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The National Nursing Home Survey: 2004 Overview

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Data From the National Health Care Surveys

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Objective

This report presents estimates for U.S. nursing homes, their current residents, and staff, based on results from the 2004 National Nursing Home Survey (NNHS). Facility data are summarized by facility characteristics and include new data items on special care units and programs, formal contracts with agencies and providers, end-of-life care programs, and electronic information systems. Current residents are presented by characteristics such as demographics, health and functional status, and services received, with new data items on advance directives, falls, use of restraints, hospitalizations, pain management, and medications. The discussion highlights key survey findings, including differences in selected national estimates between the 2004 NNHS and the 1999 survey.

Methods

The 2004 NNHS consisted of a two-stage design with a probability sample of 1,500 nursing facilities in the first stage and up to 12 current residents from each facility in the second stage. This nationally representative sample survey was conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics from August 2004 through January 2005.

Results

In 2004, an estimated 1.5 million current residents received nursing home care in 16,100 facilities, the majority of which were proprietary (61.5%) and were located in the Midwest and in the South. Most full-time equivalent employees of the facilities were nursing staff. Most current residents were aged 65 years and older (88.3%), female (71.2%), and white (85.5%). Nearly one-half (48.2%) of all residents were admitted from a hospital or health care facility other than a nursing home or assisted-living-type facility, and 65.3% of all residents had some kind of advance directive.

Keywords: National Nursing Home Survey • current residents • long-term care • ICD–9–CM

The National Nursing Home Survey: 2004 Overview

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Introduction

What Is the Survey?

This report presents an overview of the nursing homes and residents surveyed in the 2004 National Nursing Home Survey (NNHS)—the seventh in a series of periodic surveys of nursing homes conducted since 1973 by the Centers for Disease Control and Prevention's National Center for Health Statistics, Division of Health Care Statistics. Nursing homes are defined as facilities with three or more beds that routinely provide nursing care services. Facilities may be certified by Medicare or Medicaid (or both), or not certified but licensed by the state as a nursing home. The facilities may be freestanding or a distinct unit of a larger facility. Data on the facilities were collected through face-to-face interviews with the administrators and staff and included bed size, ownership, and staffing. Data obtained on residents included demographic characteristics, functional and health status, diagnoses, services received, and sources of payment. Information was collected for up to 12 current residents in each facility.

The 2004 NNHS, which was a redesign of the 1999 NNHS, also included a supplemental survey of nursing assistants—the first ever National Nursing Assistant Survey (NNAS). Methods for the NNAS were reported separately (1).

Why Is It Important to Know This Information?

Nursing homes are a crucial component of the long-term care system. According to the 2004 NNHS, there were almost 1.5 million nursing home residents in 16,100 facilities. This number of current residents is similar to survey results from 1985 but still represents a decrease of more than 136,100 residents from 1999 (2). Provision of long-term care is constantly changing as new modes, such as assisted living, are developed and as changes in reimbursement alter financial incentives. The most recent projections indicate that the number of Americans needing long-term care will double between 2000 and 2050 (3). Policymakers, health care providers, and consumers all need accurate and representative information on the characteristics of nursing homes and their residents to best plan for a continuum of long-term care and to determine the most appropriate location for care.

What Information Does This Report Provide?

This report presents data on facility and resident characteristics from the 2004 NNHS. Tables included are similar to those in previous reports, to permit comparison over time. The report also covers new topic areas, to provide a broader perspective on nursing home residents' health and functional status and their utilization of services. New topic areas include data on the utilization of hospitals and emergency

departments (EDs) and on residents' cognitive status and reported pain, as well as expanded information on special services and programs offered by nursing homes. Future publications will focus on other new content areas, including medication use, use of information technology, end-of-life care, and the NNAS.

Methods

Data Collection

The 2004 NNHS was conducted between August 2004 and January 2005, using for the first time a computer-assisted personal interviewing (CAPI) system. A sample of 1,500 nursing facilities was selected from a sampling frame of nursing homes in the United States. The sampling frame was drawn from two sources: (i) the Centers for Medicare & Medicaid Services' (CMS) Provider of Services file of nursing homes and (ii) state licensing lists compiled by a private commercial organization. These two files contained approximately 17,000 nursing homes. The combined files were matched and unduplicated, resulting in a sampling frame of 16,628 nursing homes.

The sample design for the survey was a stratified, multistage probability design. In the first stage, each nursing facility was placed into a stratum by bed size and metropolitan statistical area (MSA) status. To permit implicit stratification within these broader sampling strata, nursing facilities were arrayed by certification status, by whether they were hospital-based or non-hospital-based, and by ownership, geographic region, state, county, and ZIP code. Nursing homes were then selected by using systematic sampling with probability proportional to their bed sizes.

In the second stage of sampling, up to 12 current residents from each facility were selected by using a sampling module in the CAPI system. Residents on the rolls as of midnight on the day before the facility interview were listed and numbered. The total number of eligible residents was entered into the

CAPI system, which randomly selected 12 current residents if the facility had at least 12 residents, and all residents if the total was less than 12.

The CAPI system also included the instrument (questionnaire), which was divided into five sections, or modules: facility-level data comprised facility qualifications and facility characteristics; person-level data comprised health status of the residents, medications used, and sources of payment. Person-level data were collected by interviewing facility staff, who accessed data primarily from resident medical records.

For the nursing homes that agreed to participate in the survey, data collection began with a face-to-face interview with the administrator or with staff designated by the administrator. The facility qualification module (FQ) of the CAPI system was administered first, to verify the nursing home's identity and eligibility, to collect basic information about the facility, and to collect a completed self-administered questionnaire (SAQ) on staffing that had been sent to the administrator prior to the day of the interview. The facility characteristics module was administered after completion of the FQ—generally immediately following the FQ, rather than during or after the person-level data collection.

The interviewer collected person-level data from designated staff who were familiar with, and typically accessed, data from resident medical records. No residents were interviewed directly. When interviewers had completed all data collection in the facilities, they collected the SAQs if the questionnaires had not been collected previously. If the SAQs were not complete and available for collection at the end of the visits, interviewers left instructions and the necessary materials to return completed SAQs to the data collection contractor's home office via overnight mail. The interviewers also gave the administrators a thank you letter from NCHS (see Appendix IV) and an NNHS documentation notice for the Health Insurance Portability and Accountability Act. The facility could place this notice in each sampled resident's file, indicating that information from that person's file was

collected in the NNHS. All data collection for the 2004 NNHS was performed under contract with a private research firm.

Interpretation and Qualification of Data

Data in this report describe U.S. nursing homes and nursing home utilization for current residents. The current-resident sample describes individuals residing in the nursing home on the night before data collection began and represents nursing home utilization on any given day between August 2004 and January 2005. The current-resident sample is more likely than a discharge sample to contain long-term nursing home residents and therefore to overestimate residents with long stays. Conversely, the current-resident sample is likely to underestimate residents with short nursing home stays because these residents are less likely to be on the nursing home rolls on a given night and available to be sampled. The current-resident sample is useful for looking at issues such as the resident mix, functional status, dependency, service utilization, staffing, and length of stay since admission. Information on completed episodes of care was not collected because, unlike in some previous surveys, discharges were not included in the 2004 survey.

The NNHS is administered periodically; there was a 5-year period between the redesigned 2004 survey and the one administered in 1999. In addition to summarizing the 2004 findings, this overview highlights statistically significant differences in selected national estimates between the 1999 and 2004 surveys. These differences were detected by conducting t tests and chi-square tests using SUDAAN software. The 1999 estimates are reported in the 1999 NNHS summary (2).

The 2004 NNHS estimates in this report are based on the 1,174 responding facilities and on data collected from the administrative and medical records of 13,507 of their current residents. Additional information on survey
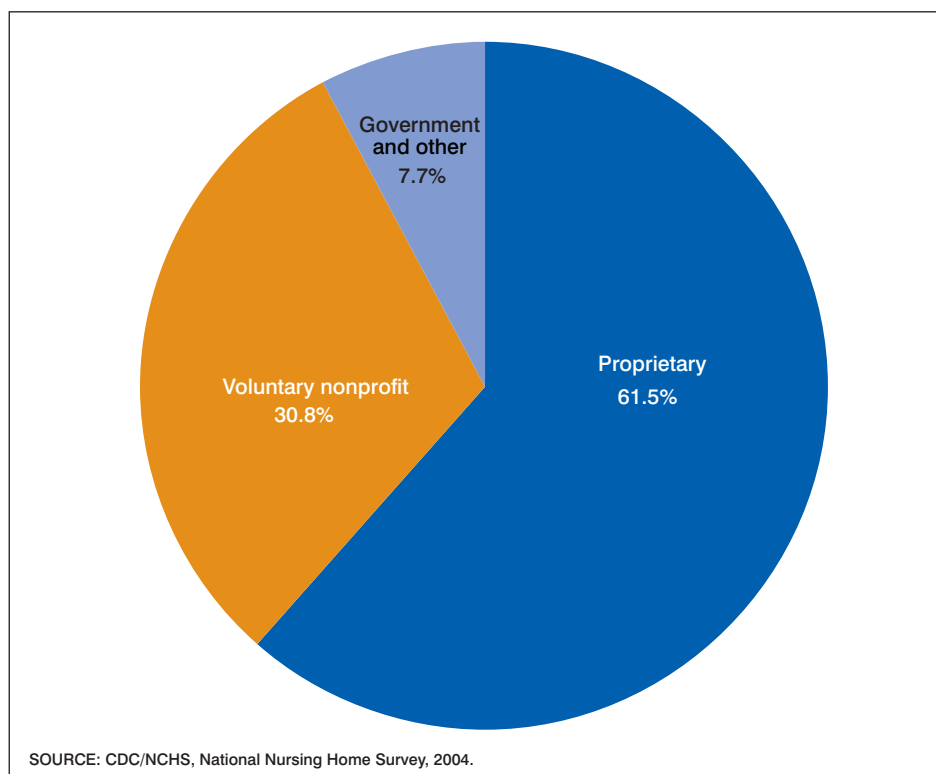
Figure 1. Percent distribution of nursing homes, according to type of ownership: United States, 2004

Figure 1 labels:
- Proprietary 61.5%
- Voluntary nonprofit 30.8%
- Government and other 7.7%

SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.

procedures, definitions of terms and abbreviations, and lists of analytic variables from the survey are given in Appendixes I–V of this report.

Results

Tables 1–16 and Figures 1–15 provide details on the 2004 estimates for nursing homes, their residents, and staff, by facility and resident characteristics. Below are highlights of the information contained in the graphs and tables in this report.

Facility Characteristics (Table 1)

- In 2004, there were 1.7 million nursing home beds (about 108 beds per nursing home) in the United States, compared with 1.9 million (about 105 beds per nursing home) in 1999 (2). The occupancy rate (number of residents divided by number of available beds) was 86.3%.
- Most of the nursing homes were

proprietary (61.5%); 30.8% were operated as voluntary nonprofit facilities, and the remaining 7.7% were owned by government and other entities (Figure 1).
- More nursing homes were certified by both Medicare and Medicaid (87.6%) than in 1999 (81.8%) (2).
- More than two-thirds (67.7%) of all nursing facilities were located in MSAs, and 66.6% were located in the Midwest and the South.
- Nursing homes were either independently operated (45.8%) or were part of a chain with a common affiliation (54.2%).

Facility Services and Staffing (Tables 2–4)

- Selected services provided to nursing home residents are delivered through formal contracts with outside providers. Pharmacy (84.1%) and medical director (83.5%) were the services most commonly provided under contract. Other services commonly provided by outside sources included hospice

(78.1%), therapy services (68.7%), podiatry services (66%), dental and oral services (62.5%), and diagnostic services (58.9%).
- Nursing homes used different and multiple arrangements to provide medical services, including using private physicians from the community (85.9%), contracting with physician group practices (30.1%), and employing physicians on staff (19.6%).
- A total of 936,000 persons (registered nurses, licensed practical nurses, certified nursing assistants, nurse's aides, and orderlies) provided nursing care to nursing home residents. Of these workers, the majority were employees of the nursing home and 18,600 were contract workers.
- Certified nursing assistants (600,800) represented the majority of all nursing staff employed in nursing homes.

Resident Characteristics (Tables 5 and 6)

- Of the 1.5 million nursing home residents, 88.3% were aged 65 years and older and 45.2% were aged 85 years and older.
- Midwestern states had 68.2 nursing home residents per 10,000 civilian residents, whereas states in the West averaged 31.5 per 10,000 population. There were 60.8 residents per 10,000 population in the Northeast and 47.7 per 10,000 in the South. About 73.5% of Hispanic or Latino nursing home residents were located in the South and West.
- Black residents were twice as likely as white residents to be under age 65 years (21.9% versus 10%) and were less likely to be aged 85 years and older (30.2% versus 47.7%). About 84.7% of black residents were from MSAs, compared with 74% of their white counterparts.
- Of the nursing home population reported to be of Hispanic or Latino origin, 22.8% were under age 65 years, compared with 11.2% of not Hispanic or Latino residents. Conversely, 24.6% of Hispanic or

Latino nursing home residents were aged 85 years and older, compared with 46.1% of residents who were not Hispanic or Latino. MSAs accounted for 86.6% of Hispanic or Latino nursing home residents, compared with 75% of not Hispanic or Latino residents.

- Of all nursing home residents, 71.2% were female. About 59.5% of Hispanic or Latino nursing home residents were female, compared with 71.6% of their not Hispanic or Latino counterparts. Among black residents, 63.5% were female, compared with 72.6% of their white counterparts.

Length of Time Since Admission (Table 7)

- The average length of time since admission for all current nursing home residents was 835 days. The median length of time since admission was 463 days.
- Among nursing home residents aged 65 years and older, time since admission for 19.4% of the residents was fewer than 3 months, for 24.2% it was 3 months to less than 1 year, and for 56.4% it was 1 year or more.
- Residents who were married or living with a partner at admission had the shortest median length of time since admission (345 days), compared with widowed (480 days), divorced or separated (543 days), and single or never married (556 days) residents (Figure 2).
- Residents who lived with family members before admission to the nursing home had the shortest median length of time since admission (523 days), compared with those who lived alone (632 days) or those who lived with nonfamily members (863 days) before admission.

Payment Source (Table 8)

- It is not unusual for nursing home residents to have more than one source of payment for their care, which results in their being counted
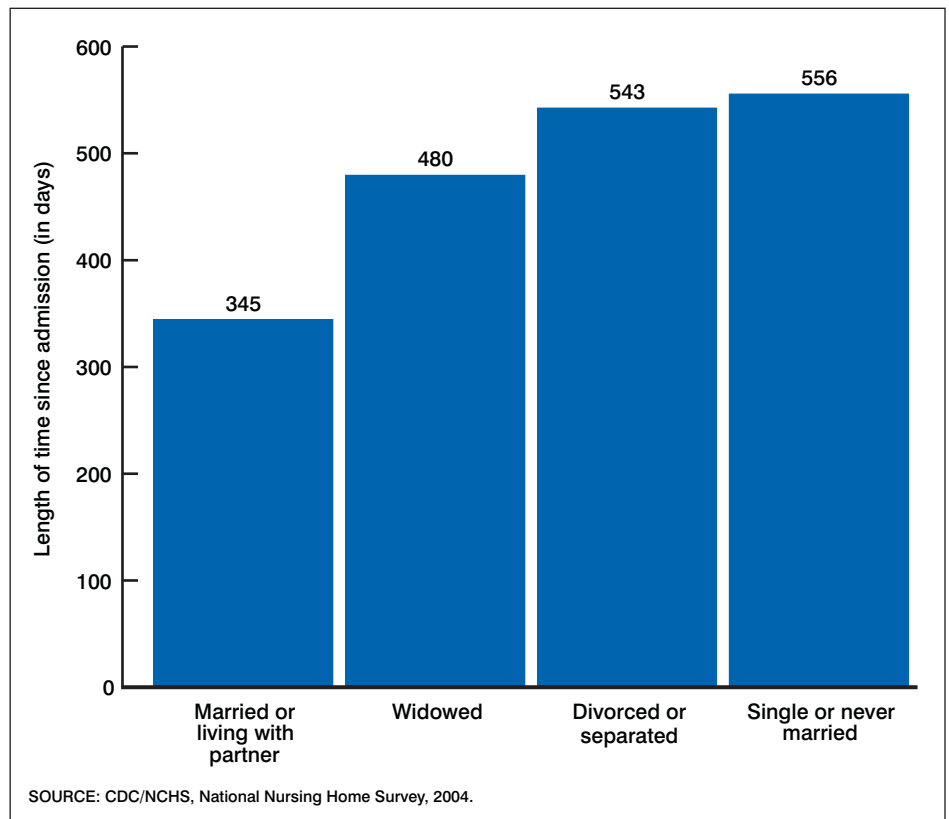
Figure 2. Nursing home residents' median length of time since admission in days, by marital status: United States, 2004

in more than one category. At admission, most residents had private sources (42%) reported as a payment source, followed by Medicare (36.4%) and Medicaid (34.8%). However, at the time of interview, residents using Medicare as a source, or expected source, of payment dropped to 12.7% of all current residents. Current residents with reported private sources rose to 66%, and those with Medicaid rose to 59.7%, at the time of interview (Figure 3).

Functional Status

- Only 1.6% of all nursing home residents received no assistance in any activity of daily living (ADL) (i.e., bathing, dressing, toileting, transferring, or eating), whereas 51.1% received assistance in all five ADLs (Figure 4).
- More than one-half of all residents were either totally dependent or required extensive assistance in bathing, dressing, toileting, and transferring (Figure 5).

- About 44.2% of residents were continent of bowel, and 32.5% were bowel-incontinent. About 33.4% of residents were continent of bladder, and a similar proportion (34.4%) were bladder-incontinent (Figure 6).

Medical Diagnoses (Table 9)

- Diseases of the circulatory system were the leading primary diagnoses among nursing home residents at admission (23.7%) and at the time of interview (25%) (Figure 7).
- Mental disorders were the second leading primary diagnoses among residents at admission (16.4%), as well as at the time of interview (21.9%). This represents an increase over the 1999 estimate, when 18.2% of nursing home residents had a primary diagnosis for a mental disorder at the time of interview (2).
- Fourteen percent of residents had a primary admission diagnosis for diseases of the nervous system and sense organs, and 16.5% had that
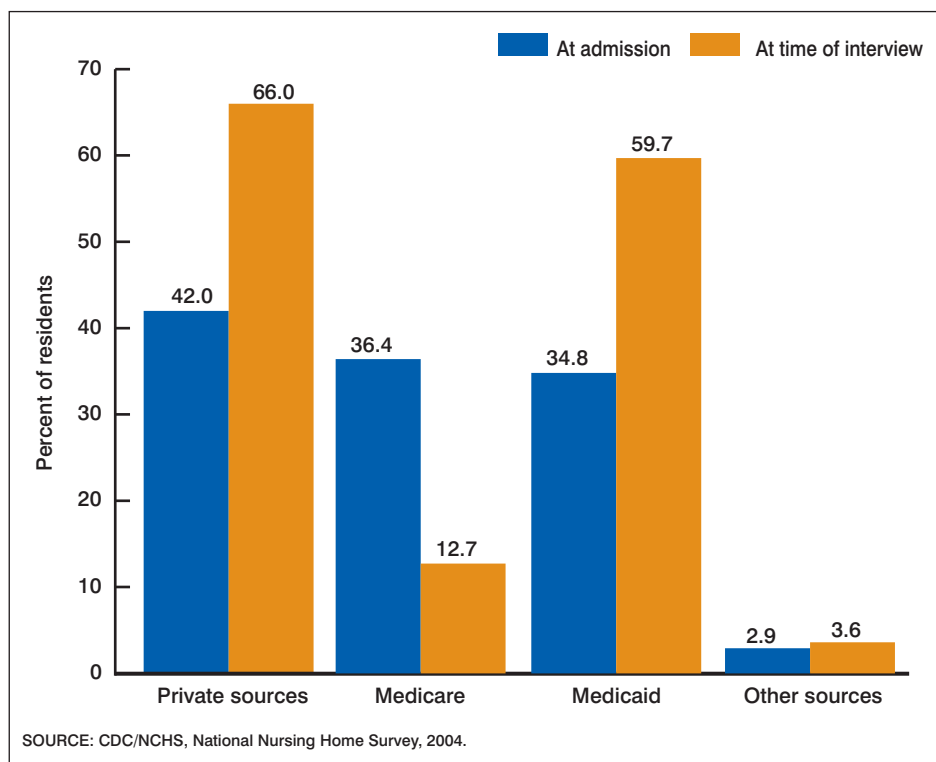
Figure 3. Percentage of nursing home residents, by sources of payment at admission and at time of interview: United States, 2004

primary diagnosis at the time of interview.

Hospitalization and Emergency Department Use (Table 10)

- About 5.3% of male residents had both a hospitalization and an ED visit in the 90 days prior to the facility interview, compared with 4% of female residents.
- About 6.8% of nursing home residents had at least one hospitalization requiring an overnight stay in the 90 days prior to the interview (Figure 8).
- About 8.2% of nursing home residents had at least one ED visit in the 90 days prior to the interview (Figure 9).
- In the 90 days prior to the interview, 2.5% of nursing home residents had one or more hospitalizations only (and no ED visits), 3.9% had one or more ED visits only (and no hospitalizations), and 4.4% had both at least one ED visit and at least one hospitalization (Figure 10).

Pressure Ulcers (Table 11)

- Among all nursing home residents at the time of interview, 2.6% had a pressure ulcer with the highest stage at stage 1, 5.3% had a pressure ulcer with the highest stage at stage 2, and 2.8% had a pressure ulcer with the highest stage at stage 3 or stage 4.
- Among the nursing home residents who had a pressure ulcer at the time of the facility interview, 75.7% had a stage 2 or higher pressure ulcer (Figure 11).
- About 42.7% of nursing home residents with a stage 3 or stage 4 pressure ulcer had been in an acute care hospital before admission to the nursing home facility (Figure 12).

Medications (Table 12)

- About 47.9% of all nursing home residents were reported to have taken nine or more medications the day before the facility interview.
- The percent distribution by the number of medications used was similar for male and female

residents: 13.2% of males and 13% of females took one to four medications; 37.2% of males and 37% of females took five to eight medications; and 47.1% of males and 48.2% of females took nine or more medications.
- A smaller percentage of residents aged 85 years and older took nine or more medications the day before the interview (43.6%), compared with the three younger age groups: 48.7% of those under age 65 years; 53.1% of those aged 65–74 years; and 51.9% of those aged 75–84 years.

Pain and Falls (Tables 13 and 14)

- About 22.7% of nursing home residents had reported pain in the 7 days prior to the facility interview.
- For those residents reporting pain, the most common pain management strategy was a PRN (as-needed) order for pain medication (78.7%), followed by a standing order for pain medication (49.8%), use of a nonpharmacological pain management method (29.3%), and other strategies (5%) (Figure 13).
- About 33.9% of all residents had at least one reported fall in the 180 days prior to the interview, and 8.9% of residents had fallen in the 30 days prior to the interview only (Figure 14).
- Residents aged 65 years and older (35.3%) were more likely than those under age 65 (22.4%) to have fallen in the 180 days prior to the interview.

Advance Directives (Tables 15 and 16)

- About 65.3% of nursing home residents had some kind of advance directive, and 24.3% had more than one type of advance directive.
- The most common type of advance directive was a do-not-resuscitate order (55.9% of residents), followed by a living will (18.2%), feeding restrictions (10.4%), other treatment restrictions (9.4%), a do-not-hospitalize order (3.5%), and
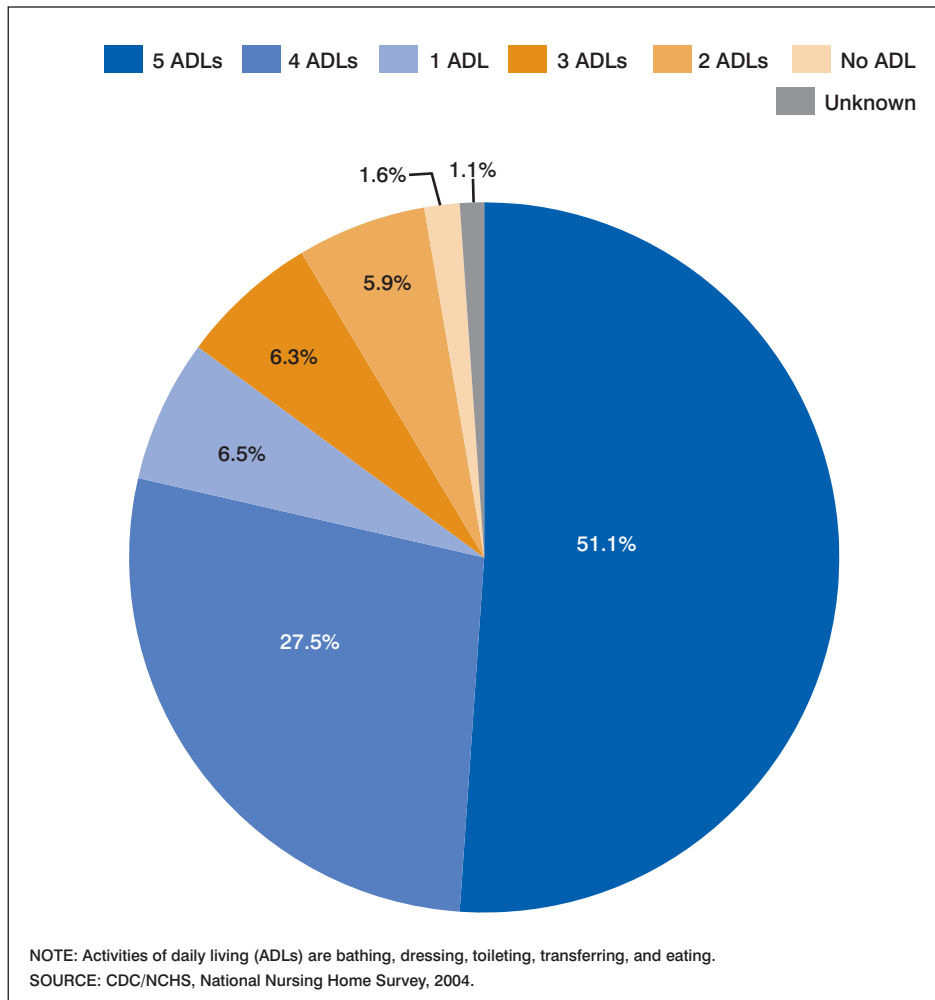
Figure 4. Percentage of nursing home residents, by number of activities of daily living dependencies: United States, 2004

medication restrictions (3%) (Figure 15).

Discussion

This report provides an overview of U.S. nursing home facilities, their services, and their current residents at the time of the survey in 2004. Significant differences were noted in facility estimates related to number, size, and certification status between the 1999 (2) and 2004 data. Also presented are resident demographics on race and ethnicity, marital status, living arrangements prior to admission, and differences in leading medical diagnoses between 1999 and 2004 estimates. Furthermore, new items in the 2004 survey may help in assessing residents' quality of care.

Facility characteristics changed between survey years 1999 and 2004. The total number of nursing home beds decreased from 1.9 million to 1.7 million, while the average size of nursing homes increased from 105 to 108 beds. The 2004 estimate of average bed size per facility is consistent with another national estimate of 107 Medicare and/or Medicaid beds based on the On-line Survey, Certification, and Reporting (OSCAR) system, which is monitored by CMS (4).

The 2004 NNHS revealed interesting resident demographics by race and ethnicity. Hispanic or Latino nursing home residents were significantly younger than residents who were not Hispanic or Latino; twice as many Hispanic or Latino residents (22.8%) as not Hispanic or Latino residents (11.2%) were under age 65 years. Also, 24.6% of Hispanic or

Latino nursing home residents were aged 85 years and older, compared with 46.1% of their not Hispanic or Latino counterparts. A similar pattern held by race: black residents were twice as likely as nonblack residents to be under age 65 years (21.9% versus 10%) and were less likely to be aged 85 years and older (30.2% versus 47.7%).

In addition to a difference in age distributions by ethnicity, the 2004 NNHS data showed a difference between Hispanic or Latino residents and not Hispanic or Latino residents in terms of gender and MSA distribution. A smaller percentage of the Hispanic or Latino nursing home population was female (59.5%), compared with not Hispanic or Latino residents (71.6%). Also, 86.6% of Hispanic or Latino residents were concentrated in MSAs, compared with 75% of their not Hispanic or Latino counterparts. Similar gender and MSA differences were found between black and white residents. A significantly smaller percentage of black residents were female (63.5%), compared with white residents (72.6%). Also, 84.7% of black residents were in MSAs, compared with 74% of white residents.

According to the 2004 survey, residents' lengths of stay were associated with their living arrangements prior to nursing home admission. Residents who were married or living with a partner, or with other family members, before admission had shorter median lengths of time since admission at the time of interview, compared with those who were not married or who did not live with family members before admission. A possible explanation is that the individuals who lived with these residents prior to nursing home admission may have been fulfilling the role of caregiver. These caregivers may also care for the residents when they are discharged home. Furthermore, as Talley and Crews (5) assert, ''The chief risk of institutionalization is not a decline in the health of care recipients but a decline in the health of family caregivers themselves.''

Data on resident health status have been collected in the NNHS since the first survey was conducted in 1973. Data from the 2004 survey show that
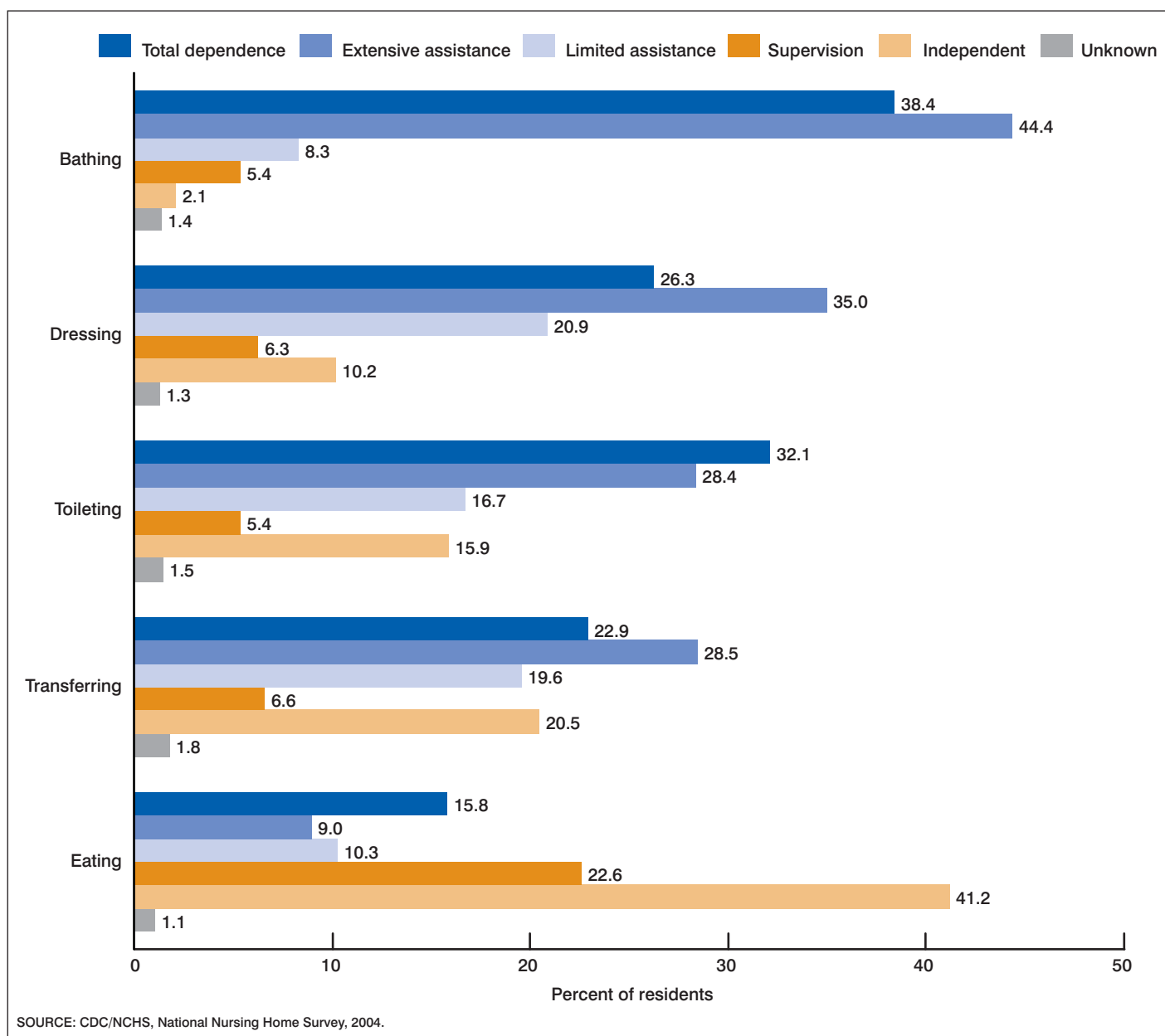
Figure 5. Percent distribution of nursing home residents, according to type of assistance required with activities of daily living: United States, 2004

the leading primary medical diagnoses for current nursing home residents in 1999 and 2004 are the same: diseases of the circulatory system, mental disorders, and diseases of the nervous system and sense organs. The one difference found in these diagnoses between 1999 and 2004 is an increase in the percentage of residents diagnosed with mental disorders at the time of interview. An increasing trend in the diagnosis of mental disorders has been observed in the noninstitutionalized population as well (6).

The quality of nursing home care is a long-standing concern that gained wider media attention in 1986 when the Institute of Medicine reported some disturbing findings in *Improving the Quality of Care in Nursing Homes* (7). Subsequently, federal regulations were created to closely monitor and improve nursing homes' care of residents. Data collected from the new items in the 2004 NNHS may be used to assess quality-of-care issues, including the need for emergent care, the presence of pressure ulcers, the number and types of medications taken, pain management

strategies, and the prevalence of falls.

In the 90 days prior to the 2004 facility interview, close to 11% of the nursing home residents had at least one emergent care encounter, which is defined as a hospitalization or an ED visit while in the care of the nursing home. Further analysis may determine whether these encounters were related to certain facility characteristics.

Pressure ulcers—76% of which were of stage 2 or higher—were identified in almost 11% of the resident population. Pressure ulcers are one of the target areas of the 2006–2008
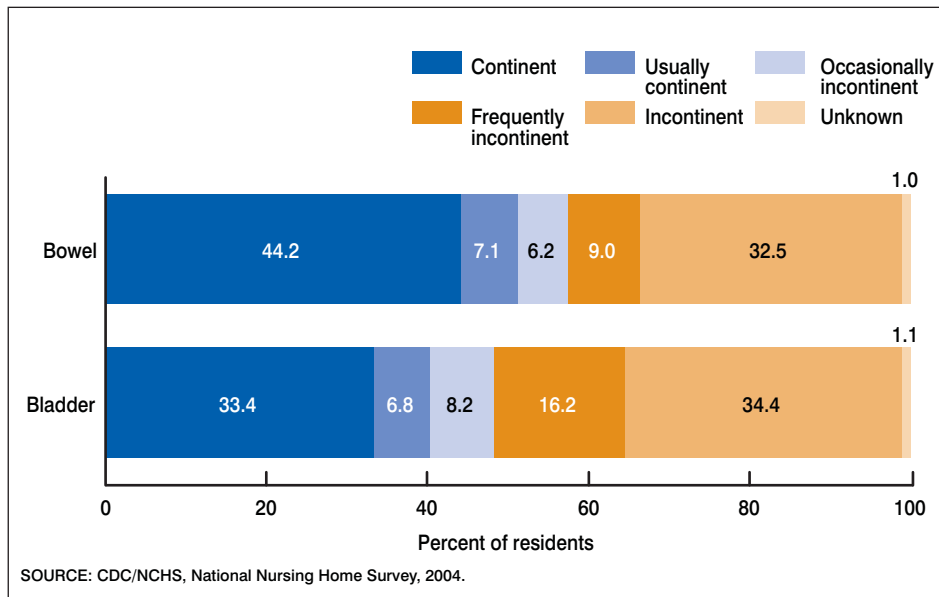
Figure 6. Percent distribution of nursing home residents, according to continence levels in bowel and bladder: United States, 2004

coalition-based campaign, Advancing Excellence in America's Nursing Homes (8), which hopes to achieve a national average of less than 10% for pressure ulcers among high-risk residents and no nursing home reporting a rate of more than 24% for pressure ulcers among high-risk residents. Pressure ulcers are not only painful but may also result in complications such as skin and bone infections (9).

In 2004, nearly one-half of all residents took nine or more medications. Taking many medications concurrently is broadly defined as "polypharmacy," although the exact number of

medications this refers to can vary. This report defines polypharmacy as taking nine or more medications concurrently, which is consistent with the quality indicator established by the Health Care Financing Administration (now CMS) in 1999 to identify nursing home facilities whose residents were potentially at risk for adverse events because of the overuse of medications (10). It is important to note that polypharmacy itself is not necessarily harmful if the medications are clinically appropriate. The 2004 NNHS medication dataset will allow researchers to examine the types and patterns of use of medications taken by nursing home residents, as well as the resident characteristics associated with them. An overview of the collection of medication data in the 2004 NNHS has been published previously (11) and is available from http://www.cdc.gov/nchs/data/series/sr_01/sr01_047.pdf.

Pain management, which often includes the use of medications, is an important component of nursing home care. In fact, the percentage of residents with moderate to severe pain is a quality
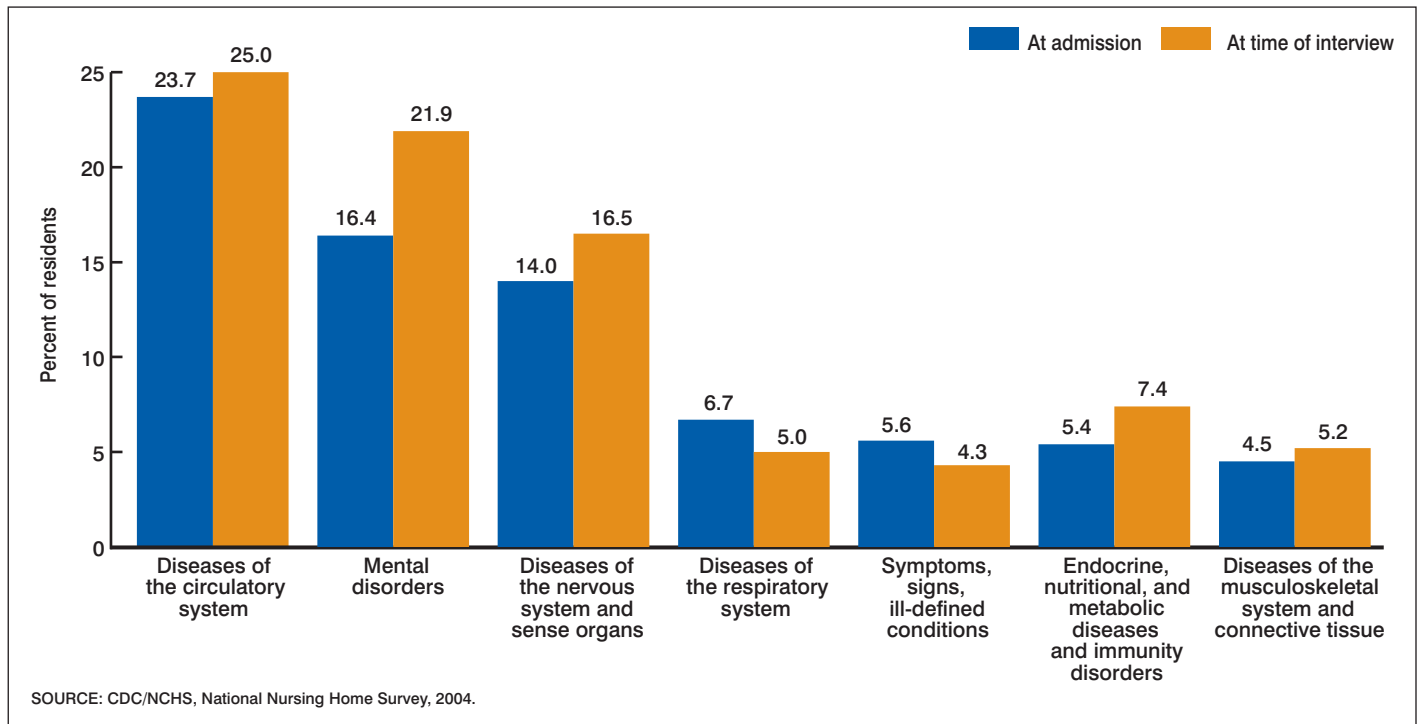
Figure 7. Percentage of nursing home residents, by selected primary diagnoses at admission and at time of interview: United States, 2004
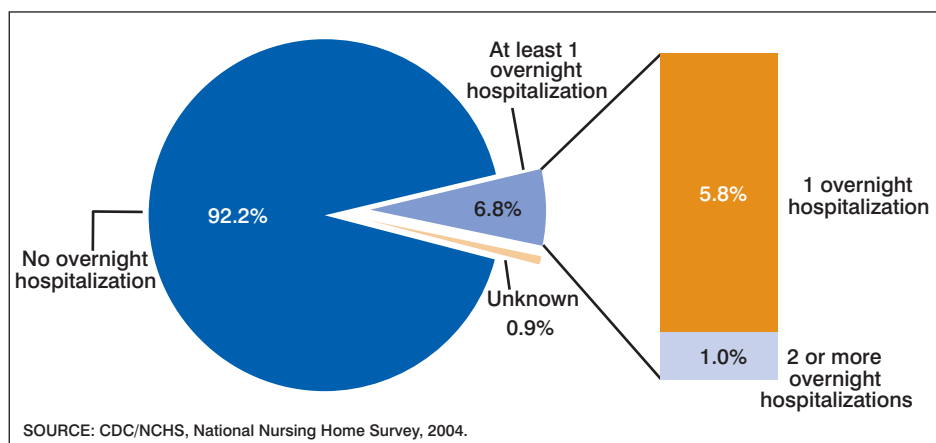
Figure 8. Percent distribution of nursing home residents, according to number of hospital admissions with an overnight stay in the 90 days before the facility interview: United States, 2004
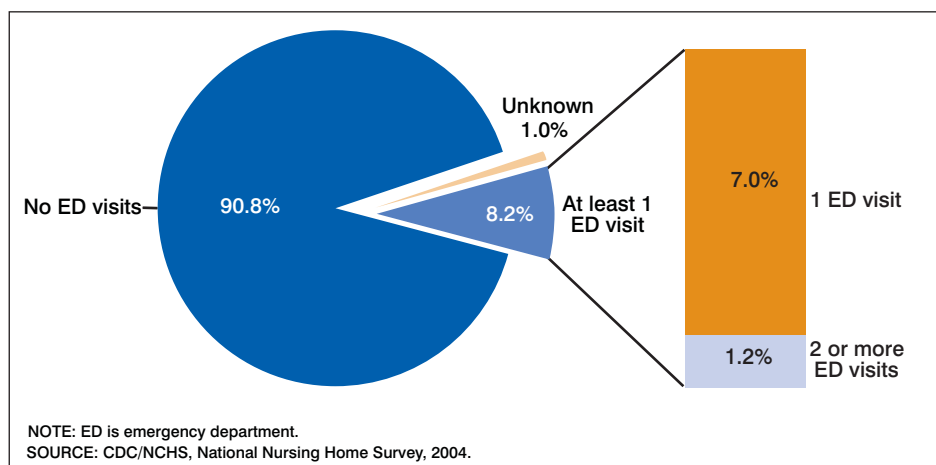
Figure 9. Percent distribution of nursing home residents, according to number of hospital emergency department visits in the 90 days before the facility interview: United States, 2004

measure for long-term residents that CMS monitors through the Minimum Data Set (MDS). CMS and the Joint Commission have targeted pain management because many nursing home residents receive inadequate treatment for pain symptoms (12). The 2004 NNHS data showed that more than 20% of nursing home residents reported pain in the week prior to the facility interview. Pain that is not managed adequately may affect a resident's quality of life, sometimes even contributing to mental conditions such as depression. Over the years, the nursing home industry has introduced nontraditional ways of addressing pain among residents, including nonpharmacologic methods such as music or meditation, to complement pharmacologic approaches (13). The

2004 survey data reflect this practice; among residents reported as having pain in the 7 days prior to the interview, 29% were reported to use nonpharmacological methods for pain management.

The prevalence of falls among nursing home residents is also considered a quality indicator because falls may increase morbidity and mortality among elderly residents (14). Falls can be related to a number of factors, including frailty, chronic illness, and medications. The prevention of falls has been the focus of several initiatives, including the federal Nursing Home Quality Initiative (15). In that 2002 pilot test conducted in six states, the Alabama Quality Assurance Foundation successfully reduced the rate of falls in 13 of 14 facilities—equivalent to three

fewer falls per month in a 100-bed facility. Approximately 9% of nursing home residents in the 2004 NNHS had a fall reported in the past 30 days. Further analysis of the 2004 data may show whether these residents sustained a fall while in the nursing home and which facility characteristics were associated with these incidents.

The 2004 NNHS quality-of-care measures discussed above suggest that continued efforts may be needed to reduce the number of residents who receive emergent care, develop pressure ulcers, sustain falls, or experience pain while in the care of a nursing home facility. The complete set of data items collected in the 2004 NNHS is contained in Appendix III. Additional information about the survey and the data collected is available from the NNHS website at http://www.cdc.gov/nchs/nnhs.htm. Public-use data files are available for download from the website, which also contains highlights of trend data. Questions about these data can be directed to the NCHS Office of Information Services, Information Dissemination Staff, at 1–800–232–4636 or at cdcinfo@cdc.gov, or to the Long-term Care Statistics Branch at 301–458–4747.

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No hospitalizations or ED visits **Both hospitalizations and ED visits** **ED visits only** **Hospitalizations only** **Unknown**

2.5% 1.0%
3.9%
4.4%
88.3%

NOTE: ED is emergency department.
SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.
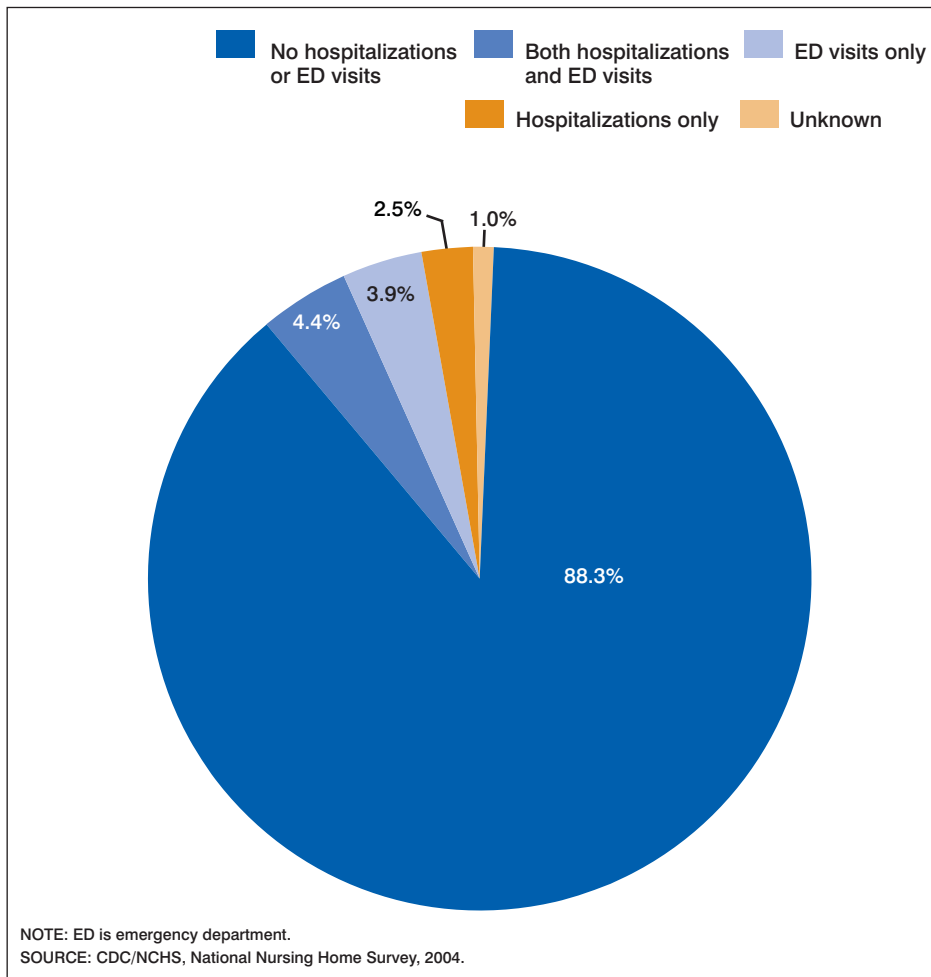
Figure 10. Percent distribution of nursing home residents, according to overnight hospitalizations and hospital emergency department visits in the 90 days before the facility interview: United States, 2004

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SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.
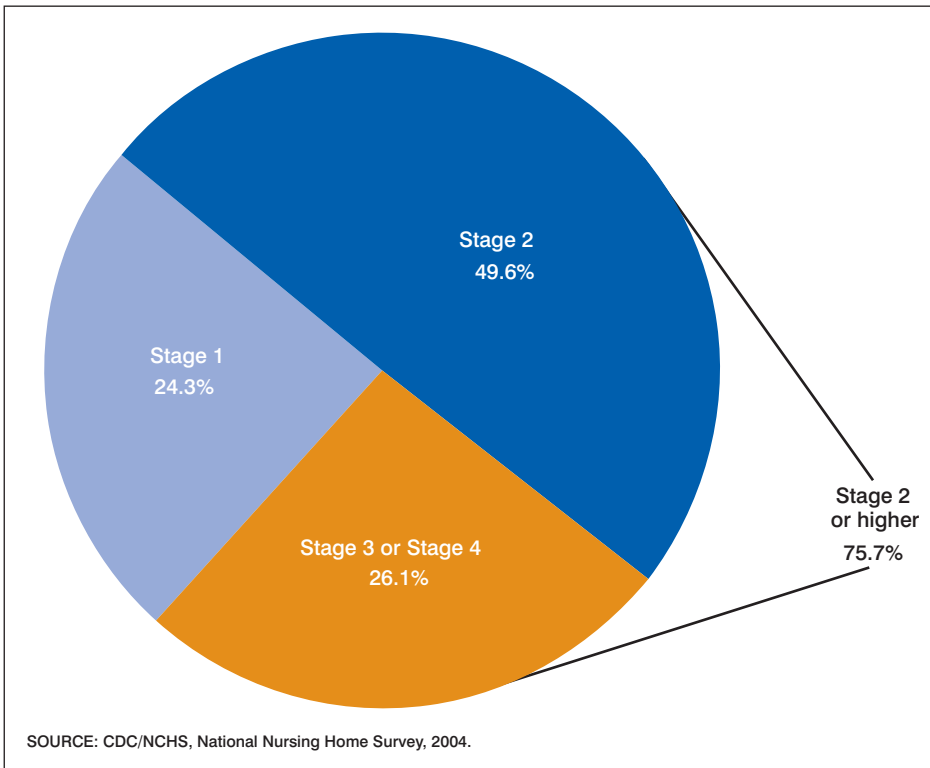
Figure 11. Percent distribution of nursing home residents with at least one pressure ulcer, according to highest stage of pressure ulcer at time of interview: United States, 2004

SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.
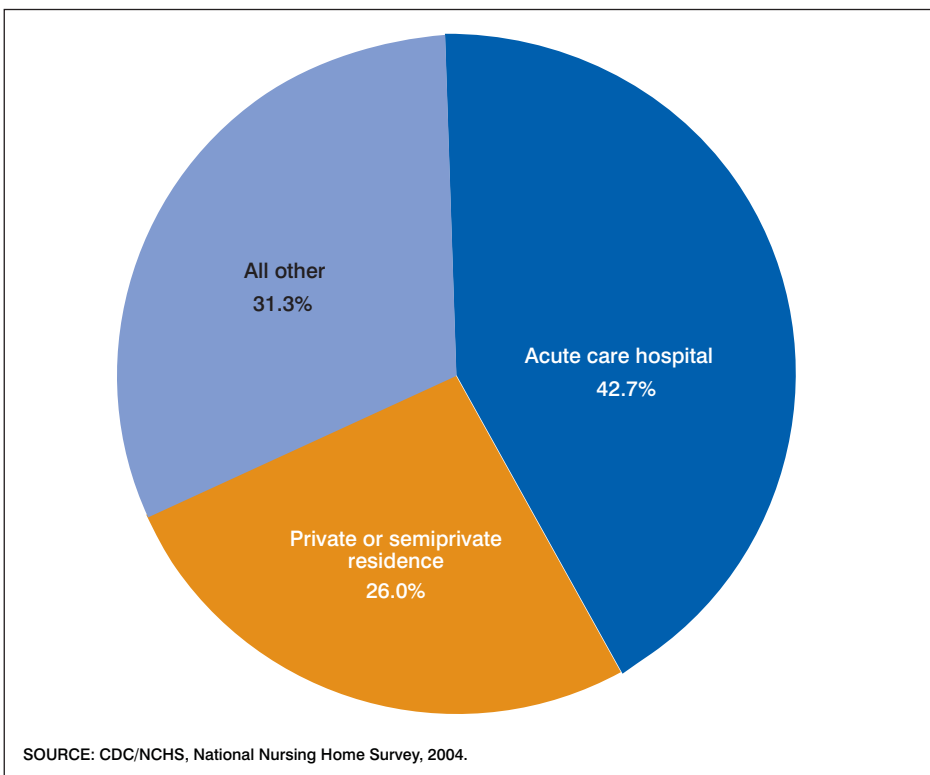
Figure 12. Percent distribution of nursing home residents with stage 3 or stage 4 pressure ulcers at time of interview, according to residence before admission: United States, 2004

PRN order for pain medication[1]: 78.7

Standing order for pain medication: 49.8

Nonpharmacological methods[2]: 29.3

Other: 5.0

Percent of residents

[1]PRN: as needed.
[2]These include distraction, heat and cold massage, positioning, and music therapy.
SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.
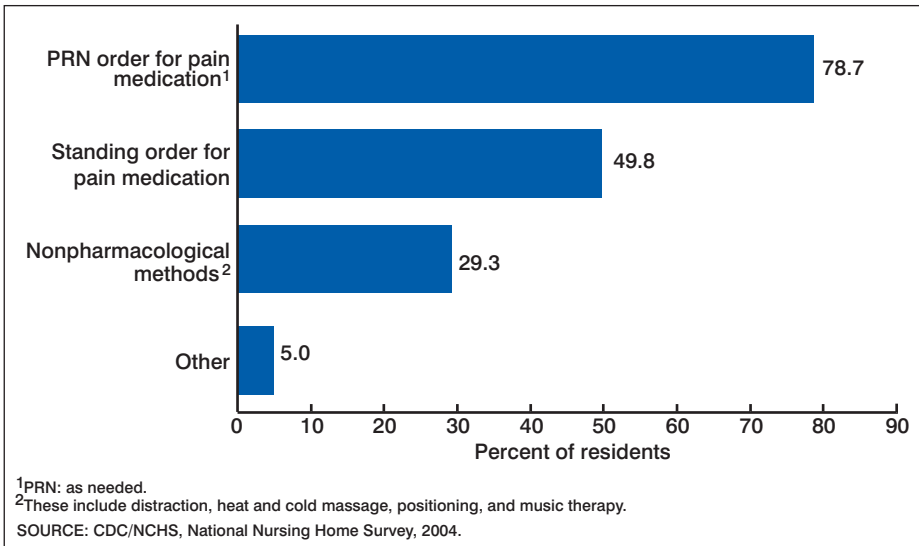
Figure 13. Percentage of nursing home residents who had any pain in the 7 days before the facility interview, by pain management strategy: United States, 2004

No reported falls in past 180 days
Fell in past 31 to 180 days only
Fell in past 30 days only
Fell in both intervals
Unknown

1.1%
5.5%
8.9%
19.5%
65.0%

SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.
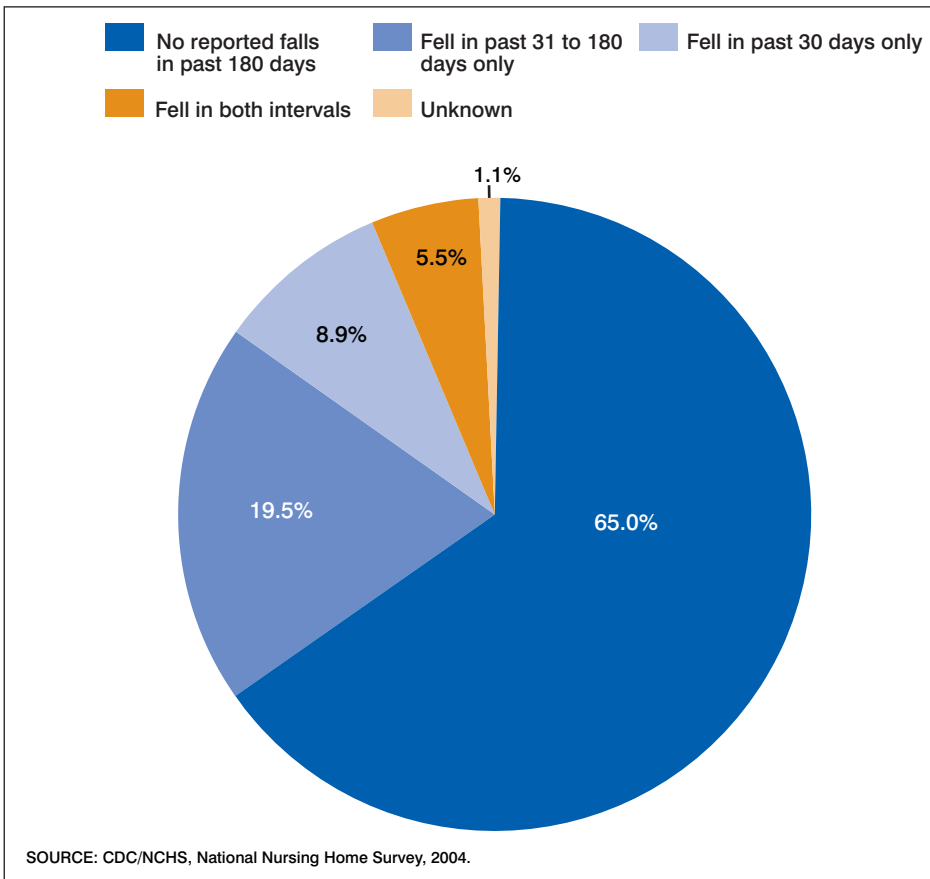
Figure 14. Percent distribution of nursing home residents, according to reported falls in the 180 days before the facility interview: United States, 2004
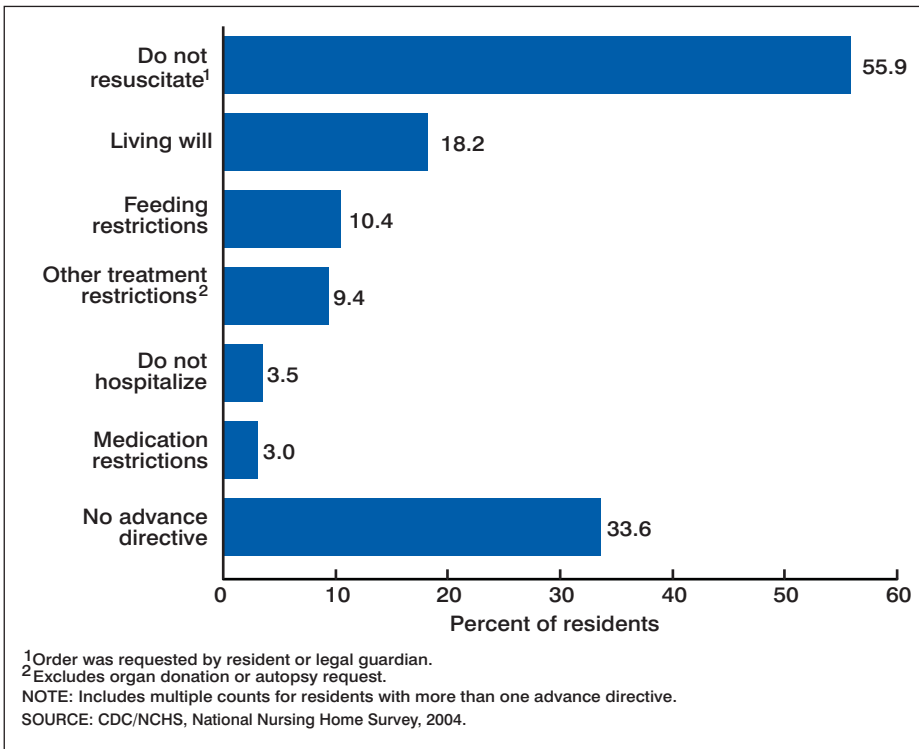
Figure 15. Percentage of nursing home residents, by types of advance directives used: United States, 2004

Chart data (Percent of residents):
- Do not resuscitate[1]: 55.9
- Living will: 18.2
- Feeding restrictions: 10.4
- Other treatment restrictions[2]: 9.4
- Do not hospitalize: 3.5
- Medication restrictions: 3.0
- No advance directive: 33.6

[1]Order was requested by resident or legal guardian.
[2]Excludes organ donation or autopsy request.
NOTE: Includes multiple counts for residents with more than one advance directive.
SOURCE: CDC/NCHS, National Nursing Home Survey, 2004.

Table 1. Number and percent distribution of nursing homes, according to number of beds, beds per nursing home, number of current residents, and occupancy rate, by selected facility characteristics: United States, 2004

Facility characteristic	Nursing homes		Beds		Current residents	
	Number	Percent	Number	Beds per nursing home	Number	Occupancy rate[1]
Total	16,100	100.0	1,730,000	107.6	1,492,200	86.3
Ownership						
Proprietary	9,900	61.5	1,074,200	108.6	918,000	85.5
Voluntary nonprofit	5,000	30.8	503,600	101.6	440,300	87.4
Government and other	1,200	7.7	152,200	123.6	133,900	88.0
Certification[2]						
Certified.	15,800	98.5	1,708,900	107.8	1,475,600	86.4
Medicare and Medicaid	14,100	87.6	1,599,600	113.5	1,379,700	86.3
Medicare only.	[†]700	[†]4.1	[†]33,100	[†]50.6	28,100	85.0
Medicaid only	1,100	6.9	76,200	69.0	67,900	89.1
Beds						
Fewer than 50	2,200	13.9	75,800	33.8	62,200	82.1
50–99	6,000	37.3	454,700	75.7	422,600	92.9
100–199	6,800	42.5	903,100	132.0	788,500	87.3
200 or more	1,000	6.2	296,400	298.2	218,900	73.9
Geographic region						
Northeast	2,800	17.4	381,500	136.0	331,300	86.8
Midwest	5,300	33.0	526,600	99.4	448,000	85.1
South	5,400	33.6	585,600	108.3	501,500	85.6
West	2,600	16.0	236,200	92.1	211,400	89.5
Location						
Metropolitan statistical area	10,900	67.7	1,290,900	118.5	1,127,800	87.4
Micropolitan statistical area	2,600	16.2	242,200	92.9	202,000	83.4
Other	2,600	16.0	196,900	76.3	162,400	82.5
Affiliation						
Chain	8,700	54.2	939,400	107.9	812,500	86.5
Independent	7,400	45.8	790,600	107.2	679,700	86.0

[†] Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1] Calculated by dividing number of residents by number of available beds.

[2] Estimates for nursing homes that are not certified are not shown because the sample size was less than 30; therefore, the figures do not meet standards of reliability or precision.

NOTES: Numbers may not add to totals because of rounding. Percentages and rates are based on the unrounded numbers.

Table 2. Number and percentage of nursing homes having formal contracts with outside providers, by type of ownership and type of contract provider: United States, 2004

			Ownership			
	Total		Proprietary		Voluntary nonprofit[1]	
Contract provider	Number	Percent	Number	Percent	Number	Percent
All facilities	16,100	. . .	9,900	. . .	6,200	. . .
Dental and oral services.	10,100	62.5	6,500	66.1	3,500	56.8
Diagnostic services	9,500	58.9	6,300	63.3	3,200	52.0
Hearing and vision services.	7,200	44.9	4,900	49.2	2,400	38.0
Home health care agency	2,000	12.6	1,200	12.1	†800	†13.3
Hospice	12,600	78.1	8,200	82.9	4,400	70.4
Hospital	7,600	47.1	5,000	50.5	2,600	41.6
Managed-care organization	4,600	28.7	3,200	32.8	1,400	22.2
Management group	1,800	10.9	1,200	11.8	†600	†9.4
Medical center or health systems	1,400	8.7	900	9.2	†500	†7.8
Medical director	13,400	83.5	8,600	87.3	4,800	77.3
Pharmacy.	13,500	84.1	8,900	89.6	4,700	75.4
Physician group	2,200	13.4	1,400	13.8	†800	†12.9
Podiatry services	10,600	66.0	7,100	71.3	3,600	57.4
Psychiatric facility or behavioral management.	4,300	26.9	3,000	30.4	1,300	21.2
Psychiatry and psychology services.	7,800	48.5	5,300	53.2	2,500	41.0
Therapy services	11,000	68.7	7,100	72.1	3,900	63.3

. . . Category not applicable.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes state and local government-owned facilities.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 3. Number and percentage of nursing homes, by physician staffing arrangements and selected facility characteristics: United States, 2004

		Private physician from community		Contracts with physician group practices		Physician on staff	
Facility characteristic	Total	Number	Percent	Number	Percent	Number	Percent
All facilities	16,100	13,800	85.9	4,800	30.1	3,200	19.6
Ownership							
Proprietary	9,900	8,800	88.9	3,000	30.6	1,600	16.7
Voluntary nonprofit and other[1]	6,200	5,000	81.0	1,800	29.5	1,500	24.3
Beds							
Fewer than 50	2,200	1,700	76.9	†700	†14.0	†700	†22.0
50–99	6,000	5,300	88.2	1,900	31.1	900	15.6
100 or more	7,800	6,800	86.6	2,300	29.3	1,500	19.2
Geographic region							
Northeast	2,800	2,300	82.0	†1,000	†20.0	†800	†23.0
Midwest	5,300	4,600	87.4	1,500	28.9	900	16.5
South	5,400	4,600	85.6	1,500	27.6	1,100	19.4
West	2,600	2,200	87.6	†800	†17.0	†500	†15.0
Location							
Metropolitan statistical area.	10,900	9,300	85.2	3,700	33.7	2,200	20.0
Micropolitan statistical area	2,600	2,400	90.7	†600	†23.3	†500	†16.0
Other	2,600	2,200	83.7	†600	†11.0	†500	†14.0
Affiliation							
Chain	8,700	7,400	85.3	2,800	32.6	1,600	17.8
Independent	7,400	6,400	86.6	2,000	27.1	1,600	21.7

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes state and local government-owned facilities.

NOTES: Numbers will not add to totals because physician service categories are not mutually exclusive. Percentages are based on the unrounded numbers.

Table 4. Number of full-time equivalent nursing employees and contract workers, and type of nursing employees, by selected facility characteristics: United States, 2004

Facility characteristic	Nursing staff			Type of nursing employee[1,2]			
	Total	Contract workers	Nursing employees[2]	Registered nurses	Licensed practical nurses	Certified nursing assistants	Nurse's aides and orderlies
Total	936,000	18,600	917,400	119,500	184,600	600,800	12,500
Ownership							
Proprietary	556,500	8,200	548,200	66,200	114,700	359,900	7,400
Voluntary nonprofit	286,500	7,300	279,200	40,000	52,700	182,500	4,000
Government and other.	93,100	3,100	89,900	13,300	17,200	58,400	[†]1,000
Beds							
Fewer than 50	44,800	[†]1,200	43,600	6,700	8,300	27,900	[†]700
50–99	243,300	2,500	240,800	32,300	47,100	156,200	5,200
100–199	488,000	9,200	478,800	60,200	98,600	314,900	5,100
200 or more	159,900	5,600	154,300	20,300	30,600	101,900	[†]1,600
Geographic region							
Northeast.	222,400	7,500	214,900	32,900	41,700	138,200	[†]2,100
Midwest.	267,700	4,000	263,700	35,200	49,300	174,700	4,400
South	316,500	5,400	311,100	33,500	69,200	205,000	3,400
West.	129,400	[†]1,600	127,800	18,000	24,400	82,900	[†]2,600
Location							
Metropolitan statistical area.	702,400	15,500	686,900	91,200	138,800	449,400	7,400
Micropolitan statistical area	131,400	[†]1,600	129,800	15,300	26,900	84,300	3,300
Other	102,200	[†]1,500	100,700	13,000	18,800	67,100	[†]1,800
Affiliation							
Chain	487,600	5,300	482,300	61,700	100,100	315,300	5,200
Independent	448,500	13,300	435,200	57,800	84,500	285,500	7,300

[†] Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Contract workers not shown separately due to low estimates.

[2]Full-time equivalents (FTEs) for employee (on-staff) registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) were imputed in cases where facilities had missing or outlier values. The threshold of FTEs per 100 beds used to identify outliers for RNs and LPNs was a ratio greater than 30, and for CNAs was a ratio greater than 100. For each type of nursing staff, imputation for missing and outlier cases was the number of beds at a facility times the mean number of FTEs per bed, calculated for the cases with usable data.

NOTE: Numbers may not add to totals because of rounding.

Table 5. Number, percent distribution, and rate per 10,000 population of nursing home residents, according to sex, race, and geographic region, by age at time of interview: United States, 2004

Age at time of interview	Total	Sex		Race			Geographic region			
		Male	Female	White	Black	Other[1]	Northeast	Midwest	South	West
					Number					
All ages	1,492,200	430,500	1,061,700	1,276,000	186,100	30,100	331,300	448,000	501,500	211,400
Under 65 years.	175,000	93,700	81,300	127,200	40,700	7,200	30,900	47,300	62,400	34,400
65 years and older	1,317,200	336,800	980,400	1,148,800	145,400	23,000	300,400	400,700	439,100	177,100
65–74 years	174,100	75,400	98,800	134,200	34,500	†5,400	29,200	50,300	63,300	31,300
75–84 years	468,900	140,800	328,000	406,000	54,600	8,300	101,800	138,300	168,300	60,400
85 years and older	674,500	120,600	553,600	608,600	56,300	9,300	169,300	212,000	207,500	85,400
					Percent distribution					
All ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 65 years.	11.7	21.8	7.7	10.0	21.9	23.7	9.3	10.6	12.4	16.3
65 years and older	88.3	78.2	92.3	90.0	78.1	76.3	90.7	89.4	87.6	83.7
65–74 years	11.7	17.5	9.3	10.5	18.6	†17.8	8.8	11.2	12.6	14.8
75–84 years	31.4	32.7	30.9	31.8	29.3	27.5	30.7	30.9	33.6	28.5
85 years and older	45.2	28.0	52.1	47.7	30.2	31.0	51.1	47.3	41.4	40.4
					Rate per 10,000 population[2]					
All ages	51.0	30.0	71.3	54.3	49.9	15.1	60.8	68.2	47.7	31.5
Under 65 years.	6.8	7.3	6.4	4.9	206.8	2.1	6.6	8.3	6.8	5.8
65 years and older	362.9	222.3	463.8	361.6	477.3	155.5	404.8	478.0	336.2	238.4
65–74 years	94.3	89.4	98.4	84.5	201.6	†61.6	82.9	121.8	90.9	81.4
75–84 years	361.5	269.9	423.1	352.4	555.2	178.1	365.6	455.0	370.1	232.4
85 years and older	1,387.4	799.9	1,651.6	1,393.8	1,606.8	653.0	1,525.0	1,745.5	1,336.4	869.4

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[2]Rates are based on civilian resident population, including institutionalized persons, as of July 1, 2004.

NOTES: Numbers may not add to totals because of rounding. Percentages and rates are based on the unrounded numbers.

Table 6. Number and percent distribution of nursing home residents, according to ethnicity and race, by selected resident characteristics: United States, 2004

Resident characteristic	All residents		Hispanic or Latino origin[1]				Race			
	Total	Percent distribution	Hispanic or Latino	Percent distribution	Not Hispanic or Latino	Percent distribution	White	Percent distribution	Black	Percent distribution
All residents	1,492,200	100.0	57,200	100.0	1,427,400	100.0	1,276,000	100.0	186,100	100.0
Age[2]										
Under 65 years	175,000	11.7	13,100	22.8	160,100	11.2	127,100	10.0	40,700	21.9
65 years and older	1,317,200	88.3	44,100	77.2	1,267,200	88.8	1,148,900	90.0	145,400	78.1
65–74 years	174,100	11.7	11,300	19.7	161,600	11.3	134,200	10.5	34,500	18.6
75–84 years	468,900	31.4	18,800	32.9	447,700	31.4	405,800	31.8	54,600	29.3
85 years and older	674,500	45.2	14,100	24.6	657,900	46.1	608,900	47.7	56,300	30.2
Sex										
Male	430,500	28.8	23,200	40.5	404,800	28.4	350,200	27.4	67,900	36.5
Female	1,061,700	71.2	34,000	59.5	1,022,600	71.6	925,700	72.6	118,200	63.5
Geographic region										
Northeast	331,300	22.2	†10,700	†18.7	319,300	22.4	303,400	23.8	25,100	13.5
Midwest	448,000	30.0	†4,500	†7.8	439,200	30.8	393,800	30.9	49,100	26.4
South	501,500	33.6	22,200	38.9	477,300	33.4	403,500	31.6	93,300	50.1
West	211,400	14.2	19,800	34.6	191,500	13.4	175,300	13.7	18,700	10.1
Location										
Metropolitan statistical area	1,127,800	75.6	49,500	86.6	1,070,800	75.0	943,800	74.0	157,700	84.7
Micropolitan statistical area	202,000	13.5	5,100	8.9	196,800	13.8	184,200	14.4	16,600	8.9
Other	162,400	10.9	†2,600	†4.5	159,800	11.2	147,900	11.6	11,800	6.3

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Excludes unknowns.

[2]At time of interview.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 7. Number and percent distribution of nursing home residents, according to length of time since admission in days, by selected resident characteristics: United States, 2004

Resident characteristic	All residents Number	Percent distribution	Fewer than 3 months	3 months to fewer than 6 months	6 months to fewer than 12 months	1 year to fewer than 3 years	3 years to fewer than 5 years	5 years or more	Average in days	Median in days
All residents.	1,492,200	100.0	20.0	9.8	14.3	30.3	13.6	12.0	835	463
Age[1]										
Under 65 years.	174,900	100.0	24.5	10.1	13.5	24.2	12.8	14.8	936	399
65 years and older	1,317,300	100.0	19.4	9.7	14.5	31.1	13.7	11.6	822	471
65–74 years	174,100	100.0	23.1	10.9	13.9	28.6	10.7	12.7	866	391
75–84 years	468,700	100.0	22.8	10.3	15.5	29.4	13.1	8.9	729	386
85 years and older	674,500	100.0	16.0	9.1	13.9	32.8	15.0	13.2	875	546
Sex										
Male	430,500	100.0	24.4	12.0	14.1	28.4	10.6	10.5	762	355
Female.	1,061,700	100.0	18.2	8.9	14.4	31.0	14.9	12.6	865	511
Race										
White	1,276,000	100.0	19.9	9.9	14.3	30.5	13.5	11.9	836	462
Black	186,100	100.0	20.2	8.8	14.5	29.5	14.8	12.2	834	497
Other[2]	30,100	100.0	†21.8	*	†14.8	26.0	†11.2	†13.7	831	382
Hispanic or Latino origin[3]										
Hispanic or Latino	57,200	100.0	23.4	†9.4	16.9	26.8	†11.0	†11.8	769	358
Not Hispanic or Latino	1,427,400	100.0	19.7	9.8	14.3	30.5	†12.0	12.0	836	470
Current marital status										
Married or living with a partner	301,400	100.0	24.9	12.1	14.2	29.4	10.9	8.4	662	345
Widowed.	795,800	100.0	18.5	9.4	14.9	31.5	14.4	11.2	794	480
Divorced or separated	152,000	100.0	19.3	8.1	13.3	28.9	14.0	16.5	999	543
Single or never married	221,500	100.0	17.4	9.0	13.5	28.5	14.8	16.8	1,127	556
Unknown	21,500	100.0	†34.8	*	*	†26.1	*	*	629	†255
Residence before admission										
Private or semiprivate residence	434,600	100.0	16.0	9.3	13.1	31.4	15.5	14.6	966	581
Assisted living, board and care, or group home . .	118,100	100.0	16.6	10.4	17.1	33.9	12.4	9.5	743	439
Nursing home.	172,900	100.0	12.7	9.3	17.8	32.9	14.8	12.5	878	521
Hospital-based skilled nursing facility	128,400	100.0	23.0	10.7	15.9	28.8	12.2	9.4	693	368
Acute care hospital	535,100	100.0	26.4	10.1	14.5	28.3	11.6	9.1	685	346
Other institution[4]	55,500	100.0	16.3	†8.3	†8.3	27.1	20.5	19.5	1,326	803
Unknown	47,600	100.0	†15.5	†10.1	*	30.5	†13.9	23.1	1,215	746
Living arrangement before admission[5]										
Alone.	178,900	100.0	14.4	8.5	13.5	30.9	17.8	15.0	986	632
With family members	216,700	100.0	18.4	10.1	13.1	31.5	13.2	13.7	925	523
With nonfamily members.	9,000	100.0	*	*	*	*	*	*	1,385	863
Other and unknown	30,000	100.0	*	*	*	35.5	†17.2	†16.2	957	642

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Excludes unknowns.

[4]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[5]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 8. Number and percentage of nursing home residents, by sources of payment at admission and at time of interview and by selected facility characteristics: United States, 2004

Facility characteristic	All sources of payment[1]							
	At admission				At time of interview			
	Private source[2]	Medicare	Medicaid	Other[3]	Private source[2]	Medicare	Medicaid	Other[3]
All residents	626,400	543,100	518,700	43,800	985,300	189,400	890,200	54,400
Total.	42.0	36.4	34.8	2.9	66.0	12.7	59.7	3.6
Ownership								
Proprietary.	37.8	37.8	37.4	2.6	63.8	13.9	63.0	3.3
Voluntary nonprofit	51.1	36.3	29.1	†1.4	70.3	11.2	52.6	2.4
Government and other	40.7	27.1	35.6	10.2	67.2	9.5	60.4	10.2
Certification								
Certified	41.6	36.8	35.2	2.7	65.9	12.8	60.3	3.4
Medicare and Medicaid	40.7	38.4	35.4	2.7	65.6	13.2	61.4	3.4
Medicare only	52.5	43.9	*	*	61.8	21.5	*	*
Medicaid only	54.3	*	45.0	*	73.0	*	64.1	†3.1
Not certified	78.6	*	*	†26.9	78.4	*	*	†28.7
Beds								
Fewer than 50	48.8	29.6	30.4	*	67.7	11.4	48.0	†2.5
50–99	44.4	31.7	33.7	2.0	69.3	11.8	57.5	2.9
100 or more	40.5	38.8	35.5	3.4	64.6	13.2	61.3	4.0
Geographic region								
Northeast	41.6	42.7	29.0	4.3	63.7	11.9	57.7	5.2
Midwest	42.1	34.6	32.7	1.7	68.3	11.4	57.0	2.9
South	43.4	35.3	38.6	2.9	67.7	14.5	62.3	3.1
West	38.7	32.9	39.2	3.6	61.1	12.5	62.1	†4.1
Location								
Metropolitan statistical area	40.8	36.6	34.8	3.1	63.3	13.0	58.5	3.8
Micropolitan statistical area	44.6	39.0	32.5	2.7	75.3	13.0	61.3	3.4
Other	46.9	31.7	37.6	†1.8	73.2	10.4	65.4	†2.7
Affiliation								
Chain	40.2	40.5	33.7	2.5	65.3	14.1	59.5	3.1
Independent	44.1	31.4	36.0	3.5	66.9	11.0	59.9	4.3

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

†Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes multiple counts for residents with more than one source of payment.

[2]Includes private health insurance, lifecare program, private pay, and out-of-pocket forms of payment.

[3]Includes welfare or government assistance, Department of Veterans Affairs, and other sources.

NOTE: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 9. Number and percent distribution of nursing home residents, according to primary diagnosis at admission and at time of interview: United States, 2004

Primary diagnosis and ICD–9–CM code[1]	Primary diagnosis			
	At admission		At time of interview	
	Number	Percent distribution	Number	Percent distribution
All residents	1,492,200	100.0	1,492,200	100.0
Infectious and parasitic diseases 001–139	15,400	1.0	8,400	0.6
Neoplasms 140–239	30,300	2.0	33,800	2.3
Malignant neoplasms 140–208, 230–234	26,700	1.8	29,700	2.0
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	81,000	5.4	109,900	7.4
Diabetes mellitus 250	57,500	3.9	87,600	5.9
Diseases of the blood and blood-forming groups 280–289	9,200	0.6	11,400	0.8
Anemias 280–285	8,300	0.6	11,000	0.7
Mental disorders 290–319	244,000	16.4	327,100	21.9
Senile dementia or organic brain syndrome 290,310	21,000	1.4	28,000	1.9
Mental retardation. 317–319	10,900	0.7	11,400	0.8
Other mental disorders 291–309, 311–316	212,100	14.2	287,700	19.3
Diseases of the nervous system and sense organs 320–389	208,700	14.0	246,200	16.5
Alzheimer's disease 331.0	126,600	8.5	156,000	10.5
Parkinson's disease 332	27,700	1.9	34,700	2.3
Multiple sclerosis 340	13,900	0.9	13,200	0.9
Paralytic syndromes 342–344	19,300	1.3	23,100	1.5
Other diseases of the nervous system and sense organs . . .320–330, 331.1–331.9, 333–337, 341, 345–389	21,200	1.4	19,200	1.3
Diseases of the circulatory system. 390–459	353,100	23.7	373,000	25.0
Essential hypertension. 401	54,600	3.7	88,800	6.0
Heart disease. 391–392.0, 393–398, 402, 404, 410–416, 420–429	123,700	8.3	141,700	9.5
Coronary atherosclerosis. 414.0	†5,300	†0.4	9,700	0.7
Cardiac dysrhythmias 428.0	16,700	1.1	23,800	1.6
Congestive heart failure. 428	63,800	4.3	70,000	4.7
Other heart disease 391–392.0, 393–398, 415–416, 420–426, 428.1–429	12,700	0.9	11,700	0.8
Acute, but ill-defined, cerebrovascular disease 436	86,400	5.8	72,100	4.8
Other diseases of the circulatory system 390, 392.9, 403, 405, 417, 440–459	21,100	1.4	21,100	1.4
Diseases of the respiratory system 460–519	100,000	6.7	74,200	5.0
Pneumonia, all forms. 480–486	38,200	2.6	10,300	0.7
Chronic obstructive pulmonary disease and allied conditions 490–496	42,200	2.8	53,000	3.6
Other diseases of the respiratory system 460–478, 487, 500–519	19,600	1.3	10,800	0.7
Diseases of the digestive system. 520–579	46,300	3.1	29,800	2.0
Diseases of the genitourinary system 580–629	51,300	3.4	36,800	2.5
Urinary tract infection. .580–583, 590, 595, 597, 599.0	25,300	1.7	9,900	0.7
Diseases of the skin and subcutaneous tissue 680–709	21,000	1.4	14,900	1.0
Decubitus ulcer 707.0	†6,500	†0.4	†5,100	†0.3
Diseases of the musculoskeletal system and connective tissue 710–739	67,200	4.5	77,600	5.2
Rheumatoid arthritis, except spine. 714	†4,500	†0.3	†6,100	†0.4
Osteoarthritis and allied disorders, except spine 715	19,700	1.3	26,800	1.8
Other arthropathies and related disorders. 710–713, 716–719	11,800	0.8	13,300	0.9
Osteoporosis. 733.0	7,300	0.5	15,100	1.0
Symptoms, signs, and ill-defined conditions 780–799	82,900	5.6	63,500	4.3
Injury and poisoning[2] 800–999	19,700	1.3	54,000	3.6
Supplementary classification[2]. V01–V82	142,900	9.6	15,900	1.1
Posthospital aftercare V42–46, V52, V53.3–V53,7,V54–58	132,000	8.8	8,700	0.6

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Based on the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD–9–CM).

[2]For data years 1995–1999 of the National Nursing Home Survey (NNHS), the Injury and Poisoning Chapter of the ICD–9–CM classified fractures within 800 codes as a primary diagnostic condition. Effective October 1999, new long-term care coding guidelines were issued by the Cooperating Parties of Coding Clinic for ICD–9–CM. The guidelines clearly define the assignment of the resident's reason for being admitted to a long-term care facility. As a result, fractures are now classified in the Supplementary Classification chapter in V Codes as posthospital aftercare.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 10. Number and percent distribution of nursing home residents, according to hospital emergency department visits and overnight hospitalizations in past 90 days, by selected resident characteristics: United States 2004

	All residents		No visits		Emergency department visit only		Hospitalization only		Hospitalization and emergency department visit		Unknown	
Resident characteristic	Number	Percent distribution	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All residents	1,492,200	100.0	1,317,000	88.3	58,200	3.9	36,700	2.5	65,400	4.4	14,900	1.0
Age[1]												
Under 65 years	174,900	11.7	147,400	84.3	7,800	4.5	6,600	3.8	10,800	6.2	*	*
65 years and older	1,317,300	88.3	1,169,600	88.8	50,400	3.8	30,100	2.3	54,500	4.1	12,600	1.0
65–74 years	174,100	11.7	152,500	87.6	†5,700	†3.3	†4,200	†2.4	9,200	5.3	*	*
75–84 years	468,700	31.4	411,000	87.7	18,500	4.0	14,000	3.0	20,400	4.4	†4,700	†1.0
85 years and older	674,500	45.2	606,100	89.9	26,200	3.9	11,900	1.8	24,900	3.7	†5,400	†0.8
Sex												
Male	430,500	28.8	370,200	86.0	19,000	4.4	12,700	3.0	22,800	5.3	†5,700	†1.3
Female	1,061,700	71.2	946,800	89.2	39,300	3.7	24,000	2.3	42,500	4.0	†9,200	†0.9
Race												
White	1,276,000	85.5	1,130,900	88.6	50,400	3.9	28,700	2.2	55,000	4.3	11,000	0.9
Black	186,100	12.5	159,200	85.5	†6,900	†3.7	†7,200	†3.9	9,100	4.9	*	*
Other[2]	30,100	2.0	26,900	89.4	*	*	*	*	*	*	*	*
Hispanic or Latino origin[3]												
Hispanic or Latino	57,200	3.8	51,900	90.7	*	*	*	*	*	*	*	*
Not Hispanic or Latino	1,427,400	95.7	1,259,500	88.2	55,800	3.9	35,700	2.5	62,100	4.4	14,300	1.0
Current marital status												
Married or living with a partner	301,400	20.2	260,600	86.4	13,600	4.5	8,800	2.9	15,500	5.1	*	*
Widowed	795,800	53.3	710,800	89.3	29,000	3.6	17,800	2.2	31,500	4.0	†6,700	†0.8
Divorced or separated	152,000	10.2	131,200	86.3	6,500	4.3	†4,500	†2.9	6,800	4.5	*	*
Single or never married	221,500	14.8	196,300	88.6	8,100	3.6	†5,200	†2.4	10,700	4.8	*	*
Unknown	21,500	1.4	18,300	85.3	*	*	*	*	*	*	*	*
Residence before admission												
Private or semiprivate residence	434,600	29.1	382,500	88.0	17,100	3.9	10,300	2.4	20,700	4.8	*	*
Assisted living, board and care, or group home	118,100	7.9	105,100	88.9	†5,700	†4.8	*	*	†4,000	†3.4	*	*
Nursing home	172,900	11.6	152,400	88.2	7,900	4.6	†5,400	†3.1	6,700	3.9	*	*
Hospital-based skilled nursing facility	128,400	8.6	116,500	90.8	†3,400	†2.7	*	*	†5,200	†4.1	*	*
Acute care hospital	535,100	35.9	471,300	88.1	19,900	3.7	13,600	2.5	23,400	4.4	†6,900	†1.3
Other institution[4]	55,500	3.7	47,100	84.7	*	*	*	*	†3,600	†6.6	*	*
Unknown	47,600	3.2	42,100	88.4	*	*	*	*	*	*	*	*
Living arrangement before admission[5]												
Alone	178,900	40.9	155,000	86.6	7,400	4.1	†3,900	†2.2	10,100	5.6	*	*
With family members	216,700	49.5	193,300	89.2	8,500	3.9	†5,400	†2.5	8,400	3.9	*	*
With nonfamily members	9,000	2.1	8,100	89.5	*	*	*	*	*	*	*	*
Unknown	30,000	6.9	26,200	87.2	*	*	*	*	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Excludes unknowns.

[4]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[5]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Number may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 11. Number and percent distribution of nursing home residents, according to presence and highest stage of pressure ulcers at time of interview, by selected resident characteristics: United States, 2004

Resident characteristic	All residents[2]		No pressure ulcer		Had pressure ulcer		Highest stage of pressure ulcers[1]					
							Stage 1		Stage 2		Stage 3 or 4	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All residents	1,492,200	100.0	1,318,600	88.4	159,400	10.7	38,800	2.6	79,100	5.3	41,500	2.8
Age[3]												
Under 65 years	174,900	100.0	149,500	85.5	23,900	13.7	†3,400	†1.9	10,500	6.0	10,000	5.7
65 years and older	1,317,300	100.0	1,169,100	88.8	135,500	10.3	35,400	2.7	68,600	5.2	31,500	2.4
65–74 years	174,100	100.0	153,400	88.1	17,500	10.1	†4,700	†2.7	7,800	4.5	†5,000	†2.9
75–84 years	468,700	100.0	408,000	87.0	55,800	11.9	12,100	2.6	30,700	6.5	13,000	2.8
85 years and older	674,500	100.0	607,800	90.1	62,200	9.2	18,500	2.7	30,200	4.5	13,500	2.0
Sex												
Male	430,500	100.0	369,300	85.8	55,700	12.9	11,900	2.8	30,100	7.0	13,700	3.2
Female	1,061,700	100.0	949,200	89.4	103,700	9.8	26,900	2.5	48,900	4.6	27,800	2.6
Race												
White	1,276,000	100.0	1,128,600	88.5	135,600	10.6	34,700	2.7	67,800	5.3	33,100	2.6
Black	186,100	100.0	163,700	88.0	19,900	10.7	*	*	9,800	5.3	7,300	3.9
Other[4]	30,100	100.0	26,300	87.3	†3,800	†12.7	*	*	*	*	*	*
Hispanic or Latino origin												
Hispanic or Latino	57,200	100.0	50,800	88.9	†5,400	†9.4	*	*	*	*	*	*
Not Hispanic or Latino	1,427,400	100.0	1,264,200	88.6	153,500	10.8	37,700	2.6	76,100	5.3	39,800	2.8
Marital status												
Married or living with a partner	301,400	100.0	260,200	86.3	38,800	12.9	8,700	2.9	19,700	6.5	10,400	3.4
Widowed	795,800	100.0	711,200	89.4	81,200	10.2	21,700	2.7	40,000	5.0	19,500	2.5
Divorced or separated	152,000	100.0	132,800	87.4	16,500	10.8	†3,500	†2.3	7,700	5.1	†5,300	†3.5
Single or never married	221,500	100.0	199,200	89.9	20,700	9.3	†4,900	†2.2	10,000	4.5	†5,800	†2.6
Unknown	21,500	100.0	15,200	70.8	*	*	*	*	*	*	*	*
Residence before admission												
Private or semiprivate residence	434,600	100.0	390,900	89.9	41,500	9.6	11,100	2.5	19,600	4.5	10,800	2.5
Assisted living, board and care, or group home	118,100	100.0	108,100	91.5	10,000	8.5	*	*	†4,500	†3.8	*	*
Nursing home	172,900	100.0	154,600	89.4	17,700	10.3	†4,600	†2.7	9,300	5.4	†3,800	†2.2
Hospital-based skilled nursing facility	128,400	100.0	110,800	86.3	15,600	12.1	*	*	8,600	6.7	*	*
Acute care hospital	535,100	100.0	463,000	86.5	66,700	12.5	15,400	2.9	33,700	6.3	17,700	3.3
Other institution[5]	55,500	100.0	51,400	92.6	†4,100	†7.4	*	*	*	*	*	*
Unknown	47,600	100.0	39,800	83.6	†3,700	†7.7	*	*	*	*	*	*

See footnotes at end of table.

Table 11. Number and percent distribution of nursing home residents, according to presence and highest stage of pressure ulcers at time of interview, by selected resident characteristics: United States, 2004—Con.

| | | | | | | | Highest stage of pressure ulcers[1] | | | | | |
| | All residents[2] | | No pressure ulcer | | Had pressure ulcer | | Stage 1 | | Stage 2 | | Stage 3 or 4 | |
Resident characteristic	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Living arrangement before admission[6]												
Alone.	178,900	100.0	162,600	90.9	15,000	8.4	†4,600	†2.6	7,700	4.3	*	*
With family members	216,700	100.0	192,800	89.0	23,100	10.7	†5,600	†2.6	10,600	4.9	†6,900	†3.2
With nonfamily members.	9,000	100.0	8,100	89.4	*	*	*	*	*	*	*	*
Other and unknown	30,000	100.0	27,500	91.5	*	*	*	*	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

†Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Highest stage of any pressure ulcer at time of interview.

[2]Includes unknowns.

[3]At time of interview.

[4]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[5]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[6]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Number may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 12. Number and percent distribution of nursing home residents, according to number of medications taken, by selected resident characteristics: United States, 2004

| | All residents | | Number of medications[1,2] | | | | | |
| | | | 1–4 | | 5–8 | | 9 or more | |
Resident characteristic	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All residents	1,492,200	100.0	195,200	13.1	552,900	37.1	715,000	47.9
Age[3]								
Under 65 years	174,900	100.0	21,700	12.4	63,100	36.1	85,100	48.7
65 years and older	1,317,300	100.0	173,500	13.2	489,800	37.2	629,900	47.8
65–74 years	174,100	100.0	17,800	10.3	61,200	35.1	92,500	53.1
75–84 years	468,700	100.0	52,500	11.2	163,300	34.8	243,500	51.9
85 years and older	674,500	100.0	103,200	15.3	265,300	39.3	294,000	43.6
Sex								
Male	430,500	100.0	56,700	13.2	160,200	37.2	202,800	47.1
Female	1,061,700	100.0	138,500	13.0	392,700	37.0	512,200	48.2
Race								
White	1,276,000	100.0	167,100	13.1	464,700	36.4	620,800	48.7
Black	186,100	100.0	23,100	12.4	73,100	39.3	84,800	45.6
Other[4]	30,100	100.0	†5,000	†16.5	15,100	50.3	9,400	31.2
Hispanic or Latino origin[5]								
Hispanic or Latino	57,200	100.0	†7,200	†12.6	24,500	42.9	24,900	43.5
Not Hispanic or Latino	1,427,400	100.0	186,300	13.1	526,100	36.9	687,100	48.1

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes only those taken the day before interview. Includes medications prescribed by a physician; over-the-counter drugs; nutritional, herbal, vitamin, and mineral supplements; and unknowns.

[2]Residents with no medications and residents for whom medications are unknown are not shown because estimates do not meet standards of reliability or precision.

[3]At time of interview.

[4]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[5]Excludes unknowns.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 13. Number and percentage of nursing home residents who had any pain in the 7 days before the interview, by pain management strategy: United States, 2004

Pain management	Number	Percent
All residents	1,492,200	. . .
Residents with any pain in the 7 days before interview	338,000	22.7
Pain management strategy		
PRN order for pain medication[1]	265,900	78.7
Standing order for pain medication	168,500	49.8
Nonpharmacological methods[2]	99,100	29.3
Other	16,900	5.0

. . . Category not applicable.

[1]PRN means as needed.

[2]Includes methods such as distraction, heat and cold massage, positioning, music therapy, and other.

NOTES: Number may not add to totals because of rounding. Percentages are based on unrounded numbers.

Table 14. Number and percent distribution of nursing home residents, according to falls in the 180 days before the interview, by selected resident characteristics: United States 2004

Resident characteristic	All residents Number	All residents Percent distribution	No falls in past 180 days Number	No falls in past 180 days Percent	Fell in past 30 days only Number	Fell in past 30 days only Percent	Fell in past 31–180 days only Number	Fell in past 31–180 days only Percent	Fell in both past 30 days and past 31–180 days only Number	Fell in both past 30 days and past 31–180 days only Percent	Unknown Number	Unknown Percent
All residents.	1,492,200	100.0	953,700	63.9	132,600	8.9	291,600	19.5	81,300	5.5	16,800	1.1
Age[1]												
Under 65 years.	175,000	11.7	130,700	74.7	11,100	6.4	20,900	12.0	7,100	4.0	*	*
65 years and older	1,317,200	88.3	823,000	62.5	121,400	9.2	270,600	20.5	74,300	5.6	14,700	1.1
65–74 years	174,100	11.7	118,500	68.1	13,800	7.9	28,000	16.1	8,400	4.8	*	*
75–84 years	468,900	31.4	301,000	64.2	41,000	8.8	91,800	19.6	25,300	5.4	[†]4,700	[†]1.0
85 years and older	674,500	45.2	403,400	59.8	66,600	9.9	150,900	22.4	40,600	6.0	[†]6,100	[†]0.9
Sex												
Male	430,500	28.8	273,500	63.5	42,400	9.8	76,400	17.8	27,000	6.3	[†]7,200	[†]1.7
Female.	1,061,700	71.2	680,200	64.1	90,200	8.5	215,100	20.3	54,300	5.1	9,600	0.9
Race												
White	1,276,000	85.5	793,100	62.2	117,600	9.2	260,500	20.4	76,000	6.0	13,900	1.1
Black	186,100	12.5	139,000	74.7	12,500	6.7	27,200	14.6	*	*	*	*
Other[2]	30,100	2.0	21,600	71.7	*	*	[†]3,900	[†]12.8	*	*	*	*
Hispanic or Latino origin[3]												
Hispanic or Latino	57,200	3.8	42,200	73.8	[†]6,000	[†]10.6	[†]5,800	[†]10.2	*	*	*	*
Not Hispanic or Latino	1,427,400	95.7	908,800	63.7	125,900	8.8	285,300	20.0	79,500	5.6	12,200	0.9
Current marital status												
Married or living with a partner	301,400	20.2	186,000	61.7	30,000	9.9	60,100	20.0	18,300	6.1	*	*
Widowed.	795,800	53.3	494,900	62.2	74,100	9.3	167,900	21.1	46,600	5.9	[†]4,400	[†]0.6
Divorced or separated	152,000	10.2	103,400	68.0	11,500	7.6	25,900	17.0	6,700	4.4	*	*
Single or never married.	221,500	14.8	156,900	70.8	15,300	6.9	34,800	15.7	9,700	4.4	*	*
Unknown	21,500	1.4	12,600	58.6	*	*	*	*	*	*	*	*
Residence before admission												
Private or semiprivate residence	434,600	29.1	282,000	64.9	38,700	8.9	86,800	20.0	24,000	5.5	*	*
Assisted living, board and care, or group home . .	118,100	7.9	67,400	57.0	11,200	9.4	28,000	23.7	11,400	9.6	*	*
Nursing home.	172,900	11.6	121,300	70.1	10,500	6.0	30,600	17.7	10,200	5.9	*	*
Hospital-based skilled nursing facility	128,400	8.6	85,800	66.8	12,700	9.9	22,100	17.2	[†]5,800	[†]4.5	*	*
Acute care hospital	535,100	35.9	345,900	64.7	52,400	9.8	103,900	19.4	25,900	4.8	[†]6,900	[†]1.3
Other institution[4].	55,500	3.7	37,700	67.9	[†]3,600	[†]6.4	12,200	22.1	*	*	*	*
Unknown	47,600	3.2	29,900	62.8	*	*	7,900	16.6	*	*	*	*
Living arrangement before admission[5]												
Alone.	178,900	40.9	109,200	61.0	17,400	9.7	38,900	21.8	9,700	5.4	*	*
With family members	216,700	49.5	139,700	64.5	18,400	8.5	41,600	19.2	12,500	5.8	*	*
With nonfamily members.	9,000	2.1	[†]5,600	[†]62.1	*	*	*	*	*	*	*	*
Unknown	30,000	6.9	21,900	73.0	*	*	[†]4,500	[†]15.0	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

[†] Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Excludes unknowns.

[4]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[5]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Number may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 15. Percentage of nursing home residents, by number of advance directives and by selected resident characteristics: United States, 2004

Resident characteristic	Number of advance directives				
	None	At least 1	1	2	3–6
All residents	33.6	65.3	41.5	16.5	7.8
Age[1]					
Under 65 years	62.8	36.3	26.3	7.1	†3.0
65 years and older	29.7	69.1	43.5	17.7	8.5
65–74 years	47.4	50.6	35.4	10.8	5.3
75–84 years	34.3	64.6	42.3	16.2	6.6
85 years and older	22.0	77.1	46.5	20.6	10.6
Sex					
Male	42.7	56.3	36.0	14.0	6.7
Female	29.9	69.0	43.7	17.5	8.3
Race					
White	28.9	70.1	43.6	18.1	8.9
Black	62.7	35.1	27.8	6.2	*
Other[2]	51.3	46.2	34.0	*	*
Hispanic or Latino origin					
Hispanic or Latino	54.6	44.1	34.4	†7.0	*
Not Hispanic or Latino	32.8	66.4	41.8	16.9	8.1
Current marital status					
Married or living with a partner	32.3	67.1	41.7	17.5	8.2
Widowed	27.1	72.1	45.3	18.3	8.9
Divorced or separated	45.3	53.4	35.2	12.4	6.1
Single or never married	49.7	49.8	33.4	11.9	4.7
Unknown	45.7	†31.3	†22.1	*	*
Residence before admission					
Private or semiprivate residence	31.1	68.5	44.1	16.9	7.7
Assisted living, board and care, or group home	20.4	79.1	43.6	23.5	12.2
Nursing home	30.7	68.8	42.7	17.0	9.3
Hospital-based skilled nursing facility	36.5	60.5	40.9	16.1	†5.2
Acute care hospital	37.8	61.5	39.1	15.2	7.5
Other institution[3]	49.0	49.4	32.4	12.2	†5.6
Unknown	27.3	62.4	48.2	†13.5	†7.1
Living arrangement before admission[4]					
Alone	29.9	69.8	45.0	16.8	8.1
With family members	32.3	67.5	42.8	17.5	7.3
With nonfamily members	*	†70.5	†51.5	*	*
Unknown	30.1	68.3	45.8	†14.7	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[4]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table 16. Percentage of nursing home residents, by types of advance directives and by selected resident characteristics: United States 2004

Resident characteristic	Type of advance directive[1]					
	Living will	Do-not-resuscitate order[2]	Do-not-hospitalize order	Feeding restrictions	Medication restrictions	Other restrictions[3]
All residents	18.2	55.9	3.5	10.4	3.0	9.4
Age[4]						
Under 65 years	7.4	27.7	*	5.8	†2.3	6.3
65 years and older	19.7	59.7	3.8	11.0	3.1	9.8
65–74 years	12.9	40.5	†3.2	7.6	†2.3	7.2
75–84 years	18.4	54.2	2.8	9.5	2.5	8.8
85 years and older	22.3	68.4	4.7	13.0	3.8	11.3
Sex						
Male	15.4	45.9	2.9	10.6	2.9	9.0
Female	19.4	60.0	3.7	10.3	3.1	9.6
Race						
White	20.3	60.5	3.9	11.4	3.4	10.2
Black	5.8	27.8	*	†4.0	*	4.9
Other[5]	*	35.9	*	*	*	*
Hispanic or Latino origin						
Hispanic or Latino	*	35.8	*	*	*	†7.9
Not Hispanic or Latino	18.9	56.9	3.5	10.6	3.1	9.5
Current marital status						
Married or living with a partner	20.7	55.8	3.7	11.9	3.1	9.2
Widowed	20.5	63.3	4.0	10.7	3.3	9.8
Divorced or separated	13.4	44.6	†2.6	9.3	†3.0	7.3
Single or never married	10.9	39.9	†2.0	8.4	†2.2	10.0
Unknown	*	†28.2	*	*	*	*
Residence before admission						
Private or semiprivate residence	20.5	59.4	3.6	9.5	2.6	8.9
Assisted living, board and care, or group home	27.3	68.7	†6.0	13.5	†3.7	12.1
Nursing home	16.4	60.1	†3.6	11.0	†3.2	13.4
Hospital-based skilled nursing facility	22.0	48.7	*	7.7	*	5.9
Acute care hospital	15.1	52.1	3.1	11.1	3.3	9.5
Other institution[6]	14.2	43.8	*	†9.3	*	*
Unknown	†11.3	53.7	*	†9.9	*	†7.7
Living arrangement before admission[7]						
Alone	22.6	60.0	†3.0	9.3	†2.7	8.7
With family members	19.3	58.4	4.1	9.7	†2.4	9.0
With nonfamily members	*	†64.4	*	*	*	*
Unknown	†17.4	61.4	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes multiple counts for residents with more than one advance directive.

[2]Order is requested by the resident or legal guardian.

[3]Includes organ donation, autopsy request, and other advance directives.

[4]At time of interview.

[5]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[6]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[7]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Appendix I

Technical Notes

Data in this report are from the 2004 National Nursing Home Survey (NNHS) conducted from August 2004 through January 2005 by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). This is the seventh in a series of surveys that were first conducted in 1973–1974 and again in 1977, 1985, 1995, 1997, and 1999. The NNHS is a segment of the NCHS National Health Care Surveys' long-term care component, which collects information about facilities that provide nursing and related care services, their residents, and their staff.

Scope of the survey

Of the 1,500 facilities selected for the survey, 283 refused to participate and 43 were considered out of scope for one or more of the following reasons: (i) the facility had gone out of business; (ii) the facility failed to meet the definition used in this survey; or (iii) the facility was a duplicate of another facility in the sample. A total of 1,174 nursing homes participated at the first sampling stage by providing facility information, resulting in a first-stage response rate of 81%. A total of 14,017 residents were sampled from the responding facilities. Of these, 8 were sampled in error and 339 were nonresponses. Reasons for nonresponse included consent problems, unavailability of medical records, or insufficient time to complete the questionnaire, yielding a second-stage response rate of 98% and an overall response rate for the resident component of the NNHS of 78%.

The NNHS also included a first-time supplemental survey of nursing assistants employed by nursing homes: the 2004 National Nursing Assistant Survey (NNAS). For this survey, a subsample of 790 facilities was selected from the NNHS facility sample. Of these, 21 facilities were determined to be out of scope. Although 605 facilities participated in the NNHS,

23 facilities elected not to participate in the NNAS, resulting in a first-stage response rate of 76%. A total of 582 eligible facilities agreed to participate in the NNAS, and from these facilities, 4,542 nursing assistants were selected to participate in the survey. All of these nursing assistants were eligible to participate, and 3,017 completed an interview, yielding a second-stage response rate of 71% and an overall NNAS response rate of 53%. An introduction and overview of the NNAS has been published elsewhere (1). Data on nursing assistants employed by nursing homes has been released in the form of public-use data files available from http://www.cdc.gov/nchs/ nnas2004.htm.

Estimation procedures

Estimates presented in this report were derived by a multistage estimation procedure that produces essentially unbiased national estimates and has three principal components. The first component—inflation by the reciprocals of the probabilities of sample selection—is the basic inflation weight. This component consists of the inverse of the probability of selecting the facility and the current resident within each facility. The second component— an adjustment for nonresponse—brings estimates based only on the responding cases up to the level that would have been achieved if all eligible cases had responded. The third component—ratio adjustment to fixed totals—adjusts for over- or undersampling of facilities reported in the sampling frame.

Data collection

The 2004 NNHS was administered in sampled nursing home facilities by using a computer-assisted personal interviewing (CAPI) system that was uploaded to the interviewers' laptops. The CAPI system included two major components: the facility component and the resident component. The facility component included a Facility Qualifications module and a Facility Characteristics module. In the resident component, data items were organized into four modules: Health Status (HA),

Health Status–non-Minimum Data Set Items (HN), Sources of Payment (PA), and Prescribed Medications (PM). The interviewers were instructed to complete the facility qualification data items first, to ensure that the nursing home was eligible to participate in the 2004 NNHS. The interviewers were then free to administer the data items in the Facility Characteristics module and resident-level modules in any order, depending on the availability of the facility respondents.

Data were collected as follows:

1. An advance package of information, including a letter, was mailed to the administrators of sampled facilities, informing them of the survey and that they would be contacted for an appointment.
2. Endorsement letters (see Appendix IV) from the American College of Health Care Administrators, the American Association of Homes and Services for the Aging, and the American Health Care Association were sent with the advance package. Also included in this package was a report from the 1999 survey, to illustrate how the data would be displayed.
3. After the packages were mailed, the interviewer telephoned the sample facility and made an appointment with the administrator.
4. A confirmation package was then mailed that contained a confirmation letter with details about what the interviewer would need for the interview and a self-administered staffing questionnaire that the administrator was requested to complete by the time of the in-person facility interview.
5. At the in-person interview with the administrator, the interviewer collected the completed staffing questionnaire and administered the facility component of the CAPI.
6. Provided the facility was eligible to participate in the survey, the interviewer sampled up to 12 current nursing home residents using the CAPI sampling module. For this resident component, designated staff familiar with the residents and their care were interviewed and were

asked to use the residents' medical records to answer the data items. No resident was interviewed directly.

7. About one-half of the nursing homes were selected to participate in the supplemental NNAS. For these facilities, the interviewer constructed a sampling list of currently employed nursing assistants, selected up to eight of them, and requested contact information for each.

After the data were collected, extensive data-checking, editing, and coding were performed to ensure that all responses were accurate, consistent, logical, and complete.

Reliability of estimates

Because the statistics presented in this report are based on a sample, they will differ somewhat from statistics that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures. The standard error (SE) is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The SE also reflects part of the measurement error but does not measure systematic biases in the data or other nonsampling error. The chances are about 95 in 100 that an estimate from the sample will differ by less than twice the SE from the value that would be obtained from a complete census.

The SEs used in this report are presented in and were approximated using SUDAAN software, which computes SEs by using a first-order Taylor approximation of the deviation of estimates from their expected values. Estimates based on 30–59 cases, or based on more than 59 cases but with an RSE exceeding 30%, are indicated by a dagger (†) and cannot be assumed to be reliable. NCHS does not show estimates based on fewer than 30 cases (indicated with an asterisk).

The SEs for facility and current-resident estimates can be calculated

Parameters used to compute relative standard errors, by type of estimate

Type of estimate	Parameters		Least reliable estimate in thousands
	A	B	
Facility estimate correlated with bed size	−0.00005	0.01277	0.141
Facility estimate uncorrelated with bed size	0.00169	0.00954	0.108
Current resident	0.00806	0.06541	0.798

using any statistical software package, including SUDAAN, so long as clustering within facilities and other aspects of the complex sample design are taken into account. Software products such as SAS, STATA, and SPSS all have these capabilities. In addition to using software to account for the complex design, the user may approximate SEs by generalized variance curves, although this method is far less accurate. The accompanying table presents curve parameters A and B, as well as the least reliable estimates for various types of estimates.

The SEs for aggregate estimates may be approximated by using the general formula:

$$SE(X) = \frac{X \cdot RSE(X)}{100}$$

where X is the estimate (in thousands) and $RSE(X)$ is the relative standard error (RSE) of the estimate as a percentage. The RSE for X is the SE for the estimate, X, divided by X, times 100.

Throughout this report, RSEs are taken as percentages between 1% and 100%. The RSE of an estimate may be approximated by using the following general formula:

$$RSE(X) = 100 \cdot \sqrt{A + \frac{B}{X}} \,,$$

where X is the estimate (in thousands) and A and B are the appropriate parameters, as shown in the table.

A different formula is needed to approximate the reliability of percentage estimates, expressed as a proportion, p, where $0 < p < 1$. The SE and the RSE

are designated as SE(p) and RSE(p), respectively. The appropriate value of the same parameter B as given in the table is used in the following equations:

$$SE(p) = \frac{p \cdot RSE(p)}{100}$$

and

$$RSE(p) = 100 \cdot \sqrt{\frac{B \cdot (1 - p)}{p \cdot y}} \,,$$

where $p = X/Y$, X is the numerator of the estimated percentage, and Y is the denominator of the estimated percentage, both in thousands. The approximations of SE and RSE are valid only when the RSE of the denominator is 5% or less or when the RSEs of the numerator and the denominator are both 10% or less.

Table I. Standard errors for nursing homes, by number of beds, beds per nursing home, number of current residents, and occupancy rate, and by selected facility characteristics: United States, 2004

Facility characteristic	Nursing homes		Beds		Current residents	
	Number	Percent	Number	Beds per nursing home	Number	Occupancy rate[1]
Total.	97	. . .	13,241	. . .	11,168	. . .
Ownership						
Proprietary.	232	1.4	27,590	1.6	24,051	1.6
Voluntary nonprofit	218	1.3	28,240	1.6	23,601	1.5
Government and other	112	0.7	17,000	1.0	14,265	0.9
Certification[2]						
Certified	113	0.3	14,513	0.4	12,227	0.3
Medicare and Medicaid	166	0.9	17,773	0.7	15,420	0.7
Medicare only	†94	†0.6	†6,279	†0.4	5,381	0.4
Medicaid only	113	0.7	9,101	0.5	8,476	0.6
Beds						
Fewer than 50	71	0.4	2,629	0.2	2,413	0.2
50–99.	123	0.7	9,098	0.6	8,875	0.6
100–199	110	0.7	13,088	0.8	13,057	0.8
200 or more.	49	0.3	15,105	0.8	10,486	0.7
Geographic region						
Northeast	195	1.2	28,252	1.5	23,351	1.5
Midwest	215	1.3	25,564	1.5	21,776	1.5
South	214	1.3	25,238	1.5	22,400	1.5
West	174	1.1	18,368	1.1	16,292	1.1
Location						
Metropolitan statistical area	85	0.3	12,560	0.3	10,270	0.3
Micropolitan statistical area	37	0.2	4,148	0.2	3,954	0.3
Other	40	0.2	2,717	0.2	2,954	0.2
Affiliation						
Chain	239	1.4	28,072	1.6	24,411	1.6
Independent.	232	1.4	30,060	1.6	25,025	1.6

. . . Category not applicable.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Calculated by dividing number of residents by number of available beds.

[2]Estimates for nursing homes that are not certified are not shown because the sample size was less than 30; therefore, the figures do not meet standards for reliability or precision.

Table II. Standard errors for nursing homes having formal contracts with outside providers, by type of ownership and type of contract provider: United States, 2004

Contract provider	Total		Ownership			
			Proprietary		Voluntary nonprofit[1]	
	Number	Percent	Number	Percent	Number	Percent
All facilities.	97	. . .	232	. . .	226	. . .
Dental or oral services	230	1.4	234	1.7	196	2.2
Diagnostic services	231	1.4	233	1.8	191	2.2
Hearing and vision services	234	1.4	220	1.9	169	2.2
Home health care agency	162	1.0	126	1.2	†110	†1.7
Hospice	201	1.1	237	1.4	210	2.0
Hospital	238	1.4	220	1.9	168	2.3
Managed care organization	212	1.3	191	1.8	135	2.0
Management group	150	0.9	127	1.2	†87	†1.4
Medical center or health systems	135	0.8	112	1.1	†79	†1.2
Medical director.	191	1.1	238	1.3	216	1.9
Pharmacy	183	1.0	236	1.1	215	1.9
Physician group	165	1.0	135	1.3	†105	†1.6
Podiatry services	223	1.3	235	1.7	197	2.2
Psychiatric facility or behavioral management	212	1.3	189	1.8	126	1.9
Psychiatry or psychology services	235	1.4	223	1.9	174	2.3
Therapy services.	230	1.3	240	1.7	200	2.2

. . . Category not applicable.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes state and local government-owned facilities.

Table III. Standard errors for nursing homes, by physician staffing arrangements and selected facility characteristics: United States, 2004

Facility characteristic	Total	Private physician from community		Contracts with physician group practices		Physician on staff	
		Number	Percent	Number	Percent	Number	Percent
All facilities.	97	181	1.0	220	1.4	186	1.1
Ownership							
Proprietary.	232	236	1.2	187	1.7	146	1.4
Voluntary nonprofit and other[1].	226	217	1.8	152	2.2	130	1.9
Beds							
Fewer than 50	71	93	3.2	†84	†3.6	†77	†3.4
50–99	123	135	1.6	138	2.2	108	1.7
100 or more	105	146	1.5	155	1.9	133	1.7
Geographic region							
Northeast	195	181	2.9	†126	†3.7	†107	†3.4
Midwest	215	206	1.6	133	2.2	102	1.8
South	214	205	1.8	137	2.2	113	1.9
West	174	166	2.4	†108	†3.6	†82	†2.9
Location							
Metropolitan statistical area	85	161	1.4	200	1.8	164	1.5
Micropolitan statistical area	37	58	1.7	67	2.6	†64	†2.4
Other	40	65	2.2	†65	†2.5	†60	†2.3
Affiliation							
Chain.	239	237	1.5	185	1.9	144	1.6
Independent.	232	229	1.4	156	1.9	135	1.7

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes state and local government-owned facilities.

Table IV. Standard errors for full-time equivalent nursing employees and contract workers, and type of nursing employees, by selected facility characteristics: United States, 2004

Facility characteristic	Nursing staff			Type of nursing employee[1,2]				
	Total	Nursing employees[2]	Contract workers	Total	Registered nurses	Licensed practical nurses	Certified nursing assistants	Nurse's aides and orderlies
Total.	11,225	10,795	2,272	10,795	2,580	2,797	7,414	1,581
Ownership								
Proprietary.	15,910	15,421	1,802	15,421	2,460	3,423	10,256	1,263
Voluntary nonprofit.	16,224	15,781	1,269	15,781	2,492	3,123	10,558	924
Government and other	10,793	10,346	847	10,346	1,724	2,314	6,630	[†]356
Beds								
Fewer than 50	1,748	1,665	[†]531	1,665	371	413	1,115	[†]236
50–99.	6,217	6,177	505	6,177	1,242	1,333	4,041	1,224
100–199	9,627	9,261	1,434	9,261	2,104	2,252	6,320	828
200 or more.	9,243	8,881	1,626	8,881	1,448	2,096	5,963	[†]533
Geographic region								
Northeast	16,576	15,957	1,574	15,957	2,604	3,324	10,372	590
Midwest	13,417	13,135	964	13,135	2,010	2,643	8,896	957
South.	14,603	14,247	1,300	14,247	1,920	3,238	9,561	509
West	10,582	10,512	[†]612	10,512	1,697	2,145	6,835	[†]1,032
Location								
Metropolitan statistical area	10,506	10,098	2,050	10,098	2,447	2,637	6,924	1,370
Micropolitan statistical area	3,386	3,240	[†]751	3,240	675	786	2,223	706
Other.	2,488	2,430	[†]630	2,430	487	571	1,708	353
Affiliation								
Chain	15,850	15,661	887	15,661	2,597	3,418	10,430	1,142
Independent.	17,703	17,044	2,131	17,044	2,617	3,677	11,286	1,124

[†] Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Contract workers are not shown separately due to low estimates.

[2]Full-time equivalents (FTEs) for employee (on staff) registered nurses (RNs), licensed practical nurses (LPNs), and certified nursing assistants (CNAs) were imputed in cases where facilities had missing or outlier values. The threshold of FTEs per 100 beds used to identify outliers for RNs and LPNs was a ratio greater than 30, and for CNAs was a ratio greater than 100. For each type of nursing staff, imputation for missing and outlier cases was the number of beds at a facility times the mean number of FTEs per bed, calculated for the cases with usable data.

Table V. Standard errors for number, percent distribution, and rate per 10,000 population of nursing home residents, by sex, race, geographic region, and age at time of interview: United States, 2004

Age at time of interview	Total	Sex		Race			Geographic region			
		Male	Female	White	Black	Other[1]	Northeast	Midwest	South	West
					Number					
All ages	11,168	9,041	12,095	15,298	11,016	4,001	23,351	21,776	22,400	16,292
Under 65 years	7,388	5,043	4,124	5,495	3,472	1,228	4,456	4,874	4,496	3,915
65 years and older	12,926	7,747	12,779	16,018	9,239	3,583	21,552	19,513	20,134	14,000
65–74 years	5,259	3,492	3,936	4,526	3,097	1,000	3,045	3,598	4,145	3,383
75–84 years	8,242	5,071	7,002	8,380	4,197	1,484	8,008	7,735	8,630	5,347
85 years and older	11,976	4,704	10,711	12,758	4,254	2,078	13,515	11,190	10,564	7,634
					Percent distribution					
All ages	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
Under 65 years	0.5	1.0	0.4	0.4	1.5	3.8	1.2	0.9	0.7	1.4
65 years and older	0.5	1.0	0.4	0.4	1.5	3.8	1.2	0.9	0.7	1.4
65–74 years	0.4	0.7	0.4	0.3	1.2	†2.7	0.7	0.6	0.6	1.0
75–84 years	0.5	1.0	0.6	0.5	1.4	3.3	1.2	0.9	0.8	1.4
85 years and older	0.7	1.0	0.7	0.7	1.4	4.2	1.7	1.1	1.0	1.8
					Rate per 10,000 population[2]					
All ages	0.4	0.6	0.8	0.7	3.0	2.0	4.3	3.3	2.1	2.4
Under 65 years	0.3	0.4	0.3	0.3	1.0	0.7	0.9	0.9	0.5	0.7
65 years and older	3.6	5.1	6.0	5.0	30.3	24.3	29.0	23.3	15.4	18.8
65–74 years	2.8	4.1	3.9	2.9	18.1	11.5	8.6	8.7	6.0	8.8
75–84 years	6.4	9.7	9.0	7.3	42.7	31.9	28.7	25.4	19.0	20.6
85 years and older	24.6	31.2	32.0	29.2	121.4	145.4	121.7	92.1	68.0	77.7

. . . Category not applicable.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[2]Rates are based on civilian resident population, including institutionalized persons, as of July 1, 2004.

Table VI. Standard errors for nursing home residents, by ethnicity and race and by selected resident characteristics: United States, 2004

Resident characteristic	All residents		Hispanic or Latino origin[1]				Race			
	Total	Percent	Hispanic or Latino	Percent	Not Hispanic or Latino	Percent	White	Percent	Black	Percent
All residents	11,168	. . .	5,564	. . .	12,339	. . .	15,298	. . .	11,016	. . .
Age[2]										
Under 65 years	7,388	0.5	1,900	2.7	6,848	0.5	5,494	0.4	3,472	1.5
65 years and older	12,926	0.5	4,744	2.7	13,789	0.5	16,018	0.4	9,239	1.5
65–74 years	5,259	0.4	1,631	2.3	5,066	0.4	4,526	0.3	3,097	1.2
75–84 years	8,242	0.5	2,364	2.5	8,257	0.5	8,378	0.5	4,197	1.4
85 years and older	11,976	0.7	2,216	2.7	12,029	0.7	12,758	0.7	4,254	1.4
Sex										
Male	9,041	0.6	2,749	2.7	8,657	0.6	8,327	0.6	4,961	1.5
Female	12,095	0.6	3,626	2.7	12,540	0.6	13,976	0.6	7,389	1.5
Geographic region										
Northeast	23,351	1.5	†2,292	†3.7	22,687	1.5	21,803	1.6	4,457	2.3
Midwest	21,776	1.5	†963	†1.8	21,345	1.5	19,397	1.5	7,464	3.4
South	22,400	1.5	3,938	5.2	21,617	1.5	19,050	1.5	8,121	3.5
West	16,292	1.1	3,435	4.9	14,764	1.0	13,908	1.1	3,310	1.8
Location										
Metropolitan statistical area	10,270	0.3	5,320	2.8	11,332	0.3	14,540	0.4	10,693	1.5
Micropolitan statistical area	3,954	0.3	1,407	2.4	4,380	0.3	4,082	0.3	1,970	1.1
Other	2,954	0.2	†822	†1.4	3,106	0.2	3,036	0.3	1,811	1.0

. . . Category not applicable.

†Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Excludes unknowns.

[2]At time of interview.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table VII. Standard errors for nursing home residents, by length of time since admission in days and by selected resident characteristics: United States, 2004

Resident characteristic	Total	Fewer than 3 months	3 months to fewer than 6 months	6 months to fewer than 12 months	1 year to fewer than 3 years	3 years to fewer than 5 years	5 years or more	Average in days	Median in days
All residents	11,168	0.5	0.3	0.4	0.5	0.4	0.4	15	12
Age[1]									
Under 65 years	7,388	1.4	0.9	1.0	1.3	1.0	1.3	53	30
65 years and older	12,926	0.5	0.3	0.4	0.5	0.4	0.4	14	12
65–74 years.	5,259	1.4	0.9	1.0	1.4	0.9	1.1	45	27
75–84 years.	8,242	0.8	0.6	0.7	0.8	0.6	0.5	20	16
85 years and older	11,976	0.6	0.4	0.5	0.7	0.5	0.6	17	16
Sex									
Male.	9,041	0.9	0.6	0.6	0.9	0.6	0.6	29	18
Female	12,095	0.5	0.3	0.4	0.6	0.5	0.5	15	14
Race									
White	15,298	0.5	0.3	0.4	0.5	0.4	0.4	16	12
Black	11,016	1.2	0.9	1.1	1.3	1.0	1.0	33	30
Other[2].	4,001	†2.9	*	†2.2	3.0	†2.4	†2.8	90	50
Hispanic or Latino origin[3]									
Hispanic or Latino	5,564	2.5	†1.4	1.8	2.2	†1.8	†1.8	60	38
Not Hispanic or Latino.	12,339	0.5	0.3	0.4	0.5	0.4	0.4	16	12
Current marital status									
Married or living with a partner	7,113	1.1	0.7	0.8	1.0	0.7	0.8	25	19
Widowed	11,589	0.6	0.4	0.5	0.7	0.5	0.5	15	14
Divorced or separated.	5,649	1.3	0.9	1.1	1.5	1.1	1.3	45	35
Single or never married	7,583	1.1	0.7	0.9	1.3	0.9	1.1	55	35
Unknown	3,146	†4.9	*	*	†4.5	*	*	111	†89
Residence before admission									
Private or semiprivate residence	11,957	0.8	0.6	0.6	0.9	0.7	0.7	26	21
Assisted living, board and care, or group home	5,813	1.3	1.1	1.5	1.7	1.2	1.1	34	27
Nursing home.	7,100	1.0	0.8	1.4	1.6	1.2	1.1	34	28
Hospital-based skilled nursing facility.	10,207	1.7	1.1	1.3	1.9	1.2	1.1	32	32
Acute care hospital.	16,088	0.8	0.5	0.6	0.8	0.5	0.5	20	15
Other institution[4]	4,041	2.1	†1.3	†1.4	2.3	2.2	2.1	107	86
Unknown	4,421	†2.6	†1.8	*	2.6	†1.8	2.9	104	80
Living arrangement before admission[5]									
Alone	7,312	1.1	0.8	0.9	1.3	1.2	1.0	36	34
With family members	7,261	1.1	0.8	0.9	1.3	0.9	1.1	37	27
With nonfamily members	1,270	*	*	*	*	*	*	*	*
Other and unknown	3,157	*	*	*	3.3	†3.3	†2.9	88	77

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Excludes unknowns.

[4]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[5]Includes only residents living in a private or semiprivate residence before admission.

Table VIII. Standard errors for nursing home residents, by sources of payment at admission and at time of interview and by selected facility characteristics: United States, 2004

Facility characteristic	All sources of payment[1]							
	At admission				At time of interview			
	Private source[2]	Medicare	Medicaid	Other[3]	Private source[2]	Medicare	Medicaid	Other[3]
All residents	14,079	13,440	13,473	5,064	15,550	8,239	14,688	6,432
Ownership								
Proprietary.	1.1	1.0	1.1	0.3	1.1	0.7	1.0	0.5
Voluntary nonprofit	1.7	1.6	1.5	†0.3	1.7	1.0	1.7	0.5
Government and other	3.4	2.6	3.4	2.7	3.5	1.8	3.6	2.7
Certification								
Certified	0.9	0.8	0.9	0.3	0.9	0.5	0.9	0.4
Medicare and Medicaid	0.9	0.8	0.9	0.3	0.9	0.6	0.9	0.4
Medicare only	4.8	5.3	*	*	6.0	5.4	*	*
Medicaid only	4.7	*	4.3	*	4.1	*	3.5	†1.0
Not certified	7.5	*	*	†11.8	6.7	*	*	†11.7
Beds								
Fewer than 50	2.5	2.4	2.4	*	2.4	1.7	2.7	†1.0
50–99.	1.3	1.2	1.3	0.3	1.3	0.8	1.4	0.6
100 or more	1.2	1.1	1.2	0.5	1.2	0.7	1.1	0.6
Geographic region								
Northeast	2.1	2.0	1.8	1.0	2.4	1.3	2.3	1.2
Midwest	1.6	1.4	1.6	0.3	1.7	0.9	1.5	0.6
South	1.5	1.4	1.5	0.5	1.4	1.0	1.4	0.5
West	2.1	2.0	2.3	1.0	2.0	1.2	2.2	†1.5
Location								
Metropolitan statistical area	1.1	1.0	1.1	0.4	1.2	0.7	1.1	0.5
Micropolitan statistical area	1.6	1.7	1.6	0.7	1.3	1.1	1.4	0.7
Other	1.6	1.7	1.5	†0.4	1.5	1.0	1.5	†0.8
Affiliation								
Chain	1.2	1.1	1.1	0.3	1.2	0.7	1.1	0.5
Independent	1.4	1.2	1.4	0.6	1.5	0.8	1.4	0.8

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes multiple counts for residents with more than one source of payment.

[2]Includes private health insurance, lifecare program, private pay, and out-of-pocket forms of payment.

[3]Includes welfare or government assistance, Department of Veterans Affairs assistance, and other sources.

Table IX. Standard errors for nursing home residents, by primary diagnosis at admission and at time of interview: United States, 2004

Primary diagnosis and ICD–9–CM code[1]	Primary diagnosis			
	At admission		At time of interview	
	Number	Percent distribution	Number	Percent distribution
All residents	11,168	. . .	11,168	. . .
Infectious and parasitic diseases 001–139	1,895	0.1	1,413	0.1
Neoplasms 140–239	2,175	0.1	2,359	0.2
Malignant neoplasms 140–208, 230–234	2,044	0.1	2,234	0.1
Endocrine, nutritional, and metabolic diseases and immunity disorders 240–279	3,737	0.2	4,693	0.3
Diabetes mellitus 250	3,244	0.2	4,244	0.3
Diseases of the blood and blood-forming groups 280–289	1,146	0.1	1,562	0.1
Anemias 280–285	1,099	0.1	1,543	0.1
Mental disorders 290–319	7,927	0.5	8,778	0.6
Senile dementia or organic brain syndrome 290,310	2,090	0.1	2,459	0.2
Mental retardation. 317–319	1,298	0.1	1,322	0.1
Other mental disorders 291–309, 311–316	7,468	0.5	8,383	0.5
Diseases of the nervous system and sense organs 320–389	6,766	0.4	7,507	0.5
Alzheimer's disease 331.0	5,715	0.4	6,357	0.4
Parkinson's disease 332	2,069	0.1	2,374	0.2
Multiple sclerosis 340	1,618	0.1	1,451	0.1
Paralytic syndromes 342–344	1,790	0.1	1,929	0.1
Other diseases of the nervous system and sense organs . . .320–330, 331.1–331.9, 333–337, 341, 345–389	1,774	0.1	1,759	0.1
Diseases of the circulatory system. 390–459	7,648	0.5	8,427	0.5
Essential hypertension. 401	3,688	0.2	4,605	0.3
Heart disease. 391–392.0, 393–398, 402, 404, 410–416, 420–429	4,293	0.3	4,739	0.3
Coronary atherosclerosis. 414.0	[†]866	[†]0.1	1,265	0.1
Cardiac dysrhythmias 428.0	1,619	0.1	1,959	0.1
Congestive heart failure. 428	3,161	0.2	3,265	0.2
Other heart disease 391–392.0, 393–398, 415–416, 420–426, 428.1–429	1,422	0.1	1,354	0.1
Acute, but ill-defined, cerebrovascular disease 436	3,785	0.3	3,698	0.2
Other diseases of the circulatory system 390, 392.9, 403, 405, 417, 440–459	1,762	0.1	1,816	0.1
Diseases of the respiratory system 460–519	4,266	0.3	3,495	0.2
Pneumonia, all forms. 480–486	2,592	0.2	1,347	0.1
Chronic obstructive pulmonary disease and allied conditions .490–496	2,646	0.2	2,942	0.2
Other diseases of the respiratory system 460–478, 487, 500–519	2,023	0.1	1,427	0.1
Diseases of the digestive system. 520–579	2,944	0.2	2,208	0.1
Diseases of the genitourinary system 580–629	3,005	0.2	2,521	0.2
Urinary tract infection. 580–583, 590, 595, 597, 599.0	2,228	0.1	1,365	0.1
Diseases of the skin and subcutaneous tissue 680–709	1,867	0.1	1,472	0.1
Decubitus ulcer 707.0	[†]1,036	[†]0.1	[†]844	[†]0.1
Diseases of the musculoskeletal system and connective tissue 710–739	3,291	0.2	3,659	0.2
Rheumatoid arthritis, except spine. 714	[†]784	[†]0.1	[†]958	[†]0.1
Osteoarthritis and allied disorders, except spine 715	1,826	0.1	2,127	0.1
Other arthropathies and related disorders. .710–713, 716–719	1,246	0.1	1,336	0.1
Osteoporosis. 733.0	1,106	0.1	1,769	0.1
Symptoms, signs, and ill-defined conditions 780–799	4,138	0.3	3,246	0.2
Injury and poisoning[2] 800–999	1,991	0.1	3,241	0.2
Supplementary classification[2]. V01–V82	5,218	0.3	1,708	0.1
Posthospital aftercare V42–46, V52, V53.3–V53,7,V54–58	5,035	0.3	1,222	0.1

. . . Category not applicable.

[†] Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Based on the International Classification of Diseases, 9th Revision, Clinical Modification.

[2]For data years 1995–1999 of the National Nursing Home Survey (NNHS), the Injury and Poisoning Chapter of the ICD–9–CM classified fractures within 800 codes as a primary diagnostic condition. Effective October 1999, new long-term care coding guidelines were issued by the Cooperating Parties of Coding Clinic for ICD–9–CM. The guidelines clearly define the assignment of the resident's reason for being admitted to a long-term care facility. As a result, fractures are now classified in the Supplementary Classification Chapter in V Codes as posthospital aftercare.

Table X. Standard errors for nursing home residents, by hospital emergency department visits and overnight hospitalizations in past 90 days and by selected resident characteristics: United States 2004

	All residents		No visits		Emergency department visits only		Hospitalization only		Hospitalization and emergency department visits		Unknown	
Resident characteristic	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All residents	11,168	. . .	12,012	. . .	3,219	. . .	2,666	. . .	3,857	. . .	4,208	. . .
Age[1]												
Under 65 years	7,388	0.5	6,474	0.5	1,089	1.7	1,211	2.9	1,493	2.0	*	*
65 years and older	12,926	0.5	13,094	0.5	3,002	1.7	2,368	2.9	3,352	2.0	3,588	4.2
65–74 years	5,259	0.4	4,963	0.4	†855	†1.4	†768	†1.9	1,233	1.7	*	*
75–84 years	8,242	0.5	7,937	0.5	1,611	2.3	1,420	2.9	2,023	2.4	†1,527	†6.1
85 years and older	11,976	0.7	11,346	0.7	2,195	2.5	1,324	2.8	2,114	2.6	†1,756	†4.6
Sex												
Male	9,041	0.6	8,679	0.6	1,709	2.3	1,386	2.8	1,967	2.4	†1,626	†4.5
Female	12,095	0.6	11,934	0.6	2,532	2.3	1,998	2.8	3,083	2.4	†2,801	4.5
Race												
White	15,298	0.8	14,906	0.8	2,991	1.9	2,124	3.0	3,471	2.1	3,020	5.1
Black	11,016	0.7	9,882	0.7	†1,159	†1.9	†1,336	†3.1	1,367	1.9	*	*
Other[2]	4,001	0.3	3,830	0.3	*	*	*	*	*	*	*	*
Hispanic or Latino origin[3]												
Hispanic or Latino	5,564	0.4	5,240	0.4	*	*	*	*	*	*	*	*
Not Hispanic or Latino	12,339	0.4	12,600	0.4	3,141	1.2	2,640	1.0	3,725	1.3	4,107	2.2
Current marital status												
Married or living with a partner	7,113	0.5	6,925	0.5	1,566	2.2	1,188	2.5	1,624	2.0	*	*
Widowed	11,589	0.6	11,179	0.7	2,065	2.6	1,593	3.0	2,298	2.5	†2,204	†4.7
Divorced or separated	5,649	0.4	5,040	0.4	908	1.5	†829	†2.1	1,047	1.5	*	*
Single or never married	7,583	0.5	6,844	0.5	1,212	1.9	†1,000	†2.5	1,532	2.0	*	*
Unknown	3,146	0.2	2,936	0.2	*	*	*	*	*	*	*	*
Residence before admission												
Private or semiprivate residence	11,957	0.8	10,858	0.8	1,777	2.6	1,345	2.8	2,116	2.6	*	*
Assisted living, board and care, or group home	5,813	0.4	5,369	0.4	†916	†1.5	*	*	†795	†1.2	*	*
Nursing home	7,100	0.5	6,346	0.5	1,204	1.9	†891	†2.1	1,373	2.0	*	*
Hospital-based skilled nursing facility	10,207	0.7	9,680	0.7	†674	†1.1	*	*	†1,066	†1.6	*	*
Acute care hospital	16,088	1.0	15,034	1.1	1,772	2.6	1,423	3.2	2,086	2.6	†2,647	†8.3
Other institution[4]	4,041	0.3	3,459	0.3	*	*	*	*	†816	†1.2	*	*
Unknown	4,421	0.3	3,967	0.3	*	*	*	*	*	*	*	*
Living arrangement before admission[5]												
Alone	7,312	1.1	6,617	1.2	986	4.3	†710	†5.6	1,487	4.3	*	*
With family members	7,261	1.1	6,796	1.1	1,191	4.3	†1,033	†6.0	1,087	4.2	*	*
With nonfamily members	1,270	0.3	1,167	0.3	*	*	*	*	*	*	*	*
Unknown	3,157	0.7	2,826	0.7	*	*	*	*	*	*	*	*

. . . Category not applicable.

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Excludes unknowns.

[4]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[5]Includes only residents living in a private or semiprivate residence before admission.

Table XI. Standard errors for nursing home residents, by presence and highest stage of pressure ulcers at time of interview and by selected resident characteristics: United States, 2004

Resident characteristic	Total[2]	No pressure ulcer		Had pressure ulcer		Highest stage of pressure ulcers[1]					
						Stage 1		Stage 2		Stage 3 or 4	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All residents	11,168	11,414	0.4	5,259	0.3	2,681	0.2	3,579	0.2	2,725	0.2
Age[3]											
Under 65 years	7,388	6,826	1.1	2,054	1.1	†742	†0.4	1,378	0.8	1,311	0.7
65 years and older	12,926	12,717	0.4	4,988	0.4	2,606	0.2	3,378	0.3	2,440	0.2
65–74 years	5,259	4,834	1.1	1,796	1.0	†961	†0.5	1,056	0.6	†897	†0.5
75–84 years	8,242	7,742	0.7	3,105	0.6	1,369	0.3	2,330	0.5	1,451	0.3
85 years and older	11,976	11,128	0.5	3,209	0.4	1,836	0.3	2,067	0.3	1,526	0.2
Sex											
Male	9,041	8,521	0.8	3,157	0.7	1,473	0.3	2,167	0.5	1,539	0.4
Female	12,095	11,647	0.4	4,147	0.4	2,161	0.2	2,827	0.3	2,173	0.2
Race											
White	15,298	14,585	0.4	5,010	0.4	2,591	0.2	3,363	0.3	2,432	0.2
Black	11,016	9,953	1.0	1,900	0.8	*	*	1,276	0.6	1,070	0.5
Other[4]	4,001	3,561	2.8	†1,001	†2.8	*	*	*	*	*	*
Hispanic or Latino origin											
Hispanic or Latino	5,564	5,015	1.8	†1,098	†1.7	*	*	*	*	*	*
Not Hispanic or Latino	12,339	12,445	0.4	5,159	0.3	2,657	0.2	3,497	0.2	2,655	0.2
Marital status											
Married or living with a partner	7,113	6,480	0.8	2,444	0.7	1,118	0.4	1,786	0.6	1,330	0.4
Widowed	11,589	10,892	0.5	3,740	0.4	1,943	0.2	2,484	0.3	1,843	0.2
Divorced or separated	5,649	5,110	1.3	1,615	1.0	†677	†0.4	1,074	0.7	†938	†0.6
Single or never married	7,583	7,064	0.9	1,977	0.8	†1,035	†0.5	1,208	0.5	†993	†0.4
Unknown	3,146	2,397	6.4	*	*	*	*	*	*	*	*
Residence before admission											
Private or semiprivate residence	11,957	10,789	0.6	2,784	0.6	1,360	0.3	1,722	0.4	1,462	0.3
Assisted living, board and care, or group home	5,813	5,398	1.0	1,310	1.0	*	*	†755	†0.6	*	*
Nursing home	7,100	6,638	0.9	1,716	0.9	†966	†0.5	1,153	0.6	†745	†0.4
Hospital-based skills nursing facility	10,207	8,842	1.4	1,918	1.2	*	*	1,359	0.9	*	*
Acute care hospital	16,088	14,251	0.7	4,144	0.7	1,783	0.3	2,639	0.5	1,967	0.3
Other institution[5]	4,041	3,806	1.4	†852	†1.4	*	*	*	*	*	*
Unknown	4,421	3,782	3.5	†874	†1.7	*	*	*	*	*	*

See footnotes at end of table.

Table XI. Standard errors for nursing home residents, by presence and highest stage of pressure ulcers at time of interview and by selected resident characteristics: United States, 2004—Con.

Resident characteristic	Total[2]	No pressure ulcer		Had pressure ulcer		Highest stage of pressure ulcers[1]					
						Stage 1		Stage 2		Stage 3 or 4	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Living arrangement before admission[6]											
Alone	7,312	6,696	0.9	1,638	0.8	[†]900	[†]0.5	1,140	0.6	*	*
With family members	7,261	6,558	0.8	1,927	0.8	[†]969	[†]0.4	1,224	0.5	[†]1,115	[†]0.5
With nonfamily members	1,270	1,200	4.0	*	*	*	*	*	*	*	*
Other and unknown	3,157	2,939	2.0	*	*	*	*	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

[†] Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Highest stage of any pressure ulcer at time of interview.

[2]Includes unknowns.

[3]At time of interview.

[4]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[5]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[6]Includes only residents living in a private or semiprivate residence before admission.

NOTES: Numbers may not add to totals because of rounding. Percentages are based on the unrounded numbers.

Table XII. Standard errors for nursing home residents, by number of medications taken and by selected resident characteristics: United States, 2004

| Resident characteristic | Total | Number of medications[1,2] | | | | | |
| | | 1–4 | | 5–8 | | 9 or more | |
		Number	Percent	Number	Percent	Number	Percent
All residents	11,168	5,953	0.4	9,516	0.6	10,917	0.7
Age[3]							
Under 65 years	7,388	2,127	1.1	3,987	1.5	4,372	1.8
65 years and older	12,926	5,475	0.4	9,091	0.6	10,752	0.7
65–74 years	5,259	1,679	0.9	3,221	1.5	3,733	1.5
75–84 years	8,242	2,900	0.6	5,017	0.9	6,458	1.0
85 years and older	11,976	4,077	0.6	6,888	0.8	7,978	0.8
Sex							
Male	9,041	3,486	0.7	5,263	1.0	6,321	1.1
Female	12,095	4,839	0.4	8,167	0.6	9,501	0.7
Race							
White	15,298	5,666	0.4	9,178	0.6	11,316	0.7
Black	11,016	2,447	1.0	5,404	1.6	5,668	1.8
Other[4]	4,001	†1,209	†2.7	2,282	4.0	1,407	3.2
Hispanic or Latino origin[5]							
Hispanic or Latino	5,564	†1,301	†1.8	3,202	3.3	2,888	3.5
Not Hispanic or Latino.	12,339	5,757	0.4	9,349	0.6	11,054	0.7

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]Includes only those medicines taken the day before interview. Includes medications prescribed by a physician; over-the-counter drugs; nutritional, herbal, vitamin, and mineral supplements; and unknowns.

[2]Residents with no medications and residents for whom medications are unknown are not shown because estimates do not meet standards of reliability or precision.

[3]At time of interview.

[4]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[5]Excludes unknowns.

Table XIII. Standard errors for nursing home residents who had any pain in the 7 days before the interview, by pain management strategy: United States, 2004

Pain management	Number	Percent
All residents	11,168	. . .
Residents with any pain in the 7 days before interview	8,505	0.6
Pain management strategy		
PRN order for pain medication[1]	6,937	1.2
Standing order for pain medication	5,806	1.4
Nonpharmacological methods[2]	5,623	1.5
Other.	2,093	0.6

. . . Category not applicable.

[1]PRN means as needed.

[2]Includes methods such as distraction, heat and cold massage, positioning, music therapy, and other.

Table XIV. Standard errors for nursing home residents, by falls in the 180 days before the interview and by selected resident characteristics: United States, 2004

Resident characteristic	Total	No falls in past 180 days		Fell in past 30 days only		Fell in past 31–180 days only		Fell in both past 30 days and past 31–180 days only		Unknown	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All residents	11,168	11,259	0.6	4,631	0.3	7,591	0.5	3,930	0.3	3,628	0.2
Age[1]											
Under 65 years	7,388	6,127	1.3	1,389	0.7	1,874	0.9	1,108	0.6	*	*
65 years and older	12,926	11,279	0.6	4,518	0.3	7,522	0.5	3,739	0.3	3,199	0.2
65–74 years	5,259	4,432	1.4	1,415	0.8	2,166	1.2	1,190	0.7	*	*
75–84 years	8,242	7,048	0.9	2,504	0.5	4,045	0.8	1,960	0.4	†1,208	†0.3
85 years and older	11,976	9,211	0.8	3,392	0.5	5,241	0.7	2,732	0.4	†1,726	†0.3
Sex											
Male	9,041	7,260	1.0	2,557	0.6	3,904	0.8	2,113	0.5	†1,781	†0.4
Female	12,095	10,258	0.7	3,790	0.3	6,419	0.6	3,073	0.3	2,436	0.2
Race											
White	15,298	12,026	0.6	4,550	0.3	7,589	0.5	3,754	0.3	2,818	0.2
Black	11,016	8,559	1.4	1,699	0.8	2,536	1.0	*	*	*	*
Other[2]	4,001	3,148	3.2	*	*	†867	†2.5	*	*	*	*
Hispanic or Latino origin[3]											
Hispanic or Latino	5,564	4,379	2.3	†1,231	†1.8	†1,063	†1.7	*	*	*	*
Not Hispanic or Latino	12,339	11,359	0.6	4,499	0.3	7,610	0.5	3,913	0.3	3,105	0.2
Current marital status											
Married or living with a partner	7,113	5,320	1.1	2,146	0.7	3,455	1.0	1,588	0.5	*	*
Widowed	11,589	8,793	0.7	3,403	0.4	5,854	0.6	2,927	0.4	†1,372	†0.2
Divorced or separated	5,649	4,460	1.6	1,272	0.8	2,068	1.2	1,079	0.7	*	*
Single or never married	7,583	6,539	1.2	1,587	0.7	2,414	1.0	1,234	0.6	*	*
Unknown	3,146	2,074	6.1	*	*	*	*	*	*	*	*
Residence before admission											
Private or semiprivate residence	11,957	8,834	0.9	2,523	0.5	4,314	0.8	2,035	0.4	*	*
Assisted living, board and care, or group home	5,813	3,719	1.8	1,311	1.0	2,349	1.5	1,364	1.0	*	*
Nursing home	7,100	5,559	1.4	1,164	0.6	2,223	1.1	1,366	0.7	*	*
Hospital-based skilled nursing facility	10,207	7,621	1.9	1,629	1.1	2,313	1.5	†1,088	†0.8	*	*
Acute care hospital	16,088	11,857	0.9	3,360	0.5	4,908	0.8	2,170	0.4	†2,035	†0.4
Other institution[4]	4,041	3,023	2.3	†745	†1.2	1,483	2.2	*	*	*	*
Unknown	4,421	2,949	3.5	*	*	1,192	2.1	*	*	*	*
Living arrangement before admission[5]											
Alone	7,312	5,179	1.5	1,522	0.8	2,921	1.3	1,271	0.7	*	*
With family members	7,261	5,489	1.2	1,755	0.7	2,682	1.1	1,384	0.6	*	*
With nonfamily members	1,270	†969	†6.1	*	*	*	*	*	*	*	*
Unknown	3,157	2,593	3.0	*	*	†859	†2.6	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to the 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Excludes unknowns.

[4]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[5]Includes only residents living in a private or semiprivate residence before admission.

Table XV. Standard errors for nursing home residents, by number of advance directives and by selected resident characteristics: United States, 2004

Resident characteristic	Total	Number of advance directives				
		None	At least 1	1	2	3–6
All residents	. . .	0.8	0.8	0.8	0.6	0.5
Age[1]						
Under 65 years	0.5	1.7	1.7	1.5	0.8	†0.6
65 years and older	0.5	0.8	0.8	0.8	0.6	0.5
65–74 years	0.4	1.8	1.7	1.5	1.0	0.7
75–84 years	0.5	1.1	1.1	1.1	0.8	0.6
85 years and older	0.7	0.8	0.8	1.0	0.8	0.7
Sex						
Male	0.6	1.2	1.3	1.1	0.7	0.7
Female	0.6	0.8	0.8	0.9	0.7	0.5
Race						
White	0.8	0.8	0.8	0.8	0.6	0.6
Black	0.7	1.9	1.8	1.6	1.0	*
Other[2]	0.3	3.9	3.7	3.1	*	*
Hispanic or Latino origin						
Hispanic or Latino	0.4	3.2	3.2	3.1	†1.3	*
Not Hispanic or Latino	0.4	0.8	0.8	0.8	0.6	0.5
Current marital status						
Married or living with a partner	0.5	1.2	1.2	1.3	1.0	0.8
Widowed	0.6	0.9	0.9	0.9	0.7	0.6
Divorced or separated	0.4	1.8	1.8	1.7	1.1	0.8
Single or never married	0.5	1.7	1.7	1.5	0.9	0.7
Unknown	0.2	6.1	†5.5	†5.5	*	*
Residence before admission						
Private or semiprivate residence	0.8	1.1	1.1	1.2	0.9	0.7
Assisted living, board and care, or group home	0.4	1.5	1.6	2.0	1.8	1.5
Nursing home	0.5	1.9	1.9	1.7	1.4	1.2
Hospital-based skilled nursing facility	0.7	2.5	2.6	2.1	1.6	†0.9
Acute care hospital	1.0	1.2	1.2	1.1	0.8	0.7
Other institution[3]	0.3	3.1	3.1	2.8	1.8	†1.6
Unknown	0.3	3.3	3.8	3.1	†2.1	†1.7
Living arrangement before admission[4]						
Alone	1.1	1.6	1.6	1.7	1.2	1.0
With family members	1.1	1.4	1.4	1.4	1.1	0.9
With nonfamily members	0.3	*	†5.5	†6.1	*	*
Unknown	0.7	3.6	3.7	3.9	†2.6	*

. . . Category not applicable.

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1]At time of interview.

[2]Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[3]Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[4]Includes only residents living in a private or semiprivate residence before admission.

Table XVI. Standard errors for nursing home residents, by types of advance directives and by selected resident characteristics: United States, 2004

Resident characteristic	Type of advance directive[1]					
	Living will	Do-not-resuscitate order[2]	Do-not-hospitalize order	Feeding restrictions	Medication restrictions	Other restrictions[3]
All residents	0.7	0.9	0.3	0.7	0.3	0.6
Age[4]						
Under 65 years	0.8	1.5	*	0.9	†0.5	0.8
65 years and older	0.8	0.9	0.4	0.7	0.3	0.7
65–74 years	1.1	1.6	†0.6	0.9	†0.4	0.8
75–84 years	0.9	1.1	0.3	0.7	0.4	0.8
85 years and older	1.0	1.0	0.5	0.9	0.4	0.8
Sex						
Male	1.0	1.2	0.4	1.0	0.4	0.8
Female	0.8	0.9	0.4	0.7	0.3	0.7
Race						
White	0.8	0.9	0.4	0.7	0.3	0.7
Black	0.9	1.7	*	†0.7	*	0.9
Other[5]	*	4.5	*	*	*	*
Hispanic or Latino origin						
Hispanic or Latino	*	3.4	*	*	*	†1.9
Not Hispanic or Latino	0.7	0.9	0.3	0.7	0.3	0.7
Current marital status						
Married or living with a partner	1.2	1.3	0.5	1.0	0.5	0.9
Widowed	0.8	1.0	0.4	0.7	0.4	0.7
Divorced or separated	1.2	1.7	†0.5	1.2	†0.6	0.9
Single or never married	1.0	1.6	†0.4	0.9	†0.4	1.0
Unknown	*	†5.1	*	*	*	*
Residence before admission						
Private or semiprivate residence	1.1	1.2	0.6	0.9	0.4	0.8
Assisted living, board and care, or group home	2.0	1.9	†1.1	1.5	†0.8	1.5
Nursing home	1.3	1.9	†0.6	1.5	†0.6	1.7
Hospital-based skilled nursing facility	2.0	2.7	*	1.2	*	1.5
Acute care hospital	0.9	1.3	0.4	0.9	0.5	0.8
Other institution[6]	2.4	3.0	*	†2.0	*	*
Unknown	†2.0	3.6	*	†1.9	*	†1.5
Living arrangement before admission[7]						
Alone	1.5	1.7	†0.6	1.2	†0.6	1.0
With family members	1.3	1.5	0.7	1.0	†0.4	1.0
With nonfamily members	*	†6.2	*	*	*	*
Unknown	†3.1	4.0	*	*	*	*

* Estimate does not meet standards of reliability or precision because the sample size is less than 30.

† Sample size is between 30 and 59, or sample size is greater than 59 but has a relative standard error of 30% or more.

[1] Includes multiple counts for residents with more than one advance directive.

[2] Order is requested by the resident or legal guardian.

[3] Includes organ donation, autopsy request, and other advance directives.

[4] At time of interview.

[5] Includes Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and multiple races. Persons of Hispanic or Latino origin may be of any race. Starting with data year 1999, race-specific estimates have been tabulated according to 1997 Standards for the Classification of Federal Data on Race and Ethnicity and are not strictly comparable with estimates from earlier years. However, only a small number of records had multiple races.

[6] Includes psychiatric, mentally retarded, developmentally disabled, and rehabilitation facilities.

[7] Includes only residents living in a private or semiprivate residence before admission.

Appendix II

Definitions of Certain Terms Used in This Report

Terms relating to facilities

Nursing homes—Facilities with three or more beds that provide nursing care or personal care (such as help with bathing, dressing, toileting, transferring, or eating) or supervision of activities such as money management and ambulation. Facilities providing care solely to the mentally retarded and mentally ill are excluded. A nursing home may be either freestanding or a distinct unit of a larger facility.

Bed—A bed that is set up and staffed for use, whether or not it was in use by a resident at the time of the survey. Not included are beds used by staff or owners or beds used exclusively for emergency purposes, for day care only, or for night care only.

Certified bed—A bed that is certified under the Medicare program, the Medicaid program, or both. (See definition of "Certification" for details.)

Certification—Facility certification provided by Medicare or Medicaid.

> *Medicare*—Medical assistance provided under Title XVIII of the Social Security Act. Medicare is a health insurance program administered by the Centers for Medicare & Medicaid Services for persons aged 65 years and older and for disabled persons who are eligible for benefits.

> *Medicaid*—Medical assistance provided under Title XIX of the Social Security Act. Medicaid is a state-administered program for the medically indigent.

> *Not certified*—Not certified as a provider of care by either Medicare or Medicaid.

Occupancy rate—A measure of bed utilization calculated by dividing the number of residents by the number of available beds.

Geographic region—A region created by grouping the conterminous states into geographic areas corresponding to groupings used by the U.S. Census Bureau, as follows:

Region	States included
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
Midwest	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, Nebraska
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Texas, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California. (Alaska and Hawaii are excluded.)

Location—The locale of the facility providing services.

> *Metropolitan statistical area (MSA)*—A county or group of contiguous counties that contain at least one urbanized area of 50,000 or more population. An MSA may contain other counties that are economically and socially integrated with the central county, as measured by commuting.

> *Micropolitan statistical area*—A nonmetropolitan county or group of contiguous nonmetropolitan counties that contains an urban cluster of 10,000–49,999 persons. Surrounding counties with strong economic ties, measured by commuting patterns, may also be included.

> *Other*—A location that falls outside of the two types of areas described above.

Ownership—The type of organization that controls and operates the nursing home.

> *Proprietary facility*—A facility operated under private commercial ownership.

> *Voluntary nonprofit facility*—A facility operated by a church or other nonprofit organization.

> *Government facility*—A facility operated under federal, state, or local government auspices.

Employee—An individual providing services to residents of the nursing home. Employee data presented in this report pertain to full-time equivalent (FTE) employees. FTEs are used to neutralize the variations between facilities that hire part-time workers to cover the number of hours of a full-time worker. Data were also collected on persons hired by the facility under contract to provide services to residents.

The 2004 NNHS included a separate paper-and-pencil component that collected specific data on the medical director and the director of nursing, as well as detailed information about nursing staff. This self-administered questionnaire on staffing included topics such as education, tenure, wages, retention and recruitment, vacancies, overtime shifts, and benefits. Data on the characteristics of the nursing home administrator were collected in the facility component of the survey.

Terms relating to occupational categories

Nursing staff—Registered nurses, licensed practical nurses, licensed vocational nurses, and nurse's aides or orderlies.

Terms relating to current residents

Current resident—A person on the roster of the nursing home as of the night before the survey. Included were all residents for whom beds were maintained, even though they might have been away on overnight leave or in a hospital.

Terms relating to demography

Age—The resident's age at the time of interview, calculated as the difference in years between the date of birth and the date of interview.

Hispanic or Latino origin—A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, as reported by facility staff.

Race—Consistent with the U.S. Office of Management and Budget's 1997 *Standards for the Classification of Federal Data on Race and Ethnicity*, the 2004 NNHS offered the opportunity for facility staff respondents to select more than one race category for a current resident (American Indian/Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, or white). Nine residents had more than one race category recorded.

Marital status—Marital status of the resident at the time of the survey. The categories for marital status included married (including residents who were living with a partner), widowed, divorced or separated, single, or never married.

Terms relating to health and functional status

Activities of daily living (ADLs)— Activities classified into five categories (i.e., bathing, dressing, toileting, transferring, and eating) that reflect the resident's capacity for self-care. The resident's need for assistance with these activities refers to personal help received from facility staff at the time of the survey (current residents). Help that a resident may receive from persons who are not staff of the facility (e.g., family members, friends, or individuals employed directly by the patient) is not included.

Expected source of payment—Source(s) expected to pay some or all of the amount charged by the facility for the resident's care.

> *Private sources*—Includes health insurance, retirement funds, life care, and social security.

Medicare—Payment received under the Medicare program.

Medicaid—Payment received under the Medicaid program.

All other sources—Sources that include government aid (federal, state, or local), religious organizations, foundations, volunteer agencies, Veterans Administration contracts, initial payment arrangements, miscellaneous sources, and no-charge arrangements.

Length of time since admission—The period of stay at the facility, from the date of the resident's most recent admission to the date of the survey interview.

Diagnoses—One or more diseases or injuries listed by the attending physician in the resident's medical record. A listed diagnosis may also be a factor that influences health status and the use of health services but is not a current illness or acute injury. Diagnoses were recorded for two time periods: (i) primary diagnosis at admission and (ii) current primary and secondary diagnoses at time of survey. All diagnoses for sampled residents were transcribed in the order listed. Each sampled resident was assigned a maximum of 17 five-digit codes, according to the *International Classification of Diseases, Ninth revision, Clinical Modification* (ICD–9–CM). A diagnostic chapter within ICD–9–CM is primarily an arrangement of diseases according to their principal anatomic site, with special chapters for infectious and parasitic diseases; neoplasms; endocrine, nutritional, and metabolic diseases; mental disorders; complications of pregnancy and childbirth; certain diseases peculiar to the perinatal period; and ill-defined conditions. In addition, two supplemental classifications are provided: (i) factors influencing health status and contact with health services and (ii) external causes of injury and poisoning.

> *Primary diagnosis*—The sample resident's current primary medical condition, as determined by the

facility respondent who reported the information from the resident's medical record.

Secondary diagnoses—Diagnoses listed after the current primary diagnosis.

All listed diagnoses—All diagnoses (up to a maximum of 17) listed in the medical record of each sampled resident.

Appendix III

Survey Instruments Used in the 2004 National Nursing Home Survey

The 2004 National Nursing Home Survey (NNHS) used a computer-assisted personal interviewing (CAPI) instrument that contained two facility-level modules (Facility Qualification (FQ) and Facility Characteristics (FC)), two sampling modules (for residents and nursing assistants; not shown), and four resident-level modules (Health Status (HA), Health Status–non-Minimum Data Set (HN), Sources of Payment (PA), and Prescribed Medications (PM)). All modules were completed for up to 12 current residents at each facility.

A self-administered questionnaire (SAQ) that collected information on staffing was the only paper-and-pencil instrument in the 2004 NNHS. The SAQ was mailed to the facility administrator in the appointment confirmation package and was requested to be completed by the time of the in-person facility interview. Most of the SAQs (96%) were collected by interviewers at the end of data collection at the facility. If a SAQ was not ready for collection at the end of the visit, a self-addressed, postage-paid envelope was left with facility staff to facilitate return of the SAQ by mail.

Included as a supplement to the 2004 NNHS was the National Nursing Assistant Survey (NNAS), which used a computer-assisted telephone interviewing (CATI) questionnaire. The NNAS was conducted at a later date, after the NNHS. Up to four nursing assistants employed by the facility for less than 1 year and up to four nursing assistants employed by the facility for at least 1 year were interviewed. The data items from the NNAS CATI are presented in a separate report (1), which is available online from: http://www.cdc.gov/nchs/data/series/sr_01/sr01_044.pdf.

This appendix includes questions from the CAPI instrument for the two facility-level modules, four resident-level modules, and SAQ of the 2004 NNHS. When viewing these instruments, please note the following:

- Interviewers were permitted to record either a refusal (RF) or "Don't know" (DK) response to any question.
- Show cards containing lists of possible responses were given to NNHS respondents for questions that contained multiple answer categories.
- Skip patterns are not apparent in the list of data items because they are built into the CAPI system.
- Some questions contained help screens that interviewers could access to obtain definitions, instructions, and other information that they or respondents might need.
- The public-use files from the 2004 NNHS, along with documentation for each file, are available from www.cdc.gov/nchs/nnhs.htm.

2004 NATIONAL NURSING HOME SURVEY FACILITY QUESTIONNAIRE

Facility Qualification (FQ) Module

FQ1.

Before we begin, I need to verify that I'm in the right place and that our information about you is correct.

Is {DspFacName} the exact name of this facility?

YES.. 1
NO.. 2
DK
RF

FQ1A.

What is the correct name of this facility?

VERIFY SPELLING.

FACILITY NAME

FQ1B.

ENTER REASON FOR NAME UPDATE.

IF NEEDED, PROBE FOR REASON.

MINOR CORRECTING OR COMPLETING 1
SIGNIFICANT CORRECTION (MIGHT BE A DIFFERENT NH,
    MIGHT NO LONGER BE A NH, UNKNOWN)......................... 2
FACILITY NAME CHANGED (FROM FORMAL TO COMMON
    USAGE, NEW OWNER, MORE MARKETABLE,
    PREFERENCE)... 3

FQ2.

Is your (home/facility)'s address...

{ADDRESS1}
{CITY, STATE ZIP}?

YES.. 1
NO.. 2
DK

RF

FQ2A.

What is the correct address of this facility?

ENTER ADDRESS LINE 1. VERIFY SPELLING.

_____

FQ2B.

[What is the correct address of this facility?]

ENTER ADDRESS LINE 2. VERIFY SPELLING.

_____

FQ2C.

[What is the correct address of this facility?]

ENTER CITY. VERIFY SPELLING.

_____

FQ2D.

[What is the correct address of this facility?]

ENTER STATE. VERIFY SPELLING.

_____

FQ2E.

[What is the correct address of this facility?]

ENTER ZIP.

_____

FQ2F.

ENTER REASON FOR ADDRESS UPDATE.

IF NEEDED, PROBE FOR REASON.

MINOR CORRECTING OR COMPLETING 1
SIGNIFICANT CORRECTION (NH MOVED, MIGHT NOT BE
  SAMPLED NH, UNKNOWN) 2
FACILITY ADDRESS CHANGED FOR SOME <u>OTHER</u>
  REASON (STREET RE-NAMED, ADDRESS RE-ASSIGNED,
    ENTRANCE RE-LOCATED) 3

FQ4.

Is the phone number {AREA CODE AND PHONE NUMBER}?

YES 1
NO 2

FQ4A.

What is the area code and phone number of this facility?

|__|__|__|-|__|__|__|-|__|__|__|__|

FQ5.

Is {FACILITY} part of a chain?

PRESS F1 FOR HELP SCREEN.

YES 1
NO 2

FQ7. Is {FACILITY} licensed by the state health department or some other state agency as a nursing home? Please include skilled nursing facilities (SNF).

YES 1
NO 2

FQ8. What type of place is {FACILITY}?

   PRESS F1 FOR HOSPITAL AND HOSPITAL-BASED SKILLED NURSING FACILITY (SNF) DEFINITIONS.

   SHOW CARD FQ1.

CCRC OR
RETIREMENT COMMUNITY 3
NURSING HOME/UNIT WITHIN
 A CCRC OR RETIREMENT
 CENTER 4
HOSPITAL 6
HOSPITAL-BASED SKILLED NURSING
FACILITY (SNF) 7

HOME OFFICE OR MANAGE-
 MENT OFFICE FOR A CHAIN
 OR GROUP OF OFF-SITE
 NURSING FACILITIES 13
OTHER (SPECIFY) 91
DK
RF

FQ8A.

  [What type of place is {FACILITY}?]

   _____

FQ9.

  Does {FACILITY} have any part or unit licensed as a nursing home or a nursing facility by the state health department or some other state agency?

    YES 1
    NO 2
    DK
    RF

FQ10.

Is {<u>FACILITY</u>} licensed as a nursing home or a nursing facility by the state health department or some other state agency?

YES 1
NO 2
DK
RF

FQ11.

Since {FACILITY} is not itself a licensed nursing home, is it part of a larger complex (e.g. retirement community) or a larger facility (e.g. hospital or assisted living facility) that includes a licensed nursing home or nursing facility?

YES 1
NO 2
DK
RF

FQ13.

Does this nursing home/nursing facility have the same name as {<u>FACILITY</u>}?

YES 1
NO 2
DK
RF

FQ13A.

What is the name of this facility?

VERIFY SPELLING.

FQ14.

Does {FACILITY} have 3 or more beds?

YES .... … 1
NO .... ….. 2
DK
RF

FQ15.

Is {FACILITY} certified by {'PREFERRED' NAME FOR MEDICAID} {{or 'ALLOWED FOR' NAME FOR MEDICAID}}?

YES .... … 1
NO .... ….. 2
DK
RF

FQ16.

Is {FACILITY} certified by Medicare as a skilled nursing facility (SNF)?

YES 1
NO 2
DK
RF

FQ17.

What is the Medicare provider number for {FACILITY}?

_____

MEDICARE PROVIDER NUMBER

FQ17A.

I have entered {FQ17/CareNum}. Is this correct?

YES 1
NO 2

FQ18.

What is the Medicaid provider number for {FACILITY}?

_____
MEDICAID PROVIDER NUMBER

FQ18A.

I have entered {FQ18/CaidNum}. Is this correct?

YES 1
NO 2

FQ19.

Does {FACILITY} provide 24-hours a day on-site supervision by an RN or LPN 7 days a week {for its nursing beds}?

YES 1
NO 2
DK
RF

FQ20.

Does {FACILITY} have a waiver?

YES 1
NO 2
DK
RF

FQ21.

Which one of these categories on this card best describes the ownership of this facility?

PRESS F1 FOR HELP SCREEN.

SHOW CARD FQ2.

FOR PROFIT... 1
PRIVATE NONPROFIT 2
CITY/COUNTY GOVERNMENT 3
STATE GOVERNMENT 4
DEPARTMENT OF VETERANS AFFAIRS 5
OTHER FEDERAL AGENCY 6
OTHER (SPECIFY)_____ 91
DK
RF

FQ21A.
SPECIFY OWNERSHIP.

_____

FQ22.

How many beds are currently available for residents? Include all beds set up and staffed for use whether or not they are in use by residents at the present time.

ENTER NUMBER

_____

FQ23.

In the past 12 months, that is, since {PAST 12 MONTHS}, has the number of beds increased, decreased, or remained the same in {FACILITY}?

INCREASED... 1
DECREASED 2
SAME 3
DK
RF

FQ24PRE.

> The next series of questions is about the number of certified and non-certified nursing home beds in this facility. A nursing home bed may be dually certified <u>both</u> by Medicare and Medicaid, certified only by Medicare, certified only by Medicaid, or not certified. A combination of these types should equal the total number of nursing home beds available to residents.
>
> PRESS ENTER TO CONTINUE.

FQ24.

> What is the total number of beds in this facility that are certified by <u>both</u> Medicare and Medicaid, dually certified?
>
> ENTER NUMBER.
>
> _____

FQ25.

> What is the total number of beds certified by Medicaid only? {Please do not include beds counted as dually certified.}
>
> ENTER NUMBER.
>
> _____

FQ26.

> What is the total number of beds certified by Medicare only? {Please do not include beds counted as dually certified.}
>
> ENTER NUMBER.
>
> _____

FQ27.

What is the total number of beds <u>not</u> certified by Medicaid or Medicare?

ENTER NUMBER.

_____

FQ28.

{Is this/Are any of these} {FQ27/<u>NumNotCert</u>} uncertified bed{s} licensed as {a} nursing home bed{s}?

YES 1
NO 2
DK
RF

FQ29.

How many of these {FQ27/<u>NumNotCert</u>} uncertified beds are licensed as nursing home beds?

ENTER NUMBER OF BEDS.

_____

FQ30.

Based on your most recent daily census, what is the total number of current nursing home residents?

PROBE: Please include residents for whom a bed is being held while in the hospital.

ENTER NUMBER.

_____

FQ30A. Does {FACILITY} have a waiting list?

PROBE: A waiting list refers to a list of persons who need a nursing home placement.

YES 1
NO 2
DK
RF

FQ30B. How many people are currently on the waiting list?

ENTER NUMBER OF PEOPLE.

|__|__|__|

FQ31.

How many discharges did {FACILITY} have during the calendar year?

ENTER NUMBER OF DISCHARGES.

_____

FQ32.

How many admissions did {FACILITY} have during the calendar year?

ENTER NUMBER OF ADMISSIONS.

_____

FQ33A.

Did you have a chance to fill out the Staffing Questionnaire that was sent with the appointment letter?

IF YES, ASK RESPONDENT FOR COMPLETED STAFFING QUESTIONNAIRE (SAQ).

YES, SAQ COMPLETE... 1
NO, SAQ NOT COMPLETE 2

FQ33B.

At this time, I will be glad to answer any questions about the Staffing Questionnaire. (PAUSE) I can provide you with a copy of the questionnaire if needed.

ANSWER ANY QUESTION THE RESPONDENT MIGHT HAVE.

PRESS ENTER TO CONTINUE WITH NEXT ITEM.

FQ34.

INDICATE THE SAQ STATUS HERE.

LEFT SAQ WITH RESPONDENT TO PICK UP LATER TODAY 1
LEFT SAQ WITH RESPONDENT, CAN'T COMPLETE TODAY,
  RECORD APPOINTMENT DATE AND TIME FOR
   TELEPHONE FOLLOWUP ON FROG 2
REFERRED AND GIVEN TO SOMEONE ELSE
  (RECORD NAME ON FROG) 3
OTHER (SPECIFY) _____ 91

FQ34A.
SPECIFY RESULT.

_____

FQ35.
SCAN THE SAQ. HAS IT BEEN....

COMPLETED 1
PARTIALLY COMPLETED 2

FQ35A.
Thank you for completing the SAQ. I would however like to try to obtain a few key item(s) that I see have been missing on the questionnaire. Could you please provide (ITEMS LEFT BLANK IN THE SAQ).

PRESS ENTER TO CONTINUE.

FQ36.

YOU HAVE COMPLETED FQ FOR {FACILITY}. PRESS 1 AND ENTER TO CONTINUE.

FQNAV.

YOU HAVE COMPLETED THE FQ SECTION. PRESS F3 TO CONTINUE WITH THE FC SECTION.

TO GO TO THE SAMPLING SECTION, PRESS 99 AND ENTER.

Facility Qualification Section Help Screens

FQ5
A **chain** is defined as having two or more homes under one ownership or operation.

FQ8
"Hospital" is a broad concept. It includes the following: acute care hospitals; private psychiatric hospitals; state or county hospitals for the mentally ill; Department of Veterans Affairs hospitals and medical centers; state hospitals for the mentally retarded; chronic disease, rehabilitation, geriatric, and other long-term hospitals; and other places that are commonly called hospitals. A hospital-based skilled nursing facility (SNF) is certified by Medicare to provide skilled nursing services. It could be based within any of these hospital types.

FQ21
The facility is **for profit** if it is owned by an individual, a partnership, or a corporation. The facility is **private nonprofit** if it is owned by a religious group or a nonprofit corporation, etc.

Facility Characteristics (FC) Module

FC1PRE. The following questions are about services, rates, special programs, and staff and other care providers.

      PRESS 1 AND ENTER TO CONTINUE.

FC2. Does {FACILITY} have special, physically distinct or designated clusters of beds, or segregated wings or units, used exclusively for conditions listed on this card?

IF YES: Which ones?

PROBE: Anything else?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC1.

        ALZHEIMER'S AND RELATED DEMENTIAS... 1
        AIDS/HIV.. 2
        BEHAVIOR UNIT (NON-ALZHEIMER'S) 3
        DISEASE-SPECIFIC (DIALYSIS, BRAIN INJURY-TRAUMATIC OR
        ACQUIRED, HUNTINGTON'S DISEASE).. 4
        CHILDREN WITH DISABILITIES, MENTALLY RETARDED
            /DEVELOPMENTALLY DISABLED.. 5
        HOSPICE... 6
        REHABILITATION (CARDIAC, FUNCTIONAL)...................................... 7
        RESPITE CARE.. 8
        SUBACUTE CARE.. 9
        VENTILATOR/PULMONARY 10
        OTHER.. 11
        NO SPECIAL CARE UNITS 12
        DK
        RF

FC3A. Based on your most recent daily census, what is the number of current residents who have Medicare as their primary source of payment?

ENTER NUMBER.

                    |__|__|__|

FC4A. Based on your most recent daily census, what is the number of current residents who have Medicaid as their primary source of payment?

DO NOT INCLUDE RESIDENTS APPLYING FOR MEDICAID.

ENTER NUMBER.

|__|__|__|

FC5A. Based on your most recent daily census, what is the number of current residents who have self or private pay as their primary source of payment?

ENTER NUMBER.

PRESS F1 FOR HELP SCREEN.

|__|__|__|

FC6. What is the basic rate for Medicaid?

PRESS F1 FOR HELP SCREEN.

RESPONDENT PROVIDES A SINGLE BASE RATE 1
RESPONDENT PROVIDES A RANGE.. 2
DK
RF

FC6A. [What is the basic rate for Medicaid?]

ENTER {THE LOWEST} RATE.

PRESS F1 FOR HELP SCREEN.

|__|__|__|__|__|__|

FC6A1. [What is the basic rate for Medicaid?]

ENTER THE HIGHEST RATE.

PRESS F1 FOR HELP SCREEN.

|__|__|__|__|__|__|

FC6A2. [What is the basic rate for Medicaid?]

ENTER UNIT.

PER DAY 1
PER WEEK 2
PER MONTH 3

FC7. What is the basic rate for self or private pay?

PRESS F1 FOR HELP SCREEN.

RESPONDENT PROVIDES A SINGLE BASE RATE 1
RESPONDENT PROVIDES A RANGE 2
DK
RF

FC7A. [What is the basic rate for self or private pay?]

ENTER {THE LOWEST} RATE.

PRESS F1 FOR HELP SCREEN.

|__|__|__|__|__|__|

FC7A1. [What is the basic rate for self or private pay?]

ENTER THE HIGHEST RATE.

PRESS F1 FOR HELP SCREEN.

|__|__|__|__|__|__|

FC7A2. [What is the basic rate for self or private pay?]

ENTER UNIT.

PER DAY.. 1
PER WEEK 2
PER MONTH.. 3

FC8.   Does {FACILITY} have <u>formal contracts</u> with any of the outside service providers on this card?

PROBE: Any other providers?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC2.

ASSISTED LIVING FACILITY/ORGANIZATION 1
DENTAL/ORAL SERVICES 2
DIAGNOSTIC SERVICES... 3
HEARING AND VISION SERVICES 4
HOME HEALTH CARE AGENCY 5
HOSPICE 6
HOSPITAL... 7
LIFE CARE/RETIREMENT COMMUNITY(S).. 8
MANAGED CARE ORGANIZATION 9
MANAGEMENT GROUP... 10
MEDICAL CENTER/HEALTH SYSTEM(S) 11
MEDICAL DIRECTOR... 12
PHARMACY 13
PHYSICIAN GROUP... 14
PODIATRY SERVICES 15
PSYCHIATRIC FACILITY/BEHAVIORAL MANAGEMENT 16
PSYCHIATRY/PSYCHOLOGY SERVICES 17
THERAPY SERVICES 18
OTHER.. 19
NO FORMAL CONTRACTS WITH OUTSIDE AGENCIES...................20
DK
RF

FC9. Does {FACILITY} provide any of the services on this card? Include only services provided in the facility.

PROBE: Anything else?

SELECT ALL THAT APPLY.

SHOW CARD FC3.

DIALYSIS – HEMO.. 1
DIALYSIS – PERITONEAL.. 2
INFUSION THERAPY 3
PERIPHERALLY INSERTED CENTRAL LINES
    (PIC PLACEMENT) 4
VENTILATOR/PULMONARY THERAPY 5
BLADDER SCANNER 6
BLOOD TRANSFUSIONS... 7
PARENTERAL NUTRITION...8
NONE OF THE ABOVE SERVICES... 9
DK
RF

FC10. Please tell me if this facility has a <u>special program that has specially trained personnel dedicated to the program</u> for anything listed on this card. This does not include special training that is provided to all personnel.

PROBE: Anything else?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC4.

HOSPICE.. 1
PALLIATIVE CARE/END OF LIFE (END STAGE/TERMINAL
CONDITION – NOT HOSPICE) 2
PAIN MANAGEMENT 3
BEHAVIOR PROBLEMS... 4
SKIN/WOUNDS 5
CONTINENCE MANAGEMENT.. 6
DEMENTIA (INCLUDING ALZHEIMER'S DISEASE) 7
RESTORATIVE CARE.. 8
DOES NOT HAVE A SPECIAL PROGRAM FOR
ANY OF THESE CONDITIONS OR TYPES OF CARE 9
DK
RF

FC11. Does {FACILITY} participate in any of the following End-of-life Programs on this card?

PROBE: Anything else?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC5.

FIVE WISHES 1
POLST (PHYSICIAN'S ORDERS FOR LIFE-SUSTAINING
    TREATMENT) 2
LAST ACTS 3
NO END OF LIFE INITIATIVES 4
DK
RF

FC13. Please look at this card and tell me if your facility is accredited by any of these organizations.

PROBE: Anything else?

SELECT ALL THAT APPLY.

SHOW CARD FC6.

JOINT COMMISSION FOR ACCREDITATION OF
    HEALTHCARE ORGANIZATIONS (JCAHO) 1
REHABILITATION ACCREDITATION
    COMMISSION (CARF) 2
CONTINUING CARE ACCREDITATION
    COMMISSION (CCAC) 3
NOT ACCREDITED 4
DK
RF

FC14. THE RESPONDENT IS...

THE FACILITY ADMINISTRATOR 1
NOT THE FACILITY ADMINISTRATOR 2

FC15PRE. The next few questions are about {your/the administrator's} education, certification, and tenure as facility administrator.

PRESS ENTER TO CONTINUE.

FC15. Please look at this card and tell me the <u>most advanced</u> degree or program that {you/the administrator} {have/has} completed.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC7.

HIGH SCHOOL DIPLOMA	1
ASSOCIATE DEGREE IN HEALTH CARE ADMINISTRATION OR LONG-TERM CARE...	2
ASSOCIATE DEGREE – OTHER	3
BACHELOR DEGREE IN HEALTH CARE ADMINISTRATION/ LONG-TERM CARE...	4
BACHELOR DEGREE – OTHER	5
MASTERS DEGREE IN HEALTH CARE ADMINISTRATION/ LONG-TERM CARE...	6
MASTERS DEGREE – OTHER	7
DOCTORAL DEGREE IN HEALTH CARE ADMINISTRATION/ LONG-TERM CARE...	8
DOCTORAL DEGREE – OTHER	9
OTHER..	10
DK	
RF	

FC17. Please look at this card and tell me if {you/the administrator} {have/has} any of these certifications.

SELECT ALL THAT APPLY.

SHOW CARD FC8.

CERTIFIED NURSING HOME ADMINISTRATOR (CNHA) AMERICAN COLLEGE OF HEALTH CARE ADMINISTRATORS..	1
AMERICAN NURSES CREDENTIALING CENTER (ANCC)................	2
NO CERTIFICATION	3
DK	
RF	

FC18. About how long {have/has} {you/the administrator} served as an administrator at <u>any</u> nursing home or similar type of facility, including this one?

ENTER NUMBER.

IF LESS THAN 1 MONTH, ENTER 1 MONTH.

|__|__|__|

FC18A. [About how long {have/has} {you/the administrator} served as an administrator at <u>any</u> nursing home or similar type of facility?]

ENTER UNIT.

IF LESS THAN 1 MONTH, ENTER 1 MONTH.

MONTH(S) 1
YEAR(S) 2

FC19. About how long {have/has} {you/the administrator} been the administrator of <u>this</u> facility?

ENTER NUMBER.

IF LESS THAN 1 MONTH, ENTER 1 MONTH.

|__|__|

FC19A. [About how long {have/has} {you/the administrator} been the administrator of <u>this</u> facility?]

ENTER UNIT.

IF LESS THAN 1 MONTH, ENTER 1 MONTH.

MONTH(S) 1
YEAR(S) 2

FC20. Which statements on this card describe how {FACILITY} provides medical services?

PROBE: Anything else?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC9.

PRIVATE PHYSICIANS FROM THE COMMUNITY................................. 1
CONTRACT WITH ONE OR MORE PHYSICIAN GROUP
        PRACTICES 2
PHYSICIANS ON STAFF... 3
HEALTH CARE MANAGEMENT COMPANY.. 4
OTHER.. 5
DK
RF

FC21. Are dental or oral health services available to residents?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

YES, AT THIS FACILITY.. 1
YES, OUTSIDE THIS FACILITY 2
NO, SERVICES NOT AVAILABLE.. 3
DK
RF

FC22. Are dental or oral health services available at regularly or routinely scheduled times, or on an on-call or as-needed basis only?

SELECT ALL THAT APPLY.

REGULARLY/ROUTINELY SCHEDULED TIMES 1
ON-CALL OR AS NEEDED ONLY 2
DK
RF

FC23. Are mental health services available to residents?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

YES, AT THIS FACILITY.. 1
YES, OUTSIDE THIS FACILITY 2
NO, SERVICES NOT AVAILABLE.. 3
DK
RF

FC24. Are mental health services available at regularly or routinely scheduled times, or on an on-call or as-needed basis only?

SELECT ALL THAT APPLY.

REGULARLY/ROUTINELY SCHEDULED TIMES 1
ON-CALL OR AS NEEDED ONLY 2
DK
RF

FC26. Does {FACILITY} currently use electronic information systems for any of the tasks on this card?

PROBE: Any other tasks?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC10.

ADMISSION, DISCHARGE, TRANSFER INFORMATION...................... 1
PHYSICIAN ORDERS.. 2
MEDICATION ORDERS, DRUG DISPENSING 3
LABORATORY/PROCEDURES INFORMATION.................................. 4
PATIENT MEDICAL RECORDS 5
MEDICATION ADMINISTRATION INFORMATION 6
MINIMUM DATA SET (MDS) 7
DIETARY.. 8
DAILY PERSONAL CARE BY NURSING ASSISTANTS 9
BILLING/FINANCE.. 10
STAFFING/SCHEDULING INFORMATION 11
HUMAN RESOURCE/PERSONNEL INFORMATION 12
NO ELECTRONIC INFORMATION SYSTEMS....................... 13
DK
RF

FC26B. Does this facility have any lifting devices for staff to use in lifting or transferring residents?

YES 1
NO 2
DK
RF

FC26C. How many?

ENTER NUMBER.

|__|__|

FC28. Are the following recreational activities on this card offered at {FACILITY}?

PROBE: Anything else?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC11.

OFF-SITE ACTIVITIES................................. 1
EVENING ACTIVITIES................................. 2
WEEKEND ACTIVITIES............................... 3
OUTDOOR ACTIVITIES.............................. 4
GARDENING... 5
PETS/PET THERAPY 6
INTERGENERATIONAL ACTIVITIES........... 7
NONE OF THE ABOVE............................... 8
DK
RF

FC29. How are food services provided?

PROBE: Anything else?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD FC12.

FOOD SERVED ON TRAYS.. 1
POINT OF SERVICE FOOD DELIVERY SYSTEM................................. 2
FOOD SERVICES STAFF WHO SERVE MEALS.................................... 3
DK
RF

FC33A. For each of the following vaccines, please indicate which vaccination program {FACILITY} is currently using.

Which vaccination program best describes what is being used in your facility for <u>influenza</u>?

SHOW CARD FC13.

PRESS F1 FOR HELP SCREEN.

FACILITY-WIDE STANDING ORDERS 1
PRE-PRINTED ADMISSION ORDERS... 2
ADVANCE PHYSICIAN/NURSE PRACTITIONER ORDERS FOR
    ALL OF THEIR PATIENTS.. 3
PERSONAL PHYSICIAN ORDER FOR EACH RESIDENT 4
NONE OF THE ABOVE 5
DK
RF

FC33B. Which additional strategies are being used in your facility for <u>influenza</u>?

PROBE: Anything else?

SELECT ALL THAT APPLY

SHOW CARD FC14.

WRITTEN VACCINATION POLICY 1
VACCINATION OFFERED TO ALL RESIDENTS IN THE FACILITY DURING FALL
    VACCINATION CAMPAIGN 2
VACCINATION OFFERED <u>THROUGHOUT</u> THE INFLUENZA SEASON
    (OCTOBER-MARCH) TO ALL RESIDENTS ADMITTED DURING
    THAT PERIOD.. 3
VERBAL CONSENT ALLOWED FOR VACCINATIONS.......................... 4
SEASONAL VACCINATION CAMPAIGNS 5
PRIMARY CARE PROVIDER REMINDER PROGRAM........................... 6
CENTRALIZED TRACKING SYSTEM FOR FACILITY-WIDE RATES..... 7
ROUTINE REVIEW OF FACILITY-WIDE VACCINATION RATES 8
NONE... 9
DK
RF

FC34A. Which type of vaccination program best describes what is being used in your facility for pneumonia? Please select one.

SHOW CARD FC13.

PRESS F1 FOR HELP SCREEN.

FACILITY-WIDE STANDING ORDERS 1
PRE-PRINTED ADMISSION ORDERS... 2
ADVANCE PHYSICIAN/NURSE PRACTITIONER ORDERS FOR
  ALL OF THEIR PATIENTS... 3
PERSONAL PHYSICIAN ORDER FOR EACH RESIDENT 4
NONE OF THE ABOVE 5
DK
RF

FC34B. Which additional strategies are being used in your facility for pneumonia?

PROBE: Anything else?

SELECT ALL THAT APPLY.

SHOW CARD FC15.

WRITTEN VACCINATION POLICY 1
ASSESSMENT OF EACH RESIDENT'S
  VACCINATION STATUS UPON ADMISSION 2
VACCINATION OFFERED TO ALL RESIDENTS UPON ADMISSION.... 3
VERBAL CONSENT ALLOWED FOR VACCINATIONS......................... 4
SEASONAL VACCINATION CAMPAIGNS 5
REGULARLY SCHEDULED YEAR-ROUND PROGRAM
  VACCINATION CAMPAIGNS...6
PRIMARY CARE PROVIDER REMINDER PROGRAM........................... 7
CENTRALIZED TRACKING SYSTEM FOR FACILITY-WIDE RATES..... 8
ROUTINE REVIEW OF FACILITY-WIDE VACCINATION RATES 9
NONE..10
DK
RF

FC37. Does {FACILITY} do any of the following to encourage employees' influenza vaccinations?

PROBE: Anything else?

SELECT ALL THAT APPLY.

SHOW CARD FC16.

VACCINATIONS RECOMMENDED.. 1
VACCINATIONS OFFERED ON SITE.. 2
VACCINATIONS OFFERED FOR FREE 3
VACCINATIONS OFFERED AT REDUCED COST 4
STAFF INCENTIVES PROVIDED FOR VACCINATION.......................... 5
PROOF OF VACCINATION (OR CONTRAINDICATION)
    REQUIRED AS A CONDITION OF WORK/EMPLOYMENT............... 6
FURLOUGH OR PATIENT RESTRICTION POLICY FOR
    EMPLOYEES DEVELOPING INFLUENZA-LIKE ILLNESS................. 7
NONE OF THE ABOVE 8
DK
RF

FC38. What percentage of employees received a Flu shot last Flu season, that is, {LAST FLU SEASON}? Would you say…

SHOW CARD FC17.

0%, ... 1
1 to 20%, ... 2
21 to 40%, ... 3
41 to 60%, ... 4
61 to 80%, ... 5
81 to 99%, or 6
100%? 7
DK
RF

FCEND. YOU HAVE COMPLETED FC FOR {FACILITY}. PRESS 1 AND ENTER TO CONTINUE.

Facility Characteristics Section Help Screens

FC2

Behavior Units: Include only those that deal with behaviors not related to Alzheimer's Disease.

Examples of **disease-specific unit** include those specifically for dialysis, brain injury (traumatic or acquired), and Huntington's Disease, etc.

Rehabilitation units may include those providing cardiac and functional rehab services.

FC5A

Self or private pay includes SP's own income, family support, social security, or retirement funds.

FC7

Self or private pay includes SP's own income, family support, social security, or retirement funds.

If facility has private and semi-private rates, enter the lowest rate for semi-private and the highest rate for private for range.

FC6, FC6A, FC6A1, FC7A, FC7A1

If facility has private and semi-private rates, enter the lowest rate for semi-private and the highest rate for private for range.

FC8

Formal contracts refer to written financial agreements between two entities for goods and services.

Hospitals include those offering services for acute, chronic, rehabilitation, or psychiatric illnesses.

Include hospitals, **life care or retirement communities** that the {FACILITY} is part of.

Management group refers to the agency or organization that manages the day-to-day operations of {FACILITY}.

Therapy services include those providing PT, OT, or speech therapy services.

FC10

Include all the special programs that fit the definition, regardless of whether they are staffed by personnel on the facility's payroll.

Palliative care or End-of-life programs refer to non-hospice services that provide care for end-stage or terminal conditions.

FC11

Palliative care or End-of-life programs refer to non-hospice services that provide care for end-stage or terminal conditions.

Five Wishes is a document that helps one to express how they want to be treated (medically, emotionally, and spiritually) if they become seriously ill and cannot speak for themselves.

POLST (Physician's Orders for Life-Sustaining Treatment) – orders signed by the patient's physician that have resulted from discussions at or near the time of admission to the facility to help patients near the end of their lives reflect on the goals of their treatment. These orders are brief, simple, portable, authoritative, and highly visible. The form is usually in hot pink.

Last Acts – A national coalition to improve care and caring near the end of life. Protocols operational in most states protected people from unwanted, aggressive life-sustaining treatment by emergency medical service personnel.

FC15

Associate Degree – Other, Bachelor degree – Other, Master's degree – Other, and Doctoral - Other include degrees or programs that are not in health care or health care administration.

FC20

Physicians on staff are those hired or salaried by the facility.

Examples of **health care management company** include EverCare, etc.

FC21

Dental services include those offered by dentists or dental hygienists.

Examples of regularly or routinely scheduled times include once per week or once per month, etc.

FC23

Mental services include those offered by psychiatrists, psychologists, psychiatric nurse specialists, psychiatric social workers, licensed clinical social workers, or other professionals for mental health care.

Examples of regularly or routinely scheduled times include once per week or once per month, etc.

FC26

Patient medical records include nurse's notes, physician notes, and MDS forms.

FC28

Examples of **off-site activities** include trips or shopping, with transportation provided by the facility.

Evening activities are those offered after supper.

Outdoor activities may include any seasonally appropriate outdoor activities.

Gardening may include indoor and outdoor gardening activities.

Intergenerational activities include those with daycare or school age children.

FC29

Food served on trays are prepared in kitchens and delivered to patients.

Point of services food delivery systems serve food from steam table in the resident dining room or on the unit.

Do not count certified nursing assistants as **food service staff**.

FC33A, FC34A

Immunization Program Definitions

1. **Facility wide standing orders**: An institutional policy authorizes appropriate nursing or other non-physician staff to immunize residents by institution- or medical director-approved protocol without the need for a written or verbal order from the resident's personal physician before administering the vaccine.

2. **Pre-printed admission orders**: Each resident's personal physician signs the facility's preprinted admission order before administering the vaccine to the resident. The pre-printed order may address the resident's current vaccination needs as well as those in the future.

3. **Advance physician/nurse practitioner orders for all of their patients**: Issued by an attending physician and authorizes immunization of ALL of the physician's patients who are residents of the facility.

4. **Personal physician order for each resident**: Each resident's personal physician is responsible for signing an individual order for every vaccine before it is administered to the resident.

2004 NATIONAL NURSING HOME SURVEY CURRENT RESIDENT QUESTIONNAIRE

Health Status (HA) Module

HAPRE.

THIS IS THE FIRST PAGE OF THE HEALTH STATUS —MDS (HA) SECTION. STATUS = {STATUS}

IF THIS SECTION HAS ALREADY BEEN COMPLETED, RETURN TO THE CHOOSE PERSON SCREEN.

PRESS 1 AND ENTER TO CONTINUE.

IF RECORDS FOR THIS PERSON ARE NOT AVAILABLE (RP), PRESS 2 AND ENTER.

IF CONSENT REQUIRED AND NOT OBTAINED FOR THIS PERSON (CP), PRESS 3 AND ENTER.

HA1A1.

On what date was {SP} admitted to {FACILITY} for the stay that includes last night?

ENTER MONTH.

|___|___|
  MM

HA1A2.

[On what date was {SP} admitted to {FACILITY} for the stay that includes last night?]

ENTER DAY.

|___|___|
  DD

HA1A3.

[On what date was {SP} admitted to {FACILITY} for the stay that includes last night?]

ENTER A 4-DIGIT YEAR.

|___|___|___|___|
  YYYY

HA1A4.

When {SP} was admitted to {FACILITY}, was {he/she} married, widowed, divorced, separated, or never married?

PRESS F1 FOR HELP SCREEN.

MARRIED 1
WIDOWED 2
DIVORCED 3
SEPARATED 4
NEVER MARRIED 5
SIGNIFICANT OTHER 6
SINGLE 7
DK
RF

HA1B.

ASK IF NOT OBVIOUS:
Is {SP} male or female?

MALE 1
FEMALE 2

HA1C1.

What is {SP}'s date of birth?

ENTER MONTH.

|__|__|
  MM

HA1C2.

[What is {SP}'s date of birth?]

ENTER DAY.

|__|__|
  DD

HA1C3.

[What is {SP}'s date of birth?]

ENTER A 4-DIGIT YEAR.

|___|___|___|___|
   YYYY

HA1C4.

Approximately, how old is {SP}?

ENTER AGE.

|___|___|___|

HA1C5.

Is {SP} of Hispanic or Latino origin?

YES... 1
NO 2
DK
RF

HA1C6.

Please look at this card and tell me what {SP}'s race is.

SELECT ALL THAT APPLY.

SHOW CARD HA1.

AMERICAN INDIAN OR ALASKA NATIVE 1
ASIAN 2
BLACK OR AFRICAN AMERICAN.. 3
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 4
WHITE 5
ANOTHER RACE (SPECIFY)……………………………………..91
DK
RF

HA1C6A.

SPECIFY OTHER RACE.

_____

HA1C7.

Is {SP} a veteran of U.S. military service?

PRESS F1 FOR HELP SCREEN.

YES.. 1
NO 2
DK
RF

HA1DPRE.

Now please look at {SP}'s Social Security number and tell me if it begins with a letter or a number.

LETTER... 1
NUMBER 2
DK
RF

HA1DA.

What is {SP}'s Social Security number?

_____

HA1D.

What is {SP}'s Social Security number?

|__|__|__| - |__|__| - |__|__|__|__|

HA1D1.

I have entered {HA1DA/HASSNLt/HA1D/<u>HASSN</u>}. Is this correct?

YES.. 1
NO 2
DK
RF

HA1F1.

Does {SP} have a middle name?

YES... 1
NO 2
DK
RF

HA1F2.

What is it?

_____

HA1H.

Is {SP} enrolled in Medicare?

PRESS F1 FOR HELP SCREEN.

YES... 1
NO 2
DK
RF

HA2.

What is {his/her} Medicare ID number?

PRESS F1 FOR HELP SCREEN.

{INTERVIEWER: {SP}'S SOCIAL SECURITY NUMBER IS {HA1DA/HASSNLt/HN1DA/HNSSNLt/ HA1D/HASSN/HN1D/HNSSN}

_____

HA2A.

I have entered {HA2/CareNum}. Is this correct?

YES.. 1
NO 2

HA2C.

Is {SP} enrolled in {'PREFERRED NAME FOR MEDICAID} {or 'ALLOWED FOR' NAME FOR MEDICAID}?

PRESS F1 FOR HELP SCREEN.

YES... 1
NO 2
DK
RF

HA3.

What is {his/her} {'PREFERRED' NAME FOR MEDICAID} {or 'ALLOWED FOR' NAME FOR MEDICAID} ID number?

IF NO MEDICAID NUMBER, ENTER 000.

_____
MEDICAID ID NUMBER

HA3A.

I have entered {ANSWER AT HA3/CaidNum}. Is this correct?

YES.. 1
NO 2

HA7.

Where was {SP} staying immediately before entering this facility?

SHOW CARD HA2.

PRIVATE HOME/APT.. 1
ASSISTED LIVING/BOARD AND CARE/GROUP HOME
    /ADULT CARE HOME... 2
NURSING HOME 3
HOSPITAL SKILLED CARE UNIT................................. 4
ACUTE CARE HOSPITAL.. 5
PSYCHIATRIC HOSPITAL, MR/DD FACILITY............................ 6
REHABILITATION FACILITY 7
OTHER 8
DK
RF

HA7A.

Where was {SP} before entering the {{HA7/Admit}/place you just mentioned}?

HOME.. 1
OTHER PLACE 2
DK
RF

HA7B.

Please look at this card and tell me whom {SP} was living with <u>immediately</u> before entering {FACILITY}.

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA3.

ALONE.. 1
SPOUSE... 2
SIGNIFICANT OTHER 3
CHILD(REN) 4
OTHER FAMILY MEMBER (NOT SPOUSE OR CHILDREN) 5
NON-FAMILY MEMBER(S) 6
DK
RF

HA7C.

Now, please look at this card and tell me which of the following advanced directives were listed in {SP}'s {current} record or chart.

SELECT ALL THAT APPLY.

SHOW CARD HA4.

LIVING WILL.. 1
DO NOT RESUSCITATE (DNR) 2
DO NOT HOSPITALIZE 3
ORGAN DONATION.. 4
AUTOPSY REQUEST 5
FEEDING RESTRICTIONS 6
MEDICATION RESTRICTIONS 7
OTHER TREATMENT RESTRICTIONS 8
NO ADVANCED DIRECTIVES PROVIDED................................. 9
DK
RF

HA8.

Do the medical records contain any MDS Assessment Forms?

PRESS F1 FOR HELP SCREEN.

YES, FORM AVAILABLE AND COMPLETE....... 1
NO, FORM NOT AVAILABLE............................ 2
FORM NOT COMPLETED………………..…….... 3
DK
RF

HA8A.

What is the assessment date on the <u>most recent</u> MDS form completed for {SP}?

ENTER MONTH.

|___|___|
MM

HA8B.

[What is the assessment date on the <u>most recent</u> MDS form completed for {SP}?]

ENTER DAY.

|___|___|
DD

HA8C.

[What is the assessment date on the <u>most recent</u> MDS form completed for {SP}?]

ENTER A 4-DIGIT YEAR.

|___|___|___|___|
YYYY

HA10PRE.

{The answers to the following questions about {SP}'s health status can be found on the MDS form you just located./The following questions are about {SP}'s health status. When answering these questions, please use whatever medical or other records or other knowledgeable sources you have available.}

PRESS ENTER TO CONTINUE.

HA10.

Is {SP} comatose?

YES.. 1
NO 2
DK
RF

HA11.

Please describe how {SP} makes decisions regarding tasks of daily life. Is {he/she} independent, does {he/she} exhibit modified independence, is {he/she} moderately impaired, or is {he/she} severely impaired?

PRESS F1 FOR HELP SCREEN.

INDEPENDENT................................... 0
MODIFIED INDEPENDENCE 1
MODERATELY IMPAIRED 2
SEVERELY IMPAIRED 3
DK
RF

HA12.

Does {SP} show any indicators of depressed, sad or anxious mood that are not easily altered by attempts to 'cheer up', console, or reassure?

PRESS F1 FOR HELP SCREEN.

NO MOOD INDICATORS... 0
INDICATORS PRESENT, EASILY ALTERED............................. 1
INDICATORS PRESENT, NOT EASILY ALTERED 2
DK
RF

HA13.

Does {SP} {currently} display any behavioral symptoms, such as wandering, verbally abusive language, physically abusive actions, socially inappropriate or disruptive symptoms, or resisting care?

PRESS F1 FOR HELP SCREEN.

YES.. 1
NO 2
DK
RF

HA14PRE.

The next questions are about {SP}'s ability to perform Activities of Daily Living or ADLs.

I will read you a list of activities and would like you to tell me if {SP}'s self-performance is independent, requires supervision, requires limited assistance, requires extensive assistance, is totally dependent, or if the activity did not occur.

PRESS ENTER TO CONTINUE.

HA14A.

Please tell me {SP}'s level of self-performance in bed mobility.

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE........................... 2
EXTENSIVE ASSISTANCE.................... 3
TOTAL DEPENDENCE........................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS..................................... 8
DK
RF

HA14B.

What about transfer?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE......................... 2
EXTENSIVE ASSISTANCE................... 3
TOTAL DEPENDENCE......................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS................................... 8
DK
RF

HA14C.

Walking in room?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE......................... 2
EXTENSIVE ASSISTANCE................... 3
TOTAL DEPENDENCE......................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS................................... 8
DK
RF

HA14D.

Walking in corridor?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE.......................... 2
EXTENSIVE ASSISTANCE................... 3
TOTAL DEPENDENCE.......................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS................................... 8
DK
RF

HA14E.

What about locomotion on unit?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE.......................... 2
EXTENSIVE ASSISTANCE................... 3
TOTAL DEPENDENCE.......................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS................................... 8
DK
RF

HA14F.

Locomotion off unit?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE 2
EXTENSIVE ASSISTANCE 3
TOTAL DEPENDENCE 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS 8
DK
RF

HA14G.

Dressing?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE 2
EXTENSIVE ASSISTANCE 3
TOTAL DEPENDENCE 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS 8
DK
RF

HA14H.

Eating?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE.......................... 2
EXTENSIVE ASSISTANCE................... 3
TOTAL DEPENDENCE......................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS................................... 8
DK
RF

HA14I.

Using the toilet?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE.......................... 2
EXTENSIVE ASSISTANCE................... 3
TOTAL DEPENDENCE......................... 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS................................... 8
DK
RF

HA14J.

Personal hygiene?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA5.

INDEPENDENT 0
SUPERVISION 1
LIMITED ASSISTANCE 2
EXTENSIVE ASSISTANCE 3
TOTAL DEPENDENCE 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS 8
DK
RF

HA15.

What is {SP}'s level of self-performance when <u>bathing</u>: is {he/she} independent, does {he/she} require supervision, require physical help limited to transfer only, require physical help in part of the bathing activity, is {he/she} totally dependent, or does the activity not occur?

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA6.

INDEPENDENT 0
SUPERVISION 1
PHYSICAL HELP LIMITED TO
TRANSFER ONLY 2
PHYSICAL HELP IN PART OF
BATHING ACTIVITY 3
TOTAL DEPENDENCE 4
ACTIVITY DID NOT OCCUR DURING
ENTIRE 7 DAYS 8
DK
RF

HA16.

What has been {SP}'s level of bowel control over the past 14 days (since {DATE OF CURRENT INTERVIEW – 14 DAYS})? Is {he/she} continent, usually continent, occasionally incontinent, frequently incontinent, or incontinent?

PRESS F1 FOR HELP SCREEN.

CONTINENT... 0
USUALLY CONTINENT 1
OCCASIONALLY INCONTINENT.......... 2
FREQUENTLY INCONTINENT.............. 3
INCONTINENT 4
DK
RF

HA17.

What has been {SP}'s level of bladder control over the past 14 days (since {DATE OF CURRENT INTERVIEW – 14 DAYS})? Is {he/she} continent, usually continent, occasionally incontinent, frequently incontinent, or incontinent?

PRESS F1 FOR HELP SCREEN.

CONTINENT... 0
USUALLY CONTINENT 1
OCCASIONALLY INCONTINENT.......... 2
FREQUENTLY INCONTINENT.............. 3
INCONTINENT 4
DK
RF

HA18.

Please look at this card and tell me what appliances or programs {SP} has used to prevent or manage incontinence.

SELECT ALL THAT APPLY.

SHOW CARD HA7.

CONTINENT/NO PROGRAMS/APPLIANCES NEEDED 0
ANY SCHEDULED TOILETING PLAN....................................... 1
BLADDER RETRAINING PROGRAM... 2
EXTERNAL (CONDOM) CATHETER 3
INDWELLING CATHETER 4
OTHER APPLIANCES/PROGRAMS… … …… …… … …… …… …..... 5
OSTOMY PRESENT 6
DK
RF

HA19.

Please look at this card and tell me if {SP} had any of these accidents during the past 6 months (since {PAST 6 MONTHS}).

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA8.

FELL IN PAST 30 DAYS 1
FELL IN PAST 31–180 DAYS 2
HIP FRACTURE IN LAST 180 DAYS... 3
OTHER FRACTURE IN LAST 180 DAYS 4
NONE OF THE ABOVE... 5
DK
RF

HA19A.

Has {SP} had WEIGHT LOSS of 5% or more during the past 30 days or 10% or more during the past 180 days?

NO 0
YES... 1
DK
RF

HA19B.

Has {SP} had WEIGHT GAIN of 5% or more during the past 30 days or 10% or more during the past 180 days?

NO 0
YES... 1
DK
RF

HA20.

Please look at this card and tell me what nutritional approaches {SP} has been receiving.

SELECT ALL THAT APPLY.

SHOW CARD HA9.

FEEDING TUBE 1
ON A PLANNED WEIGHT CHANGE PROGRAM 2
OTHER NUTRITIONAL APPROACHES, such as
    mechanically altered diet, therapeutic diet, or dietary
    supplement between meals 3
NONE 4
DK
RF

HA21.

Please look at this card and tell me the HIGHEST STAGE of ANY pressure ulcer {SP} now has...

IF NO PRESSURE ULCER, ENTER 0.

PRESS F1 FOR HELP SCREEN.

SHOW CARD HA10.

NO PRESSURE ULCER 0
STAGE 1... 1
STAGE 2... 2
STAGE 3... 3
STAGE 4... 4
DK
RF

HA22PRE.

Now, I will read you a list of devices and restraints. Please tell me if they are not used, used less than daily, or used daily for {SP}.

PRESS ENTER TO CONTINUE.

HA22A.

Are any full bed rails on all open sides of bed used for {SP}?
Side rails, including half rails, or one side rail?
Trunk restraint?
Limb restraint?
Chairs that prevent rising?

PRESS F1 FOR HELP SCREEN.

{SHOW CARD HA11.}

NOT USED 0
USED LESS THAN DAILY 1
USED DAILY 2
DK
RF

HA22B.

Are any full bed rails on all open sides of bed used for {SP}?
Side rails, including half rails, or one side rail?
Trunk restraint?
Limb restraint?
Chairs that prevent rising?

{SHOW CARD HA11.}

NOT USED 0
USED LESS THAN DAILY 1
USED DAILY 2
DK
RF

HA22C.

Are any full bed rails on all open sides of bed used for {SP}?
Side rails, including half rails, or one side rail?
Trunk restraint?
Limb restraint?
Chairs that prevent rising?

{SHOW CARD HA11.}

NOT USED 0
USED LESS THAN DAILY 1
USED DAILY 2
DK
RF

HA22D.

Are any full bed rails on all open sides of bed used for {SP}?
Side rails, including half rails, or one side rail?
Trunk restraint?
Limb restraint?
Chairs that prevent rising?

{SHOW CARD HA11.}

NOT USED 0
USED LESS THAN DAILY 1
USED DAILY 2
DK
RF

HA22E.

Are any full bed rails on all open sides of bed used for {SP}?
Side rails, including half rails, or one side rail?
Trunk restraint?
Limb restraint?
Chairs that prevent rising?

{SHOW CARD HA11.}

NOT USED 0
USED LESS THAN DAILY 1
USED DAILY 2
DK
RF

HAEND.

YOU HAVE COMPLETED HA FOR {SP}. PRESS 1 AND ENTER TO CONTINUE.

HANAV.

YOU HAVE COMPLETED THE HA SECTION. YOUR OPTIONS ARE TO:

CONTINUE WITH HN {STATUS} FOR {SP}.................................. 1
CHOOSE A DIFFERENT SECTION FOR {SP} 2
CHOOSE A DIFFERENT PERSON 3

Health Status Section Help Screens

HA1A4

'Significant other' refers to long-standing supportive relationship, e.g., opposite sex or same-sex partner or companion.

HA1C7

A "veteran" is someone who has served on <u>active duty</u> in the U.S. military and who is not now on active duty. This includes anyone who has served in the Army, Navy, Marine Corps, Air Force, Coast Guard, Nursing Corps, Women's Army Corps (WAC), Women Accepted for Volunteer Emergency Services (WAVES) or was called into active duty, not including initial basic training or yearly summer camp, from the Military Reserves or National Guard.

HA1H

Include persons as enrolled in MEDICARE, even if he/she has Part B only, or does not use MEDICARE as a source of payment.

HA2

If the respondent gave you the person's Medicare HMO number, ask for the **Medicare ID number**. A person's Medicare ID number is not the same as his/her Medicare HMO number. Every Medicare beneficiary has a Medicare ID number, whether or not he/she is enrolled in a Medicare HMO.

HA2C

If the person is in the process of applying for MEDICAID, code 'yes'.

HA7B

'Significant other' refers to long-standing supportive relationship, e.g., opposite sex or same-sex partner or companion.

HA8

MDS Assessment Forms may include full MDS Forms, Medicare PPA Assessment Forms (MPAF), or Quarterly Review Forms.

If the person has a completed MDS form that is either not in the file or not available for retrieval, code 2 (NO, FORM NOT AVAILABLE).

If the person does not have a completed MDS form, code 3 (FORM NOT COMPLETED).

HA11

0 INDEPENDENT – decisions consistent/reasonable
1 MODIFIED INDEPENDENCE – some difficulty in new situations only
2 MODERATELY IMPAIRED – decisions poor; cues/supervision required
3 SEVERELY IMPAIRED – never/rarely made decisions

HA12

Indicators of depression, anxiety, or sad mood include the followings:

Verbal expressions of distress, such as negative statements; repetitive questions; repetitive verbalizations; persistent anger with self or others; self depreciation; expressions of what appear to be unrealistic fears; recurrent statements that something terrible is about to happen; repetitive health complaints; or repetitive anxious complaints or concerns that are non-health related.

Sleep-cycle issues, such as unpleasant mood in the morning; or insomnia / change in usual sleep pattern.

Sad, apathetic, anxious appearance, such as sad, pained, or worried facial expressions; crying or tearfulness; or repetitive physical movements.

Loss of interest, such as withdrawal from activities of interest, or reduced social interaction.

HA13

Examples of behavioral symptoms:

Behavioral symptoms, such as disruptive behaviors.

Physically abusive actions, such as hitting, shoving, etc.

Socially inappropriate or disruptive symptoms, such as noisiness, screaming, sexual behavior, etc.

Resisting care, such as resisting ADL assistance, etc.

HA14A–HA14J

A BED MOBILITY – how resident moves to and from lying position, turns side to side, and positions body while in bed

B TRANSFER – how resident moves between surfaces – to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)

C WALK IN ROOM – how resident walks between locations in his/her room

D WALK IN CORRIDOR – how resident walks in corridor on unit

E LOCOMOTION ON UNIT – how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair

F LOCOMOTION OFF UNIT – how resident moves to and returns from off unit locations (e.g. areas set aside for dining, activities, or treatments.) **If facility has only one floor**, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair

G DRESSING – how resident puts on, fastens, and takes off all items of **street clothing**, including donning/removing prosthesis

H EATING – how resident eats and drinks (regardless of skill), includes intake of nourishment by other means (e.g. tube feeding, total parenteral nutrition).

I TOILET USE – how resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes

J PERSONAL HYGIENE – how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)

O INDEPENDENT – no help or oversight OR help/oversight provided only 1 or 2 times during last 7 days.

1 SUPERVISION – oversight, encouragement or cueing provided 3 or more times during last 7 days OR supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days.

2 LIMITED ASSISTANCE – resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance three or more times OR more help provided only 1 or 2 times during last 7 days.

3 EXTENSIVE ASSISTANCE – while resident performed part of activity, over last 7-day period, with help of following type(s) provided 3 or more times: weight-bearing support or full staff performance during part (but not all) of last 7 days.

4 TOTAL DEPENDENCE – full staff performance of activity during entire 7 days

8 ACTIVITY DID NOT OCCUR during entire 7 days.

HA15

BATHING – how resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair). Code for most dependent in self-performance.

0 INDEPENDENT – no help provided
1 SUPERVISION – oversight help only
2 PHYSICAL HELP LIMITED TO TRANSFER ONLY
3 PHYSICAL HELP IN PART OF BATHING ACTIVITY
4 TOTAL DEPENDENCE
8 ACTIVITY DID NOT OCCUR DURING ENTIRE 7 DAYS

HA16

BOWEL CONTINENCE – control of bowel movement, with appliance or bowel continence programs, if employed

0 CONTINENT – complete control (includes use of ostomy device that does not leak stool)
1 USUALLY CONTINENT – incontinent episodes less than weekly
2 OCCASIONALLY INCONTINENT – once a week
3 FREQUENTLY INCONTINENT – 2-3 times a week
4 INCONTINENT – had inadequate control all (or almost all) of the time

---

HA17

BLADDER CONTINENCE – control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g. foley) or continence programs, if employed

0 CONTINENT – complete control (includes use of indwelling urinary catheter that does not leak urine)
1 USUALLY CONTINENT – incontinent episodes once a week or less
2 OCCASIONALLY INCONTINENT – two or more times a week but not daily
3 FREQUENTLY INCONTINENT – tended to be incontinent daily but some control present (e.g., on day shift)
4 INCONTINENT – had inadequate control; multiple daily episodes

---

HA19

Include falls that occurred in the past 6 months, regardless of where they occurred (e.g. not in the facility).

HA21

A pressure ulcer is any lesion caused by pressure, resulting in damage of underlying tissue.

HA22A

Include bed rails used as 'enablers' if respondent volunteered this information.

Health Status – Non-MDS Items (HN) Module

HNPRE.

THIS IS THE FIRST PAGE OF THE HEALTH STATUS – NON-MDS (HN) SECTION. STATUS = {STATUS}

IF THIS SECTION HAS ALREADY BEEN COMPLETED, RETURN TO THE CHOOSE PERSON SCREEN.

PRESS 1 AND ENTER TO CONTINUE.

IF RECORDS FOR THIS PERSON ARE NOT AVAILABLE (RP), PRESS 2 AND ENTER.

IF CONSENT REQUIRED AND NOT OBTAINED FOR THIS PERSON (CP), PRESS 3 AND ENTER.

HN1A1.

On what date was {SP} admitted to {FACILITY} for the stay that includes last night?

ENTER MONTH.

PRESS F1 FOR HELP SCREEN.

|__|__|
 MM

HN1A2.

[On what date was {SP} admitted to {FACILITY} for the stay that includes last night?]

ENTER DAY.

|__|__|
 DD

HN1A3.

[On what date was {SP} admitted to {FACILITY} for the stay that includes last night?]

ENTER A 4-DIGIT YEAR.

|__|__|__|__|
YYYY

HN1B.

ASK IF NOT OBVIOUS:
Is {SP} male or female?

MALE 1
FEMALE 2

HN1C1.

What is {SP}'s date of birth?

ENTER MONTH.

|__|__|
MM

HN1C2.

[What is {SP}'s date of birth?]

ENTER DAY.
|__|__|
DD

HN1C3.

[What is {SP}'s date of birth?]

ENTER A 4-DIGIT YEAR.

|__|__|__|__|
  YYYY

HN1C4.

Approximately, how old is {SP}?

ENTER AGE.

|__|__|__|

HN1DPRE.

Now please look at {SP}'s Social Security number and tell me if it begins with a letter or a number.

LETTER 1
NUMBER 2
DK
RF

HN1DA.

What is {SP}'s Social Security number?

_____

HN1D.

What is {SP}'s Social Security number?

|__|__|__| - |__|__| - |__|__|__|__|

HN1D1.

I have entered {HN1DA/HNSSNLt/<u>HN1D/HNSSN</u>}. Is this correct?

YES.. 1
NO 2
DK
RF

HN2A.

Is {SP} {currently} assigned to a bed on a specialty <u>unit</u>?

PRESS F1 FOR HELP SCREEN.

YES.. 1
NO 2
DK
RF

HN2B.

What condition is the specialty unit for?

PRESS F1 FOR HELP SCREEN.

ALZHEIMER'S AND RELATED DEMENTIAS 1
AIDS/HIV 2
BEHAVIORAL HEALTH UNIT (NON-ALZHEIMER'S) 3
DISEASE-SPECIFIC 4
CHILDREN WITH DISABILITIES, MENTALLY RETARDED/DD .. 5
HOSPICE... 6
REHABILITATION (CARDIAC, FUNCTIONAL) 7
SUB-ACUTE CARE.. 8
VENTILATOR/PULMONARY 9
OTHER 10
DK
RF

HN3.

Is {SP} {currently} receiving services from a special program for any of these conditions on this card?

READ ONCE or IF ASKED: Special programs have one or more specially trained professionals or staff dedicated to the program. This does not include special training and services provided by all staff members. Do not include specialty units, e.g., a physically distinct or designated cluster of beds, or segregated wing or unit used exclusively for a particular disease or condition.

SELECT ALL THAT APPLY.

SHOW CARD HN1.

HOSPICE/PALLIATIVE CARE/END OF LIFE (END STAGE / TERMINAL CONDITION)...	1
PAIN MANAGEMENT..	2
BEHAVIORAL PROBLEMS	3
SKIN/WOUNDS..	4
CONTINENCE MANAGEMENT...	5
DEMENTIA (INCLUDING ALZHEIMER'S DISEASE)	6
RESTORATIVE CARE	7
OTHER	8
NO SPECIALTY PROGRAMS	9
DK	
RF	

HN4A.

According to {SP}'s medical record, what was the primary diagnosis at the time of <u>admission</u>, that is, on or around {FAD}?

TYPE THE FIRST 3 LETTERS OF THE DIAGNOSIS. THEN USE ARROW KEYS TO LOCATE DIAGNOSIS, AND PRESS ENTER TO SELECT. IF DIAGNOSIS IS NOT LISTED, ENTER ZZZ.

HN4A1.

SPECIFY PRIMARY DIAGNOSIS.

_____

HN5A.

What is the {current} primary diagnosis?

TYPE THE FIRST 3 LETTERS OF THE DIAGNOSIS. THEN USE ARROW KEYS TO LOCATE DIAGNOSIS, AND PRESS ENTER TO SELECT. IF DIAGNOSIS IS NOT LISTED, ENTER ZZZ.

HN5A1.

SPECIFY PRIMARY DIAGNOSIS.

_____

HN5B_a–o.

{According to {SP}'s medical record, what are the {current} secondary diagnoses?}

{Anything else?}

{TYPE THE FIRST 3 LETTERS OF THE DIAGNOSIS. THEN USE ARROW KEYS TO LOCATE DIAGNOSIS, AND PRESS ENTER TO SELECT. IF DIAGNOSIS IS NOT LISTED, ENTER ZZZ.} {IF NO SECONDARY DIAGNOSES, ENTER AAA.}

{ENTER 999 TO LEAVE ROSTER.}

DIAGNOSIS	DIAGNOSIS (OTHER)

HN5B1–15.

SPECIFY SECONDARY DIAGNOSES.

_____

HN7A.

{Since admission ({FAD})/In the <u>past 90 days</u>, that is, since {PAST 90 DAYS}},has {SP} had one or more hospital emergency department visits?

PROBE: Please include visits that occurred after {SP}'s most recent admission to the nursing home.

YES.. 1
NO 2
DK
RF

HN7B.

How many times has {SP} had a hospital emergency department visit {since admission ({FAD})/in the <u>past 90 days</u>, that is, since {PAST 90 DAYS}}?

ENTER NUMBER OF VISITS.

_____

HN7C.

What was the primary reason for the {first/second/third/fourth/fifth} visit?

ENTER DISEASE/CONDITION.

_____

	PRIMARY REASON
1st visit	
2nd visit	
3rd visit.	
4th visit.	
5th visit	

HN7D.

{Since admission ({FAD})/In the past 90 days, that is, since {PAST 90 DAYS}}, has {SP} had a hospital admission that required an overnight stay where {he/she} was not formally discharged from the facility?

PROBE: Include only the hospital admissions that occurred after the resident's most recent admission to the nursing home.

YES.. 1
NO 2
DK
RF

HN7E.

How many times has {SP} been admitted to a hospital {since admission ({FAD})/in the past 90 days, that is, since {PAST 90 DAYS}}?

PROBE: Please include only the hospital admissions that involve an overnight stay where {SP} was not formally discharged from the facility.

ENTER NUMBER OF ADMISSIONS.

_____

HN7F.

What was the primary reason for the {first/second/third/fourth/fifth} hospitalization?

ENTER DISEASE/CONDITION.

_____

	PRIMARY REASON
1st hospitalization	
2nd hospitalization	
3rd hospitalization	
4th hospitalization	
5th hospitalization	

HN8.

Please look at this card and tell me which category best describes {SP}'s documented vaccination status for a <u>flu shot</u> during the past 12 months, that is, since {PAST 12 MONTHS}.

SHOW CARD HN2.

VACCINATED WHILE RESIDING AT THIS FACILITY........................1
VACCINATED BEFORE ADMISSION TO THIS FACILITY   2

NOT VACCINATED – NO RECORD OF DOCTOR'S ORDER
    OR OF VACCINATION OFFERED..   3
NOT VACCINATED-VACCINATION MEDICALLY
    CONTRAINDICATED..   4
NOT VACCINATED-RESIDENT/FAMILY REFUSED
    VACCINATION..   5
NOT VACCINATED – OTHER REASON   6
NOT VACCINATED – REASON UNKNOWN   7
DID NOT RESIDE IN THE FACILITY DURING THE <u>MOST RECENT</u>
    FLU SEASON..   8
DK
RF

HN9.

Which statement on this card best describes the documented vaccination status for whether {SP} has <u>ever</u> had a <u>pneumococcal vaccine</u>?

SHOW CARD HN2.

VACCINATED WHILE RESIDING AT THIS FACILITY........................1
VACCINATED BEFORE ADMISSION TO THIS FACILITY   2

NOT VACCINATED – NO RECORD OF DOCTOR'S ORDER
    OR OF VACCINATION OFFERED..   3
NOT VACCINATED-VACCINATION MEDICALLY
    CONTRAINDICATED..   4
NOT VACCINATED-RESIDENT/FAMILY REFUSED
    VACCINATION..   5
NOT VACCINATED – OTHER REASON   6
NOT VACCINATED – REASON UNKNOWN   7
DK
RF

HN11D.

Is {SP} comatose?

YES.. 1
NO 2
DK
RF

HN12.

{Since admission ({FAD})/In the past 7 days, that is, since {PAST 7 DAYS}}, has {SP} reported or shown evidence of pain? Please include grimacing or other non-verbal signs that suggest pain.

YES.. 1
NO 2
DK
RF

HN13.

Please look at this card and tell me what type of pain assessment tool is used to assess {SP}'s pain.

SHOW CARD HN3.

VERBAL NUMERICAL SCALE 1
WORD SCALE.. 2
VISUAL ANALOGUE SCALES.. 3
FACE SCALE 4
OTHER ASSESSMENT TOOL.…………………………….…… 5
NO ASSESSMENT TOOL USED/RESIDENT'S DESCRIPTION
        OF PAIN ONLY 6
OBSERVATION OF RESIDENT BEHAVIOR (RESIDENT
        UNABLE TO VERBALIZE PAIN) 7
DK
RF

HN14.

What is the numerical range of the pain assessment tool you used to assess {SP}'s pain.

0 – 5 .... 1 (Range 1)
0 – 10 .... 2 (Range 2)
OTHER .... 3 (other)
DK
RF

HN14B2.

What was {his/her} highest or most intense rating recorded {since admission ({FAD})/over the last 7 days}?

ENTER RATING.

_____

HN14C.

How would you describe {SP}'s highest or most intense pain level? Would you say…

Mild, ... 1
Moderate, ... 2
Severe, or 3
Excruciating or horrible? 4
DK
RF

HN15.

What strategies are used to manage {SP}'s pain, according to {SP}'s medical record?

PROBE: Any other strategies?

SELECT ALL THAT APPLY.

SHOW CARD HN4.

STANDING ORDER FOR PAIN MEDICATION 1
PRN ORDER FOR PAIN MEDICATION 2
NON-PHARMACOLOGICAL METHODS (e.g. DISTRACTION,
 HEAT/COLD MASSAGE, POSITIONING, MUSIC
 THERAPY) 3
OTHER 4
DK
RF

HN19PRE.

The next set of questions asks about {SP}'s palliative or hospice care.

PRESS ENTER TO CONTINUE.

HN19.

Did {SP} start receiving palliative or hospice care before or after admission to the facility?

BEFORE ADMISSION............................ 1
AFTER ADMISSION.............................. 2
DK
RF

HN19A.

On what date did {SP} start receiving palliative or hospice care?

ENTER MONTH.

|___|___|
MM

HN19B.

[On what date did {SP} start receiving palliative or hospice care?]

ENTER DAY.

|___|___|
DD

HN19C.

[On what date did {SP} start receiving palliative or hospice care?]

ENTER A 4-DIGIT YEAR.

|___|___|___|___|
YYYY

DK
RF

HN20.

Has Medicare hospice coverage been initiated for {SP}'s hospice care?

YES.. 1
NO 2
NOT ELIGIBLE FOR MEDICARE 3
DK
RF

HN21.

Please look at this card and tell me what type of end-of-life, palliative, or hospice services {SP} has received during the past week (7 days).

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

SHOW CARD HN5.

SYMPTOM MANAGEMENT.. 1
PAIN MANAGEMENT... 2
COUNSELING/ASSISTANCE WITH ETHICAL/LEGAL
   ISSUES 3
GRIEF, LOSS, & BEREAVEMENT COUNSELING
   (RESIDENT OR FAMILY) 4
DEATH PREPARATION... 5
EMOTIONAL SUPPORT FOR FAMILY 6
PASTORAL/SPIRITUAL CARE.................................... 7
OTHER 8
DK
RF

HN22.

Please look at this card and tell me what types of symptoms {he/she} has.

SELECT ALL THAT APPLY.

SHOW CARD HN6.

DIFFICULTY WITH COUGHING & SECRETIONS......................	1
SHORTNESS OF BREATH..	2
CONSTIPATION...	3
DIARRHEA	4
DRY MOUTH...	5
FECAL IMPACTION	6
NAUSEA/VOMITING	7
ANOREXIA	8
CHANGE IN SLEEP PATTERNS...	9
END STAGE RESTLESSNESS	10
URINARY RETENTION..	11
FEVER	12
IMPAIRED ENDURANCE (TIRES EASILY, POOR TASK ENDURANCE)..	13
OFFENSIVE ODOR TO PATIENT/FAMILY	14
OPEN LESIONS OR INFECTIONS OF MOUTH	15
PRURITIS/ITCHING	16
OTHER	17
DK	
RF	

HN23.

Please look at this card and tell me what formal care or treatments {SP} has received in the past week (7days, since {PAST WEEK}).

SELECT ALL THAT APPLY

SHOW CARD HN7.

TERMINAL SEDATION	1
OXYGEN-RESPIRATORY THERAPY	2
DURABLE MEDICAL EQUIPMENT (E.G., PUMP)	3
CHEMOTHERAPY	4
RADIATION <u>FOR PAIN RELIEF</u>	5
PHYSICAL THERAPY/OCCUPATIONAL THERAPY	6
IV THERAPY	7
SUBCUTANEOUS THERAPY	8
BOWEL REGIMEN	9
AGGRESSIVE PAIN MANAGEMENT	10
ARTIFICIAL NUTRITION	11
PARENTERAL HYDRATION	12
DK	
RF	

HNEND.

YOU HAVE COMPLETED HN FOR {SP}. PRESS 1 AND ENTER TO CONTINUE.

HNNAV.

YOU HAVE COMPLETED THE HN SECTION. YOUR OPTIONS ARE TO:

CONTINUE WITH PM {STATUS} FOR {SP}	1
CHOOSE A DIFFERENT SECTION FOR {SP}	2
CHOOSE A DIFFERENT PERSON	3

Health Status – Non-MDS Items Section Help Screens

HN1A1

Please include any days where the person went into a hospital directly from the nursing home, AND if the nursing home was holding a bed, in anticipation of his/her return.

HN2A

A specialty unit contains a bed or designated clusters of beds in segregated wings or units used exclusively for a particular disease or condition, such as Alzheimer's Disease or related dementias, AIDS/HIV, behavioral health, dialysis, etc.

HN2B

Examples of disease-specific unit include those specifically for dialysis, brain injury (traumatic or acquired), and Huntington's Disease, etc.

HN21

Symptom management

Examples of symptoms include difficulty with coughing & secretions, shortness of breath, constipation, diarrhea, dry mouth, fecal impaction, nausea/vomiting, anorexia, change in sleep patterns, restlessness, urinary retention, fever, impaired endurance (tires easily, poor task endurance), offensive odor to patient/family, open lesions or infections of mouth, pruritis or itching.

2004 NATIONAL NURSING HOME SURVEY

Prescribed Medications (PM) Module

PMPRE.

THIS IS THE FIRST PAGE OF THE PRESCRIBED MEDICATIONS (PM) SECTION. STATUS = {STATUS}.

IF THIS SECTION HAS ALREADY BEEN COMPLETED, RETURN TO THE CHOOSE PERSON SCREEN.

PRESS 1 AND ENTER TO CONTINUE.

IF RECORDS FOR THIS PERSON ARE NOT AVAILABLE (RP), PRESS 2 AND ENTER.

IF CONSENT REQUIRED AND NOT OBTAINED FOR THIS PERSON (CP), PRESS 3 AND ENTER.

PM1A.

{Please give me the names of all the medications {SP} received <u>yesterday</u>, that is, from 12:01 AM to 12:00 midnight {DATE BEF CURRENT INTERVIEW}. Please include all the standing or routine medications, or PRN medications.}

{Any other medications?}

{TYPE THE FIRST 3 LETTERS OF THE MEDICATION. THEN USE ARROW KEYS TO LOCATE MEDICATIONS, AND PRESS ENTER TO SELECT. {IF NO MEDICATIONS TAKEN, ENTER AAA.} IF MEDICATION IS NOT LISTED, ENTER ZZZ.

{ENTER 999 TO LEAVE ROSTER.}

MEDICATION	MEDICATION (OTHER)	REASON PRESCRIBED
PM [1-25]	PM OS [1-25]	WhyPM[1-25]

PM1B.

SPECIFY MEDICATION.

_____

PM1C.

Why was this medication prescribed for {SP}?

ENTER REASON.

_____

PM2.

Does {SP} receive any medications on a regularly scheduled basis that were <u>not</u> administered yesterday? Please include only medications with standing orders for administration. Please do not include PRN medications.

PRESS F1 FOR HELP SCREEN.

YES.. 1
NO 2
DK
RF

PM2A.

{Please give me the names of all of these medications.}

{Any other medications?}

{TYPE THE FIRST 3 LETTERS OF THE MEDICATION. THEN USE ARROW KEYS TO LOCATE MEDICATIONS, AND PRESS ENTER TO SELECT. IF MEDICATION IS NOT LISTED, ENTER ZZZ.

{ENTER 999 TO LEAVE ROSTER.}

MEDICATION	MEDICATION (OTHER)	REASON PRESCRIBED
OthrPM [1-15]	OthrPMOS [1-15]	WhyOthPM[1-15]

PM2B.

SPECIFY MEDICATION.

_____

PM2C.

Why was this medication prescribed for {SP}?

ENTER REASON(S).

_____

PM3.

{Since admission {FAD}/During the past 30 days, that is, since {PAST 30 DAYS}}, did {SP} have any type of reaction to a drug or medication?

PRESS F1 FOR HELP SCREEN.

YES.. 1
NO 2
DK
RF

PM3A.

{Please give me the names of all the drug or medications to which {SP} had a reaction.}

{Any other medications?}

{TYPE THE FIRST 3 LETTERS OF THE MEDICATION. THEN USE ARROW KEYS TO LOCATE MEDICATIONS, AND PRESS ENTER TO SELECT. IF MEDICATION IS NOT LISTED, ENTER ZZZ.

{ENTER 999 TO LEAVE ROSTER.}

MEDICATION	MEDICATION (OTHER)	REACTION
Drug Name[1-5]	Drug Name OS[1-5]	Reaction[1-5]

PM3B.

SPECIFY MEDICATION.

_____

PM3C.

What kind of reaction did {SP} have?

ENTER REACTION.

_____

PMEND.

YOU HAVE COMPLETED PM FOR {SP}. PRESS 1 AND ENTER TO CONTINUE.

PMNAV.

YOU HAVE COMPLETED THE PM SECTION FOR {SP}. YOUR OPTIONS ARE TO:

CONTINUE WITH PA {STATUS} FOR {SP} 1
CHOOSE A DIFFERENT SECTION FOR {SP} 2
CHOOSE A DIFFERENT PERSON 3

Prescribed Medications Section Help Screens

PM2

The following are types of medications to include: Vitamin B-12, bisphosphonates (alendronate and risedrontate), Lupron depot, depo provera, methodtrexate.

PM3

A drug reaction includes any unexpected, unintended, undesired, or excessive response to a medication that

- Requires discontinuing the medicine (therapeutic or diagnostic)
- Requires changing the medication therapy
- Requires modifying the dose (except for minor dosage adjustments)
- Necessitates admission to a hospital (e.g., an ED visit)
- Prolongs stay in a health care facility
- Necessitates supportive treatment
- Significantly complicates diagnosis
- Negatively affects prognosis
- Results in temporary permanent harm, disability, or death

Sources of Payment (PA) Module

PAPRE.

THIS IS THE FIRST PAGE OF THE SOURCES OF PAYMENT (PA) SECTION.
STATUS = {STATUS}.

IF THIS SECTION HAS ALREADY BEEN COMPLETED, RETURN TO THE CHOOSE PERSON SCREEN.

PRESS 1 AND ENTER TO CONTINUE.

IF RECORDS FOR THIS PERSON ARE NOT AVAILABLE (RP), PRESS 2 AND ENTER.

IF CONSENT REQUIRED AND NOT OBTAINED FOR THIS PERSON (CP), PRESS 3 AND ENTER.

PA1PRE.

The next questions ask about {SP's} charges and payments for nursing home care.

PRESS ENTER TO CONTINUE.

PA1.

For the {most recent} admission {(that is, {FAD})}, what were all of the sources of payment that covered or will cover the cost of {SP}'s care for that first month or billing period?

PRESS F1 FOR HELP SCREEN.

SELECT ALL THAT APPLY.

SHOW CARD PA1.

PRIVATE INSURANCE (INCLUDE HMO AND PPO)	1
LIFE CARE..	2
SELF/PRIVATE PAY/OUT-OF-POCKET................................	3
MEDICARE (INCLUDE MEDICARE HMO)	4
MEDICAID (INCLUDE MEDICAID HMO)	5
WELFARE OR OTHER GOVERNMENT ASSISTANCE........	6
DEPARTMENT OF VETERANS AFFAIRS CONTRACT OR OTHER DEPARTMENT OF VETERANS AFFAIRS PROGRAMS..	7
OTHER...	8
PAYMENT SOURCE NOT YET DETERMINED....................	9
ADMISSION BILLING RECORDS NOT AVAILABLE............	10
DK	
RF	

PA2.

What was the total amount of the charges billed for {SP}'s first month or billing period of care received at {FACILITY}?

ENTER TOTAL AMOUNT OF CHARGES IN WHOLE DOLLAR.

IF NO CHARGES BILLED TO DATE, ENTER 0.

PRESS F1 FOR HELP SCREEN.

$ |__|__|__|__|__|

PA2A.

What was the beginning date of the time period covered by this amount?

ENTER MONTH.

|___|___|
MM

PA2B.

[What was the beginning date of the time period covered by this amount?]

ENTER DAY.

|___|___|
DD

PA2C.

[What was the beginning date of the time period covered by this amount?]

ENTER YEAR.

|___|___|___|___|
YYYY

PA2D.

What was the ending date of the time period covered by this amount?

ENTER MONTH.

|___|___|
M M

PA2E.

[What was the ending date of the time period covered by this amount?]

ENTER DAY.

|___|___|
DD

PA2F.

[What was the ending date of the time period covered by this amount?]

ENTER YEAR.

|___|___|___|___|
YYYY

PA3B.

Of the ${PA2/TotAdm} in charges billed for that first month or billing period of care, how much has {SP} or {his/her} family paid or will pay of that amount?

ENTER WHOLE DOLLAR.

|___|___|___|___|___|

PA5.

What were all the sources of payment that covered or will cover the cost of {SP}'s care for the past month or billing period?

PRESS F1 FOR HELP SCREEN.

SELECT ALL THAT APPLY.

SHOW CARD PA2.

PRIVATE INSURANCE (INCLUDE HMO AND PPO) 1
LIFE CARE 2
SELF/PRIVATE PAY/OUT-OF-POCKET 3
MEDICARE (INCLUDE MEDICARE HMO) 4
MEDICAID (INCLUDE MEDICAID HMO) 5
WELFARE OR OTHER GOVERNMENT ASSISTANCE 6
DEPARTMENT OF VETERANS AFFAIRS CONTRACT
    OR OTHER DEPARTMENT OF VETERANS AFFAIRS
      PROGRAMS 7
OTHER 8
PAYMENT SOURCE NOT YET DETERMINED 9
ONLY ONE BILLING PERIOD SINCE ADMISSION 10
DK
RF

PA6.

What was the total amount of the charges billed for {SP}'s care received at {FACILITY} for the past month or billing period?

ENTER TOTAL AMOUNT OF CHARGES IN WHOLE DOLLAR.

IF CHARGES NOT BILLED TO DATE, ENTER 0.

PRESS F1 FOR HELP SCREEN.

$ |__|__|__|__|__|

PA6A.

What was the beginning date of the time period covered by this amount?

ENTER MONTH.

|__|__|
MM

PA6B.

[What was the beginning date of the time period covered by this amount?]

ENTER DAY.

|___|___|
DD

PA6C.

[What was the beginning date of the time period covered by this amount?]

ENTER YEAR.

|___|___|___|___|
YYYY

PA6D.

What was the ending date of the time period covered by this amount?

ENTER MONTH.

|___|___|
MM

PA6E.

[What was the ending date of the time period covered by this amount?]

ENTER DAY.

|___|___|
DD

PA6F.

[What was the ending date of the time period covered by this amount?]

ENTER YEAR.

|___|___|___|___|
YYYY

PA7B.

Of the ${PA6/<u>TotPM</u>} in charges for {his/her} care for <u>the past month or billing period</u>, how much has {SP} or {his/her} family paid?

ENTER WHOLE DOLLAR.

|__|__|__|__|__|

PA8B.

Altogether, about how much of the ${PA6/<u>TotPM</u>} in charges do you <u>expect</u> {SP} or {his/her} family will pay for that <u>the past month or billing period</u>?

ENTER WHOLE DOLLAR.

|__|__|__|__|__|

PAEND.

YOU HAVE COMPLETED PA FOR {SP}. PRESS 1 AND ENTER TO CONTINUE.

Sources of Payment Section Help Screens

PA1, PA5
Self pay, private pay, or out-of-pocket expenses includes SP's own income, family support, social security, or retirement funds. Code 'Medicare (Include Medicare HMO)' even if the person has Medicare Part B only.

PA2, PA6
IF ASKED: Please include medications in the calculation of total charges.

OMB #: 0920-0353
Exp: 05/31/2007

Facility Name: _____

Facility ID: _____

2004 National Nursing Home Survey

Staffing Questionnaire

Prepared for the
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

by

Westat
1650 Research Boulevard
Rockville, MD 20850
1-888-602-5059

CDC
SAFER · HEALTHIER · PEOPLE®

Dear Administrator,

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) is conducting the National Nursing Home Survey on a randomly selected nationwide sample of nursing homes. This voluntary survey is authorized by Federal Law.

We would like some information about the staff of your nursing home, including their training, benefits, and involvement in resident or patient care planning. The information you provide will be used only for research purposes and will be held in strict confidence. It will not be released to anyone, other than the agencies involved in the survey that are listed in the Dear Administrator letter sent to you previously, without the consent of the individual or the establishment in accordance with the Public Health Service Act.

If you wish to comment on any question or qualify your answers, please feel free to use space in the margins or on the inside of the final page. Your comments will be read and taken into account.

Please answer all of the questions in reference to the facility listed on the front cover.

Background of Medical Director A

These first few questions ask about the background of the Medical Director of this facility.

☐ If no Medical Director currently on staff, check here, ➡ Go to 8.

1. What degree does the Medical Director have?

X one box.

☐ M.D.
☐ D.O.

2. Is the Medical Director Board certified in any of these specialties?

X box(es) that apply.

☐ Emergency Medicine
☐ Family Medicine
☐ Internal Medicine
☐ Geriatrics
☐ None of the above

3. Does the Medical Director have advanced education in any of the following areas?

X box(es) that apply.

☐ Geriatrics
☐ Palliative / End-of-life Care
☐ Management
☐ None of the above

4. Does the Medical Director have an American Medical Director's Association (AMDA) certification?

X one box.

☐ Yes
☐ No

5. About how long has he / she been the Medical Director at this facility?

Write number in only one box.

☐ Number of weeks
OR
☐ Number of months
OR
☐ Number of years

6. Altogether, about how long has he / she been the Medical Director at any nursing home or similar type of facility / unit, including this one?

Write number in only one box.

☐ Number of weeks
OR
☐ Number of months
OR
☐ Number of years

7. About how many days a week or month does the Medical Director spend working in this facility?

Please include the time he / she spends on committees, administrative tasks, seeing residents, or charting, etc.

Write number in only one box.

☐ Days a week
OR
☐ Days a month

1

B Background of Director of Nursing

The following questions are about the Director of Nursing at this facility.

⁴ ▢ If no Director of Nursing currently on staff, check here, ➡ Go to **13**.

8. What is the highest degree the Director of Nursing holds?

X one box.

1 ▢ Associate degree
2 ▢ Diploma
3 ▢ BS / BSN
4 ▢ MS / MSN
5 ▢ BA (not health related)
6 ▢ BA (administration - not health related)
7 ▢ BA (health administration or health related)
8 ▢ MA (non-health, e.g., business administration)
9 ▢ MA (health related)
10 ▢ MBA
11 ▢ Other (PLEASE SPECIFY)

⬇

[_____]

9. What certification(s) does the Director of Nursing have?

X box(es) that apply.

0 ▢ None
1 ▢ National Association of Directors of Nursing Administration in Long-term Care (NADONA)
2 ▢ American Association of Nurse Assessment Coordinators (AANAC)
3 ▢ American Nurses Credentialing Center (ANCC) in Gerontological Nursing
4 ▢ American Nurses Credentialing Center (ANCC) -- OTHER (Nursing Administration, Medical-surgical nursing, etc.)
5 ▢ Association of Rehabilitation Nurses - Certified Rehabilitation Registered Nurse (CRRN)
6 ▢ Association for Professionals in Infection Control and Epidemiology (APIC)
7 ▢ Other certification

10. Is the Director of Nursing any of the following?

X box(es) that apply.

1 ▢ Nurse Practitioner
2 ▢ Geriatric Nurse Practitioner
3 ▢ Clinical Nurse Specialist
4 ▢ Geriatric Clinical Nurse Specialist
9 ▢ None of the above

11. About how long has he / she been the Director of Nursing at this facility?

Write number in only one box.

a [____] Number of weeks
OR
b [____] Number of months
OR
c [____] Number of years

12. Altogether, about how long has he / she been the Director of Nursing at any nursing home or similar type of facility / unit, including this one?

Write number in only one box.

a [____] Number of weeks
OR
b [____] Number of months
OR
c [____] Number of years

Staff Involvement in Care Planning **C**

Next, we would like to know more about your staff's involvement in resident and patient care planning.

13. How often is at least one Certified Nursing Assistant (CNA) involved in resident or patient care planning meetings?

X one box.

1 ☐ Always
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Seldom
5 ☐ Never

14. Some nursing homes use permanent assignments as their staffing model. At this facility, are CNAs routinely assigned to care for the same group of residents?

X one box.

1 ☐ Yes
2 ☐ No

Nursing Staff Recruitment **D**

The following questions ask about the recruitment of the nursing staff at this facility.

15. If hired today, what would be the hourly wage of entry-level nursing staff at this facility?

Please include only the staff who have direct patient care responsibilities, and who are employed by this facility.

Write dollar amount in each box.

Entry-level Hourly Wages

a. RNs . . . . $ [.]

b. LPNs . . . . $ [.]

c. CNAs . . . . $ [.]

d. Aides/Orderlies . . . $ [.]

e. (or mark box) ➡ ☐ Aides and orderlies not employed

16. Which of these nursing staff retention / recruitment strategies are used by this facility?

X box(es) that apply.

1 ☐ Employee recognition programs (employee of the month, staff dinners / luncheons, etc.)
2 ☐ Reimbursement for workshops / conferences
3 ☐ Sign-on bonus
4 ☐ Recruitment bonus
5 ☐ Perfect attendance rewards
6 ☐ Career ladder positions for Nurses
7 ☐ Career ladder positions for CNAs
8 ☐ Flexible scheduling or job sharing
9 ☐ Bonus / paid time off
10 ☐ Tuition (reimbursement or direct payment for employees / new hire)
11 ☐ Payback for unused sick / vacation time

3

E Profile of Nursing Staff

Next, we would like to know about the background and turnover of your staff.

17. Approximately what percentages of the RNs currently on staff have the following as their highest **education / training**?

Write percentage in each box.
If none, please enter "0".

Percent of RNs

a [ ] % Associate Degree

b [ ] % Diploma (3 years)

c [ ] % BS / BSN (4 years)

d [ ] % MS / MSN or higher
_____

[100] % Total

18. Do any of the RNs currently on staff have specialty certifications?

(Examples include: gerontological, rehabilitation, nursing administration, medical-surgical nursing, infection control, etc.)

X one box.

1 [ ] Yes
2 [ ] No

19. Does this facility have the following personnel on staff?

X one box in each row.

Yes No

1 [ ] 2 [ ] Nurse Practitioners

1 [ ] 2 [ ] Clinical Nurse Specialists

1 [ ] 2 [ ] Geriatricians

1 [ ] 2 [ ] Physician's Assistants

1 [ ] 2 [ ] Aides or Orderlies (excluding CNAs)

1 [ ] 2 [ ] Physicians (excluding Medical Director)

20a. During the past week (the last 7 days), how many full-time (FT) staff, part-time (PT) staff, or full-time equivalents (FTEs) worked in this facility?

For each employee type, write number in each clear OR shaded box.

If "none" or facility does not hire some type of staff, please enter "0".

EMPLOYEES

FT	PT		FTEs	
a [ ]	[ ]	OR	[ ]	RNs
b [ ]	[ ]	OR	[ ]	LPNs / LVNs
c [ ]	[ ]	OR	[ ]	CNAs
d [ ]	[ ]	OR	[ ]	Aides / Orderlies

CONTRACT / AGENCY EMPLOYEES

Total Hours		FTEs	
e [ ]	OR	[ ]	RNs
f [ ]	OR	[ ]	LPNs / LVNs
g [ ]	OR	[ ]	CNAs
h [ ]	OR	[ ]	Aides / Orderlies

4

Profile of Nursing Staff (continued) E

20b. How many vacancies (unfilled positions) for RNs, LPNs, CNAs, or Aides / Orderlies do you currently have? Please include vacant positions for employees for which you are actively recruiting, even if for now you are using contract / agency workers.

☐ **If no vacant positions, check here,** ➡ Go to **21**.

For each employee type, write number in each clear OR shaded box.

If "no vacancies" for a staff type, please enter "0".

VACANT POSITIONS

FT	PT		FTEs	
☐	☐	OR	▨	RNs
☐	☐	OR	▨	LPNs / LVNs
☐	☐	OR	▨	CNAs
☐	☐	OR	▨	Aides / Orderlies

21. How many RNs who work in this facility, including contract RNs, **are** solely devoted to bedside care (i.e., **assigned to / responsible for personal, health, and medical care of a group of residents)?**

Write number in each clear or shaded box. If "none," please enter "0" in the applicable box(es).

☐ Full-time RNs

☐ Part-time RNs

OR

▨ RN FTEs

22. How many of this facility's nursing staff are currently **on sick leave or doing light duty** because of an injury **sustained at this facility?**

☐ None

OR

☐ Number of nursing staff

23. Does this facility have any staff designated as the following?

X one box in each row.

Yes	No	
☐	☐	MDS Nurse(s)
☐	☐	Case manager(s)
☐	☐	Quality Assurance / Improvement coordinator(s)
☐	☐	Infection Control Coordinator(s)

24a. Over the past week **(the last 7 days), how many** overtime shifts **did the nursing staff work at this facility?**

☐ **If no overtime shifts were worked, check here,** ➡ Go to **25**.

Write number in each box.

If "none" for a staff type, please enter "0" in the applicable box.

☐ RN overtime shifts

☐ LPN overtime shifts

☐ CNA overtime shifts

24b. **What were the reasons the nursing staff worked any overtime shifts during the past week?**
X box(es) that apply.

1 ☐ Scheduled absences (vacations, other advance approved time-off)

2 ☐ Unscheduled absences (other illness, emergency time-off)

3 ☐ Staffing vacancies (unfilled staff positions)

⁹ ☐ Other reason (PLEASE SPECIFY)

⬇

---

25. Over the past 3 months, **how many RNs, LPNs, or CNAs were hired at this facility?**

Do not include contract / agency workers.

☐ **If none were hired, check here,** ➡ Go to **26**.

Write number in each box.

If none for a staff type, please enter '0'.

FT	PT	
☐	☐	RNs
☐	☐	LPNs
☐	☐	CNAs

26. Over the past 3 months, **how many RNs, LPNs, and CNAs have terminated employment? Include both voluntary and involuntary terminations (e.g., retired, dismissed, resigned).**

Do not include contract / agency workers.

⁹ ☐ **If no employees terminated employment, check here,** ➡ Go to **27**.

Write number in each box.
If none for a staff type, please enter '0'.

FT	PT	
☐	☐	RNs
☐	☐	LPNs
☐	☐	CNAs

E Profile of Nursing Staff (continued)

27. About **what percent of this facility's current nursing staff have been employed here for more than 1 year?**

□ **If none have been employed for more than a year, check here,** ➡ Go to **28.**

Write percentages in each box.
If none for a staff type, please enter '0'.

[ ] % of RNs

[ ] % of LPNs

[ ] % of CNAs

28. About **what percent of this facility's current nursing staff received their basic nursing training outside of the United States?**

Write percentages in each box.
If none for a staff type, please enter '0'.

[ ] % of RNs

[ ] % of LPNs

29. About **what percent of this facility's current CNA staff consider** English their second language?

□ None

OR

[ ] % of CNAs

Please continue to next page.

We would like to learn about your staffs employee benefits.

30. What types of RN and LPN/LVN staff employee benefits are offered by the facility?

X box(es) that apply.

1. ☐ Fully paid health insurance plan for employee
2. ☐ Fully paid health insurance plan for employee spouse / dependents
3. ☐ Partially paid health insurance plan for employee
4. ☐ Partially paid health insurance plan for employee spouse / dependents
5. ☐ Retirement / pension
6. ☐ Paid vacation / holidays
7. ☐ Paid sick days
8. ☐ Paid time off days for "other / personal" reasons
9. ☐ Daycare (child)
10. ☐ Transportation allowance
11. ☐ Employee assistance
12. ☐ Career promotion / development (tuition, tuition reimbursement, workshops, conferences at reduced rate or free of charge, reimbursement for certification exam, etc.)
81. ☐ Other (PLEASE SPECIFY)

⬇

_____
_____
_____
_____
_____
_____

31. What types of CNA staff employee benefits are offered by the facility?

X box(es) that apply.

1. ☐ Fully paid health insurance plan for employee
2. ☐ Fully paid health insurance plan for employee spouse / dependents
3. ☐ Partially paid health insurance plan for employee
4. ☐ Partially paid health insurance plan for employee spouse / dependents
5. ☐ Retirement / pension
6. ☐ Paid vacation / holidays
7. ☐ Paid sick days
8. ☐ Paid time off days for "other / personal" reasons
9. ☐ Daycare (child)
10. ☐ Transportation allowance
11. ☐ Employee assistance
12. ☐ Career promotion / development (tuition, tuition reimbursement, workshops, conferences at reduced rate or free of charge, etc.)
81. ☐ Other (PLEASE SPECIFY)

⬇

_____
_____
_____
_____
_____
_____

G Other Information

32. Which types of your staff belong to labor unions?

X box(es) that apply.

⁰ ☐ None
¹ ☐ Nurses (LPNs, RNs)
² ☐ CNAs
³ ☐ Housekeeping
⁴ ☐ Maintenance
⁵ ☐ Food service
⁹¹ ☐ Other

33a. Does this facility use any volunteer workers to help either the current residents or your nursing home staff in any way?

X one box.

¹ ☐ Yes ➡ Go to **33b.**

² ☐ No ➡ **End**

33b. What kinds of duties / tasks do they perform?

X box(es) that apply.

¹ ☐ Assist residents at mealtime
² ☐ Bring water / snacks to residents
³ ☐ Assist residents with personal care needs
⁴ ☐ Assist residents with letter writing / mail delivery
⁵ ☐ Social visits with residents
⁶ ☐ Help residents with recreational activities
⁷ ☐ Transport residents inside / outside facility
⁸ ☐ Assist residents in religious activities
⁹ ☐ Perform clerical / telephone duties for staff
⁹¹ ☐ OTHER duties (PLEASE SPECIFY)

⬇

_____
_____

34a. About **how many DAYS per week do** volunteer workers usually **come to this facility?**

ᵃ ☐ Less than one day a week ➡ **End**

OR

ᵇ ☐☐ Number of days

34b. About **how many different volunteer workers** usually **come to this facility** each week?

ᵃ ☐☐ Number of workers

End

Thank you
for your cooperation.

9

WESTAT
1650 Research Boulevard
Rockville, Maryland 20850

Appendix IV

Letters to Nursing Home Administrators

aahsa
creating the future of aging services

**American Association
of Homes and Services
for the Aging**

2519 Connecticut Avenue, NW
Washington, DC 20008-1520
(202) 783-2242 · FAX (202) 783-2255
www.aahsa.org

Dear Administrator:

I am writing to urge your participation in the National Nursing Home Survey to be conducted by the National Center for Health Statistics from August to December 2004. The survey, the seventh in a series, is designed to collect data on the characteristics of nursing homes, their residents, and staff.

The support of our association members and of the 1,500 facilities selected to be included in this sample is indispensable to the successful development of invaluable data for planning and organizing health care of older adults, drafting health legislation and setting national policies and priorities to obtain quality care for all nursing home residents.

I have been assured that strict confidentiality provisions are to be maintained. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

I am confident that the resulting information will be worth the investment of your time and efforts as it will ultimately be used to make accurate assessments of the need for and effects of changes in the provision and financing of nursing home care for the elderly. Furthermore, it is only through your cooperation that we can be sure the information on which public policy will be based has the benefit from the nursing home industry input.

I, therefore, urge your cooperation with this survey.

Sincerely,

/William L. Mannix, Jr./

William L. Minnix, Jr., D.Min.
President and CEO

ACHCA

American College of Health Care Administrators _____ *Defining Excellence in Administration*

Dear Administrator,

I am writing to encourage you to participate in the 2004 National Nursing Home Survey conducted by the National Center for Health Statistics of the Department of Health and Human Services. The survey is designed to collect data on the characteristics of nursing homes, their residents, and staff and the services they provide. Statistical results from the survey will provide invaluable data for planning and organizing health care of older adults, drafting health legislation and, setting national policies and priorities.

The survey's new design maximizes the utility of the data collected and the new computer-assisted data collection methods minimize the time required to conduct the survey. Strict confidentiality will be maintained, and only summary data will be published and made available to health planners, researchers, health professionals and the public.

The support of the professional administrator is indispensable to the success of this research. Your participation in this survey process assures your voice in shaping public policy for our profession. I urge your cooperation in this effort.

Sincerely,

/Mary Tellis-Nayak/

Mary Tellis-Nayak, RN, MSN, MPH
President/CEO

ahca.
American Health
Care Association

1201 L Street, NW, Washington, DC 20005-4014
Main Telephone: 202-842-4444
Main Fax: 202-842-3860   2nd Main Fax: 202-289-4253
Writer's Telephone: 202-898-2830
Writer's E-mail: dduncan@ahca.org
www.ahca.org

April 12, 2004

Dear Administrator:

I am writing to urge you to participate in the 2004 National Nursing Home Survey to be conducted by the National Center for Health Statistics. The survey is a continuing series of nationally representative sample surveys of nursing homes, their residents, and staff.

Participation by the facilities selected in this sample is indispensable to the successful development of invaluable data for planning and organizing health care of older adults. The data will be used in the drafting of health legislation and setting of national policies and priorities to obtain quality care for all nursing home residents.

The survey's new design and computer-assisted data collection methods maximize the utility of the data collected, and at the same time minimizes the amount of staff involvement. In addition, strict confidentiality provisions are maintained. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

Data from the survey are used extensively for health care research, health planning and public policy. Furthermore, it is only through your cooperation that we can be sure the information on which public policy will be based has the benefit of your input.

I am confident that the information derived will be worth the investment of your time and efforts. I, therefore, urge your cooperation with this survey.

Sincerely,

/Charles H. Roadman II/

Charles H. Roadman II, MD, CAN
President and CEO

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
3311 Toledo Road
Hyattsville, Maryland 20782

Thank You

I want to personally thank you for participating in the National Nursing Home Survey and for assisting the Westat field representative, who conducted the survey in your facility. It is only through the cooperation of administrators like you that we are able to conduct such a survey that produces important national data about nursing homes and the care they provide. The findings will be an invaluable source of information for health care professionals, the long-term care industry, and the general public.

Again, I appreciate the time and effort you have given in support of this survey.

Sincerely,

/Edward J. Sondik/

Edward J. Sondik Ph.D.
Director, National Center for Health
Statistics

Vital and Health Statistics
series descriptions

SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.

SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.

SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.

SERIES 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.

SERIES 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.

SERIES 6. **Cognition and Survey Measurement**—These reports are from the National Laboratory for Collaborative Research in Cognition and Survey Measurement. They use methods of cognitive science to design, evaluate, and test survey instruments.

SERIES 10. **Data From the National Health Interview Survey**—These reports contain statistics on illness; unintentional injuries; disability; use of hospital, medical, and other health services; and a wide range of special current health topics covering many aspects of health behaviors, health status, and health care utilization. They are based on data collected in a continuing national household interview survey.

SERIES 11. **Data From the National Health Examination Survey, the National Health and Nutrition Examination Surveys, and the Hispanic Health and Nutrition Examination Survey**—Data from direct examination, testing, and measurement on representative samples of the civilian noninstitutionalized population provide the basis for (1) medically defined total prevalence of specific diseases or conditions in the United States and the distributions of the population with respect to physical, physiological, and psychological characteristics, and (2) analyses of trends and relationships among various measurements and between survey periods.

SERIES 12. **Data From the Institutionalized Population Surveys**—Discontinued in 1975. Reports from these surveys are included in Series 13.

SERIES 13. **Data From the National Health Care Surveys**—These reports contain statistics on health resources and the public's use of health care resources including ambulatory, hospital, and long-term care services based on data collected directly from health care providers and provider records.

SERIES 14. **Data on Health Resources: Manpower and Facilities**—Discontinued in 1990. Reports on the numbers, geographic distribution, and characteristics of health resources are now included in Series 13.

SERIES 15. **Data From Special Surveys**—These reports contain statistics on health and health-related topics collected in special surveys that are not part of the continuing data systems of the National Center for Health Statistics.

SERIES 16. **Compilations of Advance Data From Vital and Health Statistics**—Advance Data Reports provide early release of information from the National Center for Health Statistics' health and demographic surveys. They are compiled in the order in which they are published. Some of these releases may be followed by detailed reports in Series 10–13.

SERIES 20. **Data on Mortality**—These reports contain statistics on mortality that are not included in regular, annual, or monthly reports. Special analyses by cause of death, age, other demographic variables, and geographic and trend analyses are included.

SERIES 21. **Data on Natality, Marriage, and Divorce**—These reports contain statistics on natality, marriage, and divorce that are not included in regular, annual, or monthly reports. Special analyses by health and demographic variables and geographic and trend analyses are included.

SERIES 22. **Data From the National Mortality and Natality Surveys**—Discontinued in 1975. Reports from these sample surveys, based on vital records, are now published in Series 20 or 21.

SERIES 23. **Data From the National Survey of Family Growth**—These reports contain statistics on factors that affect birth rates, including contraception, infertility, cohabitation, marriage, divorce, and remarriage; adoption; use of medical care for family planning and infertility; and related maternal and infant health topics. These statistics are based on national surveys of women and men of childbearing age.

SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, and Divorce**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as *National Vital Statistics Reports* (NVSR), formerly *Monthly Vital Statistics Report*. These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other special reports published here provide selected findings based on final data from the National Vital Statistics System and may be followed by detailed reports in Series 20 or 21.

For answers to questions about this report or for a list of reports published in these series, contact:

Information Dissemination Staff
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Room 5412
Hyattsville, MD 20782

1–800–232–4636
E-mail: cdcinfo@cdc.gov
Internet: http://www.cdc.gov/nchs