

FORM **HHCS-20**
(3-29-96)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS

FLASHCARD BOOKLET

1996 NATIONAL HOME AND HOSPICE CARE SURVEY

(Cut along broken lines)

AGENCY CARD 1

AGENCY
CARD 1
(Right)

1. **PROPRIETARY** – includes individual or private, partnership, corporation
2. **NONPROFIT** – includes church-related, nonprofit corporation, other nonprofit ownership
3. **STATE OR LOCAL GOVERNMENT** – includes State, county, city, city-county, hospital district or authority
4. **FEDERAL GOVERNMENT** – includes USPHS, Armed Forces, Veterans Administration
5. **OTHER**

(Cut along broken lines)

AGENCY CARD 2

1. **CONTINUOUS HOME CARE** – providing care to patients who need 24-hour monitoring of equipment and/or conditions
2. **COUNSELING** – counseling and/or therapy that assists the patient in minimizing stresses and problems that arise from social, economical, or psychological situations and that assists the patient in maximizing positive aspects and opportunities for growth
3. **DENTAL TREATMENT SERVICES** – teeth filled or fillings replaced (fillings, crowns, bridges, root canals); teeth pulled; full or partial denture (made or repaired); relief of pain; gum surgery; treatment of ulcers, sores, irritations or lesions in mouth or on lips; and dental work to improve appearance (braces, bonding)
4. **DIETARY AND NUTRITIONAL SERVICES** – direct counseling by a trained nutritionist; does NOT include supervision of special diets
5. **DURABLE MEDICAL EQUIPMENT AND SUPPLIES** – nondisposable equipment (e.g., respirators, intravenous infusion therapy equipment, total parenteral nutrition and home dialysis machines) usually with an equipment life expectancy of more than one year
6. **ENTEROSTOMAL THERAPY** – caring for an ostomy site or teaching the proper method of caring for an ostomy site.
7. **HIGH TECH CARE (E.G., IV THERAPY)** – specialized care, in the home: examples include; respirator/ventilation therapy, IV therapy, chemotherapy, renal dialysis, etc.
8. **HOMEMAKER/COMPANION SERVICES** – services that are necessary for maintaining a safe and healthy home environment for the patient (e.g., cleaning the patient's kitchen, doing personal laundry, preparing meals) and other services to enable the patient to remain at home
9. **MEALS ON WHEELS** – program that provides regular delivery of food to elderly and handicapped persons with limited mobility. Often provided through a volunteer network
10. **MEDICATIONS** – providing prescription medication
11. **OCCUPATIONAL THERAPY/VOCATIONAL THERAPY** – from a registered or licensed occupational therapist; special restorative treatment
12. **ORAL HYGIENE/PREVENTION SERVICES** – oral examination (check up), cleaning (scaling, polishing), fluoride treatment, sealants, and x-rays
13. **PERSONAL CARE** – aid in bathing, dressing, using the toilet, getting in and out of bed, eating, or walking
14. **PHYSICAL THERAPY** – from a certified or licensed physical therapist; treatment to restore function, relieve pain

AGENCY CARD 2 – Continued

AGENCY
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AGENCY
CARD 2
Continued
(Right)

- 15. PHYSICIAN SERVICES** – evaluation and/or treatment from a licensed M.D. (not including psychiatrist), D.O., or physician associate
- 16. REFERRAL SERVICES** – referral to other sources for services that are not provided by the agency
- 17. RESPITE CARE (INPATIENT)** – care provided to the patient in an inpatient setting to relieve the family or primary caregiver, due to family psychological problems, caregiver fatigue, or required short-term absence of the caregiver
- 18. SKILLED NURSING SERVICES** – coordination by an R.N. or an L.P.N. of a care plan; e.g., catheterization, injection
- 19. SOCIAL SERVICES** – counseling, advocacy coordination, information, referrals; e.g., legal aid, job, housing assistance
- 20. SPEECH THERAPY/AUDIOLOGY** – evaluation, treatment, and monitoring of specific communication disorder(s)
- 21. SPIRITUAL CARE** – providing one-on-one and/or group support in coping with grief, fear, anxiety, and social problems for the patient, caregiver and family
- 22. TRANSPORTATION** – provision of transportation
- 23. VOLUNTEERS** – services provided by individuals in an unpaid capacity
- 24. OTHER SERVICES**

(Cut along broken lines)

PATIENT CARD 1

- 1. White**
- 2. Black**
- 3. American Indian, Eskimo, Aleut**
- 4. Asian, Pacific Islander**
- 5. Other**

PATIENT CARD 2

1. **PRIVATE RESIDENCE** – house or apartment, rented or owned
2. **RENTED ROOM, BOARDING HOUSE** – room or boarding house open to anyone as defined by the landlord for rental payment
3. **RETIREMENT HOME** – a retirement facility that provides room and board to elderly or impaired persons; often includes a separate hospice wing or unit that provides nursing, medical, personal care, etc., to those needing it
4. **BOARD AND CARE ASSISTED LIVING OR RESIDENTIAL CARE FACILITY** – a facility having three beds or more and that provides personal care or supervision to its residents, not just room and board (for example, help with bathing, dressing, eating, walking, shopping, or corresponding)
5. **OTHER TYPE OF HEALTH FACILITY (including mental health facility)** – other facility or institution that provides lodging, board, and social and physical care including the recording of health information, dietary supervision and supervised hygienic services for three or more patients not related to the operator
6. **OTHER**

PATIENT
CARD 1
(Left)

PATIENT
CARD 2
(Right)

(Cut along broken lines)

PATIENT CARD 3

- 1. Self/Family**
- 2. Nursing home**
- 3. Hospital**
- 4. Physician**
- 5. Health department**
- 6. Social service agency**
- 7. Home health agency**
- 8. Hospice**
- 9. Religious organization**
- 10. Other**

PATIENT CARD 4

- 1. Goals met**
 - 2. Recovered**
 - 3. Stabilized**
 - 4. Family/friends resumed care**
 - 5. Services no longer needed**
 - 6. Other – *Specify* ✓**
-

- 7. Moved out of area**
- 8. Admitted to hospital**
- 9. Admitted to nursing home**
- 10. Benefits exhausted**
- 11. Changed/transferred home health/
hospice agency**
- 12. Deceased**
- 13. Other**

PATIENT
CARD 3
(Left)

PATIENT
CARD 4
(Right)

(Cut along broken lines)

PATIENT CARD 5

- 1. Spouse**
- 2. Parent**
- 3. Child**
- 4. Daughter-in-law or son-in-law**
- 5. Other relative**
- 6. Neighbor**
- 7. Friend**
- 8. Volunteer group**
- 9. Other**

PATIENT CARD 6

- 1. Bedside commode**
- 2. Braces (any type)**
- 3. Cane**
- 4. Crutches**
- 5. Dentures (full or partial)**
- 6. Eye glasses (including contact lenses)**
- 7. Hearing aid**
- 8. Hospital bed**
- 9. Orthotics**
- 10. Shower chair**
- 11. Walker**
- 12. Wheel chair – manually operated**
- 13. Wheel chair – motorized**

PATIENT
CARD 5
(Left)

PATIENT
CARD 6
(Right)

(Cut along broken lines)

PATIENT CARD 7

- 1. PARTIALLY IMPAIRED** – cannot read newspaper print but can watch television 8 to 12 feet away
- 2. SEVERELY IMPAIRED** – cannot watch TV 8 to 12 feet away, but can recognize the features of familiar persons if they are within 2 to 3 feet
- 3. COMPLETELY LOST, BLIND**

PATIENT CARD 8

1. **PARTIALLY IMPAIRED** – can hear MOST of the things a person says
2. **SEVERELY IMPAIRED** – can hear only a few words a person says or loud noises
3. **COMPLETELY LOST, DEAF**

PATIENT
CARD 7
(Left)

PATIENT
CARD 8
(Right)

(Cut along broken lines)

PATIENT CARD 9

a. OXYGEN, RESPIRATORY THERAPY EQUIPMENT

1. Ventilator/respirator
2. Liquid oxygen delivery system
3. Oxygen concentrator
4. Gaseous oxygen delivery system
5. Nebulizer
6. Humidifier
7. Suction equipment
8. Tracheostomy

b. INTRAVENOUS THERAPY EQUIPMENT

1. Peripheral catheter
2. Midline catheter
3. Central venous catheter (e.g. Hickman, Broviac, Porta-cath., etc.)
4. Infusion pumps

c. DECUBITUS ULCER PREVENTION/TREATMENT EQUIPMENT

1. Air mattress/air fluidized bed
2. Foam mattress (egg-crate mattress)

d. ENTERAL NUTRITION EQUIPMENT

1. Nasogastric tube
2. Gastrostomy/jejunostomy tube
3. Pump

e. DIALYSIS EQUIPMENT

1. Peritoneal Dialysis – Manual (continuous)
2. Peritoneal Dialysis – Automated (intermittent/continuous cyclic)
3. Peritoneal – Unspecified
4. Hemodialysis

f. BLOOD GLUCOSE MONITOR

g. DRAINAGE DEVICES

1. Wound/bile duct/ureteral drainage catheter
2. Foley catheter
3. Intermittent bladder catheterization
4. External urinary collection devices (e.g., condom catheter)
5. Urostomy
6. Ileostomy/Colostomy

h. PROTECTIVE RESTRAINTS (e.g., vests, belts)

i. PEDIATRIC CARE

1. Apnea monitor
2. Phototherapy lights/equipment

j. PRENATAL UTERINE MONITORING

k. OTHER

PATIENT CARD 10

- a. **BATHING or SHOWERING** – washing the whole body; includes the process of getting in or out of tub/shower
- b. **DRESSING** – getting clothes from closets/drawers and putting them on. Includes managing buttons, zippers, and other fasteners; excludes tying shoes
- c. **EATING** – getting food from plate to mouth; excludes assistance with cutting meat or buttering bread
- d. **TRANSFERRING IN OR OUT OF BEDS OR CHAIRS** – getting into and out of bed or getting into and out of a chair/wheelchair
- e. **WALKING** – moving from one place to another by advancing the feet and legs in turn at a moderate pace
- f. **USING THE TOILET ROOM** – going to the toilet, transferring on and off the toilet, cleaning self after elimination and arranging clothes; excludes bowel and bladder functioning

PATIENT
CARD 9
(Left)

PATIENT
CARD 10
(Right)

(Cut along broken lines)

PATIENT CARD 11

- a. Doing light housework**
- b. Managing money**
- c. Shopping for groceries or clothes**
- d. Using the telephone (dialing or receiving calls)**
- e. Preparing meals**
- f. Taking medications**

PATIENT CARD 12

1. **CONTINUOUS HOME CARE** – providing care to patients who need 24-hour monitoring of equipment and/or conditions
2. **COUNSELING** – counseling and/or therapy that assists the patient in minimizing stresses and problems that arise from social, economical, or psychological situations and that assists the patient in maximizing positive aspects and opportunities for growth
3. **HOMEMAKER-HOUSEHOLD SERVICES** – services that are necessary for maintaining a safe and clean home environment for the patient (e.g., cleaning the patient's kitchen, doing personal laundry, preparing meals) and other services to enable the patient to remain at home
4. **MEDICATIONS** – providing prescription medication
5. **MENTAL HEALTH SERVICES** – from psychiatrist, psychologist, psychiatric social worker, or other trained mental health worker
6. **NURSING SERVICES** – coordination by an R.N. or an L.P.N. of a care plan; e.g., catheterization, injection
7. **NUTRITIONIST SERVICES** – direct counseling by a trained nutritionist; does NOT include supervision of special diets
8. **OCCUPATIONAL THERAPY** – from a registered or licensed occupational therapist; special restorative treatment
9. **PHYSICAL THERAPY** – from a certified or licensed physical therapist; treatment to restore function, relieve pain
10. **PHYSICIAN SERVICES** – evaluation and/or treatment from a licensed M.D. (not including psychiatrist), D.O., or physician associate
11. **SOCIAL SERVICES** – counseling, advocacy coordination, information, referrals; e.g., legal aid, job, housing assistance
12. **SPEECH THERAPY/AUDIOLOGY** – evaluation, treatment, and monitoring of specific communication disorder(s)
13. **TRANSPORTATION** – provision of transportation
14. **VOLUNTEERS** – services provided to patients by individuals in an unpaid capacity
15. **OTHER SERVICES**

PATIENT
CARD 11
(Left)

PATIENT
CARD 12
(Right)

PATIENT CARD 13

- 1. Chaplain**
- 2. Dietitians/Nutritionists**
- 3. Home health aides**
- 4. Homemakers/Personal caretakers**
- 5. Licensed practical or vocational nurses**
- 6. Nursing aides and attendants**
- 7. Occupational therapists**
- 8. Physical therapists**
- 9. Physicians**
- 10. Registered nurses**
- 11. Respiratory therapists**
- 12. Social workers**
- 13. Speech pathologists/Audiologists**
- 14. Volunteers**
- 15. Other providers**

PATIENT CARD 14

- 1. Private insurance**
- 2. Own income, family support, Social Security benefits, retirement funds, or welfare**
- 3. Supplemental Security Income (SSI)**
- 4. Medicare**
- 5. Medicaid**
- 6. Other government medical assistance**
- 7. Religious organizations, foundations, agencies**
- 8. VA contract, pensions, or other VA compensation**
- 9. No charge made for care**
- 10. Payment source not yet determined**
- 11. Other**

PATIENT
CARD 13
(Left)

PATIENT
CARD 14
(Right)

(Cut along broken lines)