Coding</i></p> <p>From the list below, record the two-digit province or territory code in the first two boxes (Item A6a). For a person who does not reside in Canada but was admitted to your agency, use “NA”. Record the agency identifier, as identified by your organization, in the spaces provided (Item A6b). When entering the code, always right-justify.</p>	
Form (CHA Core)	A6	1	<p>6. PROVINCE OR TERRITORY OF USUAL LIVING ARRANGEMENT AND AGENCY IDENTIFIER [EXAMPLE – CANADA]</p> <p>a. Province or Territory b. Agency Identifier</p>	<p>6. AGENCY IDENTIFIER [EXAMPLE – CANADA]</p>
Manual	A7	15	A7. Reason for Assessment	A8. Reason for Assessment
Manual	A7	15	not included	<p>A7. Current Payment Sources [Example – Canada]</p> <p><i>Intent</i></p> <p>To record the organization(s) or governmental program(s) responsible for payment of the services rendered by the agency caring for this person. The person may be receiving services paid for by a mix of publicly or privately funded organizations or programs.</p> <p><i>Definitions</i></p> <p>A7a. Provincial or territorial government plan (this province or territory) — person resides in the province or territory covered under the provincial/territorial health care plan.</p> <p>A7b. Provincial or territorial government plan (other province or territory) — person does not reside in the province or territory in which health services are delivered, and his/her payment plan is covered by another provincial/territorial health care plan. Also included are new residents to the province who are still covered by the health plan of the province/territory from which they came.</p> <p>A7c. Federal government, Veterans Affairs Canada (VAC) — Person is fully covered by VAC of the federal government of Canada. This include veterans hospitalized for recognized service-related conditions.</p> <p>A7d. Federal government, First Nations and Inuit Health Branch (FNIHB) — Person holds First Nation or Inuit status, so his or her services are specifically covered by the FNIHB (formerly MSB) of Health Canada (Non-insured Health Benefits program). This may also include other health programs for First Nations and Inuit.</p>

(continued)

Manual or Form	Item	Page	Old	New
Manual (continued)				<p>A7e. Federal government, Other — Person qualifies as RCMP or Canadian Armed Forces personnel, an inmate of the federal penitentiary, or a refugee whose services are specifically covered under a federal plan.</p> <p>A7f. Workers' Compensation Board (WCB/WSIB) — Person is covered by the Workers' Compensation Board or the Workplace Safety and Insurance Board (or equivalent) regardless of the province or jurisdiction.</p> <p>A7g. Canadian resident, insurance pay — Person's insurance carrier is responsible for payment.</p> <p>A7h. Canadian resident, public trustee pay — Describes a circumstance in which, in accordance with the applicable law, a public trustee or guardian, or an individual holding a similar office in any province or territory, makes payment for the medical treatment and/or health support/support services on behalf of someone who is deemed to be mentally incapable.</p> <p>A7i. Canadian resident, self-pay — Person is responsible for payment from personal resources.</p> <p>A7j. Other country resident, self-pay — Person is from another country and manages his or her own payment.</p> <p>A7k. Responsibility for payment unknown or unavailable.</p> <p><i>Coding</i> Enter "1" for payment sources; enter "0" for all others.</p>
Form (CHA Core)	A7	1	A7. REASON FOR ASSESSMENT	A8. REASON FOR ASSESSMENT
Form (CHA Core)	A7	1	not included	<p>A7. CURRENT PAYMENT SOURCES [EXAMPLE — CANADA]</p> <p>0 No 1 Yes</p> <p>a. Provincial or territorial government plan (this province or territory)</p> <p>b. Provincial or territorial government plan (other province or territory)</p> <p>c. Federal government — Veterans Affairs Canada (VAC)</p> <p>d. Federal government — First Nations and Inuit Health Branch (FNIHB)</p> <p>e. Federal government — Other</p> <p>f. Workers' Compensation Board (WCB/WSIB)</p> <p>g. Canadian resident, insurance pay</p> <p>h. Canadian resident, public trustee pay</p> <p>i. Canadian resident, self-pay</p> <p>j. Other country resident, self-pay</p> <p>k. Responsibility for payment unknown or unavailable</p>

Manual or Form	Item	Page	Old	New
Manual, Forms (CHA Core, CHA-FS)	A8	15, 1, 1	A8. Assessment Reference Date	A9. Assessment Reference Date
Manual, Form (CHA Core)	A9	16, 1	A9. Person's Expressed Goals of Care	A11. Person's Expressed Goals of Care
Manual, Form (CHA Core)	A10	17, 1	A10. Postal Code of Usual Living Arrangement [Country Specific]	A12. Postal Code of Usual Living Arrangement [Example – Canada]
Manual	A10	17	not included	A10. Location of Assessment <i>Intent</i> Some jurisdictions in Canada use the interRAI HC and CHA to assist in informing discharge-planning decisions, particularly for admissions to residential care. These items distinguish between those persons assisted in facility settings and those assessed in home and community care settings.
Manual	A10a	17	not included	A10a. Type of Location <i>Definitions</i> <ol style="list-style-type: none"> Private home, condominium, apartment, assisted living setting — Refers to any house, condominium or apartment in the community whether owned by the person or another individual. Also included in this category are retirement communities, independent housing for the elderly or disabled, group homes, retirement homes, community care homes, lodges, supportive housing, and congregate living settings. Hospital — Refers to all in-patient units in licensed hospitals. Residential care facility — Refers to a licensed or regulated health facility that provides 24 hour skilled or immediate nursing care (that is, qualified nurses are on site and available to respond immediately if required). Includes long-term care facilities, nursing homes, special care homes, homes for the aged, personal care homes. Other — For example, hospital, correctional facility. <i>Process</i> Code for the location of the person when the assessment takes place (that is, based on the assessment reference date).
Manual	A10b	17	not included	A10b. Facility Admission Date <i>Intent</i> To capture the date the person was admitted to the facility.

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Manual or Form	Item	Page	Old	New
Manual (continued)				<p><i>Process</i></p> <p>If item A10a is 2, 3 or 4, then item A10b must be completed with a valid date. Review the clinical record to obtain the date that the person was admitted to the facility (for example hospital setting) for this admission. If dates are unclear or unavailable, ask the admissions office or medical records department at the facility.</p>
Form (CHA Core)	A10	1	not included	<p>10. LOCATION OF ASSESSMENT [ADDITIONAL TERRAI ITEM]</p> <p>a. Type of location</p> <p>1 Private home, condominium, apartment, assisted living setting</p> <p>2 Hospital</p> <p>3 Residential care facility</p> <p>4 Other — e.g., hospice, correctional facility</p> <p>b. Facility admission date <i>Date of admission to facility [Leave blank if A10a is coded 1]</i></p> <p>[2][0][][] [][] [][] Year Month Day</p>
Manual	A12	19	A12. Living Arrangement	A14. Living Arrangement
Form (CHA Core)	A12	1	<p>12. LIVING ARRANGEMENT</p> <p>1 Alone</p> <p>2 With spouse/partner only</p> <p>3 With spouse/partner and other(s)</p> <p>4 With child (not spouse/partner)</p> <p>5 With parent(s) or guardian(s)</p> <p>6 With sibling(s)</p> <p>7 With other relative(s)</p> <p>8 With nonrelative(s)</p>	<p>14. LIVING ARRANGEMENT</p> <p>a. Lives</p> <p>1 Alone</p> <p>2 With spouse/partner only</p> <p>3 With spouse/partner and other(s)</p> <p>4 With child (not spouse/partner)</p> <p>5 With parent(s) or guardian(s)</p> <p>6 With sibling(s)</p> <p>7 With other relative(s)</p> <p>8 With nonrelative(s)</p> <p>b. As compared to 90 DAYS AGO (or since last assessment), person now lives with someone new — e.g., moved in with another person, other moved in</p> <p>0 No 1 Yes</p> <p>c. Person or relative feels that the person would be better off living elsewhere</p> <p>0 No</p> <p>1 Yes, other community residence</p> <p>2 Yes, institution</p>
Manual	A13	19	not included	<p>A13. Residential/Living Status at Time of Assessment</p> <p><i>Intent</i></p> <p>To document the person's living arrangement at the time of the current assessment (long-standing or temporary).</p> <p><i>Definition</i></p> <p>14. Continuing care hospital/unit — A continuing care hospital (e.g. complex continuing care, extended care or auxiliary hospital) that provides continuing medically complex, or specialized services to those</p>

Manual or Form	Item	Page	Old	New
Manual (continued)				who, because of chronic illness or marked functional disability, require hospitalization but do not need acute care services. Services may be provided for extended periods of time or on a short-term basis (for example, for respite care needs.) This item includes a continuing care unit within a hospital that provides multiple types of care.
Manual	A13	19	14. Other	15. Other
Form (CHA-Core)	A11	1	11. RESIDENTIAL/LIVING STATUS AT TIME OF ASSESSMENT 1 Private home/apartment/rented room 2 Board and care 3 Assisted living or semi-independent living 4 Mental health residence — e.g., psychiatric group home 5 Group home for persons with physical disability 6 Setting for persons with intellectual disability 7 Psychiatric hospital or unit 8 Homeless (with or without shelter) 9 Long-term care facility (nursing home) 10 Rehabilitation hospital/unit 11 Hospice facility/palliative care unit 12 Acute care hospital 13 Correctional facility 14 Other	13. RESIDENTIAL/LIVING STATUS AT TIME OF ASSESSMENT [EXAMPLE — CANADA] 1 Private home/apartment/rented room 2 Board and care 3 Assisted living or semi-independent living 4 Mental health residence — e.g., psychiatric group home 5 Group home for persons with physical disability 6 Setting for persons with intellectual disability 7 Psychiatric hospital/unit 8 Homeless (with or without shelter) 9 Residential care facility (e.g., long-term care home, nursing home) 10 Rehabilitation hospital/unit 11 Hospice facility/palliative care unit 12 Acute care hospital/unit 13 Correctional facility 14 Continuing care hospital/unit 15 Other
Manual	A15	19	not included	A15. Return Date <i>Intent</i> To document the date the previously discharged care client was readmitted to the home or community care agency. This item is completed only if A8 (Reason for Assessment) is coded “3” (Return assessment). <i>Coding</i> For the month and day of the return date, enter two digits each. Use a leading zero (“0”) as a filler if a single digit. Use four digits for the year. Example: October 1, 2017. [2][0][1][7] [1][0] [0][1] Year Month Day This item can be left blank if A8 (Reason for Assessment) is not coded “3” (Return assessment).
Form (CHA-Core)	A15	1	not included	15. RETURN DATE [2][0][][] [][] [][] Year Month Day

Manual or Form	Item	Page	Old	New
Manual	B4f	23	not included	B4f. Post-acute/rehabilitation setting (includes complex continuing care settings) — Includes any admission for post-acute care or rehabilitation in a hospital or unit that focuses on the rehabilitation of persons who have experienced disease or injury with subsequent decline in physical function. Also includes continuing care hospital/unit admissions (for example, complex continuing care, extended care or auxiliary hospital) that provides continuing, medically complex or specialized services to those who, because of chronic illness or marked functional disability, require hospitalization but do not need acute care services.
Form (CHA Core)	B4f	2	not included	f. Post-acute/rehabilitation setting (includes complex continuing care settings)
Manual	J1	57	<p><i>Definition</i> Fall — Any unintentional change in position where the person ends up on the floor, ground, or other lower level; includes falls that occur while being assisted by others.</p> <p><i>Coding</i> 0. No fall in last 90 days 1. No fall in last 30 days, but fell 31–90 days ago 2. One fall in last 30 days 3. Two or more falls in last 30 days</p>	<p><i>Definition</i> Any unintentional change in position where the person ends up on the floor, ground, or other lower level; includes falls that occur while being assisted by others.</p> <p>J1a. Last 30 days J1b. 31–90 days ago J1c. 91–180 days ago</p> <p><i>Coding</i> Enter the number of falls that occurred during the time periods of: last 30 days (J1a), 31–90 days ago (J1b) and 91–190 days ago (J1c). Code “0” No fall Code “1” 1 fall Code “2” 2 or more falls</p>
Form (CHA Core)	J1	5	1. FALLS 0 No fall in last 90 days 1 No fall in last 30 days, but fell 31–90 days ago 2 One fall in last 30 days 3 Two or more falls in last 30 days	1. FALLS <i>Code for falls over specified time periods</i> 0 No fall 1 1 fall 2 2 or more falls a. Last 30 days b. 31–90 days ago c. 91–180 days ago
Manual	J3	58	J3. Problem Frequency	J2. Problem Frequency
Form (CHA Core)	J3	5	3. PROBLEM FREQUENCY	2. PROBLEM FREQUENCY
Manual	J4	59	J4. Dyspnea (Shortness of Breath)	J3. Dyspnea (Shortness of Breath)
Form (CHA Core)	J4	5	4. DYSPNEA (SHORTNESS OF BREATH)	3. DYSPNEA (SHORTNESS OF BREATH)
Manual	J5	60	J5. Fatigue	J4. Fatigue
Form (CHA Core)	J5	5	5. FATIGUE	4. FATIGUE

Manual or Form	Item	Page	Old	New
Manual	J6	60	J6. Pain Symptoms	J5. Pain Symptoms
Form (CHA Core)	J6	5	6. PAIN SYMPTOMS	5. PAIN SYMPTOMS
Manual	J6c	62	not included	<p>c. End-stage disease, 6 or fewer months to live</p> <p><i>Definition</i> End-stage disease, 6 or fewer months to live — the person or family has been told that in the best clinical judgement of the physician, the person has end-stage disease with approximately 6 or fewer months to live.</p> <p><i>Process</i> Consult with the person and the person's family. Review any clinical records. Use your clinical judgement to determine whether it is appropriate to ask the person about whether he or she has an "end-stage disease."</p> <p><i>Coding</i> 0 No 1 Yes</p>
Form (CHA Core)	J6c	5	not included	c. End-stage disease, 6 or fewer months to live
Manual	J7	62	J7. Instability of Conditions	J6. Instability of Conditions
Form (CHA Core)	J7	6	7. INSTABILITY OF CONDITIONS	6. INSTABILITY OF CONDITIONS
Manual	J8	63	J8. Self-Reported Health	J7. Self-Reported Health
Form (CHA Core)	J8	6	8. SELF-REPORTED HEALTH	7. SELF-REPORTED HEALTH
Manual	J9	63	J9. Tobacco and Alcohol	J8. Tobacco and Alcohol
Form (CHA Core)	J9	6	9. TOBACCO AND ALCOHOL	8. TOBACCO AND ALCOHOL
Manual	K1e	66	not included	<p>K1e. Decrease in amount of food and fluid usually consumed</p> <p><i>Definition</i> A decrease in overall consumption as compared to the amount of food or fluid that the person normally consumes. This item serves as an early marker of future weight loss or dehydration and can therefore help identify those who may be in need of individualized attention regarding nutrition.</p> <p><i>Coding</i> 0 No 1 Yes</p>
Form (CHA Core)	K1e	6	not included	e. Decrease in amount of food or fluid usually consumed

Manual or Form	Item	Page	Old	New
Manual	K1f	66	not included	<p>K1f. Ate one or fewer meals on at least 2 of the last 3 days</p> <p><i>Definition</i> For the purposes of this item, a meal is composed of a nutritionally balanced plateful or bowlful of food that would normally satisfy the appetite of the normal adult in that culture.</p> <p><i>Coding</i> 0 No 1 Yes</p>
Form (CHA Core)	K1f	6	not included	f. Ate one or fewer meals on AT LEAST 2 of LAST 3 DAYS
Manual	Section L. Medications Intro	67	not included	<p>Medication use in the adult population is growing steadily. Of particular concern are medications taken for prevention or treatment of chronic conditions including hypertension, diabetes, heart disease, arthritis or selected psychiatric conditions; such medications may be taken for years. In addition, multiple health conditions (multi-morbidity) often results in use of multiple medications, (poly-pharmacy) and a complicated drug regimen. Further, over-the-counter medications, such as analgesics, non-steroidal anti-inflammatory drugs, and sleep medications, are consumed by a large number of adults, resulting in increased risk of morbidity: the higher the number of medications a person takes, the greater the risk of drug interactions and adverse drug reactions. Long-term medication use, complicated drug regimens and polypharmacy also increase the risk of non-adherence.</p> <p>The aim of this section is to help identify persons with potential risk factors for medication-related health problems, as well as persons who may have difficulties with medication management. These individuals may benefit from a more thorough medication assessment and formal medication review by a physician or pharmacist, or from strategies to improve their medication management skills. It may also help identify medications that might be causing specific problems for the person, such as delirium or constipation.</p>
Manual	L1	67	<p><i>Intent</i> To facilitate a medication evaluation by having a single listing of all prescribed and nonprescribed medications taken by the person. This section will help clinicians identify potential problems related to the consumption of, or failure to take, medications (such as any physical or emotional problems a person may experience as the result of taking one or more medications). For example, identifying how frequently an individual uses a PRN (as needed) pain medication, sleeping medication, or laxative may lead the clinician to do further assessment of underlying problems that prompted their use. It may also help the</p>	<p><i>Intent</i> To facilitate medication management, by having a total count of the number of different medications (prescription and over-the-counter medications) that the person has taken in the last 3 days, excluding herbal/nutritional supplements.</p> <p><i>Definition</i> Medications — Include all medications (prescription and over-the-counter medications) taken in the last 3 days on a maintenance, regular, or occasional basis including, for example, creams, ointments, eye and eye drops, artificial tears.</p>

Manual or Form	Item	Page	Old	New
Manual (continued)			<p>clinician identify medications that might cause specific problems such as incontinence or delirium.</p> <p><i>Definitions</i></p> <p>Medications — These include all prescribed, nonprescribed, and over-the-counter medications that the person consumed in the last 3 days. Medications may be taken by mouth, placed on the skin or in the eyes, injected, given intravenously, etc. This includes prescriptions now discontinued but taken in the last 3 days and drugs prescribed PRN (as needed) that were taken during this period. It also includes medications that are prescribed on a maintenance schedule, such as vitamin injections given once a month, even if they were not given in the last 3 days.</p> <p>Drug code — These codes may vary depending on what country you are in. For example, some but not all countries use the National Drug Code (NDC), which is a standardized system for coding medications. An individual NDC code provides information on the drug name, dose, and form of the drug.</p> <p>For additional definitions of terms under Item L1, see the individual explanations for L1a through L1g.</p> <p><i>Process</i></p> <p>Ask the person, and family members when appropriate, to list all medications actually taken in the last 3 days. Be certain to specify that this is not just prescription medication, but any medication consumed, regardless of how it was obtained.</p> <p>Ask the person or family member to get out all the medications the person is currently using or has used in the last 3 days. It will help to have the actual drug container, so you can get the proper spelling of the drug name and accurate dosage and frequency. If the person cannot actually get the medications out on his or her own, offer to retrieve them. While you are documenting the medications for the assessment, review the schedule of medications with the person to verify when and how often he or she takes each medication. However, be sure to tell the person that you need to know about all medications he or she has taken (prescription and others), regardless of how they were obtained. In some cases, it may be possible to get a printout from the person's pharmacy of all current drug prescriptions. If so, confirm that the list is current; that the person is actually taking each prescription, especially those listed as PRN (as needed); and that the person gets his or her drugs only from this pharmacy. In addition, ask the person if he or she (or someone on his/her behalf) visited the drugstore to get any over-the-counter medications. Ask if the person is taking any specific</p>	<p>Prescription medications that are now discontinued but were taken in the last 3 days, as well as drugs prescribed PRN (as needed) that were taken during this period, are counted.</p> <ul style="list-style-type: none"> • “over-the-counter” medications include all drugs obtained without a prescription • “maintenance” medications include medications that are prescribed on a regular schedule, such as vitamin injections given once a month, even if they were not administered in the last 3 days. • “compounded” medications are composed of two or more compounds, for example, co-amoxiclav, in which clavulanic acid is combined with amoxicillin. Any multi-compound or compounded drug is counted as one medication. <p><i>Process</i></p> <p>Ask the person, and family members when appropriate, to list all medications actually taken in the last 3 days. Be certain to specify that this is not just prescription medication, but any medication taken, regardless of how it was obtained. Check information given by the person, along with the person's medication management records, if available.</p> <p>Ask the person or family member to get out all medications the person is currently using or has used in the last 3 days. If the person cannot actually get the medications out on his or her own, offer to retrieve them. In some cases, it may be possible to get a printout of current medications from the person's pharmacy or doctor. If so, confirm that the list is current; that there have been no recent changes; that the person is actually taking each prescription, especially those listed as PRN (as needed); and that the person gets medications only from this pharmacy/doctor.</p> <p>In addition, ask the person if he/she or someone on his/her behalf got any over-the-counter medications, or if any medications were supplied via “mail order” from the internet, phone, fax or email. Ask if the person is taking any specific medications for problem conditions he or she may have mentioned to you (such as constipation, allergies, skin rashes, or fungus infections). The person may also have visited a physician, dentist, or other prescribing professional in the past few days, in which case you can ask whether any medications were changed. If so, determine which ones were added, altered or discontinued. Do not count new medications unless the person has already begun taking them during the assessment period.</p> <p>Count the total number of different medications the person has taken during the assessment period, inclusive of medications that may not have been taken in the last 3 days but are</p>

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Manual or Form	Item	Page	Old	New
Manual <i>(continued)</i>			<p>drugs for problem conditions he or she may have mentioned to you (such as constipation, allergies, skin rashes, or fungus infections). The person may also have visited a doctor in the past few days, in which case you can ask whether any medications were changed. If so, determine which ones were added or discontinued. Do not record new medications unless the person has already begun taking them during the assessment period.</p> <p>Record all medications that the person received (actually swallowed, inhaled, injected, or applied to skin, eyes, etc.) in the last 3 days. Also record any prescribed medications that may not have been consumed in the last 3 days, but are part of the person's regular medication regimen (such as monthly B12 injections).</p> <p>Count only those PRN (as needed) medications that were actually taken by the person in the last 3 days.</p> <p>In recording the information on the form or in the computer, be sure to check the list of medications twice, so that you do not miss any. Make sure you count medications that may have been discontinued, but were administered in the last 3 days.</p> <p>NOTE: Herbal preparations in all forms (pills, liquids, powders, teas, etc.) should not be included in Item L1, "List of All Medications". According to the U.S. Food and Drug Administration, herbal preparations are considered nutritional supplements and not medications.</p> <p>The coding instructions for Item L1 are extensive. Review them carefully, from L1a through L1g; for each drug record, you will need to enter information in all the columns (L1a, L1b, and so forth). Complete the coding exercise at the end of all the explanations of this item.</p>	<p>part of the person's regular medication regimen (such as monthly B12 injections).</p> <p>In recording the information on the form or in the computer, be sure to double-check the total number of medications, so that you do not miss any. Make sure you count medications that may have been discontinued, but were taken in the last 3 days. Do not record illicit drug use in the count of medications.</p>
Manual	L3	77	not included	<p>L3. Total Number of Medications</p> <p><i>Intent</i> To facilitate medication management, by having a total count of the number of different medications (prescription and over-the-counter medications) that the person has taken in the last 3 days, excluding herbal/nutritional supplements.</p> <p><i>Definition</i> Medications — Include all medications (prescription and over-the-counter medications) taken in the last 3 days on a maintenance, regular, or occasional basis including, for example, creams, ointments, eye and eye drops, artificial tears.</p> <p>Prescription medications that are now discontinued but were taken in the last 3 days, as well</p>

Manual or Form	Item	Page	Old	New
Manual <i>(continued)</i>				<p>as drugs prescribed PRN (as needed) that were taken during this period, are counted.</p> <ul style="list-style-type: none"> • “over-the-counter” medications include all drugs obtained without a prescription • “maintenance” medications include medications that are prescribed on a regular schedule, such as vitamin injections given once a month, even if they were not administered in the last 3 days. • “compounded” medications are composed of two or more compounds, for example, co-amoxiclav, in which clavulanic acid is combined with amoxicillin. Any multi-compound or compounded drug is counted as one medication. <p><i>Process</i></p> <p>Ask the person, and family members when appropriate, to list all medications actually taken in the last 3 days. Be certain to specify that this is not just prescription medication, but any medication taken, regardless of how it was obtained. Check information given by the person, along with the person’s medication management records, if available.</p> <p>Ask the person or family member to get out all medications the person is currently using or has used in the last 3 days. If the person cannot actually get the medications out on his or her own, offer to retrieve them. In some cases, it may be possible to get a printout of current medications from the person’s pharmacy or doctor. If so, confirm that the list is current; that there have been no recent changes; that the person is actually taking each prescription, especially those listed as PRN (as needed); and that the person gets medications only from this pharmacy/doctor.</p> <p>In addition, ask the person if he/she or someone on his/her behalf got any over-the-counter medications, or if any medications were supplied via “mail order” from the internet, phone, fax or email. Ask if the person is taking any specific medications for problem conditions he or she may have mentioned to you (such as constipation, allergies, skin rashes, or fungus infections). The person may also have visited a physician, dentist, or other prescribing professional in the past few days, in which case you can ask whether any medications were changed. If so, determine which ones were added, altered or discontinued. Do not count new medications unless the person has already begun taking them during the assessment period.</p> <p>Count the total number of different medications the person has taken during the assessment period, inclusive of medications that may</p>

(continued)

Manual or Form	Item	Page	Old	New
Manual <i>(continued)</i>				<p>not have been taken in the last 3 days but are part of the person's regular medication regimen (such as monthly B12 injections).</p> <p>In recording the information on the form or in the computer, be sure to double-check the total number of medications, so that you do not miss any. Make sure you count medications that may have been discontinued, but were taken in the last 3 days. Do not record illicit drug use in the count of medications.</p> <p><i>Coding</i> Enter the exact number of different medications taken in the last 3 days. Enter 15 if the person has taken more than 15 medications.</p>
Form (CHA Core)	L3	8	not included	<p>3. TOTAL NUMBER OF MEDICATIONS</p> <p>Record the number of different medications (prescription and over-the-counter), including eye and ear drops, taken regularly or on an occasional basis in last 3 days (note: also include medication taken on a maintenance basis. Enter 15 if 15 or higher).</p>
Manual	L4	77	not included	<p>L4. Total Number of Herbal/Nutritional Supplements</p> <p><i>Intent</i> To determine the total number of different herbal and nutritional supplements taken regularly or on an occasional basis in the last 3 days. Selected herbal/nutritional supplements may interact with other medications taken by the person.</p> <p><i>Definition</i> Herbal/Nutritional supplements are a group of products used for their potential therapeutic properties or to augment the nutritional content of diets. These include minerals, vitamins, herbs, meal supplements, sports nutrition products, natural food supplements, and other related products.</p> <p>In different countries, differing national policies regarding herbal substances and preparations may apply.</p> <p><i>Process</i> Count the number of different herbal/nutritional supplements that the person has taken during the last 3 days.</p> <p><i>Coding</i> Enter the number of different herbal/nutritional supplements taken in the last 3 days. Enter 15 if the person has taken more than 15 different herbal/nutritional supplements.</p>
Form (CHA Core)	L4	8	not included	<p>4. TOTAL NUMBER OF HERBAL/ NUTRITIONAL SUPPLEMENTS</p> <p>Record the number of different herbal and nutritional supplements taken regularly or on an occasional basis in the last 3 days. Enter 15 if 15 or higher</p>

Manual or Form	Item	Page	Old	New
Manual	L5	78	not included	<p>L5. Recently Changed Medications</p> <p><i>Intent</i> To determine if the person has been prescribed a new medication, or had a medication stopped or altered in the last 14 days by a prescribing health professional. A person with a recent medication change is at higher risk of medication-related adverse events, including side effects, drug-drug interactions, drug-disease interactions, non-adherence, or difficulty managing medications independently.</p> <p><i>Process</i> Ask the person or caregivers if medications have been changed in the last 14 days. Compare the person's responses with available medication and prescriptions. If necessary, consult with the person's pharmacist or physician.</p> <p><i>Coding</i> 0. No 1. Yes</p>
Form (CHA Core)	L5	8	not included	<p>5. RECENTLY CHANGED MEDICATIONS</p> <p><i>Physician has prescribed a new medication or stopped an existing medication in the last 14 days</i></p> <p>0 No 1 Yes</p>
Manual	L6	78	not included	<p>L6. Self-Reported Need for Medication Review</p> <p><i>Intent</i> To determine if the person has concerns about the medications he/she is taking that should be discussed with a health professional. These concerns may signal medication safety issues (potential medication-related adverse events), medication inefficiency, medication management, or adherence problems.</p> <p><i>Process</i> Ask: "Do you have concerns about your medications that you want to discuss with a health professional?"</p> <p><i>Coding</i> 0. No (or no medications prescribed) 1. Yes 8. Could not/would not respond</p>
Form (CHA Core)	L6	8	not included	<p>6. SELF-REPORTED NEED FOR MEDICATION REVIEW</p> <p><i>Ask: "Do you have concerns about your medications that you want to discuss with a health professional?"</i></p> <p>0 No 1 Yes 8 Could not (would not) respond</p>

Manual or Form	Item	Page	Old	New
Manual	L7	78	not included	<p>L7. Receipt of Psychotropic Medication</p> <p><i>Intent</i> To record if the person received psychotropic medication(s) in the last 7 days. A longer look-back than 3 days is used for this item to increase the ability to detect use of certain medications.</p> <p><i>Definition</i> L7a. Antipsychotic/Neuroleptic — Drugs that affect psychic function, behaviours, or experience. This class of drugs acts on the nervous system. L7b. Anxiolytic — Class of drugs designed to eliminate or reduce anxiety. L7c. Antidepressant — Class of drugs that works on reducing signs of depression or eliminating a depression. L7d. Hypnotic — Drugs that inhibit the receiving of sensory impressions in the cortical centres of the brain, thus causing partial or complete unconsciousness. This item includes sedatives.</p> <p><i>Process</i> Ask the person or caregivers and review available documentation (e.g., pharmacy record, medication administration records). If necessary, consult with the person's pharmacist or physician. Include medications given to the person by any route (e.g., PO, IM, or IV) and in any setting (e.g., at home, in a hospital emergency room). This item also includes long-acting medication taken less often than weekly (e.g., Fluphenazine decanoate, Haloperidol decanoate given every few weeks or monthly).</p> <p><i>Coding</i> Code for each category of psychotropic medication taken in the LAST 7 DAYS (or since last assessment). Also enter "1" if long-acting psychotropic medication is used less than weekly (e.g., in the last month.) 0 No 1 Yes a. Antipsychotic/neuroleptic b. Anxiolytic c. Antidepressant d. Hypnotic</p>
Form (CHA Core)	L7	8	not included	<p>7. RECEIPT OF PSYCHOTROPIC MEDICATION</p> <p><i>Psychotropic medication taken in the LAST 7 DAYS (or since last assessment). Also enter "1" if long-acting medication used less than weekly (e.g., in the last month)</i></p> <p>a. Antipsychotic/Neuroleptic 0 No 1 Yes b. Anxiolytic 0 No 1 Yes c. Antidepressant 0 No 1 Yes d. Hypnotic 0 No 1 Yes</p>

Manual or Form	Item	Page	Old	New
Manual	L8	78	not included	L8. Medication by Daily Injection <i>Intent</i> To determine if the person received any type of medication on a daily basis by subcutaneous, intramuscular, or intradermal injection in the last 3 days. <i>Process</i> Ask the person or caregivers and review available documentation (e.g., pharmacy record, medication administration records). If necessary, consult with the person's pharmacist or physician. Do not include intravenous (IV) fluids or medications. <i>Coding</i> Code for receipt of daily medication by injection. 0 No 1 Yes
Form (CHA Core)	L8	6	not included	8. MEDICATION BY DAILY INJECTION 0 No 1 Yes
Manual	P2	85	<i>Intent</i> To document the person's living arrangement after his or her discharge from the home care program. <i>Definitions 14 and 15</i> 14. Other — Any other type of setting not listed above. 15. Deceased — The person is no longer alive. <i>Definition 16</i> not included	<i>Intent</i> To document the person's living arrangement after his or her discharge from the program (long-standing or temporary). <i>Definitions 14, 15 and 16</i> 14. Continuing care hospital/unit — A continuing care hospital (e.g. complex continuing care, extended care or auxiliary hospital) that provides continuing medically complex, or specialized services to those who, because of chronic illness or marked functional disability, require hospitalization but do not need acute care services. Services may be provided for extended periods of time or on a short-term basis (for example, for respite care needs.) This item includes a continuing care unit within a hospital that provides multiple types of care. 15. Other — Any other type of setting not listed above. 16. Deceased — The person is no longer alive.
Form (CHA Core)	P2	6	12 Acute care hospital 13 Correctional facility 14 Other 15 Deceased	12 Acute care hospital/unit 13 Correctional facility 14 Continuing care hospital/unit 15 Other 16 Deceased