

Describing interRAI LTCF Outcome Scales

Outcome scales	Description	interRAI LTCF assessment items	Score range
ABS	This scale provides a measure of	• Verbal abuse (E3b)	0–12
Aggressive Behaviour Scale	aggressive behaviour. The ABS is highly correlated with the Cohen Mansfield Agitation Inventory (CMAI) Aggression Subscale .	Physical abuse (E3c)	Higher scores indicate greater
		Socially inappropriate or disruptive behaviour (E3d)	frequency and diversity of
		• Resists care (E3f)	aggressive behaviour.
ADL Long Form	This scale provides a measure of the person's ability to perform activities of daily living (ADLs). The ADL Long Form is more sensitive to clinical changes than the other ADL scales.	Personal hygiene (G1b)	0–28
		• Dressing upper body (G1c)	Higher scores indicate more
		Dressing lower body (G1d)	impairment of self-sufficiency
		Locomotion (G1f)	in ADL performance.
		• Toilet use (G1h)	
		Bed mobility (G1i)	
		• Eating (G1j)	
ADL Self- Performance Hierarchy Scale	This scale reflects the disablement process by grouping ADL performance levels into discrete stages of loss (early loss: personal hygiene; middle loss: toileting and locomotion; late loss: eating).	Personal hygiene (G1b)	0–6
		Locomotion (G1f)	Higher scores indicate greater
		• Toilet use (G1h)	decline (progressive loss) in
		• Eating (G1j)	ADL performance.
ADL Short Form	This scale provides a measure of the person's ADL self-performance status based on items that reflect stages of loss (early, middle and late loss).	Personal hygiene (G1b)	0–16
		Locomotion (G1f)	Higher scores indicate more
		Toilet use (G1h)	impairment of self-sufficiency
		• Eating (G1j)	in ADL performance.





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CHESS	This scale detects frailty and health instability	Change in decision-making (C5)	0–5
Changes in Health, End Stage Disease and Signs and Symptoms	and was designed to identify persons at risk of serious decline.	• Change in ADL status (G5)	Higher scores are associated with adverse outcomes, such as mortality, hospitalization, pain, caregiver stress and poo self-rated health.
		Vomiting (J2n)	
		• Peripheral edema (J2u)	
		• Dyspnea (J3)	
		• End-stage disease, 6 or fewer months to live (J6c)	
		• Weight loss (K2a)	
		 Dehydrated or BUN/creatinine ratio >20 (K2b) 	
		• Fluid intake <1000 ml/day (K2c)	
		Fluid output exceeds input (K2d)	
		• Decrease in amount of food or fluids usually consumed (K2e)	
		• Ate one or fewer meals on at least 2 of last 3 days (K2f)	
Communication Scale	This scale summarizes the person's ability to communicate with others and to comprehend information.	Making Self Understood (D1)	0-8
		• Ability to Understand Others (D2)	Higher scores indicate greater difficulty in communicating with others.
CPS Cognitive Performance Scale	This scale describes the cognitive status of a person. Validated against the Mini-Mental State	Cognitive Skills for Daily Decision-Making (C1)	0–6
		Short-term memory OK (C2a)	Higher scores indicate more severe cognitive impairment.
		Making Self Understood (D1)	
	Examination (MMSE) and the Test for Severe Impairment (TSI)	• Eating (G1j)	
DbSI	This scale is a summary measure of impairment	• Hearing (D3a)	0–5
Deafblind Severity Index Scale	in hearing and vision.	• Vision (D4a)	Higher scores indicate a
			greater degree of impairment in both senses.



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DRS Depression Rating Scale	This scale can be used as a clinical screen for depression. Validated against the Hamilton Depression Rating Scale (HDRS), the Cornell Scale for Depression in Dementia (CSDD) and the Calgary Depression Scale (CDS).	Made negative statements (E1a)	0–14
		Persistent anger with self or others (E1b)	A score of 3 or more may
		• Expressions, including non-verbal, of what appear to be unrealistic fears (E1c)	indicate a potential or actual problem with depression.
		Repetitive health complaints (E1d)	
		Repetitive anxious complaints/concerns (E1e)	
		Sad, pained or worried facial expressions (E1f)	
		• Crying, tearfulness (E1g)	
FRS	This scale identifies the person's risk of hip fractures within 1 year of assessment.	• Wandering (E3a)	1–8
Fracture		• Walking (G1e)	Higher scores indicate a higher
Risk Scale		Transfer Toilet (G1g)	risk of hip fracture within 1 year
		• Hip fracture during last 30 days (or since last assessment if less than 30 days) (I1a)	of assessment.
		• Other fracture during last 30 days (or since last assessment if less than 30 days) (I1b)	
		• Falls (J1a or J1b or J1c ≥1)	
		• Body Mass Index (K1b ÷ (K1a × 0.01)²)	
		• Age at Assessment (A9 - A3)	
		Cognitive Performance Scale	
interRAI PURS Pressure Ulcer Risk Scale	This scale identifies persons at various levels of risk for developing a pressure ulcer with the objective of targeting risk factors for prevention. As an output from an interRAI assessment, the interRAI PURS eliminates the need to duplicate effort with separate pressure ulcer risk scoring.	• Walking (G1e)	0–8
		Bed mobility (G1i)	Higher scores indicate a higher relative risk of developing a ne pressure ulcer.
		Bowel Continence (H3)	
		• Dyspnea (J3)	
		• Frequency with which person complains or shows evidence of pain (J5a)	
		• Weight loss of 5% or more in last 30 days or 10% or more in last 180 days (K2a)	
		Prior Pressure Ulcer (L2)	



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Pain Scale	This scale summarizes the presence and intensity of pain. This scale validates well against the Visual Analogue Scale .	 Frequency with which person complains or shows evidence of pain (J5a) Intensity of highest level of pain present (J5b) 	0–4 Higher scores indicate more severe pain.
RISE Revised Index of Social Engagement	This scale describes the person's sense of initiative and social involvement in the facility.	 At ease interacting with others (F2a) At ease doing planned or structured activities (F2b) Accepts invitations into most group activities (F2c) Pursues involvement in the life of the facility (F2d) Initiates interaction(s) with others (F2e) Reacts positively to interactions initiated by others (F2f) 	0–6 Higher scores indicate a higher level of social engagement. Note: Unlike on other interRAI scales, higher scores on the RISE are a good thing.

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