

SAMPLE STANDARDIZED QUESTIONS
To be utilized with clinician assessment and observation as per
OASIS Guidelines, OASIS Implementation Manual and Regulations

MO ITEM	ASSESSMENT/QUESTION
MO110	<ol style="list-style-type: none"> 1. Have you received home health care/services in the past? 2. Do you know the name of the agency or the nurse? 3. Do you have paperwork from a home health agency?
MO230/240/246 (Not a client question – for clinician use only)	<ol style="list-style-type: none"> 1. <i>What is the primary reason for provision of home care services?</i> 2. <i>Does the primary diagnosis for home care match the primary diagnosis on the Plan of Care (485)?</i> 3. <i>What pertinent secondary diagnoses or comorbidities are relevant to the care rendered?</i> 4. <i>Which V-codes replace a case mix code in MO230 or 240?</i> 5. <i>What are the manifestations (and code) for these diagnosis (MO230 & 240)?</i> ** If the diagnosis is a combination of etiology and manifestation, then list the etiology as primary and the manifestation as secondary following ICD-9 coding guidelines.
MO250	<ol style="list-style-type: none"> 1. Are you currently receiving any medications or fluids via an IV? (include saline flushes and subcutaneous pumps) 2. Do you receive any nutrition or feedings through a tube or a feeding tube? ** Score this client even if the caregiver or another provider is providing these therapies.
MO390	<ol style="list-style-type: none"> 1. <i>Can this client sign the consent without assistance? (Observation only – if yes, score “0”)</i> 2. Can you read the ID numbers on this medication bottle? (if no, proceed to question #3) 3. Can you count my fingers at arms length? (if no, score “1”) 4. <i>Can this client locate objects without hearing or touching? (observation only – if no, score “2”)</i>
MO420	<ol style="list-style-type: none"> 1. Do you have any discomfort, aches, or pain when you when you move or perform activities? 2. Are you on any over the counter drugs or prescription medications for aches, discomfort, or pain? ** Observe the client performing activities in MO650 – 690, and assess for non-verbal indicators of discomfort or pain. 3. Have you changed or modified your routine or activities due to discomfort, aches or pain? How so?
MO490	<ol style="list-style-type: none"> 1. <i>How does the clinician measure 20 feet in the home? (Agency Policy)</i> 2. <i>If this client is chair or bedbound: how is this client’s breathing when turning from side to side or transferring as indicated? (Observation only)</i> 3. <i>How is this client’s breathing status when ambulating, performing activities of daily living, or negotiating stairs? (Observation only)</i> 4. Are there any times when you feel winded or have to catch your breath? ** Remove oxygen if used intermittently, before assessing mobility and respiratory status. ** Match MO490 with #18A on 485.

MO ITEM	ASSESSMENT/QUESTION
MO540	<ol style="list-style-type: none"> 1. Do you ever have “accidents” or are unable to make it to the bathroom? ** Normalize this process with disease process, ensure sensitivity to the subject. 2. Do you wear pads or attends at times during the night or day? ** Observe for odor; chux, attends in bedroom.
MO550 (Not a client question – for clinician use only)	<ol style="list-style-type: none"> 1. If the client has an ostomy, determine if it was related to the inpatient stay, OR a change in medical treatment during the past 14 days.
MO800	<ol style="list-style-type: none"> 1. Do you self administer your <u>Injectable Medication-- Name?</u> 2. When do you take your <u>Injectable Medication-- Name?</u> (evaluated impaired decision-making) 3. Walk me through the steps you take to prepare and administer your <u>Injectable Medication-- Name.</u> <p>** Explore behaviors with family/caregivers.</p>
MO450 (Not a client question – for clinician use only) (Clinician to reference NPUAP Guidelines – www.npuap.org - NPUAP website)	<ol style="list-style-type: none"> 1. Ascertain the most advanced stage of a pressure ulcer with physician consultation. 2. You cannot “downstage” a pressure ulcer. 3. If a pressure ulcer cannot be visualized due to an un-removable cast or dressing, mark response “E”. (cannot be staged)
MO460 (Not a client question – for clinician use only)	<ol style="list-style-type: none"> 1. Evaluate most problematic pressure ulcer via parameters indicated in OASIS Implementation Manual
MO476 (Not a client question – for clinician use only)	<ol style="list-style-type: none"> 1. Utilize WOCN Guidelines for definitions.
MO488 (Not a client question – for clinician use only) (Clinician to reference WOCN Guidelines – www.wocn.org - WOCN website)	<ol style="list-style-type: none"> 1. Clinician judgment as indicated – presence of drainage, infection, location, size, difficult management & treatment based on OASIS Implementation Manual and WOCN Guidelines.
MO650	<ol style="list-style-type: none"> 1. Please show me how you dress to go to the doctor’s office. (Observe ability to obtain and dress upper body with sweater, jacket or coat).
MO660	<p>Please remove your shoes and socks. (Observe ability to safely remove wear on both feet) ** Utilize this for pain and skin assessments as well.</p>
MO670	<ol style="list-style-type: none"> 1. What type of assistance do you need to wash in the shower or tub? 2. Can you show me how you transfer into the shower or tub? <p>** Is client medically restricted from this activity? Can client perform these activities safely?</p>
MO680	<ol style="list-style-type: none"> 1. Please show me where your toilet or commode is. (Observe balance, dexterity, strength and safety in performing this activity)
MO690	<ol style="list-style-type: none"> 1. Please show me how you get up and down from your comfy chair. 2. Can you show me how you get up and down from the toilet? <p>** Does your agency define assistive devices as the arms of chairs, table tops and wall supports?</p>
MO700	<ol style="list-style-type: none"> 1. How did you get into your house yesterday when you returned home from the hospital? 2. Did you climb the stairs yourself? 3. Can you climb your inside stairs for me? (Observe respiratory and pain status during this assessment)

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MO826 (Not a client question – for clinician use only)	<ol style="list-style-type: none"> 1. <i>Clinician must determine the number of therapy visits to achieve home care goals.</i> 2. <i>Consider needs for safe mobility, instruction in use of equipment, and ADL conservation activities. ** Has your agency developed guidelines or clinical pathways to assist with this item?</i> 3. <i>Consult with Clinical Supervisor or therapist if indicated.</i>