

FORM **HHCS-20**
(5-24-2000)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
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

2000 NATIONAL HOME AND HOSPICE CARE SURVEY

(Cut along broken lines)

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, Indian Health Service OR other Federal Government
5. **OTHER** – *Please specify*

(Cut along broken lines)

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. **Companion services** – provision of companionship, support, and/or comfort to individuals who may not be left alone; usually limited to the provision of sitter or escort services
3. **Continuous home care** – providing care to patients who need 24-hour monitoring of equipment and/or conditions
4. **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
5. **Dental treatment services** – examination and/or treatment from a dentist or dental hygienist, including fillings, crowns, bridges, root canal, dentures, or gum surgery, treatment of mouth ulcers, sores or lesions in mouth or on lips
6. **Dietary and nutritional services** – direct counseling by a trained dietician or nutritionist to individuals who need professional dietary assessment and guidance to properly manage an illness or disability (does NOT include supervision of special diets)
7. **Durable medical equipment and supplies** – nondisposable equipment (e.g., hospital beds, respirators, intravenous infusion therapy equipment, total parenteral nutrition and home dialysis machines) usually with an equipment life expectancy of more than one year
8. **Enterostomal therapy** – caring for an ostomy site or teaching the proper method of caring for an ostomy site
9. **Homemaker/Household services** – services that are necessary for maintaining a safe and healthy home environment for the patient, including housecleaning, personal laundry, preparing meals. These services help to maintain a patient's household rather than providing hands-on personal care to patients
10. **IV therapy** – intravenous therapy; injection into a vein of a sterile solution, such as drugs, pain medications, nutritional components, or fluids to correct dehydration
11. **Meals on Wheels** – program that provides regular delivery of food to elderly and handicapped persons with limited mobility. Often provided through a volunteer network
12. **Medications** – providing prescription medication
13. **Occupational therapy** – obtained from a registered or licensed occupational therapist; special treatment to restore or maintain independence in activities of daily living and basic functional skills
14. **Pastoral care** – care from a minister, priest, rabbi, or other clergy
15. **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

AGENCY CARD 2 – Continued

16. **Physical therapy** – obtained from a certified or licensed physical therapist; treatment to restore the mobility and strength of patients through the use of exercise, massage, and other methods. Such therapy often helps to relieve pain
17. **Physician services** – evaluation and/or treatment from a licensed M.D. (not including psychiatrist), D.O., or physician associate
18. **Psychological Services** – evaluation and/or treatment from a registered or licensed psychiatrist, psychologist, psychological or psychiatric therapist, psychological or psychiatric social worker or other licensed or registered mental health service provider
19. **Referral services** – referral to other sources for services that are not provided by the agency
20. **Respiratory therapy** – treatment to preserve or improve pulmonary function; includes oxygen therapy
21. **Respite care** – care provided to the patient to relieve the stress on a family or primary caregiver, due to family psychological problems, caregiver fatigue, or required short-term absence of the caregiver
22. **Skilled nursing services** – services essential to the maintenance or restoration of health provided to sick or disabled persons by an R.N. or an L.P.N. Examples of services provided are injections, wound care, education on disease treatment and prevention, and patient assessments. Also included is care management or coordination of a care plan
23. **Social services** – provision of counseling, advocacy coordination, information about, and referrals to available community resources such as legal aid, job, and housing assistance
24. **Speech or hearing therapy** – obtained from a certified/licensed speech language pathologist/audiologist; evaluation, treatment and monitoring of specific communication disorders
25. **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
26. **Transportation** – provision of a driver and vehicle by the agency
27. **Vocation therapy or rehabilitation** – obtained from a registered or licensed therapist; evaluation, training or counseling aimed at assisting a person to restore or maintain skills to be used in a career
28. **Volunteer services** – services provided by individuals in an unpaid capacity
29. **Other high tech care** – specialized services in the home not listed above, such as renal dialysis, enteral nutrition
30. **Other services** – *Specify*

Agency
Card 2 (Left)

Agency
Card 2
(Cont.) (Right)

(Cut along broken lines)

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 or apartment, including elderly housing** – 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). Includes group home, rest home, congregate living, adult foster care
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** – *Specify*

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

PATIENT CARD 4

- 1. Recovered**
- 2. Stabilized**
- 3. Family/friends resumed care**
- 4. Services no longer needed, treatment plan completed**
- 5. No longer eligible for services/no longer home bound – includes no longer eligible for care, insurance coverage no longer available**

Patient
Card 3 (Left)

Patient
Card 4 (Right)

Transferred to inpatient care

- 6. Hospital**
- 7. Nursing home**
- 8. Other inpatient or residential care – *Specify***

- 9. Transferred to another form of outpatient or home care – *Specify***
- 10. Moved out of area**
- 11. Deceased**
- 12. Other – *Specify***

(Cut along broken lines)

PATIENT CARD 5

1. **Spouse**
2. **Parent**
3. **Child, including daughter- or son-in-law**
4. **Sister or brother, including sister- or brother-in-law**
5. **Other relative – *Specify***
6. **Friend or neighbor**
7. **Paid help/staff of facility where patient resides**
8. **Other – *Specify***

PATIENT CARD 6

1. **Bedside commode**
2. **Blood glucose monitor** – a device used to determine blood glucose (sugar) levels – examples include glucometer, Accu-Chek
3. **Cane, crutches** – includes forearm crutch or cane, tripod cane, three- or four-legged cane
4. **Dentures (full or partial)**
5. **Elevated/raised toilet seat**
6. **Enteral feeding equipment** – equipment used to provide nutrition by means of a tube passed into the stomach. Examples include nasogastric (N-G) tube; gastrostomy (G) tube; jejunostomy (J) tube; percutaneous endoscopic gastrostomy (PEG) tube; feeding pump
7. **Eye glasses (including contact lenses)**
8. **Geri-chairs, lift chairs, other specialized chairs**
9. **Grab bars** – includes safety bars; hand rails; shower or bath rails
10. **Hearing aid**
11. **Hospital bed**
12. **IV therapy equipment**
13. **Mattress, special (eggcrate, foam, air, gel, etc.)**
14. **Orthotics, including braces** – equipment or apparatus used to support, align, prevent, or correct deformities of the musculoskeletal system or to improve the function of movable parts of the body
15. **Over bedtable**

Patient
Card 5 (Left)

Patient
Card 6 (Right)

(Cut along broken lines)

CONTINUED ON THE NEXT PAGE

PATIENT CARD 6 – Continued

16. **Oxygen (including oxygen concentrator)**
17. **Other respiratory therapy equipment –** equipment, other than oxygen, used to preserve or improve pulmonary function. Examples include ventilator; respirator; humidifier; nebulizer; vaporizer; aerosol machine; continuous, inspiratory, or bi-level positive airway pressure (CPAP, IPAP, BIPAP); intermittent positive pressure breathing or ventilation (IPPI, IPPV); Pulmonaide
18. **Shower chair/Bath bench**
19. **Transfer equipment –** equipment used to help a person move between a (wheel) chair and a bed, toilet, carseat, or similar site. Examples include transfer or sliding board or bench; trapeze; gait belt; hoyer lift; lift
20. **Walker**
21. **Wheel chair (manually operated)**
22. **Wheel chair (motorized) – includes scooter**
23. **Other – *Specify***

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 6
(Cont.) (Left)

Patient
Card 7 (Right)

(Cut along broken lines)

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 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 8 (Left)

Patient
Card 9 (right)

(Cut along broken lines)

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 11

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2. **Continuous home care** – providing care to patients who need 24-hour monitoring of equipment and/or conditions
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Patient
Card 10 (Left)

Patient
Card 11 (Right)

(Cut along
broken lines)

PATIENT CARD 11 – Continued

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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 11
(Cont.) (Left)**

**Patient
Card 12 (Right)**

**Patient Card 13
(Reverse)**

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. Other – *Specify***
- 12. Payment source not yet determined**
- 13. No charge made for care**