# **REVSTAT**

REVIEW STATUS (not abstracted)

- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- 4. Record contains missing required answers (error record)
- 5. Administrative exclusion from all measures

# **DEMENDX** (FE)

During the time frame from (computer to display stdybeg – 12 months to stdyend), does the record document a <u>new diagnosis</u> of dementia as evidenced by one of the following ICD-9-CM codes?

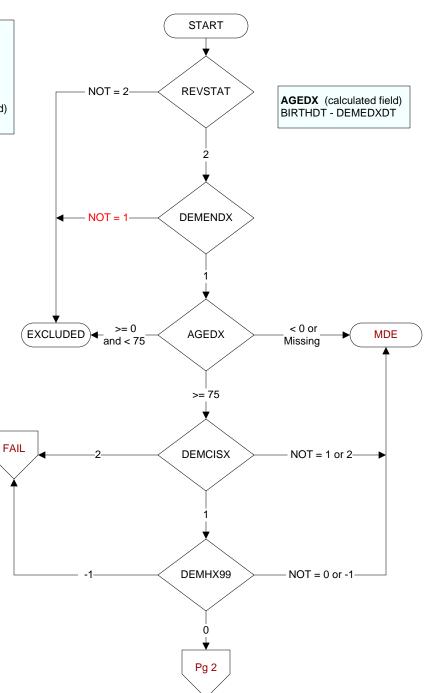
- 1. Yes
- 2. No

### **DEMCISX** (FE)

During the time frame from (computer display demedxdt – 6 months to demedxdt + 1 month), did the physician/APN/PA document the date of onset and course of cognitive signs and symptoms?

- 1. Yes
- 2. No

MDE = Missing or Invalid Data Exclusion (data error)





During the time frame from (computer display demedxdt - 6 months to demedxdt +1 month), which of the following were documented in the patient's history and/or review of systems?

Indicate all that apply:

**DEMHX1**. History of head trauma

**DEMHX2**. History of psychiatric disease

**DEMHX3**. History of cardiovascular disease or

cardiovascular disease risk factors

**DEMHX4**. Family history of dementia or other

cognitive impairment

**DEMHX5**. Social history to include drug and

alcohol use

**DEMHX6**. Medication review

**DEMHX7**. Functional status

**DEMHX8**. Driving status **DEMHX9**. Access to firearms

**DEMHX10** Behavioral symptoms

**DEMHX99**. None of the above

0 = No

-1 = Yes

# **DEMPECOG** (FE)

During the time frame from (computer display demedxdt - 6 months to demedxdt + 1 month), did a physician/APN/PA, RN, licensed social worker, or psychologist document objective cognitive testing?

1. Yes

2. No

### **DEMENTPE** (FE)

During the time frame from (computer display demedxdt - 6 months to demedxdt +1 month), did the physician/APN/PA document a physical exam?

1. Yes

2. No

During the time frame from (computer display demedxdt - 6 months to demedxdt +1 month), did the physical exam (s) document any of the following?

Indicate all that apply:

**DEMPE1**. Cardiovascular exam

**DEMPE2**. Neurological exam

**DEMPE3**. Mental status

**DEMPE4**. Observation of behavioral symptoms

**DEMPE5**. Vision status

**DEMPE6.** Hearing Status

**DEMPE99**. None of the above

