

FORM **HHCS-20**  
(3-27-98)

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**

**1998**  
**NATIONAL HOME AND**  
**HOSPICE CARE SURVEY**

# AGENCY CARD 1

Agency  
Card 1 (Right)

1. **PROPRIETARY** - includes individually or privately owned, 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 OR other Federal Government - (Please specify)
5. **OTHER**

## AGENCY CARD 2

- 1. Bereavement care** – providing one-on-one and/or group support in coping with grief and sadness upon the loss of a loved one
- 2. Continuous home care** – providing care to patients who need 24-hour monitoring of equipment and/or conditions
- 3. 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
- 4. 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)
- 5. Dietary and nutritional services** – direct counseling by a trained nutritionist; does NOT include supervision of special diets
- 6. 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
- 7. Enterostomal therapy** – caring for an ostomy site or teaching the proper method of caring for an ostomy site.
- 8. High tech care (e.g., IV therapy)** – specialized care, in the home: examples include: respirator/ventilation therapy, IV therapy, chemotherapy, renal dialysis.
- 9. Homemaker/Household 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
- 10. Meals on wheels** – program that provides regular delivery of food to elderly and handicapped persons with limited mobility. Often provided through a volunteer network
- 11. Medications** – providing prescription medication
- 12. Occupational therapy** – from a registered or licensed occupational therapist; special treatment to restore or maintain independence in activities of daily living and basic functional skills
- 13. Oral hygiene/prevention services** – oral examination (check up), cleaning (scaling, polishing), fluoride treatment, sealants, and x-rays
- 14. Pastoral care** – from a minister, priest, rabbi, or other clergy
- 15. Personal care** – aid in bathing, dressing, using the toilet, getting in and out of bed, eating, walking, shaving, combing or shampooing hair, care of dentures and teeth, etc.
- 16. Physical therapy** – from a certified or licensed physical therapist; treatment to restore function, relieve pain

## AGENCY CARD 2 – Continued

17. **Physician services** – evaluation and/or treatment from a licensed M.D. (not including psychiatrist), D.O., or physician associate
18. **Referral services** – referral to other sources for services that are not provided by the agency
19. **Respite care (inpatient)** – care provided to the patient on a short-term basis because of the absence or need for relief of those persons normally providing the care
20. **Skilled nursing services** – coordination by an R.N. or an L.P.N. of a care plan; e.g., catheterization, injection
21. **Social services** – counseling, advocacy coordination, information, referrals; e.g., legal aid, job, housing assistance
22. **Speech therapy/Audiology** – evaluation, treatment, and monitoring of specific communication disorder(s)
23. **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
24. **Transportation** – provision of transportation
25. **Vocational therapy** – from a registered or licensed therapist; to restore/maintain skills to be used in a career
26. **Volunteers** – services provided by individuals in an unpaid capacity
27. **Other services**

Agency  
Card 2 (Left)

Agency  
Card 2  
Cont. (Right)

## **PATIENT CARD 1**

- 1. American Indian or Alaska Native**
- 2. Asian**
- 3. Black or African American**
- 4. Native Hawaiian or other Pacific Islander**
- 5. White**
- 6. 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. **Nursing home, hospital, or other inpatient 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)  
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Patient  
Card 2 (Right)

## **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. Health maintenance organization**
- 11. Friend/Neighbor**
- 12. Other**

## PATIENT CARD 4

### Goals met

1. Recovered
2. Stabilized
3. Family/friends resumed care
4. Other - *Specify*

### Transferred to inpatient care

5. Hospital
6. Nursing home
7. Other - *Specify*

8. Transferred to another form of outpatient care - *Specify*

9. Moved out of area

10. Deceased

11. Other

Patient  
Card 3 (Left)  

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Patient  
Card 4 (Right)



## **PATIENT CARD 5**

- 1. Spouse**
- 2. Parent**
- 3. Child**
- 4. Daughter-in-law or son-in-law**
- 5. Sister or brother**
- 6. Other relative**
- 7. Neighbor**
- 8. Friend**
- 9. Volunteer group**
- 10. Paid help/staff of facility where patient resides**
- 11. Other**

## PATIENT CARD 6

1. **Bedside commode**
2. **Blood glucose monitor**
3. **Brace (any type)**
4. **Cane**
5. **Crutches**
6. **Dentures (full or partial)**
7. **Elevated/raised toilet seat**
8. **Eye glasses (including contact lenses)**
9. **Grab bars**
10. **Hearing aid**
11. **Hospital bed**
12. **IV therapy equipment**
13. **Mattress, special (eggcrate, foam, air, gel, etc.)**
14. **Orthotics**
15. **Oxygen (including oxygen concentrator)**
16. **Shower chair/Bath bench**
17. **Walker**
18. **Wheel chair (manually operated)**
19. **Wheel chair (motorized)**
20. **Other**

Patient  
Card 5 (Left)

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Patient  
Card 6 (Right)

## **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)

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Patient  
Card 8 (Right)

## PATIENT CARD 9

- 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 10**

- 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 9 (Left)**

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**Patient  
Card (right)**

# PATIENT CARD 11

- 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/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. 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
- 8. IV therapy** – injection or infusion of a solution into a vein; includes the provision of medications (including chemotherapy or pain control substances), nutrients, or fluids to treat dehydration or shock
- 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** – from a registered or licensed therapist; special treatment to restore or maintain independence in activities of daily living and basic functional skills
- 12. Oral hygiene/prevention services** – oral examination (check-up), cleaning (scaling, polishing), fluoride treatment, sealants, and x-rays
- 13. Personal care** – aid in activities such as bathing, dressing, using the toilet, getting in and out of bed, eating, walking, shaving, combing or shampooing hair, care of dentures and teeth, etc.

## PATIENT CARD 11 – Continued

- 14. Physical therapy** – from a certified or licensed physical therapist; treatment to restore function, relieve pain
- 15. Physician services** – evaluation and/or treatment from a licensed M.D. (not including psychiatrist), D.O., or physician associate
- 16. Psychological services** – evaluation and/or treatment from a licensed psychiatrist, psychologist, psychiatric social worker, or other licensed mental health service provider
- 17. Referral services** – referral to other sources for services that are not provided by the agency
- 18. Respiratory therapy** – treatment to preserve or improve pulmonary function; includes oxygen therapy
- 19. Respite care (inpatient)** – care provided to the patient on a short-term basis because of the absence or need for relief of those persons normally providing the care
- 20. Skilled nursing services** – coordination by an R.N. or L.P.N. of a care plan; e.g., catheterization, injection
- 21. Social services** – counseling, advocacy coordination, information, referrals; e.g. legal aid, job, housing assistance
- 22. Speech therapy/Audiology** – evaluation, treatment, and monitoring of specific communication disorder(s)
- 23. 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
- 24. Transportation** – provision of transportation
- 25. Vocational therapy** – from a registered or licensed therapist; to restore/maintain skills to be used in a career
- 26. Volunteers** – services provided by individuals in an unpaid capacity
- 27. Other high tech care (e.g., enteral nutrition, dialysis)**
- 28. Other services**

Patient  
Card 11 (Left)

Patient Card 11  
(Cont.) (Right)



## **PATIENT CARD 12**

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

## **PATIENT CARD 13**

- 1. Medicare**
  - a. Fee-for-service Medicare**
  - b. Medicare HMO**
- 2. Medicaid**
  - a. Fee-for-service or traditional Medicaid**
  - b. Privately insured through Medicaid**
- 3. Other government medical assistance**
- 4. Private insurance**
  - a. HMO or IPA**
  - b. Indemnity plan or PPO**
  - c. Other**
- 5. Own income, family support, Social Security benefits, retirement funds, or welfare**
- 6. Supplemental Security Income (SSI)**
- 7. Religious organizations, foundations, agencies**
- 8. Veterans Administration**
- 9. CHAMPVA/CHAMPUS**
- 10. Other military medicine**
- 11. No charge made for care**
- 12. Payment source not yet determined**
- 13. Other**