

**2007 National Home and Hospice Care Survey (NHHCS)
Patient Health Questionnaire and Charges and Payments Questionnaire**

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH1A	What {is/was} Sampled Patient (SP)'s zip code? ENTER ZIP CODE	Zip Code _____	Home Health Patient	
PH1	These next questions are for {SP}. Is there an OASIS form completed on this patient?	1 Yes 2 No	Home Health Patient	
PH2A	What is the assessment date of the most recent OASIS form completed for {SP}?	OASIS Assessment date Month _____		PH1 = 1
PH2B	[What is the assessment date of the most recent OASIS form completed for {SP}?]	OASIS Assessment date Day _____		PH1 = 1
PH2C	[What is the assessment date of the most recent OASIS form completed for {SP}?]	OASIS Assessment date Year _____		PH1 = 1
PH4A	What was the date of {SP}'s most recent admission with this agency (that is, the date (he/she) was admitted for the current episode of care?) On what date was {SP} admitted to this	Admission date Month _____	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	agency for the episode of care that ended on {SAMPLE DISCHARGE DATE}?			
PH4B	{What was the date of {SP}'s most recent admission with this agency (that is, the date (he/she) was admitted for the current episode of care?) {On what date was {SP} admitted to this agency for the episode of care that ended on {SAMPLE DISCHARGE DATE}?)}	Admission date Day _____	All Patients	
PH4C	{What was the date of {SP}'s most recent admission with this agency (that is, the date (he/she) was admitted for the current episode of care?) {On what date was {SP} admitted to this agency for the episode of care that ended on {SAMPLE DISCHARGE DATE}?)}	Admission date Year _____	All Patients	
PH4D	Was this a re-admission for {SP} to this agency for {home health/hospice} care?	1 Yes 2 No	All Patients	
PH5A	On what date was {SP} discharged from this agency?	Discharge date Month _____	Discharged Hospice Patient	
PH5B	[On what date was {SP} discharged from this agency?]	Discharge date Day	Discharged Hospice Patient	

Question number	Question item	Valid code categories	Patient asked	Skip pattern

PH5C	[On what date was {SP} discharged from this agency?]	Discharge date Year _____	Discharged Hospice Patient	
PH6	At discharge, was {SP} deceased?	1 Yes 2 No	Discharged Hospice Patient	
PH7	Why was {SP} discharged from this agency?	Reason for discharge 1 Condition stabilized or improved 2 Obtain more aggressive treatment for condition 3 Moved to geographic region not services by this agency 91 Other (Specify)	Discharged Hospice Patient	PH6 ≠ 1
PH7A	<i>For Other:</i> Specify reason for discharge	Reason for discharge- text description _____		PH7 = 91
PH8	Where did {SP} go after (he/she) was discharged from this agency? A RESIDENTIAL CARE PLACE INCLUDES AN ASSISTED LIVING FACILITY, BOARD AND CARE HOME, A LIFE CARE OR CONTINUING CARE RETIREMENT COMMUNITY.	Where went after discharge 1 Private home or apartment 2 Residential care place 3 Skilled nursing facility 4 Hospital 5 Another hospice facility 91 Other place (specify)	Discharged Hospice Patient	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH8A	<i>For Other place:</i> Describe facility type	Other facility type- text description _____		PH8 = 91
PH9	Is/Was {SP} male or female?	1 Male 2 Female	All Patients	
PH10A	What {is/was} {SP}'s date of birth?	Birth date Month _____	All Patients	
PH10B	[What {is/was} {SP}'s date of birth?]	Birth date Day _____	All Patients	
PH10C	[What {is/was} {SP}'s date of birth?]	Birth date Year _____	All Patients	
PH11	Approximately how old {is SP}/{was SP at the time of discharge}?	Age in years _____		PH10C = Don't know or refused
PH12	{Is/Was} (he/she) of Hispanic or Latino origin?	1 Yes 2 No	All Patients	
PH13	SHOW CARD PH13 Please look at this card and tell me what	Race 1 American Indian or Alaska Native	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	{SP}'s race {is/was}? SELECT ALL THAT APPLY	2 Asian 3 Black or African American 4 Native Hawaiian or Other Pacific Islander 5 White 91 Other Race (Specify)		
PH13A	<i>For other race:</i> Specify race	Other race- text description _____	All Patients	
PH14	{Is/Was} {SP} married, widowed, divorced, separated, never married, or living with a partner in a marriage-like relationship? {IF NEEDED: (at time of discharge.)}	Marital status 1 Married 2 Widowed 3 Divorced 4 Separated 5 Never married 6 Living with a partner	All Patients	
PH14A	{Is/Was} {SP} a veteran of U.S. military service? [HELP SCREEN] ¹	1 Yes 2 No	All Patients	
PH15	SHOW CARD PH15 {Is/Was} {SP} enrolled in Medicare?	1 Yes 2 No	All Patients	
PH16	What {is/was} (his/her) Medicare ID Number?	Medicare number _____		PH15 = 1
PH17	I have entered {PH16/MEDICARE NUMBER}. Is this correct?	1 Yes 2 No		PH15 = 1

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH18	Is/Was {SP} enrolled in Medicaid {(or {STATE SPECIFIC MEDICAID NAME})}??	1 Yes 2 No 3 Medicaid pending	All Patients	
PH19	What {is/was} (his/her) {'PREFERRED' NAME FOR MEDICAID} {or 'ALLOWED FOR' NAME FOR MEDICAID} ID number?	Medicaid number _____		PH18 = 1
PH20	I have entered {MEDICAID NUMBER}. Is this correct?	1 Yes 2 No		PH18 = 1
PH21	Does {SP}'s Social Security number begin with a letter or a number?	1 Letter 2 Number	All Patients	
PH21A; PH22	What is {SP}'s Social Security number?	Social Security number _____	All Patients	
PH23	I have entered {SOCIAL SECURITY NUMBER}. Is this correct?	1 Yes 2 No	All Patients	
PH24	SHOW CARD PH24 Now, please look at this card and tell me which of the following Advance Directives {has {SP} requested/ are listed in {SP}'s medical records}. PROBE: Anything else?	Type of Advance Directives 1 Living will 2 Do not resuscitate (DNR) 3 Do not hospitalize/ do not send to emergency department 4 Feeding restrictions 5 Medication restrictions 6 Comfort measures only	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	[HELP SCREEN] ⁱⁱ	7 Durable power of attorney 8 Health care proxy/Surrogate 9 Organ donation 10 No Advanced Directives provided 91 Other (specify)		
PH24A	<i>For Other:</i> Describe Advance Directive(s)	Other Advance Directive- text description _____		PH24 = 91
PH25	Immediately before {SP} began receiving {home health/hospice} care from this agency, was she/he an inpatient in a hospital, nursing home, or some other kind of health care facility? { IF NEEDED: (for this most recent episode of care.)} [HELP SCREEN] ⁱⁱⁱ	1 Yes 2 No	All Patients	
PH25A	What kind of place was that? [HELP SCREEN] ^{iv}	Type of place patient came from 1 Hospital emergency room 2 Nursing home/Skilled nursing facility/Sub-acute facility 3 Rehabilitation facility 4 Assisted living 91 Other (specify)		PH25 = 1
PH25B	<i>For Other:</i> What kind of place was that?	Other place- text description _____		PH25A = 91

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH26	<p>Does {SP} now live in a private home or apartment, in a residential care place, or somewhere else?</p> <p>IF NEEDED: A residential care place refers to an assisted living facility, a board and care home, a life care or a continuing care retirement community.</p> <p>IF OTHER PLACE: Where is that?</p>	<p>Current place of residence</p> <p>1 Private home or apartment 2 Residential care place 91 Other (specify)</p>	Home Health Patient	
PH26A	<p><i>For Other:</i> Specify place</p>	<p>Other place- text description</p> <p>_____</p>		PH26 = 91
PH27	<p>Where was {SP} staying when (he/she) first began receiving hospice care?</p> <p>INTERVIEWER INSTRUCTION: A RESIDENTIAL CARE PLACE INCLUDES AN ASSISTED LIVING FACILITY, A BOARD AND CARE HOME, A LIFE CARE OR A CONTINUING CARE RETIREMENT COMMUNITY.</p>	<p>Type of place when first received hospice</p> <p>1 This agency's inpatient /residential facility 2 Private home or apartment 3 Residential care place 4 Skilled nursing facility (Nursing home) 5 Hospital 91 Other place (specify)</p>	Discharged Hospice Patient	
PH27A	<p><i>For Other place:</i> Specify facility type</p>	<p>Facility type- text description</p> <p>_____</p>		PH27 = 91
PH28	<p>Where was {SP} staying on the last day (he/she) received hospice care?</p> <p>INTERVIEWER INSTRUCTION: A RESIDENTIAL CARE PLACE INCLUDES</p>	<p>Type of place when last received hospice</p> <p>1 This agency's inpatient /residential facility 2 Private home or apartment 3 Residential care place</p>	Discharged Hospice Patient	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	AN ASSISTED LIVING FACILITY, A BOARD AND CARE HOME, A LIFE CARE OR A CONTINUING CARE RETIREMENT COMMUNITY.	4 Skilled nursing facility (Nursing home) 5 Hospital 91 Other place (specify)		
PH28A	<i>For Other place:</i> Specify facility type	Facility type- text description _____		PH28 = 91
PH29	{Who does {SP} currently live with/Who was (he/she) living with while receiving hospice care}? PROBE: Anyone else?	Who patient lives/lived with 1 Alone 2 Spouse/ Significant Other 3 Parent 4 Child (including daughter/son-in-law) 5 Other family member 6 Non-family member(s)		Home health patient; Discharge hospice patient with PH27 or PH28 = 2 or 3
PH30	{Does {SP} now/Did {SP}} have a primary caregiver outside of this agency? [HELP SCREEN] ^	1 Yes 2 No	All Patients	
PH32	Who {is/was} {SP}'s primary caregiver? {This may be someone who does not live with {SP}.}	Primary careiver 1 Spouse/significant other 2 Parent 3 Child (including daughter/son-in-law) 4 Other family member 5 Not related		PH30 = 1
PH34	According to {SP}'s medical records, what was the primary diagnosis or condition at the	Primary admission diagnosis code number	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	time (he/she) was admitted to this agency (that is, on or around {ADMISSION DATE})?	_____		
PH34A	<i>For non-listed diagnosis code:</i> Specify primary diagnosis	Other primary diagnosis- text description _____		PH34= Other diagnosis
PH35	{What is {SP}'s current primary diagnosis or condition}? {What was the primary diagnosis or condition at discharge}?	Current primary diagnosis code _____	All Patients	
PH35A	<i>For non-listed diagnosis code:</i> Specify primary diagnosis	Other primary diagnosis- text description _____		PH35= Other diagnosis
PH36a_o	{What {are/were} all the other conditions {SP} {currently has/had at discharge}}? {Anything else?} [HELP SCREEN] ^{vi}	Up to 15 secondary current diagnosis codes _____	All Patients	
PH36A1_15	<i>For non-listed diagnosis codes:</i> Specify secondary diagnoses	Other secondary diagnoses- text description _____		PH36a_o= Other diagnosis
PH37	Did {SP} have any surgical, diagnostic or therapeutic procedures or treatments that were related to (his/her) admission to this agency (for the current episode of care)?	1 Yes 2 No	Home Health Patient	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH38	{ What kind of operation or procedure did {SP} have?} { Any others?}	Up to 5 procedure codes _____		PH37 = 1
PH38A1_5	<i>For non-listed procedure codes:</i> Specify operation or procedure	Other procedures- text description _____		PH38 = Other procedure
PH39	{ Does {SP} now/On the last day {SP} received hospice care, did (he/she) } have pressure ulcers? IF NECESSARY: A pressure ulcer is any lesion caused by pressure, resulting in damage to underlying tissue.	1 Yes 2 No	All Patients	
PH40	SHOW CARD PH40 Please look at this card and tell me the <u>highest stage of any</u> pressure ulcer {SP} {now has/had}. IF UNSTAGED, PROBE: {Is/Was} it unstaged because the pressure ulcer {hasn't/hadn't} been assessed yet, or {is/was} it in the process of healing? IF HEALING, PROBE: What {is/was} the highest stage before the pressure ulcer exhibited signs of healing?	Highest stage of pressure ulcer 1 Stage I 2 Stage II 3 Stage III 4 Stage IV 5 Unstaged (not assessed)		PH39 = 1

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH41	SHOW CARD PH41 What {is/was} the last recorded healing status of this pressure ulcer? [HELP SCREEN] ^{vii}	Last healing status of ulcer 1 Fully granulating 2 Early/partial granulation 3 Not healing 91 Other (specify)		PH39 = 1
PH41A	<i>For Other:</i> Specify status of pressure ulcer	Pressure ulcer status- text description _____		PH41 = 91
PH42	{Is/Was} {SP} comatose or in a vegetative state {at the time (he/she) was admitted to this agency for hospice care}?	1 Yes 2 No	All Patients	
PH42A	{Does/At admission, did} {SP} <u>need</u> any help <u>from another person</u> with any of the following activities? Dressing? [HELP SCREEN] ^{viii}	1 Yes 2 No		PH42 ≠ 1
PH42A1	{Do/Did} any agency staff help {SP} with dressing?	1 Yes 2 No		PH42A = 1
PH42B	[{Does/At admission, did} {SP} <u>need</u> any help <u>from another person</u> with] Bathing?	1 Yes 2 No		PH42 ≠ 1

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH42B1	{Do/Did} any agency staff help {SP} with bathing?	1 Yes 2 No		PH42B = 1
PH42C	[[{Does/At admission, did} {SP} <u>need</u> any help <u>from another person</u> with] Using the toilet?	1 Yes 2 No		PH42 ≠ 1
PH42C1	{Do/Did} any agency staff help {SP} with using the toilet?	1 Yes 2 No		PH42C = 1
PH42D	[[{Does/At admission, did} {SP} <u>need</u> any help <u>from another person</u> with] Getting in or out of bed or chairs?	1 Yes 2 No 3 Doesn't do		PH42 ≠ 1
PH42D1	{Do/Did} any agency staff help {SP} with getting in or out of bed or chairs?	1 Yes 2 No		PH42D = 1
PH42E	[[{Does/At admission, did} {SP} <u>need</u> any help <u>from another person</u> with] Walking or climbing stairs?	1 Yes 2 No 3 Doesn't do		PH42 ≠ 1
PH42E1	{Do/Did} any agency staff help {SP} with walking or climbing stairs?	1 Yes 2 No		PH42E = 1
PH42F	[[{Does/At admission, did} {SP} <u>need</u> any help <u>from another person</u> with] Eating or feeding (himself/herself)?	1 Yes 2 No		PH42 ≠ 1

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	[HELP SCREEN] ^{ix}			
PH42F1	{Do/Did} any agency staff help {SP} with eating or feeding himself/herself?	1 Yes 2 No		PH42F = 1
PH44G	{Does {SP} currently/Did {SP}} <u>receive</u> any help from this agency's staff with preparing or taking medication? [HELP SCREEN] ^x	1 Yes 2 No 3 Doesn't do		PH42 ≠ 1
PH47	SHOW CARD PH47 Please look at this card and tell me which category best describes {SP}'s {current level of} cognitive functioning or current mental status {at the time (he/she) was admitted to this agency for hospice care}.	Level of cognitive function 0 No cognitive impairment 1 Require only occasional reminders (in new situations) 2 Require some assistance direction in certain situations (is easily distracted) 3 Requires a great deal of assistance/direction in routine situations 4 Severe cognitive impairment (constantly disoriented, comatose, delirium)		PH42 ≠ 1
PH48	SHOW CARD PH48 Which of these aids or special devices on this card does {SP} use? PROBE: Any others?	Aids and special devices patient uses 1 Walker/cane/crutch 2 Wheelchair 3 Motorized cart/scooter 4 Orthotics (including braces) 5 Prosthetics (limbs) 6 None of these		PH42 ≠ 1

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH49	<p>SHOW CARD PH49</p> <p>Which of these aids or special devices on this card does {SP} use?</p> <p>PROBE: Any others?</p>	<p>Aids and special devices patient uses</p> <ol style="list-style-type: none"> 1 Bedside commode 2 Elevated/raised toilet seat 3 Hospital bed 4 Specialized mattress (egg crate, foam, air, gel, etc.) 5 Specialized chairs (Geri chair, lift chairs) 6 Grab bars 7 Transfer equipment (lifts, gait belts) 8 Shower chair/bath bench 9 Over bed table 10 Eating devices (built up utensils, plate guard, non-spill cup) 11 None of these 		PH42 ≠ 1
PH50	<p>SHOW CARD {PH50a/PH50b}</p> <p>Which of the medical devices on this card {does {SP} use/did {SP} use while in hospice care}?</p> <p>PROBE: Any others?</p> <p>[HELP SCREEN]^{xi}</p>	<p>Medical devices used/uses</p> <ol style="list-style-type: none"> 1 IV infusion pump (large volume) 2 Patient controlled analgesia pump 3 Ambulatory infusion pump (other than insulin) 4 Peritoneal/Hemodialysis 5 Oxygen (oxygen concentrator, liquid, tank or other delivery system) 6 Metered dose inhaler 7 Apnea monitor 8 Continuous positive pressure airway (CPAP) 9 Blood glucose monitor 10 Enterostomal device (Urine or stool bag) 11 Enteral (Nasogastric or other) tube feeding equipment 12 Parenteral IV (TPN) 	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
		13 Pressure relieving devices (special bed, mattress, or overlay) 14 None of these		
PH51	Does/Did} this <u>agency's staff</u> provide support with instruction, maintenance or monitoring of any of those medical devices for {SP}?	1 Yes 2 No		PH50 ≠14
PH52	Which ones? PROBE: Any others?	Staff provides support with medical devices 1 IV infusion pump (large volume) 2 Patient controlled analgesia pump 3 Ambulatory infusion pump (other than insulin) 4 Peritoneal/Hemodialysis 5 Oxygen (oxygen concentrator, liquid, tank or other delivery system) 6 Metered dose inhaler 7 Apnea monitor 8 Continuous positive pressure airway (CPAP) 9 Blood glucose monitor 10 Enterostomal device (Urine or stool bag) 11 Enteral (Nasogastric or other) tube feeding equipment 12 Parenteral IV (TPN) 13 Pressure relieving devices (special bed, mattress, or overlay)	All patients	PH51 = 1
PH53	{Does/During hospice care did} {SP} have a urinary catheter?	1 Yes 2 No	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH54	{Does/Did} {SP} have difficulty controlling (his/her) bladder?	1 Yes 2 No		PH53≠1
PH55	{Does/Did} {SP} have a colostomy or ileostomy for bowel elimination?	1 Yes 2 No	All Patients	
PH56	{Does/Did} {SP} have difficulty controlling (his/her) bowels?	1 Yes 2 No		PH55 ≠1
PH57A	On what date was {SP} <u>first</u> assessed for pain (for the episode of care beginning on {ADMIT DATE})? Include any pain assessment that may have been done on that same day (he/she) was admitted, but do <u>not</u> include any assessments before that day.	Date pain first assessed Month _____ 99 Not assessed for pain	Discharged Hospice Patient	
PH57B	[On what date was {SP} <u>first</u> assessed for pain (for the episode of care beginning on {ADMIT DATE})? Include any pain assessment that may have been done on that same day (he/she) was admitted, but do <u>not</u> include any assessments before that day.]	Date pain first assessed Day _____	Discharged Hospice Patient	PH57A ≠ 99
PH57C	[On what date was {SP} <u>first</u> assessed for pain (for the episode of care beginning on {ADMIT DATE})? Include any pain assessment that may have been done on that same day (he/she) was admitted, but do <u>not</u> include any assessments before that day.]	Date pain first assessed Year _____	Discharged Hospice Patient	PH57A ≠ 99

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH58	<p>SHOW CARD PH58</p> <p>What type of pain assessment tool was used to assess {SP}'s pain?</p> <p>IF MORE THAN ONE PAIN ASSESSMENT TOOL REPORTED, ASK: Which of those pain assessment tools gave the most accurate assessment for {SP}'s pain level?</p>	<p>Pain assessment tool</p> <p>1 0-10 Scale 2 0-5 Scale 3 Word Scale (mild, moderate, severe) 4 Face Scale (0-5) 5 Face Scale (0-10) 6 FLACC 7 Observation of patient's behavior 8 Patient's/family's description of pain 91 Other assessment tools (specify)</p>	Discharged Hospice Patient	PH57A ≠ 99
PH58A	<p><i>For Other assessment tools:</i> Specify pain assessment tool</p>	<p>Other assessment tool- text description</p> <p> _____ </p>		PH58 = 91
PH59A	<p>What was the level of {SP}'s pain recorded at that assessment {on {DATE OF ASSESSMENT}}?</p>	<p>Pain level</p> <p>0 Pain level 0 1 Pain level 1 2 Pain level 2 3 Pain level 3 4 Pain level 4 5 Pain level 5 6 Pain level 6 7 Pain level 7 8 Pain level 8 9 Pain level 9 10 Pain level 10</p>	Discharged Hospice Patient	PH58 = 1, 5, 6
PH59B	<p>What was the level of {SP}'s pain recorded at that assessment on {DATE OF ASSESSMENT}?</p>	<p>Pain level</p> <p>0 Pain level 0 1 Pain level 1</p>	Discharged Hospice Patient	PH58 = 2, 4

Question number	Question item	Valid code categories	Patient asked	Skip pattern
		2 Pain level 2 3 Pain level 3 4 Pain level 4 5 Pain level 5		
PH59C	What was the level of {SP}'s pain recorded at that assessment on {DATE OF ASSESSMENT}?	Pain level 1 Pain level mild 2 Pain level moderate 3 Pain level severe 4 No pain	Discharged Hospice Patient	PH58 = 3
PH59D	What was the level of {SP}'s pain recorded at that assessment on {DATE OF ASSESSMENT}?	Pain level- text description _____	Discharged Hospice Patient	PH58 = 7, 8
PH60A	When was the last time {SP} was assessed for pain {for the episode of care that ended on {DISCHARGE DATE}}? {READ IF NECESSARY: Include any pain assessment that may have been done on the same day (he/she) was admitted for this current episode of care, but do <u>not</u> include any assessments made before that day.}	Date pain last assessed Month _____ 97 Only on date of admission- home health patient 99 Not assessed for pain- home health patient 777 Same day as discharge – discharged hospice patient 999 Only one pain assessment- discharged hospice patient	All Patients	
PH60B	[When was the last time {SP} was assessed for pain {for the episode of care that ended on {DISCHARGE DATE}}.	Date pain last assessed Day _____	All Patients	PH60A ≠ 97, 99, 777, 999

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH60C	[When was the last time {SP} was assessed for pain {for the episode of care that ended on {DISCHARGE DATE}.]	Date pain last assessed Year _____	All Patients	PH60A ≠ 97, 99, 777, 999
PH61	SHOW CARD PH61 What type of pain assessment tool was used to assess {SP}'s pain {that time}? IF MORE THAN ONE PAIN ASSESSMENT TOOL REPORTED, ASK: Which of those pain assessment tools gave the most accurate assessment for {SP}'s pain level?	Pain assessment tool 1 0-10 Scale 2 0-5 Scale 3 Word Scale (mild, moderate, severe) 4 Face Scale (0-5) 5 Face Scale (0-10) 6 FLACC 7 Observation of patient's behavior 8 Patient's/family's description of pain 91 Other assessment tools (specify)	All Patients	PH60A ≠ 97, 99 or 999
PH61A	<i>For Other assessment tools:</i> Specify pain assessment tool	Other assessment tool- text description _____		PH61 = 91
PH61B	What was the level of {SP}'s pain recorded at that assessment {on {DATE OF ASSESSMENT}}?	Pain level 0 Pain level 0 1 Pain level 1 2 Pain level 2 3 Pain level 3 4 Pain level 4 5 Pain level 5 6 Pain level 6 7 Pain level 7 8 Pain level 8	All patients	PH61 = 1, 5, 6

Question number	Question item	Valid code categories	Patient asked	Skip pattern
		9 Pain level 9 10 Pain level 10		
PH61C	What was the level of {SP}'s pain recorded at that assessment {on {DATE OF ASSESSMENT}}?	Pain level 0 Pain level 0 1 Pain level 1 2 Pain level 2 3 Pain level 3 4 Pain level 4 5 Pain level 5	All patients	PH61 = 2, 4
PH61D	What was the level of {SP}'s pain recorded at that assessment {on {DATE OF ASSESSMENT}}?	Pain level 1 Pain level mild 2 Pain level moderate 3 Pain level severe 4 No pain	All patients	PH61 = 3
PH62	What was the level of {SP}'s pain recorded at that assessment {on {DATE OF ASSESSMENT}}? RECORD DESCRIPTION OF PAIN LEVEL.	Pain level- text description _____	All patients	PH61 = 7, 8
PH64	According to {SP}'s medical record, what strategies on this card {are/were} used to manage (his/her) pain. PROBE: Any others? [HELP SCREEN] ^{xii}	Pain management strategies 1 Standing order for pain medication 2 PRN order for pain medication 3 Non-pharmacological methods (distraction, heat/cold massage/positioning, music therapy) 4 No strategies specified 91 Other (specify)	All Patients	PH60A or PH57A≠ 99

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH64A	<i>For Other:</i> Specify pain management strategy	Pain management strategy- text description _____		PH64 = 91
PH66	SHOW CARD {PH66a/PH66b} Please look at this card and tell me what services {SP} received from this agency {during the last 60 days/during the last 60 days in which {SP} was receiving care from {AGENCY}/since admission/during (his/her) hospice care.} READ IF NECESSARY: Include services received from {AGENCY} as a result of contractual arrangements. PROBE: Any others on this card? [HELP SCREEN]] ^{xiii}	Agency services patient received 1 (Skilled) Nursing services 2 Physician services 3 Pharmacy services 4 Podiatry services 5 Wound care 6 Dietary and nutritional services 7 Telemedicine 8 None of these	All Patients	
PH67	SHOW CARD PH67 What (other) services on this card did {SP} receive from this agency {during the last 60 days/during the last 60 days in which {SP} was receiving care from {AGENCY}/since admission/while a hospice patient}? READ IF NECESSARY: Include services received from {AGENCY} as a result of contractual arrangements.	Agency services patient received 1 Homemaker services 2 Assistance with ADLs 3 Volunteer services 4 Continuous home care 5 Meals On Wheels 6 Transportation 7 Occupational therapy 8 Physical therapy 9 Respiratory therapy 10 Speech therapy /audiology	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	<p>PROBE: Any others on this card?</p> <p>[HELP SCREEN] ^{xiv}</p>	<p>11 Complementary and alternative medicine (CAM)</p> <p>12 None of these</p>		
PH68	<p>SHOW CARD PH68</p> <p>Were any of these services provided from this agency {during the last 60 days/since admission}?</p> <p>READ IF NECESSARY: Include services received from {AGENCY} as a result of contractual arrangements.</p> <p>PROBE: Any others on this card?</p> <p>[HELP SCREEN] ^{xv}</p>	<p>Agency services provided to patient</p> <ol style="list-style-type: none"> 1 Pastoral spiritual services 2 Dietary counseling 3 Ethical issues counseling 4 Referral services 5 (Medical) Social services 6 Mental health services 7 Respite services 8 Interpreter services 9 None of these 	All Patients	
PH70	<p>SHOW CARD PH70</p> <p>Did this agency offer or provide {SP}'s family members or friends any of the services listed on this card? Which ones?</p> <p>READ IF NECESSARY: Include services received from {AGENCY} as a result of contractual arrangements.</p> <p>PROBE: Any other services?</p> <p>[HELP SCREEN] ^{xvi}</p>	<p>Agency services offered/provided to patient's family or friends</p> <ol style="list-style-type: none"> 1 Bereavement 2 Caregiver health/wellness 3 Spiritual 4 Dietary 5 Dealing with difficult behaviors 6 Medication management/administration 7 Equipment use 8 Patient ADLS (bathing, dressing, toileting, feeding, etc.) 9 Safety training 10 Suspected abuse/neglect/exploitation 	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
		11 Referral/ resource information 12 Respite care 13 No services offered or provided 91 Other (specify)		
PH70A	<i>For Other:</i> Specify other type of service	Other service- text description _____		PH70 = 91
PH71A	These next questions ask about the number of visits {SP} received from this agency's staff during (his/her) hospice care. How many visits did (he/she) receive for <u>nursing services</u> ? READ IF NECESSARY: [Nursing services include nursing care and nursing services provided by or under the supervision of a RN.] [HELP SCREEN] ^{xvii}	Number of nursing services visits _____	Discharged Hospice Patient	PH27 = 2, 3, 4
PH71B	{These next questions ask about the number of visits {SP} received from this agency's staff during (his/her) hospice care.} How many visits were there for <u>physician services</u> ? [HELP SCREEN]- <i>See endnote xvii</i>	Number of physician services visits _____	Discharged Hospice Patient	PH66 = 2

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH71D	How many visits were there for <u>medical social services</u> ? [HELP SCREEN] - See endnote xvii	Number of medical social services visits _____	Discharged Hospice Patient	PH68 = 5
PH71E	How many visits were there for <u>volunteer services</u> ? [HELP SCREEN] - See endnote xvii	Number of volunteer services visits _____	Discharged Hospice Patient	PH67 = 3
PH71F	These next questions ask about the number of visits {SP} received from this agency's staff {since {DATE of day 60 days prior to date of interview}/since admission}. How many visits did (he/she) receive for <u>skilled nursing services</u> ? READ IF NECESSARY: Nursing services include nursing care and nursing services provided by or under the supervision of a RN. [HELP SCREEN] ^{xviii} Also see endnote xvii	Number of skilled nursing services visits _____	Home Health Patient	
PH71G	[[{Since {DATE OF DAY 60 DAYS PRIOR TO DATE OF INTERVIEW}/Since admission}]] how many visits were there for <u>physical therapy</u> ?	Number of physical therapy visits _____	Home Health Patient	PH67 = 8

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	[HELP SCREEN] - <i>See endnote xvii</i>			
PH71H	<p>[[{Since {DATE OF DAY 60 DAYS PRIOR TO DATE OF INTERVIEW}/Since admission}] how many visits were there for <u>occupational therapy</u>?</p> <p>[HELP SCREEN] - <i>See endnote xvii</i></p>	<p>Number of occupational therapy visits</p> <p>_____</p>	Home Health Patient	PH67 = 7
PH71I	<p>[[{Since {DATE OF DAY 60 DAYS PRIOR TO DATE OF INTERVIEW}/Since admission}] how many visits were there for <u>speech therapy</u>?</p> <p>[HELP SCREEN] - <i>See endnote xvii</i></p>	<p>Number of speech therapy visits</p> <p>_____</p>	Home Health Patient	PH67 = 10
PH71J	<p>[[{Since {DATE OF DAY 60 DAYS PRIOR TO DATE OF INTERVIEW}/Since admission}] how many visits were there for <u>medical social services</u>?</p> <p>[HELP SCREEN] - <i>See endnote xvii</i></p>	<p>Number of medical social services visits</p> <p>_____</p>	Home Health Patient	PH68 = 5
PH71K	<p>[[{Since {DATE OF DAY 60 DAYS PRIOR TO DATE OF INTERVIEW}/Since admission}] how many visits were there for <u>home health aide services</u>?</p> <p>[HELP SCREEN] - <i>See endnote xvii</i></p>	<p>Number of home health aide services visits</p> <p>_____</p>	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH73	<p>SHOW CARD PH73</p> <p>{Has/Did} {SP} use{d} any of these services for emergent care {during the last 60 days/during the last 60 days in which {SP} received care from {AGENCY}/since admission/while a hospice patient with this agency}?</p> <p>PROBE: Any other services?</p> <p>[HELP SCREEN] ^{xix}</p>	<p>1 Hospital emergency room (includes 23-hour holding)</p> <p>2 Doctor's office emergency visit/house call</p> <p>3 Outpatient department/clinic (includes urgicenter sites)</p> <p>4 No emergent care</p>	All Patients	
PH74	<p>For what reason did (he/she) obtain emergent care?</p> <p>PROBE: Any other reasons?</p> <p>[HELP SCREEN] ^{xx}</p>	<p>Reason for emergent care</p> <p>1 Medication problem/complication (improper medication administration, medication side effects, toxicity, anaphylaxis)</p> <p>2 Nausea, dehydration, malnutrition, constipation, impaction</p> <p>3 Injury due to a fall</p> <p>4 Other type of injury</p> <p>5 Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)</p> <p>6 Wound infection, deteriorating wound status, new lesion/ulcer</p> <p>7 Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)</p> <p>8 Hypoglycemia/Hyperglycemia, Diabetes out of control</p> <p>9 GI bleeding/obstruction</p> <p>10 Urinary tract infection (UTI)</p>	All Patients	PH73 ≠ 4, Don't know or refused

Question number	Question item	Valid code categories	Patient asked	Skip pattern
		11 Uncontrolled pain 91 Other (specify)		
PH74A	<i>For Other:</i> Specify reason for emergent care	Other reason for emergent care-text description _____		PH74 = 91
PH75	Since being admitted to this agency on {DATE OF ADMISSION}, has {SP} had a hospital admission that required an overnight stay where (he/she) was not formally discharged from the agency?	1 Yes 2 No	Home Health patient	
PH76a_y	<p>{These next questions are about {SP}'s medications and drugs. An accurate list of {SP}'s medications is important so that we have a full picture of the healthcare services (he/she) receive{s/d}. I will be using a look-up list to select the names of the medications, and I may have to enter some medications directly.}</p> <p>{[]What are the names of all the medications and drugs (he/she) {currently takes/was taking} {the seven days prior to and on the day of (his/her) {discharge/death}, that is from {date 7 days prior to discharge or death} through {date of discharge or death}/while in hospice}? Please include any standing, routine, or PRN medications.}}</p> <p>{Any other drugs?}</p>	Up to 25 medication codes _____	All Patients	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PH76A1_25	<i>For non-listed medications:</i> Specify medication	Other medications not listed-text description _____		PH76a_y = Other medication
PH77	SHOW CARD PH77 When this agency last provided care to {SP}, did (he/she) have any of these symptoms? READ IF NECESSARY: Before (his/her) death. PROBE: Any other symptoms?	Patient symptoms when care last provided 1 Difficulty breathing (Dyspnea) 2 End stage restlessness 3 Depression 4 Pain 5 Constipation 6 Anorexia 7 None of these	Discharged Hospice Patient	
PH78	SHOW CARD PH78 Which formal care or treatments did {SP} receive while in hospice care? PROBE: Any others on this card? [HELP SCREEN] ^{xxi}	Type(s) of formal care or treatment provided 1 IV therapy 2 Transfusion 3 Tube feeding (nasogastric/other enteral feedings) 4 Hypodermoclysis 5 Total parenteral nutrition (TPN) 6 Respiratory therapy 7 Radiation therapy 8 Chemotherapy 9 Palliative sedation 10 None of these	Discharged Hospice Patient	
PH79	SHOW CARD PH79 Which level of hospice care on this card was {SP} receiving at the time of his/her	Level of hospice care at discharge 1 Routine home care for patients receiving hospice services in their homes	Discharged Hospice Patient	

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	discharge?	2 Continuous home care provided 8 to 24 hours per day primarily by skilled hospice personnel 3 General inpatient care provided by skilled hospice staff 4 Inpatient respite care to relieve the primary caregiver		
PH80	According to {SP}'s medical record, does (his/her) current prognoses indicate a life expectancy of greater than 6 months, or 6 months or less? READ IF NECESSARY: Is (he/she) only receiving palliative, end of life, or terminal care instead of active or curative treatment? PROBE: For example, end stage renal disease?	Life expectancy of patient 0 Yes, life expectancy greater than 6 months 1 Yes, life expectancy 6 months or less 2 No, life expectancy not indicated but receiving palliative/end of life care 3 No, life expectancy not indicated and not receiving palliative/end of life care	Home Health Patient	
PH81	SHOW CARD PH81 During this agency's last visit to provide care to {SP}, did (he/she) have any of these symptoms? PROBE: Any other symptoms? [HELP SCREEN] ^{xxii}	Symptoms 1 Difficulty breathing (Dyspnea) 2 End state restlessness 3 Depression 4 Pain 5 Constipation 6 Anorexia 7 None of these		PH80 = 1, 2
PH82	SHOW CARD PH82 During this agency's last visit, which formal care or treatments was {SP} receiving?	Type(s) of formal care or treatment provided during last visit 1 IV therapy		PH80 = 1, 2

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	<p>IF NEEDED: Include formal care/treatments the patient obtained from ANY provider, not just what the agency provided.</p> <p>PROBE: Any others on this card?</p>	<p>2 Transfusion 3 Tube feeding (nasogastric/other enteral feedings) 4 Hypodermclysis 5 Total parenteral nutrition (TPN) 6 Respiratory therapy 7 Radiation therapy 8 Chemotherapy 9 Palliative sedation 10 None of these</p>		
Charges and Payments				
PA1	<p>What {is/was} the <u>primary source</u> of payment for {{SP}}’s home (health) care / {SP}’s hospice care)?</p> <p>IF PAYMENT NOT RECEIVED YET, ASK: What is the <u>expected</u> primary source of payment?</p>	<p>Primary source of payment</p> <p>1 Medicare 2 Medicaid 3 TRICARE (formally CHAMPUS) 4 Department of Veterans Affairs 5 CHAMPVA 6 Worker’s compensation 7 Other government 8 Private insurance 9 Long-term care insurance 10 Self-pay (patient/family) 11 No charge for care 12 Payment source not determined 91 Other (specify)</p>	All Patients	
PA1A	<p>Is the Medicare fee for service (traditional Medicare), managed care, or some other type of Medicare?</p>	<p>Type of Medicare</p> <p>1 Fee for service/traditional Medicare 2 Managed care</p>		PA1 = 1

Question number	Question item	Valid code categories	Patient asked	Skip pattern
		91 Other Medicare		
PA1B	<i>For Other Medicare:</i> Specify type of Medicare	Type of Medicare-text description _____		PA1A = 91
PA1C	Is the Medicaid fee for service (traditional Medicaid), managed care, or some other type of Medicaid?	Type of Medicaid 1 Fee for service/traditional Medicaid 2 Managed care 91 Other Medicaid		PA1 = 2
PA1D	<i>For Other Medicaid:</i> Specify type of Medicaid	Type of Medicaid-text description _____		PA1C = 91
PA1E	<i>For Other Government:</i> Specify other government type	Other Government source- text description _____		PA1 = 7
PA1F	Is the private insurance fee for service, managed care, or some other type of private insurance?	Type of private insurance 1 Fee for service 2 Managed care 91 Other private insurance		PA1 = 8
PA1G	<i>For Other private insurance:</i> Specify type of private insurance	Other private insurance- text description _____		PA1F = 91
PA1H	<i>For other payment source:</i> Specify other source of payment	Other payment source- text description _____		PA1 = 91
PA2	Is this because {SP} {does/did} not have health insurance, or the agency's services	Reason for self-pay 1 Patient did not have health insurance		PA1 = 10

Question number	Question item	Valid code categories	Patient asked	Skip pattern
	(he/she) received are not covered by insurance or some other reason?	2 Services not covered by insurance 91 Other (specify)		
PA2A	<i>Other reason for self-pay:</i> Specify reason for self-pay	Other reason for self-pay- text description _____		PA2 = 91
PA3	Besides {PA1 OR PA1F RESPONSE}, what {are/were} all other sources of payment for {{SP}'s home health care / {SP}'s hospice care? PROBE: Any other payment sources?	Other payment sources 1 Medicare 2 Medicaid 3 Tricare(formerly CHAMPUS) 4 Department of Veterans Affairs 5 CHAMPVA 6 Workers compensation 7 Other government 8 Private insurance 9 Long-term care insurance 10 Self-pay (patient/family) 11 No other payment sources 91 Other (specify)		PA1 ≠ 11 or 12
PA3A	Is the Medicare fee for service (traditional Medicare), managed care, or some other type of Medicare?	Type of Medicare 1 Fee for service/traditional Medicare 2 Managed care 91 Other Medicare		PA3 = 1
PA3B	<i>For Other Medicare:</i> Specify type of Medicare	Other Medicare-text description _____		PA3A = 91

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PA3C	Is the Medicaid fee for service (traditional Medicaid), managed care, or some other type of Medicaid?	Type of Medicaid 1 Fee for service/traditional Medicaid 2 Managed care 91 Other Medicaid		PA3 = 2
PA3D	<i>For Other Medicaid:</i> Specify type of Medicaid	Other Medicaid-text description _____		PA3C = 91
PA3E	<i>For other Government:</i> Specify other type of government	Other Government -text description _____		PA3 = 7
PA3F	Is the private insurance fee for service, managed care, or some other type of private insurance?	Type of private insurance 1 Fee for service 2 Managed care 91 Other private insurance		PA3 = 8
PA3G	<i>For other private insurance:</i> Specify type of private insurance	Other private insurance- text description _____		PA3F = 91
PA3H	<i>For other payment source:</i> Specify other source of payment	Other payment source- text description _____		PA3 =91
PA4	{Is/Was} the other source of payment "patient or family" because {SP} does not have health insurance, because the {agency's services/hospice services} received {are/were} not covered by insurance, or for some other reason?	Reason for self-pay 1 Patient did not have health insurance 2 Services not covered by insurance 91 Other (specify)		PA3 = 10

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PA4A	<i>For Other:</i> Specify reason for self-pay	Other reason for self-pay- text description _____		PA4 = 91
PA6	What was the <u>total amount</u> of the charges billed for {SP}'s {care received for the last complete billing period (or <u>since admission</u> if (he/she) has not been here for a complete billing period)/hospice care at {AGENCY}}? {IF NEEDED: This covers the time period from (his/her) admission on {ADMISSION DATE} to (his/her) discharge on {DISCHARGE DATE}.}	Total amount of charges _____		Home health patient and PA1 ≠ 3 or PA1A ≠ 1; Hospice discharge and length of hospice care < 1 year or HOSPICEDAYS not yet calculated.
PA7A	What was the beginning date of the time period covered by this amount?	Time period covered by this amount Beginning date Month _____		PA6 = dollar amount provided
PA7B	[What was the beginning date of the time period covered by this amount?]	Beginning date Day _____		PA7A = month
PA7C	[What was the beginning date of the time period covered by this amount?]	Beginning date Year _____		PA7A = month

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PA8A	What was the ending date of the time period covered by this amount?	Time period covered by this amount Ending date Month _____		PA6 = dollar amount provided
PA8B	[What was the ending date of the time period covered by this amount?]	Ending date Day _____		PA8A = month
PA8C	[What was the ending date of the time period covered by this amount?]	Ending date Year _____		PA8A = month
PA11	What was the <u>total amount</u> of the charges billed for {SP}'s hospice care at {AGENCY} for the 12 month period before (he/she) was discharged? That would include the time period from {DATE ONE YEAR BEFORE DISCHARGE from PS} to (his/her) discharge on {DISCHARGE DATE from PS}.	Total amount of charges _____	Discharged Hospice Patient	Total length of hospice care =1 year or more
PA14	Of the \${PA6/PA11} in/total} charges, how much did {PA1} pay? Include any amount {PA1} has already paid and additional payments you expect from {PA1}.	Dollar amount _____		PA1 = 1-10; PA6 ≠ 0; PA11 ≠ 0

Question number	Question item	Valid code categories	Patient asked	Skip pattern
PA14A	Based on {SP}'s current 60-day plan of care, what is the total {Medicare/TRICARE} PPS payment, that is the RAP plus the final payment, you expect to receive for this 60-day episode?	Dollar amount _____	Home Health Patient	PA1 = 3 or PA1A = 1

Help screens

- ⁱ PH14A - Served as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, Environmental Science Services Administration or National Oceanic and Atmospheric Administration, or its predecessor, the Coast and Geodetic Survey.
- ⁱⁱ PH24 – A living will is a written document that allows a person to state in advance his/her wishes regarding the use or removal of life-sustaining or death-delaying procedures in the event of illness or injury.
Do not resuscitate is a written order from a doctor that resuscitation should not be attempted if a person suffers cardiac or respiratory arrest. Such an order may be instituted on the basis of an advance directive from a person or from someone entitled to make decisions on his/her behalf, such as a health care proxy.
Comfort measures only refer to pain medications, nursing care and treatments for the purpose of providing comfort and relieving pain only, not for curative purposes.
A durable power of attorney is a written legal document by which an individual designates another person to act on his or her behalf. The power is durable in the sense that the authority endures in the event the individual becomes disabled or incapacitated.
A health care proxy is a legal document in which an individual designates another person to make health care decisions if he or she is rendered incapable of making his/her wishes known. The health care proxy has, in essence, the same rights to request or refuse treatment that the individual would have if capable of making and communicating decisions.
Organ donation is the removal of specific tissues of the human body from a person who has recently died, or from a living donor, for the purpose of transplanting them into other persons.
- ⁱⁱⁱ PH25 - Refers to the place or location {SP} was staying in when he/she was referred to home health or hospice care.
- ^{iv} PH25A - A skilled nursing facility provides short-term skilled nursing care on an inpatient basis, following hospitalization. These facilities provide the most intensive care available outside of a hospital. A rehabilitation facility is a facility that provides an organized program of medical and clinical treatment designed to maximize residual physical, perceptual, and cognitive abilities following disablement. Assisted living is a supportive housing facility designed for those who need extra help in their day-to-day lives but who do not require the 24-hour skilled nursing care found in traditional nursing homes.
- ^v PH30 – A Primary Caregiver is a person who helps the majority of time in caring for someone who is ill, disabled, or aged. Some caregivers are friends or relatives who volunteer their help. Some people provide caregiving services for a cost.
- ^{vi} PH36 a-o – Co-morbid conditions are other diseases or illnesses the patient has.
- ^{vii} PH41 – Healing status of pressure ulcers:
- Fully granulating:
 - wound bed filled with granulation tissue to the level of the surrounding skin or new epithelium
 - no dead space
 - no avascular tissue (eschar and/or slough)
 - no signs or symptoms of infection

-
- wound edges are open
 - Early/partial granulation:
 - ≥ 25% of the wound bed is covered with granulation tissue
 - there is minimal avascular tissue (eschar and/or slough) (i.e., <25% of the wound bed is covered with avascular tissue)
 - may have dead space
 - no signs or symptoms of infection
 - wound edges are open
 - Not healing
 - Wound with ≥ 25% avascular tissue (eschar and/or slough) or
 - Signs/symptoms of infection or
 - Clean but non-granulating wound bed or
 - Closed/hyperkeratotic wound edges or
 - Persistent failure to improve despite appropriate comprehensive wound management

^{viii} PH42 A – A person does not need assistance if they are able to get clothes and shoes out of closets and drawers, put them on and remove them (with or without dressing aids) without assistance.

^{ix} PH42 F – This refers only to the process of eating, chewing, and swallowing the food to be eaten, not preparing the food. If the patient had a feeding tube, code “yes.”

^x PH44 G – A person does not need assistance if they are able to prepare and take all prescribed oral medications with the proper dosages and at the correct times.

^{xi} PH50 – Do not include medical devices that were used only during a visit to a doctor’s office or other medical care setting.

^{xii} PH64 – Standing order for pain medication refers to a pain medication that is administered at regular intervals, 24/7. Examples include timed doses around the clock and a synchroed pump. PRN order for pain medication refers to taking pain medication periodically, only when the patient feels that he/she needs it.

^{xiii} PH66 - Telemedicine is the use of electronic communication and information technologies to provide or support clinical care at a distance.

^{xiv} PH67 – Homemaker services include assistance in personal care, maintenance of a safe and healthy environment and services to enable the individual to carry out the plan of care. Continuous home care is where the hospice provides a minimum of eight hours during a 24-hour day, which begins and ends at midnight. This care need not be continuous, i.e., four hours could be provided in the morning and another four hours in the evening, but care must reflect the needs of an individual in crisis (the period is which an individual requires continuous care for as much as 24 hours to achieve palliation or management of acute medical symptoms). The care must be predominantly nursing care provided by either a registered nurse (RN) or licensed practical nurse (LPN). In other words, at least half of the hours of care are provided by the RN or LPN. Homemaker or home health aide services may be provided to supplement the nursing care. Complementary and Alternative Medicine (CAM) is a diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. CAM

includes acupuncture, aromatherapy, art therapy, guided imagery/relaxation, hypnosis, massage, music therapy, pet therapy, reflexology, reiki, supportive group therapy, therapeutic touch, and TENS (transcutaneous electrical nerve stimulation).

Services received from the hospice agency, even if performed through a contractor on behalf of the agency, are considered the same as the hospice agency providing the services itself.

- ^{xv} PH68 – Referral Services provide information about services available from public and private providers. Interpreter Services refer to bilingual staff and/or health education materials that enable agency staff to provide health care to patients whose native language is not English.
- ^{xvi} PH70 – Referral/Resource Services provide information about services available from public and private providers. They may also order or arrange services but they do not provide the services directly. Safety training refers to when the hospice agency comes into a patient's home to evaluate real or potential threats to the health and safety of the patient and to make recommendations (e.g., remove throw rugs that can trip a patient who uses a walker) to reduce or eliminate those threats.
- ^{xvii} PH71 a-k – A visit is an episode of personal contact with the patient by staff of the HHA, or others under arrangements with the HHA, for the purpose of providing a covered home health service. One visit may be counted each time an HHA employee, or someone providing home health services under arrangements with the HHA, enters the patient's home and provides a covered service to a patient who meets the criteria. If the HHA furnishes services in an outpatient facility under arrangements with the facility, one visit may be counted for each type of services provided.
- If two individuals are needed to provide a service, two visits may be counted. If two individuals are present, but only one is needed to provide the care, only one visit may be counted.
- Example: (a) if an occupational therapist and an occupational therapist assistant visit the patient together to provide therapy and the therapist is there to supervise the assistant, one visit is counted; (b) if a nurse visits the patient in the morning to dress a wound and later must return to replace a catheter, two visits are counted; and (c) if the therapist visits the patient for treatment in the morning and the patient is later visited by the assistant for additional treatment, two are counted.
- ^{xviii} PH71 f – Skilled Nursing Visits refer to nursing care provided by or under the supervision of a registered nurse (RN).
- ^{xix} PH73 – Emergent Care refers to any urgent, unplanned medical care.
- ^{xx} PH74 – Cardiac problems refers to problems related to the heart. Hypoglycemia refers to a deficiency of sugar in the blood caused by too much insulin or too little glucose. Hyperglycemia refers to a higher than normal blood glucose level. GI bleeding is gastrointestinal bleeding from a source within the gastrointestinal tract such as an ulcer.
- ^{xxi} PH78 - IV Therapy: Includes hydration, pain pump. Respiratory Therapy: Includes oxygen (intermittent or continuous), ventilator (continually or at night), and continuous positive airway pressure received in one's home. Therefore, a respiratory therapist does not need to be there in order for the respondent to indicate that the patient received respiratory therapy. Palliative Sedation: Palliative sedation is the use of sedative medications to relieve extreme suffering by making the patient unaware and unconscious (as in a deep sleep) while the disease takes its course, eventually leading to death. The sedative medication is gradually increased until the patient is comfortable and able to relax. Palliative sedation is not intended to cause death or shorten life.

^{xxii} PH81 – Anorexia is diminished appetite or an aversion to food (distinct from anorexia nervosa).