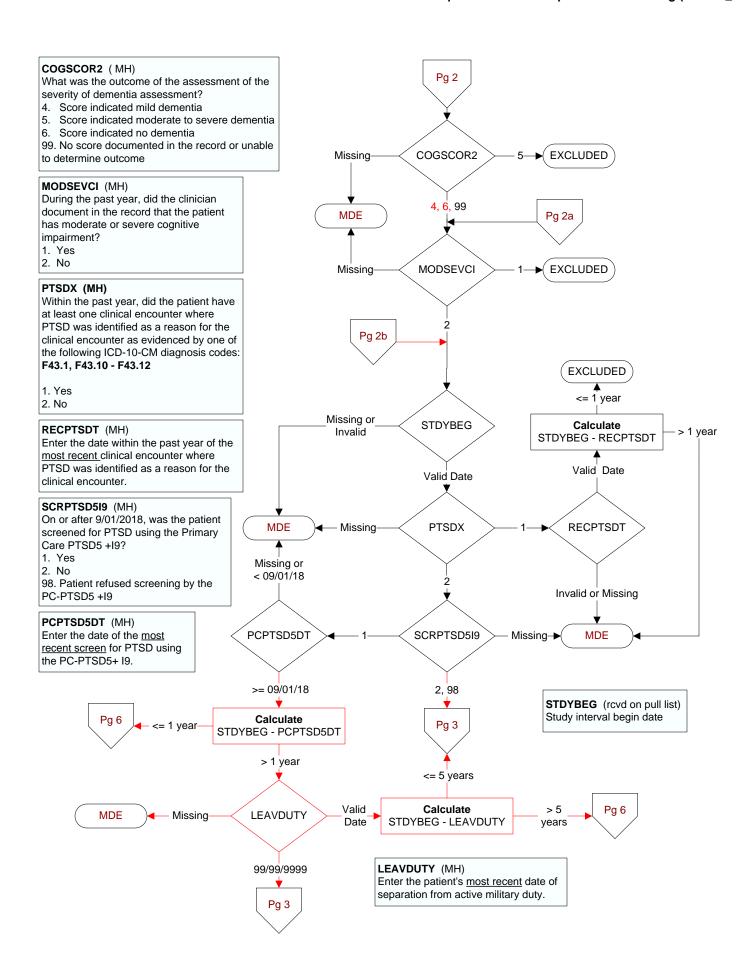
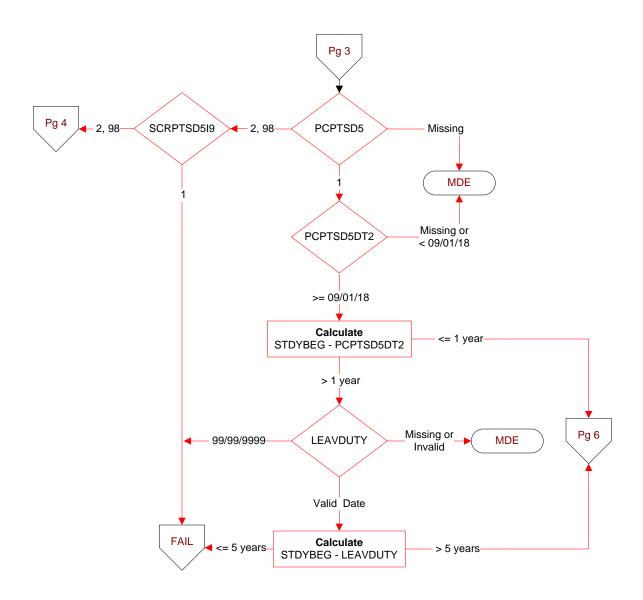


Was the severity of dementia assessed during the past year using one of the following standardized tools?

- 1. Clinical Dementia Rating Scale (CDR)
- 2. Functional Assessment Staging Tool (FAST)
- 3. Global Deterioration Scale (GDS)
- 99. Severity of dementia was not assessed during the past year using one of the specified tools

MDE = Missing or Invalid Data Exclusion (data error)





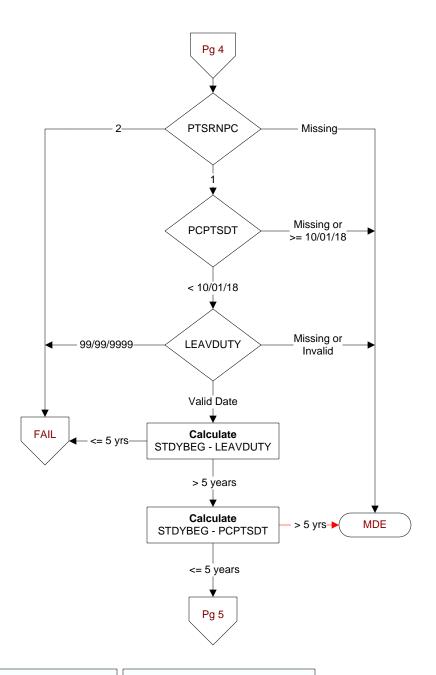
PCPTSD5 (MH)

On or after 9/01/2018, was the patient screened for PTSD using the Primary Care PTSD5 (PC-PTSD5)?

- 1. Yes
- 2. No
- 98. Patient refused screening by the PC-PTSD5

PCPTSD5DT2 (MH)

Enter the date of the <u>most recent</u> <u>screen</u> for PTSD using the PC-PTSD5.



PTSRNPC (MH)

Within the past five years and prior to 10/01/2018, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

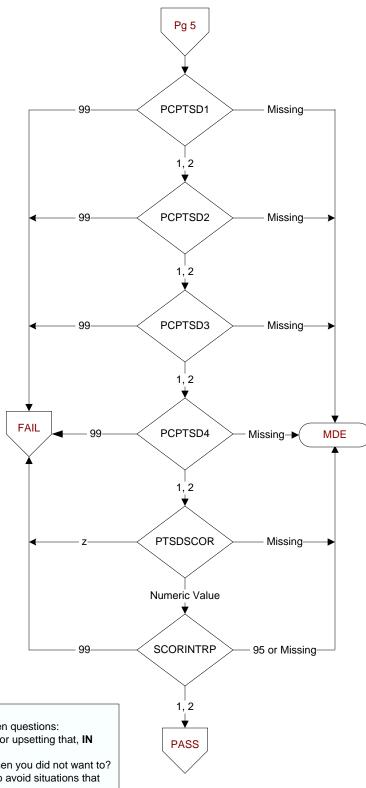
- 1. Yes
- 2. No

LEAVDUTY (MH)

Enter the patient's most recent date of separation from active military duty.

PCPTSDT (MH)

Enter the date of the most recent screen for PTSD using the PC-PTSD.



PTSDSCOR (MH)

Enter the total score for the screen documented in the record. (Abstractor can enter default z if no total score is documented)

SCORINTRP (MH)

Enter the interpretation of the score, <u>as documented in the medical record</u>.

- 1. Positive
- 2. Negative
- 95. Not applicable
- 99. No interpretation documented

PCPTSD (MH)

Enter the patient's answers to each of the Primary Care PTSD Screen questions:

Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:

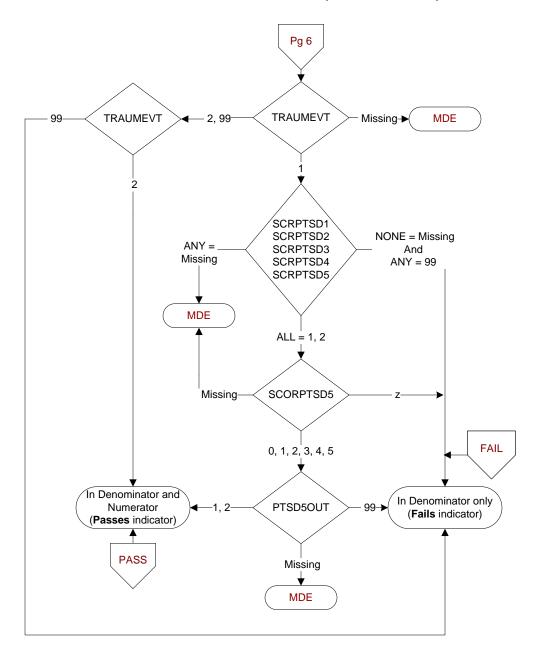
PCPTSD1. Have had any nightmares about it or thought about it when you did not want to?

PCPTSD2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

PCPTSD3. Were constantly on guard, watchful, or easily startled?

PCPTSD4. Felt numb or detached from others, activities, or your surroundings?

- 1. Yes
- 2. No
- 95. Not applicable
- 99. No answer documented



TRAUMEVT (MH)

Enter the response documented in the record for PC-PTSD5 exposure to traumatic event(s).

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- · a serious accident or fire
- a physical or sexual assault or abuse
- · an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

- 1. Yes
- 2. No
- 99. Response not documented

(MH) Enter the patient's answers to each of the PC-PTSD5 Screen questions:

In the past month, have you:

SCRPTSD1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

SCRPTSD2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?

SCRPTSD3. Been constantly on guard, watchful, or easily startled?

SCRPTSD4. Felt numb or detached from people, activities, or your surroundings?

SCRPTSD5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

- 1. Yes
- 2. No
- 99. Response not documented

SCORPTSD5 (MH)

Enter the total score for the PC-PTSD5 screen documented in the record..

PTSD5OUT (MH)

Enter the interpretation of the PC-PTSD5 screen as documented in the medical record.

- 1. Positive
- 2. Negative
- 99. No interpretation documented