

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

MO ITEM	ASSESSMENT/QUESTION
MO175 (Clinician to mark ALL that apply)	<ol style="list-style-type: none"> 1. What inpatient facility(s) have you been discharged from during the past 14 days? 2. During your inpatient stay, were you ever transferred to another building or facility? Do you know why you were transferred?
MO230/240 (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 are the manifestations (and code) for this primary diagnosis (MO240)?</i> <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.</i>
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? <i>** Score this client even if the caregiver or another provider is providing these therapies.</i>
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? <i>** Observe the client performing activities in MO650 – 690, and assess for non-verbal indicators of discomfort or pain.</i> 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? <i>** Remove oxygen if used intermittently, before assessing mobility and respiratory status.</i> <i>** Match MO490 with #18A on 485.</i>
MO530	<ol style="list-style-type: none"> 1. Do you ever have “accidents”, such as dribbling if you are unable to make it to the bathroom? <i>** Normalize this process with disease process, ensure sensitivity to the subject.</i> 2. Do you wear pads or attends at times during the night or day? <i>** Observe for odor of urine; chux, attends in bedroom.</i>