

**2004 National Nursing Home Survey
Data Dictionary
Current Resident Public-Use File***

*Technical notes on the use of nesting variables and sample weights are at the end of this data dictionary.

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
	RESNUM	N	6	1 - 6	Resident Record (Case) Number	
	FACNUM	N	4	7 - 10	Facility (FACNUM is not the same as CASENUM in the facility public-use file, nor the same as NAFACNUM in the nursing assistant file. For requirements of confidentiality, the files cannot be linked using FACNUM, CASENUM, and NAFACNUM. The facilities with FACNUM = 1, CASENUM=1, and NAFACNUM = 1 across the three files are three different facilities, for example.	
HA Health Status Module						
HA1A4	MARSTAT	N	2	11 - 12	Marital status at admission	1. Married 2. Widowed 3. Divorced 4. Separated 5. Never married 6. Living with partner 7. Single 88. DK 99. Not ascertained
HA1B	SEX	N	1	13	Sex	1. Male 2. Female
Age at Admission Derived from HA1C1- HA1C4 (HN1C1- HN1C4)	AGEATADM	N	3	14 - 16	Age at Admission	0-99. Age in years 999. Not ascertained
Age at Interview Derived from HA1C1- HA1C4 (HN1C1- HN1C4)	AGEATINT	N	3	17 - 19	Age at Interview	0-99. Age in years 100 = 100 or more
	AGEIMP	N	1	20	Age imputed	1. Yes 2. No
HA1C5	HISPAN	N	1	21	Is resident Hispanic or Latino origin	1. Yes 2. No 8. DK 9. Not ascertained
HA1C6					<u>Race</u>	
"	RACEAMIN	N	1	22	American Indian or Alaska Native	1. Yes 2. No
"	RACEASIA	N	1	23	Asian	1. Yes 2. No
"	RACEBLCK	N	1	24	Black or African American	1. Yes 2. No
"	RACEPACI	N	1	25	Native Hawaiian or other Pacific Islander	1. Yes 2. No

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	RACEWHT	N	1	26	White	1. Yes 2. No
"	RACEOTH	N	1	27	Another race	1. Yes 2. No 8. DK
	RACEIMP	N	1	28	Race imputed	1. Yes 2. No
HA1C7	VETERAN	N	1	29	Veteran	1. Yes 2. No 8. DK 9. Not ascertained
HA7	WHRLIVE	N	2	30 - 31	Where staying before entering this facility	1. Private residence 2. Assisted living, Board & Care, Group home 3. Nursing home 4. Hospital SNF 5. Acute Care Hospital 6. Psychiatric hospital, MR/DD facility 7. Rehabilitation facility 8. Other 88. DK 99. Not ascertained
HA7A	PRIORLIV	N	1	32	Before that, where staying	1. Home 2. Other place 8. DK 9. Not ascertained Blank. Not applicable
HA7B RECODE	LIVWITH	N	1	33	Who resident lived with immediately before entering facility NOTE: Three residents lived with both family and non-family. These are included with the family (code 2).	1. Alone 2. With family members 3. With nonfamily members 8. DK 9. Not ascertained Blank = Not applicable
HA7B					<u>Who resident lived with immediately before entering facility</u>	
"	LIVALONE	N	1	34	- Resident lived alone	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	LIVSPOUS	N	1	35	- Resident lived with spouse	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	LIVSIGNI	N	1	36	- Resident lived with significant other	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	LIVCHILD	N	1	37	- Resident lived with child	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	LIVOTHFM	N	1	38	- Resident lived with other family member	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	LIVNONFM	N	1	39	- Resident lived with non-family member	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
HA7C Derived	ANYADDIR	N	1	40	Does resident have Advance Directives? *Yes = one or more with Yes *No = all with No	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
HA7C					<u>Resident's Advance Directives</u>	
"	LIVINGWL	N	1	41	- Living will advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	DNR	N	1	42	- Do not resuscitate (DNR) advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	NOHOSP	N	1	43	- Do not hospitalize advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	ORGANDON	N	1	44	- Organ donation advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	AUTOPSY	N	1	45	- Autopsy request advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	FEEDRES	N	1	46	- Feeding restrictions advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	MEDRES	N	1	47	- Medication restrictions advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained
"	OTHRES	N	1	48	- Other treatment restrictions advance directive	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
HA8	MDSAVAIL	N	1	49	MDS Assessment Form available	1. Yes, available & complete 2. No, not available 8. DK 9. Not ascertained
HA10 (HN11D)	COMOTOSE	N	1	50	Is resident comatose	1. Yes 2. No 8. DK 9. Not ascertained
HA11	DECISION	N	1	51	How makes decisions regarding tasks of daily life	0. Independent 1. Modified independence 2. Moderately impaired 3. Severely impaired 8. DK 9. Not ascertained Blank. Not applicable
HA12	MOOD	N	1	52	Has indicators of depressed mood, not easily altered	0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered 8. DK 9. Not ascertained Blank. Not applicable
HA13	BEHAVE	N	1	53	Any behavioral symptoms	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
HA14 Derived from HA14-B,G,H,I and HA15	TOTALADL	N	1	54	Number of ADL's used by resident	0. No ADL's used 1-5. 1 to 5 ADL's used 8. DK 9. Not ascertained
					<u>Ability to perform Activities of Daily Living</u>	
HA14A	BEDMOBIL	N	2	55 - 56	Bed Mobility	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14B	TRANSFER	N	2	57 - 58	Transfer	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
Derived from HA14C & 14D	WALKING	N	1	59	Did resident receive assistance with walking in room or corridor?	0. No help received 1. Received help 2. Activity did not occur 8. DK 9. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
HA14C	WALKRM	N	2	60 - 61	Walking in Room	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14D	WALKCOR	N	2	62 - 63	Walking in Corridor	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14E	ONUNIT	N	2	64 - 65	Locomotion on Unit	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14F	OFFUNIT	N	2	66 - 67	Locomotion off Unit	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14G	DRESS	N	2	68 - 69	Dressing	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14H	EAT	N	2	70 - 71	Eating	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
HA14I	TOILET	N	2	72 - 73	Using the toilet	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA14J	HYGIENE	N	2	74 - 75	Personal Hygiene	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA15	BATH	N	2	76 - 77	Bathing	0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance 4. Total dependence 8. Activity didn't occur-7 days 88. DK 99. Not ascertained
HA16	BOWLCONT	N	1	78	Level of Bowel control	0. Continent 1. Usually continent 2. Occasionally incontinent 3. Frequently incontinent 4. Incontinent 8. DK 9. Not ascertained
HA17.	BLADCONT	N	1	79	Level of Bladder control	0. Continent 1. Usually continent 2. Occasionally incontinent 3. Frequently incontinent 4. Incontinent 8. DK 9. Not ascertained
HA18					<u>What appliances or programs used to prevent or manage bowel/bladder incontinence</u>	
HA18 Derived	ANYAPPL	N	1	80	Any appliances or programs used?*	1. Yes 2. No 8. DK 9. Not ascertained
“	TOILPLAN	N	1	81	– Scheduled toileting plan	1. Yes 2. No 8. DK 9. Not ascertained
“	BLDTRAIN	N	1	82	– Bladder retraining program	1. Yes 2. No 8. DK 9. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
“	EXTCATH	N	1	83	– External (condom) catheter	1. Yes 2. No 8. DK 9. Not ascertained
“	INDCATH	N	1	84	– Indwelling catheter	1. Yes 2. No 8. DK 9. Not ascertained
“	OTHAPPLI	N	1	85	– Other appliances/ programs	1. Yes 2. No 8. DK 9. Not ascertained
“	OSTOMY	N	1	86	– Ostomy present	1. Yes 2. No 8. DK 9. Not ascertained
HA19 Derived	ANYFALLS	N	1	87	Any falls/ fractures in past 6 months?*	1. Yes 2. No 8. DK 9. Not ascertained
HA19					*Yes = one or more with Yes *No = all with No	
“	FELL30	N	1	88	Fell in past 30 days	1. Yes 2. No 8. DK 9. Not ascertained
“	FELL180	N	1	89	Fell in past 31-180 days	1. Yes 2. No 8. DK 9. Not ascertained
“	HIPFRACT	N	1	90	Hip fracture in last 180 days	1. Yes 2. No 8. DK 9. Not ascertained
“	OTHFRACT	N	1	91	Other fracture in last 180 days	1. Yes 2. No 8. DK 9. Not ascertained
HA19A	WGTLOSS	N	1	92	Weight loss of 5% in 30 days or 10% in 180 days	1. Yes 2. No 8. DK 9. Not ascertained
HA19B	WGTGAIN	N	1	93	Weight gain of 5% in 30 days or 10% in 180 days	1. Yes 2. No 8. DK 9. Not ascertained
HA20 Derived	ANYNUTRL	N	1	94	Receiving any nutritional approaches ?*	1. Yes 2. No 8. DK 9. Not ascertained
HA20					Receiving any nutritional approaches	
“	FEEDTUBE	N	1	95	– Feeding tube	1. Yes 2. No 8. DK 9. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	WGTPLAN	N	1	96	- On a planned weight change program	1. Yes 2. No 8. DK 9. Not ascertained
"	OTHNUTRI	N	1	97	- Other nutritional approaches	1. Yes 2. No 8. DK 9. Not ascertained
HA21	ULCERHI	N	1	98	Highest stage of any Pressure Ulcer resident now has	0. No pressure ulcer 1. Stage I 2. Stage II 3. Stage III 4. Stage IV 8. DK 9. Not ascertained
HA22 Derived	ANYDVICE	N	1	99	Any listed devices/ restraints used daily or less than daily ?* *Yes = one or more with Yes *No = all with No	1. Yes 2. No 8. DK 9. Not ascertained
					<u>Frequency of use of the following devices/ restraints:</u>	
HA22A.	BEDRAIL	N	1	100	- Bed Rails	0. Not used 1. Used less than daily 2. Used daily 8. DK 9. Not ascertained
HA22B.	SIDERAIL	N	1	101	- Side Rails	0. Not used 1. Used less than daily 2. Used daily 8. DK 9. Not ascertained
HA22C.	TRUNK	N	1	102	- Trunk restraint	0. Not used 1. Used less than daily 2. Used daily 8. DK 9. Not ascertained
HA22D.	LIMB	N	1	103	- Limb restraint	0. Not used 1. Used less than daily 2. Used daily 8. DK 9. Not ascertained
HA22E.	CHAIR	N	1	104	- Chairs that prevent rising	0. Not used 1. Used less than daily 2. Used daily 8. DK 9. Not ascertained
Derived from INTVDATE - ADMDATE	LOS	N	5	105 - 109	Length of stay <u>in days</u> from Date of Admission to Date of Interview	1-15415. Length of stay 88888. DK 99999. Not ascertained
Derived from INTVDATE - MDSDATE	MDSDAYS	N	3	110 - 112	Length of stay <u>in days</u> from Date of MDS assessment to Date of Interview	1-360. Number of days for MDS 999. Not ascertained Blank. Not applicable
Derived from count of total medications taken (PM file)	RXTOTAL	N	2	113 - 114	Total number of medications taken.	0-30. Total meds taken 88. DK 99. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
HN Health Status Module						
HN2A	SPECUNIT	N	1	115	<u>Assigned to a bed on a Specialty Unit</u>	1. Yes 2. No 3. Resident resides in a facility with no special care unit 8. DK 9. Not ascertained
HN2B	CONDSPEC	N	2	116 - 117	What condition is the specialty unit for:	1. Alzheimers, dementia 2. Behavioral 3. Children with disabilities-(mentally retarded, DD) 4. Rehabilitation 5. Sub-acute care 6. Ventilator/pulmonary 7. Other 99. Not ascertained Blank. Not applicable
HN3					<u>Currently receiving services from a special program for any of these listed conditions:</u>	
"	RENLIFE	N	1	118	- Hospice/ Palliative care/ End of Life	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
"	RPAIN	N	1	119	- Pain management	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
"	RBEHAVE	N	1	120	- Behavioral problems	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
"	RWOUND	N	1	121	- Skin/ Wounds	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
"	RCONTIN	N	1	122	- Continece management	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
"	RDEMEN	N	1	123	- Dementia (including Alzheimer's disease)	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
"	RESTORE	N	1	124	- Restorative care	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	ROTHPROG	N	1	125	- Other	1. Yes 2. No 3. No specialty programs 8. DK 9. Not ascertained
HN4A, HN4A1					<u>Primary diagnosis at time of admission</u>	
"	ADX1	C	6	126 - 131	ICD9 Code #1	0-99999. ICD-9 code 888888. DK 999999. Not ascertained
"	ADX51	C	5	132 - 136	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
HN5A, HN5A1					<u>Current primary diagnosis</u>	
"	CDDX1	C	6	137 - 142	ICD9 Code #1	0-99999. ICD-9 code 888888. DK 999999. Not ascertained
"	CDDX51	C	5	143 - 147	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
HN5B, HN5B1					<u>Current secondary diagnosis</u>	
"	CDDX2	C	6	148 - 153	Current secondary diagnosis-1 ICD9 Code #1	0-99999. ICD-9 code 888888. DK 999999. Not ascertained Blank. Not applicable
"	CDDX2A	C	5	154 - 158	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX3	C	6	159 - 164	Current secondary diagnosis-2 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX3A	C	5	165 - 169	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX4	C	6	170 - 175	Current secondary diagnosis-3 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX4A	C	5	176 - 180	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX5	C	6	181 - 186	Current secondary diagnosis-4 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX5A	C	5	187 - 191	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX6	C	6	192 - 197	Current secondary diagnosis-5 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX6A	C	5	198 - 202	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX7	C	6	203 - 208	Current secondary diagnosis-6 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX7A	C	5	209 - 213	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX8	C	6	214 - 219	Current secondary diagnosis-7 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX8A	C	5	220 - 224	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	CDDX9	C	6	225 - 230	Current secondary diagnosis-8 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX9A	C	5	231 - 235	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX10	C	6	236 - 241	Current secondary diagnosis-9 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX10A	C	5	242 - 246	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX11	C	6	247 - 252	Current secondary diagnosis-10 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX11A	C	5	253 - 257	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX12	C	6	258 - 263	Current secondary diagnosis-11 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX12A	C	5	264 - 268	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX13	C	6	269 - 274	Current secondary diagnosis-12 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX13A	C	5	275 - 279	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX14	C	6	280 - 285	Current secondary diagnosis-13 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX14A	C	5	286 - 290	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX15	C	6	291 - 296	Current secondary diagnosis-14 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX15A	C	5	297 - 301	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
"	CDDX16	C	6	302 - 307	Current secondary diagnosis-15 ICD9 Code #1	0-99999. ICD-9 code 999999. Not ascertained Blank. Not applicable
"	CDDX16A	C	5	308 - 312	ICD9 Code #2	0-99999. ICD-9 code Blank. Not applicable
HN7A	EDVISIT	N	1	313	Had Hospital Emergency Department (ED) visits in past 90 days	1. Yes 2. No 8. DK 9. Not ascertained
HN7B	EDNUM	N	2	314 - 315	Number of Emergency Department visits	1-11. Number of visits 88. DK 99. Not ascertained Blank. Not applicable
HN7C					Primary reason for most recent ED visit	Reason for visit coded using the National Ambulatory Medical Care Survey (NAMCS) Reason for Visit Classification (RVC) (1997 version)
"	EDCODE1	C	6	316 - 321	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable
"	EDCODE1A	C	5	322 - 326	Code #2	0-99999. NAMCS RVC Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"					<u>Primary reason for ED visit (2nd visit)</u>	
"	EDCODE2	C	6	327 - 332	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable
"	EDCODE2A	C	5	333 - 337	Code #2	0-99999. NAMCS RVC Blank. Not applicable
"					<u>Primary reason for ED visit (3rd visit)</u>	
"	EDCODE3	C	6	338 - 343	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable
"	EDCODE3A	C	5	344 - 348	Code #2	0-99999. NAMCS RVC Blank. Not applicable
"					<u>Primary reason for ED visit (4th visit)</u>	
"	EDCODE4	C	6	349 - 354	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable
"	EDCODE4A	C	5	355 - 359	Code #2	0-99999. NAMCS RVC Blank. Not applicable
"					<u>Primary reason for ED visit (5th visit)</u>	
"	EDCODE5	C	6	360 - 365	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable
HN7D	HOSPADM	N	1	366	Had Hospital Admission (requiring an overnight stay) in past 90 days	1. Yes 2. No 8. DK 9. Not ascertained
HN7E	HOSPNUM	N	1	367	Number of Hospital Admissions	1-6. Number of visits 8. DK 9. Not ascertained Blank. Not applicable
HN7F					<u>Primary reason for most recent hospitalization</u>	Reason for visit coded using the National Ambulatory Medical Care Survey (NAMCS) Reason for Visit Classification (RVC) (1997 version)
"	HCODE1	C	6	368 - 373	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable
"	HCODE1A	C	5	374 - 378	Code #2	0-99999. NAMCS RVC Blank. Not applicable
"					<u>Primary reason for hospitalization (2nd hosp.)</u>	
"	HCODE2	C	6	379 - 384	Code #1	0-99999. NAMCS RVC 888888. DK 999999. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	HCODE2A	C	5	385 - 389	Code #2	0-99999. NAMCS RVC Blank. Not applicable
					<u>Primary reason for hospitalization (3rd hosp.)</u>	
"	HCODE3	C	5	390 - 394	Code #1	0-99999. NAMCS RVC Blank. Not applicable
"	HCODE3A	C	5	395 - 399	Code #2	0-99999. NAMCS RVC Blank. Not applicable
					<u>Primary reason for hospitalization (4th hosp.)</u>	
"	HCODE4	C	5	400 - 404	Code #1	0-99999. NAMCS RVC Blank. Not applicable
"	HCODE4A	C	5	405 - 409	Code #2	0-99999. NAMCS RVC Blank. Not applicable
					<u>Primary reason for hospitalization (5th hosp.)</u>	
"	HCODE5	C	5	410 - 414	Code #1	0-99999. NAMCS RVC Blank. Not applicable
HN8	FLUVAC	N	2	415 - 416	Resident's documented vaccination status for flu shot in past 12 months	1. Vaccinated- at facility 2. Vaccinated-before admitted 3. Not vaccinated- no record of Dr. order/or if offered 4. Not vaccinated- medically contraindicated 5. Not vaccinated- refused 6. Not vaccinated- other reason 7. Not vaccinated- DK reason 8. Not in facility during recent flu season 88. DK 99. Not ascertained
HN9	PNEUVAC	N	2	417 - 418	Resident's documented vaccination status for whether ever had a pneumococcal vaccine	1. Vaccinated- at facility 2. Vaccinated-before admitted 3. Not vaccinated- no record of Dr. order/or if offered 4. Not vaccinated- medically contraindicated 5. Not vaccinated- refused 6. Not vaccinated- other reason 7. Not vaccinated- DK reason 77. Refused 88. DK 99. Not ascertained
HN12	ANYPAIN	N	1	419	Any pain in past 7 days	1. Yes 2. No 8. DK 9. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
HN13	PAINTOOL	N	2	420 - 421	Type of pain assessment used to assess pain	1. Verbal numerical scale 2. Word scale 3. Visual analog scale 4. Face scale 5. Other assessment tool 6. Resident's description 7. Observation of resident 88. DK 99. Not ascertained Blank. Not applicable
HN14	NUMTOOL	N	1	422	Numerical range of pain assessment tool	1. 0-5 2. 0-10 3. Other 8. DK 9. Not ascertained Blank. Not applicable
HN14B2	PAINHIGH	N	2	423 - 424	Highest numerical rating for pain in past 7 days	0-10. Rating 88. DK 99. Not ascertained Blank. Not applicable
HN14C	PAINDESC	N	1	425	Description of highest pain level	1. Mild 2. Moderate 3. Severe 4. Excruciating/horrible 8. DK 9. Not ascertained Blank. Not applicable
HN15					<u>Strategies used to manage pain:</u>	
"	ORDER	N	1	426	- Standing order for pain medication	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	PRN	N	1	427	- PRN order for pain medication	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	NONPHARM	N	1	428	- Non-Pharmacological Methods	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	OTHMETH	N	1	429	- Other	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
HN19	HPICEBEG	N	1	430	When started hospice/palliative care- before or after admission to facility	1. Before admission 2. After admission 8. DK 9. Not ascertained Blank. Not applicable
HN19A Derived from Date of Interview - Hospice start date	HSPCELOS	N	4	431 - 434	Length of time in days that resident received palliative or hospice care.	1-663. Days 8888. DK 9999. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
HN20	HPICECOV	N	1	435	Has Medicare hospice coverage started	1. Yes 2. No 3. Not eligible for Medicare 8. DK 9. Not ascertained Blank. Not applicable
HN21					<u>Types of end-of-life, palliative or hospice services received in past 7 days</u>	
"	SYMPHELP	N	1	436	- Symptom management	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	PAINHELP	N	1	437	- Pain management	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	LEGAL	N	1	438	- Counseling/ assistance with ethical/ legal issues	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	GRIEF	N	1	439	- Grief, loss and bereavement counseling	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	DEATHPRE	N	1	440	- Death preparation	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	FAMHELP	N	1	441	- Emotional support for family	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	SPIRHELP	N	1	442	- Pastoral/ spiritual care	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	OTHELP	N	1	443	- Other	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
HN22					<u>Types of symptoms resident has:</u>	
"	COUGH	N	1	444	- Difficulty with coughing and secretions	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	BREATH	N	1	445	– Shortness of breath	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	CONSTIPA	N	1	446	– Constipation	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	DIARRHEA	N	1	447	– Diarrhea	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	DRY MOUTH	N	1	448	– Dry mouth	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	FECAL	N	1	449	– Fecal impaction	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	NAUSEA	N	1	450	– Nausea/ vomiting	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	ANOREXIA	N	1	451	– Anorexia	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	SLEEPAT	N	1	452	– Change in sleep patterns	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	RESTLESS	N	1	453	– End stage restlessness	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	URINARY	N	1	454	– Urinary retention	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	FEVER	N	1	455	– Fever	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	ENDURE	N	1	456	– Impaired endurance	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	ODOR	N	1	457	– Offensive odor to patient/ family	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	LESION	N	1	458	– Open lesions or infections of mouth	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	ITCHING	N	1	459	– Pruritis/ itching	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	OTHSYMP	N	1	460	– Other	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
HN23					<u>Types of formal care/ treatments received in past 7 days</u>	
"	SEDATION	N	1	461	– Terminal sedation	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	OXYGEN	N	1	462	– Oxygen-respiratory therapy	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	MEDEQUIP	N	1	463	– Durable medical equipment	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	CHEMO	N	1	464	– Chemotherapy	2. No 8. DK 9. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	RADIAT	N	1	465	– Radiation for <u>pain relief</u>	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	PTOCTHER	N	1	466	– Physical therapy/ occupational therapy	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	IVTHER	N	1	467	– IV Therapy	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	SUBTHER	N	1	468	– Subcutaneous therapy	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	BOWEL	N	1	469	– Bowel regimen	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	AGPAIN	N	1	470	– Aggressive pain management	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	ARTNUTR	N	1	471	– Artificial nutrition	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	HYDRATE	N	1	472	– Parenteral hydration	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
PA Module: Payment Sources						
PA1					<u>Payment sources for resident's current admission for first month/ billing period</u>	
"	PRIVATE1	N	1	473	– Private health insurance	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	LIFECAR1	N	1	474	– Life care	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	POCKET1	N	1	475	– Self/ Private pay/ out-of-pocket	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	MCARE1	N	1	476	– Medicare (including Medicare HMO)	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	MCAID1	N	1	477	– Medicaid (including Medicaid HMO)	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	WELFARE1	N	1	478	– Welfare or other government assistance	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	VAFFAIR1	N	1	479	– Department of Veterans Affairs	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	OTSOURC1	N	1	480	– Other payment source	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	PENDING1	N	1	481	– Payment source not yet determined	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
"	NORECORD	N	1	482	– Admission billing records not available	1. Yes 2. No 7. Refused 8. DK 9. Not ascertained Blank. Not applicable
PA2	CHARGES1	N	6	483 - 488	Total amount of charges billed for first month/ billing period	0. No charges billed to date 1-99999. First month total 777777. Refused 888888. DK 999999. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
					<u>Beginning date of first month/ billing period</u>	
PA2A	BILBEGM1	N	2	489 - 490	Month	1-12. Month 88. DK 99. Not ascertained
PA2B	BILBEGD1	N	2	491 - 492	Day	1-31. Day 88. DK 99. Not ascertained
PA2C	BILBEGY1	N	4	493 - 496	Year	1972-2004. Year 8888. DK 9999. Not ascertained
					<u>Ending date of first month/ billing period</u>	
PA2D	BILENDM1	N	2	497 - 498	Month	1-12. Month 88. DK 99. Not ascertained
PA2E	BILENDD1	N	2	499 - 500	Day	1-31. Day 88. DK 99. Not ascertained
PA2F	BILENDY1	N	4	501 - 504	Year	1972-2004. Year 8888. DK 9999. Not ascertained
PA3B	RESPAID1	N	6	505 - 510	Amount resident/ resident's family paid (will pay) of first month's charges	0. None 1-99999. Amount paid 888888. DK 999999. Not ascertained Blank. Not applicable
PA5					<u>Payment sources for resident's current admission for past month/ billing period</u>	
"	PRIVATE2	N	1	511	- Private health insurance	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	LIFECAR2	N	1	512	- Life care	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	POCKET2	N	1	513	- Self/ Private pay/ out-of-pocket	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	MCARE2	N	1	514	- Medicare (including Medicare HMO)	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	MCAID2	N	1	515	- Medicaid (including Medicaid HMO)	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
"	WELFARE2	N	1	516	- Welfare or other government assistance	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	VAFFAIR2	N	1	517	- Department of Veterans Affairs	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	OTSOURC2	N	1	518	- Other payment source	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	PENDING2	N	1	519	- Payment source not yet determined	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
"	SAMEBILL	N	1	520	- Only one billing period since admission	1. Yes 2. No 8. DK 9. Not ascertained Blank. Not applicable
PA6	CHARGES2	N	6	521 - 526	Total amount of charges billed for past month/ billing period	0. No charges billed to date 1-99999. Past month total 777777. Refused 888888. DK 999999. Not ascertained Blank. Not applicable
					<u>Beginning date of past month/ billing period</u>	
PA6A	BILBEGM2	N	2	527 - 528	Month	1-12. Month 88. DK 99. Not ascertained
PA6B	BILBEGD2	N	2	529 - 530	Day	1-31. Day 88. DK 99. Not ascertained
PA6C	BILBEGY2	N	4	531 - 534	Year	1972-2004. Year 8888. DK 9999. Not ascertained
					<u>Ending date of past month/ billing period</u>	
PA6D	BILENDM2	N	2	535 - 536	Month	1-12. Month 88. DK 99. Not ascertained
PA6E	BILENDD2	N	2	537 - 538	Day	1-31. Day 88. DK 99. Not ascertained
PA6F	BILENDY2	N	4	539 - 542	Year	1972-2004. Year 8888. DK 9999. Not ascertained

Module, section and question number	Variable Name	C (character) or N (numeric)	LENGTH	File Position	Variable Description	Variable Values
PA7B	RESPAID2	N	6	543 - 548	Amount resident/ resident's family paid of past month's charges	0. None 1-99999. Amount paid 888888. DK 999999. Not ascertained Blank. Not applicable
PA8B	EXPECT2	N	6	549 - 554	Amount <u>expect</u> resident/ resident's family will pay of past month's charges	0. None 1-99999. Expected payment 888888. DK 999999. Not ascertained Blank. Not applicable
PA2A-2F RECODE	ADMDAYS	N	3	555 - 557	Total number of days covered between beginning date and ending date of charges at admission.	1-179. Days covered 888. DK Blank. Not applicable
Derived from dividing CHARGES1 by ADMDAYS	ADMPDIEM	N	4	558 - 561	Computed per diem charges at time of admission	27-7475. Perdiem charges 8888. DK Blank. Not applicable
PA6A-6F RECODE	RCTDAYS	N	3	562 - 564	Total number of days covered between beginning date and ending date of most recent charges.	1-62. Days covered 888. DK Blank. Not applicable
Derived from dividing CHARGES2 by RCTDAYS	RCTPDIEM	N	4	565 - 568	Computed per diem charges for past month or billing period.	38-7739. Perdiem charges 8888. DK Blank. Not applicable
Facility, Nest, and Weight Variables						
	OWNERSHP	N	1	569	Type of ownership of facility	1. For-profit 2. All others (private and gov't not-for-profit)
	BEDSIZE	N	1	570	Current number of nursing home beds	1. 3-49 Beds 2. 50-99 Beds 3. 100-199 Beds 4. 200+ Beds
	METRSTAT	N	1	571	Metropolitan area statis based on collected location and June 2003 MSA codes from OMB	1. Metropolitan 2. Micropolitan 3. Neither
Derived using Estimation Specifications	RSTRATA	N	2	572 - 573	Sample Design Variable (SUDAAN NEST variable)	1 - 20
Derived using Estimation Specifications	POPFAC	N	4	574 - 577	Sample Design Variable (SUDAAN TOTCNT variable)	18 - 4147
Derived using Estimation Specifications	NPOPRES	N	2	578 - 579	Sample Design Variable (SUDAAN TOTCNT variable)	-1
Derived using Estimation Specifications	SAMWT	N	3	580 - 582	weight for resident estimates	5 - 315
	SURYEAR	N	4	583 - 586	Survey year	2004
Continued on next page with technical notes.						

Technical Notes on Nesting and Weight Variables

The design of the 2004 National Nursing Home Survey entailed multi-stage sampling, each stage involving sampling within a defined grouping or cluster. The current resident public-use file includes the nest variables of the sampling framework for use in statistical software that accounts for complex sample designs in the estimation of variances and standard errors. Proper adjustment of standard errors for stratified or clustered sampling provides the analyst with accurate significance tests.

The nest variables or sampling stages in the current resident file are RSTRATA and FACNUM. The sampling weight which represents each observation's contribution in the estimation of the current resident population is SAMWT.

In the statistical software, SUDAAN, the analyst can use the design option WOR for sampling without replacement. When using SUDAAN for WOR, the variables for the TOTCNT statement in SUDAAN are POPFAC and NPOPRES. Below are the SUDAAN statements for the NEST and TOTCNT statements for the current resident public use file with WOR. The example uses the crosstab procedure to illustrate.

```
proc crosstab data=[file name] design= WOR;
nest rstrata facnum / missunit;
totcnt popfac npopres;
weight samwt;
```

Note on categorical variables for Activities of Daily Living (ADL) with values of zero:

Questions on ADLs that were derived from the Long-Term Care MDS (Minimum Data Set) resident assessment form follow the coding scheme used in the MDS form. Following that scheme, the category "Independent" is coded as "0." In SUDAAN, the "0" values are treated as a legitimate value or category when using the CLASS statement. In contrast, the "0" is not treated as a legitimate value, but rather as missing, when the SUBGROUP and LEVELS statements are used. If the SUBGROUP and LEVELS statements are used instead of the CLASS statement, the user would need to recode the respective ADL variables to conform with the parameters of the functions of the SUBGROUP and LEVELS statements.

Note on cases with imputed age:

The variable AGEIMP indicates cases where age was imputed. For each case in which age was imputed, similar cases in the sample with age known were selected with one randomly chosen from the group of similar cases. The known age of the selected case was then assigned to the case with age originally missing. The algorithm for selecting similar cases involved assessment of the match on the following characteristics: resident sex, length of stay, dependency on activities of daily living, facility ownership, bed size, region, and metropolitan status of the facility.

Note on cases with imputed race:

The variable RACEIMP indicates cases where race was imputed. For each case in which race was imputed, similar cases in the sample with race known were selected with one randomly chosen from the group of similar cases. The known race of the selected case was then assigned to the case with race originally missing. The algorithm for selecting similar cases involved assessment of the match on the following characteristics: resident sex, marital status, ethnicity (Hispanic or Non-Hispanic), facility ownership, bed size, state (then region if state did not match), and metropolitan status of the facility.

Frequency of Sampled Cases for Selected Variables

Frequencies of selected variables at different locations in the file layout are reported below to assist the analyst in verifying the integrity of the data file and layout used. The number (n) of records in the current resident public-use file with the respective values for SEX, RACEWHT, LIVCHILD, COMOTOSE, BATH, ANYFALLS, ANYDVICE, RDEMEN, HOSPADM, PRN, LEGAL, OXYGEN, MCAID1, SAMEBILL, METRSTAT, OWNERSHP, and BEDSIZE are as follows:

SEX Frequency

1	3868
2	9639

RACEWHT Frequency

1	11861
2	1646

LIVCHILD Frequency

1	749
2	3165
8	229
9	27

Frequency Missing = 9337

COMOTOSE Frequency

1	68
2	13401
8	22
9	16

BATH Frequency

0	333
1	739
2	1216
3	6087
4	4989
8	47
88	67
99	29

ANYFALLS Frequency

1	4782
2	8622
8	74
9	29

ANYDVICE Frequency

1	5287
2	8144
8	46
9	30

RDEMEN Frequency

1	700
2	4234
3	8483
8	35
9	55

HOSPADM Frequency	
1	973
2	12447
8	32
9	55
PRN Frequency	
1	2752
2	660
8	10
9	117
Frequency Missing = 9968	
LEGAL Frequency	
1	84
2	242
8	12
9	117
Frequency Missing = 13052	
OXYGEN Frequency	
1	112
2	168
8	58
9	117
Frequency Missing = 13052	
MCAID1 Frequency	
1	4636
2	8247
7	11
8	196
9	34
Frequency Missing = 383	
SAMEBILL Frequency	
1	1110
2	11888
8	80
9	34
Frequency Missing = 395	
METRSTAT Frequency	
1	7597
2	2995
3	2915
OWNERSHP Frequency	
1	8163
2	5344
BEDSIZE Frequency	
1	1941
2	5114
3	5610
4	842
16-Feb-07	