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interRAI Home Care (HC) Assessment Form and User's Manual, Version 9.1.3, Canadian Edition: Errata and Addenda

The following are errata and addenda to the Canadian edition of the interRAI HC Assessment Form and User's Manual, Version 9.1.2. Changes or additions to the manual and form(s) are outlined below. Page numbers refer to Version 9.1.2 of the manual and form. The table is organized alphabetically by item.

Manual or Form	Item	Page	Old	New
Manual	Intro	1–2	[. . .] There are twenty-five CAPs in multiple domains [. . .] On average, a person receiving home care services triggers about 5.5 of the 25 CAPs.	[. . .]There are a variety of CAPs in multiple domains [. . .] The typical person receiving home care services will trigger only a subset of the CAPs.

Manual	A2	9	**A2. Gender**
			Coding
			  M. Male
			  F. Female
				A2. Sex/Gender Identity [Country Specific]
				Intent
				To document the person's sex and self-identified gender. Sex assigned at birth and gender identity should be asked as two separate questions to provide the most effective and inclusive information about the person.

Form	A2	1	**2. GENDER**	**2. SEX/GENDER IDENTITY [EXAMPLE — CANADA]**

Manual	A2a	9	not included	**A2a. Sex**
				Definition
				Person's sex that was assigned at birth.
				Process
				A person's biological sex plays an important role in treating certain health conditions and is 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?"
				Coding
				  M. Male
				  F. Female
				  UN. Not assigned male or female
				Use the code UN (Not assigned male or female) for persons who are biologically intersex at birth.

Form	A2a	1	not included	a. Sex
				  M Male
				  F Female
				  UN Not assigned male or female

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Manual or Form	Item	Page	Old	New
Manual	A2b	9	not included	**A2b. Gender identity** *Definition* Gender is the person's sense of being male, female, 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. *Coding* **M. Male** **F. Female** **OTH. Other gender identity** **UNK. Not known** **NA. Not applicable** Use the code OTH (Other gender identity) for persons who do not identify solely as male or female (see A2c). Use the code UNK (Not known) when the person could not answer the asked question or refused to answer the question. Use the code NA (Not applicable) when the question was not asked because it was inappropriate (e.g., the person was severely cognitively impaired).
Form	A2b	1	not included	b. Gender identity **M** Male **F** Female **OTH** Other gender identity **UNK** Not known **NA** Not applicable
Manual	A2c	9	not included	**A2c. Person self-identifies gender as** *Process* If the person responded "Other" to A2b (Gender Identity), ask, "What best identifies your current gender identity?" *Coding* Use the open text box to record the person's verbatim response. If the person does not want to respond to the above question, leave the box blank. This item must not contain any names (full or partial) or the person's Health Care Identification Number or date of birth.
Form	A2c	1	not included	c. Person self-identifies gender as *Enter up to 25 characters.* Do not include any names (full or partial), the person's Healthcare Identification Number, or date of birth.
Manual	A11	14	**A11. Person's Expressed Goals of Care** *Coding* Use the large ("open text") box to record the person's verbatim response. Code the person's primary goal of care in the single line of boxes at the bottom, entering one letter in each box. Abbreviate if necessary. Enter "NONE" if the person is unable to articulate a goal of care.	**A11. Person's Expressed Goals of Care** *Coding* Use the large ("open text") box to record the person's verbatim response. **This item must not contain any names (full or partial) or the person's Health Care Identification Number, date of birth, sex or gender.**

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Manual or Form	Item	Page	Old	New
Manual *(continued)*				Code the person's primary goal of care in the single line of boxes at the bottom, entering one letter in each box. Abbreviate if necessary. Enter "NONE" if the person is unable to articulate a goal of care.
Form	**A11**	1	**11. PERSON'S EXPRESSED GOALS OF CARE** Enter primary goal in boxes at bottom	**11. PERSON'S EXPRESSED GOALS OF CARE** Enter the primary goal in boxes at bottom. ***Do not include any names (full or partial), the person's Healthcare Identification Number, date of birth, sex or gender.***
Manual	**A16**	18	not included	**A16. Return Date** *Intent* To document the date the previously discharged home care client was readmitted to the home care agency. This item is completed only if A8 (Reason for Assessment) is coded "3" (Return assessment). *Coding* 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: February 1, 2019. [2][0][1][9] [0][2] [0][1] **Year Month Day** This item can be left blank if A8 (Reason for Assessment) is not coded "3" (Return assessment).
Form	**A16**	1	not included	**16. RETURN DATE** [2][0][ ][ ] [ ][ ] [ ][ ] **Year Month Day**
Manual	**B2**	19	**B2. Aboriginal Identity [Country Specific]** *Intent* To document self-identification as an Aboriginal person. *Definition* **Aboriginal identity** — Refers to self-identification as a member of an Aboriginal community and does not require proof (that is, a status card) in order to be coded **"1"** for "Yes". *Process* Ask the person if he or she self-identifies as an Aboriginal person. If the person says yes, clarify which group(s) of Aboriginal people he or she identifies with. If the person is unable to respond, ask a family member or another knowledgeable informant whether the person would identify him/herself with any of the listed groups. For example, ask "Do you think of yourself as an Aboriginal person? Would you describe yourself as First Nations, Métis, or Inuit?"	**B2. Indigenous Identity [Country Specific]** *Intent* To document self-identification as an Indigenous person. *Definition* **Indigenous identity** — Refers to self-identification as a member of an Indigenous community and does not require proof (that is, a status card) in order to be coded **"1"** for "Yes". *Process* Ask the person if he or she self-identifies as an Indigenous person. If the person says yes, clarify which group(s) of Indigenous people he or she identifies with. If the person is unable to respond, ask a family member or another knowledgeable informant whether the person would identify him/herself with any of the listed groups. For example, ask "Do you think of yourself as an Indigenous person? Would you describe yourself as First Nations, Métis, or Inuit?"

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Manual or Form	Item	Page	Old	New
Manual	B2, Example Box	20	**Examples of How to Code Aboriginal Identity** The person tells the assessor that her great-great grandfather was Métis but she does not think of herself as Métis or any other Aboriginal group. **Code:** **B3a (First Nations) = "0"** **B3b (Métis) = "0"** **B3c (Inuit) = "0"**	**Examples of How to Code Indigenous Identity** The person tells the assessor that her great-great grandfather was Métis but she does not think of herself as Métis or any other Indigenous group. **Code:** **B3a (First Nations) = "0"** **B3b (Métis) = "0"** **B3c (Inuit) = "0"**
Form	B2	1	**2. ABORIGINAL IDENTITY [EXAMPLE—CANADA]**	**2. INDIGENOUS IDENTITY [EXAMPLE—CANADA]**
Manual	B3	20	**B3. Primary Language [Country Specific]** *Coding* Enter the three-letter code for the person's primary language in the boxes provided. Enter **"eng"** if the language is identified as English. Enter **"fre"** if the language is identified as French.	**B3. Primary Language [Country Specific]** *Coding* Enter the three-letter code for the person's primary language in the boxes provided. Enter **"eng"** if the language is identified as English. Enter **"fra"** if the language is identified as French.
Form	B3	2	**3. PRIMARY LANGUAGE [EXAMPLE—CANADA]** **eng** English **fre** French	**3. PRIMARY LANGUAGE [EXAMPLE—CANADA]** **eng** English **fra** French
Manual	F1c	39	**F1c. Other interaction with long-standing social relation or family member** — For example, telephone or e-mail.	**F1c. Other interaction with long-standing social relation or family member** — For example, telephone, email, video call.
Form	F1c	3	c. Other interaction with long-standing social relation or family member — e.g., telephone, e-mail.	c. Other interaction with long-standing social relation or family member — e.g., telephone, e-mail, video call.
Manual	G1a	43	**G1a. Meal preparation** — [. . .] For example, if the person is able to make cold cereal for breakfast, or put together a cold sandwich and coffee at lunch [. . .]	**G1a. Meal preparation** — [. . .] For example, if the person is able to make cold cereal for breakfast, or put together a cold sandwich and drink at lunch [. . .]
Manual	G1d	43	**G1d. Managing medications** — How medications are managed (for example, remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments).	**G1d. Managing medications** — How medications are managed (for example, remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments, filling prescription/medications, ordering refills, filling pill caddy, knowing how to use blister pack/pill box prepared by another).
Manual	G1, Example Box	45	*Performance Category* All Ms. A does by herself is remembering to take pills in the caddy and swallowing them at the correct times. The nurse is doing more than 50% of subtasks of medication management. **In this category, Item G1d should be scored "5" for "Maximal assistance".**	*Performance Category* Ms. A remembers to take pills in the caddy and swallows them at the correct times. The nurse performs other occasional tasks of medication management. **Code: G1d = "3" = "Limited assistance"**
Manual	G1, Example Box	45	*Capacity Category* There is no difference between Ms. A's performance and capacity. **In this category, Item G1d should also be scored "5" for "Maximal assistance".**	*Capacity Category* While Ms. A is capable of performing some subtasks of medication management, she requires assistance with ordering refills and filling the pill caddy. **Code: G1d = "4" = "Extensive assistance"**

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Manual or Form	Item	Page	Old	New
Manual	G2	48	**G2. ADL Self-Performance** *Coding* Engage family (or, when possible, formal home care staff who have cared for the person over the last 3 days) in discussions regarding the person's ADL functions. Remind these individuals that the focus is on the last 3 days only.	**G2. ADL Self-Performance** *Coding* Engage family (or, when possible, formal home care staff who have cared for the person over the last 3 days) in discussions regarding the person's ADL functions. Remind them that the focus is on the last 3 days only.
Manual	H1	55	**H1. Bladder Continence** *Coding* **1. Complete control with any catheter or ostomy** — Control with use of any type of catheter or urinary collection device.	**H1. Bladder Continence** *Coding* **1. Managed with any catheter or ostomy over last 3 days** — Managed with any type of catheter or urinary collection device.

Form	H1	4	**1. BLADDER CONTINENCE**
			   1 **Control with any catheter or ostomy** over last 3 days
				1. BLADDER CONTINENCE
				   1 **Managed with any catheter or ostomy** over last 3 days

Manual	J1	63	**J1. Falls**
			Definition
			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
			Coding
			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
				J1. Falls
				Definition
				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.
				J1a. **Last 30 days**
				J1b. **31–90 days ago**
				J1c. **91–180 days ago**
				Coding
				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**

Form	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
				Code for falls over specified time periods
				   0 No fall
				   1 One fall
				   2 Two or more falls
				a. Last 30 days
				b. 31–90 days ago
				c. 91–180 days ago

Manual	J2	63	**J2. Recent Falls**	Item removed
Form	J2	5	**2. RECENT FALLS**	Item removed
Manual	J3	64	**J3. Problem Frequency**	**J2. Problem Frequency**
Form	J3	5	**3. PROBLEM FREQUENCY**	**2. PROBLEM FREQUENCY**
Manual	J4	66	**J4. Dyspnea (Shortness of Breath)**	**J3. Dyspnea (Shortness of Breath)**
Form	J4	5	**4. DYSPNEA (SHORTNESS OF BREATH)**	**3. DYSPNEA (SHORTNESS OF BREATH)**
Manual	J5	67	**J5. Fatigue**	**J4. Fatigue**
Form	J5	5	**5. FATIGUE**	**4. FATIGUE**
Manual	J6	67	**J6. Pain Symptoms**	**J5. Pain Symptoms**
Form	J6	5	**6. PAIN SYMPTOMS**	**5. PAIN SYMPTOMS**

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Manual or Form	Item	Page	Old	New
Form	**J6d**	6	d. **Breakthrough pain** — Times in LAST 3 DAYS when person experienced sudden, acute flare-ups of pain	d. **Breakthrough pain** — Person experienced sudden, acute flare-ups of pain in LAST 3 DAYS
Manual	**J7**	69	**J7. Instability of Conditions**	**J6. Instability of Conditions**
Form	**J7**	6	**7. INSTABILITY OF CONDITIONS**	**6. INSTABILITY OF CONDITIONS**
Manual	**J8**	70	**J8. Self-Reported Health**	**J7. Self-Reported Health**
Form	**J8**	6	**8. SELF-REPORTED HEALTH**	**7. SELF-REPORTED HEALTH**
Manual	**J9**	70	**J9. Tobacco and Alcohol**	**J8. Tobacco and Alcohol**
Form	**J9**	6	**9. TOBACCO AND ALCOHOL**	**8. TOBACCO AND ALCOHOL**
Manual	**Section M**, intro text	81	not included	Medication use in the adult population is growing steadily. Of particular concern are medications taken to prevent or treat chronic conditions including hypertension, diabetes, heart disease, arthritis or selected psychiatric conditions; such medications may be taken for years. In addition, having multiple health conditions (multi-morbidity) often results in the use of multiple medications (polypharmacy) 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. 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.
Manual	**M1**	81	**M1. List of All Medications**	**M1. List of All Medications (Optional)**
Form	**M1**	7	**1. LIST OF ALL MEDICATIONS**	**1. LIST OF ALL MEDICATIONS (OPTIONAL)**
Manual	**M3**	91	**M3. Adherent with Medications Prescribed by Physician** *Intent* To determine if the person is receiving medications as prescribed by a physician, nurse practitioner, or physician's assistant.	**M3. Adherence with Prescribed Medications** *Intent* To determine whether the person is receiving and taking medications as prescribed by a physician (or other prescribers, such as a nurse practitioner or dentist) and to estimate how accurately the person was adherent with the prescribed medication regimen during the last 3 days. Some individuals will be non-adherent

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Manual or Form	Item	Page	Old	New
Manual *(continued)*				because of worries about the medication, lack of understanding of the need, misunderstanding of the instructions, etc. Non-adherence may result in loss of therapeutic effect, adverse drug events and unnecessary costs. n/a — Definition deleted
			Definition The person is actually taking medications **as prescribed**. *Process* You will have already solicited information from the person about his or her medications. Compare the person's responses with available medication and known medication orders. Does the supply remaining seem appropriate considering when the prescription was filled? Did the person and caregiver give accurate information about medication administration? Remember, this item is not intended to evaluate the appropriateness of the medication prescribed. *Coding* Select the appropriate response. **0. Always adherent** **1. Adherent 80% of time or more** — Over the last 3 days, 24 hours a day, the person deviated from prescribed medication regime 20% or less of the time. **2. Adherent less than 80% of the time, including failure to purchase prescribed medications** — Over the last 3 days, 24 hours a day, person deviated from prescribed medication regime more than 20% of the time. **8. No medications prescribed** — Person is not receiving any prescribed medication.	*Process* Using information from the person about his or her medication, compare the person's responses with available medication and known medication orders. Does the supply remaining seem appropriate considering when the prescription was filled? Did the person and caregiver give accurate information about medication administration? For medication prescribed on an as needed basis (PRN), evaluate whether the person is taking the medication in the recommended frequency and doses. This item is not intended to evaluate the appropriateness of the medication prescribed but the person's adherence with the medication regimen. Any non-adherence with any medication should be considered in the coding. *Coding* **0. Always adherent** **1. Adherent 80% of the time or more** — Over the last 3 days, 24 hours a day, the person deviated from the prescribed medication regimen 20% or less of the time. **2. Adherent less than 80% of the time, including failure to purchase prescribed medications** — Over the last 3 days, 24 hours a day, the person deviated from the prescribed medication regimen more than 20% of the time. **8. No medications prescribed** — The person has no prescribed medication.
Form	M3	7	**3. ADHERENT WITH MEDICATIONS PRESCRIBED BY PHYSICIAN** **0** Always adherent **1** Adherent 80% of time or more **2** Adherent less than 80% of time, including failure to purchase prescribed medications **8** No medications prescribed	**3. ADHERENCE WITH PRESCRIBED MEDICATIONS** **0** Always adherent **1** Adherent 80% of the time or more **2** Adherent less than 80% of the time, including failure to purchase prescribed medication **8** No medications prescribed
Manual	M4	91	not included	**M4. Total Number of Medications** *Intent* 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.

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Manual or Form	Item	Page	Old	New
Manual *(continued)*				*Definition* **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 drops, artificial tears. 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. • 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 (e.g., co-amoxiclav, in which clavulanic acid is combined with amoxicillin). Any multi-compound or compounded drug is counted as one medication. *Process* 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. 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. In addition, ask the person if he or she—or someone on his or her behalf—got any over-the-counter medications, or if any medications were supplied via mail order over 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

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Manual or Form	Item	Page	Old	New
Manual *(continued)*				added, altered or discontinued. Do not count new medications unless the person has already begun taking them during the assessment period. Count the total number of different medications the person has taken during the assessment period, including long-acting medications that may not have been taken in the last 3 days but are part of the person's regular medication regimen, such as monthly B12 injections. 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. *Coding* Enter the exact number of different medications taken in the last 3 days. Enter 15 if the person has taken more than 15 medications.
Form	**M4**	7	not included	**4. TOTAL NUMBER OF MEDICATIONS** 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
Manual	**M5**	91	not included	**M5. Total Number of Herbal/Nutritional Supplements** *Intent* 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. *Definition* 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. In different countries, different national policies regarding herbal substances and preparations may apply. *Process* Count the number of different herbal/nutritional supplements that the person has taken during the last 3 days. *Coding* 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.

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Manual or Form	Item	Page	Old	New
Form	M5	7	not included	**5. TOTAL NUMBER OF HERBAL/ NUTRITIONAL SUPPLEMENTS** 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
Manual	M6	91	not included	**M6. Recently Changed Medications** *Intent* To determine whether 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. *Process* 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. *Coding* **0. No** **1. Yes**
Form	M6	7	not included	**6. RECENTLY CHANGED MEDICATIONS** Prescribing health professional has prescribed a new medication or stopped, or altered an existing medication in the last 14 days **0** No **1** Yes
Manual	M7	91	not included	**M7. Self-Reported Need for Medication Review** *Intent* To determine whether the person has concerns about the medications he or 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. *Process* Ask, "Do you have concerns about your medications that you want to discuss with a health professional?" *Coding* **0. No (or no medications prescribed)** **1. Yes** **8. Could not/would not respond**
Form	M7	7	not included	**7. SELF-REPORTED NEED FOR MEDICATION REVIEW** Ask: "Do you have concerns about your medications that you want to discuss with a health professional?" **0** No **1** Yes **8** Could not (would not) respond

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Manual or Form	Item	Page	Old	New

Manual	**M8**	91	not included	**M8. Receipt of Psychotropic Medication**
				
				Intent
				To record whether 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 the use of certain medications.
				
				Definition
				M8a. Antipsychotic/Neuroleptic — Drugs that affect psychological function, behaviours or experience. This class of drugs acts on the nervous system.
				
				M8b. Anxiolytic — Class of drugs designed to eliminate or reduce anxiety.
				
				M8c. Antidepressant — Class of drugs that works to reduce signs of depression or eliminate a depression.
				
				M8d. 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.
				
				Process
				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, 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).
				
				Coding
				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

Form	**M8**	7	not included	**8. RECEIPT OF PSYCHOTROPIC MEDICATION**
				
				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)
				
				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

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Manual or Form	Item	Page	Old	New
Manual	**M9**	91	not included	**M9. Medication by Daily Injection** *Intent* To determine whether the person received any type of medication on a daily basis by subcutaneous, intramuscular or intradermal injection in the last 3 days. *Process* 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. *Coding* Code for receipt of daily medication by injection. **0. No** **1. Yes**
Form	**M9**	7	not included	**9. MEDICATION BY DAILY INJECTION** **0** No **1** Yes
Manual	**N2n**	94	[. . .] Once the person has been turned to the new side, the person's head, torso, and limbs [. . .]	[. . .] Once the person has been turned to the new side, staff ensures that the person's head, torso and limbs [. . .]
Manual	**O1**	99	**O1. Decision-Maker for Personal Care and Property [Country Specific]**	**O1. Decision-Maker for Personal Care and Property [Country Specific] (Optional)**
Form	**O1**	8	**1. DECISION-MAKER FOR PERSONAL CARE AND PROPERTY [EXAMPLE—CANADA]**	**1. DECISION-MAKER FOR PERSONAL CARE AND PROPERTY [EXAMPLE—CANADA] (OPTIONAL)**
Manual	**S2**	109	**3. Assisted living or semi-independent living** — A second type of non-institutional community residential setting [. . .]	**3. Assisted living or semi-independent living** — A second type of non-institutional setting [. . .]