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| Int | Y | ClientId | ClientId should match ClientId in DocumentsRegistrations with the same EffectiveDate below. |
| Int | N | ServiceId | Not required for migration. Would be used to link prior service data to the record. |
| Int | N | GroupServiceId | Not required for migration. Would be used to link prior service data to the record. |
| Int | N | EventId | Not required for migration. |
| Int | N | ProviderId | Not required for migration. |
| Int | N | ClinicianId | Not required for migration. |
| Datetime | Y | EffectiveDate | Effective date Should match EffectiveDate in DocumentsRegistration with the same ClientId as above.  Date Format  MM/DD/YYYY |
| Char(1) | Y | Bathing | N = Receives no assistance  A = Receives assistance in bathing only one part of the body  M = Receives assistance in bathing more than one part of the body (or not  bathed) |
| Char(1) | Y | Dressing | O = Gets clothes and gets completely dressed without assistance  E = Gets clothes and gets dressed without assistance, except for assistance in tying shoes  A = Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed |
| Char(1) | Y | Toileting | O = Goes to 'toilet room,' cleans self, and arranges clothes without  Assistance  R = Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode  D = Doesn't go to room termed 'toilet' for the elimination process |
| Char(1) | Y | Transfers | O = Moves in and out of bed as well as in and out of chair without assistance  A = Moves in and out of bed or chair with assistance  D = Doesn't get out of bed |
| Char(1) | Y | Continence | C = Controls urination and bowel movement completely by self  O = Has occasional 'accidents'  H = Supervision helps keep urine or bowel control; catheter is used, or person is incontinent |
| Char(1) | Y | Feeding | O = Feeds self without assistance  E = Feeds self except for getting assistance in cutting meat or buttering bread  A = Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids |
| Char(1) | Y | Walking | O = Walks on level without assistance  C = Walks without assistance but uses single, straight cane  M = Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)  A = Walks with assistance  W = Uses wheelchair only  N = Not walking or using wheelchair |
| Char(1) | Y | HouseConfinement | M = Has been outside of residence on 3 or more days during the past 2 weeks  O = Has been outside of residence on only 1 or 2 days during the past 2 weeks  N = Has not been outside of residence in past 2 weeks |
| Char(1) | Y | ClientUseTelephone | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientWalkingDistance | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientShopping | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientPrepareMeals | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientDoHousework | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientDoHandyManwork | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientDoLaundry | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientTakesMedication | O = Without Help  S = With Some Help  U = Completely Unable to Do |
| Char(1) | Y | ClientManageMoney | O = Without Help  S = With Some Help  U = Completely Unable to Do |