Change List: Updates from Version 9.1.2 to Version 10.0

This document outlines changes between Version 9.1.2 and Version 10.0 of the HC Assessment Form.

Please check the iMatrix to determine whether new iCodes have been applied to any item referenced here.

SECTION A. Identification Information

- Two sub-items in Item **A1. Name** have been revised: **A1a. Given name** (was **A1a. First**) and **A1c. Family name** (was **A1c. Last**)
- One coding option has been added to **A2. Gender**: **3 Other gender identity**
- Old Item **A10. Person's Expressed Goals of Care** has been revised to Item **A10. Person's Expectations (Goals) of Care** in order to expand the focus beyond clinical care needs only.
- Item **A12. Residential/Living Status at Time of Assessment** has one modification: Coding options **"2"** and **"3"** were merged, and all coding options after **"2"** moved up by one in the count. New coding option **"2"** reads: **"Assisted living/ semi-independent living/board and care"**.

SECTION B. Intake and Initial History

- Old Item **B2. Ethnicity and Race** has been revised in line with more recent standard coding options used in the United States **[Country Specific]**:

  Ethnicity — Hispanic, Latino, or Spanish Origin

  B2a. Mexican, Mexican American, Chicano

  B2b. Puerto Rican

  B2c. Cuban

  B2d. Other — e.g., Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadoran, etc.

  Racial Group Identification(s)

  B2e. American Indian or Alaska Native

  B2f. Asian

  B2g. Black or African American

  B2h. Native Hawaiian or other Pacific Islander

  B2i. White

- New Item **B4. Interpreter Needed**. The item references individuals who would otherwise have a problem communicating in the primary language of the assessor.

- Old Item **B4. Residential History Over Last 5 Years** (with five coding options, including nursing home, board and care, mental health residence, psychiatric hospital or unit, and setting for persons with intellectual disability) has been dropped and replaced with a new Item **B5. Spent Time Over Last Five Years in a Long-Term Care Facility**.

SECTION C. Cognition

- A new item was added: **C2. Capacity for Completing Cognitively Based IADL Tasks**. It includes four sub-items:
  - **C2a. Manage finances**
  - **C2b. Manage medications**
  - **C2c. Manage use of electronic devices**
  - **C2d. Manage online shopping/ordering**
- New Item **C7. Activity Interests/Preferences and Involvement**. This set of items reference cognitively stimulating activities in which the person participates. Included are:
  - **C7a. Playing games with others** — e.g., Mahjong, bridge, chess, multiplayer video games
  - **C7b. Using computer, smartphone, tablet, or other similar activities**
  - **C7c. Doing puzzles** — e.g., crosswords, Sudoku, jigsaw
  - **C7d. Participating in program to improve memory** — e.g., formal programs (online or in person) to improve reasoning, speed-of-processing, or memory

SECTION D. Communication and Vision

- No changes were made to this section.

SECTION E. Mood and Behavior

Revised Item **E1. Indicators of Possible Depressed, Anxious, or Sad Mood**:

- HC 9.1.2 had eleven sub-items. The 10.0 version now comprises the following six sub-items:
  - **E1a. Made negative statements** — e.g., "Nothing matters"; "Would rather be dead"; "What's the use"; "Regret having lived so long"; "Let me die"
  - **E1b. Repetitive anxious complaints/concerns (non-health related)** — e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationships
  - **E1c. Sad, pained, or worried facial expressions** — e.g., furrowed brow, constant frowning
  - **E1d. Withdrawal from activities of interest** — e.g., long-standing activities, being with family/friends
  - **E1e. Reduced social interactions**
  - **E1f. Expressions, including nonverbal, of a lack of pleasure in life (anhedonia)** — e.g., "I don't enjoy anything anymore"

- Based on data analysis, the following five sub-items have been dropped:
  - **Persistent anger with self or others**
  - **Expressions, including nonverbal, of what appear to be unrealistic fears**
  - **Repetitive health complaints**
  - **Crying, tearfulness**
  - **Recurrent statements that something terrible is about to happen**

New Item **E2. Self-Reported Mood**: A series of five self-reported mood items have been added:

- **E2a. Little interest or pleasure in things you normally enjoy?**
- **E2b. Anxious, restless, or uneasy?**
- **E2c. Sad, depressed, or hopeless?**
- **E2d. Angry with yourself?**
- **E2e. Angry with others?**

These modifications enable the use of two new scales:

- A new three-item self-report mood scale based on: **E2a. Little interest or pleasure in things you normally enjoy?**, **E2b. Anxious, restless, or uneasy?**, and **E2c. Sad, depressed, or hopeless?**
- If these self-reported items are missing, an alternative clinical assessment mood scale can also be generated, based on: **E1a. Made negative statements**, **E1b. Repetitive anxious complaints/concerns (non-health-related)**, **E1d. Withdrawal from activities of interest**.

- New Item **E3. Self-Reported Life Satisfaction**: For the first time the HC contains a self-reported item to record the person's satisfaction with life as a whole. Response options go from **"0" = "Delighted"** to **"4" = "Dissatisfied"**. There is also an option **"8"** for persons who could not (would not) respond.

SECTION F. Psychosocial Well-Being

- New sub-item **F1d. Helping others, volunteering**
- New Item **F3. Has a Close Friend in the Community**
- The dichotomous loneliness item in the old form, **F2. Says or Indicates That He/She Feels Lonely**, has been replaced by a more focused, self-reported (when possible) loneliness item: **F4. Degree of Loneliness**.

  0 Not lonely

  1 Only in certain situations or triggered by specific events (e.g., anniversary of spouse's death)

  2 Occasionally (less than weekly)

  3 Frequently (weekly but less than daily)

  4 Daily

SECTION G. Functional Status

- **G1a. Use of mobility devices (indoors)** — The old item "Primary mode of locomotion" has been dropped, substituting in its place four new items. The coding options have been expanded and the numbering revised.
  - **G1aa. Cane**
  - **G1ab. Walker /crutch**
  - **G1ac. Manual wheelchair** (moved by person's hands/feet)
  - **G1ad. Electric or motorized wheelchair/scooter**

    0 Did not use

    1 Used less than three-quarters of time

    2 Used three-quarters or more of time
- Dropped old Item **G3b. Timed 4-meter walk**. It had a low response rate, and when present tended to be a dichotomy.
- Dropped old Item **G3d. Distance wheeled self**.
- Old Item **G4a. Total hours of exercise or physical activity in LAST 3 DAYS** is now two items, with seven coding options — from **"0" = "None"** to **"6" = "3 hours or more"**:
  - **G2a. Total hours of exercise in LAST 3 DAYS** — Structured and planned movement intended to improve or maintain physical performance and fitness, e.g., participation in formal exercise classes, yoga, Tai Chi.
  - **G2b. Total hours of physical activity in LAST 3 DAYS** — Usual daily movement such as walking/wheeling self about the residence (e.g., to a room in house, to do housework); walking/wheeling outdoors (e.g., walk around building or block, to work in the garden, to walk with family or friends in the neighborhood, to go out for a long walk). Note: Walking can be considered exercise if the person is purposefully following a regimen of long-distance walking to improve fitness or endurance (thus, this type of walking is recorded under G2a).
- **G3. Fitness Program** has been added to capture the person's interest/engagement in structured fitness activities.
- **G4. Capacity to Complete Largely Physically Based IADL Tasks** — The decision was made to focus only on the person's capacity, dropping the performance measure for each IADL. Rationale: capacity is key, providing an unencumbered assessment of the person's presumed ability to carry out IADL tasks. Performance has several limitations, not the least of which is bias due to societal expectations as to who performs certain activities (e.g., male vs. female expectations) in a multi-person household.
- **G5a. Bathing** —The focus of this item has been clarified. The revised item measures only the amount of assistance the person gets to take a full-body bath or shower. The transfer component of **Bathing** has been broken out into a new, separate item: **G5b. Bath transfer** — How person transfers in/out of bath or shower.
- Dropped old Item **G5b. Care professional believes person is capable of improved performance in physical function**.
- Dropped old Item **G7b. If drove in LAST 90 DAYS, assessor is aware that someone has suggested that person limits OR stops driving**. This issue will now be addressed in a forthcoming CAP, via a CAP trigger.

SECTION H. Continence

- **H1. Bladder Continence** — The wording for coding options has changed. Now, code **"0" = "Continent** — Stays dry with or without any device". The old code **"1" = "Complete control with any catheter or ostomy** — Control with use of any type of catheter or urinary collection device" has been dropped.
- **H2. Urinary Management Device (Excludes Pads/Briefs)** — The wording has changed from "Urinary Collection Device (Excludes Pads/Briefs)".
- **H2. Urinary Management Device (Excludes Pads/Briefs)** includes one new coding option: **"1" = "Intermittent catheter"**. The other response options have been renumbered accordingly.
- **H3. Bowel Continence** — The wording for coding options has changed. Now, Code **"0" = "Continent** — Stays continent, with or without use of ostomy device". The old code **"1" = "Control with ostomy** — Control with ostomy device over last 3 days" has been dropped.

SECTION I. Diseases and Diagnoses

- **I1. Diseases and Diagnoses** — Sixteen new diagnostic options have been added. interRAI has determined that when diagnoses are entered via the ICD option in Item **I2. Other Major Disease Diagnoses**, there tend to be many false negatives; that is, the diagnosis is present, but the assessor fails to enter the condition. For that reason, interRAI expanded the list of diagnoses.
  - **I1d. Vascular dementia**
  - **I1e. Lewy body dementia**
  - **I1f. Frontotemporal dementia**
  - **I1g. Other dementia** (including mixed dementias). Note: Because of the addition of **I1d**, **I1e**, and **I1f**, **I1g** is different from the previous version: Old Item **J1d. Dementia other than Alzheimer's disease**. Note also that Items **I1d**, **I1e**, **I1f**, and **I1g** provide a more comprehensive set of items relative to dementia.
  - **I1i. Seizure disorders or epilepsy**
  - **I1j. Traumatic brain injury (TBI)**
  - **I1p. Aphasia** — This item was included in the old form as a Health Condition (old Item **J1j**).
  - **I1q. Down syndrome**
  - **I1r. Autism spectrum disorder**
  - **I1s. Other intellectual disability (organic, non-organic, or cause unknown)**

    Note: Items **I1q**, **I1r**, and **I1s** provide a more comprehensive set of items relative to intellectual/developmental disability.
  - **I1aa. Post-traumatic stress disorder (PTSD)**
  - **I1bb. Pneumonia during last 30 days** — Although this item is not new, note the addition of the words "during last 30 days".
  - **I1dd. COVID-19 diagnosis during last 90 days**
  - **I1ee. HIV/AIDS**
  - **I1gg. Diabetes mellitus Type 1 and I1hh. Diabetes mellitus Type 2** — These items distinguish between Type 1 and Type 2, unlike the old diabetes mellitus item (**I1u**).
  - **I1ii. Chronic kidney disease (CKD)**

- **I2. Other Major Disease Diagnoses** — New language asks the assessor to make sure to add other "major" disease diagnoses. In order to emphasize that interRAI is not looking for a long list, only two lines are provided on the assessment form (**I2a** and **I2b**).

SECTION J. Health Conditions

- **J1. Falls** — There is a new configuration of the Falls items (old Items **J1. Falls** and **J2. Recent Falls**). There are now three time windows (**J1a. Last 30 days**, **J1b. 31–90 days**, and **J1c. 91–180 days**). For each time window, there are three coding options: **"0" = "No falls"**, **"1" = "One fall"**, and **"2" = "Two or more falls"**.
- A new Falls item has been added: **J2. Any Fall with Major Consequences within Last 90 Days** — e.g., fracture, concussion, subdural hematoma, other internal bleeding, restriction in walking for week or more.
- Old Item **J3a. Difficulty or unable to move self to standing position** has been deleted.
- A third new Fall item has been added: **J3. Limits Activities Because of Fear of Falling** — e.g., limits going outside, will only go out with others, or limits moving about inside. The addition of this item expands our understanding of falls — we can now go beyond knowledge of the event to being able to incorporate knowledge of how falls or a fear of falling affects the person's daily life.
- Old Item **J3j. Aspiration** has been moved to Section K: **K4a. Aspiration**.
- Several new items have been added to **J4. Health Condition Frequency**:
  - **J4p. Sore throat**
  - **J4q. Cough** — New, continuing, or worsening
  - **J4r. Headache**
- Old Item **J3c. Consistency of pain** has been deleted.
- Old Item **J3e. Pain control** has been deleted.

SECTION K. Oral and Nutritional Status

- Note that the wording for Item **K1** now reads: **Estimated Height and Weight [Measurement Units Are Country Specific to USA]**
- Item **K2b. Dehydrated** has been reworded: it used to be **K2b. Dehydrated, or BUN/Creatinine ratio > 25 [Ratio, country specific]**.
- A new item has been added: **K4. Swallowing Problems**. There are four subitems under this heading:
  - **K4a. Aspiration**
  - **K4b. Food or fluid escapes from or dribbles from mouth during eating or drinking**
  - **K4c. Ate one or fewer meals a day in AT LEAST 2 OF LAST 3 DAYS**
  - **K4d. Noticeable decrease in the amount of food person normally eats or fluids usually consumes**

- A new item has been added: **K5. Oral Issues**. There are two reworded items under this heading. Each uses expanded coding options, from **"0" = "Not present"** to **"4" = "Exhibited daily in last 3 days"**.
  - **K5a. Dry mouth** — a slight rewording of old Item **K4c**
  - **K5b. Difficulty chewing** — a slight rewording of old Item **K4d**
- Item **K6** has a slight wording change, now reading **K6. Dental/Oral Cavity Issues**. There are two sub-items under this heading:
  - **K6a. Broken, loosely fitted denture(s)** — a new item
  - **K6b. Broken, decayed, fragmented, or loose natural teeth** — a rewording of old Item **K4b**
  - One item has been removed: **K4a. Wears a denture (removable prosthesis)**

SECTION L. Skin Condition

- "/Injury" was added to Items **L1**, **L2**, and **L3**:
  - **L1. Most Severe Pressure Ulcer/Injury**
  - **L2. Prior Pressure Ulcer/Injury**
  - **L3. Presence of Skin Ulcer/Injury Other Than Pressure Ulcer**

SECTION M. Medications

- This section has undergone a major reorganization. Specifically:
  - **M1. List of All Medications** on the old form has been deleted.
- The following items have been added:
  - **M1. Total Number of Medications**
  - **M2. Total Number of Herbal/Nutritional Supplements**
  - **M3. Known Allergy to Any Drug** — This includes a slight rewording of the item on the old form (old Item **M2. Allergy to Any Drug**) plus the addition of two sub-items which provides an open-ended space for recording the drugs resulting in allergic reaction:
    - **M3a. First drug**
    - **M3b. Second drug**
  - **M4. Self-Reported Need for Medication Review**
  - **M5. Recently Changed Medications**
  - **M6. Cannabis Use** — Added because the legal use of this substance is becoming more common.
  - **M7. Medicinal Use of Cannabis**
  - **M8. Medication List**
    - **M8a. Antipsychotic**
    - **M8b. Anxiolytic**
    - **M8c. Antidepressant**
    - **M8d. Hypnotic**
    - **M8e. Opioids**
    - **M8f. Hyperglycemic agent** (e.g., insulin, sulfonylureas)
    - **M8g. Anticoagulants** (e.g., warfarin, NOAC)

SECTION N. Treatments and Procedures

- **N1. Prevention** — A number of items were dropped: **Blood pressure measured in LAST YEAR, Eye exam in LAST YEAR, Hearing exam in LAST 2 YEARS, Mammogram or breast exam in LAST 2 YEARS** (for women).
- Added new Item **N1e. COVID-19 vaccine in LAST YEAR (or as required)**.
- Added a new coding option for **N2. Treatments and Programs Received or Scheduled in the Last 3 Days**: **"2" = "Implemented but not received in last 3 days"**.
- Wording change: **N2k. Hospice/palliative care program for end of life** — The words "hospice" and "for end of life" were added to this item.
- Dropped old items: **N2c. Infection control**; **N2l. Scheduled toileting program**; **N2m. Palliative care program**; and **N2n. Turning/repositioning program**.
- Item **N3h** now reads **Psychosocial therapy**. We dropped: "(by a licensed mental health professional)".
- Added new item in **N3. Formal Care**: **N3i. Adult day health care**.
- **N4. Time Since Last Hospital Stay** was moved from old Section A (old Item **A14**) and revised to become **Long-Term Care Facility/Nursing Home Stay in the Last Year (or Since Last Assessment If Less Than 1 Year Ago)** with two sub-items: **a. Time Since Last Hospital Stay** and **b. Time Since Last Long-Term Care Facility/Nursing Home Stay**. The coding was also revised to accommodate a longer lookback period of one year as opposed to the previous 90 days.
- **N6.** Expanded the detail on medical coverage by licensed professionals. Dropped old Item **N4c. Physician visit (or authorized assistant or practitioner)**. The new layout now includes three sub-items to differentiate the number of visits by each of three types of health care professionals:
  - **N6a. Physician**
  - **N6b. Physician assistant**
  - **N6c. Nurse practitioner**
- New self-report Item **N7. Health Concerns** — ***Ask: "Do you have health concerns that should be discussed with a physician?"***

SECTION O. Responsibility

- No changes were made to this section.

SECTION P. Social Supports

- This section has undergone a major reorganization. Most of the old content has been replaced.
- The following items are new:
  - **P1. Informal Helpers — Persons who provided help in last 3 days or usually provide help but did not in last 3 days.** *Code number of helpers (enter "0" if none, enter "9" if 9 or higher)*
    - **P1a. Child or child-in-law**
    - **P1b. Spouse/partner**

  - **P1c. Parent**
  - **P1d. Sibling**
  - **P1e. Other relative or friend**
- **P2. Primary Helper**. Coding options are:
  - **1 Child or child-in-law**
  - **2 Spouse/partner**
  - **3 Parent**
  - **4 Sibling**
  - **5 Other relative or friend**
- **P3. Travel Time Between Person and Primary Informal Helper**. Coding options go from **"0"= "Live together"** to **"4" = "60+ minutes"**
- **P4. Primary Informal Helper Status**. There were a limited set of yes/no questions in the old instrument. This list has been expanded in this version to include the following:
  - **P4a. Primary helper feels sense of self-worth in helping person**
  - **P4b. Primary helper finds it difficult to manage competing demands and the areas in which this occurs**

    Four yes/no questions then follow:
  - **P4ba. Work, job**
  - **P4bb. Family, children**
  - **P4bc. Attend school**
  - **P4bd. Make enough money to live on**
  - **P4c. Primary helper expresses feelings of distress and, if so, whether future help of person is in jeopardy**
  - **P4d. Primary helper feels he/she gets inadequate support from formal care services**
- **P5. Hours of Informal Care and Active Monitoring During Last 3 Days**

SECTION Q. Environmental Assessment

Two of the items in the old instrument (**Q1a** and **Q1b**) have been combined to create new item **Q1a. Home in disrepair**.

SECTION R. Overall Status

- Only one of the old items has been retained, **R1. Overall Self-Sufficiency Has Changed Significantly as Compared to Status of 90 Days Ago (or Since Last Assessment If Less Than 90 Days Ago)**.
- Four items have been dropped: **R1. One or More Care Goals Met**; **R3. Number of 10 ADL Areas in Which Person Was Independent Prior to Deterioration**; **R4. Number of 8 IADL Performance Areas in Which Person Was Independent Prior to Deterioration**; and **R5. Time of Onset of the Precipitating Event or Problem Related to Deterioration**.

SECTIONS S. Discharge

- No changes were made to this section.

Section T. Assessment Information

- Two new items were added: **2. Primary Mode of Assessment** and **3. Sources of Information Used to Complete the Assessment**.