

**CASE MIX ASSESSMENT TOOL (CMAT) DRAFT 7.0 version 1.0**

For research purposes only - Final operational instrument will retain only items useful for case mix. Paper version of automated CMAT.

**PSYCHIATRIC and COMORBID CONDITIONS (cont)****24. Signs and Symptoms** (Code for indicators observed in last 3 days)

0. No 1. Yes

- a. Dry mouth
- b. Nausea
- c. Constipation
- d. Impaired Balance/ataxia
- e. Edema


**25. Health Problems:**

- a. Pain - Frequently complains or shows evidence of pain in last 3 days

0. None 1. Less than daily 2. Daily

- b. Sleep Problems - Any sleep problems present on 2 or more of the last 3 days, including awakening earlier than desired, difficulty falling asleep, restless or nonrestful sleep, too much sleep, interrupted sleep.

0. No 1. Yes


**26. Substance Abuse/Dependence**

- a. An increase in either amount or frequency of substance use within the past 30 days

0. No 1. Yes

- b. Unable to control substance use within the past 30 days

0. No 1. Yes

- c. Substance Abuse Withdrawal: Severity of signs or symptoms possibly indicative of withdrawal from alcohol or drugs. Code for most severe level in last 3 days.

0. None

1. Mild - symptoms typical of early stages of withdrawal (e.g., agitation, "jitters", craving, hostility, gastrointestinal upset, anxiety, vivid dreaming)

2. Moderate - increased severity of early indicators, weakness, sweating, hot flashes, fainting, muscle twitching

3. Severe - symptoms typical of late stages of withdrawal (e.g., exhaustion, seizures, tremors, tachycardia, disorientation, hyperventilation)

- d. Intentional Misuse of Medication - Misuse of prescription or over-the-counter medications in the past 30 days (e.g., uses medication for purpose other than intended)

0. No 1. Yes


**27. History of Abuse Towards Patient**

0. No 1. Yes

- a. Any history of physical abuse or assault
- b. Any history of sexual abuse or assault
- c. Any history of emotional abuse


**FUNCTIONING****28. Activities of Daily Living:** Code for self-performance, last 3 days

0. Independent - no help, setup, or supervision - or help, setup or supervision provided only 1 or 2 times

1. Setup help only - article or device provided or placed within reach of patient 3 or more times

2. Supervision - oversight, encouragement or cueing provided 3 or more times - OR - supervision (1 or more times) plus physical assistance provided only 1 or 2 times (for a total of 3 or more episodes of help or supervision)

3. Limited Assistance - patient highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times - OR - combination of non-weight bearing help with more help provided only 1 or 2 times (for a total of 3 or more episodes of physical help)

4. Extensive Assistance - patient performed part of activity on own (50% or more of subtasks) BUT help of the following type(s) was provided 3 or more times:

- Weight-bearing support (e.g., holding weight of limb, trunk)

- Full performance by another of a task (some of the time) or discrete subtask

5. Maximal Assistance - patient was involved and completed less than 50% of subtasks on own, received weight bearing help or full performance of certain subtasks 3 or more times. Includes two person assists where the patient completes less than 50% of subtasks on own

6. Total Dependence - full performance of activity by other(s)

8. Activity did not occur

- a. Personal Hygiene: how patient maintains personal hygiene. Includes combing hair, brushing teeth, shaving, applying makeup, controlling body odor, washing/drying face, hands, and perineum (exclude baths & showers)

- b. Locomotion: how patient moves between locations in his or her room and adjacent corridor on same floor. If in wheelchair, self sufficiency once in wheelchair

- c. Toilet Use: How patient uses the toilet room (or commode, bedpan, urinal)

- d. Eating: How patient eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)
