

**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.

**FUNCTIONING (cont)****29. Capacity to Perform Instrumental Activities of Daily Living**

If patient *had been required* to carry out the activity over the **last 24 hours**, *speculate* and code for what you consider the patient's capacity (ability) would have been to perform the activity at that time

- 0. **Independent** - would have required no help, setup, or supervision
- 1. **Setup Help Only** - would have required help that would have been limited to providing or placing article/device within reach of patient; could have performed all other tasks on own
- 2. **Supervision** - would have required oversight, encouragement, or cueing
- 3. **Limited Assistance** - on some occasion(s) could have done on own, other times would have required help
- 4. **Moderate Assistance** - while patient could have been involved, would have required presence of helper at all times, and would have performed 50% or more of subtasks on own
- 5. **Maximal Assistance** - while patient could have been involved, would have required presence of helper at all times, and would have performed less than 50% of subtasks on own
- 6. **Total Dependence** - full performance by other(s) of activity would have been required at all times (no residual capacity exists)
- a. **Meal Preparation:** How meals are prepared (e.g., planning meals, cooking, assembling ingredients, setting out food and utensils)
- b. **Managing Medications:** How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)
- c. **Transportation:** How patient travels by vehicle (e.g., gets to places beyond walking distance)

**30. Bladder Continence:** In the last 3 days, control of urinary bladder function (includes dribbling)

- 0. **Continent** - Complete control - DOES NOT USE any type of catheter or other urinary collection device
- 1. **Continent With Catheter** - Complete control with use of catheter or urinary collection device that doesn't leak urine
- 2. **Infrequent Incontinence** - Not incontinent over last 3 days, but patient does have incontinent episodes
- 3. **Episode of Incontinence** - On one day
- 4. **Occasionally Incontinent** - On two days
- 5. **Frequently Incontinent** - Tended to be incontinent daily, but some control present (e.g., during day)
- 6. **Incontinent** - Inadequate control of bladder
- 8. **Did Not Occur** - No urine output from bladder.

**31. Number of Falls in last 30 days**

- 0. None
- 1. One
- 2. Two or more

**SERVICE / TREATMENTS****32. Past ECT:** Time since last ECT

- 0. Never received
- 1. Instance prior to the last year
- 2. Instance in the last year
- 3. Instance in the last 30 days
- 4. Instance in the last 3 days

**33. Control Interventions (Code for use of each device in the last 3 days)**

- 0. Not used
- 1. Less than daily use
- 2. Daily use - night only
- 3. Daily use - day only
- 4. Night and day, but not constant
- 5. Constant use for full 24 hours (with periodic release)

- a. **Mechanical restraint, no ambulation**
- b. **Mechanical restraint, ambulation possible**
- c. **Chair prevents rising**
- d. **Physical/manual restraint by staff**
- e. **Seclusion room**

**DIAGNOSTIC STUDIES/LAB RESULTS**

In the last 3 days, or since admission, code for the most recent test. For each test use the following codes:

- 0. Not evaluated
- 1. Evaluated, met criteria
- 2. Evaluated, did not meet criteria

**34. White Blood Count, WBC:** criteria - range 3.8 - 10.8 **35. Head CT or MRI:** criteria - No hemorrhages, infarcts, masses, or white matter hyperdensity. **36. Lithium Toxicity:** criteria - 1.2 or lower **37. Completed by:**

(last, first, MI, suffix, degree)

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