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From the CENTERS FOR DISEASE CONTROL AND PREVENTION / National Center for Health Statistics

The National Nursing Home Survey: 1995 Summary

April 2000



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics



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Data From the National Health
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Objective

The 1995 National Nursing Home Survey (NNHS) was conducted to collect data on nursing homes and their current residents. This report presents detailed data on the characteristics of the nursing homes including ownership, certification, bed size, location, affiliation, and services provided. Data on current residents are presented by basic demographics, living arrangement prior to admission, functional status, and other health and personal characteristics of the residents.

Methods

The 1995 NNHS is a sample survey consisting of a two-stage design with a probability sample of 1,500 nursing facilities in the first stage and up to six current residents from each facility in the second stage.

Results

About 1.5 million residents were receiving care in an estimated 16,700 nursing homes in 1995. Nearly 1.8 million beds were available and facilities operated at about 87 percent of their capacity. Nearly 90 percent of the residents were 65 years and over. They were predominantly female and white with a large portion needing assistance in the activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

Keywords: *nursing homes • current residents • utilization • source of payment • length of service*

The National Nursing Home Survey: 1995 Summary

Celia Gabrel, M.S., and Adrienne Jones, Division of Health Care Statistics

Highlights

- Approximately two-thirds of the estimated 16,700 nursing homes (66.1 percent) in 1995 were operated for profit.
- Chain homes, those operating under one general authority or general ownership, accounted for 54 percent of all nursing homes.
- An estimated 1.8 million beds in nursing homes resulted in an average of about 106 beds per home in 1995.
- Nearly all (96 percent) nursing homes had some form of certification. About two-thirds of all homes were certified by both Medicare and Medicaid.
- In 1995, most (66 percent) nursing homes and nursing home beds were located in the Midwest and the South.
- The ratio of 1.5 million current residents in 1995 to the number of beds available for use produced an overall occupancy rate of 87.4 percent.
- About 92 percent of the current residents were 65 years and over. About half (46 percent) were 85 years and over. The average age of nursing home residents in 1995 was 81 years.
- Most nursing home residents needed help in the activities of daily living (ADL's) and instrumental activities of daily living (IADL's). The ADL that most residents needed assistance with was bathing and showering. Taking care of personal possessions was the IADL with which most residents required assistance.

- The most frequent primary admission diagnostic category for current residents in 1995 was diseases of the circulatory system.
- The average length of stay since admission for current nursing home residents was 910.8 days.
- The average daily charge from all sources for nursing home care was \$103.
- Medicaid was the primary source of payment for 634,700 of the 1.5 million current residents at admission. However, at the time of the survey, that number increased to 895,300 current residents.

Introduction

This report provides a national summary of estimates on nursing homes and their current residents. The data were collected during the 1995 National Nursing Home Survey (NNHS), a segment of the long-term care component of the National Health Care Survey (1). NNHS, a nationwide sample survey of nursing homes, their current residents, their discharges, and their staff, is conducted periodically by the National Center for Health Statistics. While information was collected on the facilities and current nursing home residents in the 1995 survey, information was not collected for discharges. The 1995 survey, conducted between July and December 1995, is the fourth in a series of surveys designed to provide comprehensive information about people using this segment of long-term care and the facilities in which they reside. The first survey in the series was conducted between August 1973 and

April 1974; the second survey was conducted from May through December 1977; and the third survey was conducted between August 1985 and January 1986. These four surveys were preceded by another series of surveys between 1963 and 1969, which were called Resident Places Surveys. While all of the surveys collected similar data on a similar type of facility, it should be noted that differences in methodology and coverage present a special complication when trend analysis is attempted.

There are also differences in the estimates for nursing homes caused by changes in the long-term care market as well as how nursing homes are defined by organizations. Nursing homes described in this report are defined as facilities with three or more beds that routinely provide nursing care services. Facilities may be certified by Medicare or Medicaid or not certified but licensed by the state as a nursing home. These facilities may be freestanding or a distinct unit of a larger facility. Other surveys, such as the Nursing Home Component (NHC) of the Medical Expenditure Panel Survey (MEPS), conducted by the Agency for Healthcare Research and Quality (AHRQ), use a narrower definition of nursing home that requires the home to be certified and to provide 24-hour skilled nursing care.

National and regional estimates about nursing facilities and their current residents from the 1995 survey have been published (2–3). This report presents final statistics about most of the data collected in the survey. Although other reports from the survey cover specific topics, this report integrates variables from both the facility and the current resident files into a single source document. The data are summarized into two categories. The first category is characteristics of facilities such as information about Medicare and Medicaid certification, bed size, type of ownership, services provided, and per diem rates (tables 1–6). The second category is characteristics of current residents such as basic demographics and services received (tables 7–32).

Although cost and revenue data were collected in the survey, they are not presented in this report because of the relatively low response rate (63 percent) to the expense questionnaire. However, cost and revenue data are available on a public use data tape and on CD-ROM from the National Technical Information Service.

Methods

Sample Design and Data Collection Procedures

The 1995 NNHS used a two-stage probability design. The first stage of selection was a probability sample of the nursing facilities in the universe, and the second stage was the selection of a sample of current residents from a list of all residents who were on the rolls of the facility as of midnight the day before the survey.

Three questionnaires and a sampling list were used to collect the data. The Facility Questionnaire was completed by personal interview with the administrator or his or her designee. The Expense Questionnaire and its Definition Booklet were then presented to the administrator for completion or to pass on to an accountant or bookkeeper for completion and return by mail. The Expense Questionnaire was followed up at several intervals during the course of the survey to improve response rates. Previous surveys have included a discharge component. However, in 1995, no discharge information was collected.

The next step in the process was for the interviewer to complete the Current Resident Sampling List of all current residents in the facility. Using a set of sampling tables, the interviewer selected a sample of up to six current residents. Then, the current resident questionnaire was completed for each of the sampled residents by personal interview with a staff member familiar with the care and medical records of the residents. Detailed information about how the survey was conducted is included in [appendix I](#).

Interpretation and Qualifications of Data

Data presented in this report summarize the characteristics of nursing homes and the residents they serve on any particular day in the data collection period, July through December 1995. These characteristics of the nursing home include information about type of ownership, affiliation with other nursing homes, Medicare and Medicaid certification, and location of the facility. Characteristics of residents in nursing homes is based on information collected on the current resident questionnaire. Resident characteristics include basic demographics, living arrangements prior to admission, and current functional status. Other information presented for current residents includes length of stay since admission, primary source of payment, services received, and aids currently being used such as hearing aid, wheelchair, and walker. Primary diagnoses at admission, coded according to the *International Classification of Diseases, Clinical Modification, Ninth Revision* (ICD–9–CM) (4), are presented by selected characteristics of the current residents.

This report presents a snapshot perspective of nursing home use that places certain limitations on the use and interpretation of the estimates. Snapshot estimates of nursing homes and current residents reflect the situation on a given day between July and December 1995. Because short-term users are less likely to be on the rolls of the facility the night before the survey, this estimate of residents tends to underestimate those residents with a very short length of stay in the nursing home. Past surveys have included a discharge component to estimate the number of discharges that occur over a 12-month period. The discharge component is better at estimating short-term users, but was not a part of the 1995 survey.

The four appendixes in this report provide technical assistance and background material about the survey. Information included in [appendix I](#) will assist the reader in interpreting the

estimates presented in this report. Estimates are subject to sampling errors because they are based on a sample of nursing homes and their residents rather than on a complete enumeration. Therefore, particular attention should be paid to the section, “Reliability of Estimates,” in [appendix I](#) because sampling errors are presented. Definitions of terms used in this report and copies of forms used to collect the data are included in [appendixes II and III](#), respectively. They will also assist the reader in understanding these data. [Appendix IV](#) consists of letters from organizations that endorsed the survey.

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Table 1. Number and percent distribution of nursing homes, and number of beds and beds per nursing home, and of current residents and occupancy rate by selected facility characteristics: United States, 1995

Facility characteristic	Nursing homes		Beds		Current residents	
	Number	Percent distribution	Number	Beds per nursing home	Number	Occupancy rate ¹
All facilities	16,700	100.0	1,770,900	105.9	1,548,600	87.4
Ownership						
Proprietary	11,000	66.1	1,151,700	104.3	989,700	85.9
Voluntary nonprofit	4,300	25.7	468,100	108.9	420,800	89.9
Government and other	1,400	8.2	151,000	110.0	138,100	91.4
Certification						
Certified:						
By Medicare and Medicaid	11,600	69.7	1,378,400	118.4	1,213,700	88.1
By Medicare only	*1,000	*6.1	59,600	58.4	50,000	83.8
By Medicaid only	3,400	20.1	280,300	83.6	240,600	85.9
Not certified	*700	*4.2	52,600	75.5	44,300	84.2
Beds						
Less than 50 beds	2,800	16.8	87,300	31.2	71,100	81.5
50–99 beds	5,900	35.6	430,400	72.4	378,300	87.9
100–199 beds	6,700	40.1	902,500	134.5	794,200	88.0
200 beds or more	1,300	7.5	350,800	278.2	305,000	87.0
Geographic region						
Northeast	2,900	17.1	378,800	132.7	346,700	91.5
Midwest	5,600	33.4	564,400	101.0	494,900	87.7
South	5,500	32.8	572,700	104.3	495,000	86.4
West	2,800	16.6	254,900	91.6	212,000	83.2
Location of agency						
Metropolitan statistical area	10,300	61.5	1,217,500	118.4	1,068,200	87.7
Nonmetropolitan statistical area	6,400	38.5	553,400	86.1	480,400	86.8
Affiliation ²						
Chain	9,100	54.3	978,100	107.8	857,300	87.7
Independent	7,600	45.5	788,200	103.7	689,100	87.4

* Figure does not meet standard of reliability or precision because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Occupancy rate is calculated by dividing residents by available beds.

²Excludes unknown.

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

Table 2. Number of nursing homes and beds by selected facility characteristics and certification status: United States, 1995

Facility characteristic	Certification									
	All nursing homes		Certified by Medicare and Medicaid		Certified by Medicare only		Certified by Medicaid only		Not certified	
	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds
All facilities	16,700	1,770,900	11,600	1,378,400	*1,000	59,600	3,400	280,300	*700	52,600
Ownership										
Proprietary	11,000	1,151,700	8,100	929,500	*	33,900	2,200	169,000	*	19,400
Voluntary nonprofit	4,300	468,100	2,700	344,000	*	19,800	*800	75,900	*	28,400
Government and other	1,400	151,000	800	104,900	*	6,000	*	35,300	*	*4,800
Beds										
Less than 50 beds	2,800	87,300	*1,200	43,500	*	12,300	*	20,100	*	11,400
50–99 beds	5,900	430,400	3,800	287,100	*	22,000	1,600	108,900	*	12,500
100–199 beds	6,700	902,500	5,500	745,200	*	19,100	900	120,300	*	17,800
200 beds or more	1,300	350,800	1,100	302,600	*	*	*	31,000	*	*10,900
Geographic region										
Northeast	2,900	378,800	2,400	342,700	*	7,600	*	21,700	*	6,800
Midwest	5,600	564,400	3,500	392,600	*	20,200	1,500	129,800	*	21,800
South	5,500	572,700	3,500	426,400	*	21,900	1,300	107,400	*	17,000
West	2,800	254,900	2,200	216,700	*	9,900	*	21,300	*	7,000
Location of agency										
Metropolitan statistical area	10,300	1,217,500	7,700	997,600	*700	49,800	1,400	130,300	*500	39,800
Nonmetropolitan statistical area	6,400	553,400	4,000	380,800	*	9,900	1,900	149,900	*	12,800
Affiliation ¹										
Chain	9,100	978,000	7,100	819,300	*600	39,900	1,200	108,200	*	10,600
Independent	7,600	788,200	4,500	554,400	*	19,800	2,100	172,000	*600	42,000

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Excludes unknown.

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

Table 3. Number and percent distribution of nursing homes by selected facility characteristics, according to bed size: United States, 1995

Facility characteristic	Bed size									
	All sizes		Less than 50 beds		50–99 beds		100–199 beds		200 beds or more	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All facilities	16,700	100.0	2,800	100.0	5,900	100.0	6,700	100.0	1,300	100.0
Ownership										
Proprietary	11,000	66.1	*1,500	*54.2	4,000	68.0	4,800	72.2	600	50.8
Voluntary nonprofit	4,300	25.7	*900	*31.1	1,500	24.5	1,500	22.9	*	*
Government and other	1,400	8.2	*	*	*	*	*	*	*	*
Certification										
Certified:										
By Medicare and Medicaid	11,600	69.7	*1,200	*42.3	3,800	64.6	5,500	82.4	*1,100	*86.1
By Medicare only	*1,000	*6.1	*	*	*	*	*	*	*	*
By Medicaid only	3,400	20.1	*	*	1,600	27.1	900	13.5	*	*
Not certified	*700	*4.2	*	*	*	*	*	*	*	*
Geographic region										
Northeast	2,900	17.1	*	*	*600	*10.1	1,400	20.8	400	34.5
Midwest	5,600	33.4	*800	*27.7	2,400	39.8	2,000	30.1	400	34.1
South	5,500	32.8	*	*	1,800	30.2	2,500	37.7	300	22.1
West	2,800	16.6	*	*	1,200	19.9	800	11.4	*	*
Location of agency										
Metropolitan statistical area	10,300	61.5	*1,600	*57.5	2,900	49.2	4,600	69.3	1,100	87.5
Nonmetropolitan statistical area	6,400	38.5	*1,200	*42.5	3,000	50.8	2,100	30.7	*	*
Affiliation ¹										
Chain	9,100	54.3	*900	*33.5	3,500	58.3	4,200	61.9	500	41.1
Independent	7,600	45.5	1,900	66.6	2,500	41.3	2,500	37.9	700	58.4

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Excludes unknown.

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

Table 4. Number and percent of nursing homes by type of services provided and type of ownership: United States, 1995

Type of service	All ownership		Proprietary		Voluntary nonprofit		Government	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All facilities ¹	16,700	100.0	11,000	100.0	4,300	100.0	1,400	100.0
Dental services	14,900	88.9	9,700	88.2	3,900	90.9	1,200	88.5
Help with oral hygiene	15,700	93.7	10,500	94.9	3,900	91.7	1,200	90.3
Home health services	3,500	21.2	2,000	18.1	1,300	29.2	*	*
Hospice services	9,700	57.9	6,500	59.0	2,600	59.5	*600	*44.2
Medical services	15,800	94.4	10,400	93.8	4,100	95.9	1,300	94.5
Mental health services	11,800	70.5	8,200	74.2	2,700	62.7	900	64.8
Nursing services	16,400	98.3	10,800	97.4	4,300	99.9	1,400	100.0
Nutrition services	16,300	97.8	10,800	97.3	4,200	98.5	1,400	99.0
Occupational therapy	14,600	87.2	9,700	87.6	3,800	88.4	1,100	80.8
Personal care	15,900	95.0	10,500	94.8	4,100	95.0	1,300	96.6
Physical therapy	15,900	94.9	10,500	95.2	4,100	94.5	1,300	93.5
Podiatry services	14,400	85.9	9,600	86.7	3,700	85.4	1,100	80.3
Prescribed medicines or nonprescribed medicines	16,200	97.0	10,600	96.3	4,200	98.4	1,300	97.9
Sheltered employment	*1,000	*5.8	*600	*5.5	*	*	*	*
Social services	16,200	96.8	10,600	95.9	4,200	98.4	1,400	99.0
Special education	2,600	15.6	1,800	16.6	*700	*15.5	*	*
Speech and hearing therapy	15,000	89.7	10,000	90.5	3,800	89.3	1,200	84.4
Transportation	13,200	79.2	8,500	77.2	3,600	84.3	1,100	79.4
Vocational rehabilitation	1,900	11.1	1,400	13.1	*300	*8.1	*	*
Equipment or devices	15,700	93.7	10,300	93.5	4,100	94.3	1,300	92.7
Other	4,300	25.9	3,100	28.0	1,000	23.3	*200	*17.0

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Numbers will add to more than totals because a facility may provide more than one type of service.

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

Table 5. Number and rate per 100 beds of full-time equivalent employees by occupational categories and to selected nursing home characteristics: United States, 1995

Facility characteristic	Occupational category ¹													
	All full-time equivalent employees		Administrative medical and therapeutic ²		Nursing								All other staff	
	Number	Rate per 100 beds	Number	Rate per 100 beds	Total		Registered nurse		Licensed practical nurse		Nurse's aide and orderly		Number	Rate per 100 beds
All facilities	1,408,700	79.5	90,500	5.1	915,900	51.7	129,700	7.3	185,700	10.5	600,500	33.9	402,300	22.7
Ownership														
Proprietary	871,900	75.7	59,500	5.2	575,800	50.0	78,000	6.8	118,300	10.3	379,500	32.9	236,600	20.5
Voluntary nonprofit	403,300	86.2	23,900	5.1	254,500	54.4	38,300	8.2	51,500	11.0	164,700	35.2	124,900	26.7
Government and other	133,500	88.4	7,100	4.7	85,600	56.6	13,300	8.8	15,900	10.5	56,300	37.3	40,800	27.0
Certification														
Certified by Medicare and Medicaid:	1,114,400	80.8	70,900	5.1	729,200	52.9	105,800	7.7	149,600	10.9	473,900	34.4	314,300	22.8
By Medicare only	55,400	92.9	4,700	7.8	35,500	59.5	7,400	12.4	7,000	11.7	21,100	35.4	15,300	25.6
By Medicaid only	202,500	72.2	12,200	4.4	128,300	45.8	13,600	4.8	24,300	8.7	90,400	32.3	62,000	22.1
Not certified	36,400	69.2	2,700	5.1	22,900	43.6	3,000	5.7	4,800	9.1	15,100	28.7	10,800	20.5
Beds														
Less than 50 beds	78,800	90.3	9,100	10.4	50,900	58.3	10,700	12.3	11,100	12.8	29,000	33.3	18,900	21.7
50–99 beds	340,000	79.0	24,500	5.7	221,000	51.3	29,200	6.8	43,000	10.0	148,800	34.6	94,600	22.0
100–199 beds	712,700	79.0	42,800	4.7	470,300	52.1	63,700	7.1	96,500	10.7	310,100	34.4	199,600	22.1
200 beds or more	277,200	79.0	14,200	4.0	173,900	49.6	26,100	7.4	35,100	10.0	112,700	32.1	89,200	25.4
Geographic region														
Northeast	326,100	86.1	20,300	5.4	213,800	56.4	38,000	10.0	39,300	10.4	136,600	36.0	92,000	24.3
Midwest	411,700	72.9	25,400	4.5	265,900	47.1	40,100	7.1	54,300	9.6	171,600	30.4	120,400	21.3
South	460,400	80.4	29,900	5.2	300,700	52.5	30,200	5.3	65,700	11.5	204,800	35.8	129,800	22.7
West	210,500	82.6	14,900	5.9	135,500	53.2	21,500	8.4	26,500	10.4	87,600	34.3	60,100	23.6
Location of agency														
Metropolitan statistical area	980,100	80.5	62,900	5.2	633,200	52.0	94,900	7.8	129,800	10.7	408,400	33.5	284,000	23.3
Nonmetropolitan statistical area	428,600	77.5	27,600	5.0	282,700	51.1	34,800	6.3	55,900	10.1	192,100	34.7	118,300	21.4
Affiliation ³														
Chain	767,300	78.4	50,900	5.2	503,600	51.5	70,400	7.2	104,000	10.6	329,200	33.7	212,700	21.7
Independent	638,900	81.1	39,400	5.0	410,800	52.1	59,100	7.5	81,500	10.3	270,300	34.3	188,600	23.9

¹Includes only those employees providing direct health-related services to residents.²Includes dentists, dental hygienists, physical therapists, speech pathologists and/or audiologists, dieticians or nutritionists, podiatrists, and social workers.³Excludes unknown.

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

Table 6. Average daily charge for private-pay residents by level of care of facility and Medicare and Medicaid residents by certification status of facility and selected nursing home characteristics: United States, 1995

Facility characteristic	Level of care			Certification status	
	Skilled	Intermediate	Residential	Medicare	Medicaid
Total	\$127.81	\$93.26	\$77.16	\$175.12	\$89.28
Ownership					
Proprietary	123.88	91.54	77.77	178.21	84.16
Voluntary nonprofit	138.55	99.95	74.85	175.94	101.32
Government and other	123.70	87.69	*	144.80	98.08
Certification					
Certified:					
By Medicare and Medicaid	126.79	98.83	79.98	172.57	92.17
By Medicare only	*201.05	*	*	*203.69	...
By Medicaid only	89.07	75.56	*67.32	...	79.31
Not certified	*102.61	*	*
Beds					
Less than 50 beds	168.43	87.50	*	*198.02	*97.03
50–99 beds	111.30	*86.48	79.29	164.80	78.35
100–199 beds	123.97	98.60	79.85	175.92	91.92
200 beds or more	143.26	102.87	79.18	176.57	112.69
Region					
Northeast	162.87	131.73	*107.35	162.79	112.94
Midwest	109.46	85.33	70.30	161.55	80.15
South	119.48	84.36	76.49	171.02	81.03
West	136.24	101.06	*	218.62	99.65
Location of agency					
Metropolitan statistical area	139.78	101.69	85.52	191.61	98.53
Nonmetropolitan statistical area	105.61	82.59	66.67	141.95	75.16
Affiliation ¹					
Chain	127.02	95.77	78.32	184.00	86.32
Independent	129.02	90.03	76.31	161.11	93.00

* Figure does not meet standard of reliability or precision.

... Category not applicable.

¹Excludes unknown.

Table 7. Number of nursing home residents by selected facility characteristics and age, sex, and race of resident: United States, 1995

Facility characteristic	Age ¹						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All facilities	1,548,600	124,500	1,422,900	189,700	509,600	723,500	422,300	1,126,300	1,367,200	172,700	148,400	*8,700
Ownership												
Proprietary	989,700	87,100	901,700	131,000	332,300	438,400	273,800	715,900	862,700	120,100	102,200	*6,900
Voluntary nonprofit	420,800	20,300	400,400	39,000	129,400	232,100	100,300	320,500	380,600	38,400	33,800	*
Government and other	138,100	17,100	120,800	19,700	48,000	53,100	48,200	89,900	123,900	14,200	12,400	–
Certification												
Certified:												
By Medicare and Medicaid	1,213,700	93,900	1,118,800	149,500	405,900	563,300	320,000	893,700	1,067,200	139,400	120,700	*7,100
By Medicare only	50,000	*	47,500	*5,200	16,800	25,500	13,900	36,000	48,400	*	*	*
By Medicaid only	240,600	26,200	214,300	30,700	72,900	110,700	73,500	167,100	209,900	29,400	24,700	*
Not certified	44,300	*	42,300	*	14,000	24,100	14,900	29,400	41,700	*	*	*
Beds												
Less than 50 beds	71,100	*6,800	64,100	*6,700	23,200	34,100	20,200	50,900	63,100	*7,400	*5,100	*
50–99 beds	378,300	28,200	349,700	46,100	119,400	184,200	107,000	271,200	343,600	34,000	27,800	*
100–199 beds	794,200	57,800	736,100	95,400	265,500	375,200	206,100	588,000	703,100	84,300	74,300	*6,800
200 beds or more	305,000	31,600	273,000	41,500	101,500	130,000	88,900	216,100	257,400	47,000	41,300	*
Geographic region												
Northeast	346,700	25,800	320,700	42,300	116,300	162,000	95,600	251,100	315,400	30,800	27,400	*
Midwest	494,900	35,400	459,000	55,400	158,200	245,400	130,300	364,600	462,200	32,100	29,100	*
South	495,000	40,700	454,300	62,000	169,500	222,800	133,200	361,800	409,300	80,000	75,600	*
West	212,000	22,600	188,900	30,000	65,600	93,300	63,200	148,800	180,300	29,900	16,300	*
Location of agency												
Metropolitan statistical area	1,068,200	92,000	975,200	137,800	347,700	489,700	288,300	779,900	928,600	133,300	116,100	*6,400
Nonmetropolitan statistical area	480,400	32,500	447,600	51,900	161,900	233,800	134,000	346,400	438,700	39,400	32,300	*
Affiliation ¹												
Chain	857,300	62,200	794,600	108,900	289,400	396,200	224,200	633,100	753,200	98,600	85,400	*
Independent	689,100	62,400	626,100	80,600	219,900	325,700	197,500	491,600	611,900	74,200	63,000	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

– Quantity zero.

¹Excludes unknown.

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

Table 8. Percent distribution of nursing home residents by selected facility characteristics, according to age, sex, and race: United States, 1995

Facility characteristic	Age ¹						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All facilities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	*100.0
Ownership												
Proprietary	63.9	69.9	63.4	69.1	65.2	60.6	64.8	63.6	63.1	69.6	68.8	*80.1
Voluntary nonprofit	27.2	16.3	28.1	20.5	25.4	32.1	23.8	28.5	27.8	22.2	22.8	*
Government and other	8.9	13.8	8.5	10.4	9.4	7.3	11.4	8.0	9.1	8.2	8.4	–
Certification												
Certified:												
By Medicare and Medicaid	78.4	75.4	78.6	78.8	79.7	77.9	75.8	79.4	78.1	80.7	81.3	*81.8
By Medicare only	3.2	*	3.3	*2.7	3.3	3.5	3.3	3.2	3.5	*	*	–
By Medicaid only	15.5	21.0	15.1	16.2	14.3	15.3	17.4	14.8	15.4	17.0	16.7	*
Not certified	2.9	*	3.0	*	2.8	3.3	3.5	2.6	3.1	*	*	*
Beds												
Less than 50 beds	4.6	*5.5	4.5	*3.5	4.6	4.7	4.8	4.5	4.6	*4.3	*3.4	*
50–99 beds	24.4	22.7	24.6	24.3	23.4	25.5	25.4	24.1	25.1	19.7	18.7	*
100–199 beds	51.3	46.5	51.7	50.3	52.1	51.9	48.8	52.2	51.4	48.8	50.1	*78.7
200 beds or more	19.7	25.4	19.2	21.9	19.9	18.0	21.1	19.2	18.8	27.2	27.8	*
Geographic region												
Northeast	22.4	20.7	22.5	22.3	22.8	22.4	22.6	22.3	23.1	17.9	18.5	*
Midwest	32.0	28.5	32.3	29.2	31.1	33.9	30.9	32.4	33.8	18.6	19.6	*
South	32.0	32.7	31.9	32.7	33.3	30.8	31.5	32.1	29.9	46.3	50.9	*
West	13.7	18.2	13.3	15.8	12.9	12.9	15.0	13.2	13.2	17.3	11.0	*
Location of agency												
Metropolitan statistical area	69.0	73.9	68.5	72.7	68.2	67.7	68.3	69.3	67.9	77.2	78.3	*73.5
Nonmetropolitan statistical area	31.0	26.1	31.5	27.4	31.8	32.3	31.7	30.8	32.1	22.8	21.7	*
Affiliation ¹												
Chain	55.4	49.9	55.8	57.4	56.8	54.8	53.1	56.2	55.1	57.1	57.6	*
Independent	44.5	50.1	44.0	42.5	43.1	45.0	46.8	43.7	44.8	42.9	42.5	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

– Quantity zero.

¹Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

Table 9. Number of nursing home residents by selected facility characteristics and primary source of payment at admission and at time of survey: United States, 1995

Facility characteristic	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance ¹	Medicare	Medicaid	All other ²	Private insurance ¹	Medicare	Medicaid	All other ²
All facilities	1,548,600	470,300	370,100	634,700	73,600	418,200	188,300	895,300	46,800
Ownership									
Proprietary	989,700	260,800	245,400	441,800	41,700	235,400	123,600	606,100	24,600
Voluntary nonprofit	420,800	171,400	95,100	133,600	20,700	150,900	46,000	210,000	13,900
Government and other	138,100	38,000	29,600	59,300	*11,100	31,900	18,800	79,200	*8,200
Certification									
Certified:									
By Medicare and Medicaid	1,213,700	311,700	341,500	508,600	52,000	273,600	166,100	743,100	30,900
By Medicare only	50,000	27,200	17,100	*	*	31,400	11,900	*	*
By Medicaid only	240,600	96,200	*8,700	123,600	*12,200	77,700	*8,100	148,500	*
Not certified	44,300	35,200	*	*	*5,800	35,600	*	*	*5,600
Beds									
Less than 50 beds	71,100	27,400	15,300	25,600	*2,700	23,700	12,900	32,000	*
50–99 beds	378,300	140,000	64,400	157,600	16,200	128,100	30,700	209,700	*9,800
100–199 beds	794,200	224,000	209,700	323,800	36,800	200,900	100,500	470,600	22,300
200 beds or more	305,000	78,800	80,700	127,700	17,900	65,500	44,200	183,100	12,200
Geographic region									
Northeast	346,700	80,300	111,100	138,200	17,100	63,800	57,700	212,700	*12,500
Midwest	494,900	198,700	93,200	180,800	22,200	174,700	43,200	266,400	10,600
South	495,000	129,800	115,000	229,200	21,000	122,000	58,200	301,300	13,500
West	212,000	61,500	50,800	86,500	13,300	57,600	29,300	114,800	*10,200
Location of agency									
Metropolitan statistical area	1,068,200	314,100	286,900	412,100	55,000	284,400	147,500	599,400	36,900
Nonmetropolitan statistical area	480,400	156,200	83,100	222,600	18,500	133,800	40,800	295,900	9,900
Affiliation ³									
Chain	857,300	231,800	231,500	356,200	37,900	211,400	106,400	515,200	24,400
Independent	689,100	237,700	138,200	277,500	35,700	206,100	81,800	378,900	22,400

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes private insurance, own income, family support, Social Security benefits, and retirement fund.

²Includes Supplemental Security Income, other government assistance or welfare, religious organizations, foundations, agencies, Veterans Administration (VA) contracts, pension, or other VA compensation, payment source not yet determined, other and unknown sources.

³Excludes unknown.

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

Table 10. Percent distribution of nursing home residents by selected facility characteristics, according to primary source of payment at admission and at time of survey: United States, 1995

Facility characteristic	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance ¹	Medicare	Medicaid	All other ²	Private insurance ¹	Medicare	Medicaid	All other ²
All facilities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ownership									
Proprietary	63.9	55.5	66.3	69.6	56.7	56.3	65.6	67.7	52.7
Voluntary nonprofit	27.2	36.4	25.7	21.1	28.2	36.1	24.4	23.5	29.7
Government and other	8.9	8.1	8.0	9.4	*15.1	7.6	10.0	8.9	*17.6
Certification									
Certified:									
By Medicare and Medicaid	78.4	66.3	92.3	80.1	70.7	65.4	88.2	83.0	66.1
By Medicare only	3.2	5.8	4.6	*	*	7.5	6.3	*	*
By Medicaid only	15.5	20.5	*2.4	19.5	*16.6	18.6	*4.3	16.6	*
Not certified	2.9	7.5	*	*	*7.9	8.5	*	*	*12.0
Beds									
Less than 50 beds	4.6	5.8	4.2	4.0	*3.7	5.7	6.9	3.6	*
50–99 beds	24.4	29.8	17.4	24.8	22.0	30.6	16.3	23.4	*20.9
100–199 beds	51.3	47.6	56.7	51.0	50.0	48.0	53.4	52.6	47.7
200 beds or more	19.7	16.8	21.8	20.1	24.3	15.7	23.5	20.5	26.1
Geographic region									
Northeast	22.4	17.1	30.0	21.8	23.3	15.3	30.6	23.8	*26.8
Midwest	32.0	42.3	25.2	28.5	30.2	41.8	22.9	29.8	22.6
South	32.0	27.6	31.1	36.1	28.5	29.2	30.9	33.7	28.8
West	13.7	13.1	13.7	13.6	18.0	13.8	15.6	12.8	*21.8
Location of agency									
Metropolitan statistical area	69.0	66.8	77.5	64.9	74.8	68.0	78.3	67.0	78.9
Nonmetropolitan statistical area	31.0	33.2	22.5	35.1	25.2	32.0	21.7	33.1	21.2
Affiliation ³									
Chain	55.4	49.3	62.6	56.1	51.5	50.6	56.5	57.6	52.1
Independent	44.5	50.6	37.4	43.7	48.5	49.3	43.4	42.3	47.9

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes private insurance, own income, family support, Social Security benefits, and retirement fund.

²Includes Supplemental Security Income, other government assistance or welfare, religious organizations, foundations, agencies, Veterans Administration (VA) contracts, pension, or other VA compensation, payment source not yet determined, other and unknown sources.

³Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

Table 11. Number and percent distribution of nursing home residents by length of stay since admission and average length of stay, according to selected facility characteristics: United States, 1995

Facility characteristic	Number of residents	Total	Length of stay since admission ¹						Average in days
			Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All facilities	1,548,600	100.0	17.1	9.8	13.0	31.6	13.8	14.6	910.8
Ownership									
Proprietary	989,700	100.0	17.5	10.7	13.0	32.4	13.3	13.0	861.2
Voluntary nonprofit	420,800	100.0	16.8	8.0	12.8	30.1	15.6	16.8	974.4
Government and other	138,100	100.0	15.2	8.9	13.3	30.2	12.5	19.9	1,072.1
Certification									
Certified:									
By Medicare and Medicaid	1,213,700	100.0	17.6	10.0	12.9	32.3	13.5	13.6	869.1
By Medicare only	50,000	100.0	33.9	*11.1	*15.3	24.9	*	*	530.4
By Medicaid only	240,600	100.0	11.9	9.2	13.6	29.2	16.1	19.9	1,149.1
Not certified	44,300	100.0	*12.2	*	*10.2	32.6	*15.8	*23.4	1,190.8
Beds									
Less than 50 beds	71,100	100.0	27.0	*8.4	*10.1	25.9	13.6	14.9	887.2
50–99 beds	378,300	100.0	14.6	10.4	13.4	32.1	14.7	14.6	937.1
100–199 beds	794,200	100.0	18.1	9.6	13.0	32.3	13.1	13.8	868.6
200 beds or more	305,000	100.0	15.1	9.6	13.1	30.5	14.8	16.9	993.7
Geographic region									
Northeast	346,700	100.0	15.8	8.4	14.0	32.3	13.1	16.6	958.0
Midwest	494,900	100.0	15.6	10.1	13.0	30.9	14.6	15.6	945.6
South	495,000	100.0	17.0	9.2	12.2	32.8	14.4	14.3	926.4
West	212,000	100.0	22.8	12.7	13.5	29.3	11.9	9.9	716.3
Location of agency									
Metropolitan statistical area	1,068,200	100.0	17.8	10.1	13.5	31.6	13.3	13.7	870.8
Nonmetropolitan statistical area	480,400	100.0	15.5	9.1	11.9	31.5	15.0	16.8	999.9
Affiliation ¹									
Chain	857,300	100.0	17.8	10.8	13.1	31.4	13.2	13.5	864.1
Independent	689,100	100.0	16.1	8.5	12.9	31.8	14.6	16.0	969.9

* Figure does not meet standard of reliability or precision (sample size less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Excludes unknown.

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

Table 12. Average daily charge and number of nursing home residents by primary source of payment in month before interview and selected facility characteristics: United States, 1995

Facility characteristic	All sources		Private sources ¹		Medicare		Medicaid		All other sources ^{2,3}	
	Average daily charge ³	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents
All facilities	\$102.78	1,548,600	\$101.31	418,200	\$181.82	188,300	\$ 90.79	895,300	\$ 91.78	37,000
Ownership										
Proprietary	99.90	989,700	104.59	235,400	185.83	123,600	83.92	606,100	108.25	17,900
Voluntary nonprofit	108.15	420,800	99.43	150,900	194.94	46,000	100.98	210,000	*95.51	*11,100
Government and other	106.73	138,100	86.64	31,900	127.32	18,800	115.88	79,200	*52.17	*8,000
Certification										
Certified:										
By Medicare and Medicaid	108.77	1,213,700	110.31	273,600	179.41	166,100	95.42	743,100	109.51	22,500
By Medicare only	138.08	50,000	109.65	31,400	330.31	11,900	*	*	*	*
By Medicaid only	71.13	240,600	77.10	77,700	*57.02	*8,100	67.83	148,500	*	*
Not certified	76.16	44,300	78.37	35,600	*	*	*	*	*63.61	*4,900
Beds										
Less than 50 beds	163.20	71,100	110.72	23,700	564.71	12,900	98.02	32,000	*	*
50–99 beds	88.23	378,300	93.40	128,100	161.60	30,700	76.55	209,700	*110.24	*6,200
100–199 beds	99.28	794,200	102.88	200,900	161.25	100,500	87.19	470,600	94.99	17,600
200 beds or more	116.71	305,000	108.72	65,500	148.29	44,200	115.42	183,100	*79.71	*11,700
Geographic region										
Northeast	127.99	346,700	134.97	63,800	160.10	57,700	120.36	212,700	*98.80	*10,900
Midwest	89.84	494,900	86.88	174,700	178.33	43,200	81.23	266,400	*87.76	*7,700
South	90.23	495,000	96.57	122,000	160.29	58,200	76.50	301,300	*79.93	*10,400
West	121.63	212,000	120.21	57,600	289.34	29,300	93.39	114,800	*98.59	*8,000
Location of agency										
Metropolitan statistical area	111.41	1,068,200	110.11	284,400	191.53	147,500	96.92	599,400	95.96	31,200
Nonmetropolitan statistical area	83.94	480,400	82.79	133,800	144.23	40,800	78.51	295,900	*74.00	*5,800
Affiliation ⁴										
Chain	98.85	857,300	103.86	211,400	171.66	106,400	85.46	515,200	83.61	18,000
Independent	107.56	689,100	98.77	206,100	194.93	81,800	97.82	378,900	102.13	19,000

* Figure does not meet standard of reliability or precision (sample size less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes private insurance, own income, family support, Social Security benefits, and retirement funds.

²Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans Administration (VA) contract, pensions, or other VA compensation, payment source not yet determined, and other sources.

³Excludes residents with unknown source of payment.

⁴Excludes unknown.

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

Table 13. Number, percent distribution, and rate of nursing home residents by age at interview, according to sex, race, and region: United States, 1995

Age at interview	All residents	Sex		Race				Region			
		Male	Female	White	Black and other			Northwest	Midwest	South	West
					Total	Black	Unknown				
Number											
All ages ¹	1,548,600	422,300	1,126,300	1,367,200	172,700	148,400	*8,700	346,700	494,900	495,000	212,000
Under 65 years	124,500	64,800	59,700	94,700	29,400	25,400	*	25,800	35,400	40,700	22,600
65 years and over	1,422,900	357,100	1,065,800	1,271,500	143,100	122,900	*8,200	320,700	459,000	454,300	188,900
65-74 years	189,700	79,500	110,300	154,100	34,300	29,600	*	42,300	55,400	62,000	30,000
75-84 years	509,600	144,300	365,400	451,300	55,700	47,500	*	116,300	158,200	169,500	65,600
85 years and over	723,500	133,300	590,200	666,200	53,200	45,800	*	162,000	245,400	222,800	93,300
Percent distribution											
All ages ¹	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 65 years	8.0	15.3	5.3	6.9	17.0	17.1	*	7.4	7.2	8.2	10.7
65 years and over	91.9	84.6	94.6	93.0	82.9	82.8	*94.8	92.5	92.7	91.8	89.1
65-74 years	12.3	18.8	9.8	11.3	19.9	20.0	*	12.2	11.2	12.5	14.1
75-84 years	32.9	34.2	32.4	33.0	32.2	32.0	*	33.6	32.0	34.2	30.9
85 years and over	46.7	31.6	52.4	48.7	30.8	30.9	*	46.7	49.6	45.0	44.0
Rate per 10,000 population ²											
All ages ¹	58.3	32.6	82.9	62.3	37.5	43.2	...	66.9	79.7	53.2	36.2
Under 65 years	5.4	5.6	5.1	5.0	6.9	8.0	...	5.8	6.6	5.0	4.3
65 years and over	428.2	262.2	543.4	426.9	415.2	455.4	...	446.4	572.9	391.4	293.8
65-74 years	102.1	95.8	107.1	93.5	163.6	184.6	...	106.8	126.7	94.0	82.2
75-84 years	461.4	334.7	542.5	450.5	541.4	577.7	...	481.7	585.1	445.4	309.2
85 years and over	2,008.9	1,314.7	2,281.0	2,031.6	1,648.1	1,681.8	...	2,014.6	2,622.7	1,852.6	1,416.1

* Figure does not meet standard of reliability or precision (sample size less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

... Category not applicable.

¹Excludes unknown.

²Rates based on the civilian resident population, including institutionalized persons, as of July 1, 1995.

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

Table 14. Number of nursing home residents by marital status, residence, and living arrangements prior to admission, and age, sex, and race of resident: United States, 1995

Patient characteristic	Age ¹						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
Total	1,548,600	124,500	1,422,900	189,700	509,600	723,500	422,300	1,126,300	1,367,200	172,700	148,400	*8,700
Current marital status												
Married	257,700	21,900	235,800	50,100	112,100	73,700	140,000	117,700	230,700	24,300	19,400	*
Widowed	935,600	12,000	922,700	65,100	298,100	559,500	132,000	803,600	844,900	86,500	73,400	*
Divorced or separated	112,100	29,200	82,900	29,600	31,200	22,100	48,900	63,100	91,100	20,500	18,600	*
Single or never married	229,700	59,600	169,800	43,600	63,500	62,700	96,700	133,100	189,900	38,900	34,600	*
Unknown	13,500	*	11,700	*	*	*5,700	*	*8,800	*10,600	*	*	*
Residence prior to admission												
Private or semiprivate residence	552,500	31,900	520,400	54,700	183,600	282,000	142,500	410,000	494,400	55,500	49,700	*
Retirement home	31,900	*	31,100	*	*9,200	20,000	*6,900	25,000	30,800	*	*	*
Board and care or residential care facility	76,400	*5,400	71,000	*5,700	26,700	38,700	18,200	58,200	70,200	*	*	*
Nursing home	184,800	19,200	165,300	23,400	58,300	83,600	53,300	131,500	165,900	17,800	14,300	*
Hospital	627,600	50,900	576,400	92,000	210,200	274,200	176,700	450,900	543,500	79,900	67,600	*
Mental health facility	26,800	*8,700	18,100	*6,400	*7,000	*	*10,600	16,200	22,000	*	*	–
Other or unknown	48,500	*7,500	40,600	*5,700	14,600	20,300	14,100	34,400	40,300	*8,000	*6,800	*
Living arrangement prior to admission												
Alone	223,600	*5,200	218,400	16,800	68,200	133,400	42,100	181,500	208,500	14,500	13,000	*
With family members	314,900	26,500	288,200	36,100	108,000	144,100	98,800	216,100	274,600	39,100	34,300	*
With nonfamily members	32,100	*	28,700	*	12,300	13,200	*8,800	23,300	29,100	*	*	*
Other or unknown	978,100	89,600	887,500	133,500	321,100	432,900	272,600	705,400	855,000	116,700	99,000	*6,400

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

– Quantity zero.

¹Excludes unknown.

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

Table 15. Percent distribution of nursing home residents by marital status and residence and living arrangements prior to admission, according to age, sex, and race of resident: United States, 1995

Patient characteristic	All residents	Age ¹					Sex		Race			
		Under 65 years	65 years and over			Male	Female	White	Black and other			
			Total	65–74 years	75–84 years				85 years and over	Total	Black	Unknown
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current marital status												
Married	16.6	17.6	16.6	26.4	22.0	10.2	33.2	10.5	16.9	14.1	13.1	*
Widowed	60.4	9.7	64.9	34.3	58.5	77.3	31.3	71.4	61.8	50.1	49.5	*
Divorced or separated	7.2	23.5	5.8	15.6	6.1	3.1	11.6	5.6	6.7	11.9	12.5	*
Single or never married	14.8	47.9	11.9	23.0	12.5	8.7	22.9	11.8	13.9	22.5	23.3	*
Unknown	0.9	*	0.8	*	*	*0.8	*	*0.8	*0.8	*	*	*
Residence prior to admission												
Private or semiprivate residence	35.7	25.6	36.6	28.8	36.0	39.0	33.7	36.4	36.2	32.2	33.5	*
Retirement home	2.1	*	2.2	*	*1.8	2.8	*1.6	2.2	2.3	*	*	*
Board and care or residential care facility	4.9	*4.4	5.0	*3.0	5.2	5.3	4.3	5.2	5.1	*	*	*
Nursing home	11.9	15.4	11.6	12.3	11.4	11.6	12.6	11.7	12.1	10.3	9.6	*
Hospital	40.5	40.9	40.5	48.5	41.3	37.9	41.8	40.0	39.8	46.2	45.5	*
Mental health facility	1.7	*7.0	1.3	*3.4	*1.4	*	*2.5	1.4	1.6	*	*	–
Other or unknown	3.1	*6.0	2.9	*3.0	2.9	2.8	3.3	3.1	3.0	*4.6	*4.6	*
Living arrangement prior to admission												
Alone	14.4	*4.2	15.4	8.9	13.4	18.4	10.0	16.1	15.3	8.4	8.7	*
With family members	20.3	21.3	20.3	19.0	21.2	19.9	23.4	19.2	20.1	22.6	23.1	*
With nonfamily members	2.1	*	2.0	*	2.4	1.8	*2.1	2.1	2.1	*	*	*
Other or unknown	63.2	71.9	62.4	70.4	63.0	59.8	64.6	62.6	62.5	67.6	66.7	*73.7

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

– Quantity zero.

¹Excludes unknown.

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

Table 16. Average daily charge and number of nursing home residents by primary source of payment in month before interview and selected resident characteristics: United States, 1995

Resident characteristic	All sources		Private sources ¹		Medicare		Medicaid		All other sources ^{2,3}	
	Average daily charge ³	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents
All residents	\$102.78	1,548,600	\$101.31	418,200	\$181.82	188,300	\$90.79	895,300	\$91.78	37,000
Age ⁴										
Under 65 years	120.06	124,500	132.74	13,200	*206.88	*10,000	112.17	92,500	*105.32	*7,700
65 years and over	101.28	1,422,900	100.33	405,000	180.44	178,300	88.36	801,600	87.38	29,300
65–74 years	111.78	189,700	101.19	30,300	212.78	31,200	94.67	117,400	*95.69	*8,200
75–84 years	102.90	509,600	100.59	137,600	195.77	69,700	87.31	288,900	*87.49	*10,900
85 years and over	97.51	723,500	100.07	237,100	155.05	77,500	87.25	395,200	*79.16	*10,300
Sex										
Male	109.67	422,300	103.12	111,900	210.40	55,900	95.92	231,100	90.79	21,100
Female	100.28	1,126,300	100.66	306,300	170.66	132,500	89.05	664,200	93.18	16,000
Race										
White	101.27	1,367,200	101.43	404,200	179.77	159,600	89.08	763,500	83.33	31,600
Black and other	115.81	172,700	95.80	13,100	202.99	26,000	101.64	127,000	*145.73	*5,200
Black	116.97	148,400	*91.61	*10,100	222.32	22,300	100.94	110,400	*	*
Unknown	*90.13	*8,700	*	*	*	*	*	*	*	*
Hispanic origin										
Hispanic	107.53	40,500	*	*	*133.40	*6,800	102.98	29,000	*	*
Non-Hispanic	103.08	1,422,900	101.17	397,400	185.54	169,400	90.90	811,400	92.12	35,500
Unknown	95.64	85,200	105.03	17,000	156.92	12,100	83.55	54,900	*	*
Current marital status										
Married	114.22	257,700	106.17	86,100	207.92	39,400	96.93	120,600	*94.96	*9,800
Widowed	98.29	935,600	99.38	268,600	172.10	106,200	86.60	539,100	82.29	16,100
Divorced or separated	99.67	112,100	107.95	14,800	156.86	13,200	92.04	79,600	*	*
Single or never married	109.97	229,700	101.57	46,800	201.95	25,700	100.44	148,700	*107.34	*7,500
Unknown	108.99	13,500	*	*	*	*	*95.44	*7,300	*	*
Current residence										
Private or semiprivate residence	94.34	552,500	95.28	168,400	173.81	53,300	83.98	317,300	*79.61	*10,400
Retirement home	93.42	31,900	90.58	18,100	*	*	*83.72	*9,100	*	*
Board and care or residential care facility	95.38	76,400	102.84	31,000	*	*	88.71	38,900	*	*
Nursing home	89.70	184,800	96.78	50,300	121.73	15,400	83.93	114,800	*	*
Hospital	116.16	627,600	112.60	139,600	202.43	105,700	98.02	361,100	109.95	15,600
Mental health facility	93.17	26,800	*	*	*	*	94.86	19,800	*	*
Other or unknown	103.33	48,500	*95.58	*7,500	*	*	102.14	34,300	*	*
Living arrangement prior to admission										
Alone	96.18	223,600	93.82	84,900	245.39	17,100	82.00	116,600	*81.51	*4,500
With family members	92.67	314,900	94.56	86,500	140.73	32,100	85.78	186,100	*75.58	*7,700
With nonfamily members	101.97	32,100	*106.43	*9,000	*	*	93.66	18,700	*	*
Other or unknown	107.60	978,100	106.38	237,900	184.49	136,100	94.08	573,800	96.69	23,500

Figure does not meet standard of reliability or precision because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes private insurance, own income, family support, Social Security benefits and retirement funds.

²Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans Administration (VA) contract, pensions, or other VA compensation, payment source not yet determined, and other sources.

³Excludes residents with unknown source of payment.

⁴Excludes unknown.

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

Table 17. Number of nursing home residents by type of aids used and age, sex, and race of resident: United States, 1995

Aids used	Age ¹						Sex		Race			
	All residents ²	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	1,548,600	124,500	1,422,900	189,700	509,600	723,500	422,300	1,126,300	1,367,200	172,700	148,400	*8,700
Eyeglasses	1,018,700	47,700	970,100	111,900	335,200	523,100	241,800	776,900	948,200	67,500	57,100	*
Hearing aid	165,100	*	163,000	*8,300	40,700	114,000	39,900	125,200	159,600	*	*	*
Transfer equipment	199,600	24,700	174,300	24,300	63,500	86,500	57,600	142,100	177,400	21,400	18,400	*
Wheelchair	978,400	65,300	912,000	114,000	308,600	489,300	246,600	731,800	867,100	107,100	90,600	*
Cane	105,500	*6,500	99,100	11,000	35,600	52,500	37,300	68,200	96,100	*9,300	*7,800	*
Walker	361,500	12,500	349,000	31,800	118,400	198,800	82,500	279,000	335,300	24,200	19,600	*
Crutches	*	*	*	*	*	*	*	*	*	-	-	-
Brace (any type)	58,800	*9,400	49,300	12,900	19,500	16,900	19,000	39,700	50,500	*8,000	*6,400	*
Oxygen	84,700	*9,200	75,400	14,500	28,000	32,900	27,900	56,900	75,900	*8,100	*6,800	*
Hospital bed	1,208,300	93,600	1,114,100	152,400	397,400	564,200	325,400	883,000	1,060,200	142,100	121,700	*6,100
Commode	177,600	*10,900	166,700	21,900	55,800	89,000	36,800	140,800	162,200	15,100	11,700	*
Other aids or devices	236,600	23,000	213,200	32,800	82,700	97,700	72,200	164,400	201,900	32,400	28,100	*
None	30,700	*9,100	21,400	*6,000	*10,300	*	14,600	16,100	22,600	*7,900	*7,100	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Excludes unknown.

²Numbers may add to more than totals because a resident may be included in more than one category.

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

Table 18. Percent of nursing home residents by type of aids used and age, sex, and race of resident: United States, 1995

Aids used	Age ¹						Sex		Race			
	All residents ²	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	*100.0
Eyeglasses	65.8	38.3	68.2	59.0	65.8	72.3	57.3	69.0	69.4	39.1	38.4	*
Hearing aid	10.7	*	11.5	*4.4	8.0	15.8	9.5	11.1	11.7	*	*	*
Transfer equipment	12.9	19.9	12.3	12.8	12.5	12.0	13.6	12.6	13.0	12.4	12.4	*
Wheelchair	63.2	52.5	64.1	60.1	60.6	67.6	58.4	65.0	63.4	62.0	61.0	*
Cane	6.8	*5.2	7.0	5.8	7.0	7.3	8.8	6.1	7.0	*5.4	*5.2	*
Walker	23.3	10.0	24.5	16.8	23.2	27.5	19.5	24.8	24.5	14.0	13.2	*
Crutches	*	*	*	*	*	*	*	*	*	-	-	-
Brace (any type)	3.8	*7.6	3.5	6.8	3.8	2.3	4.5	3.5	3.7	*4.6	*4.3	*
Oxygen	5.5	*7.4	5.3	7.7	5.5	4.5	6.6	5.1	5.6	*4.7	*4.6	*
Hospital bed	78.0	75.2	78.3	80.4	78.0	78.0	77.1	78.4	77.5	82.3	82.0	*70.5
Commode	11.5	*8.7	11.7	11.5	11.0	12.3	8.7	12.5	11.9	8.7	7.9	*
Other aids or devices	15.3	18.5	15.0	17.3	16.2	13.5	17.1	14.6	14.8	18.8	19.0	*
None	2.0	*7.3	1.5	*3.2	*2.0	*	3.5	1.4	1.7	*4.6	*4.8	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Excludes unknown.

²Percents may add to more than totals because a resident may be included in more than one category.

NOTE: Percents are based on the unrounded numbers.

Table 19. Number of nursing home residents by selected functional status and age, sex, and race of resident: United States, 1995

Functional status	All residents	Age ¹					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	1,548,600	124,500	1,422,900	189,700	509,600	723,500	422,300	1,126,300	1,367,200	172,700	148,400	*8,700
Vision ²												
Not impaired	1,007,300	86,700	920,100	136,300	354,400	429,400	279,900	727,400	899,300	103,000	88,400	*
Impaired ³	409,800	20,800	388,700	37,500	112,600	238,600	104,000	305,800	360,000	46,700	40,000	*
Partially impaired	260,100	13,900	246,200	23,200	71,900	151,100	65,600	194,500	230,900	27,700	23,600	*
Severely impaired	100,400	*	96,600	*8,200	26,600	61,900	24,000	76,400	87,900	*11,000	*9,100	*
Completely lost	32,000	*	29,200	*	*9,200	16,600	*7,700	24,300	26,300	*5,800	*	-
Unknown or unable to determine	131,600	17,000	114,000	15,900	42,600	55,500	38,500	93,100	107,900	23,000	20,000	*
Hearing ⁴												
Not impaired	1,070,100	99,700	969,500	152,700	382,500	434,400	293,500	776,600	941,100	124,000	107,500	*
Impaired ³	331,800	*6,500	324,900	20,200	80,900	223,900	84,400	247,400	300,700	27,900	23,400	*
Partially impaired	248,700	*	244,300	16,000	64,300	164,000	66,400	182,300	226,500	19,900	16,500	*
Severely impaired	66,200	*	65,000	*	13,500	49,300	14,200	52,000	59,900	*	*	*
Completely lost	*6,700	*	*6,000	*	*	*	*	*	*	*	*	-
Unknown or unable to determine	146,700	18,300	128,400	16,900	46,300	65,300	44,400	102,300	125,500	20,800	17,500	*
Walking ¹												
Received help	443,700	20,800	422,600	44,600	144,400	233,600	115,200	328,500	407,200	34,500	28,300	*
Received no help	340,200	41,300	298,700	51,200	119,400	128,000	111,500	228,700	301,600	36,900	32,200	*
Contenance												
Difficulty controlling bowels ⁵	22,100	*	19,600	*	*6,400	*9,900	*9,100	12,900	19,200	*	*	-
Difficulty controlling bladder ⁶	187,300	13,100	174,200	20,800	57,300	96,000	46,400	140,900	172,300	14,500	11,700	*
Difficulty controlling both bowels and bladder ^{5,6}	661,600	42,300	618,600	77,300	221,300	320,000	171,300	490,300	572,700	84,800	73,000	*
Has ostomy, indwelling catheter or similar device	153,500	20,500	132,900	23,800	47,200	61,800	51,400	102,000	129,000	23,100	19,800	*
Receive help with ADL's ^{7,8}												
Bathing	1,478,800	109,300	1,368,500	177,600	490,900	700,000	393,800	1,085,100	1,305,500	164,900	141,400	*8,400
Dressing	1,324,300	94,200	1,229,000	156,900	436,700	635,500	346,900	977,400	1,166,700	151,000	129,300	*6,600
Eating	693,700	54,700	638,400	83,400	230,300	324,700	179,600	514,200	604,300	85,700	73,900	*
Transfer	351,900	16,100	335,600	35,700	116,900	183,000	88,400	263,400	324,000	26,500	21,600	*
Using toilet room	868,000	49,500	818,000	101,700	282,500	433,900	208,400	659,600	773,800	90,400	75,400	*
Receives help with IADL'S ^{7,8}												
Care of personal possessions	1,197,800	93,300	1,103,200	142,800	394,100	566,200	320,800	877,000	1,050,800	141,100	121,900	*5,900
Managing money	1,075,600	88,900	985,700	132,900	353,600	499,200	290,500	785,100	934,200	136,000	119,100	*
Securing personal items such as newspaper, toilet articles, and snack food	1,185,100	93,300	1,090,800	142,600	388,200	560,000	320,700	864,400	1,040,600	138,800	119,000	*5,700
Using the telephone	942,600	69,300	872,600	110,100	311,000	451,600	257,700	684,900	819,700	118,200	101,600	*
Functional status in ADL's ⁷												
Receives no help	60,200	14,000	46,000	*9,800	16,400	19,800	25,800	34,300	53,500	*6,400	*5,800	*
Receives help with 1 ADL	136,000	12,800	123,200	17,900	47,500	57,800	40,100	95,900	123,500	11,500	*9,900	*
Receives help with 2 ADL's	220,600	21,500	199,100	27,700	74,400	97,000	74,500	146,100	191,200	27,700	23,900	*
Receives help with 3 ADL's	513,400	42,100	470,700	70,000	167,900	232,800	132,000	381,400	444,000	65,800	58,900	*
Receives help with 4 ADL's	492,700	29,300	463,400	49,700	160,100	253,600	117,400	375,300	438,800	52,200	42,400	*
Receives help with 5 ADL's	125,700	*	120,500	14,600	43,400	62,500	32,500	93,200	116,300	*9,100	*7,600	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Excludes unknown.

²Status when using eyeglasses or contact lenses.

³Includes residents for whom the severity of impairment is unknown.

⁴Status when using a hearing aid if applicable.

⁵Excludes residents that had a colostomy.

⁶Excludes residents that had an indwelling catheter or ostomy.

⁷ADL is activities of daily living and IADL is instrumental activities of daily living (see appendix II).

⁸Numbers may not add to totals because a resident may be included in more than one category.

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

Table 20. Percent distribution of nursing home residents by selected functional status, according to age, sex, and race of resident: United States, 1995

Functional status	All residents	Age ¹					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other			Unknown	
			Total	65–74 years	75–84 years			85 years and over	White	Total		Black
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Vision ²												
Not impaired	65.0	69.7	64.7	71.9	69.6	59.4	66.3	64.6	65.8	59.7	59.6	*
Impaired ³	26.5	16.7	27.3	19.8	22.1	33.0	24.6	27.2	26.3	27.1	27.0	*
Partially impaired	16.8	11.2	17.3	12.2	14.1	20.9	15.5	17.3	16.9	16.1	15.9	*
Severely impaired	6.5	3.0	6.8	*4.3	5.2	8.6	5.7	6.8	6.4	*6.4	*6.1	*
Completely lost	2.1	2.1	2.1	*	*1.8	2.3	*1.8	2.2	1.9	*3.3	*	–
Unknown or unable to determine	8.5	13.6	8.0	8.4	8.4	7.7	9.1	8.3	7.9	13.3	13.5	*
Hearing ⁴												
Not impaired	69.1	80.1	68.1	80.5	75.1	60.0	69.5	69.0	68.8	71.8	72.4	*
Impaired ³	21.4	*5.2	22.8	10.6	15.9	30.9	20.0	22.0	22.0	16.2	15.8	*
Partially impaired	16.1	*	17.2	8.4	12.6	22.7	15.7	16.2	16.6	11.5	11.1	*
Severely impaired	4.3	*	4.6	*	2.7	6.8	3.4	4.6	4.4	*	*	*
Completely lost	*0.4	*	*0.4	*	*	*	*	*	*	*	*	–
Unknown or unable to determine	9.5	14.7	9.0	8.9	9.1	9.0	10.5	9.1	9.2	12.1	11.8	*
Walking ¹												
Received help	28.7	16.7	29.7	23.5	28.3	32.3	27.3	29.2	29.8	20.0	19.1	*
Received no help	22.0	33.2	21.0	27.0	23.4	17.7	26.4	20.3	22.1	21.4	21.7	*
Contenance												
Difficulty controlling bowels ⁵	1.4	*	1.4	*	*1.3	*1.4	*2.2	1.2	1.4	*	*	–
Difficulty controlling bladder ⁶	12.1	10.5	12.2	11.0	11.3	13.3	11.0	12.5	12.6	8.4	7.9	*
Difficulty controlling both bowels and bladder ^{5,6}	42.7	34.0	43.5	40.7	43.4	44.2	40.6	43.5	41.9	49.1	49.2	*
Has ostomy, indwelling catheter or similar device	9.9	16.4	9.3	12.6	9.3	8.5	12.2	9.1	9.4	13.4	13.3	*
Receives help with ADL's ^{7,8}												
Bathing	95.5	87.8	96.2	93.6	96.3	96.8	93.2	96.3	95.5	95.5	95.3	*97.4
Dressing	85.5	75.7	86.4	82.7	85.7	87.8	82.1	86.8	85.3	87.4	87.2	*76.1
Eating	44.8	43.9	44.9	44.0	45.2	44.9	42.5	45.7	44.2	49.6	49.8	*
Transferring	22.7	12.9	23.6	18.8	22.9	25.3	20.9	23.4	23.7	15.4	14.6	*
Using toilet room	56.1	39.8	57.5	53.6	55.4	60.0	49.3	58.6	56.6	52.3	50.8	*
Receives help with IADL's ^{7,8}												
Care of personal possessions	77.4	75.0	77.5	75.3	77.3	78.3	76.0	77.9	76.9	81.7	82.2	*68.4
Managing money	69.5	71.4	69.3	70.1	69.4	69.0	68.8	69.7	68.3	78.8	80.2	*
Securing personal items such as newspaper, toilet articles, snack food	76.5	74.9	76.7	75.2	76.2	77.4	75.9	76.8	76.1	80.4	80.2	*66.0
Using the telephone	60.9	55.6	61.3	58.0	61.0	62.4	61.0	60.8	60.0	68.4	68.4	*
Number of dependencies in activities of daily living ⁷												
Receives no help	3.9	11.2	3.2	*5.2	3.2	2.7	6.1	3.1	3.9	*3.7	*3.9	*
Receives help with 1 ADL	8.8	10.3	8.7	9.4	9.3	8.0	9.5	8.5	9.0	*6.7	*6.7	*
Receives help with 2 ADL's	14.3	17.2	14.0	14.6	14.6	13.4	17.7	13.0	14.0	16.0	16.1	*
Receives help with 3 ADL's	33.2	33.8	33.1	36.9	32.9	32.2	31.3	33.9	32.5	38.1	39.7	*
Receives help with 4 ADL's	31.8	23.5	32.6	26.2	31.4	35.1	27.8	33.3	32.1	30.2	28.6	*
Receives help with 5 ADL's	8.1	*	8.5	7.7	8.5	8.6	7.7	8.3	8.5	*5.3	*5.1	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

– Quantity zero.

¹Excludes unknown.

²Status when using eyeglasses or contact lenses.

³Includes residents for whom the severity of impairment is unknown.

⁴Status when using a hearing aid if applicable.

⁵Excludes residents that had a colostomy.

⁶Excludes residents that had an indwelling catheter or ostomy.

⁷ADL is activities of daily living and IADL is instrumental activities of daily living (see appendix II).

⁸Percents may not add to totals because a resident may be included in more than one category.

NOTE: Percents are based on the unrounded numbers.

Table 21. Number of nursing home residents by services received during the last 30 days and age, sex, and race of resident: United States, 1995

Services received	All residents ²	Age ¹					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	1,548,600	124,500	1,422,900	189,700	509,600	723,500	422,300	1,126,300	1,367,200	172,700	148,400	*8,700
Dental care	271,800	30,200	241,700	35,300	82,700	123,700	80,600	191,200	233,100	37,700	29,500	*
Equipment or devices	752,600	57,600	694,300	92,000	249,000	353,300	203,500	549,100	665,400	84,000	69,400	*
Hospice services	22,200	*	19,300	*	*7,300	*8,100	*8,400	13,800	19,500	*	*	*
Medical services	1,371,200	112,700	1,258,200	170,600	448,500	639,100	372,600	998,600	1,210,300	154,900	133,100	*6,000
Mental health services	245,200	38,600	206,300	43,500	79,200	83,600	77,900	167,300	215,100	29,400	25,400	*
Nursing services	1,488,100	117,800	1,369,200	182,800	490,100	696,300	402,500	1,085,600	1,313,300	168,000	144,000	*6,800
Nutritional services	1,074,300	92,100	981,500	135,100	356,900	489,600	297,500	776,800	942,300	127,200	107,900	*
Occupational therapy	228,000	23,500	204,300	38,900	81,800	83,500	75,800	152,100	193,700	32,200	26,000	*
Personal care	1,407,400	110,300	1,296,000	171,400	464,300	660,300	379,800	1,027,600	1,243,900	157,400	135,200	*6,000
Physical therapy	385,900	34,400	351,500	53,300	132,500	165,800	118,500	267,400	337,500	45,400	36,900	*
Prescribed medicines or nonprescribed medicines	1,442,000	114,700	1,326,000	177,400	474,600	674,100	391,600	1,050,400	1,276,400	159,000	136,700	*6,600
Social services	990,900	83,600	906,800	127,800	331,700	447,300	270,900	720,100	872,700	116,100	97,300	*
Special education	15,700	*6,100	9,700	*	*	*	*8,100	*7,600	11,300	*	*	-
Speech or hearing therapy	117,200	13,400	103,500	21,100	37,400	45,000	41,100	76,100	96,700	19,600	17,100	*
Transportation	368,700	46,400	322,100	52,000	114,900	155,200	114,700	254,000	316,900	49,300	42,200	*
Vocational rehabilitation	*8,000	*	*6,300	*	*	*	*	*	*6,600	*	*	*
Other	116,700	*7,900	108,700	16,300	40,900	51,600	32,700	83,900	102,100	13,900	*10,400	*
None	*6,000	*	*	*	*	*	*	*	*	*	*	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Excludes unknown.

²Numbers may not add to totals because a resident may be included in more than one category.

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

Table 22. Percent distribution of nursing home residents by services received during the last 30 days, according to age, sex, and race of resident: United States, 1995

Service received	Age ¹						Sex		Race			
	All residents ²	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	*100.0
Dental care	17.6	24.2	17.0	18.6	16.2	17.1	19.1	17.0	17.1	21.8	19.9	*
Equipment or devices	48.6	46.2	48.8	48.5	48.9	48.8	48.2	48.8	48.7	48.6	46.8	*
Hospice services	1.4	*	1.4	*	*1.4	*1.1	*2.0	1.2	1.4	*	*	*
Medical services	88.6	90.5	88.4	89.9	88.0	88.3	88.2	88.7	88.5	89.7	89.7	*69.0
Mental health services	15.8	31.0	14.5	22.9	15.6	11.6	18.4	14.9	15.7	17.0	17.1	*
Nursing services	96.1	94.6	96.2	96.4	96.2	96.2	95.3	96.4	96.1	97.3	97.0	*78.6
Nutritional services	69.4	74.0	69.0	71.2	70.0	67.7	70.5	69.0	68.9	73.7	72.7	*
Occupational therapy	14.7	18.9	14.4	20.5	16.1	11.6	18.0	13.5	14.2	18.7	17.5	*
Personal care	90.9	88.6	91.1	90.4	91.1	91.3	89.9	91.2	91.0	91.2	91.1	*69.2
Physical therapy	24.9	27.6	24.7	28.1	26.0	22.9	28.1	23.7	24.7	26.3	24.9	*
Prescribed medicines or nonprescribed medicines	93.1	92.2	93.2	93.5	93.1	93.2	92.7	93.3	93.4	92.1	92.1	*76.0
Sheltered employment	*	*	*	*	*	*	*	*	*	*	*	-
Social services	64.0	67.1	63.7	67.4	65.1	61.8	64.1	63.9	63.8	67.2	65.6	*
Special education	1.0	*4.9	0.7	*	*	*	*1.9	*0.7	0.8	*	*	-
Speech or hearing therapy	7.6	10.8	7.3	11.1	7.3	6.2	9.7	6.8	7.1	11.4	11.5	*
Transportation	23.8	37.3	22.6	27.4	22.5	21.5	27.2	22.6	23.2	28.6	28.4	*
Vocational rehabilitation	*0.5	*	*0.4	*	*	*	*	*	*0.5	*	*	*
Other	7.5	*6.4	7.6	8.6	8.0	7.1	7.8	7.5	7.5	8.0	*7.0	*
None	*0.4	*	*	*	*	*	*	*	*	*	*	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Excludes unknown.

²Percents may not add to totals because a resident may be included in more than one category.

NOTE: Percents are based on the unrounded numbers.

Table 23. Number of nursing home residents by selected demographic characteristics and primary source of payment at admission and at time of survey: United States, 1995

Demographic characteristic	Primary source of payment									
	At admission				At time of survey					
	All sources	Private insurance ¹	Medicare	Medicaid	All other ²	Private insurance ¹	Medicare	Medicaid	All other ²	
All residents	1,548,600	470,300	370,100	634,700	73,600	418,200	188,300	895,300	46,800	
Age ³										
Under 65 years	124,500	15,800	14,200	82,700	11,900	13,200	*10,000	92,500	*8,800	
65 years and over	1,422,900	454,500	355,900	551,000	61,500	405,000	178,300	801,600	38,000	
65–74 years	189,700	32,700	51,100	90,300	15,600	30,300	31,200	117,400	*10,700	
75–84 years	509,600	149,500	134,400	203,000	22,800	137,600	69,700	288,900	13,500	
85 years and over	723,500	272,300	170,500	257,700	23,100	237,100	77,500	395,200	13,800	
Sex										
Male	422,300	116,500	98,200	173,900	33,600	111,900	55,900	231,100	23,500	
Female	1,126,300	353,700	271,900	460,800	39,900	306,300	132,500	664,200	23,300	
Race										
White	1,367,200	456,900	323,000	522,700	64,600	404,200	159,600	763,500	39,900	
Black and other	172,700	12,700	43,600	107,700	*8,700	13,100	26,000	127,000	*6,600	
Black	148,400	*9,100	38,000	93,500	*7,800	*10,100	22,300	110,400	*5,700	
Unknown	*8,700	*	*	*	*	*	*	*	*	
Hispanic origin										
Hispanic	40,500	*	*9,700	24,500	*	*	*6,800	29,000	*	
Non-Hispanic	1,422,900	445,700	336,900	570,900	69,400	397,400	169,400	811,400	44,700	
Unknown	85,200	19,300	23,500	39,300	*	17,000	12,100	54,900	*	
Current marital status										
Married	257,700	89,300	69,000	82,300	17,200	86,100	39,400	120,600	*11,600	
Widowed	935,600	310,900	230,300	362,000	32,400	268,600	106,200	539,100	21,700	
Divorced or separated	112,100	17,900	24,300	61,700	*8,200	14,800	13,200	79,600	*	
Single or never married	229,700	49,600	42,600	122,300	15,200	46,800	25,700	148,700	*8,600	
Unknown	13,500	*	*	*6,400	*	*	*	*7,300	*	
Current residence										
Private or semiprivate residence	552,500	207,600	99,400	221,300	24,200	168,400	53,300	317,300	13,500	
Retirement home	31,900	18,500	*	*6,500	*	18,100	*	*9,100	*	
Board and care or residential care facility	76,400	34,200	*9,500	29,400	*	31,000	*	38,900	*	
Nursing home	184,800	57,600	26,300	93,900	*7,000	50,300	15,400	114,800	*	
Hospital	627,600	139,000	220,800	237,700	30,100	139,600	105,700	361,100	21,200	
Mental health facility	26,800	*	*	18,200	*	*	*	19,800	*	
Other or unknown	48,500	*9,900	*6,600	27,800	*4,200	*7,500	*	34,300	*	
Living arrangement prior to admission										
Alone	223,600	100,300	35,200	78,600	*9,500	84,900	17,100	116,600	*5,000	
With family members	314,900	107,900	58,300	132,800	15,900	86,500	32,100	186,100	*10,200	
Only with nonfamily members	32,100	*10,800	*	14,900	*	*9,000	*	18,700	*	
Unknown	978,100	251,300	272,100	408,400	46,200	237,900	136,100	573,800	30,300	

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes private insurance, own income, family support, Social Security benefits, and retirement fund.

²Includes Supplemental Security Income, other government assistance or welfare, religious organizations, foundations, agencies, Veterans Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other and unknown sources.

³Excludes unknown.

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

Table 24. Percent distribution of nursing home residents by selected demographic characteristics, according to primary source of payment at admission and at time of survey: United States, 1995

Demographic characteristic	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance ¹	Medicare	Medicaid	All other ²	Private insurance ¹	Medicare	Medicaid	All other ²
All residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age ³									
Under 65 years	8.0	3.4	3.8	13.0	16.1	3.2	*5.3	10.3	*18.7
65 years and over	91.9	96.6	96.2	86.8	83.6	96.8	94.7	89.5	81.3
65–74 years	12.3	7.0	13.8	14.2	21.2	7.3	16.6	13.1	*22.9
75–84 years	32.9	31.8	36.3	32.0	31.0	32.9	37.0	32.3	28.8
85 years and over	46.7	57.9	46.1	40.6	31.4	56.7	41.1	44.1	29.5
Sex									
Male	27.3	24.8	26.5	27.4	45.7	26.8	29.7	25.8	50.2
Female	72.7	75.2	73.5	72.6	54.3	73.3	70.3	74.2	49.9
Race									
White	88.3	97.2	87.3	82.4	87.9	96.7	84.7	85.3	85.4
Black and other	11.2	2.7	11.8	17.0	*11.9	3.1	13.8	14.2	*14.2
Black	9.6	*1.9	10.3	14.7	*10.6	*2.4	11.8	12.3	*12.2
Unknown	0.6	*	*	*	*	*	*	*	*
Hispanic origin									
Hispanic	2.6	*	*2.6	3.9	*	*	*3.6	3.2	*
Non-Hispanic	91.9	94.8	91.0	90.0	94.3	95.0	90.0	90.6	95.6
Unknown	5.5	4.1	6.4	6.2	*	4.1	6.4	6.1	*
Current marital status									
Married	16.6	19.0	18.6	13.0	23.4	20.6	20.9	13.5	*24.8
Widowed	60.4	66.1	62.2	57.0	44.0	64.2	56.4	60.2	46.5
Divorced or separated	7.2	3.8	6.6	9.7	*11.1	3.5	7.0	8.9	*
Single or never married	14.8	10.6	11.5	19.3	20.7	11.2	13.6	16.6	*18.3
Unknown	0.9	*	*	*1.0	*	*	*	*0.8	*
Living arrangement prior to admission									
Private or semiprivate residence	35.7	44.1	26.9	34.9	33.0	40.3	28.3	35.4	29.0
Retirement home	2.1	3.9	*	*1.0	*	4.3	*	*1.0	*
Board and care or residential care facility	4.9	7.3	*2.6	4.6	*	7.4	*	4.3	*
Nursing home	11.9	12.3	7.1	14.8	*9.5	12.0	8.2	12.8	*
Hospital	40.5	29.6	59.7	37.5	40.9	33.4	56.2	40.3	45.3
Mental health facility	1.7	*	*	2.9	*	*	*	2.2	*
Other or unknown	3.1	*2.1	*1.8	4.4	*5.8	*1.8	*	3.8	*
Living arrangement prior to admission									
Alone	14.4	21.3	9.5	12.4	*12.9	20.3	9.1	13.0	*10.6
With family members	20.3	23.0	15.8	20.9	21.6	20.7	17.0	20.8	*21.8
Only with nonfamily members	2.1	*2.3	*	2.3	*	*2.2	*	2.1	*
Unknown	63.2	53.4	73.5	64.4	62.8	56.9	72.3	64.1	64.7

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes private insurance, own income, family support, Social Security benefits, and retirement fund.

²Includes Supplemental Security Income, other government assistance or welfare, religious organizations, foundations, agencies, Veterans Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other and unknown sources.

³Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

Table 25. Number and percent distribution of nursing home residents by length of stay since admission and average length of stay, according to selected demographic characteristics: United States, 1995

Demographic characteristic	All residents	Length of stay since admission ¹							Average in days
		Total	Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All residents	1,548,600	100.0	17.1	9.8	13.0	31.6	13.8	14.6	910.8
Age ¹									
Under 65 years	124,500	100.0	20.1	10.2	12.3	27.7	11.5	18.2	1060.6
65 years and over	1,422,900	100.0	16.8	9.7	13.1	31.9	14.0	14.3	897.6
65–74 years	189,700	100.0	22.2	12.6	11.1	30.9	9.4	13.9	884.6
75–84 years	509,600	100.0	18.7	9.6	15.1	32.6	12.6	11.4	805.8
85 years and over	723,500	100.0	14.1	9.1	12.2	31.7	16.2	16.5	965.9
Sex									
Male	422,300	100.0	22.1	10.7	13.8	30.8	10.1	12.6	806.7
Female	1,126,300	100.0	15.2	9.4	12.7	31.9	15.2	15.4	949.9
Race									
White	1,367,200	100.0	16.7	9.7	13.1	31.8	13.8	14.8	911.0
Black and other	172,700	100.0	19.1	10.1	12.5	30.1	14.2	13.9	922.3
Black	148,000	100.0	18.6	10.5	12.3	29.3	15.3	13.9	935.2
Unknown	*8,700	*100.0	*	*	*	*	*	*	*655.2
Hispanic origin									
Hispanic	40,500	100.0	*21.5	*	*	34.8	*	*	820.1
Non-Hispanic	1,422,900	100.0	16.8	9.8	13.0	31.5	13.9	15.0	920.6
Unknown	85,200	100.0	19.0	*10.3	14.3	31.7	13.6	*10.5	789.8
Current marital status									
Married	257,700	100.0	23.9	12.5	15.0	31.7	9.9	7.0	602.8
Widowed	935,600	100.0	15.7	9.5	13.1	31.7	15.5	14.3	894.8
Divorced or separated	112,100	100.0	17.0	*9.1	12.6	35.2	10.6	15.6	974.4
Single or never married	229,700	100.0	14.3	8.0	10.4	29.6	12.9	24.6	1305.0
Unknown	13,500	100.0	*	*	*	*	*	*	676.0
Residence prior to admission									
Private or semiprivate residence	552,500	100.0	14.9	8.3	12.1	31.3	16.0	17.3	1017.1
Retirement home	31,900	100.0	*	*	*	36.4	*	*	852.5
Board and care or residential care facility	76,400	100.0	*14.2	*10.6	*14.1	33.1	16.6	*11.4	865.6
Nursing home	184,800	100.0	12.8	9.5	14.2	31.9	15.8	15.7	956.2
Hospital	627,600	100.0	21.2	11.4	13.8	31.6	11.3	10.7	742.9
Mental health facility	26,800	100.0	*	*	*	28.0	*	*36.4	1934.4
Other or unknown	48,500	100.0	*14.0	*	*10.8	30.1	*	24.6	1248.3
Living arrangement prior to admission									
Alone	223,600	100.0	14.5	7.8	13.0	30.4	15.7	18.5	1000.8
With family members	314,800	100.0	15.4	8.6	11.5	32.0	15.8	16.5	1016.6
Only with nonfamily members	32,100	100.0	*	*	*	*35.7	*	*	957.4
Unknown	978,100	100.0	18.3	10.6	13.6	31.6	12.8	13.1	854.7

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Excludes unknown.

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

Table 26. Number and percent distribution of nursing home residents by primary diagnosis at admission and at time of survey: United States, 1995

Primary diagnosis and ICD-9-CM code ¹	At admission		At time of survey	
	Number of residents	Percent distribution	Number of residents	Percent distribution
Total	1,548,600	100.0	1,548,600	100.0
Infectious and parasitic diseases 001-139	11,800	0.8	*7,800	*0.5
Neoplasms 140-239	32,700	2.1	34,900	2.3
Malignant neoplasms 140-208,230-234	28,200	1.8	31,100	2.0
Endocrine, nutritional, and metabolic diseases and immunity and immunity disorders 240-279	91,100	5.9	95,800	6.2
Diabetes mellitus 250	62,500	4.0	68,500	4.4
Diseases of the blood and blood-forming organs 280-289	12,300	0.8	16,000	1.0
Anemias 280-285	*11,700	*0.8	14,800	1.0
Mental disorders 290-319	278,100	18.0	318,700	20.6
Senile dementia or organic brain syndrome 290,310	99,100	6.4	111,100	7.2
Mental retardation 317-319	13,200	0.9	13,500	0.9
Other mental disorders 291-309,311-316	165,800	10.7	194,100	12.5
Diseases of the nervous system and sense organs 320-389	186,100	12.0	205,500	13.3
Alzheimer's disease 331.0	89,500	5.8	99,500	6.4
Parkinson's disease 332	32,800	2.1	37,000	2.4
Multiple sclerosis 340	13,100	0.8	13,400	0.9
Paralytic syndromes 342-344	16,800	1.1	16,800	1.1
Other diseases of the nervous system and sense organs 320-330, 331.3-331.9,333-337,341,345-389	34,000	2.2	38,800	2.5
Diseases of the circulatory system 390-459	402,500	26.0	427,400	27.6
Essential hypertension 401	54,100	3.5	64,900	4.2
Heart disease 391-392.0,393-398,402,404,410-416,420-429	157,600	10.2	173,900	11.2
Diseases of the respiratory system 460-519	88,600	5.7	70,400	4.5
Pneumonia, all forms 480-486	37,500	2.4	15,500	1.0
Other diseases of the respiratory system 490-496	51,000	3.3	55,000	3.5
Diseases of the digestive system 520-579	48,700	3.1	43,400	2.8
Diseases of the genitourinary system 580-629	40,400	2.6	32,800	2.1
Urinary tract infection 580-583,590,595,597,599.0	24,900	1.6	18,400	1.2
Diseases of the skin and subcutaneous tissue 680-709	19,300	1.3	16,200	1.0
Decubitus ulcer 707.0	*	*	*	*
Other chronic ulcer of the skin 707.1-707.9	*	*	*	*
Diseases of the musculoskeletal system and connective tissue 710-739	81,500	5.3	82,700	5.3
Rheumatoid arthritis, except spine 714	*	*	*6,700	*0.4
Osteoarthritis and allied disorders, except spine 715	25,500	1.6	28,500	1.8
Other arthropathies and related disorders 710-714,716-719	15,700	1.0	16,200	1.0
Osteoporosis 733.0	*7,400	*0.5	*10,000	*0.6
Congenital anomalies 740-759	*	*	*	*
Symptoms, signs, and ill-defined conditions 780-799	60,700	3.9	59,800	3.9
Senility without mention of psychosis 797	*	*	*	*
Injury and poisoning 800-999	128,500	8.3	78,400	5.1
Fracture of neck of femur 820	65,500	4.2	37,100	2.4
Other fractures 800-819,821-829	44,000	2.8	27,700	1.8
Supplementary classification V01-V82	60,500	3.9	53,700	3.5
Posthospital aftercare V42-46,V52,V53.3-V53.7,V54-V58	28,200	1.8	25,400	1.6
Unknown or no diagnosis	*	*	*	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

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

Table 27. Number and percent of nursing home residents by all-listed diagnoses at admission and at time of survey: United States, 1995

All listed diagnoses and ICD-9-CM code ¹	At admission		At time of survey	
	Number of residents	Percent	Number of residents	Percent
Total	6,110,300	100.0	6,444,900	100.0
Infectious and parasitic diseases 001-139	40,100	0.7	30,600	0.5
Neoplasms 140-239	105,600	1.7	115,400	1.8
Malignant neoplasms 140-208,230-234	92,900	1.5	102,400	1.6
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	484,000	7.9	495,500	7.7
Diabetes mellitus 250	228,700	3.7	237,900	3.7
Diseases of the blood and blood-forming organs 280-289	145,700	2.4	171,800	2.7
Anemias 280-285	139,000	2.3	165,400	2.6
Mental disorders 290-319	875,300	14.3	985,600	15.3
Senile dementia or organic brain syndrome 290,310	245,500	4.0	259,500	4.0
Mental retardation 317-319	31,100	0.5	31,400	0.5
Other mental disorders 291-309,311-316	598,600	9.8	694,600	10.8
Diseases of the nervous system and sense organs 320-389	607,200	9.9	673,300	10.4
Alzheimer's disease 331.0	174,500	2.9	183,400	2.8
Parkinson's disease 332	85,800	1.4	94,500	1.5
Multiple sclerosis 340	17,500	0.3	17,900	0.3
Paralytic syndromes 342-344	86,900	1.4	81,300	1.3
Other diseases of the nervous system and sense organs 320-330, 331.3-331.9,333-337,341,345-389	242,500	4.0	296,300	4.6
Diseases of the circulatory system 390-459	1,625,300	26.6	1,739,300	27.0
Essential hypertension 401	386,700	6.3	411,800	6.4
Heart disease 391-392.0,393-398,402,404,410-416,420-429	725,900	11.9	792,800	12.3
Diseases of the respiratory system 460-519	272,200	4.5	244,700	3.8
Pneumonia, all forms 480-486	70,900	1.2	36,300	0.6
Other diseases of the respiratory system 490-496	201,300	3.3	208,400	3.2
Diseases of the digestive system 520-579	281,200	4.6	325,300	5.0
Diseases of the genitourinary system 580-629	210,900	3.5	206,100	3.2
Urinary tract infection 580-583,590,595,597,599.0	118,400	1.9	105,200	1.6
Diseases of the skin and subcutaneous tissue 680-709	79,100	1.3	73,900	1.1
Decubitus ulcer 707.0	24,200	0.4	18,100	0.3
Other chronic ulcer of the skin 707.1-707.9	*11,100	*0.2	*9,500	*0.1
Diseases of the musculoskeletal system and connective tissue 710-739	463,500	7.6	516,700	8.0
Rheumatoid arthritis, except spine 714	16,900	0.3	17,300	0.3
Osteoarthritis and allied disorders, except spine 715	168,400	2.8	189,200	2.9
Other arthropathies and related disorders 710-714,716-719	113,800	1.9	131,200	2.0
Osteoporosis 733.0	67,900	1.1	80,400	1.2
Congenital anomalies 740-759	*8,900	*0.1	*8,400	*0.1
Symptoms, signs, and ill-defined conditions 780-799	345,200	5.6	367,200	5.7
Senility without mention of psychosis 797	14,900	0.2	13,700	0.2
Injury and poisoning 800-999	213,000	3.5	153,600	2.4
Fracture of neck of femur 820	87,500	1.4	60,400	0.9
Other fractures 800-819,821-829	78,300	1.3	53,200	0.8
Supplementary classification V01-V82	353,300	5.8	337,400	5.2
Posthospital aftercare V42-46,V52,V53.3-V53.7,V54-V58	178,400	2.9	164,600	2.6

* Figure does not meet standard of reliability or precision because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification (4)*.

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

Table 28. Number of nursing home residents by primary diagnosis at admission and age, sex, and race of resident: United States, 1995

Diagnosis and ICD-9-CM code ¹	Age at interview ²						Race					
	All residents	Under 65 years	65 years and over			Sex		Black and other				
			Total	65-74 years	75-84 years	85 years and over	Male	Female	White	Total	Black	Unknown
Total	1,548,600	124,500	1,422,900	189,700	509,600	723,500	422,300	1,126,300	1,367,200	172,700	148,400	*8,700
Infectious and parasitic diseases 001-139	11,800	*	*9,200	*	*	*	*	*8,000	*8,900	*	*	-
Neoplasms 140-239	32,700	*	29,400	*6,400	12,500	*10,500	13,400	19,300	28,000	*	*	*
Malignant neoplasms 140-208,230-234	28,200	*	25,600	*	*11,000	*9,200	12,300	15,900	24,100	*	*	*
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	91,100	*5,600	85,500	12,800	35,400	37,200	24,800	66,300	78,400	12,400	*10,000	*
Diabetes mellitus 250	62,500	*	58,200	*9,400	27,700	21,200	17,800	44,700	53,800	*8,300	*6,800	*
Diseases of the blood and blood-forming organs 280-289	12,300	*	*11,500	*	*	*7,000	*	*10,300	*9,800	*	*	*
Anemias 280-285	*11,700	*	*10,900	*	*	*6,400	*	*9,600	*9,400	*	*	*
Mental disorders 290-319	278,100	29,300	248,400	36,800	90,200	121,400	76,900	201,200	241,500	35,000	30,500	*
Senile dementia or organic brain syndrome 290,310	99,100	*	96,700	*10,600	35,300	50,700	23,300	75,900	85,200	13,000	*10,600	*
Mental retardation 317-319	13,200	*6,300	*6,900	*	*	*	*5,400	*7,800	12,100	*	*	-
Other mental disorders 291-309,311-316	165,800	20,600	144,800	23,100	52,600	69,100	48,200	117,600	144,200	20,900	18,800	*
Diseases of the nervous system and sense organs 320-389	186,100	28,700	157,400	28,300	68,100	61,100	58,100	128,000	169,500	15,400	12,100	*
Alzheimer's disease 331.0	89,500	*	86,500	*10,200	40,400	35,900	20,000	69,500	82,500	*6,500	*5,600	*
Parkinson's disease 332	32,800	*	31,200	*5,600	14,400	*11,300	15,100	17,700	30,500	*	*	-
Multiple sclerosis 340	13,100	*8,300	*	*	*	*	*	*9,400	12,000	*	*	-
Paralytic syndromes 342-344	16,800	*7,600	*9,200	*	*	*	*7,900	*8,800	14,100	*	*	*
Other diseases of the nervous system and sense organs 320-330,331.3-331.9,333-337,341,345-389	34,000	*8,300	25,800	*	*7,500	12,800	11,500	22,500	30,300	*	*	*
Diseases of the circulatory system 390-459	402,500	19,400	382,700	43,100	134,000	205,600	110,200	292,300	355,900	45,800	41,500	*
Essential hypertension 401	54,100	*	51,200	*5,600	15,400	30,200	11,400	42,700	45,900	*8,100	*7,800	*
Heart disease 391-392.0,393-398,402,404,410-416,420-429	157,600	*	153,500	11,300	46,300	95,900	38,500	119,100	142,200	14,600	13,400	*
Diseases of the respiratory system 460-519	88,600	*5,500	83,000	14,800	27,500	40,700	29,700	58,800	79,300	*9,000	*7,800	*
Pneumonia, all forms 480-486	37,500	*	35,200	*	*10,500	20,400	11,200	26,300	33,700	*	*	*
Other diseases of the respiratory system 490-496	51,000	*	47,800	*10,500	17,000	20,300	18,500	32,500	45,600	*	*	*
Diseases of the digestive system 520-579	48,700	*	45,800	*	12,100	28,200	*11,200	37,400	42,300	*5,600	*	*
Diseases of the genitourinary system 580-629	40,400	*	37,500	*	15,800	16,200	12,700	27,700	34,600	*	*	*
Urinary tract infection 580-583,590,595,597,599.0	24,900	*	23,300	*	*8,100	11,900	*	19,600	21,000	*	*	*
Diseases of the skin and subcutaneous tissue 680-709	19,300	*	18,100	*	*	*9,500	*6,100	13,300	16,400	*	*	*
Decubitus ulcer 707.0	*	*	*	*	*	*	*	*	*	*	*	-
Other chronic ulcer of the skin 707.1-707.9	*	-	*	*	*	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue 710-739	81,500	*	80,500	*	23,800	52,800	12,600	69,000	75,600	*5,800	*	*
Rheumatoid arthritis, except spine 714	*	*	*	*	*	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine 715	25,500	-	25,500	*	*	19,400	*	21,500	22,900	*	*	-
Other arthropathies and related disorders 710-714,716-719	15,700	-	15,700	*	*	*9,200	*	13,200	14,500	*	*	-
Osteoporosis 733.0	*7,400	-	*7,400	*	*	*	*	*7,100	*7,400	-	-	-

Table 28. Number of nursing home residents by primary diagnosis at admission and age, sex, and race of resident: United States, 1995—Con.

Diagnosis and ICD-9-CM code ¹	Age at interview ²						Race						
	All residents	Under 65 years	65 years and over			Sex		Black and other					
			Total	65-74 years	75-84 years	85 years and over	Male	Female	White	Total	Black	Unknown	
Congenital anomalies 740-759	*	*	*	*	*	*	*	*	*	*	*	*	-
Symptoms, signs, and ill-defined conditions 780-799	60,700	*5,900	54,800	*7,700	17,200	29,900	18,000	42,700	50,700	*9,500	*9,000	*	
Senility without mention of psychosis 797	*	*	*	*	*	*	*	*	*	*	*	*	-
Injury and poisoning 800-999	128,500	*9,500	119,000	*10,600	37,000	71,400	22,500	106,000	120,400	*7,100	*	*	
Fracture of neck of femur 820	65,500	*	64,400	*	19,600	39,800	*10,600	54,900	63,700	*	*	*	
Other fractures 800-819,821-829	44,000	*	41,200	*	13,900	23,600	*5,800	38,200	41,200	*	*	*	
Supplementary classification V01-V82	60,500	*	56,500	*7,400	22,300	26,800	17,100	43,300	50,800	*9,100	*6,600	*	
Posthospital aftercare V42-46,V52,V53.3-V53.7,V54-V58	28,200	*	26,400	*	11,800	11,000	*9,000	19,200	24,200	*	*	*	
Unknown or no diagnosis	*	*	*	-	*	*	*	*	*	*	*	*	-

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

²Excludes unknown.

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

Table 29. Percent distribution of nursing home residents by primary diagnosis at admission, according to age, sex, and race of resident: United States, 1995

Diagnosis and ICD-9-CM code ¹	Age at interview ¹							Race					
	All residents	Under 65 years	65 years and over				Sex		Black and other				
			Total	65-74 years	75-84 years	85 years and over	Male	Female	White	Total	Black	Unknown	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	*100.0	
Infectious and parasitic diseases 001-139	0.8	*	*0.6	*	*	*	*	*0.7	*0.7	*	*	*	-
Neoplasms 140-239	2.1	*	2.1	*3.4	2.5	*1.5	3.2	1.7	2.1	*	*	*	*
Malignant neoplasms 140-208,230-234	1.8	*	1.8	*	*2.2	*1.3	2.9	1.4	1.8	*	*	*	*
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	5.9	*4.5	6.0	6.8	7.0	5.2	5.9	5.9	5.7	7.2	*6.8	*	*
Diabetes mellitus 250	4.0	*	4.1	*4.9	5.4	2.9	4.2	4.0	3.9	*4.8	*4.6	*	*
Diseases of the blood and blood-forming organs 280-289	0.8	*	*0.8	*	*	*1.0	*	*0.9	*0.7	*	*	*	*
Anemias 280-285	*0.8	*	*0.8	*	*	*0.9	*	*0.9	*0.7	*	*	*	*
Mental disorders 290-319	18.0	23.5	17.5	19.4	17.7	16.8	18.2	17.9	17.7	20.3	20.5	*	*
Senile dementia or organic brain syndrome 290,310	6.4	*	6.8	*5.6	6.9	7.0	5.5	6.7	6.2	7.5	*7.1	*	*
Mental retardation 317-319	0.9	*5.1	*0.5	*	*	*	*1.3	*0.7	0.9	*	*	-	-
Other mental disorders 291-309,311-316	10.7	16.5	10.2	12.2	10.3	9.6	11.4	10.4	10.6	12.1	12.7	*	*
Diseases of the nervous system and sense organs 320-389	12.0	23.0	11.1	14.9	13.4	8.4	13.8	11.4	12.4	8.9	8.2	*	*
Alzheimer's disease 331.0	5.8	*	6.1	*5.4	7.9	5.0	4.7	6.2	6.0	*3.8	*3.8	*	*
Parkinson's disease 332	2.1	*	2.2	*2.9	2.8	*1.6	3.6	*1.6	2.2	*	*	*	*
Multiple sclerosis 340	0.8	*6.7	*	*	*	*	*	*0.8	0.9	*	*	-	-
Paralytic syndromes 342-344	1.1	*6.1	*0.6	*	*	*	*1.9	*0.8	1.0	*	*	*	*
Other diseases of the nervous system and sense organs 320-330,331.3-331.9,333-337,341,345-389	2.2	*6.6	1.8	*	*1.5	1.8	2.7	2.0	2.2	*	*	*	*
Diseases of the circulatory system 390-459	26.0	15.6	26.9	22.7	26.3	28.4	26.1	26.0	26.0	26.5	28.0	*	*
Essential hypertension 401	3.5	*	3.6	*2.9	3.0	4.2	2.7	3.8	3.4	*4.7	*5.3	*	*
Heart disease 391-392.0,393-398,402,404,410-416,420-429	10.2	*	10.8	6.0	9.1	13.3	9.1	10.6	10.4	8.5	9.0	*	*
Diseases of the respiratory system 460-519	5.7	*4.4	5.8	7.8	5.4	5.6	7.0	5.2	5.8	*5.2	*5.3	*	*
Pneumonia, all forms 480-486	2.4	*	2.5	*	*2.1	2.8	2.7	2.3	2.5	*	*	*	*
Other diseases of the respiratory system 490-496	3.3	*	3.4	*5.5	3.3	2.8	4.4	2.9	3.3	*	*	*	*
Diseases of the digestive system 520-579	3.1	*	3.2	*	2.4	3.9	*2.7	3.3	3.1	*3.2	*	*	*
Diseases of the genitourinary system 580-629	2.6	*	2.6	*	3.1	2.2	3.0	2.5	2.5	*	*	*	*
Urinary tract infection 580-583,590,595,597,599.0	1.6	*	1.6	*	*1.6	1.6	*	1.7	1.5	*	*	*	*
Diseases of the skin and subcutaneous tissue 680-709	1.3	*	1.3	*	*	*1.3	*1.4	*1.2	1.2	*	*	*	*
Decubitus ulcer 707.0	*	*	*	*	*	*	*	*	*	*	*	-	-
Other chronic ulcer of the skin 707.1-707.9	*	-	*	*	*	*	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue 710-739	5.3	*	5.7	*	4.7	7.3	3.0	6.1	5.5	*3.3	*	*	*
Rheumatoid arthritis, except spine 714	*	*	*	*	*	*	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine 715	1.6	-	1.8	*	*	2.7	*	1.9	1.7	*	*	-	-
Other arthropathies and related disorders 710-714,716-719	1.0	-	1.1	*	*	*1.3	*	1.2	1.1	*	*	-	-
Osteoporosis 733.0	*0.5	-	*0.5	*	*	*	*	*0.6	*0.5	-	-	-	-

Table 29. Percent distribution of nursing home residents by primary diagnosis at admission, according to age, sex, and race of resident: United States, 1995—Con.

Diagnosis and ICD-9-CM code ¹	Age at interview ¹						Race						
	All residents	Under 65 years	65 years and over			Sex		Black and other					
			Total	65-74 years	75-84 years	85 years and over	Male	Female	White	Total	Black	Unknown	
Congenital anomalies 740-759	*	*	*	*	*	*	*	*	*	*	*	*	-
Symptoms, signs, and ill-defined conditions 780-799	3.9	*4.7	3.9	*4.0	3.4	4.1	4.3	3.8	3.7	*5.5	*6.1	*	*
Senility without mention of psychosis 797	*	*	*	*	*	*	*	*	*	*	*	*	-
Injury and poisoning 800-999	8.3	*7.7	8.4	*5.6	7.3	9.9	5.3	9.4	8.8	*4.1	*	*	*
Fracture of neck of femur 820	4.2	*	4.5	*	3.8	5.5	*2.5	4.9	4.7	*	*	*	*
Other fractures 800-819,821-829	2.8	*	2.9	*	2.7	3.3	*1.4	3.4	3.0	*	*	*	*
Supplementary classification V01-V82	3.9	*	4.0	*3.9	4.4	3.7	4.1	3.9	3.7	*5.3	*4.5	*	*
Posthospital aftercare V42-V46,V52,V53.3-V53.7,V54-V58	1.8	*	1.9	*	2.3	1.5	*2.1	1.7	1.8	*	*	*	*
Unknown or no diagnosis	*	*	*	-	*	*	*	*	*	*	*	*	-

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

- Quantity zero.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

²Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

Table 30. Number of nursing home residents by primary diagnosis at admission and dependency in activities of daily living and walking: United States, 1995

Diagnosis and ICD-9-CM code ¹	All residents	Received help from facility in ² —					
		Bathing or showering	Dressing	Eating	Transferring in or out of beds or chairs	Using the toilet room	Walking
Total	1,548,600	1,478,800	1,324,300	693,700	351,900	868,000	443,700
Infectious and parasitic diseases 001-139	11,800	11,400	*10,800	*6,800	*	*6,800	*
Neoplasms 140-239	32,700	32,200	28,600	14,600	*8,200	14,100	*10,300
Malignant neoplasms 140-208,230-234	28,200	27,700	24,100	13,300	*6,700	12,000	*8,500
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	91,100	85,100	75,300	35,400	21,300	46,300	30,000
Diabetes mellitus 250	62,500	58,000	50,800	23,200	14,900	31,500	20,400
Diseases of the blood and blood-forming organs 280-289	12,300	*11,500	*10,400	*	*	*6,400	*
Anemias 280-285	*11,700	*10,900	*9,700	*	*	*	*
Mental disorders 290-319	278,100	261,500	229,500	129,200	50,300	142,200	60,100
Senile dementia or organic brain syndrome 290,310	99,100	97,500	89,900	55,900	17,700	55,500	19,800
Mental retardation 317-319	13,200	12,800	11,100	*7,300	*	*	*
Other mental disorders 291-309,311-316	165,800	151,200	128,500	65,900	30,400	81,300	37,400
Diseases of the nervous system and sense organs 320-389	186,100	181,700	170,000	113,400	44,300	112,800	48,500
Alzheimer's disease 331.0	89,500	87,400	83,100	60,400	21,400	55,800	21,500
Parkinson's disease 332	32,800	32,200	29,200	18,200	*10,100	20,600	11,900
Multiple sclerosis 340	13,100	13,100	12,700	*8,700	*	*6,600	*
Paralytic syndromes 342-344	16,800	16,600	16,500	*8,500	*	*10,600	*
Other diseases of the nervous system and sense organs 320-330,331.3-331.9,333-337,341,345-389	34,000	32,500	28,600	17,500	*7,700	19,300	*10,000
Diseases of the circulatory system 390-459	402,500	385,600	339,300	169,300	91,600	232,400	124,200
Essential hypertension 401	54,100	50,400	42,800	18,800	*11,100	28,600	16,100
Heart disease 391-392.0,393-398,402,404,410-416,420-429	157,600	149,100	124,700	55,100	36,600	84,200	53,700
Diseases of the respiratory system 460-519	88,600	85,200	77,800	38,200	22,400	47,900	24,800
Pneumonia, all forms 480-486	37,500	36,700	34,400	20,900	*8,700	20,200	*9,400
Other diseases of the respiratory system 490-496	51,000	48,500	43,400	17,300	13,700	27,600	15,400
Diseases of the digestive system 520-579	48,700	45,600	40,800	20,500	*10,000	26,700	14,500
Diseases of the genitourinary system 580-629	40,400	38,700	35,600	18,500	*10,000	23,000	*10,100
Urinary tract infection 580-583,590,595,597,599.0	24,900	24,500	22,600	13,300	*5,900	15,500	*5,700
Diseases of the skin and subcutaneous tissue 680-709	19,300	18,600	16,200	*8,200	*	11,800	*
Decubitus ulcer 707.0	*	*	*	*	*	*	*
Other chronic ulcer of the skin 707.1-707.9	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue 710-739	81,500	77,200	67,500	27,900	20,000	46,800	27,500
Rheumatoid arthritis, except spine 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine 715	25,500	23,700	20,800	*6,900	*5,700	15,400	*9,000
Other arthropathies and related disorders 710-714,716-719	15,700	14,100	13,200	*6,000	*	*8,100	*
Osteoporosis 733.0	*7,400	*6,800	*6,100	*	*	*	*
Congenital anomalies 740-759	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions 780-799	60,700	57,100	50,700	24,600	14,200	33,000	18,500
Senility without mention of psychosis 797	*	*	*	*	*	*	*
Injury and poisoning 800-999	128,500	123,600	114,800	54,500	35,000	81,000	46,200
Fracture of neck of femur 820	65,500	63,900	59,900	30,400	16,800	44,200	22,100
Other fractures 800-819,821-829	44,000	41,300	37,300	14,500	14,100	25,600	19,000
Supplementary classification V01-V82	60,500	58,100	51,700	23,400	14,400	33,300	17,800
Posthospital aftercare V42-V46,V52,V53.3-V53.7,V54-V58	28,200	26,900	24,200	*10,600	*7,300	15,300	*9,500
Unknown or no diagnosis	*	*	*	*	*	*	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

²Figures may not add to totals because a resident may receive help in more than one category.

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

Table 31. Percent distribution of nursing home residents by primary diagnosis at admission, according to dependency in activities of daily living and walking: United States, 1995

Diagnosis and ICD-9-CM code ¹	All residents	Received help from facility in ² —					
		Bathing or showering	Dressing	Eating	Transferring in or out of beds or chairs	Using the toilet room	Walking
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases 001-139	0.8	0.8	*0.8	*1.0	*	*0.8	*
Neoplasms 140-239	2.1	2.2	2.2	2.1	*2.3	1.6	*2.3
Malignant neoplasms 140-208,230-234	1.8	1.9	1.8	1.9	*1.9	1.4	*1.9
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	5.9	5.8	5.7	5.1	6.1	5.3	6.8
Diabetes mellitus 250	4.0	3.9	3.8	3.4	4.2	3.6	4.6
Diseases of the blood and blood-forming organs 280-289	0.8	*0.8	*0.8	*	*	*0.7	*
Anemias 280-285	*0.8	*0.7	*0.7	*	*	*	*
Mental disorders 290-319	18.0	17.7	17.3	18.6	14.3	16.4	13.5
Senile dementia or organic brain syndrome 290,310	6.4	6.6	6.8	8.1	5.0	6.4	4.5
Mental retardation 317-319	0.9	0.9	0.8	*1.1	*	*	*
Other mental disorders 291-309,311-316	10.7	10.2	9.7	9.5	8.7	9.4	8.4
Diseases of the nervous system and sense organs 320-389	12.0	12.3	12.8	16.3	12.6	13.0	10.9
Alzheimer's disease 331.0	5.8	5.9	6.3	8.7	6.1	6.4	4.9
Parkinson's disease 332	2.1	2.2	2.2	2.6	*2.9	2.4	2.7
Multiple sclerosis 340	0.8	0.9	1.0	*1.3	*	*0.8	*
Paralytic syndromes 342-344	1.1	1.1	1.2	*1.2	*	*1.2	*
Other diseases of the nervous system and sense organs 320-330,331.3-331.9,333-337,341,345-389	2.2	2.2	2.2	2.5	*2.2	2.2	*2.3
Diseases of the circulatory system 390-459	26.0	26.1	25.6	24.4	26.0	26.8	28.0
Essential hypertension 401	3.5	3.4	3.2	2.7	*3.2	3.3	3.6
Heart disease 391-392.0,393-398,402,404,410-416,420-429	10.2	10.1	9.4	7.9	10.4	9.7	12.1
Diseases of the respiratory system 460-519	5.7	5.8	5.9	5.5	6.4	5.5	5.6
Pneumonia, all forms 480-486	2.4	2.5	2.6	3.0	*2.5	2.3	*2.1
Other diseases of the respiratory system 490-496	3.3	3.3	3.3	2.5	3.9	3.2	3.5
Diseases of the digestive system 520-579	3.1	3.1	3.1	3.0	*2.8	3.1	3.3
Diseases of the genitourinary system 580-629	2.6	2.6	2.7	2.7	*2.9	2.7	*2.3
Urinary tract infection 580-583,590,595,597,599.0	1.6	1.7	1.7	1.9	*1.7	1.8	*1.3
Diseases of the skin and subcutaneous tissue 680-709	1.3	1.3	1.2	*1.2	*	1.4	*
Decubitus ulcer 707.0	*	*	*	*	*	*	*
Other chronic ulcer of the skin 707.1-707.9	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue 710-739	5.3	5.2	5.1	4.0	5.7	5.4	6.2
Rheumatoid arthritis, except spine 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine 715	1.6	1.6	1.6	*1.0	*1.6	1.8	*2.0
Other arthropathies and related disorders 710-714,716-719	1.0	1.0	1.0	*0.9	*	*0.9	*
Osteoporosis 733.0	*0.5	*0.5	*0.5	*	*	*	*
Congenital anomalies 740-759	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions 780-799	3.9	3.9	3.8	3.6	4.0	3.8	4.2
Senility without mention of psychosis 797	*	*	*	*	*	*	*
Injury and poisoning 800-999	8.3	8.4	8.7	7.9	10.0	9.3	10.4
Fracture of neck of femur 820	4.2	4.3	4.5	4.4	4.8	5.1	5.0
Other fractures 800-819,821-829	2.8	2.8	2.8	2.1	4.0	3.0	4.3
Supplementary classification V01-V82	3.9	3.9	3.9	3.4	4.1	3.8	4.0
Posthospital aftercare V42-V46,V52,V53.3-V53.7,V54-V58	1.8	1.8	1.8	*1.5	*2.1	1.8	*2.1
Unknown or no diagnosis	*	*	*	*	*	*	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

²Figures may not add to totals because a resident may receive help in more than one category.

NOTE: Percents are based on the unrounded numbers.

Table 32. Number and percent distribution of nursing home residents by length of stay since admission and average length of stay, according to primary diagnosis at admission: United States, 1995

Diagnosis and ICD-9-CM code ¹	All residents	Total	Length of stay since admission						Average in days
			Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
Total	1,548,600	100.0	17.1	9.8	13.0	31.6	13.8	14.6	910.8
Infectious and parasitic diseases 001-139	11,800	100.0	*	*	*	*	*	*	877.2
Neoplasms 140-239	32,700	100.0	*29.9	*	*	*24.9	*	*	620.3
Malignant neoplasms 140-208,230-234	28,200	100.0	*32.0	*	*	*22.2	*	*	588.2
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	91,100	100.0	17.0	*11.0	13.3	32.6	*11.5	14.1	825.8
Diabetes mellitus 250	62,500	100.0	*16.0	*11.0	*14.3	30.0	*11.9	*15.9	871.9
Diseases of the blood and blood-forming organs 280-289	12,300	100.0	*	*	*	*	*	*	705.2
Anemias 280-285	*11,700	*100.0	*	*	*	*	*	*	*734.3
Mental disorders 290-319	278,100	100.0	10.5	7.6	12.2	33.6	15.4	20.8	1196.3
Senile dementia or organic brain syndrome 290,310	99,100	100.0	*7.4	*7.1	12.4	35.7	18.8	18.7	1097.4
Mental retardation 317-319	13,200	100.0	*	*	*	*	*	*57.0	2911.3
Other mental disorders 291-309,311-316	165,800	100.0	12.7	8.2	12.6	33.6	13.7	19.2	1119.0
Diseases of the nervous system and sense organs 320-389	186,100	100.0	13.8	7.2	11.5	30.9	18.8	17.8	1069.8
Alzheimer's disease 331.0	89,500	100.0	*11.5	*6.8	14.3	31.9	22.8	*12.7	931.2
Parkinson's disease 332	32,800	100.0	*	*	*	38.3	*	*	923.5
Multiple sclerosis 340	13,100	100.0	*	*	*	*	*	*	1354.2
Paralytic syndromes 342-344	16,800	100.0	*	*	*	*	*	*	1557.1
Other diseases of the nervous system and sense organs 320-330,331.3-331.9,333-337,341,345-389	34,000	100.0	*17.8	*	*	*25.4	*	*24.2	1225.6
Diseases of the circulatory system 390-459	402,500	100.0	17.0	10.2	14.1	31.4	14.1	13.1	868.3
Essential hypertension 401	54,100	100.0	*11.3	*	*13.0	34.5	*15.0	*18.6	1053.4
Heart disease 391-392.0,393-398,402,404,410-416,420-429	157,600	100.0	20.3	9.7	15.1	31.8	12.5	10.5	788.3
Diseases of the respiratory system 460-519	88,600	100.0	22.8	15.8	16.2	29.8	*6.8	*8.6	571.6
Pneumonia, all forms 480-486	37,500	100.0	*23.8	*18.2	*18.9	*27.3	*	*	486.8
Other diseases of the respiratory system 490-496	51,000	100.0	22.2	*14.0	*14.2	31.6	*	*	634.0
Diseases of the digestive system 520-579	48,700	100.0	*20.3	*	*16.8	*23.0	*15.9	*13.8	848.8
Diseases of the genitourinary system 580-629	40,400	100.0	*25.5	*	*	33.0	*	*	627.8
Urinary tract infection 580-583,590,595,597,599.0	24,900	100.0	*25.3	*	*	*33.4	*	*	603.0
Diseases of the skin and subcutaneous tissue 680-709	19,300	100.0	*	*	*	*30.1	*	*	642.5
Decubitus ulcer 707.0	*	*	*	*	*	*	*	*	*
Other chronic ulcer of the skin 707.1-707.9	*	*	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue 710-739	81,500	100.0	14.8	*	*11.4	34.4	17.4	15.4	928.9
Rheumatoid arthritis, except spine 714	*	*	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine 715	25,500	100.0	*	*	*	*29.6	*	*	1068.9
Other arthropathies and related disorders 710-714,716-719	15,700	100.0	*	*	*	*	*	*	985.6
Osteoporosis 733.0	*7,400	*100.0	*	*	*	*	*	*	*868.1
Congenital anomalies 740-759	*	*	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions 780-799	60,700	100.0	21.1	*10.9	*9.8	28.1	*13.3	*16.5	927.4
Senility without mention of psychosis 797	*	*	*	-	*	*	*	*	*
Injury and poisoning 800-999	128,500	100.0	22.7	9.9	14.0	32.1	10.9	10.3	724.3
Fracture of neck of femur 820	65,500	100.0	21.9	*8.8	*13.8	33.9	*9.9	*11.4	751.5
Other fractures 800-819,821-829	44,000	100.0	*23.9	*	*13.9	30.5	*	*	681.7
Supplementary classification V01-V82	60,500	100.0	19.7	7.4	*11.8	37.0	13.5	*10.6	846.4
Posthospital aftercare V42-V46,V52,V53.3-V53.7,V54-V58	28,200	100.0	*26.4	*	*	*30.0	*	*	722.0
Unknown or no diagnosis	*	*	*	*	*	*	*	*	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30-59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

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

Appendix I

Technical Notes

Survey Design

From July 1995 through December 1995, the Division of Health Care Statistics (DHCS) conducted the 1995 National Nursing Home Survey (NNHS)—a sample survey of nursing homes in the conterminous United States, their residents, and staff. The survey was designed and developed by NCHS with input from several other Federal agencies. The 1995 survey was the fourth of a series of surveys designed to satisfy the diverse data needs of those who establish standards and provide and assess long-term care services. The first survey was conducted from August 1973 through April 1974, the second survey was conducted from May through December 1977, and the third survey was conducted from August 1985 through January 1986. Nursing homes in the 1995 survey were defined as facilities with three or more beds that routinely provide nursing care services. Facilities were certified by Medicare or Medicaid or not certified but licensed by the State as a nursing home.

Sample Frame and Size of Sample

The sample for the 1995 NNHS was taken from a frame that consisted of all nursing home facilities identified in the 1991 National Health Provider Inventory (NHPI) (5) plus an additional list of facilities from the Agency Reporting System (ARS) as of September 1993 (6). ARS is a system whose organizations routinely send their most recent listings/directories to NCHS. Using ARS, the sampling frame was updated in September 1993 (6) and in September 1994. The final sampling frame consisted of lists of nursing homes from the 1991 NHPI and updated lists from the 1993 and 1994 ARS.

The universe for the 1995 NNHS consisted of about 17,500 nursing homes in the United States. Places were excluded if they had fewer than three

beds set up for use by persons not related to the owner. Facilities in the universe were freestanding or were nursing care units of hospitals, retirement centers, or similar institutions where the unit maintains financial and resident records separate from those of the larger institution. These facilities were certified by Medicare or Medicaid or not certified but licensed by the State as a nursing home.

The sample consisted of 1,500 nursing homes. Of these facilities, 44 refused to participate and 47 were out-of-scope for one or more of the following reasons: It had gone out of business, it failed to meet the definition of a nursing home as used in this survey, or it did not maintain separate financial records. A total of 1,409 nursing homes participated in the survey.

Sample Design

The 1995 NNHS used a two-stage probability design similar to the one used in 1985 (7). The first stage of selection is a probability sample of the nursing facilities in the universe. The primary sampling strata of nursing facilities were defined by bed size and certification status. The bed size categories used were 3–14, 15–24, 25–49, 50–99, 100–199, 200–399, 400–599, and 600 beds or more. The strata of certified facilities consisted of facilities certified by either Medicare or Medicaid as a skilled nursing or intermediate care facility. Within primary strata, facilities were sorted by hospital base ownership, geographic region, metropolitan status, State, and county. Nursing homes were then selected using systematic sampling with probability proportional to their bed size.

The second stage of sample selection, sampling up to six current residents within each facility, was done using a sample selection table to obtain systematic probability samples of current residents. Current residents were defined as those residents who were on the rolls of the facility as of midnight on the day immediately before the date of the survey.

Estimates presented in this report were derived by a multistage estimation procedure (8) 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 resident within each facility. The second component, which consists of 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 under sampling of facilities reported in the sampling frame.

Data Collection Procedures

A letter was sent to the sampled nursing home informing the administrator of the authorizing legislation, the purpose, and the content of the survey. Within a week to 10 days after the letter was mailed, the interviewer assigned to conduct the survey in a particular nursing home made telephone contacts to discuss the survey and to arrange an appointment with the administrator or person designated by the administrator.

Three questionnaires and a sampling list were used to collect the data. The Facility Questionnaire was completed with the administrator or his or her designee. The Expense Questionnaire and its Definition Booklet were then presented to the administrator for completion or to give to an accountant or bookkeeper for completion. The completed questionnaire could be returned by mail. The interviewer then completed the Current Resident Sampling List (CRSL). On the CRSL, the interviewer listed all residents on the register of the nursing home as of midnight the day before the survey. Using a set of sampling tables, the interviewer selected a sample of up to six current residents. Then, the current resident questionnaire was completed with a staff member familiar with the care received by residents and with medical records of the residents.

When all interviews were completed, the interviewer thanked the administrators for their time and cooperation and left a copy of a thank you letter.

The Expense Questionnaire was followed up at several intervals during the course of the survey to improve response rates.

Reliability of Estimates

Because the statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedure. As in any sample survey, the results are subject to both sampling and nonsampling errors. Nonsampling errors include errors due to response bias, questionnaire and item nonresponse, recording, and processing errors. To the extent possible, the latter types of errors are kept to a minimum by methods built into the survey procedures.

The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data or other nonsampling error. The chances are about 68 in 100 that an estimate from the sample differs by less than the standard error from the value that would be obtained from a complete census. The chances are about 95 in 100 that the difference is less than twice the standard error and about 99 in 100 that it is less than 2½ times as large.

The standard errors used in this report were approximated using SUDAAN software. SUDAAN computes standard errors by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses has been published (9). Although exact standard error estimates were used in tests of significance in this report, standard errors for aggregate estimates presented may be estimated using the general formula:

$$SE(X) = X \cdot RSE(X)$$

where X is the estimate and $RSE(X)$ is the relative standard error of the estimate. The relative standard error ($RSE(X)$) may be estimated using the following general formula:

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

where X is the estimate and A and B are the appropriate coefficients from [table I](#).

To approximate the relative standard error ($RSE(p)$) and the standard error ($SE(p)$) of a percent p , the appropriate value of parameter B from [table I](#) is used in the following equation:

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

where $p = 1 \cdot X/Y$, X = the numerator of the estimated percent, and Y = the denominator of the estimated percent and

$$SE(p) = p \cdot RSE(p)$$

The test of significance is based on the Bonferroni multiple comparisons using the Z -test with an overall 0.05 level of significance to test all comparisons mentioned in this report. The critical value of the Z for each test was determined by the number of variables being compared. Not all observed differences were tested, so lack of comment in the text does not mean the difference was not statistically significant.

The standard errors for the average daily charge and length of stay since admission are presented in [tables II–VII](#). The standard errors are presented by selected characteristics of the facility and current residents.

Table I. Parameters used to compute relative standard errors by type of estimate

Type of estimate	Parameters	
	A	B
Facilities	-0.001982	24.781718
Current residents	-0.000139	321.778954
Admissions	0.013441	534.797538
Beds	-0.000538	862.978462
Full-time equivalent employees	-0.000492	888.770235

Presentation of Estimates

Publication of estimates for NNHS is based on the relative standard error of the estimate and the number of sample records on which the estimate is based. Estimates are not presented in NCHS reports unless a reasonable assumption regarding the probability distribution of the sampling error is possible.

Because of the complex sample design of NNHS, the following guidelines are used for presenting the estimates:

If the sample size is less than 30, the value of the estimate is not reported.

If the sample size is 30–59, the value of the estimate is reported but should not be assumed reliable. If the sample size is 60 or more and the relative standard error is less than 30 percent, the estimate is reported.

If the sample size is 60 or more but the relative standard error is over 30 percent, the estimate is reported, but should not be assumed reliable.

Table II. Standard errors for average per diem rates for private-pay patients, by level of care of facility and for Medicare and Medicaid patients by certification status of facility and selected facility characteristics: United States, 1995

Facility characteristics	Level of care			Certification status	
	Skilled	Intermediate	Residential	Medicare	Medicaid
Total	3.2	1.4	1.9	3.0	2.0
Ownership					
Proprietary	3.7	1.2	2.1	3.6	1.7
Voluntary nonprofit	6.4	4.2	4.1	6.0	6.5
Government and other	14.2	3.0	8.2	13.0	7.2
Certification					
Certified					
by Medicare and Medicaid	2.9	1.7	2.1	3.0	1.5
by Medicare only	*24.5	*	*	*14.4	...
by Medicaid only	2.8	1.8	3.7	...	7.2
Not certified	*6.8	*	*
Beds					
Less than 50 beds	18.2	8.7	*	*16.7	*9.5
50–99 beds	3.3	*1.8	3.6	4.5	1.3
100–199 beds	2.4	1.4	2.5	3.1	3.5
200 beds or more	3.5	1.9	5.1	3.4	7.4
Region					
Northeast	4.3	2.4	*6.6	3.6	2.7
Midwest	3.0	1.5	3.0	4.0	1.5
South	6.9	1.3	2.7	5.4	4.9
West	9.5	9.3	*4.9	10.0	5.4
Location of agency					
Metropolitan statistical area	4.0	1.4	2.3	3.9	3.3
Nonmetropolitan statistical area	5.1	2.5	2.9	3.6	0.9
Affiliation ¹					
Chain	4.3	2.0	2.3	3.3	1.8
Independent	4.7	1.6	3.0	5.8	4.1

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

... Category not applicable.

¹Excludes unknown.

Table III. Standard errors for average length of stay since admission of nursing home residents by selected facility characteristics: United States, 1995

Facility characteristics	Average length of stay in days
All facilities	15.2
Ownership	
Proprietary	18.0
Voluntary nonprofit	30.3
Government and other	59.9
Certification	
Certified	
by Medicare and Medicaid	15.7
by Medicare only	61.9
by Medicaid only	47.4
Not certified	102.8
Beds	
Less than 50 beds	78.3
50–99 beds	30.2
100–199 beds	21.0
200 beds or more	34.0
Geographic region	
Northeast	32.5
Midwest	27.5
South	28.1
West	29.5
Location of agency	
Metropolitan statistical area	17.4
Nonmetropolitan statistical area	29.7
Affiliation ¹	
Chain	19.4
Independent	23.9

¹Excludes unknown.

Table IV. Standard errors for average daily charge of nursing home residents by primary source of payment in month before interview, by selected facility characteristics: United States, 1995

Facility characteristics	All sources	Private sources ¹	Medicare	Medicaid	All other sources ²
Average daily charge					
All facilities	2.0	2.1	13.7	1.4	9.2
Ownership					
Proprietary	2.3	2.9	13.4	1.3	9.7
Voluntary nonprofit	4.6	3.4	44.6	3.3	*13.8
Government and other	6.5	5.9	19.6	8.3	*14.0
Certification					
Certified					
by Medicare and Medicaid	2.4	2.7	14.5	1.6	6.8
by Medicare only	16.4	5.7	53.1	*	*
by Medicaid only	1.8	2.6	*8.0	1.9	*
Not certified	7.0	7.5	*	*	*16.9
Beds					
Less than 50 beds	34.1	21.0	*174.2	11.0	*
50–99 beds	2.3	2.5	19.9	1.9	*20.7
100–199 beds	2.0	2.8	9.3	1.9	8.4
200 beds or more	3.3	5.3	8.3	3.7	*17.9
Geographic region					
Northeast	2.9	7.0	8.2	3.0	*22.4
Midwest	2.7	1.8	20.8	2.9	*13.7
South	2.2	2.9	13.9	1.6	*10.1
West	11.4	10.2	83.8	3.7	*21.8
Location of agency					
Metropolitan statistical area	2.7	2.9	17.0	1.7	11.3
Nonmetropolitan statistical area	2.1	1.9	11.6	2.5	*11.3
Affiliation ³					
Chain	1.9	2.5	9.8	1.7	11.8
Independent	3.8	3.4	28.8	2.4	13.2

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Includes Social Security benefits and retirement funds.

²Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans Administration contract, pensions, or other compensation, payment source not yet determined, and other sources.

³Excludes unknown.

Table V. Standard errors for average daily charge of nursing home residents by primary source of payment in month before interview, by selected resident characteristics: United States, 1995

Resident characteristics	All sources ¹	Private sources ²	Medicare	Medicaid	All other sources ^{1,3}
Average daily charge					
All residents	2.0	2.1	13.7	1.4	9.2
Age ⁴					
Under 65 years	6.7	19.7	*41.3	5.5	*21.5
65 years and over	1.9	1.9	13.6	1.3	8.0
65–74 years	5.4	6.6	26.3	5.4	*12.5
75–84 years	3.2	3.3	25.0	1.5	*11.4
85 years and over	1.5	2.0	9.7	1.3	*11.9
Sex					
Male	4.3	4.1	31.9	2.6	10.9
Female	1.6	2.0	9.2	1.5	10.7
Race					
White	1.8	2.1	11.1	1.4	8.4
Black and other	9.4	8.7	62.9	4.6	*23.1
Black	10.8	*9.2	74.0	4.9	*
Unknown	*14.6	*	*	*	*
Hispanic origin					
Hispanic	6.5	*	*22.0	6.8	*
Non-Hispanic	2.1	2.1	15.0	1.5	9.5
Unknown	5.1	12.7	23.1	3.8	*
Current marital status					
Married	5.6	5.2	26.6	5.5	*14.6
Widowed	1.5	1.9	11.0	1.2	10.2
Divorced or separated	3.8	13.4	18.7	3.4	*17.9
Single or never married	5.8	4.1	54.5	3.6	*20.5
Unknown	10.1	*	*	*8.9	*
Residence prior to admission					
Private or semiprivate residence	3.1	2.8	35.2	1.4	*13.5
Retirement home	5.0	6.3	*	*5.7	*
Board and care or residential care facility	3.1	3.8	*	4.3	*
Nursing home	2.0	2.6	14.8	2.2	*
Hospital	3.5	4.5	15.3	2.4	12.7
Mental health facility	5.4	*	*	6.4	*
Other or unknown	6.3	*6.8	*	7.1	*
Living arrangement prior to admission					
Alone	6.1	3.8	94.8	2.1	*25.5
With family members	2.0	2.9	15.2	1.8	*15.1
Only with nonfamily members	3.9	*6.1	*44.0	3.5	*
Unknown	2.4	2.8	12.3	1.8	10.1

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Excludes residents with unknown source of payment.

²Includes Social Security benefits and retirement funds.

³Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans Administration contract, pensions, or other compensation, payment source not yet determined, and other sources.

⁴Excludes unknown.

Table VI. Standard errors for average length of stay since admission for nursing home residents, by demographic characteristics: United States, 1995

Demographic characteristics	Average length of stay in days
All residents	15.2
Age ¹	
Under 65 years	60.2
65 years and over	14.9
65–74 years	42.8
75–84 years	21.5
85 years and over	19.3
Sex	
Male	26.0
Female	17.1
Race	
White	15.7
Black and other	46.7
Black	51.3
Unknown	*96.9
Hispanic origin	
Hispanic	69.9
Non-Hispanic	15.9
Unknown	49.9
Current marital status	
Married	25.8
Widowed	16.7
Divorced or separated	54.5
Single or never married	51.6
Unknown	103.4
Current residence	
Private or semiprivate residence	25.7
Retirement home	69.0
Board and care or residential care facility	53.1
Nursing home	34.1
Hospital	18.3
Mental health facility	194.3
Other or unknown	96.6
Living arrangement prior to admission	
Alone	34.3
With family members	34.6
Only with nonfamily members	80.1
Unknown	17.6

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30–59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Excludes unknown.

Table VII. Standard errors for average length of stay since admission for nursing home residents, by primary diagnosis at admission: United States, 1995

Diagnosis and ICD-9-CM code ¹	Average length of stay in days
All diagnoses	15.2
Infectious and parasitic diseases 001-139	195.9
Neoplasms 140-239	87.7
Malignant neoplasms 140-208,230-234	97.8
Endocrine, nutritional, and metabolic diseases and immunity disorders 240-279	47.2
Diabetes mellitus 250	60.0
Diseases of the blood and blood-forming organs 280-289	112.7
Anemias 280-285	*118.0
Mental disorders 290-319	41.8
Senile dementia or organic brain syndrome 290,310	48.8
Mental retardation 317-319	353.0
Other mental disorders 291-309,311-316	49.5
Diseases of the nervous system and sense organs 320-389	39.3
Alzheimer's disease 331.0	42.5
Parkinson's disease 332	72.8
Multiple sclerosis 340	164.1
Paralytic syndromes 342-344	190.9
Other diseases of the nervous system and sense organs	113.3
Diseases of the circulatory system 390-459	25.1
Essential hypertension 401	73.7
Heart disease 391-392.0,393-398,402,404,410-416,420-429	40.1
Diseases of the respiratory system 460-519	38.7
Pneumonia, all forms 480-486	47.9
Other diseases of the respiratory system 490-496	55.1
Diseases of the digestive system 520-579	64.0
Diseases of the genitourinary system 580-629	59.0
Urinary tract infection 580-583,590, 595,597,599.0	71.4
Diseases of the skin and subcutaneous tissue 680-709	73.4
Decubitus ulcer 707.0	*
Other chronic ulcer of the skin 707.1-707.9	*
Diseases of the musculoskeletal system and connective tissue 710-739	47.0
Rheumatoid arthritis, except spine 714	98.3
Osteoarthritis and allied disorders, except spine 715	103.6
Other arthropathies and related disorders 710-714,716-719	*113.1
Osteoporosis 733.0	
Congenital anomalies 740-759	*
Symptoms, signs, and ill-defined conditions 780-799	69.9
Senility without mention of psychosis 797	*
Injury and poisoning 800-999	35.6
Fracture of neck of femur 820	51.4
Other fractures 800-819,821-829	56.9
Supplementary classification V01-V82	61.9
Posthospital aftercare V42-V46,V52,V53.3-V53.7,V54-V58	73.0
Unknown or no diagnosis	*

* Figure does not meet standard of reliability or precision (sample size is less than 30) and is therefore not reported. If shown with a number, it should not be assumed reliable because the sample size is betw or the sample size is greater than 59 but has a relative standard error over 30 percent.

¹Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (4).

Appendix II

Definitions of Certain Terms Used in This Report

Terms Relating to Facilities

Nursing homes—are facilities with three or more beds that routinely provide nursing care services. A nursing home may be either certified by Medicare or Medicaid or not certified but licensed by the state as a nursing home. These facilities may be freestanding or a distinct unit of a larger facility.

Bed—is one 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—is one that is certified under the Medicare program, the Medicaid program, or both. (See definition under [Certification](#) for details.)

Certification—refers to facility certification by Medicare and/or Medicaid.

Medicare— is the medical assistance provided in title XVIII of the Social Security Act. Medicare is a health insurance program administered by the Social Security Administration for persons aged 65 years and over and for disabled persons who are eligible for benefits.

Medicaid—is the medical assistance provided in title XIX of the Social Security Act. Medicaid is a State-administered program for the medically indigent.

Not certified—refers to noncertification as a provider of care by either Medicare or Medicaid.

Admissions—is the count of admissions to a nursing home for calendar year 1995.

Occupancy rate—is a measure of bed utilization calculated by dividing residents by available beds.

Geographic region—refers to the four geographic regions of the United States that correspond to those used by the U.S. Bureau of the Census.

<i>Region</i>	<i>States included</i>
Northwest	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—of the facility providing services is classified as inside metropolitan statistical area (MSA) or outside an MSA.

Metropolitan statistical area—definition and titles are established by the U.S. Office of Management and Budget with advice from the Federal Committee on Metropolitan Statistical Areas. Generally, an MSA consists of a county or group of counties containing at least one city (having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSA's. There is neither a limit to the number of adjacent counties included in the MSA as long as they are integrated with the central city, nor a limit to a single State; boundaries may cross State lines. The metropolitan population in this report is based on MSA's as defined in the 1980 Census and does not include any subsequent additions or changes.

Not in MSA—includes all other places in the country.

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

Proprietary facility—is one operated under private commercial ownership.

Voluntary nonprofit facility—is operated under voluntary or nonprofit auspices, including church-related facilities.

Government facility—is operated under Federal, State, or local government auspices.

Service—refers to classes of services offered by a nursing home to its residents. Residents fall into five major categories: health care; therapy services provided by professionals at the nursing home; social services; ancillary services such as hospice services, vocational rehabilitation, and transportation; and other types of services.

Employee—is an individual providing services to the residents of the nursing home. Employee data presented in this report are in terms of full-time equivalent (FTE) employees. FTE's are used to neutralize the variations between facilities that hire part-time workers to cover the number of hours of a full-time worker. The 1995 survey asked the administrator for the number of FTE's for selected categories of employees.

Terms Relating to Occupational Categories

Administrative and medical staff—include administrators, assistant administrators, physicians (M.D. or D.O.), dentists, dietitians or nutritionists, and members of other professional occupations.

Therapeutic staff—include registered physical therapists, social workers, and speech pathologists or audiologists.

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

Terms Relating to Residents

Demographic Items

Age—is the age of the resident on the day the survey was conducted, calculated from date of birth.

Race—refers to the racial background of the resident as reported by the nursing home staff respondent.

Hispanic origin—Hispanic refers to a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, as reported by the nursing home staff respondent.

Current marital status—is the marital status of the resident at the time of the survey.

Other Items

Resident—is a person on the roster of the nursing home as of the night before the survey. Included are all residents for whom beds are maintained, even though they may be away on overnight leave or in a hospital.

Charge—is the total amount of money charged to the resident by the facility during a specific time period.

Primary source of payment—refers to the one payment source that paid the greatest amount of the resident's charge in the calendar month of admission.

Own income or family support—includes health insurance, retirement funds, and Social Security.

Medicare—is money received under the Medicare program. (See [Terms Relating to Facilities—Certification](#).)

Other government assistance or welfare—are sources of government aid (Federal, State, or local) other than Medicare or Medicaid.

All other sources—includes religious organizations, foundations, volunteer agencies, Veterans Administration contracts, initial payment arrangements, life-care arrangements, miscellaneous sources, and no-charge arrangements.

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

Activities of daily living—refer to the five everyday activities (bathing,

dressing, eating, transferring, and using toilet room) that reflect the patient's capacity for self-care. The nursing home staff respondent reported the resident's current performance in terms of need for help of special equipment or another person.

Instrumental activities of daily living—refers to four daily tasks (care of personal possessions; handling money; securing personal items, such as newspaper, toilet articles, or snack food; and using the telephone) involving interaction with or adaptation to the resident's immediate environment. The resident's current need for assistance or supervision in performing these four activities was reported by the nursing home staff respondent.

Hearing—is the resident's ability to hear (when wearing a hearing aid, if applicable).

Partially impaired—means the resident can hear most of the things a person says. This includes a small number of residents whose hearing is impaired, but whose level of impairment is unknown.

Severely impaired—means the resident can hear only a few words a person says or hears only loud noises.

Completely lost—means the resident is deaf.

Vision—is the resident's ability to see (when wearing glasses, if applicable).

Partially impaired—means the resident cannot read newspaper print, but can watch television 8–12 feet away. This includes a small number of residents whose vision is impaired, but whose level of impairment is unknown.

Severely impaired—means the resident cannot watch television 8–12 feet away, but can recognize the features of familiar persons if they are within 2–3 feet.

Completely lost—means the resident is totally blind.

Diagnoses—are the diseases or injuries listed by the attending physician on the patient's medical record. These can be one or more diseases or injuries. It can also be some factor that influences health status and contact with health services that is not itself a current illness or injury. Diagnoses were

recorded for two time periods: at admission and at time of survey. All diagnoses for sampled residents were transcribed in the order listed. Each sample resident was assigned a maximum of six 5-digit codes according to the *International Classification of Diseases, 9th Revision, Clinical Modification (ICD–9–CM)*. A diagnostic group within ICD–9–CM is primarily an arrangement of diseases according to their principal anatomic site with special groups 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: (a) factors influencing health status and contact with health services, and (b) external causes of injury and poisoning.

Primary diagnosis—is the diagnosis listed first on the medical record.

All-listed diagnoses—are all diagnoses, up to a maximum of six, listed on the medical record of each sample resident.

Appendix III

Survey Instruments Used in the 1995 National Nursing Home Survey

OMB No. 0920-0353; Approval Expires 09/30/97

<p>FORM NNHS-1 (2-3-95)</p> <p style="text-align: center;">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</p> <p style="text-align: center;">FACILITY QUESTIONNAIRE NATIONAL NURSING HOME SURVEY</p>	<p>NOTICE – Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA (0920-0353); Hubert H. Humphrey Bldg., Rm 737-F; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).</p>																																													
<p style="text-align: center;">Section A – FACILITY INFORMATION</p> <p>1a. Facility telephone number _____</p> <p>b. Alternate telephone number _____</p> <p>c. Alternate telephone number _____</p> <p>2a. Administrator name _____</p> <p>b. Respondent name _____</p>	<p>Notes</p>																																													
<p style="text-align: center;">Section B – RECORD OF CALLS</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">Day (a)</th> <th style="width: 15%;">Date (b)</th> <th style="width: 15%;">Time (c)</th> <th style="width: 60%;">Notes (d)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> <tr><td></td><td></td><td>a.m. p.m.</td><td></td></tr> </tbody> </table>		Day (a)	Date (b)	Time (c)	Notes (d)			a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.				a.m. p.m.		
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<p style="text-align: center;">Section C – RECORD OF INTERVIEW</p> <p>1. STATUS OF INTERVIEW – Mark (X) appropriate box.</p> <p>01 <input type="checkbox"/> Complete interview</p> <p>02 <input type="checkbox"/> Partial interview</p> <p>03 <input type="checkbox"/> Refusal</p> <p>04 <input type="checkbox"/> Unable to locate</p> <p>05 <input type="checkbox"/> Not a nursing home</p> <p>06 <input type="checkbox"/> Temporarily closed</p> <p>07 <input type="checkbox"/> Not yet in operation</p> <p>08 <input type="checkbox"/> No longer operating</p> <p>09 <input type="checkbox"/> Merged with (Control No.) _____</p> <p>10 <input type="checkbox"/> Duplicate (Control No. of duplicate) _____</p> <p>11 <input type="checkbox"/> Other noninterview – Specify _____</p>																																														
<p>2. Date of interview</p> <p style="text-align: center;">Month Day Year</p>																																														
<p>3. Field Representative name _____ FR Code _____</p>																																														

Section D – ARRANGING THE ADMINISTRATOR APPOINTMENT																	
<p>1. INTRODUCTION</p> <p>Good morning (afternoon). My name is (Name). I'm from the Bureau of the Census. We are currently conducting the National Nursing Home Survey for the National Center for Health Statistics of the Centers for Disease Control and Prevention. We are studying nursing homes and their patients. You should have received a letter from the Acting Director of the National Center for Health Statistics, which describes this project. Have you received this letter?</p> <p><input type="checkbox"/> Yes – Skip to Item 3 , NAME VERIFICATION. <input type="checkbox"/> No – Continue with Item 2, SURVEY EXPLANATION.</p>	<p>4. ADDRESS VERIFICATION</p> <p>Is (Address of facility on label) the correct address?</p> <p><input type="checkbox"/> Yes – Go to Item 5 – SET APPOINTMENT <input type="checkbox"/> No – Enter correct facility address below. ↗</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number</td> <td style="width: 45%;">Street</td> <td style="width: 30%;">P.O. Box, Route, etc</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>State</td> <td colspan="2">ZIP code</td> </tr> </table>	Number	Street	P.O. Box, Route, etc	City or town			State	ZIP code								
Number	Street	P.O. Box, Route, etc															
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State	ZIP code																
<p>2. SURVEY EXPLANATION</p> <p><i>If administrator wants a copy of the letter, explain that you will bring a copy when you visit the facility.</i></p> <p>I'm sorry that you did not receive the letter. Let me briefly outline its contents.</p> <p>The National Nursing Home Survey is authorized under Section 306 of the Public Health Service Act to collect baseline information about nursing care facilities, their services, and patients. The statistics compiled from the data are used to support research for effective treatment of long-term health problems and to study utilization of nursing facilities and the efficient use of the Nation's health care resources.</p> <p>All information which would permit identification of the individual or individual facility will be held in strict confidence, will be used ONLY by persons involved in the survey, and will not be disclosed or released to others for any purpose.</p> <p>The survey includes a small sample of nursing homes. Although your participation is voluntary and there are no penalties for refusing to answer any questions, it is essential that we obtain data from all sample facilities.</p> <p><i>Continue with Item 3, NAME VERIFICATION</i></p>	<p>5. SET APPOINTMENT</p> <p>I would like to arrange a morning appointment at your convenience to conduct the survey. What would be a convenient date and time to visit your facility?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Date</td> <td style="width: 25%;">Time</td> <td style="width: 25%;">a.m. p.m.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Date</td> <td style="width: 25%;">Time</td> <td style="width: 25%;">a.m. p.m.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Day	Date	Time	a.m. p.m.					Day	Date	Time	a.m. p.m.				
Day	Date	Time	a.m. p.m.														
Day	Date	Time	a.m. p.m.														
<p>3. NAME VERIFICATION</p> <p>I would like to verify some information from my records. Is (Name of facility on label) the correct name of your facility?</p> <p><input type="checkbox"/> Yes – Go to Item 4, ADDRESS VERIFICATION <input type="checkbox"/> No – Enter correct facility name below. ↗</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>6. Could you give me directions to your facility from some easy to identify starting point? (Record directions in number 7 below.)</p> <p>Thank you very much for your time. I will see you at (Time) on (Date). Good-bye.</p>																
<p>7. DIRECTIONS TO FACILITY</p>	<p>Section E – QUESTIONS ABOUT THE FACILITY</p> <p>Before I begin the interview, I'd like to take a moment to explain the purpose of the survey. I believe you (received/did not receive) the letter from the National Center for Health Statistics.</p> <p><i>If administrator did not receive the letter, hand him/her a copy. Allow him/her to briefly read it through.</i></p> <p>As it says in the letter, the purpose of this survey is to collect baseline information about nursing homes such as yours. The information you provide is strictly confidential and will be used only by persons involved in the survey and only for the purposes of the survey.</p>																
<p>1. Are any personal care or nursing care services routinely provided to residents in addition to room and board?</p>	<p>01 <input type="checkbox"/> Yes – GO to item 2a 02 <input type="checkbox"/> No – THIS FACILITY IS OUT-OF-SCOPE FOR THE SURVEY. PLEASE TERMINATE THE INTERVIEW BY SAYING TO THE RESPONDENT:</p> <p>It would appear that your facility was incorrectly selected for inclusion in this survey. At this time, I will terminate this interview. I will report the situation to my immediate supervisor who will call you in a few days to verify this information.</p>																

Section E – QUESTIONS ABOUT THE FACILITY – Continued	
<i>HAND FLASHCARD 1</i>	
<p>2a. What is the type of ownership of this facility as shown on this card?</p> <p>Mark (X) only ONE box.</p>	<p>01 <input type="checkbox"/> PROPRIETARY – Includes individually or privately owned, partnership, corporation</p> <p>02 <input type="checkbox"/> NONPROFIT – Includes church-related, nonprofit corporation, other nonprofit ownership</p> <p>03 <input type="checkbox"/> STATE OR LOCAL GOVERNMENT – Includes State, county, city, city-county, hospital district or authority</p> <p>04 <input type="checkbox"/> FEDERAL GOVERNMENT – Includes USPHS, Armed Forces, Veterans Administration OR other Federal Government – Specify if other than listed here <input checked="" type="checkbox"/></p> <p>_____</p> <p>05 <input type="checkbox"/> OTHER – Specify <input checked="" type="checkbox"/></p> <p>_____</p>
<p>b. Is this facility a member of a chain or group?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p>
<p>3. 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. Do not include beds used by staff or owners, or beds used exclusively for emergency purposes, solely day care, or solely night care.</p>	<p>_____ Total available beds</p>
<p>4. What is the total number of residents on the rolls of this facility as of midnight last night?</p>	<p>_____ Number of residents</p> <p>9999 <input type="checkbox"/> Don't know</p>
<p>5. Does your facility have special, physically distinct or designated clusters of beds, or segregated wings or areas, used exclusively for cognitively impaired residents?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No – SKIP to item 7</p>
<p>6. In total, how many beds are in these units and/or clusters?</p>	<p>_____ Total number of beds for cognitively impaired residents</p>
<p>7. Is this facility certified by both Medicare and Medicaid, Medicare only, Medicaid only, or neither?</p>	<p>01 <input type="checkbox"/> Both Medicare and Medicaid</p> <p>02 <input type="checkbox"/> Medicare only</p> <p>03 <input type="checkbox"/> Medicaid only – SKIP to item 9a</p> <p>04 <input type="checkbox"/> Neither – SKIP to item 10a</p>
<p>8a. How many beds are certified under Medicare?</p>	<p>_____ Medicare beds</p>
<p>b. What is the per diem rate that you receive from Medicare for routine services?</p>	<p>\$ _____ per diem</p>
<i>SKIP TO ITEM 10a IF "MEDICARE ONLY" IN ITEM 7.</i>	
<p>9a. How many beds are certified under Medicaid?</p>	<p>_____ Medicaid beds</p>
<p>b. What is the per diem rate that you receive from Medicaid for routine services?</p>	<p>\$ _____ per diem</p>
<p>10a. Do you have any beds that are not certified by either Medicare or Medicaid?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No – SKIP to item 11</p>
<p>b. How many of these beds does your facility have?</p>	<p>_____ Number of beds not certified by Medicare/Medicaid</p>
<p>11. How many admissions were there to this facility during calendar year 1994?</p>	<p>_____ Admissions in 1994</p> <p>00 <input type="checkbox"/> None</p>

Section E – QUESTIONS ABOUT THE FACILITY – Continued	
<p><i>HAND FLASHCARD 2</i></p> <p>12. Does this facility offer any of the following services to residents at this facility?</p> <p><i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Dental services 02 <input type="checkbox"/> Help with oral hygiene 03 <input type="checkbox"/> Home health services 04 <input type="checkbox"/> Hospice services 05 <input type="checkbox"/> Medical services 06 <input type="checkbox"/> Mental health services 07 <input type="checkbox"/> Nursing services 08 <input type="checkbox"/> Nutrition services 09 <input type="checkbox"/> Occupational therapy 10 <input type="checkbox"/> Personal care 11 <input type="checkbox"/> Physical therapy 12 <input type="checkbox"/> Podiatry services 13 <input type="checkbox"/> Prescribed medicines or nonprescribed medicines 14 <input type="checkbox"/> Sheltered employment 15 <input type="checkbox"/> Social services 16 <input type="checkbox"/> Special education 17 <input type="checkbox"/> Speech or hearing therapy 18 <input type="checkbox"/> Transportation 19 <input type="checkbox"/> Vocational rehabilitation 20 <input type="checkbox"/> Equipment or devices 21 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/></p>
<p>13. Does your facility have an organized program to annually offer influenza vaccination to all residents?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>
<p>14. What proportion of your residents have been vaccinated against influenza in the past 12 months? Include all vaccinated residents, even if not done at this facility.</p>	<p>_____ %</p> <p>01 <input type="checkbox"/> Don't know</p>
<p>15. Does your facility have an organized program to offer pneumococcal vaccine, that is pneumonia vaccination, to all residents?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>
<p>16. What proportion of your residents have ever been vaccinated against pneumococcal pneumonia? Include all vaccinated residents, even if not done at this facility.</p>	<p>_____ %</p> <p>01 <input type="checkbox"/> Don't know</p>
<p>17a. Does this facility currently have any patients who are in a PROLONGED AND PROFOUND COMA, and are not arousable?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 18a</i></p>
<p>b. How many patients are in a prolonged and profound coma?</p>	<p>_____ Number of patients</p>
<p>18a. Are dentist services available in this facility?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 19a</i></p>
<p><i>HAND FLASHCARD 3</i></p> <p>b. What type of dentist services are available in this facility?</p> <p><i>Mark (X) ONLY one box.</i></p>	<p>01 <input type="checkbox"/> Dentist(s) on the premises at all times 02 <input type="checkbox"/> Dentist(s) on the premises during the daytime hours every weekday, and on-call on weekends and at other times 03 <input type="checkbox"/> Dentist(s) on the premises at scheduled times, no less than once per month and on-call remainder of time 04 <input type="checkbox"/> Dentist(s) available on-call only 05 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/></p>
<p>Notes</p>	

Section E – QUESTIONS ABOUT THE FACILITY – Continued	
<p>19a. Are dental hygienist services available in this facility?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 20a</i></p>
<i>HAND FLASHCARD 4</i>	
<p>b. What type of dental hygienist services are available in this facility?</p> <p><i>Mark (X) ONLY one box.</i></p>	<p>01 <input type="checkbox"/> Dental hygienist(s) on the premises at all times 02 <input type="checkbox"/> Dental hygienist(s) on the premises during the daytime hours every weekday 03 <input type="checkbox"/> Dental hygienist(s) on the premises at scheduled times, no less than once per month 04 <input type="checkbox"/> Dental hygienist(s) available on-call only 05 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p>20a. How many full-time equivalent employees work in this facility?</p>	<p>_____ Total FTE employees</p>
<i>HAND FLASHCARD 5</i>	
<p>b. How many FTE employees work in this facility for each of the following type of employee —</p> <p><i>Make an entry for each type of employee. If the answer is "None," enter "0" in the answer space for the type of employee.</i></p>	<p>FTE Equivalent</p>
<p>(1) Administrator/Assistant Administrator?</p>	<p>_____</p>
<p>(2) Registered Nurses (R.N.)?</p>	<p>_____</p>
<p>(3) Licensed Practical Nurses (LPN) or Licensed Vocational Nurses (L.V.N.)?</p>	<p>_____</p>
<p>(4) Nurses Aides/Orderlies?</p>	<p>_____</p>
<p>(5) Physicians (M.D. or D.O.), Residents and Interns?</p>	<p>_____</p>
<p>(6) Dentists?</p>	<p>_____</p>
<p>(7) Dental Hygienist?</p>	<p>_____</p>
<p>(8) Physical Therapists?</p>	<p>_____</p>
<p>(9) Speech Pathologists and/or Audiologists?</p>	<p>_____</p>
<p>(10) Dieticians or Nutritionists?</p>	<p>_____</p>
<p>(11) Podiatrists?</p>	<p>_____</p>
<p>(12) Social Workers?</p>	<p>_____</p>
<p>(13) All others? – Specify _____</p>	<p>_____</p>
<i>HAND FLASHCARD 6</i>	
<p>21. Do volunteers, that is persons serving without pay, provide any of the following services?</p> <p><i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> None 01 <input type="checkbox"/> General office help 02 <input type="checkbox"/> Reception 03 <input type="checkbox"/> Visiting, general aides 04 <input type="checkbox"/> Emotional or mental health counseling 05 <input type="checkbox"/> Dental care 06 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p>Notes</p>	

Section E – QUESTIONS ABOUT THE FACILITY – Continued		
<p>22. What is the basic charge for private pay patients at each level of care —</p> <p>a. Skilled?</p> <p>b. Intermediate?</p> <p>c. Residential?</p> <p>d. Other? – Specify</p>	<p>\$ per</p> <p>\$ per</p> <p>\$ per</p> <p>\$ per</p>	<p>01 <input type="checkbox"/> Day 02 <input type="checkbox"/> Month 03 <input type="checkbox"/> Not applicable</p> <p>01 <input type="checkbox"/> Day 02 <input type="checkbox"/> Month 03 <input type="checkbox"/> Not applicable</p> <p>01 <input type="checkbox"/> Day 02 <input type="checkbox"/> Month 03 <input type="checkbox"/> Not applicable</p> <p>01 <input type="checkbox"/> Day 02 <input type="checkbox"/> Month 03 <input type="checkbox"/> Not applicable</p>
CHECK ITEM A	Refer to questionnaire label	<p>01 <input type="checkbox"/> 10th digit of control number = 1 – GO to Introduction 1</p> <p>02 <input type="checkbox"/> 10th digit of control number = 2 – GO to Introduction 2</p> <p>03 <input type="checkbox"/> 10th digit of control number = 3 – GO to Introduction 3</p>
<p>INTRODUCTION 1 – READ TO RESPONDENT</p> <p>One of the purposes of this survey is to collect financial information about the amount and type of resources devoted to nursing home care. The information is collected on this Expense Questionnaire. (Hand the Administrator the labeled NNHS-5, Expense Questionnaire.) This letter, similar to the one you received, serves as an introduction to the survey for the person completing this questionnaire. (Hand the administrator the NNHS-12, Accountant's Letter.) The Bureau of the Census is authorized to reimburse you \$75.00 to help defray the cost for its completion.</p> <p>This booklet helps define the various terms that are used on the questionnaire. (Hand the administrator the NNHS-5A, Expense Questionnaire Definition Booklet.)</p> <p>All information which would permit identification of the individual or individual facility will be held in strict confidence, will be used only by persons involved in the survey and only for the purposes of the survey, and will not be disclosed or released to others for any purposes.</p> <p>I will need your written permission to contact the facility's accountant or bookkeeper to ask him or her to fill in this questionnaire and return it to the address on the return envelope provided. (Point out Section A on the NNHS-5, Expense Questionnaire to the administrator.)</p> <p>Would you please indicate the name and telephone number of the accountant? If his or her office is outside this facility, please indicate his or her address on the lines provided. Then sign on the line indicated.</p> <p><i>If respondent agrees to do the NNHS-5, Expense Questionnaire, hand him/her the NNHS-1B, Payment Form. Ask him/her to fill out the form.</i></p> <p>COLLECT THE NNHS-1B, PAYMENT FORM, NNHS-5, EXPENSE QUESTIONNAIRE, NNHS- 5A, EXPENSE QUESTIONNAIRE DEFINITION BOOKLET, AND NNHS-12, ACCOUNTANT'S LETTER FROM THE ADMINISTRATOR. THEN GO TO THE READ STATEMENT ON PAGE 7.</p>		
<p>INTRODUCTION 2 – READ TO RESPONDENT</p> <p>One of the purposes of this survey is to collect financial information about the amount and type of resources devoted to nursing home care. The information is collected on this Expense Questionnaire. (Hand the Administrator the labeled NNHS-5, Expense Questionnaire.) This letter, similar to the one you received, serves as an introduction to the survey for the person completing this questionnaire. (Hand the administrator the NNHS-12, Accountant's Letter.) The Bureau of the Census is authorized to reimburse you up to \$75.00 to help defray the cost for its completion. If you have to pay an accountant or bookkeeper to complete the questionnaire, please include a bill, up to \$75.00 for reimbursement along with the completed questionnaire.</p> <p>This booklet helps define the various terms that are used on the questionnaire. (Hand the administrator the NNHS-5A, Expense Questionnaire Definition Booklet.)</p> <p>All information which would permit identification of the individual or individual facility will be held in strict confidence, will be used only by persons involved in the survey and only for the purposes of the survey, and will not be disclosed or released to others for any purposes.</p> <p>I will need your written permission to contact the facility's accountant or bookkeeper to ask him or her to fill in this questionnaire and return it to the address on the return envelope provided. (Point out Section A on the NNHS-5, Expense Questionnaire to the administrator.)</p> <p>Would you please indicate the name and telephone number of the accountant? If his or her office is outside this facility, please indicate his or her address on the lines provided. Then sign on the line indicated.</p> <p>COLLECT THE NNHS-5, EXPENSE QUESTIONNAIRE, NNHS-5A, EXPENSE QUESTIONNAIRE DEFINITION BOOKLET, AND NNHS-12, ACCOUNTANT'S LETTER FROM THE ADMINISTRATOR. THEN GO TO THE READ STATEMENT ON PAGE 7.</p>		

Section E – QUESTIONS ABOUT THE FACILITY – Continued

INTRODUCTION 3 – READ TO RESPONDENT

One of the purposes of this survey is to collect financial information about the amount and type of resources devoted to nursing home care. The information is collected on this Expense Questionnaire. (Hand the Administrator the labeled NNHS-5, Expense Questionnaire.) **This letter, similar to the one you received, serves as an introduction to the survey for the person completing this questionnaire.** (Hand the administrator the NNHS-12, Accountant's Letter.)

This booklet helps define the various terms that are used on the questionnaire. (Hand the administrator the NNHS-5A, Expense Questionnaire Definition Booklet.)

All information which would permit identification of the individual or individual facility will be held in strict confidence, will be used only by persons involved in the survey and only for the purposes of the survey, and will not be disclosed or released to others for any purposes.

I will need your written permission to contact the facility's accountant or bookkeeper to ask him or her to fill in this questionnaire and return it to the address on the return envelope provided. (Point out Section A on the NNHS-5, Expense Questionnaire to the administrator.)

Would you please indicate the name and telephone number of the accountant? If his or her office is outside this facility, please indicate his or her address on the lines provided. Then sign on the line indicated.

COLLECT THE NNHS-5, EXPENSE QUESTIONNAIRE, NNHS-5A, EXPENSE QUESTIONNAIRE DEFINITION BOOKLET, AND NNHS-12, ACCOUNTANT'S LETTER FROM THE ADMINISTRATOR. THEN GO TO THE READ STATEMENT BELOW.

READ

To complete this survey, I will need a list of all current residents. From this list, I will draw a sample of no more than 6 current residents.

<p>23a. From whom shall I obtain the list of current residents?</p>	Name
	Title
<p>b. I will need these residents' medical records and the cooperation of a staff member best acquainted with these residents in order to obtain the information on this questionnaire.</p> <p><i>Hand the administrator a copy of the NNHS-3, Current Resident Questionnaire. Allow him/her to examine it briefly. Retrieve the questionnaire and continue reading.</i></p> <p>I will not be contacting or interviewing the residents in any way. I will depend on your staff to consult the medical records.</p> <p>Would (Person named in item 23a) know which staff member I should interview for those residents selected for the sample?</p>	<p>01 <input type="checkbox"/> Yes – Go to item 24</p> <p>02 <input type="checkbox"/> No – Determine which staff member would have this knowledge and enter the name and title below.</p>
	Name
	Title

24. Thank you for your time. I will be checking back with you before I leave to say goodbye.
At this time, could you introduce me to (Names of person(s) listed in items 23a and 23b.).

Notes

Form NNHS-1A (02/95)	FACILITY QUESTIONNAIRE COVER SHEET NATIONAL NURSING HOME SURVEY				
Section A - ORIGINAL NNHS-5, EXPENSE QUESTIONNAIRE					
1. FR Name	2. Date NNHS-5 Sent/Left				
3. Enter the name, address and telephone number of the accountant/bookkeeper to whom you sent/left the NNHS-5, Expense Questionnaire for this facility below:					
NAME: _____ ADDRESS: _____ _____ PHONE #: () _____					
Attach this form to the front of the NNHS-1, Facility Questionnaire and return it to your Regional Office along with the rest of the completed materials for the facility. If this facility has a "1" as the 10th digit of the control number, also return the completed NNHS-1B, Payment Form.					
Section B - REPLACEMENT NNHS-5, EXPENSE QUESTIONNAIRE					
If you receive the original NNHS-5 and NNHS-5B, record the date you receive them below.					
1. Original NNHS-5 and NNHS-5B Received in RO on _____ - SKIP TO Section E					
If you DO NOT RECEIVE the original NNHS-5, Expense Questionnaire and NNHS-5B, Expense Questionnaire Evaluation Form within 10 days after the date in Section A - Item 2, send the person listed in Section A - Item 3 a replacement NNHS-5, Expense Questionnaire, another NNHS-5A, Definition Booklet, another NNHS-5B, Expense Questionnaire Evaluation Form and a NNHS-12(L), Reminder Letter. Fill in the label information on the NNHS-5 and NNHS-5B before mailing. Record the date sent below.					
2. Replacement NNHS-5, 5A, 5B and NNHS-12(L) Sent on _____					
If you receive a completed NNHS-5, SKIP to Section E. If you DO NOT RECEIVE a completed NNHS-5, Expense Questionnaire within 10 days after the date in Section B - Item 2, call the person listed in Section A - Item 3 to see if he/she has completed and returned the NNHS-5 <u>and</u> NNHS-5B.					
Once you contact the person, make up to 3 additional calls to remind him/her to return the completed forms. Record all calls in Section C - Record of Calls. If the person "refuses" to do the NNHS-5, GO TO Section D - Refusal Reason. For all other outcomes, SKIP to Section E - Final Status of NNHS-5, Expense Questionnaire.					
Section C - RECORD OF CALLS					
Date (a)	Time (b)	Notes (c)	Date (a)	Time (b)	Notes (c)
	a.m. p.m.			a.m. p.m.	
	a.m. p.m.			a.m. p.m.	
	a.m. p.m.			a.m. p.m.	
	a.m. p.m.			a.m. p.m.	
CONTINUED ON THE BACK OF THIS PAGE					

Section D - REFUSAL REASON			
<p><i>If the respondent "refuses" to do the Expense Questionnaire, say the following:</i></p> <p>Could you please tell me why you have decided not to complete the Expense Questionnaire?</p> <p><i>Mark (X) all that apply.</i></p> <p><i>If the respondent can't provide an answer, say the following:</i></p> <p>Is the reason you didn't complete the Expense Questionnaire because (read list of answer choices)?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1 <input type="checkbox"/> Form too complicated</p> <p>2 <input type="checkbox"/> Takes too much time to complete</p> <p>3 <input type="checkbox"/> Information not available</p> <p>4 <input type="checkbox"/> Information is confidential</p> <p>5 <input type="checkbox"/> Financial reasons - <i>Specify</i></p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>6 <input type="checkbox"/> Asked to do too many surveys</p> <p>7 <input type="checkbox"/> There are too many government regulations</p> <p>8 <input type="checkbox"/> Just didn't want to do</p> <p>9 <input type="checkbox"/> Other reason - <i>Specify</i></p> <p>_____</p> <p>_____</p> </td> </tr> </table>		<p>1 <input type="checkbox"/> Form too complicated</p> <p>2 <input type="checkbox"/> Takes too much time to complete</p> <p>3 <input type="checkbox"/> Information not available</p> <p>4 <input type="checkbox"/> Information is confidential</p> <p>5 <input type="checkbox"/> Financial reasons - <i>Specify</i></p> <p>_____</p> <p>_____</p>	<p>6 <input type="checkbox"/> Asked to do too many surveys</p> <p>7 <input type="checkbox"/> There are too many government regulations</p> <p>8 <input type="checkbox"/> Just didn't want to do</p> <p>9 <input type="checkbox"/> Other reason - <i>Specify</i></p> <p>_____</p> <p>_____</p>
<p>1 <input type="checkbox"/> Form too complicated</p> <p>2 <input type="checkbox"/> Takes too much time to complete</p> <p>3 <input type="checkbox"/> Information not available</p> <p>4 <input type="checkbox"/> Information is confidential</p> <p>5 <input type="checkbox"/> Financial reasons - <i>Specify</i></p> <p>_____</p> <p>_____</p>	<p>6 <input type="checkbox"/> Asked to do too many surveys</p> <p>7 <input type="checkbox"/> There are too many government regulations</p> <p>8 <input type="checkbox"/> Just didn't want to do</p> <p>9 <input type="checkbox"/> Other reason - <i>Specify</i></p> <p>_____</p> <p>_____</p>		
Section E - FINAL STATUS OF NNHS-5, EXPENSE QUESTIONNAIRE			
<p>1. FINAL STATUS OF EXPENSE QUESTIONNAIRE - Mark (X) ONLY one box.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>01 <input type="checkbox"/> Complete</p> <p>02 <input type="checkbox"/> Partial</p> <p>03 <input type="checkbox"/> Refusal</p> </td> <td style="width: 50%; vertical-align: top;"> <p>04 <input type="checkbox"/> Not Received</p> <p>05 <input type="checkbox"/> Other Noninterview - <i>Specify</i></p> <p>_____</p> <p>_____</p> </td> </tr> </table>		<p>01 <input type="checkbox"/> Complete</p> <p>02 <input type="checkbox"/> Partial</p> <p>03 <input type="checkbox"/> Refusal</p>	<p>04 <input type="checkbox"/> Not Received</p> <p>05 <input type="checkbox"/> Other Noninterview - <i>Specify</i></p> <p>_____</p> <p>_____</p>
<p>01 <input type="checkbox"/> Complete</p> <p>02 <input type="checkbox"/> Partial</p> <p>03 <input type="checkbox"/> Refusal</p>	<p>04 <input type="checkbox"/> Not Received</p> <p>05 <input type="checkbox"/> Other Noninterview - <i>Specify</i></p> <p>_____</p> <p>_____</p>		
Section F - RECORD OF SHIPMENT			
<p><i>You MUST return this form to NCHS with a "final status" marked for the NNHS-5 for ALL facilities in your Regional Office assignment. If you have a returned NNHS-5, Expense Questionnaire and NNHS-5B, Evaluation Form, you also return them to NCHS at the Research Triangle Park in North Carolina. Enter the date(s) you send the form(s) in items 1 and 2 below.</i></p>			
<p>1. Date Completed NNHS-5 Sent to Research Triangle Park</p> <p>_____</p>	<p>2. Date Completed NNHS-5B Sent to Research Triangle Park</p> <p>_____</p> <p><input type="checkbox"/> Evaluation Form Not Received</p>		

<p>FORM NNHS-2 (1-31-95)</p> <p style="text-align: center;">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</p> <p style="text-align: center;">CURRENT RESIDENT SAMPLING LIST NATIONAL NURSING HOME SURVEY</p>	<p>NOTICE – Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA (0920-0353); Hubert H. Humphrey Bldg., Rm. 737-F; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).</p>
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Section A – ADMINISTRATIVE INFORMATION

1. Field representative name	Code	
2. Respondent name	3. Respondent title	4. Date of listing

Section B – SAMPLING LIST FINAL STATUS

<p>01 <input type="checkbox"/> Listing as of night before survey</p> <p>02 <input type="checkbox"/> Refused listing information</p> <p>03 <input type="checkbox"/> Listing records not available</p> <p>04 <input type="checkbox"/> No current residents</p> <p>05 <input type="checkbox"/> Other – <i>Specify</i> _____</p>	<p style="text-align: center; font-size: small;">If you marked box 01, CIRCLE the number that indicates the number of residents you selected.</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">3</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">5</td> <td style="border: 1px solid black; width: 20px;">6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6		

Section C – INTRODUCTION

READ – In order to obtain national level data about the residents of nursing homes such as this one, we are collecting information about a sample of current residents. This information and the list of names you provide will be held in strict confidence and will be used ONLY by persons involved in the survey and only for the purposes of the survey. Please give me the names of all current residents; that is, all residents on the rolls of this facility as of midnight last night, so that I may select the sample.

NOTES

Section D – LISTING PROCEDURES

FOLLOW THE STEPS BELOW TO LIST CURRENT RESIDENTS –

STEP 1. Start listing the residents on line number 1 on page 3 of this form. List the residents consecutively in the order in which they are given to you. Be sure to complete the "Page of Page" item.

NOTE – If the facility supplies an appropriate list that you can use, do not transcribe the information onto the sampling list(s). If you can keep this list, attach it to this form; write the control number and facility name on each page of the list. In either case, number the residents on the provided list; and go to step 2.

STEP 2. Review the list. Verify that all eligible residents have been listed. Delete any duplicate entries and any residents who do not meet the definition of a current resident. Renumber the lines if you add or delete any names.

STEP 3. Enter the total number of residents listed. _____
IMPORTANT – This number is vital for estimation purposes. Number

STEP 4. Look at the Sample Selection Table. Find the number in the column labeled "Total # listed" that matches the total number of residents listed.

STEP 5. Circle the line numbers on the listing sheets that correspond to those in the columns labeled "Sample line numbers."

STEP 6. Enter the amount of circled line numbers on the listing sheets. _____
Number

STEP 7. The current residents to be sampled are those listed on lines with a circled line number. Enter the line number and the name or other identifier of each sampled resident below. Use this information to complete Section B of a Form HHCS-3, Current Resident Questionnaire, for each sampled resident.

Line number	Current resident identifier
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTES

CURRENT RESIDENT SAMPLING LIST

Line number (a)	Resident name (or other identifier) (b)
01	
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CURRENT RESIDENT SAMPLING LIST - Continued	
Line number (a)	Resident name (or other identifier) (b)
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59	
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FORM **NNHS-3**
(1-25-95)

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

**CURRENT RESIDENT
QUESTIONNAIRE**
NATIONAL NURSING HOME SURVEY

NOTICE – Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA (0920-0353); Hubert H. Humphrey Bldg., Rm. 737-F; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

Section A – ADMINISTRATIVE INFORMATION

1. Field representative name	2. FR code	3. Date of interview		
		Month	Day	Year

Section B – RESIDENT INFORMATION

1. Resident name or other identifier	2. Resident line number
First M.I. Last	

Section C – STATUS OF INTERVIEW

- | | |
|---|---|
| 01 <input type="checkbox"/> Complete | 07 <input type="checkbox"/> Less than 6 residents selected |
| 02 <input type="checkbox"/> Partial | 08 <input type="checkbox"/> Other noninterview – <i>Specify</i> ↴ |
| 03 <input type="checkbox"/> Resident included in sampling list in error | |
| 04 <input type="checkbox"/> Incorrect sample line number selected | |
| 05 <input type="checkbox"/> Refused | |
| 06 <input type="checkbox"/> Unable to locate record | 09 <input type="checkbox"/> No current residents |

Notes

Read to each new respondent.

In order to obtain national level data about the residents of nursing homes such as this one, we are collecting information about a sample of current residents. I will be asking questions about the background, health status, and charges for each sampled resident.

The identifying information you provide will be held in strict confidence and will be used ONLY by persons involved in the survey and only for the purposes of the survey.

Do you have the medical file(s) and record(s) for (Read name(s) of selected current resident(s))? **If you have a Health Care Finance Administration Minimum Data Set for Nursing Home Resident Assessment form in the records, you may use it while we complete this questionnaire.**

If not, ask the respondent to get it/them prior to beginning the interview. Fill sections A and B on the front of all the current resident forms while the respondent gets the records. If no record is available for a resident, try to obtain as much information as possible from whatever administrative records are available and/or from the respondent's memory.

<p>1. What is . . . 's sex?</p>	<p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p>						
<p>2. What is . . . 's date of birth?</p>	<p style="text-align: right;">Current age</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <th style="width: 20px;">Month</th> <th style="width: 20px;">Day</th> <th style="width: 40px;">Year</th> </tr> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 40px;"> </td> </tr> </table> <p style="text-align: right;">OR _____ Years</p>	Month	Day	Year			
Month	Day	Year					
<p><i>HAND FLASHCARD 1.</i></p> <p>3a. Which of these best describes . . . 's race?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> White 02 <input type="checkbox"/> Black 03 <input type="checkbox"/> American Indian, Eskimo, Aleut 04 <input type="checkbox"/> Asian, Pacific Islander 05 <input type="checkbox"/> Other – <i>Specify</i> _____ 06 <input type="checkbox"/> Don't know</p>						
<p>b. Is . . . of Hispanic origin?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>						
<p>4. What is . . . 's current marital status?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Married 02 <input type="checkbox"/> Widowed 03 <input type="checkbox"/> Divorced 04 <input type="checkbox"/> Separated 05 <input type="checkbox"/> Never Married 06 <input type="checkbox"/> Single 07 <input type="checkbox"/> Don't know</p>						
<p><i>HAND FLASHCARD 2.</i></p> <p>5a. Where was . . . staying immediately before entering this facility?</p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Private residence 02 <input type="checkbox"/> Rented room, boarding house 03 <input type="checkbox"/> Retirement home 04 <input type="checkbox"/> Board and care or residential care facility 05 <input type="checkbox"/> Nursing home 06 <input type="checkbox"/> Hospital 07 <input type="checkbox"/> Mental health facility 08 <input type="checkbox"/> Other – <i>Specify</i> _____ 09 <input type="checkbox"/> Don't Know</p> <p style="font-size: 2em; vertical-align: middle;">} <i>SKIP to item 6 Introduction</i></p>						
<p>b. At that time, was . . . living with family members, nonfamily members, both family and nonfamily members, or alone?</p>	<p>01 <input type="checkbox"/> With family members 02 <input type="checkbox"/> With nonfamily members 03 <input type="checkbox"/> With both family members and nonfamily members 04 <input type="checkbox"/> Alone 05 <input type="checkbox"/> Don't know</p>						

Read the introductory paragraph for the Social Security Number only once for each respondent.

As part of this survey, we would like to have . . .'s Social Security Number. Provision of this number is voluntary and providing or not providing the number will have no effect in any way on . . .'s benefits. This number will be useful in conducting future followup studies. This number will be used to match against the vital statistics records maintained by the National Center for Health Statistics. This information is collected under the authority of Section 306 of the Public Health Service Act.

<p>6. What is . . .'s Social Security Number?</p>	<p>Social Security Number</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: none; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: none; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table> <p>01 <input type="checkbox"/> Refused 02 <input type="checkbox"/> Don't know</p>				-		-				
			-		-						
<p>7. What was the date of . . .'s most recent admission with your facility, that is, the date on which . . . was admitted for the current episode of care?</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 2px;">Month</th> <th style="padding: 2px;">Day</th> <th style="padding: 2px;">Year</th> </tr> </thead> <tbody> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </tbody> </table>	Month	Day	Year							
Month	Day	Year									
<p>8. Has . . . previously been a resident in this facility?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>										
<p>9a. According to . . .'s medical record, what were the primary and other diagnoses at the time of admission on (date in item 7)?</p> <p><i>PROBE: Any other diagnoses?</i></p>	<p>Primary: 1 _____</p> <p>Others: 2 _____</p> <p style="margin-left: 40px;">3 _____</p> <p style="margin-left: 40px;">4 _____</p> <p style="margin-left: 40px;">5 _____</p> <p style="margin-left: 40px;">6 _____</p>										
<p>b. According to . . .'s medical record, what are . . .'s CURRENT primary and other diagnoses?</p> <p><i>PROBE: Any other diagnoses?</i></p>	<p>00 <input type="checkbox"/> Same as 9a</p> <p>Primary: 1 _____</p> <p>Others: 2 _____</p> <p style="margin-left: 40px;">3 _____</p> <p style="margin-left: 40px;">4 _____</p> <p style="margin-left: 40px;">5 _____</p> <p style="margin-left: 40px;">6 _____</p>										
<p>10. What level of care is . . . currently receiving from your facility? Is it skilled care, intermediate care or residential care?</p>	<p>01 <input type="checkbox"/> Skilled care 02 <input type="checkbox"/> Intermediate care 03 <input type="checkbox"/> Residential care</p>										

Notes

<p><i>HAND FLASHCARD 3.</i></p> <p>11. Which of these aids does . . . currently use?</p> <p><i>Mark (X) all that apply.</i></p> <p>PROBE: Any other aids?</p>	<p>00 <input type="checkbox"/> No aids used</p> <p>01 <input type="checkbox"/> Eye glasses (including contact lenses)</p> <p>02 <input type="checkbox"/> Hearing aid</p> <p>03 <input type="checkbox"/> Transfer equipment</p> <p>04 <input type="checkbox"/> Wheelchair</p> <p>05 <input type="checkbox"/> Cane</p> <p>06 <input type="checkbox"/> Walker</p> <p>07 <input type="checkbox"/> Crutches</p> <p>08 <input type="checkbox"/> Brace (any type)</p> <p>09 <input type="checkbox"/> Oxygen</p> <p>10 <input type="checkbox"/> Hospital bed</p> <p>11 <input type="checkbox"/> Commode</p> <p>12 <input type="checkbox"/> Other aids or devices – <i>Specify</i> <u> </u></p> <p>13 <input type="checkbox"/> Don't know</p>
<p><i>For items 12a-13b, refer to item 11.</i></p> <p>12a. Does . . . have any difficulty in seeing (when wearing glasses)?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Not applicable (e.g., comatose)</p> <p>04 <input type="checkbox"/> Don't know</p> <p>} <i>SKIP to item 13a</i></p>
<p><i>HAND FLASHCARD 4.</i></p> <p>b. Is . . .'s sight (when wearing glasses) partially, severely, or completely impaired as defined on this card?</p>	<p>01 <input type="checkbox"/> Partially impaired</p> <p>02 <input type="checkbox"/> Severely impaired</p> <p>03 <input type="checkbox"/> Completely lost, blind</p> <p>04 <input type="checkbox"/> Don't know</p>
<p>13a. Does . . . have any difficulty in hearing (when wearing a hearing aid)?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Not applicable (e.g., comatose)</p> <p>04 <input type="checkbox"/> Don't know</p> <p>} <i>SKIP to item 14a</i></p>
<p><i>HAND FLASHCARD 5.</i></p> <p>b. Is . . .'s hearing (when wearing a hearing aid) partially, severely, or completely impaired, as defined on this card?</p>	<p>01 <input type="checkbox"/> Partially impaired</p> <p>02 <input type="checkbox"/> Severely impaired</p> <p>03 <input type="checkbox"/> Completely lost, deaf</p> <p>04 <input type="checkbox"/> Don't know</p>
<p>14a. Does . . . have trouble biting or chewing any kinds of food, such as firm meats or apples?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Don't know</p>
<p>b. Has . . . lost ALL of (his/her) upper permanent natural teeth?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No – <i>SKIP to item 14d</i></p> <p>03 <input type="checkbox"/> Don't know</p>
<p>c. Does . . . have an upper denture or plate?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No</p> <p>03 <input type="checkbox"/> Don't know</p>
<p>d. Has . . . lost ALL of (his/her) lower permanent natural teeth?</p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No – <i>SKIP to item 14f</i></p> <p>03 <input type="checkbox"/> Don't know</p>

<p>14e. Does . . . have a lower denture or plate?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>									
<p><i>Ask only if item 14 c = Yes OR item 14e = Yes, otherwise skip to item 14h</i></p> <p>f. How often does . . . wear the dentures?</p>	<p>01 <input type="checkbox"/> All the time 02 <input type="checkbox"/> Usually 03 <input type="checkbox"/> About half the time 04 <input type="checkbox"/> Seldom 05 <input type="checkbox"/> Never – SKIP to item 14h 06 <input type="checkbox"/> Don't know</p>									
<p>g. Does . . . usually wear dentures when eating?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>									
<p>h. How would you describe the condition of . . .'s teeth and gums; excellent, very good, good, fair or poor?</p> <p><i>If resident DOES NOT have any teeth then ask the following:</i></p> <p>How would you describe the condition of . . .'s gums or soft tissue; excellent, very good, good, fair or poor?</p>	<p>01 <input type="checkbox"/> Excellent 02 <input type="checkbox"/> Very good 03 <input type="checkbox"/> Good 04 <input type="checkbox"/> Fair 05 <input type="checkbox"/> Poor 06 <input type="checkbox"/> Don't know</p>									
<p>15a. Does . . . currently receive any assistance in bathing or showering?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – SKIP to item 16a</p>									
<p>b. Does . . . bathe or shower with the help of:</p> <p>(1) Special equipment?</p> <p>(2) Another person?</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(1) Special equipment?</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> <tr> <td>(2) Another person?</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> </table>		Yes	No	(1) Special equipment?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	(2) Another person?	01 <input type="checkbox"/>	02 <input type="checkbox"/>
	Yes	No								
(1) Special equipment?	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
(2) Another person?	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
<p>16a. Does . . . currently receive any assistance in dressing?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – SKIP to item 17a</p>									
<p>b. Does . . . dress with the help of:</p> <p>(1) Special equipment?</p> <p>(2) Another person?</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(1) Special equipment?</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> <tr> <td>(2) Another person?</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> </table>		Yes	No	(1) Special equipment?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	(2) Another person?	01 <input type="checkbox"/>	02 <input type="checkbox"/>
	Yes	No								
(1) Special equipment?	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
(2) Another person?	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
<p>17a. Does . . . currently receive any assistance in eating?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – SKIP to item 18a</p>									
<p>b. Does . . . eat with the help of:</p> <p>(1) Special equipment?</p> <p>(2) Another person?</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>(1) Special equipment?</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> <tr> <td>(2) Another person?</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> </table>		Yes	No	(1) Special equipment?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	(2) Another person?	01 <input type="checkbox"/>	02 <input type="checkbox"/>
	Yes	No								
(1) Special equipment?	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
(2) Another person?	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
<p>18a. Is . . . bedfast?</p>	<p>01 <input type="checkbox"/> Yes – SKIP to item 22a 02 <input type="checkbox"/> No</p>									
<p>b. Is . . . chairfast?</p>	<p>01 <input type="checkbox"/> Yes – SKIP to item 22a 02 <input type="checkbox"/> No</p>									

<p>19a. Does . . . currently receive any assistance in transferring in and out of bed or a chair?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No } <i>SKIP to item 20a</i> 03 <input type="checkbox"/> Don't know</p>
<p>b. Does . . . require the help of:</p> <p>(1) Special equipment? (2) Another person?</p>	<p>Yes No</p> <p>01 <input type="checkbox"/> 02 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/></p>
<p>20a. Does . . . currently receive any assistance in walking?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 21a</i></p>
<p>b. Does . . . walk with the help of:</p> <p>(1) Special equipment? (2) Another person?</p>	<p>Yes No</p> <p>01 <input type="checkbox"/> 02 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/></p>
<p>21a. Does . . . go outside the grounds of this facility?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 22a</i></p>
<p>b. When . . . goes outside the grounds, does . . . require the help of:</p> <p>(1) Special equipment? (2) Another person?</p>	<p>Yes No</p> <p>01 <input type="checkbox"/> 02 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/></p>
<p>22a. Does . . . have an ostomy, an indwelling catheter or similar device?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 22c</i></p>
<p>b. Does . . . receive any help from another person in caring for this device?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p>c. Does . . . currently receive any assistance using the toilet room?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 23</i> 03 <input type="checkbox"/> Does not use toilet room (ostomy patient, chairfast, etc.) – <i>SKIP to item 23</i></p>
<p>d. Does . . . require the help of:</p> <p>(1) Special equipment? (2) Another person?</p>	<p>Yes No</p> <p>01 <input type="checkbox"/> 02 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/></p>
<p>23. Does . . . currently have any difficulty in controlling (his/her) bowels?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Not applicable (e.g., infant, had a colostomy)</p>
<p>24. Does . . . currently have any difficulty in controlling (his/her) bladder?</p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Not applicable (e.g., infant, has an indwelling catheter, had an ostomy)</p>

Notes

<i>HAND FLASHCARD 6.</i>																				
<p>25. Does . . . currently receive personal help or supervision in any of the following activities:</p> <p>a. Care of personal possessions?</p> <p>b. Managing money?</p> <p>c. Securing personal items such as newspapers, toilet articles, snack food?</p> <p>d. Using the telephone (dialing or receiving calls)?</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> </table>	Yes	No	01 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	02 <input type="checkbox"/>									
Yes	No																			
01 <input type="checkbox"/>	02 <input type="checkbox"/>																			
01 <input type="checkbox"/>	02 <input type="checkbox"/>																			
01 <input type="checkbox"/>	02 <input type="checkbox"/>																			
01 <input type="checkbox"/>	02 <input type="checkbox"/>																			
<p>26. During the past 12 months, has . . . had a flu shot at this facility or any other location?</p>	<table style="width: 100%; border: none;"> <tr> <td>01 <input type="checkbox"/> Yes</td> </tr> <tr> <td>02 <input type="checkbox"/> No</td> </tr> <tr> <td>03 <input type="checkbox"/> Don't know</td> </tr> </table>	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No	03 <input type="checkbox"/> Don't know																
01 <input type="checkbox"/> Yes																				
02 <input type="checkbox"/> No																				
03 <input type="checkbox"/> Don't know																				
<p>27. Has . . . EVER had a pneumococcal vaccine, that is, pneumonia vaccination?</p>	<table style="width: 100%; border: none;"> <tr> <td>01 <input type="checkbox"/> Yes</td> </tr> <tr> <td>02 <input type="checkbox"/> No</td> </tr> <tr> <td>03 <input type="checkbox"/> Don't know</td> </tr> </table>	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No	03 <input type="checkbox"/> Don't know																
01 <input type="checkbox"/> Yes																				
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03 <input type="checkbox"/> Don't know																				
INSTRUCTION BOX	<p><i>For questions 28, 30, 31, 32, and 33, use the phrase "LAST MONTH" if the resident was admitted last month or earlier. Use the phrase "SINCE ADMISSION" if the resident was admitted this month.</i></p>																			
<i>HAND FLASHCARD 7.</i>																				
<p>28. (Last month/since admission) which of these services were received by . . . , either inside or outside this facility?</p> <p><i>Mark (X) all that apply.</i></p> <p>PROBE: Any other services?</p>	<table style="width: 100%; border: none;"> <tr><td>00 <input type="checkbox"/> None</td></tr> <tr><td>01 <input type="checkbox"/> Dental care</td></tr> <tr><td>02 <input type="checkbox"/> Equipment or devices</td></tr> <tr><td>03 <input type="checkbox"/> Hospice services</td></tr> <tr><td>04 <input type="checkbox"/> Medical services</td></tr> <tr><td>05 <input type="checkbox"/> Mental health services</td></tr> <tr><td>06 <input type="checkbox"/> Nursing services</td></tr> <tr><td>07 <input type="checkbox"/> Nutritional services</td></tr> <tr><td>08 <input type="checkbox"/> Occupational therapy</td></tr> <tr><td>09 <input type="checkbox"/> Personal care</td></tr> <tr><td>10 <input type="checkbox"/> Physical therapy</td></tr> <tr><td>11 <input type="checkbox"/> Prescribed medicines or nonprescribed medicines</td></tr> <tr><td>12 <input type="checkbox"/> Sheltered employment</td></tr> <tr><td>13 <input type="checkbox"/> Social services</td></tr> <tr><td>14 <input type="checkbox"/> Special education</td></tr> <tr><td>15 <input type="checkbox"/> Speech or hearing therapy</td></tr> <tr><td>16 <input type="checkbox"/> Transportation</td></tr> <tr><td>17 <input type="checkbox"/> Vocational rehabilitation</td></tr> <tr><td>18 <input type="checkbox"/> Other – <i>Specify</i> _____</td></tr> </table>	00 <input type="checkbox"/> None	01 <input type="checkbox"/> Dental care	02 <input type="checkbox"/> Equipment or devices	03 <input type="checkbox"/> Hospice services	04 <input type="checkbox"/> Medical services	05 <input type="checkbox"/> Mental health services	06 <input type="checkbox"/> Nursing services	07 <input type="checkbox"/> Nutritional services	08 <input type="checkbox"/> Occupational therapy	09 <input type="checkbox"/> Personal care	10 <input type="checkbox"/> Physical therapy	11 <input type="checkbox"/> Prescribed medicines or nonprescribed medicines	12 <input type="checkbox"/> Sheltered employment	13 <input type="checkbox"/> Social services	14 <input type="checkbox"/> Special education	15 <input type="checkbox"/> Speech or hearing therapy	16 <input type="checkbox"/> Transportation	17 <input type="checkbox"/> Vocational rehabilitation	18 <input type="checkbox"/> Other – <i>Specify</i> _____
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16 <input type="checkbox"/> Transportation																				
17 <input type="checkbox"/> Vocational rehabilitation																				
18 <input type="checkbox"/> Other – <i>Specify</i> _____																				
<i>HAND FLASHCARD 8.</i>																				
<p>29. What was the PRIMARY source of payment for . . .'s care for the month of (Month and year of admission)?</p> <p><i>Refer to item 7 on page 3.</i></p> <p><i>Mark (X) only one source.</i></p>	<table style="width: 100%; border: none;"> <tr><td>01 <input type="checkbox"/> Private insurance</td></tr> <tr><td>02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds</td></tr> <tr><td>03 <input type="checkbox"/> Supplemental Security Income (SSI)</td></tr> <tr><td>04 <input type="checkbox"/> Medicare</td></tr> <tr><td>05 <input type="checkbox"/> Medicaid</td></tr> <tr><td>06 <input type="checkbox"/> Other government assistance or welfare</td></tr> <tr><td>07 <input type="checkbox"/> Religious organizations, foundations, agencies</td></tr> <tr><td>08 <input type="checkbox"/> VA contract, pensions, or other VA compensation</td></tr> <tr><td>09 <input type="checkbox"/> Payment source not yet determined</td></tr> <tr><td>10 <input type="checkbox"/> Other – <i>Specify</i> _____</td></tr> <tr><td>11 <input type="checkbox"/> Don't know</td></tr> </table>	01 <input type="checkbox"/> Private insurance	02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds	03 <input type="checkbox"/> Supplemental Security Income (SSI)	04 <input type="checkbox"/> Medicare	05 <input type="checkbox"/> Medicaid	06 <input type="checkbox"/> Other government assistance or welfare	07 <input type="checkbox"/> Religious organizations, foundations, agencies	08 <input type="checkbox"/> VA contract, pensions, or other VA compensation	09 <input type="checkbox"/> Payment source not yet determined	10 <input type="checkbox"/> Other – <i>Specify</i> _____	11 <input type="checkbox"/> Don't know								
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08 <input type="checkbox"/> VA contract, pensions, or other VA compensation																				
09 <input type="checkbox"/> Payment source not yet determined																				
10 <input type="checkbox"/> Other – <i>Specify</i> _____																				
11 <input type="checkbox"/> Don't know																				

HAND FLASHCARD 8.

30. (Last month/since admission) what was the PRIMARY source of payment for . . . 's care?

Mark (X) only one source.

- 01 Private insurance
- 02 Own income, family support, Social Security benefits, retirement funds
- 03 Supplemental Security Income (SSI)
- 04 Medicare
- 05 Medicaid
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, agencies
- 08 VA contract, pensions, or other VA compensation
- 09 Payment source not yet determined
- 10 Other – *Specify*

HAND FLASHCARD 8.

31. (Last month/since admission) what were all the secondary sources of payment for . . . 's care?

Mark (X) all that apply.

- 00 None
- 01 Private insurance
- 02 Own income, family support, Social Security benefits, retirement funds
- 03 Supplemental Security Income (SSI)
- 04 Medicare
- 05 Medicaid
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, agencies
- 08 VA contract, pensions, or other VA compensation
- 09 Payment source not yet determined
- 10 Other – *Specify*

32. (Last month/since admission) what were the total charges billed for . . . 's care, including all charges for services, drugs and special medical supplies?

\$ _____ . per

- 01 Month
- 02 Day
- 03 Week
- 04 Other period – *Specify*

Month	Day	Year		TO	Month	Day	Year.

- 05 Not billed yet
- 00 No charge was made

HAND FLASHCARD 9.

33. (Last month/since admission) what was the primary source of payment for . . . 's dental care?

Mark (X) only one source.

- 01 Own income, family support, Social Security benefits, retirement funds
- 02 Medicaid
- 03 VA contract, pension, or other VA compensation
- 04 Other government assistance or welfare
- 05 Covered in basic patient charges
- 06 Payment source not yet determined
- 07 No dental services received last month/since admission

FILL SECTION C ON THE COVER OF THIS FORM

Notes

<p>FORM NNHS-5 (1-31-85)</p> <p style="text-align: center;">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</p> <p style="text-align: center;">EXPENSE QUESTIONNAIRE</p> <p style="text-align: center;">NATIONAL NURSING HOME SURVEY</p>	<p>NOTICE – Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; ATTN: PRA (0920-0353); Hubert H. Humphrey Bldg., Rm. 737-F; 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).</p>
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Section A – AUTHORIZATION

I hereby authorize _____ of _____

(Accountant's name) *(Accountant's address)*

(Accountant's telephone number)

to list for the most recently completed fiscal year the following financial data for this facility:

(Date) *(Signature)* *(Title)*

Section B – INSTRUCTIONS

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN TO ANSWER THE EXPENSE QUESTIONNAIRE.

The definition booklet highlights the substance of each cost grouping, as well as related groupings of expense to be excluded from specific cost definitions. Since the intent of this questionnaire is to obtain information that is comparable among facilities, it is important that you read each of the definitions before answering the questions to which they apply.

The cost categories in the questionnaire are aimed at the total cost of care for patients. To capture all costs incident to providing health care in a home, those services and supplies specifically purchased for sale to patients should also be included in the relevant cost categories.

Since the financial data requested in this questionnaire are to be used with other survey information, it is necessary to provide data which have comparable time periods. Therefore, please give the financial data for the most recently completed fiscal year (calendar year or other 12 month period) and specify that time period in Section C on page 2 of this questionnaire. If for some reason, the twelve months of data are not available, specify in Section C the time period to which the data apply. The data may be reported on either a cash or accrual basis as long as there is consistency in the system applied throughout the entire period under report.

In general, it is essential that all recorded expenses incurred by the facility be included in the expense categories. Excluded from costs, however, are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses not related to the current cost of providing health care.

AFFILIATED FACILITIES: If a nursing home is an affiliate of another facility, such as a retirement facility, the records on only the nursing home units should be used in this survey. Where the records of a home are part of the total accounting system, allocation techniques may be required to identify certain of the costs such as payroll, rent, supplies, and insurance. This is acceptable providing a sound basis is established for the allocation.

Section C – FISCAL YEAR					
PLEASE LIST THE DATES OF THE FACILITY'S MOST RECENTLY COMPLETED FISCAL YEAR IN THE BOXES PROVIDED AND SUPPLY THE REQUESTED FINANCIAL DATA FOR THAT TIME PERIOD BELOW AND ON THE FOLLOWING PAGES.					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Month</td> <td style="width: 20px;">Year</td> </tr> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	Month	Year			TO
Month	Year				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Month</td> <td style="width: 20px;">Year</td> </tr> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>	Month	Year			
Month	Year				
Section D – ACCOUNTING SYSTEM					
IF YOUR ACCOUNTING SYSTEM DOES NOT GENERATE COST ITEMS AS CATEGORIZED BELOW AND ON THE FOLLOWING PAGES, PLEASE USE YOUR BEST ESTIMATE OF ALLOCATIONS AMONG THE LINE ITEMS.					
ACCOUNTANT, PLEASE ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR.					
Section E – EXPENSES AND REVENUES					
EXPENSES <i>(Please refer to Definition Booklet)</i>	DOLLAR AMOUNTS <i>If none, please enter "0".</i>				
1. Payroll Expense <i>(Do not include contract services);</i>					
a. Wages and Salaries <i>(gross amount including employees' vacation and sick pay, taxes, etc.):</i>					
(1) Nursing staff payroll expense <i>(include RN's, LPN's, LVN's, aides, orderlies, student nurses, and other nursing staff)</i>	1a. (1)				
(2) Physicians, other professionals and semi-professionals payroll expense <i>(include only those employees who provide health care services)</i>	1a. (2)				
(3) Dental staff payroll expense <i>(including dentists, dental hygienists and other dental staff)</i>	1a. (3)				
(4) All other staff payroll expense <i>(all employees not listed in (1), (2), and (3), i.e., those not providing health care services)</i>	1a. (4)				
(5) Subtotal of wages and salaries <i>(add lines 1a(1), 1a(2), 1a(3), and 1a(4))</i>	1a. (5)				
b. Payroll Taxes and Fringe Benefits <i>(employer share of payroll taxes, state unemployment, group health and life insurance, and all other payroll and non-payroll benefits paid by employer)</i>	1b.				
c. Total Payroll Expenses <i>(add lines 1a(5) and 1b)</i>	1c.				
2. Health Care Services purchased from outside sources:					
a. Nursing Services	2a.				
b. Dental Services	2b.				
c. Mental Health Care Services <i>(Psychiatrists and other mental health care services)</i>	2c.				
d. Other Health Care Services <i>(Physicians, Therapists, Laboratory services, and other services that provide health care)</i>	2d.				
e. Total expenses of Health Care Services purchased from Outside Sources <i>(add lines 2a, 2b, 2c and 2d)</i>	2e.				
3. Equipment Rent	3.				
4. Insurance <i>(include professional public liability and other insurance)</i>	4.				
5. Taxes and licenses <i>(include franchise tax)</i>	5.				
6. Interest and Financing Charges	6.				
7. Rent on Building and Land	7.				
8. Amortization of Leasehold Improvements	8.				
9. Depreciation Charges <i>(Buildings and Equipment)</i>	9.				
10. Food and other dietary items <i>(include cost of services purchased from outside sources)</i>	10.				
11. Drug Expenses <i>(include cost of drugs purchased for patients and sold directly to them)</i>	11.				

Section E – EXPENSES AND REVENUES		
EXPENSES <i>(Please refer to Definition Booklet)</i>		DOLLAR AMOUNTS <i>If none, please enter "0".</i>
12. Supplies and Equipment <i>(include cost of supplies and equipment purchased for patients and sold directly to them)</i>	12.	
13. Purchased Maintenance of buildings, grounds and equipment	13.	
14. Purchased Laundry and Linen services	14.	
15. Utilities <i>(telephone, gas, water and electricity)</i>	15.	
16. Other and Miscellaneous Expense <i>(include dues, subscriptions, travel, automobile, advertising, other services not included elsewhere, medical and non-medical fees, unclassified). See Section F below.</i>	16.	
17. TOTAL EXPENSES <i>(add expense category line items 1c, 2e and 3 through 16)</i>	17.	
REVENUES		
18. Total Revenue:		
A. Patient Care Revenues <i>(include all public and private payments for routine and ancillary health care services.)</i>	18A.	
(1) Public Payments		
a. Medicaid	18A. (1a)	
b. Medicare	18A. (1b)	
c. All Other Public Payments – <i>Specify z</i>	18A. (1c)	
(2) Private Payments	18A. (2)	
B. Non-patient Revenues <i>(include all sources of non-patient revenues such as contributions for general operating purposes, payment for services not directly related to patient care, interest, dividends and capital gains.)</i>	18B.	
C. TOTAL REVENUES <i>(add subtotal 18A and subtotal 18B)</i>	18C.	
Section F – OTHER AND MISCELLANEOUS EXPENSES		
If Other and Miscellaneous Expense (item 16) comprise 10 percent or more of the total expenses (item 17), please give details below of major amounts which constitute 20 percent or more of item 16.		AMOUNT
Description		
1.	1.	
2.	2.	
3.	3.	
PLEASE CHECK THE ADDITION OF ALL SUBTOTALS AND TOTALS		
Section G – RESPONDENT		
For the purposes of following up on any difficulties encountered in the analysis of this information, please record your name, phone number, your title (accountant, administrator, etc.), and the date you completed this questionnaire.		
Name _____	Phone Number (____) – _____	
TITLE _____	COMPLETION DATE _____	
THANK YOU FOR YOUR TIME AND COOPERATION IN FILLING OUT THIS QUESTIONNAIRE. PLEASE RETURN ONLY THE QUESTIONNAIRE IN THE ENCLOSED POSTAGE PAID ENVELOPE. YOU MAY THROW AWAY THE DEFINITION BOOKLET.		

FORM **NNHS-5A**
(1-31-95)

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

DEFINITION BOOKLET FOR COMPLETING THE EXPENSE QUESTIONNAIRE NATIONAL NURSING HOME SURVEY

1. PAYROLL EXPENSE

a. Wages and Salaries

Wages and salaries are generally defined as gross earnings paid an employee including payment for annual and sick leave, overtime, bonuses and other remuneration of a payment nature received by the employee. The wages and salaries represent the amount earned and reported to the Internal Revenue Service on his or her W-2 statement. Self-employed proprietors, while not salaried as employees, are to be included in this definition in the amount reported on the tax return as self-employed salary.

Employee salaries and wages, by the above definition, exclude payments for professional or nonprofessional services obtained under contract, or fees paid doctors on a fee-for-service basis. Also excluded from Wages and Salaries are Fringe Benefits as defined in 1b (Payroll Taxes and Fringe Benefits) on the next page.

Non-funded employee benefits such as meals and living quarters, if provided an employee, and considered a part of the gross salary received, are to be included in gross wages and salaries.

Wages and salaries are to be reported on the gross basis, without deductions for employee's contribution to FICA, Federal and State taxes, and other deductions from an employee's gross wages and salaries.

Any employee who spends 75 percent or more of his time in any one of the four areas mentioned below should have all of the wage and salary compensations charged to that expense category. Further allocation is acceptable if it is a feature of your accounting system.

(1) Nursing Staff Payroll Expense

Nursing staff payroll expense is defined as the total wage and salary compensation given those employees who administer nursing care to patients.

This category includes registered nurses, licensed practical nurses, nurse's aides, orderlies, and student nurses.

(2) Physicians, Other Professionals and Semi-Professionals Payroll Expense

Physicians, other professionals, and semi-professional payroll expense is defined as wage and salary compensation given those professional and semi-professional employees who provide health care services to patients.

This category includes physicians, psychiatrists, dentists, pharmacists, optometrists, therapists, dieticians, psychologists, podiatrists, audiologists, medical social workers, medical record administrators, medical and dental technicians, X-ray and laboratory assistants, and all others providing health care services to patients.

(3) Dental Staff Payroll Expense

Dental staff payroll expense is defined as the total wages and salary compensation given those employees who administer dental care to patients.

This category includes dentists, dental hygienists, dental students, and dental aides and assistants.

(4) All Other Staff Payroll Expense

All other staff payroll expense is defined as wage and salary compensation given all employees not specifically categorized in (1), or (2) or (3) above, (i.e., those not involved in providing health care services to patients.)

This category includes the administrator and assistant administrators as well as clerical, bookkeeping, and other office staff; food service, housekeeping, and maintenance personnel.

1b. Payroll Taxes and Fringe Benefits

Payroll taxes and fringe benefits are expenses incurred by the facility for the current and future benefit of facility employees. These expenses, not added to the wages and salaries of the employees, include such items as group health insurance, hospitalization, employer's portion of FICA, Federal and State Unemployment Insurance, and life insurance premiums (exclusive of premiums paid (a) where the facility is the beneficiary or (b) on the life insurance of the proprietor/owner).

Excluded from this cost category are payments for vacation, maternity and sick pay, terminal payments, employee's share of FICA, and living facilities provided employees where such facilities are established for the benefit of the home.

2. HEALTH CARE SERVICES PURCHASED FROM OUTSIDE SOURCES

a. Nursing Services

This category includes the cost of those services provided by RN's, LPN's, nurses' aides, orderlies, student nurses, and other nursing personnel which were purchased by the facility from outside sources by contract or other arrangements.

Exclude those nursing services purchased directly by the resident from outside sources and the services of psychiatric nurses.

b. Dental Services

This category includes the cost of those services provided by dentists, dental hygienists and other dental personnel which were purchased by the facility from outside sources by contract or other arrangements.

Exclude those dental services purchased directly by the resident from outside sources.

c. Mental Health Care Services

This category includes the cost of those services provided by mental health workers purchased by the facility from outside sources by contract or other arrangements. Mental health workers include psychiatrists, psychologists, psychiatric/clinical social workers, and psychiatric nurses.

d. Other Health Care Services

This category includes the cost of those services provided by medical professionals and semi-professionals not included in definitions 2a, b, and c above purchased by the facility from outside sources by contract or other arrangements.

Exclude the cost of those professional and semi-professional health care services purchased directly by the resident from outside sources.

3. EQUIPMENT RENT

Charges to this category include the rental or leasing of furniture, typewriters, computers, X-ray machines or other forms of equipment. Exclude from this category all lease purchase agreements and deferred payment plans on the purchase of equipment. These latter type purchases will be treated through the Depreciation Cost Category (expense category 9.)

4. INSURANCE

Insurance is defined as the cost of premiums for policies necessary to the normal operation of nursing homes.

These charges include fidelity bonds, fire and extended coverage, malpractice, property and bodily injury liability, and automobile insurance where transportation is included as a service of the facility.

Exclude insurance paid for the benefit of employees, such as employee life or group hospitalization, as well as key man life insurance. See definition of expense category 1(b) for distribution of employee benefit insurance paid. If the home's accounting system is on the accrual basis, exclude any prepaid costs and include only the premiums on the current year's portion.

5. TAXES AND LICENSES

This category includes licenses obtained for the right to do business and taxes on real estate, personal property, excise and business franchise taxes.

All federal and state taxes on the *income of the facility* are to be included as tax and license expenses. Amounts remitted to Federal, State, county, and local governments for *income taxes withheld from wages and salaries* must be excluded.

6. INTEREST AND FINANCING CHARGES

These charges include amounts of interest on notes payable, mortgages payable, long-term purchase agreements, or other forms of indebtedness. The initial cost of financing or refinancing a loan, however, is to be excluded as an extraordinary cost not related to the normal cost of providing health service. Also to be excluded from this expense category are placement fees on loans and costs related to penalty clauses on early retirement of mortgages or other loans.

Penalties paid to Federal, State, county, or local governments for improper filing of tax or information returns should be excluded.

7. RENT ON BUILDING AND LAND

Rent on building and land is defined as all costs incurred for space occupied pursuant to leases or rental agreements.

Included in this category is the cost of all buildings or real estate rented or leased by the home.

Charges to this category should exclude lease-purchase agreements and payments made on a mortgage covering the building or land.

8. AMORTIZATION OF LEASEHOLD IMPROVEMENTS

Amortization of leasehold improvements is defined as the write-off of improvements to leased premises over the remaining life of the lease or the useful life of the improvement, whichever is shorter.

Improvements to leased premises which have a remaining lease or useful life of one year or less should be expensed directly when incurred.

Included in this category are improvements to leased premises such as wall partitions, permanent counters and cabinets, tile floors and wall coverings, and plumbing fixtures.

9. DEPRECIATION CHARGES

Depreciation is defined as the distribution of the cost of tangible capital assets, less salvage (if any), over the estimated life of the asset.

Charges to this category should exclude amortization as defined in expense category 8.

Tangible capital assets, currently being purchased under a lease-purchase agreement, are to be depreciated rather than treated as a rental payment. Exclude from this category any equipment of a nominal amount expensed in Equipment (cost category 12).

10. FOOD AND OTHER DIETARY ITEMS

This account includes food and other dietary items purchased for preparation on the home's premises as well as the cost of meals purchased from hospitals or other outside services whether or not under contract.

Where food inventories are maintained, the cost of food consumed will be the basis for the recording of cost (inventory at beginning of year plus purchases, less ending inventory). Freight and sales taxes, whether included in the purchase, or as a separate item (freight only), are to be charged to the cost of food and dietary items, rather than to be charged to "Taxes and Licenses" (sales tax) or "Other and Miscellaneous Expense" (freight).

This cost category excludes costs related to the serving of meals, such as food and menu preparation (wages) and kitchenware and dishes (supplies). It also excludes the cost of meals which are non-funded employee benefits and were included as part of the gross salaries in Item 1.

11. DRUG EXPENSES

Drug expenses represent the cost of drugs consumed out of inventory or purchased for patients and resold to them. Drugs not under inventory control will be considered expensed when purchased.

For purposes of this definition, drugs include both prescription type medicines as well as non-prescription items such as aspirin, laxatives, and vitamins. Excluded from this definition are such non-medicine items as cotton, bandages, syringes, and other items which do not meet the common definition of drugs, and are categorized under supplies, item 12, below.

Recognizing that medical supplies may be co-mingled in the cost account with drug items, an allocation technique may be adopted for the purposes of determining the separate cost of drug expenses.

The cost of drugs includes freight costs as well as sales taxes added to the purchase price of drugs.

Drug cost is not to be reduced by revenues from patients whether sold out of the nursing home inventory or purchased specifically for their use.

12. SUPPLIES AND EQUIPMENT**a. Supplies**

Includes the purchase of all supplies exclusive of drug supplies (see 11.) and food and other dietary items (see 10).

Supplies include, but are not limited to, supplies used in food preparation and serving (dishes, kitchen ware, paper supplies, etc.) office supplies, medical supplies such as bandages, laundry, linen and blanket supplies, uniforms, the purchase of minor equipment (staplers, ash trays, etc.) classified as supplies, and repair and maintenance supplies and parts (cleaning supplies, light bulbs, small tools, etc.).

Usually, supplies of the nature of those classified for inclusion in this cost category are not maintained under inventory control except as a minimum level which may be used as a re-order point. The accounting system of the home will dictate whether these costs will be developed on a "delivery basis" or on an "issued" basis. Either method is acceptable.

b. Equipment

Includes the purchase of items classified as equipment, but because of the nominal cost or nature of the items, they are not capitalized.

Equipment in this grouping include, but are not limited to medical equipment, furniture and fixtures of a nominal value not maintained under asset control, repair and maintenance equipment, kitchen equipment, and administrative equipment.

All equipment purchased specifically for sale to a patient, regardless of the cost or nature of the purchase, is to be included in this category. The revenues derived from the sale of the equipment to the patients will not be credited as an offset to the cost recorded in Supplies and Equipment.

Exclude from this category any equipment which is being depreciated in cost category 9.

13. PURCHASED MAINTENANCE OF BUILDINGS, GROUNDS, AND EQUIPMENT

This cost grouping includes the costs of purchasing from outside sources; elevator maintenance, equipment or appliance maintenance, ground maintenance, plumbing maintenance, electrical systems maintenance, and similar type services. Also included are the costs of trash removal, exterminator services, cleaning services, and other housekeeping services when purchased from outside sources.

Purchased maintenance of building, grounds, and equipment, as classified in this cost category, excludes services for this function provided by the home's staff. The home's personnel costs for these services are to be charged to 1.a.(4), Wages and Salaries – All Other Staff Payroll Expense.

14. PURCHASED LAUNDRY AND LINEN SERVICES

This account relates to the cost of outside service only, rather than the cost of purchasing linens, towels, blankets, uniforms, etc. This cost may or may not be under a service contract and may include the rental cost of the supplies provided under a contract.

Laundry and linen expense, as classified in this cost category, excludes services for this function provided by nursing home staff. Personnel costs for this service are to be charged to 1.a.(4), Wages and Salaries – All Other Staff Payroll Expense.

Charges for laundry or linen lost or damaged by the nursing home under a service-rental agreement are to be reflected in this grouping.

15. UTILITIES

Utilities are defined as charges for telephone and telegraph, gas, fuel, oil, water, and electricity.

Charges to this category should exclude any utility charges, such as telephone, that are paid directly by patients or employees or charges that are paid by the lessor under the lease agreement.

16. OTHER AND MISCELLANEOUS EXPENSES

This expense category is a catchall to record all costs not classified in 1 through 15 above. Costs included in this grouping are dues and subscriptions, printing costs, advertisements, travel costs, automobile expenses, non-classified medical and non-medical fees (example - audit and legal fees), postage and casual labor not charged to other expense categories.

17. TOTAL EXPENSES

This is the total of all expense categories 1 through 16.

18. TOTAL REVENUES

A. Patient Care Revenues

(1) Public Payments

This group includes payments from Medicare, Medicaid, and other public assistance or welfare programs for routine or ancillary health care services.

- a. Payments from Medicaid for routine or ancillary health care services.
- b. Payments from Medicare for routine or ancillary health care services.
- c. Payments from all other public assistance or welfare programs for routine or ancillary health care services. This category includes payments made by state funded indigent care programs not included in (1)a. above.

(2) Private Payments

This group includes payments from private sources and other patient revenues for routine or ancillary health care services.

B. Nonpatient Revenues

This group includes financial contributions, grants and subsidies received from churches, foundations, voluntary agencies, government agencies, and similar groups for general operating purposes. It also includes all other sources of revenue not directly related to patient health care such as beautician/barber services, vending machine concessions, charges for services rendered to guests (e.g., room and board), luncheonettes, etc., as well as any revenues received in the form of interest, dividends and capital gains.

C. Total Revenues

This is the total of 18A and 18B.

Appendix IV

Endorsement Letters



DEPARTMENT OF HEALTH & HUMAN SERVICES

**NNHS-10(L)
(2-95)**

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Dear Administrator:

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention is conducting a nationwide survey of nursing homes and similar facilities. The survey is authorized under Section 306 (42 USC 242k) of the Public Health Service Act. The purpose of this survey is to collect baseline and trend information about nursing facilities, their services, and residents. The resulting published statistics will describe the Nation's nursing facilities and the health status of their residents. These data are used for studying the utilization of nursing facilities, for developing policies which promote efficient allocation of health care resources, and for supporting research directed at finding effective means for treatment of long-term health problems.

This survey includes a small, randomly selected nationwide sample of nursing facilities, each of which represents a number of similar facilities. Information is collected primarily by interview with you and/or your staff. No resident will be contacted at any time. Although your participation is voluntary and there are no penalties for refusing to answer any question, it is essential that we obtain data from all sample homes in order to achieve accurate and complete statistics.

I want to emphasize that the information you and your staff supply will be used solely for statistical research and reporting purposes. In accordance with Section 308(d) (42 USC 242m) of the Public Health Service Act, no information collected in this survey may be used for any purpose other than the purpose for which it was collected. Such information may not be published or released in any form if the individual or establishment is identifiable unless the individual or establishment has consented to such release. A report from the last survey is enclosed to illustrate how the data will be presented.

Within the next few weeks, a Census Bureau field representative will contact you for an appointment. The Census Bureau is under contract to conduct this survey. I greatly appreciate your cooperation in this effort.

Sincerely yours,

JOHN R. ANDERSON
Acting Director, National Center for Health Statistics

Enclosures

SOME FREQUENTLY ASKED QUESTIONS/STATEMENTS

HOW WAS THIS FACILITY CHOSEN?

A sample of nursing home facilities was chosen from a National list to represent similar facilities in the United States. Your facility is in that sample. Since each facility represents several others, your full participation is very important to the outcome of this survey.

WHAT ARE YOU GOING TO DO WITH THE RESULTS OF THE SURVEY?

Information on nursing homes and their residents is needed to study the utilization of nursing facilities and for developing policies which promote the efficient allocation of health care resources. Data from this National survey will assist policymakers in determining where and by whom nursing home care is being used. These data are also used to identify trends in nursing home services.

WE'VE ALREADY PROVIDED THIS INFORMATION.

The information we are collecting in this National survey may be similar to what you have provided in other surveys, but it is not the same. The laws governing confidentiality prohibit our obtaining similar information from other sources. In addition, for estimates from this survey to be accurate, we need to collect the same information from all participating facilities in exactly the same way.

WE'RE TOO BUSY AND DON'T HAVE ENOUGH STAFF.

We can work around the schedule and availability of your staff. We know they are busy. We can interview any staff member who is knowledgeable about the sampled residents. Eventually your help will increase the visibility of nursing homes and their essential contribution to the care and comfort of the residents and their families.



DEPARTMENT OF HEALTH & HUMAN SERVICES

**NNHS-12(L)
(2-95)**

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

You were recently asked to complete an Expense Questionnaire for the National Nursing Home Survey being conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention.

This study collects baseline and trend information about nursing facilities across the country regarding their services, residents, staff and financial characteristics. One of the purposes of the survey is to obtain financial information about nursing facilities in order to learn more about the amount and type of resources being devoted to this rapidly expanding segment of the health care delivery system. From this information, statistical reports will present the financial and operating characteristics of the Nation's nursing facilities. These reports will be useful in promoting effective long-term health care planning and efficient use of the Nation's health care resources.

I want to emphasize that the information you and your staff supply will be used solely for statistical research and reporting purposes. In accordance with Section 308(d) (42 USC 242m) of the Public Health Service Act, no information collected in this survey may be used for any purpose other than the purpose for which it was collected. Such information may not be published or released in any form if the individual or establishment is identifiable unless the individual or establishment has consented to such release.

Since your completed questionnaire has not been received, another copy of the questionnaire and its accompanying Definition Booklet are enclosed.

Please complete this questionnaire and return it within five working days in the enclosed postage-paid envelope. Your cooperation in this survey is greatly appreciated.

Sincerely yours,

A handwritten signature in black ink, appearing to read "John R. Anderson".

JOHN R. ANDERSON
Acting Director, National Center for Health Statistics

Enclosures



DEPARTMENT OF HEALTH & HUMAN SERVICES

**NNHS-13(L)
(2-95)**

Public Health Service
Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782

Thank You

I want to personally thank you for participating in the National Nursing Home Survey and for assisting the field representative from the Bureau of the Census, who conducted the survey in your facility. It is only through the cooperation of administrators like yourself that we are able to conduct a survey such as this one. The information we collect from this survey will be invaluable in helping us to support effective treatment of long-term health problems.

Again, I appreciate the time and effort you have given in support of this survey.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "J.R. Anderson".

JOHN R. ANDERSON
Acting Director, National Center for Health Statistics



Defining Excellence in Administration

Dear Administrator:

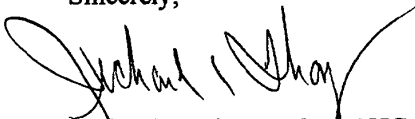
I am writing to encourage you to participate in the 1995 National Nursing Home Survey conducted by the National Center for Health Statistics of the Department of Health and Human Services. The survey is designed to collect baseline and trend information about long-term care facilities, their services, residents, staff and some basic financial information.

The support of the professional administrator is indispensable to the success of this research which will provide invaluable data for planning and organizing health care of the aged, drafting health legislation and setting national policies and priorities.

The survey design maximizes the utility of the data collected while it attempts to minimize the amount of staff involvement. Strict confidentiality will be maintained and only summary data will be published and made available to health planners, researchers, health professionals and the public.

Your participation in this survey process assures your voice in shaping public policy for our profession. I urge your cooperation in this effort.

Sincerely,



Richard L. Thorpe, CFACHCA, CAE*
Executive Vice-President

* Certified Fellow of ACHCA and Certified Association Executive



AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING
901 E STREET NW, SUITE 500, WASHINGTON, DC 20004-2037
202 • 783 • 2242 FAX 202 • 783 • 2255

February 14, 1995

Dear Administrator:

I am writing to urge your participation in the 1995 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the fourth in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, discharges, and staff.

The support of our association members and of the 1500 facilities selected to be included in this sample is indispensable to the successful development of invaluable data for planning and organizing health care of the aged, drafting health legislation and setting national policies and priorities to obtain quality care for all nursing home residents.

I believe you will find the survey design maximizes the utility of the data collected while it attempts to minimize the amount of staff involvement. In addition, 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 information derived will be worth the investment of your time and effort as it will ultimately be used to improve long term care. 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 our input.

I, therefore, again urge your cooperation with this survey.

Sincerely,


Sheldon L. Goldberg
President



American Health Care Association

1201 L Street, NW, Washington, DC 20005-4014

FAX: 202-842-3860

Writer's Telephone: 202/898-2805

Dear Administrator:

I am writing to urge your participation in the 1995 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the second in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, staff and some basic financial characteristics.

The support of our association and of all nursing home administrators is indispensable to the successful inauguration of this research which will provide invaluable data for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain quality care for all nursing home residents.

I believe you will find the survey design maximizes the utility of the data collected while it attempts to minimize the amount of staff involvement. In addition, 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 information derived will be worth the investment of your time and effort as it will ultimately be used in an effort to improve long term care. 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 our input.

I, therefore, again urge your cooperation with this survey.

Sincerely,

A handwritten signature in black ink that reads 'Paul Willging'. The signature is written in a cursive style with a large, sweeping 'P' and 'W'.

Paul R. Willging, Ph.D.
Executive Vice President

G:\full document identification

NNHS-17(L)

A non-profit organization of proprietary and non-proprietary long term health care facilities dedicated to improving health care of the convalescent and chronically ill of all ages. An equal opportunity employer

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.
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- 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.
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- 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 of childbearing age.
- SERIES 24. **Compilations of Data on Natality, Mortality, Marriage, Divorce, and Induced Terminations of Pregnancy**—These include advance reports of births, deaths, marriages, and divorces based on final data from the National Vital Statistics System that were published as supplements to the *Monthly Vital Statistics Report* (MVSR). These reports provide highlights and summaries of detailed data subsequently published in *Vital Statistics of the United States*. Other supplements to the MVSR 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:

Data Dissemination Branch
National Center for Health Statistics
Centers for Disease Control and Prevention
6525 Belcrest Road, Room 1064
Hyattsville, MD 20782-2003
(301) 458-4636
E-mail: nchsquery@cdc.gov
Internet: www.cdc.gov/nchs/

**DEPARTMENT OF
HEALTH & HUMAN SERVICES**

Centers for Disease Control and Prevention
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, Maryland 20782-2003

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