

VITAL HEALTH STATISTICS

The National Nursing Home Survey

1985 Summary for the United States

Data collected in the 1985 National Nursing Home Survey are presented in 88 tables according to standard sets of descriptive variables. The tables are grouped into six categories: facility characteristics, registered nurse characteristics, current resident characteristics, resident characteristics by next of kin, discharge characteristics, and discharge characteristics by next of kin. Data are presented on utilization measures, available staff, cost of providing care, health and functional status of residents and discharges, and payment for care. Information usually not available from the nursing home on residents and discharges is available from the next of kin and is presented for the first time in this report. The 1985 National Nursing Home Survey covered all types of nursing homes in the conterminous United States.

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Contents

Introduction	1
Interpretation and source of data	1
Trend comparisons	2
Qualifications	2
Publication plans	2
References	3
List of detailed tables	4

Appendixes

I. Technical notes on methods	126
II. Definitions of certain terms used in this report	140
III. Survey instruments used in the 1985 National Nursing Home Survey	146

Symbols

---	Data not available
...	Category not applicable
—	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standards of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

The National Nursing Home Survey: 1985 Summary for the United States

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Introduction

Data presented in this report summarize data collected in the 1985 National Nursing Home Survey (NNHS). NNHS is a nationwide (excluding Alaska and Hawaii) sample survey of nursing and related care homes, their residents, their discharges, and their staff, conducted periodically by the National Center for Health Statistics. NNHS is based on a probability sample of nursing homes; it includes all types of nursing homes without regard to the level of care they provide, whether they participate in the Medicare or Medicaid program, or whether they are licensed. It does not include board and care homes. In addition, it excludes facilities identified as providing residential care. The 1985 NNHS, conducted between August 1985 and January 1986, is the third in a series of surveys designed to provide comprehensive information about people using this segment of long-term care and about the facilities in which they reside. The first survey in the series was conducted between August 1973 and April 1974; the second was conducted from May through December 1977. These three surveys were preceded by a series of surveys between 1963 and 1969, which were called the Resident Places Surveys. For convenience, the terms "nursing and related care homes," "nursing homes," and "facilities" are used interchangeably in this report.

Preliminary statistics about the facilities and their residents, discharges, and registered nurses (R.N.'s) have been published (NCHS, 1987a, 1987b, 1987c, and 1988a). This report presents final statistics about most of the data collected in the survey; other reports on a variety of topics will be published separately. This report integrates data from the various components into a single source document. The data are presented as follows: characteristics of facilities, such as information about Medicare and Medicaid certification, bed size, type of ownership, and per diem rates; characteristics of registered nurses who worked in nursing homes, including information about recruitment and retention; characteristics of residents; and characteristics of discharges. The current residents and discharges sections also include information collected in the next-of-kin component. Although cost and revenue data were collected in the survey, they are not being presented in this report because of the relatively low response rate (68 percent) to the questionnaire. However, cost and revenue data will be available on a public use tape through the National Technical Information Service. Information about the design

of the survey, definitions of terms, estimation procedures, and instruments used to collect the data are presented in appendixes I–III.

Interpretation and source of data

Data presented in this report summarize nursing home utilization from two perspectives: "snapshot" and "duration." The snapshot view summarizes utilization on any particular day in the data collection period August 1985 through January 1986; the duration view summarizes utilization during an entire year.

A basic knowledge of the design of the 1985 NNHS is essential to interpreting the summary data in relation to these two perspectives. (Detailed descriptions of sample design and data collection procedures are presented in appendix I.) The survey design was a stratified two-stage probability sample. The first stage was the selection of a sample of facilities, and the second stage was the selection of samples of residents, discharges, and R.N.'s. Data on the characteristics of the facility were collected by interviewing the administrator or a designee. Data on the sample of R.N.'s were collected by providing a questionnaire for the sampled person to complete and either return to the interviewer or mail to the data processing headquarters. Additional employee data were collected on the facility questionnaire for all categories of full- and part-time workers. Data for the sample of residents on the facility's roster the night before the day of the survey were collected by interviewing the nurse most familiar with the care provided to the resident. When responding, the nurse relied on medical records. Data for the sample of discharges during the year prior to the day of the survey were collected by interviewing the nurse most familiar with the relevant medical records. Additional information about both current and discharged residents was collected from a next of kin through a computer-assisted telephone interview. It was also possible for a resident who had been discharged to a residence to be interviewed in this part of the survey. Survey instruments used in the 1985 NNHS are presented in appendix III.

Differences in design, coverage, and reference periods produced both snapshot and duration data summaries. Estimates of the number and characteristics of facilities, residents, and R.N.'s are snapshot data and reflect the situation on

a given day during the August 1985 through January 1986 survey period. Estimates of the number and characteristics of discharges and measures of utilization (resident days, admissions, and occupancy rates) are duration data and reflect events over 1 year.

Several items of information will assist the reader in interpreting estimates on residents and discharges. The terms "residents" and "discharges" both characterize the same pool of patients receiving care in nursing homes, but measured at different stages in the care process; for residents it is while care is being given, and for discharges it is the complete episode of care. Therefore, data that seem identical at first glance may have different labels that reflect these differences in source, perspective, and reference period. Comparison of the resident and discharge definitions in appendix II will assist the reader in understanding these data.

Trend comparisons

To permit trend comparisons, the procedures, questions, and definitions in the 1985 survey were, to the extent feasible, the same as those for the 1973–74 and 1977 surveys. Reports based on data collected in these two earlier surveys have been published (NCHS, 1979 and 1985a). The 1985 and 1977 NNHS included all types of nursing homes; the 1973–74 survey excluded those nursing homes providing personal care without nursing or domiciliary care. Although special adjustments may not be necessary when making trend comparisons among 1985, 1977, and 1973–74 data, the analyst should be cognizant of the differences among the surveys. When

comparing estimates of numbers of employees, the analyst should also be cognizant that the 1973–74 survey covered all employees; the 1977 survey focused on those providing direct or health-related services; and, in the 1985 survey, total counts for employee categories were given by the facility's administrator.

Qualifications

To assist in interpreting these estimates, the reader is urged to review the three appendixes in this report. Appendix I presents information on survey design, data collection, and estimation procedures. Appendix II presents definitions of selected terms used in this report, and appendix III shows the survey instruments.

Because the estimates in this report are based on a sample of nursing homes, their residents, discharges, and R.N.'s rather than on a complete enumeration, they are subject to sampling errors. Therefore, particular attention should be paid to the section in appendix I entitled "Reliability of estimates" because it presents sampling errors.

Publication plans

This report presents a general summary of the data from the 1985 NNHS; future reports from the survey will concentrate on special topics. The planned areas of analysis include utilization, residents, discharges, and reasons for entering nursing homes.

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List of detailed tables

Facility characteristics

1. Number and percent distribution of nursing homes, beds, and current residents by selected facility characteristics: United States, 1985	7
2. Selected measures of nursing home utilization by selected facility characteristics: United States, 1985	8
3. Certification status of nursing homes by selected facility characteristics: United States, 1985	9
4. Number and percent distribution of nursing homes by selected facility characteristics, according to bed size: United States, 1985	10
5. Medicare and medicaid certified beds for 1985 and resident days for 1984, by selected nursing home characteristics: United States, 1985	11
6. Certification and ownership of nursing homes, by selected services to residents and nonresidents: United States, 1985	12
7. Full-time equivalent employees of nursing homes, by facility ownership, certification, and affiliation: United States, 1985	13
8. Rate per 100 beds for nursing home full-time equivalent employees, by facility ownership, certification, and affiliation: United States, 1985	14
9. Average per diem rates for private pay patients, by level of care of facility and for medicare or medicaid patients by certification status of facility; and by selected nursing home characteristics: United States, 1985	15

Registered nurse characteristics

10. Number of registered nurses in nursing homes by selected facility characteristics and employee age, sex, and race: United States, 1985	16
11. Number of registered nurses (R.N.'s) in nursing homes, by selected facility characteristics and employee highest educational preparation and years employed as R.N.: United States, 1985	17
12. Number and percent distribution of registered nurses (R.N.'s) by selected nursing home characteristics, according to R.N. employment status: United States, 1985	18
13. Number and percent distribution of registered nurses (R.N.'s) in nursing homes by selected employee characteristics, according to employment status: United States, 1985	19
14. Number and percent distribution of registered nurses on staff of nursing homes by selected demographic and em-	

ployment characteristics, according to type of position: United States, 1985	20
15. Percents and standard errors of employment factors related to the recruitment of registered nurses in nursing homes by importance: United States, 1985	21
16. Percents and standard errors of employment factors related to the retention of registered nurses in nursing homes by importance: United States, 1985	22

Current resident characteristics

17. Number and rate per 1,000 population of nursing home residents by race, sex, and age: United States, 1973-74, 1977, and 1985	23
18. Number of nursing home residents, percent distribution by length of stay since admission, and average and median length of stay, according to selected resident characteristics: United States, 1985	25
19. Average total monthly charge and number of nursing home residents by primary source of payment in month before interview and selected resident characteristics: United States, 1985	26
20. Number of nursing home residents by prior nursing home and hospital utilization, age, sex, and race: United States, 1985	28
21. Percent distribution of nursing home residents by prior nursing home and hospital utilization, according to age, sex, and race: United States, 1985	29
22. Number of nursing home residents, percent distribution by length of stay since admission, and average and median length of stay, according to prior nursing home and hospital utilization: United States, 1985	30
23. Number and percent distribution of nursing home residents by primary diagnosis at admission and at time of survey: United States, 1985	31
24. Number and percent distribution of nursing home residents by all-listed diagnosis at admission and at time of survey: United States, 1985	32
25. Number of nursing home residents by primary diagnosis at admission and dependency in activities of daily living: United States, 1985	33
26. Percent of nursing home residents by primary diagnosis at admission and dependency in activities of daily living: United States, 1985	34
27. Number of nursing home residents by selected functional statuses, age, sex, and race: United States, 1985	35

28. Percent distribution of nursing home residents by selected functional statuses, according to age, sex, and race: United States, 1985	37	interview and primary source of payment at admission: United States, 1985	55
29. Number of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and primary source of payment at admission: United States, 1985	39	46. Number of residents with nonmedicaid primary source of payment at admission, and percent shifting to medicaid in month before interview, by length of stay since admission: United States, 1985	55
30. Percent of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and primary source of payment at admission: United States, 1985	40	Resident characteristics as reported by next of kin	
31. Number of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and dependency in activities of daily living: United States, 1985	41	47. Number of nursing home residents by usual living arrangements prior to admission as reported by next of kin, age, sex, and race: United States, 1985	56
32. Percent of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and dependency in activities of daily living: United States, 1985	42	48. Percent distribution of nursing home residents by usual living arrangements prior to admission as reported by next of kin, according to age, sex, and race: United States, 1985	57
33. Number of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups, age, sex, race, and marital status at admission: United States, 1985	43	49. Number of nursing home residents by usual living arrangements prior to admission as reported by next of kin, marital status, and primary source of payment at admission: United States, 1985	58
34. Percent distribution of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups, according to age, sex, race, and marital status at admission: United States, 1985	44	50. Percent distribution of nursing home residents by usual living arrangements prior to admission as reported by next of kin, according to marital status and primary source of payment at admission: United States, 1985	59
35. Number of nursing home residents by mental status, age, sex, and race: United States, 1985	45	51. Number of nursing home residents by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1985	60
36. Percent of nursing home residents by mental status, age, sex, and race: United States, 1985	46	52. Percent of nursing home residents by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1985	61
37. Number of nursing home residents by mental status and dependency in activities of daily living: United States, 1985	47	53. Number of nursing home residents by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1985	62
38. Percent of nursing home residents by mental status and dependency in activities of daily living: United States, 1985	48	54. Percent of nursing home residents by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1985	63
39. Number of nursing home residents by selected mental and functional statuses and selected primary diagnoses at time of survey: United States, 1985	49	55. Number of nursing home residents by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1985	64
40. Percent of nursing home residents by selected mental and functional statuses and selected primary diagnoses at time of survey: United States, 1985	50	56. Percent of nursing home residents by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1985	65
41. Average and median age in years, and number of nursing home residents by selected nursing home characteristics, age, sex, and race: United States, 1985	51	57. Number of nursing home residents by selected functional statuses at admission as reported by next of kin, age, sex, and race: United States, 1985	66
42. Percent distribution of nursing home residents by age, sex, and race, according to selected nursing home characteristics: United States, 1985	52	58. Percent distribution of nursing home residents by selected functional statuses at admission as reported by next of kin, according to age, sex, and race: United States, 1985	67
43. Number of nursing home residents, percent distribution by length of stay since admission, and average and median length of stay, according to selected nursing home characteristics: United States, 1985	53	Discharge characteristics	
44. Average total monthly charge and number of nursing home residents by primary source of payment in month before interview, and selected nursing home characteristics: United States, 1985	54	59. Number of nursing home discharges by duration of stay, discharge status, and selected characteristics: United States, 1984-85	68
45. Number and percent distribution of nursing home residents by primary source of payment in month before in-			

60. Percent distribution of nursing home discharges by duration of stay, according to discharge status and selected characteristics: United States, 1984-85	71
61. Number of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85	74
62. Percent distribution of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85	77
63. Number and percent distribution of nursing home discharges by primary diagnosis at admission and primary diagnosis at discharge: United States, 1984-85	80
64. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to primary diagnosis at admission: United States, 1984-85	81
65. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to primary diagnosis at discharge: United States, 1984-85	83
66. Number of nursing home discharges and percent distribution by primary source of payment for admission month, according to discharge status and selected characteristics: United States, 1984-85	85
67. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to discharge status and selected characteristics: United States, 1984-85	88
68. Number of nursing home discharges and percent distribution by primary source of payment for month of discharge, according to discharge status, dependencies in mobility and continence, and partial index of dependency: United States, 1984-85	91
69. Number of live nursing home discharges, percent distribution by living arrangements after discharge, and average and median duration of stay, according to sex, living arrangements prior to admission, marital status, and age: United States, 1984-85	92
70. Average duration of stay of live nursing home discharges by living arrangements after discharge, sex, living arrangements prior to admission, and age at discharge: United States, 1984-85	95
71. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to sex, marital status and age at discharge, and primary source of payment for admission month: United States, 1984-85	98
72. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to duration of stay and primary source of payment for admission month: United States, 1984-85	100
73. Number and percent distribution of nursing home discharges by duration of stay, according to selected facility characteristics: United States, 1984-85	101
74. Number of nursing home discharges and percent distribution by age and marital status, according to discharge status and facility characteristics: United States, 1984-85	104

75. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to sex, age, and other stays in nursing homes and hospitals: United States, 1984-85	107
76. Number of nursing home discharges and percent distribution by dependencies in mobility and continence and partial index of dependency, according to discharge status and selected facility characteristics: United States, 1984-85	110

Discharge characteristics as reported by next of kin

77. Number of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, age, sex, and race: United States, 1984-85	113
78. Percent distribution of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, according to age, sex, and race: United States, 1984-85	114
79. Number of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, marital status, and primary source of payment at admission: United States, 1984-85	115
80. Percent distribution of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, according to marital status and primary source of payment at admission: United States, 1984-85	116
81. Number of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1984-85	117
82. Percent of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1984-85	118
83. Number of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1984-85	119
84. Percent of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1984-85	120
85. Number of nursing home discharges by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1984-85	121
86. Percent of nursing home discharges by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1984-85	122
87. Number of nursing home discharges by selected functional statuses at admission as reported by next of kin, age, sex, and race: United States, 1984-85	123
88. Percent distribution of nursing home discharges by selected functional statuses at admission as reported by next of kin, according to age, sex, and race: United States, 1984-85	124

Table 1. Number and percent distribution of nursing homes, beds, and current residents by selected facility characteristics: United States, 1985

Facility characteristic	Nursing homes		Beds		Current residents	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All facilities.....	19,100	100.0	1,624,200	100.0	1,491,400	100.0
Ownership						
Proprietary.....	14,300	75.0	1,121,500	69.1	1,023,900	68.7
Voluntary nonprofit.....	3,800	19.7	370,700	22.8	341,500	22.9
Government.....	1,000	5.3	131,900	8.1	126,000	8.4
Certification						
Skilled nursing facility only.....	3,500	18.3	307,900	19.0	275,300	18.5
Medicare and medicaid.....	2,200	11.6	226,100	13.9	202,400	13.6
Medicare.....	800	4.3	43,800	2.7	37,400	2.5
Medicaid.....	*	*	38,000	2.3	35,500	2.4
Skilled nursing facility(SNF) and intermediate care facility(ICF).....	5,700	29.7	724,000	44.6	674,700	45.2
Medicare SNF, and medicaid SNF and ICF.....	3,900	20.7	537,300	33.1	497,400	33.4
Medicaid SNF and ICF.....	1,700	8.7	180,700	11.1	171,700	11.5
Medicare SNF and medicaid ICF.....	*	*	*	*	*	*
Intermediate care facility only.....	5,300	27.6	409,400	25.2	371,400	24.9
Not certified.....	4,700	24.4	182,900	11.3	170,000	11.4
Bed size						
Less than 50 beds.....	6,300	33.2	151,100	9.3	133,400	8.9
50-99 beds.....	6,200	32.5	444,300	27.4	412,100	27.6
100-199 beds.....	5,400	28.1	702,100	43.2	644,700	43.2
200 beds or more.....	1,200	6.2	326,700	20.1	301,300	20.2
Census region						
Northeast.....	4,400	23.1	371,100	22.8	352,100	23.6
Midwest.....	5,600	29.2	531,700	32.7	484,200	32.5
South.....	6,100	32.2	488,300	30.1	438,300	29.4
West.....	3,000	15.6	233,100	14.4	216,800	14.5
Standard Federal Administrative Region						
Region I.....	1,400	7.3	97,400	6.0	94,200	6.3
Region II.....	1,900	9.8	190,900	11.8	185,000	12.4
Region III.....	1,900	9.7	139,700	8.6	122,400	8.2
Region IV.....	3,400	17.9	230,500	14.2	217,900	14.6
Region V.....	3,300	17.4	363,600	22.4	335,000	22.5
Region VI.....	2,000	10.7	206,200	12.7	176,100	11.8
Region VII.....	1,900	10.0	145,600	9.0	127,000	8.5
Region VIII.....	700	3.8	53,300	3.3	50,800	3.4
Region IX.....	1,800	9.3	133,500	8.2	125,400	8.4
Region X.....	800	4.0	63,300	3.9	57,800	3.9
Metropolitan statistical area (MSA)						
MSA.....	11,600	60.6	1,107,400	68.2	1,014,700	68.0
Not MSA.....	7,500	39.4	516,800	31.8	476,800	32.0
Affiliation						
Chain.....	7,900	41.3	800,000	49.3	725,500	48.6
Independent.....	10,000	52.6	680,700	41.9	629,700	42.2
Government.....	1,000	5.3	131,900	8.1	126,000	8.4
Unknown.....	*	*	*	*	10,200	0.7

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

Table 2. Selected measures of nursing home utilization, by selected facility characteristics: United States, 1985

Facility characteristic	Number of resident days	Annual occupancy rate	Admissions		Discharges					
			Number	Rate per 100 beds	All discharges		Live		Dead	
					Number	Rate per 100 beds	Number	Rate per 100 beds	Number	Rate per 100 beds
All facilities.....	540,837,600	91.6	1,299,200	80.5	1,223,500	75.3	877,400	54.0	343,800	21.2
Ownership										
Proprietary.....	375,014,400	91.7	964,500	86.3	901,200	80.4	660,200	58.9	239,600	21.4
Voluntary nonprofit.....	121,447,200	91.0	250,000	68.6	235,900	63.6	157,300	42.4	77,400	20.9
Government.....	44,376,000	91.7	84,800	64.1	86,500	65.6	59,800	45.3	20,700	20.2
Certification										
Skilled nursing facility only.....										
Medicare and Medicaid.....	107,308,000	95.6	335,400	109.4	333,000	108.3	250,200	81.3	83,000	27.0
Medicare.....	80,465,200	97.7	252,500	112.3	255,500	113.0	191,300	84.6	63,800	28.2
Medicaid.....	13,440,200	83.7	51,900	118.2	48,400	110.5	37,100	84.7	11,300	25.8
Medicaid.....	13,402,600	96.8	30,900	81.8	29,800	78.4	21,800	57.4	7,900	20.8
Skilled nursing facility (SNF) and intermediate care facility (ICF).....										
Medicare SNF, and Medicaid SNF and ICF.....	236,348,200	90.1	643,400	89.8	583,700	80.6	404,700	55.9	178,200	24.6
Medicaid SNF and ICF.....	175,306,700	89.7	522,400	97.9	471,500	87.8	330,700	61.5	140,500	26.1
Medicaid SNF and ICF.....	59,211,200	91.4	113,000	63.8	107,400	59.4	70,000	39.3	35,900	19.9
Medicare SNF and Medicaid ICF.....	*	*	*	*	4,800	80.0	*	*	*	*
Intermediate care facility only.....										
Not certified.....	141,816,300	94.9	246,300	60.4	224,200	54.8	157,900	38.6	65,100	15.9
Not certified.....	55,365,100	83.0	74,000	40.6	73,700	40.3	58,200	31.8	15,500	8.5
Bed size										
Less than 50 beds....	51,724,600	94.1	117,600	78.3	112,300	74.3	85,800	56.8	26,400	17.5
50-99 beds.....	151,029,900	93.0	337,400	76.1	328,500	73.9	235,200	52.9	92,700	20.9
100-199 beds.....	228,649,600	90.0	611,100	88.0	555,100	79.1	397,000	56.5	156,400	22.3
200 beds or more....	109,433,500	91.8	233,000	71.5	227,700	69.7	159,300	48.8	68,200	20.9
Census region										
Northeast.....	126,054,600	92.8	247,800	66.8	236,300	63.7	163,800	44.1	71,900	19.4
Midwest.....	176,581,500	91.1	407,600	77.0	383,500	72.1	271,800	51.1	111,400	21.0
South.....	160,316,200	90.9	377,600	78.4	346,100	70.9	244,600	50.1	100,100	20.5
West.....	77,885,300	92.0	266,300	115.1	257,600	110.5	197,300	84.6	60,300	25.9
Standard Federal Administrative Region										
Region I.....	33,988,900	95.3	60,500	62.1	58,100	59.7	33,000	33.9	24,900	25.6
Region II.....	63,756,600	91.2	115,400	60.5	122,800	64.3	97,200	50.9	25,300	13.3
Region III.....	46,393,400	90.7	119,200	85.3	93,500	66.9	58,600	41.9	34,100	24.4
Region IV.....	74,292,500	88.3	195,800	85.2	193,900	84.1	135,200	58.7	58,400	25.3
Region V.....	119,725,800	90.6	296,500	82.1	285,700	78.6	205,600	56.5	79,800	21.9
Region VI.....	69,707,000	94.9	141,800	70.6	121,900	59.1	89,000	43.2	32,600	15.8
Region VII.....	48,842,600	91.7	99,800	68.6	86,800	59.6	60,200	41.3	26,600	18.3
Region VIII.....	17,925,000	92.6	37,200	70.3	35,700	67.0	20,300	38.1	15,300	28.7
Region IX.....	45,737,400	94.6	163,500	123.7	157,500	118.0	126,600	94.8	30,900	23.1
Region X.....	20,468,400	88.3	69,400	109.5	67,700	107.0	51,700	81.7	15,900	25.1
Metropolitan statistical area (MSA)										
MSA.....	369,352,300	92.0	929,300	84.7	873,300	78.9	632,300	57.1	239,900	21.7
Not MSA.....	171,485,200	90.8	369,900	71.7	350,300	67.8	245,100	47.4	103,900	20.1
Affiliation										
Chain.....	261,750,100	90.2	698,700	88.1	647,200	80.9	463,300	57.9	182,200	22.8
Independent.....	231,472,800	93.4	505,600	74.7	479,600	70.5	345,400	50.7	133,600	19.6
Government.....	44,376,000	91.7	84,800	64.1	86,500	65.6	59,800	45.3	26,700	20.2
Unknown.....	3,238,700	76.3	*	*	10,200	87.9	8,800	75.9	*	*

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

Table 3. Certification status of nursing homes by selected facility characteristics: United States, 1985

Facility characteristic	Total		Certified facilities						Facilities not certified	
	Homes	Beds	Skilled nursing facility only		Skilled nursing facility and intermediate care facility		Intermediate care facility only		Homes	Beds
			Homes	Beds	Homes	Beds	Homes	Beds		
All facilities.....	19,100	1,624,200	3,500	307,900	5,700	724,000	5,300	409,400	4,700	182,900
Ownership										
Proprietary.....	14,300	1,121,500	2,800	235,800	3,900	470,200	3,800	295,600	3,800	119,800
Voluntary nonprofit.....	3,800	370,700	*	47,400	1,400	187,900	1,100	87,700	700	47,700
Government.....	1,000	131,900	*	24,600	*	65,900	*	26,000	*	15,400
Bed size										
Less than 50 beds...	6,300	151,100	1,100	27,600	*	15,000	1,400	47,100	3,400	61,400
50-99 beds.....	6,200	444,300	1,300	96,900	1,700	126,900	2,300	158,800	900	61,700
100-199 beds.....	5,400	702,100	900	112,200	2,900	389,900	1,400	166,800	*	33,300
200 beds or more....	1,200	326,700	*	71,200	700	192,200	*	36,800	*	26,600
Census region										
Northeast.....	4,400	371,100	1,300	100,100	1,200	173,200	700	36,500	1,300	61,300
Midwest.....	5,600	531,700	600	55,300	2,200	288,200	2,000	148,600	700	39,600
South.....	6,100	488,300	*	38,100	1,600	194,800	2,200	201,900	2,000	53,400
West.....	3,000	233,100	1,200	114,300	700	67,800	*	22,300	600	28,600
Standard Federal Administrative Region										
Region I.....	1,400	97,400	*	27,800	*	41,700	*	23,600	*	*
Region II.....	1,900	190,900	700	67,800	*	67,800	*	*	600	47,000
Region III.....	1,900	139,700	*	*	600	88,700	*	26,000	800	18,000
Region IV.....	3,400	230,500	*	23,400	1,100	131,900	*	36,300	1,600	39,000
Region V.....	3,300	363,600	*	42,600	1,700	225,100	1,100	81,100	*	14,800
Region VI.....	2,000	206,200	*	12,200	*	39,400	1,500	148,300	*	*
Region VII.....	1,900	145,600	*	*	*	54,500	800	60,100	*	22,800
Region VIII.....	700	53,300	*	13,000	*	28,500	*	*	*	*
Region IX.....	1,800	133,500	1,000	97,800	*	*	*	*	*	19,800
Region X.....	800	63,300	*	*	*	33,700	*	*	*	*
Metropolitan statistical area (MSA)										
MSA.....	11,600	1,107,400	2,800	260,800	3,600	503,500	2,300	204,500	2,900	138,600
Not MSA.....	7,500	516,800	700	47,100	2,100	220,500	3,000	204,900	1,800	44,300
Affiliation										
Chain.....	7,900	800,000	1,300	142,900	3,200	384,400	2,900	234,200	*	38,500
Independent.....	10,000	680,700	2,000	140,400	2,100	266,800	1,900	144,500	4,000	129,000
Government.....	1,000	131,900	*	24,600	*	65,900	*	26,000	*	15,400
Unknown.....	*	*	-	-	*	*	*	*	-	-

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

Table 4. Number and percent distribution of nursing homes by selected facility characteristics, according to bed size: United States, 1985

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.....	19,100	100.0	6,300	100.0	6,200	100.0	5,400	100.0	1,200	100.0
Ownership										
Proprietary.....	14,300	74.9	5,200	82.5	4,400	71.0	4,100	75.9	600	50.0
Voluntary nonprofit.....	3,800	19.9	900	14.3	1,400	22.6	1,000	18.5	*	*
Government.....	1,000	5.2	*	*	*	*	*	*	*	*
Certification										
Skilled nursing facility only.....	3,500	18.3	1,100	17.5	1,300	21.0	900	16.7	*	*
Skilled nursing facility and intermediate care facility.....	5,700	29.8	*	*	1,700	27.4	2,900	53.7	700	58.3
Intermediate care facility only.....	5,300	27.7	1,400	22.2	2,300	37.1	1,400	25.9	*	*
Not certified.....	4,700	24.6	3,400	54.0	900	14.5	*	*	*	*
Census region										
Northeast.....	4,400	23.0	2,000	31.7	1,000	16.1	1,000	18.5	*	*
Midwest.....	5,600	29.3	1,100	17.5	2,300	37.1	1,700	31.5	*	*
South.....	6,100	31.9	2,000	31.7	1,900	30.6	2,000	37.0	*	*
West.....	3,000	15.7	1,200	19.0	1,000	16.1	700	13.0	*	*
Standard Federal Administrative Region										
Region I.....	1,400	7.3	700	11.1	*	*	*	*	*	*
Region II.....	1,900	9.9	700	11.1	*	*	*	*	*	*
Region III.....	1,900	9.9	900	14.3	*	*	*	*	*	*
Region IV.....	3,400	17.8	1,600	25.4	900	14.5	800	14.8	*	*
Region V.....	3,300	17.3	*	*	1,300	21.0	1,200	22.2	*	*
Region VI.....	2,000	10.5	*	*	800	12.9	900	16.7	*	*
Region VII.....	1,900	9.9	600	9.5	800	12.9	*	*	*	*
Region VIII.....	700	3.7	*	*	*	*	*	*	*	*
Region IX.....	1,800	9.4	800	12.7	600	9.7	*	*	*	*
Region X.....	800	4.2	*	*	*	*	*	*	*	*
Metropolitan statistical area (MSA)										
MSA.....	11,600	60.7	3,600	57.1	3,300	53.2	3,600	66.7	1,100	91.7
Not MSA.....	7,500	39.3	2,700	42.9	2,900	46.8	1,700	31.5	*	*
Affiliation										
Chain.....	7,900	41.4	1,000	15.9	3,100	50.0	3,400	63.0	*	*
Independent.....	10,000	52.4	5,000	79.4	2,700	43.5	1,700	31.5	600	50.0
Government.....	1,000	5.2	*	*	*	*	*	*	*	*
Unknown.....	*	*	*	*	*	*	*	*	*	*

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

Table 5. Medicare and medicaid certified beds for 1985 and resident days for 1984, by selected nursing home characteristics: United States, 1985

Facility characteristic	Certified facilities					
	Medicare skilled		Medicaid skilled		Medicaid intermediate care	
	Certified beds for 1985 1/	Resident days for 1984	Certified beds for 1985 1/	Resident day for 1984	Certified beds for 1985 1/	Resident days for 1984
All facilities.....	425,300	13,372,200	752,300	116,033,800	917,800	210,274,400
Ownership						
Proprietary.....	277,700	8,755,600	526,100	79,440,100	637,700	151,030,000
Voluntary nonprofit.....	108,900	3,863,800	162,500	24,074,400	204,300	41,564,600
Government.....	38,700	*	63,700	12,519,300	75,800	17,679,800
Certification-						
Skilled nursing facility only.....	178,200	6,513,500	244,900	54,328,800	...	...
Skilled nursing facility and intermediate care facility.....	247,100	6,756,400	507,400	61,601,800	520,600	99,106,600
Intermediate care facility only.....	...	...	...	...	397,200	105,167,100
Bed size						
Less than 50 beds.....	18,800	1,252,600	23,900	2,977,200	61,400	15,330,300
50-99 beds.....	105,600	*	181,800	*	256,500	61,726,800
100-199 beds.....	191,500	5,341,600	367,300	54,620,100	435,800	97,032,700
200 beds or more.....	109,500	3,492,900	179,200	35,393,400	164,100	36,184,600
Census region						
Northeast.....	154,600	3,856,200	179,100	36,559,700	141,500	39,175,500
Midwest.....	107,900	2,934,800	257,600	33,855,300	354,200	70,160,700
South.....	83,800	*	158,600	16,447,100	348,500	88,027,800
West.....	79,000	*	156,900	29,171,700	73,600	12,910,400
Standard Federal Administrative Region						
Region I.....	33,400	901,600	42,100	9,727,100	44,500	12,737,900
Region II.....	97,700	*	105,200	23,435,500	48,400	12,571,500
Region III.....	39,200	*	49,000	4,408,100	89,900	23,780,500
Region IV.....	60,400	*	110,800	11,238,700	138,700	31,755,900
Region V.....	90,200	*	209,000	29,167,200	244,700	47,871,300
Region VI.....	7,800	*	30,700	4,197,500	173,700	47,581,500
Region VII.....	*	*	35,500	3,002,200	94,200	19,332,600
Region VIII.....	*	*	34,200	3,669,300	30,600	7,400,100
Region IX.....	*	*	102,400	22,500,000	7,200	1,846,400
Region X.....	8,000	*	33,200	4,688,300	*	*
Metropolitan statistical area (MSA)						
MSA.....	*	*	549,500	90,358,300	546,500	127,003,600
Not MSA.....	81,800	1,795,000	202,800	25,675,500	371,300	83,270,700
Affiliation						
Chain.....	185,000	*	392,200	56,746,700	503,000	114,628,700
Independent.....	200,500	5,289,900	289,400	46,234,100	327,300	76,067,300
Government.....	38,700	752,800	63,700	12,519,300	75,800	17,679,800
Unknown.....	1,200	*	7,000	533,700	11,700	1,898,700

1/ The sum of certified beds exceeds the total number of beds because some of the beds may have dual certification.

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

Table 6. Certification and ownership of nursing homes, by selected services to residents and nonresidents: United States, 1985

Services	All nursing homes	Certification				Ownership		
		Skilled nursing facility only	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified	Proprietary	Voluntary nonprofit	Government
Total	19,100	3,500	5,700	5,300	4,700	14,300	3,800	1,000
Services to residents								
Medical services.....	16,500	3,000	5,600	4,800	3,200	12,400	3,200	1,000
Other medical services.....	16,200	3,100	5,500	4,600	3,000	12,100	3,200	900
Nursing services.....	16,200	2,900	5,700	5,200	2,400	11,800	3,400	1,000
Mental health services.....	12,900	2,300	4,500	3,500	2,600	9,700	2,400	800
Physical therapy.....	14,500	3,000	5,400	4,300	1,800	10,700	3,600	800
Speech therapy.....	13,000	2,900	5,100	3,700	1,400	9,700	2,600	800
Occupational therapy.....	10,600	2,600	4,000	2,700	1,300	8,000	2,000	600
Special education.....	2,300	600	800	*	*	1,900	*	*
Personal care.....	18,800	3,500	5,600	5,200	4,600	14,100	3,700	1,000
Social services.....	17,300	3,200	5,600	5,000	3,500	12,700	3,600	1,000
Nutrition services.....	16,000	3,000	5,400	5,000	2,600	12,000	3,100	900
Hospice services.....	5,400	1,100	1,800	1,300	1,200	3,900	1,200	*
Sheltered employment.....	2,400	*	700	600	700	1,900	*	*
Vocational rehabilitation.....	2,700	700	800	*	700	2,100	*	*
Transportation.....	16,600	2,900	4,700	4,500	4,500	12,200	3,400	900
Prescribed or nonprescribed medicines.....	17,700	3,400	5,600	4,700	4,000	13,300	3,400	1,000
Equipment or devices.....	17,000	3,100	5,600	5,200	3,100	12,500	3,400	1,000
Other.....	6,300	1,200	2,400	1,600	1,000	3,900	1,900	*
Services to nonresidents								
Day care.....	900	*	*	*	*	*	*	*
Physical therapy.....	1,200	*	800	*	*	700	*	*
Social services.....	1,100	*	*	*	*	600	*	*
Other.....	1,700	*	800	600	*	900	700	200

NOTE: Figures may not add to totals because multiple responses were permitted.

Table 7. Full-time equivalent employees of nursing homes, by facility ownership, certification, and affiliation: United States, 1985

Occupational category 1/	Total	Ownership		Certification			Affiliation	
		Proprietary	Voluntary nonprofit and government	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified	Chain	Not chain
All full-time equivalent employees 2/.....	793,600	516,700	276,900	554,900	180,500	58,200	384,100	409,500
Administrative and medical staff								
Administrator or assistant administrator.....	25,600	19,100	6,500	12,200	6,500	6,900	9,500	16,100
Physician, resident, and intern 3/.....	2,500	*	1,600	2,000	*	*	*	1,800
Dietician or nutritionist.....	7,000	4,500	2,500	4,800	1,600	*	3,500	3,600
Registered medical record administrator.....	2,600	1,700	*	2,200	*	*	*	*
Other health personnel 4/.....	18,200	7,800	10,400	14,400	2,600	*	7,000	11,200
Therapeutic staff								
Registered physical therapist.....	2,900	*	*	2,600	*	*	1,400	*
Activities director.....	19,200	13,700	5,500	11,600	5,600	2,000	9,600	9,600
Social worker.....	10,300	6,000	4,200	7,200	2,400	*	4,800	5,500
Other therapeutic staff 5/.....	2,200	*	*	2,000	*	*	*	*
Nursing staff								
Registered nurse....	83,300	48,600	34,700	67,400	11,000	4,900	36,500	46,800
Licensed practical nurse.....	120,000	80,100	39,800	83,200	30,500	6,300	60,900	59,000
Nurse's aide and orderly.....	501,000	332,300	168,700	346,200	119,300	35,500	248,400	252,600

1/ Includes only employees providing direct health-related services to residents.
 2/ 35 hours of part-time employees' work is considered equivalent to 1 full-time employee. Part-time employees were converted to full-time equivalent employees by dividing the number of hours worked per week by 35.
 3/ Includes medical doctor and doctor of osteopathy.
 4/ Includes dentist, pharmacist, psychologist, x ray technician, and others.
 5/ Includes registered occupational therapist, radiological service personnel, and speech pathologist and/or audiologist.

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

Table 8. Rate per 100 beds for nursing home full-time equivalent employees, by facility ownership, certification, and affiliation: United States, 1985

Occupational category 1/	Total	Ownership		Certification			Affiliation	
		Proprietary	Voluntary nonprofit and government	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified	Chain	Not chain
All full-time equivalent employees 2/.....	48.9	46.1	55.1	53.8	44.1	31.8	48.0	49.7
Administrative and medical staff								
Administrator or assistant administrator.....	1.6	1.7	1.3	1.2	1.6	3.8	1.2	1.9
Physician, resident, and intern 3/.....	.2	*	.3	.2	*	*	*	.2
Dietician or nutritionist.....	.4	.4	.5	.5	.4	*	.4	.4
Registered medical record administrator.....	.2	.2	*	.2	*	*	*	*
Other health personnel 4/.....	1.1	.7	2.1	1.4	.6	*	.9	1.4
Therapeutic staff								
Registered physical therapist.....	.2	*	*	.2	*	*	.2	*
Activities director.....	1.2	1.2	1.1	1.1	1.4	1.1	1.2	1.2
Social worker.....	.6	.5	.8	.7	.6	*	.6	.7
Other therapeutic staff 5/.....	.1	*	*	.2	*	*	*	*
Nursing staff								
Registered nurse....	5.1	4.3	6.9	6.5	2.7	2.7	4.6	5.7
Licensed practical nurse.....	7.4	7.1	7.9	8.1	7.4	3.4	7.6	7.2
Nurse's aide and orderly.....	30.8	29.6	33.6	33.5	29.2	19.4	31.0	30.6

1/ Includes only employees providing direct health-related services to residents.
 2/ 35 hours of part-time employees' work is considered equivalent to 1 full-time employee. Part-time employees were converted to full-time equivalent employees by dividing the number of hours worked per week by 35.

3/ Includes medical doctor and doctor of osteopathy.

4/ Includes dentist, pharmacist, psychologist, x ray technician, and others.

5/ Includes registered occupational therapist, radiological service personnel, and speech pathologist and/or audiologist.

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

Table 9. Average per diem rates for private pay patients, by level of care of facility and for medicare or medicaid patients by certification status of facility; and by selected nursing home characteristics: United States, 1985

Facility characteristic	Level of care			Certification status		
	Skilled	Intermediate	Residential	Medicare	Medicaid skilled	Medicaid intermediate
Total.....	\$61.01	\$48.09	\$30.71	\$62.02	\$49.93	\$39.57
Ownership						
Proprietary.....	58.67	47.28	28.69	60.76	47.54	38.58
Voluntary nonprofit.....	66.37	50.57	35.82	63.97	55.18	41.88
Government.....	68.27	48.25	41.51	71.64	57.87	42.50
Certification						
Skilled nursing facility only.....	69.71	60.97	33.43	61.55	55.10	*
Medicare and medicaid.....	72.79	62.70	34.81	71.39	56.30	*
Medicare.....	69.11	69.00	31.19	39.64	...	...
Medicaid.....	58.30	47.38	39.49	...	50.45	...
Skilled nursing facility(SNF) and intermediate care facility(ICF).....	59.70	53.88	47.37	62.64	47.82	42.64
Medicare SNF, and medicaid SNF and ICF.....	62.87	55.99	50.61	62.87	50.16	43.70
Medicaid SNF and ICF.....	51.68	48.68	39.63	*	42.26	40.48
Medicare SNF and medicaid ICF.....	*	56.34	*	*	...	33.15
Intermediate care facility only.....	41.09	41.74	30.40	*	...	36.29
Not certified.....	46.75	38.85	22.62	...	...	...
Bed size						
Less than 50 beds.....	51.40	42.98	23.51	39.77	45.46	41.86
50-99 beds.....	58.44	45.53	35.23	63.27	48.88	37.45
100-199 beds.....	61.61	51.13	43.25	65.29	49.14	39.87
200 beds or more.....	75.50	58.87	43.55	71.66	59.50	43.44
Census region						
Northeast.....	79.85	63.33	29.73	58.24	63.93	48.87
Midwest.....	57.06	46.01	35.84	63.89	47.70	38.33
South.....	53.19	43.83	29.63	58.13	42.95	35.47
West.....	58.22	47.44	28.52	68.41	46.49	43.02
Standard Federal Administrative Region						
Region I.....	76.54	61.70	*	49.57	56.67	50.31
Region II.....	89.80	67.82	30.54	59.45	75.04	50.91
Region III.....	65.69	57.43	26.67	66.25	53.53	44.44
Region IV.....	53.00	47.29	27.67	57.51	42.27	37.36
Region V.....	58.77	49.81	46.39	61.81	48.52	41.24
Region VI.....	50.84	38.99	36.08	56.24	41.16	32.13
Region VII.....	53.77	39.63	23.89	74.93	47.65	33.19
Region VIII.....	49.76	43.20	33.01	53.70	37.17	38.84
Region IX.....	59.79	*	20.83	69.66	48.75	39.75
Region X.....	58.17	50.76	40.88	70.99	48.00	43.35
Metropolitan statistical area (MSA)						
MSA.....	64.57	51.43	31.95	63.50	52.67	41.24
Not MSA.....	53.13	43.88	28.98	57.90	43.98	37.60
Affiliation						
Chain.....	58.71	48.71	40.78	64.07	46.47	38.76
Independent.....	62.93	47.31	26.79	58.01	53.47	40.32
Government.....	68.27	48.25	41.51	71.64	57.87	42.50
Unknown.....	*	44.87	*	*	*	39.54

Table 10. Number of registered nurses in nursing homes by selected facility characteristics and employee age, sex, and race: United States, 1985

Facility characteristic	All persons	Age				Sex		Race		
		Under 35 years	35-44 years	45-54 years	55 years or over	Female	Male	White(not Hispanic)	Black(not Hispanic)	Hispanic and other
Total 1/.....	103,100	23,300	26,400	27,600	25,800	101,000	2,100	91,600	4,700	6,700
Ownership										
Proprietary.....	59,100	14,300	15,600	15,500	13,600	57,800	1,400	53,300	2,200	3,700
Voluntary nonprofit.....	32,000	6,900	7,200	8,900	9,000	31,400	*	28,600	2,300	1,100
Government.....	12,000	2,100	3,600	3,200	3,200	11,800	*	9,800	*	1,900
Certification										
Skilled nursing facility only.....	25,100	5,000	7,200	6,200	6,800	24,500	*	20,300	1,800	3,100
Skilled nursing facility and intermediate care facility.....	57,000	13,700	14,600	15,800	12,900	55,900	1,100	51,700	2,300	3,000
Intermediate care facility only.....	14,800	3,900	3,300	3,700	3,800	14,500	*	14,100	*	*
Not certified.....	6,200	700	1,300	1,900	2,300	6,000	*	5,500	*	*
Bed size										
Less than 50 beds....	7,500	2,000	900	1,600	3,000	7,500	*	7,300	*	*
50-99 beds.....	27,400	5,300	7,000	8,200	6,900	27,000	*	25,300	800	1,300
100-199 beds.....	42,900	10,500	11,300	10,800	10,300	41,800	1,000	38,800	1,700	2,300
200 beds or more....	25,200	5,600	7,100	6,900	5,700	24,700	*	20,200	2,000	3,000
Census region										
Northeast.....	32,600	6,400	9,700	8,600	7,900	31,800	900	28,200	2,700	1,700
Midwest.....	35,300	9,300	9,500	8,800	7,700	34,700	*	33,000	*	1,900
South.....	18,100	4,200	3,700	5,600	4,600	17,600	*	16,100	900	1,000
West.....	17,100	3,400	3,500	4,600	5,600	16,900	*	14,400	*	2,100
Standard Federal Administrative Region										
Region I.....	10,000	2,300	3,000	2,500	2,200	9,800	*	9,700	*	*
Region II.....	15,500	3,200	4,800	3,600	3,800	14,900	*	11,800	2,200	1,500
Region III.....	11,000	1,600	3,000	3,900	2,500	10,800	*	10,000	*	*
Region IV.....	11,300	2,600	2,000	3,500	3,200	11,100	*	10,200	*	*
Region V.....	26,500	6,400	6,900	6,900	6,300	26,000	*	24,400	*	1,700
Region VI.....	3,300	800	*	800	1,000	3,200	*	2,900	*	*
Region VII.....	7,100	2,300	2,300	1,400	1,100	7,000	*	6,900	*	*
Region VIII.....	4,700	1,400	1,100	1,000	1,200	4,700	*	4,500	-	*
Region IX.....	8,200	1,300	1,700	2,300	2,800	8,100	*	5,900	*	1,700
Region X.....	5,400	1,300	800	1,700	1,600	5,300	*	5,200	*	*
Metropolitan statistical area (MSA)										
MSA.....	77,500	16,800	19,400	21,200	20,100	75,800	1,600	66,900	4,500	6,000
Not MSA.....	25,600	6,500	7,000	6,400	5,700	25,200	*	24,700	*	*
Affiliation										
Chain.....	45,600	10,700	11,500	12,200	11,200	44,400	1,300	42,600	1,100	2,000
Independent.....	44,800	10,400	11,200	11,900	11,300	44,200	600	38,600	3,400	2,800
Government.....	12,000	2,100	3,600	3,200	3,200	11,800	200	9,800	300	1,900
Unknown.....	*	*	*	*	*	*	-	*	-	-

1/ Includes all registered nurses employed on the staff and through contractual arrangements.

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

Table 11. Number of registered nurses (R.N.'s) in nursing homes, by selected facility characteristics and employee highest educational preparation and years employed as R.N.: United States, 1985

Facility characteristic	All persons	Highest educational preparation				Years employed as R.N.				
		Associate	Diploma	Baccalau- reate	Masters	Less than 1 year	1-3 years	3-5 years	5-10 years	10 years or more
Total 1/.....	103,100	23,000	58,000	18,700	2,700	4,500	6,200	6,000	14,600	71,500
Ownership										
Proprietary.....	59,100	14,500	32,900	10,500	1,000	2,600	3,500	3,600	9,200	40,200
Voluntary nonprofit.....	32,000	6,300	18,100	6,100	1,300	1,600	2,100	1,600	3,500	23,400
Government.....	12,000	2,200	7,100	2,100	*	*	600	800	1,900	8,000
Certification										
Skilled nursing facility only.....	25,100	5,200	13,100	5,500	1,100	1,100	1,000	1,300	3,300	18,300
Skilled nursing facility and intermediate care facility.....	57,000	13,200	32,300	9,900	1,200	2,600	4,000	3,500	8,000	38,300
Intermediate care facility only.....	14,800	3,200	9,100	2,000	*	*	1,000	900	2,400	9,900
Not certified.....	6,200	1,400	3,400	1,300	*	*	*	*	*	5,100
Bed size										
Less than 50 beds...	7,500	1,300	4,700	1,400	*	*	*	*	1,200	5,700
50-99 beds.....	27,400	7,200	15,500	3,600	800	1,200	1,700	1,400	3,700	19,500
100-199 beds.....	42,900	9,400	23,700	8,600	900	1,800	2,600	3,100	6,500	28,200
200 beds or more....	25,200	5,000	14,100	5,100	900	1,100	1,800	1,300	3,200	18,100
Census region										
Northeast.....	32,600	5,400	20,900	5,200	1,000	800	1,300	2,000	4,200	24,000
Midwest.....	35,300	8,600	20,200	5,600	800	2,200	2,900	2,100	5,500	23,100
South.....	18,100	4,800	8,500	4,100	*	*	1,400	1,000	2,800	12,100
West.....	17,100	4,200	8,300	3,800	*	800	*	800	2,100	12,300
Standard Federal Administrative Region										
Region I.....	10,000	1,700	6,400	1,600	*	*	*	*	1,500	7,300
Region II.....	15,500	3,100	8,700	3,000	*	*	*	1,200	2,200	11,100
Region III.....	11,000	1,200	7,800	1,500	*	*	*	*	1,200	8,100
Region IV.....	11,300	3,200	5,400	2,500	*	*	800	*	1,600	7,800
Region V.....	26,500	6,100	15,400	4,200	*	1,800	2,400	1,200	4,200	17,600
Region VI.....	3,300	1,000	1,400	800	*	*	*	*	*	2,100
Region VII.....	7,100	2,100	3,800	1,100	*	*	*	*	1,000	4,500
Region VIII.....	4,700	900	2,600	1,000	*	*	*	*	*	3,100
Region IX.....	8,200	1,500	4,200	2,000	*	*	*	*	900	6,100
Region X.....	5,400	2,100	2,300	1,000	*	*	*	*	800	3,700
Metropolitan statistical area (MSA)										
MSA.....	77,500	15,700	43,300	15,600	2,400	2,900	4,400	4,200	10,900	54,400
Not MSA.....	25,600	7,300	14,700	3,200	*	1,600	1,900	1,800	3,800	17,100
Affiliation										
Chain.....	45,600	10,600	25,600	8,300	800	2,000	3,000	2,900	6,900	30,800
Independent.....	44,800	10,000	25,200	8,000	1,500	2,200	2,700	2,300	5,800	32,200
Government.....	12,000	2,200	7,100	2,100	*	*	*	800	1,900	8,000
Unknown.....	*	*	*	*	*	-	*	*	-	*

1/ Includes all registered nurses employed on the staff and through contractual arrangements.

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

Table 12. Number and percent distribution of registered nurses(R.N.'s) by selected nursing home characteristics, according to R.N. employment status: United States, 1985

Facility characteristic	Employment status									
	All statuses		Full-time staff		Part-time staff		Contract or temporary staff 1/		Unknown	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
Total.....	103,100	100.0	60,600	100.0	34,800	100.0	3,400	100.0	4,300	100.0
Ownership										
Proprietary.....	59,100	57.3	34,000	56.1	20,500	58.9	2,100	61.8	2,600	60.5
Voluntary nonprofit.....	32,000	31.0	17,900	29.5	11,700	33.6	1,000	29.4	1,200	27.9
Government.....	12,000	11.6	8,700	14.4	2,600	7.5	*	*	*	*
Certification										
Skilled nursing facility only.....	25,100	24.3	15,100	24.9	8,400	24.1	*	*	1,000	23.3
Skilled nursing facility and intermediate care facility.....	57,000	55.3	33,500	55.3	19,400	55.7	1,500	44.1	2,500	58.1
Intermediate care facility only.....	14,800	14.4	8,000	13.2	5,400	15.5	800	23.5	*	*
Not certified.....	6,200	6.0	4,100	6.8	1,600	4.6	*	*	*	*
Bed size										
Less than 50 beds...	7,500	7.3	3,400	5.6	3,600	10.3	*	*	*	*
50-99 beds.....	27,400	26.6	15,300	25.2	10,200	29.3	900	26.5	1,200	27.9
100-199 beds.....	42,900	41.6	24,700	40.8	14,700	42.2	1,600	47.1	1,800	41.9
200 beds or more.....	25,200	24.4	17,200	28.4	6,300	18.1	*	*	1,200	27.9
Census region										
Northeast.....	32,600	31.6	19,200	31.7	11,300	32.5	1,100	32.4	1,100	25.6
Midwest.....	35,300	34.2	18,700	30.9	14,000	40.2	1,000	29.4	1,600	37.2
South.....	18,100	17.6	12,000	19.8	4,400	12.6	*	*	900	20.9
West.....	17,100	16.6	10,700	17.7	5,000	14.4	*	*	*	*
Standard Federal Administrative Region										
Region I.....	10,000	9.7	5,400	8.9	3,800	10.9	*	*	*	*
Region II.....	15,500	15.0	10,100	16.7	4,500	12.9	*	*	*	*
Region III.....	11,000	10.7	6,000	9.9	4,200	12.1	*	*	*	*
Region IV.....	11,300	11.0	7,600	12.5	2,800	8.0	*	*	*	*
Region V.....	26,500	25.7	13,900	22.9	10,700	30.7	*	*	1,300	30.2
Region VI.....	3,300	3.2	2,100	3.5	*	*	*	*	*	*
Region VII.....	7,100	6.9	4,100	6.8	2,500	7.2	*	*	*	*
Region VIII.....	4,700	4.6	2,600	4.3	1,900	5.5	*	*	*	*
Region IX.....	8,200	8.0	5,400	8.9	2,200	6.3	*	*	*	*
Region X.....	5,400	5.2	3,400	5.6	1,500	4.3	*	*	*	*
Metropolitan statistical area (MSA)										
MSA.....	77,500	75.2	46,400	76.6	25,400	73.0	2,300	67.6	3,300	76.7
Not MSA.....	25,600	24.8	14,200	23.4	9,400	27.0	1,000	29.4	1,000	23.3
Affiliation										
Chain.....	45,600	44.2	24,400	40.3	17,500	50.3	1,700	50.0	2,100	48.8
Independent.....	44,800	43.5	27,400	45.2	14,500	41.7	1,300	38.2	1,700	39.5
Government.....	12,000	11.6	8,700	14.4	2,600	7.5	*	*	*	*
Unknown.....	*	*	*	*	*	*	*	*	*	*

1/ The number of contract or temporary registered nurses as shown in this table is an undercount because of the way the data were collected.

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

Table 13. Number and percent distribution of registered nurses(R.N.'s) in nursing homes by selected employee characteristics, according to employment status: United States, 1985

Employee characteristic	employment status									
	All statuses		Full-time staff		Part-time staff		Contract or temporary staff 1/		Unknown	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All persons.....	103,100	100.0	60,600	100.0	34,800	100.0	3,400	100.0	4,300	100.0
Age										
Under 35 years.....	23,300	22.6	14,000	23.1	7,900	22.7	*	*	800	18.6
35-44 years.....	26,400	25.6	15,600	25.7	8,500	24.4	1,100	32.4	1,200	27.9
45-54 years.....	27,600	26.8	17,200	28.4	8,600	25.3	*	*	1,200	27.9
55 years or over.....	25,800	25.0	14,000	23.1	9,600	27.6	1,100	32.4	1,100	25.6
Sex										
Female.....	101,000	98.0	59,300	97.9	34,200	98.3	3,300	97.1	4,300	100.0
Male.....	2,100	2.0	1,400	2.3	*	*	*	*	*	*
Race										
White(not Hispanic).....	91,600	88.8	52,100	86.0	33,000	94.8	2,600	76.5	3,900	90.7
Black(not Hispanic).....	4,700	4.6	3,400	5.6	400	2.3	*	*	*	*
Hispanic and other.....	6,700	6.5	5,200	8.6	1,000	2.9	*	*	*	*
Marital status										
Married.....	70,500	68.4	38,600	63.7	26,800	77.0	2,200	64.7	2,900	67.4
Divorced or separated.....	15,700	15.2	11,300	18.6	3,100	8.9	800	23.5	*	*
Widowed.....	6,100	5.9	3,000	5.0	2,600	7.5	*	*	*	*
Never married.....	10,300	10.0	7,500	12.4	2,100	6.0	*	*	*	*
Highest educational preparation										
Associate.....	23,000	22.3	13,800	22.8	7,300	21.0	1,200	35.3	*	*
Diploma.....	58,000	56.3	33,200	54.8	21,200	60.9	1,200	35.3	2,400	55.8
Baccalaureate.....	18,700	18.1	11,900	19.6	5,300	15.2	*	*	900	20.9
Masters.....	2,700	2.6	1,300	2.1	900	2.6	*	*	*	*
Not reported.....	*	*	*	*	*	*	*	*	*	*
Years employed as R.N.										
Less than 1 year.....	4,500	4.4	3,100	5.1	1,400	4.0	*	*	*	*
1-2 years.....	6,200	6.0	4,000	6.6	1,700	4.9	*	*	*	4.7
3-4 years.....	6,000	5.8	3,900	6.4	1,600	4.6	*	*	*	2.3
5-9 years.....	14,600	14.2	7,300	12.0	5,900	17.0	*	*	800	18.6
10-14 years.....	18,200	17.7	10,100	16.7	6,700	19.3	*	*	800	18.6
15-19 years.....	15,500	15.0	9,400	15.5	5,100	14.7	*	*	*	*
20 years or more.....	42,500	41.2	25,900	42.7	13,600	39.1	1,100	32.4	1,900	44.2
Age of children living at home										
No children living at home.....	53,500	51.9	33,000	54.5	16,700	48.0	1,700	50.0	2,200	51.2
Under 1 year of age.....	2,600	2.5	1,700	2.8	800	2.3	*	*	*	*
1-4 years of age.....	12,900	12.5	6,200	10.2	5,700	16.4	*	*	800	18.6
5-17 years of age.....	41,100	39.9	22,900	37.8	15,000	43.1	1,500	44.1	1,700	39.5

1/ The number of contract or temporary registered nurses as shown in this table is an undercount because of the way the data were collected.

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

Table 14. Number and percent distribution of registered nurses on staff of nursing homes by selected demographic and employment characteristics, according to type of position: United States, 1985

Demographic and employment characteristics	Type of position													
	Total 1/		Staff nurse		Charge nurse		Head nurse or assistant head nurse		Supervisor or assistant		Director of nursing or assistant		Other	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All persons.....	99,700	100.0	21,000	100.0	30,000	100.0	7,400	100.0	16,000	100.0	17,400	100.0	8,900	100.0
Age														
Under 35 years.....	22,600	22.7	5,100	24.3	8,200	27.3	1,500	20.3	2,700	16.9	3,800	21.8	1,400	17.5
35-44 years.....	29,300	25.4	5,600	26.7	6,400	21.3	2,300	31.1	4,200	26.2	4,500	25.9	2,200	27.5
45-54 years.....	24,100	24.2	4,900	23.3	7,200	24.0	1,600	21.6	5,100	31.9	5,800	33.3	2,600	32.5
55 years or over.....	24,700	24.8	5,400	25.7	8,300	27.7	1,900	25.7	4,000	25.0	3,400	19.5	1,800	22.5
Sex														
Female.....	97,700	98.0	20,600	98.1	29,500	98.3	7,300	98.6	15,500	96.9	16,900	97.1	7,800	97.5
Male.....	2,000	2.0	*	*	*	*	*	*	*	*	*	*	*	*
Race														
White(not Hispanic).....	89,000	89.3	18,800	89.5	27,100	90.3	5,900	79.7	13,700	85.6	16,000	92.0	7,500	93.8
Black(not Hispanic).....	4,200	4.2	*	*	800	2.7	*	*	1,500	9.4	*	*	*	*
Hispanic and other.....	6,400	6.4	1,700	8.1	2,100	7.0	*	*	800	5.0	*	*	*	*
Employment status														
Full-time.....	60,600	60.8	8,200	39.0	14,300	47.7	6,500	87.8	11,000	68.8	15,300	87.9	5,300	66.2
Part-time.....	34,800	34.9	12,300	58.6	14,700	49.0	800	10.8	4,300	26.9	1,200	6.9	1,500	18.8
Unknown.....	4,300	4.3	*	*	1,000	3.3	*	*	*	*	800	4.6	1,200	15.0
Average hours scheduled to work per week.....														
	32.5	...	27.7	...	29.6	...	37.1	...	34.3	...	39.1	...	34.2	...
Work schedule														
Rotating shift.....	8,900	8.9	2,300	11.0	3,500	11.7	*	*	1,200	7.5	1,000	5.7	300	3.7
Nonrotating shift.....	85,600	85.9	18,200	86.7	25,400	84.7	6,300	85.1	14,200	88.7	15,500	89.1	6,000	75.0
Day.....	53,400	53.6	9,700	46.2	11,300	37.7	5,100	68.9	6,300	39.4	15,300	87.9	5,600	72.5
Evening.....	16,900	17.0	4,700	22.4	7,500	25.0	*	*	4,000	25.0	*	*	*	*
Night.....	15,300	15.3	3,800	18.1	6,600	22.0	800	10.8	3,900	24.4	*	*	*	*
Unknown.....	5,200	5.2	*	*	1,100	3.7	*	*	*	*	900	5.2	1,700	21.2
Average weekly salary.....														
	\$334.14	...	271.13	...	284.31	...	385.60	...	353.20	...	442.93	...	349.86	...
Years worked in facility														
Less than 1 year.....	20,700	20.8	5,400	25.7	7,400	24.7	*	*	3,100	19.4	3,300	19.0	800	10.0
1 year.....	14,900	14.9	2,600	12.4	5,600	18.7	1,000	13.5	2,500	15.6	2,700	15.5	800	10.0
2 years.....	8,600	8.6	2,100	10.0	2,200	7.3	*	*	1,400	8.7	1,500	8.6	900	11.2
3 to 4 years.....	13,300	13.3	2,700	12.9	4,200	14.0	1,500	20.3	2,300	14.4	1,700	9.8	800	10.0
5 years or more.....	40,600	40.7	8,100	38.6	10,600	35.3	3,600	48.6	6,700	41.9	8,100	46.6	3,600	45.0
Unknown.....	1,400	1.4	*	*	*	*	*	*	*	*	*	*	1,100	13.7
Years employed as registered nurse														
Less than 1 year.....	4,500	4.5	1,800	8.6	2,000	6.7	*	*	*	*	*	*	*	*
1 to 2 years.....	3,900	5.9	1,200	5.7	2,800	9.3	*	*	800	5.0	*	*	*	*
3 to 4 years.....	5,700	5.7	1,100	5.2	2,000	6.7	*	*	1,000	6.3	800	4.6	*	*
5 to 9 years.....	14,100	14.1	3,000	14.3	4,500	15.0	1,000	13.5	1,900	11.9	2,400	13.8	1,200	15.0
10 years or more.....	69,500	69.7	14,800	70.5	19,800	66.0	5,000	67.6	11,300	70.6	12,600	72.4	6,000	75.0

1/ Includes only those registered nurses employed by the nursing home.

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

Table 15. Percents and standard errors of employment factors related the recruitment of registered nurses in nursing homes by importance: United States, 1985

Recruitment factors	Importance of selected factors to recruitment											
	Not important		Slightly important		Some importance		Very important		All important		Unknown	
	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
Clinical supervision available:												
by a master's prepared clinical specialist.....	33.1	1.1	23.9	1.1	22.4	1.1	12.0	0.9	2.3	0.4	6.2	0.6
By experienced nursing home nurses.....	3.4	0.4	10.0	0.7	17.5	0.9	48.0	1.2	16.7	0.9	4.5	0.5
Career counseling.....	25.5	1.0	28.9	1.1	23.4	1.0	15.4	1.0	2.4	0.4	4.5	0.5
Job advancement possibility along clinical lines.....	5.3	0.6	12.1	0.8	24.5	1.0	43.1	1.2	11.2	0.8	3.8	0.5
Job advancement possibility along administrative lines.....	13.3	0.9	18.7	1.0	29.1	1.1	27.1	1.1	7.9	0.7	3.8	0.5
Ability to arrange work hours to work:												
During child's school hours..	9.3	0.7	7.5	0.6	14.1	0.8	46.6	1.2	18.6	1.0	3.9	0.5
During child's school term....	13.0	0.9	11.4	0.7	18.1	0.9	38.6	1.2	14.6	0.9	4.3	0.5
During weekdays only.....	10.2	0.8	13.6	0.8	24.7	1.1	33.4	1.1	13.8	0.9	4.3	0.5
During weekends only.....	18.8	0.9	16.1	0.9	27.0	1.2	25.5	1.0	7.8	0.7	4.7	0.5
Rotating shifts.....	28.4	1.2	12.5	0.8	17.3	1.1	24.4	1.0	12.4	0.8	5.0	0.5
Day shift only.....	6.0	0.6	6.7	0.6	16.8	0.9	41.2	1.1	25.1	1.2	4.4	0.5
Evening shift only.....	14.5	0.9	9.8	0.7	24.0	1.0	32.4	1.1	14.2	0.9	5.6	0.5
Night shift only.....	17.3	0.9	10.3	0.7	21.2	1.0	31.5	1.0	14.3	0.9	5.2	0.5
Not required to "float" to unfamiliar units.....	9.8	0.7	9.7	0.8	15.1	0.8	36.6	1.2	24.5	1.2	4.3	0.5
Pay differential for:												
Evening shift.....	7.3	0.6	6.1	0.5	14.1	0.8	43.4	1.3	25.1	1.4	4.1	0.5
Night shift.....	6.7	0.6	5.2	0.5	12.9	0.9	42.7	1.3	28.2	1.3	4.3	0.5
Weekend work.....	8.2	0.6	6.0	0.5	16.6	0.9	39.5	1.3	25.6	1.2	4.1	0.5
Holiday work.....	4.1	0.4	4.2	0.4	11.0	0.8	41.9	1.2	35.3	1.3	3.6	0.4
Pay differential or separate salary scale by educational preparation.....	8.9	0.5	10.7	0.7	23.3	1.0	36.9	1.2	16.3	0.9	3.9	0.5
Graduated salary plan with increases according to:												
Length-of-service.....	1.9	0.3	5.5	0.6	14.1	0.8	46.7	1.3	28.4	1.4	3.4	0.4
Merit.....	3.1	0.4	5.1	0.5	14.2	0.9	43.9	1.2	29.4	1.4	4.3	0.5
Graduated vacation plan varying according to length-of-service..	1.7	0.3	4.0	0.4	13.8	0.8	47.1	1.4	29.7	1.4	3.8	0.5
Leave of absence for maternity..	10.4	0.7	8.3	0.7	19.8	0.9	35.9	1.2	21.3	1.0	4.3	0.5
Child care facilities.....	23.7	1.0	14.9	0.9	24.1	1.0	22.3	1.0	10.2	0.8	4.8	0.5
Free parking.....	14.4	0.9	9.9	0.7	15.5	0.8	31.9	1.1	24.3	1.0	4.0	0.5
Convenient public transportation.....	24.6	1.1	11.9	0.7	21.1	1.0	25.2	1.1	12.7	0.9	4.6	0.5
Meal at no cost or subsidized.....	21.2	1.0	16.6	0.9	25.6	1.1	20.3	1.0	11.9	1.0	4.4	0.5
Subsidized housing.....	54.5	1.3	15.0	0.9	15.2	1.0	6.6	0.6	3.4	0.5	5.4	0.5
Laundry of uniforms.....	56.2	1.3	14.7	0.9	13.5	0.8	5.4	0.5	4.5	0.6	5.7	0.6
Insurance plans at no cost or partially paid for covering:												
Hospitalization.....	2.9	0.4	2.2	0.3	6.3	0.6	40.1	1.2	45.1	1.4	3.4	0.4
Medical or surgical care.....	3.3	0.4	2.4	0.3	6.8	0.6	40.0	1.2	44.0	1.4	3.5	0.4
Dental.....	4.6	0.5	5.6	0.5	15.1	0.8	36.9	1.2	33.7	1.4	3.9	0.5
Life.....	8.5	0.5	10.2	0.7	19.1	0.9	31.4	1.1	27.1	1.2	3.7	0.4
Retirement plan (other than Federal social security) partially or totally paid for by employer.....	4.0	0.5	8.8	0.7	19.3	1.0	34.7	1.1	29.4	1.1	3.8	0.4
Availability of physicians.....	5.3	0.6	6.8	0.6	17.8	0.9	39.7	1.3	26.6	1.0	3.9	0.5
Availability of support service personnel and professionals to do nonnursing tasks.....	2.7	0.5	6.1	0.5	19.4	1.0	41.6	1.2	26.6	1.0	3.7	0.4
Well-equipped facility with functional nursing units.....	0.5	0.1	1.9	0.3	7.2	0.6	45.5	1.2	41.4	1.2	3.4	0.4
Security personnel available.....	10.1	0.7	12.9	0.8	27.9	1.0	28.6	1.2	16.4	1.0	4.1	0.5
Use of facility as clinical center for nursing students.....	28.0	1.2	15.5	0.8	32.1	1.2	14.9	1.0	5.5	0.6	4.0	0.5
Opportunity for professional development such as participation in clinical nursing conferences and nursing research projects..	9.3	0.7	13.4	0.8	30.5	1.2	29.8	1.2	13.2	0.8	3.8	0.5
Availability of college tuition reimbursement plan.....	11.5	0.7	13.5	0.8	24.3	1.1	30.2	1.1	16.3	0.9	4.2	0.5
Release time with pay for continuing education.....	7.4	0.6	10.7	0.7	22.9	1.1	36.0	1.2	18.9	1.0	4.1	0.5
Reimbursement for expenses for continuing education.....	6.1	0.6	8.4	0.6	20.1	1.0	40.1	1.3	21.4	1.1	3.9	0.5
Provision of in-service education.....	2.1	0.3	5.1	0.5	16.0	0.9	44.2	1.2	29.3	1.2	3.3	0.4
Provision of comprehensive orientation program for those newly hired.....	0.8	0.2	2.9	0.4	7.5	0.7	38.4	1.1	47.0	1.2	3.4	0.4

SOURCE: Bureau of Health Professions, D. C. Jones, A. J. Bonito, S. C. Gower, and R. L. Williams. 1987. Analysis of the environment for the recruitment and retention of registered nurses in nursing homes. Public Health Service. Washington: U.S. Government Printing Office.

Table 16. Percents and standard errors of employment factors related the retention of registered nurses in nursing homes by importance: United States, 1985

Retention factors	Importance of selected factors to retention											
	Not important		Slightly important		Some importance		Very important		All important		Unknown	
	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error	Percent	Standard error
Clinical supervision available:												
By a master's prepared clinical specialist.....	33.4	1.2	19.2	0.9	27.6	1.0	10.8	0.8	2.7	0.4	6.2	0.6
By experienced nursing home nurses.....	3.6	0.5	8.5	0.8	20.3	1.0	43.0	1.2	20.3	1.0	4.2	0.5
Career counseling.....	24.1	1.0	23.2	1.0	27.6	1.2	16.6	0.9	3.6	0.5	4.9	0.5
Job advancement possibility along clinical lines.....	4.9	0.6	7.1	0.6	20.3	0.9	42.9	1.2	21.0	1.0	3.8	0.5
Job advancement possibility along administrative lines.....	10.8	0.8	12.7	0.8	29.0	1.1	29.6	1.1	14.3	0.8	3.7	0.5
Ability to arrange work hours to work:												
During child's school hours..	8.3	0.7	5.8	0.6	14.6	0.8	41.8	1.1	25.4	1.0	4.1	0.5
During child's school term.....	12.0	0.8	9.9	0.7	19.2	1.0	35.1	1.1	19.4	0.9	4.3	0.5
During weekdays only.....	9.4	0.7	11.0	0.8	26.6	1.2	31.1	1.1	17.3	0.9	4.5	0.5
During weekends only.....	18.6	1.0	13.4	0.8	28.4	1.1	23.8	1.0	10.7	0.7	5.1	0.6
Rotating shifts.....	26.7	1.2	10.5	0.8	18.8	1.1	22.1	1.0	16.4	1.0	5.4	0.5
Day shift only.....	5.2	0.5	4.8	0.5	16.3	0.8	38.6	1.2	30.7	1.2	4.5	0.5
Evening shift only.....	13.9	0.8	7.7	0.6	23.7	1.0	30.3	1.1	19.2	1.0	5.2	0.5
Night shift only.....	16.7	0.9	8.0	0.6	21.5	1.0	29.4	1.1	19.0	1.0	5.4	0.5
Not required to "float" to unfamiliar units.....	9.1	0.7	7.8	0.7	17.9	0.9	32.0	1.1	28.5	1.4	4.7	0.5
Pay differential for:												
Evening shift.....	6.9	0.6	4.7	0.4	15.7	1.0	37.2	1.2	31.5	1.4	3.9	0.5
Night shift.....	6.3	0.6	4.0	0.4	14.4	0.9	36.0	1.2	35.1	1.4	4.2	0.5
Weekend work.....	7.5	0.6	4.8	0.4	17.2	0.9	35.0	1.1	31.4	1.2	4.1	0.5
Holiday work.....	3.7	0.4	3.1	0.4	12.0	0.8	36.6	1.1	41.2	1.2	3.4	0.4
Pay differential or separate salary scale by educational preparation.....	8.7	0.8	9.8	0.7	25.0	1.1	31.7	1.2	21.0	1.0	3.8	0.4
Graduated salary plan with increases according to:												
Length-of-service.....	1.6	0.3	2.4	0.4	9.3	0.7	39.7	1.3	43.7	1.3	3.3	0.4
Merit.....	2.6	0.4	2.7	0.4	10.6	0.8	37.1	1.2	42.7	1.3	4.3	0.5
Graduated vacation plan varying according to length-of-service..	0.8	0.2	2.2	0.4	8.8	0.7	41.7	1.2	43.0	1.3	3.6	0.4
Leave of absence for maternity...	9.9	0.7	5.8	0.6	18.1	0.9	34.7	1.2	27.1	1.1	4.4	0.5
Child care facilities.....	21.6	1.0	12.9	0.9	26.2	1.0	21.1	1.1	13.1	0.8	5.1	0.5
Free parking.....	14.4	0.8	8.2	0.6	17.6	0.9	29.0	1.0	26.8	1.1	4.0	0.5
Convenient public transportation.....	24.2	1.1	10.9	0.7	23.4	1.1	21.6	1.0	15.4	1.0	4.5	0.5
Meal at no cost or subsidized.....	20.6	1.0	14.1	0.8	28.5	1.2	19.0	0.9	13.6	1.0	4.3	0.5
Subsidized housing.....	52.9	1.3	14.2	0.9	17.7	0.9	5.5	0.6	4.1	0.5	5.5	0.5
Laundry of uniforms.....	54.0	1.4	13.7	0.8	16.6	0.9	5.3	0.5	4.6	0.6	5.8	0.6
Insurance plans at no cost or partially paid for covering:												
Hospitalization.....	2.8	0.4	1.1	0.2	5.7	0.5	34.6	1.2	52.7	1.4	3.1	0.4
Medical or surgical care.....	3.2	0.4	1.2	0.2	6.7	0.6	34.5	1.2	51.1	1.4	3.3	0.4
Dental.....	4.7	0.5	3.9	0.4	15.4	0.9	33.5	1.1	38.6	1.4	3.8	0.4
Life.....	8.7	0.8	7.9	0.7	18.6	1.0	29.9	1.1	31.3	1.2	3.7	0.4
Retirement plan (other than Federal social security) partially or totally paid for by employer.....	3.2	0.4	3.8	0.5	15.5	0.9	33.3	1.0	40.4	1.1	3.8	0.4
Availability of physicians.....	5.0	0.7	5.1	0.5	16.6	0.9	37.6	1.2	31.7	1.1	4.0	0.5
Availability of support service personnel and professionals to do nonnursing tasks.....	2.3	0.5	3.6	0.4	16.3	0.9	39.4	1.2	34.7	1.1	3.7	0.5
Well-equipped facility with functional nursing units.....	0.7	0.2	1.0	0.3	6.0	0.6	36.4	1.1	52.3	1.2	3.6	0.5
Security personnel available.....	9.0	0.7	11.0	0.8	27.9	1.1	27.8	1.2	20.0	1.0	4.0	0.5
Use of facility as clinical center for nursing students.....	27.1	1.1	13.9	0.8	33.9	1.1	14.0	0.9	6.7	0.6	4.3	0.5
Opportunity for professional development such as participation in clinical nursing conferences and nursing research projects...	8.1	0.7	9.5	0.7	31.1	1.2	30.6	1.2	16.7	0.9	4.0	0.5
Availability of college tuition reimbursement plan.....	10.6	0.7	11.1	0.8	24.4	1.1	29.8	1.1	19.7	1.0	4.3	0.5
Release time with pay for continuing education.....	6.8	0.6	8.2	0.7	21.4	1.1	35.4	1.2	24.2	1.1	4.0	0.5
Reimbursement for expenses for continuing education.....	5.1	0.5	5.9	0.6	19.6	1.0	39.1	1.2	26.5	1.1	3.9	0.5
Provision of in-service education.....	1.7	0.3	3.4	0.4	14.4	0.9	42.4	1.3	34.7	1.1	3.4	0.4
Provision of comprehensive orientation program for those newly hired.....	2.9	0.4	3.0	0.3	12.5	0.8	33.0	1.0	45.2	1.2	3.4	0.4

SOURCE: Bureau of Health Professions, D. C. Jones, A. J. Bonito, S. C. Gower, and R. L. Williams. 1987. Analysis of the environment for the recruitment and retention of registered nurses in nursing homes. Public Health Service, Washington: U.S. Government Printing Office.

Table 17. Number and rate per 1,000 population of nursing home residents by race, sex, and age: United States, 1973-74, 1977, and 1985

Race, sex, and age	Number of residents			Number of residents per 1,000 population 1/		
	1973-74 2/	1977	1985	1973-74 2/	1977	1985
ALL RACES 3/						
Both sexes						
Under 65 years.....	114,300	177,100	173,100	0.6	0.9	0.8
65 years and over.....	961,500	1,126,000	1,318,300	44.7	47.1	46.2
65-74 years.....	163,100	211,400	212,100	12.3	14.4	12.5
75-84 years.....	384,900	464,700	509,000	57.7	64.0	57.7
85 years and over..	413,600	449,900	597,300	257.3	225.9	220.3
Male						
Under 65 years.....	52,400	81,300	89,300	0.6	0.8	0.9
65 years and over.....	265,700	294,000	334,400	30.0	30.3	29.0
65-74 years.....	65,100	80,200	80,600	11.3	12.6	10.8
75-84 years.....	102,300	122,100	141,300	39.9	44.9	43.0
85 years and over..	98,300	91,700	112,600	182.7	146.3	145.7
Female						
Under 65 years.....	61,900	95,800	83,800	0.6	1.0	0.8
65 years and over.....	695,800	832,000	983,900	54.9	58.6	57.9
65-74 years.....	98,000	131,200	131,500	13.1	15.8	13.8
75-84 years.....	282,600	342,600	367,700	68.9	75.4	66.4
85 years and over..	315,300	358,200	484,700	294.9	262.4	250.1
WHITE						
Both sexes						
Under 65 years.....	101,700	155,400	147,200	0.6	0.9	0.8
65 years and over.....	920,600	1,059,900	1,227,400	46.9	48.9	47.7
65-74 years.....	150,100	187,500	187,800	12.5	14.2	12.3
75-84 years.....	369,700	443,200	473,600	60.3	67.0	59.1
85 years and over..	400,800	429,100	566,000	270.8	234.2	228.7
Male						
Under 65 years.....	46,000	70,100	73,900	0.6	0.8	0.8
65 years and over.....	250,800	272,600	303,200	31.2	31.1	29.2
65-74 years.....	59,100	69,400	70,600	11.3	12.1	10.5
75-84 years.....	97,500	115,800	127,900	41.6	47.1	43.0
85 years and over..	94,200	87,300	104,800	192.3	152.9	150.8
Female						
Under 65 years.....	55,800	85,300	73,400	0.7	1.0	0.8
65 years and over.....	669,800	787,300	924,100	57.8	60.9	60.2
65-74 years.....	91,000	118,100	117,200	13.4	15.7	13.7
75-84 years.....	272,200	327,400	345,700	71.9	78.7	68.5
85 years and over..	306,600	341,800	461,200	310.0	271.1	259.2
BLACK AND OTHER						
Both sexes						
Under 65 years.....	12,600	21,700	25,900	0.5	0.8	0.8
65 years and over.....	40,900	66,100	91,000	21.6	30.0	32.6
65-74 years.....	13,000	23,800	24,300	10.6	17.0	13.9
75-84 years.....	15,200	21,500	35,400	28.0	33.5	44.0
85 years and over..	12,800	20,800	31,300	100.5	130.0	131.9
Male						
Under 65 years.....	6,400	11,200	15,400	0.5	0.9	1.0
65 years and over.....	14,900	21,400	31,200	18.2	22.9	27.4
65-74 years.....	6,000	10,700	10,000	11.1	17.4	13.4
75-84 years.....	4,800	6,300	13,400	21.4	24.0	42.7
85 years and over..	4,100	4,400	7,800	84.8	78.8	99.9
Female						
Under 65 years.....	6,200	10,500	10,400	0.5	0.7	0.6
65 years and over.....	26,000	44,700	59,700	24.2	35.2	36.2
65-74 years.....	6,900	13,100	14,300	10.2	16.7	14.3
75-84 years.....	10,400	15,300	22,000	32.7	39.8	44.7
85 years and over..	8,700	16,400	23,500	110.1	157.5	147.6

See footnotes at end of table.

Table 17. Number and rate per 1,000 population of nursing home residents by race, sex, and age: United States, 1973-74, 1977, and 1985—Con.

Race, sex, and age	Number of residents			Number of residents per 1,000 population 1/		
	1973-74 2/	1977	1985	1973-74 2/	1977	1985
BLACK						
Both sexes						
Under 65 years.....	11,600	20,600	22,300	0.5	0.9	0.8
65 years and over.....	37,700	60,800	82,000	22.0	30.7	35.0
65-74 years.....	12,200	22,000	22,500	11.1	17.6	15.4
75-84 years.....	13,400	19,700	30,600	26.7	33.4	45.3
85 years and over..	12,100	19,100	29,000	105.7	133.6	141.5
Male						
Under 65 years.....	6,000	10,600	13,800	0.6	0.9	1.1
65 years and over.....	13,100	18,800	26,800	18.1	23.0	28.5
65-74 years.....	5,400	9,200	8,900	11.2	17.2	14.5
75-84 years.....	4,000	5,400	11,700	19.4	22.9	45.6
85 years and over..	3,800	4,200	6,200	92.0	86.7	95.6
Female						
Under 65 years.....	5,700	10,000	8,500	0.5	0.8	0.6
65 years and over.....	24,600	42,000	55,200	24.8	36.1	39.4
65-74 years.....	6,900	12,800	13,500	11.0	17.9	16.0
75-84 years.....	9,400	14,400	18,900	31.8	40.5	45.1
85 years and over..	8,300	14,900	22,800	113.5	158.1	162.7

1/ Population data used to compute rates for 1973-74 and 1977 are from U.S. Bureau of the Census: Preliminary estimates of the population of the United States, by age, sex, and race, 1970 to 1981. Current Population Reports. Series P-25, No. 917. Washington. U.S. Government Printing Office, July 1982. Population data used to compute rates for 1985 are from U.S. Bureau of the Census: Estimates of the population of the United States, by age, sex, and race, 1980 to 1985. Current Population Reports. Series P-25, No. 985. Washington. U.S. Government Printing Office, April 1986.

2/ Excludes residents in personal care or domiciliary care homes.

3/ For data years 1973-74 and 1977 all Hispanics were included in the "white" category.

Table 18. Number of nursing home residents, percent distribution by length of stay since admission, and average and median length of stay, according to selected resident characteristics: United States, 1985

Resident characteristic	Number of residents	Percent distribution							Average length of stay since admission in days	Median length of stay since admission in days
		Total	Length of stay since admission							
			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		
Sex by age										
Both sexes, all ages...	1,491,400	100.0	12.9	9.5	14.1	31.5	13.9	18.1	1,059	614
Under 65 years.....	173,100	100.0	14.2	12.7	12.1	24.0	13.0	24.0	1,311	654
65 years and over.....	1,318,300	100.0	12.7	9.0	14.3	32.5	14.0	17.3	1,026	611
65-74 years.....	212,100	100.0	15.1	10.0	14.3	31.1	12.3	17.1	1,055	528
75-84 years.....	509,000	100.0	12.7	9.6	15.8	33.2	13.6	15.0	948	554
85 years and over.....	597,300	100.0	11.9	8.2	13.1	32.4	15.0	19.4	1,081	677
Male, all ages.....	423,800	100.0	15.5	9.8	13.8	31.7	12.2	16.9	1,031	575
Under 65 years.....	89,300	100.0	16.5	14.2	11.7	24.7	11.3	21.6	1,192	563
65 years and over.....	334,400	100.0	15.3	8.6	14.4	33.6	12.5	15.7	987	581
65-74 years.....	80,600	100.0	16.1	7.5	13.1	32.6	11.7	19.0	1,150	622
75-84 years.....	141,300	100.0	15.3	9.2	16.2	33.9	11.6	13.9	912	522
85 years and over.....	112,600	100.0	14.8	8.5	13.2	33.9	14.1	15.5	966	617
Female, all ages.....	1,067,700	100.0	11.8	9.4	14.2	31.5	14.6	18.6	1,070	630
Under 65 years.....	83,800	100.0	11.8	11.0	12.7	23.1	14.8	26.6	1,437	838
65 years and over.....	983,900	100.0	11.8	9.2	14.3	32.2	14.5	17.9	1,039	624
65-74 years.....	131,500	100.0	14.5	11.5	15.1	30.2	12.7	15.9	997	477
75-84 years.....	367,700	100.0	11.7	9.8	15.6	33.0	14.4	15.5	962	560
85 years and over.....	484,700	100.0	11.2	8.1	13.1	32.1	15.2	20.3	1,108	708
Race										
White.....	1,374,600	100.0	13.0	9.4	14.1	31.3	14.0	18.3	1,061	614
Black and other.....	116,800	100.0	11.6	10.7	14.0	34.4	13.1	16.2	1,037	599
Black.....	104,400	100.0	11.3	10.6	13.2	35.8	12.8	16.4	1,041	621
Hispanic origin										
Hispanic.....	41,000	100.0	14.2	*	*	37.6	15.0	*	928	612
Non-Hispanic 1/.....	1,450,400	100.0	12.9	9.5	14.1	31.4	13.9	18.3	1,063	614
Current marital status										
Married.....	188,200	100.0	20.9	12.8	16.5	30.1	10.6	9.1	675	357
Widowed 1/.....	914,800	100.0	11.7	8.9	14.5	33.0	15.0	16.9	990	629
Divorced or separated..	117,000	100.0	15.8	11.0	15.0	29.6	13.5	15.1	997	538
Never married.....	271,400	100.0	10.2	8.4	10.5	28.3	12.6	29.9	1,582	865
Has living children										
Yes.....	886,200	100.0	13.4	10.0	14.9	32.4	13.9	15.4	933	574
No or unknown.....	605,200	100.0	12.1	8.7	12.9	30.3	13.9	22.1	1,244	674
Living arrangement prior to admission										
Private or semi-private residence.....										
Alone.....	566,800	100.0	12.9	7.2	12.6	31.3	14.0	22.0	1,146	712
With family members..	201,000	100.0	12.9	6.2	12.5	31.0	13.5	24.0	1,200	822
With nonfamily members.....	275,200	100.0	14.0	7.9	13.0	29.9	15.1	20.1	1,115	639
Unknown if with others.....	48,100	100.0	*	*	12.3	41.4	*	16.9	913	578
Another health facility.....										
Another nursing home.....	42,500	100.0	*	*	*	31.1	15.5	30.6	1,360	953
General or short-stay hospital 2/.....	876,700	100.0	13.2	11.1	15.1	32.2	13.6	14.7	968	546
Mental facility 3/....	181,900	100.0	9.6	9.3	17.1	32.4	14.8	16.8	1,044	602
Veterans hospital....	557,400	100.0	15.3	11.8	15.7	33.6	13.4	10.2	778	494
Other health facility or unknown.....	73,100	100.0	*	8.3	*	20.3	15.9	41.9	2,220	1,421
Unknown or other arrangement.....	29,700	100.0	*	20.0	20.6	27.3	*	*	716	289
34,800	100.0	*	*	*	36.6	*	22.0	1,195	773	
47,900	100.0	*	*	12.9	22.8	17.9	34.4	1,688	1,218	

1/ Includes a small number of unknowns.
 2/ Psychiatric units are excluded.
 3/ Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

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

Table 19. Average total monthly charge and number of nursing home residents by primary source of payment in month before interview and selected resident characteristics: United States, 1985

Resident characteristic	Primary source of payment													
	All sources		Own income or family support		Medicare		Medicaid				Other government assistance or welfare		All other sources 1/	
	Average monthly charge	Number of residents	Average monthly charge	Number of residents	Average monthly charge	Number of residents	Skilled		Intermediate		Average monthly charge	Number of residents	Average monthly charge	Number of residents
							Average monthly charge	Number of residents	Average monthly charge	Number of residents				
Total.....	\$1,456	1,491,400	\$1,450	620,800	\$2,141	20,900	\$1,898	263,000	\$1,292	488,300	\$863	50,700	\$1,099	47,800
Age														
Under 65 years.....	1,379	173,100	1,147	45,200	*	*	2,029	39,100	1,321	60,000	677	14,700	1,196	13,600
Under 45 years.....	1,443	44,300	1,211	7,600	-	-	1,928	15,300	1,485	13,500	650	*	*	*
45-54 years.....	1,351	37,000	1,047	10,400	-	-	*	*	1,247	14,600	645	*	1,252	*
55-64 years.....	1,360	91,800	1,168	27,200	*	*	1,938	18,300	1,285	31,900	705	6,900	1,383	7,000
65 years and over.....	1,466	1,318,300	1,474	575,600	2,098	20,300	1,875	223,900	1,288	428,300	938	36,000	1,060	34,300
65-69 years.....	1,304	82,500	1,301	22,800	1,544	*	1,896	14,000	1,193	31,600	740	9,100	1,357	*
70-74 years.....	1,415	129,600	1,463	50,300	1,802	*	1,913	17,000	1,259	46,800	831	*	1,038	6,700
75-79 years.....	1,481	217,100	1,455	97,000	2,059	*	1,941	34,900	1,310	69,500	823	6,800	1,532	*
80-84 years.....	1,458	291,900	1,437	134,100	2,576	*	1,869	49,500	1,281	90,400	1,059	*	*	7,500
85-89 years.....	1,492	295,500	1,486	137,000	2,585	*	1,861	53,500	1,299	90,800	1,399	*	916	6,200
90-94 years.....	1,489	211,600	1,526	101,400	1,215	*	1,886	35,300	1,281	66,600	720	*	1,221	*
95 years and over.....	1,534	90,200	1,599	33,000	2,231	*	1,748	19,800	1,375	32,500	1,269	*	*	*
Sex														
Male.....	1,438	423,800	1,411	179,800	2,430	7,000	2,000	65,300	1,287	123,500	833	19,600	1,152	26,700
Female.....	1,463	1,067,700	1,466	441,000	1,996	14,000	1,864	197,700	1,293	364,800	881	31,100	1,020	19,200
Race														
White.....	1,454	1,374,600	1,459	603,400	2,171	19,900	1,875	230,600	1,290	431,600	850	43,800	1,064	45,400
Black and other.....	1,481	116,800	1,134	17,300	1,576	*	2,062	32,400	1,306	56,700	943	6,800	*	*
Black.....	1,451	104,400	1,177	13,700	*	*	1,987	26,700	1,307	54,100	932	6,600	*	*
Hispanic origin														
Hispanic.....	1,400	41,000	1,196	12,800	*	*	1,876	10,400	1,213	15,100	*	*	*	*
Non-Hispanic 2/.....	1,457	1,450,400	1,455	607,900	2,174	19,900	1,899	252,600	1,294	473,200	865	50,400	1,077	46,400
Current marital status														
Married.....	1,540	168,200	1,599	92,000	1,658	*	1,827	32,500	1,307	46,100	884	6,400	1,491	6,800
Widowed 2/.....	1,472	914,800	1,469	410,300	2,234	13,500	1,854	158,900	1,292	295,900	1,081	18,000	953	18,100
Divorced or separated.....	1,362	117,000	1,299	29,300	2,025	*	1,979	22,100	1,249	46,600	664	6,300	1,093	11,400
Never married.....	1,382	271,400	1,256	89,100	*	*	2,049	49,500	1,304	99,700	721	19,900	1,104	11,500
Has living children														
Yes.....	1,485	886,200	1,490	377,700	2,071	13,100	1,882	162,900	1,290	291,900	1,021	17,900	1,093	22,600
No or unknown.....	1,413	605,200	1,388	243,100	2,257	7,900	1,924	100,200	1,295	196,300	776	32,700	1,105	25,100

See footnotes at end of table.

Table 19. Average total monthly charge and number of nursing home residents by primary source of payment in month before interview and selected resident characteristics: United States, 1985--Con.

Resident characteristic	Primary source of payment													
	All sources		Own income or family support		Medicare		Medicaid				Other government assistance or welfare		All other sources 1/	
	Average monthly charge	Number of residents	Average monthly charge	Number of residents	Average monthly charge	Number of residents	Skilled		Intermediate		Average monthly charge	Number of residents	Average monthly charge	Number of residents
							Average monthly charge	Number of residents	Average monthly charge	Number of residents				
Living arrangement prior to admission														
Private or semi-private residence														
Alone	\$1,376	560,800	\$1,388	278,900	\$2,923	*	\$1,881	63,900	\$1,244	185,800	\$944	17,300	\$815	17,700
With family members	1,354	201,000	1,353	116,000	3,444	*	1,873	16,000	1,244	53,300	1,252	6,000	672	7,900
With nonfamily members	1,401	275,200	1,405	122,800	2,432	*	1,969	36,500	1,236	101,900	857	8,400	1,188	*
Unknown if with others	1,333	48,100	1,376	22,000	*	*	1,594	6,300	1,335	14,400	*	*	*	*
Another health facility	1,368	42,500	1,516	18,100	-	-	1,638	*	1,220	16,200	*	*	*	*
Another nursing home	1,522	876,700	1,518	320,800	1,993	17,600	1,912	193,600	1,323	287,700	800	31,500	1,415	25,600
General or short-stay hospital 2/	1,371	181,900	1,357	75,500	*	*	1,764	28,200	1,271	65,700	822	6,900	1,341	*
Mental facility 4/	1,627	557,400	1,628	205,600	1,993	16,800	1,939	145,800	1,360	175,400	971	8,900	1,849	*
Veterans hospital	1,251	73,100	1,181	14,900	-	-	1,908	13,200	1,213	31,700	744	10,300	*	*
Other health facility or unknown	1,333	29,700	1,152	13,400	-	-	1,646	*	1,457	*	-	-	1,462	11,400
Unknown or other arrangement	1,344	34,800	1,452	11,300	*	*	2,113	*	1,323	11,900	596	*	*	1,400
	1,194	47,900	1,232	21,100	-	-	1,595	*	1,289	14,800	696	*	*	*
Length of stay since admission														
Less than 3 months														
3 months to less than 6	1,601	192,300	1,560	100,400	2,246	15,900	1,877	24,500	1,324	37,300	1,490	*	1,397	10,400
6 months to less than 12	1,612	141,200	1,623	70,400	*	*	1,944	26,400	1,373	32,500	832	*	1,495	7,500
1 year to less than 3	1,467	210,100	1,535	99,700	*	*	1,717	38,600	1,287	60,000	922	*	*	6,600
3 years to less than 5	1,441	470,500	1,409	195,100	*	*	1,908	85,900	1,321	164,000	814	16,900	*	7,500
5 years or more	1,407	207,200	1,365	77,300	*	*	1,998	38,300	1,264	76,800	758	8,200	836	*
	1,325	270,200	1,228	77,800	*	*	1,930	49,200	1,240	117,700	805	14,800	828	10,100

1/ Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.
 2/ Includes a small number of unknowns.
 3/ Psychiatric units are excluded.
 4/ Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

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

Table 20. Number of nursing home residents by prior nursing home and hospital utilization, age, sex, and race: United States, 1985

Prior nursing home and hospital utilization	All residents	Age					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
Total.....	1,491,400	173,100	1,318,300	212,100	509,000	597,300	423,800	1,067,700	1,374,600	116,800	104,400
Other stays in any nursing home											
Yes.....	558,900	71,800	487,000	83,100	180,300	223,600	157,500	401,400	519,100	39,800	34,900
No or unknown.....	932,600	101,300	831,300	129,000	328,700	373,600	266,300	666,300	855,500	77,100	69,500
Other stays at sample facility											
Yes.....	326,100	41,100	285,000	44,700	100,000	140,300	87,600	238,500	301,600	24,500	22,400
No or unknown.....	1,165,300	132,000	1,033,300	167,400	409,000	456,900	336,200	829,200	1,073,000	92,300	81,900
Number of other stays at sample facility											
None.....	1,165,300	132,000	1,033,300	167,400	409,000	456,900	336,200	829,200	1,073,000	92,300	81,900
1 stay.....	190,900	23,800	167,200	26,100	63,100	78,000	50,600	140,300	172,400	18,600	16,700
2 stays or more.....	106,500	12,200	94,300	15,400	30,000	48,900	30,300	76,200	102,500	*	*
Unknown.....	28,700	*	23,500	*	6,900	13,400	6,700	21,900	26,700	*	*
Stays at other nursing homes											
Yes.....	283,600	39,600	244,000	46,700	93,800	103,500	83,500	200,100	264,100	19,500	16,400
No.....	1,035,700	108,400	927,400	140,400	355,900	431,100	290,100	745,600	954,000	81,800	74,200
Unknown.....	172,100	25,100	147,000	25,000	59,300	62,700	50,100	122,000	156,600	15,500	13,700
Number of other nursing homes stayed at											
None.....	1,207,900	133,500	1,074,400	165,400	415,200	493,800	340,300	867,600	1,110,600	97,300	87,900
1 home.....	213,800	26,300	187,600	32,700	75,100	79,800	63,800	150,000	199,600	14,300	11,700
2 homes or more.....	21,200	*	17,700	*	6,700	6,200	7,200	14,000	19,800	*	*
Unknown.....	48,500	9,800	38,700	9,200	12,000	17,500	12,500	36,000	44,700	*	*
Hospital stay while a resident in this facility											
Yes.....	319,800	25,100	294,700	42,500	114,600	137,700	84,700	235,100	301,700	18,100	15,400
No.....	1,171,600	148,000	1,023,600	169,600	394,400	459,600	339,000	832,600	1,072,900	98,700	89,000
Number of hospital stays while a resident											
None.....	1,171,600	148,000	1,023,600	169,600	394,400	459,600	339,000	832,600	1,072,900	98,700	89,000
1 stay.....	190,600	16,200	174,500	24,700	67,800	82,000	49,000	141,700	179,600	11,000	9,000
2 stays or more.....	129,200	8,900	120,300	17,800	46,800	55,700	35,700	93,500	122,100	7,100	6,400

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

Table 21. Percent distribution of nursing home residents by prior nursing home and hospital utilization, according to age, sex, and race: United States, 1985

Prior nursing home and hospital utilization	All residents	Age					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
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Other stays in any nursing home											
Yes.....	37.5	41.5	36.9	39.2	35.4	37.4	37.2	37.6	37.8	34.0	33.4
No or unknown.....	62.5	58.5	63.1	60.8	64.6	62.6	62.8	62.4	62.2	66.0	66.6
Other stays at sample facility											
Yes.....	21.9	23.8	21.6	21.1	19.6	23.5	20.7	22.3	21.9	21.0	21.5
No or unknown.....	78.1	76.2	78.4	78.9	80.4	76.5	79.3	77.7	78.1	79.0	78.5
Number of other stays at sample facility											
None.....	78.1	76.2	78.4	78.9	80.4	76.5	79.3	77.7	78.1	79.0	78.5
1 stay.....	12.8	13.7	12.7	12.3	12.4	13.1	11.9	13.1	12.5	15.9	16.0
2 stays or more.....	7.1	7.1	7.2	7.2	5.9	8.2	7.1	7.1	7.5	*	*
Unknown.....	1.9	*	1.8	*	1.4	2.2	1.6	2.1	1.9	*	*
Stays at other nursing homes											
Yes.....	19.0	22.9	18.5	22.0	18.4	17.3	19.7	18.7	19.2	16.7	15.8
No.....	69.4	62.6	70.3	66.2	69.9	72.2	68.5	69.8	69.4	70.0	71.1
Unknown.....	11.5	14.5	11.2	11.8	11.7	10.5	11.8	11.4	11.4	13.3	13.1
Number of other nursing homes stayed at											
None.....	81.0	77.1	81.5	78.0	81.6	82.7	80.3	81.3	80.8	83.3	84.2
1 home.....	14.3	15.2	14.2	15.4	14.8	13.4	15.1	14.1	14.5	12.2	11.2
2 homes or more.....	1.4	*	1.3	*	1.3	1.0	1.7	1.3	1.4	*	*
Unknown.....	3.3	5.7	2.9	4.3	2.4	2.9	3.0	3.4	3.3	*	*
Hospital stay while a resident in this facility											
Yes.....	21.4	14.5	22.4	20.0	22.5	23.0	20.0	22.0	21.9	15.5	14.7
No.....	78.6	85.5	77.6	80.0	77.5	77.0	80.0	78.0	78.1	84.5	85.3
Number of hospital stays while a resident											
None.....	78.6	85.5	77.6	80.0	77.5	77.0	80.0	78.0	78.1	84.5	85.3
1 stay.....	12.8	9.3	13.2	11.6	13.3	13.7	11.6	13.3	13.1	9.4	6.6
2 stays or more.....	8.7	5.2	9.1	8.4	9.2	9.3	8.4	8.8	8.9	6.1	6.1

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

Table 22. Number of nursing home residents, percent distribution by length of stay since admission, and average and median length of stay, according to prior nursing home and hospital utilization: United States, 1985

Prior nursing home and hospital utilization	Number of residents	Percent distribution							Average length of stay since admission in days	Median length of stay since admission in days
		Total	Length of stay since admission							
			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.....	1,491,400	100.0	12.9	9.5	14.1	31.5	13.9	18.1	1,059	614
Other stays in any nursing home										
Yes.....	558,900	100.0	14.7	11.7	18.4	32.0	11.8	11.4	817	451
No or unknown.....	932,600	100.0	11.8	8.1	11.5	31.3	15.1	22.1	1,204	741
Other stays at sample facility										
Yes.....	326,100	100.0	17.0	13.8	19.9	33.1	9.9	6.3	616	346
No or unknown.....	1,165,300	100.0	11.8	8.3	12.5	31.1	15.0	21.4	1,183	707
Number of other stays at sample facility										
None.....	1,165,300	100.0	11.8	8.3	12.5	31.1	15.0	21.4	1,183	707
1 stay.....	190,900	100.0	16.2	12.5	17.8	33.9	11.8	7.8	695	412
2 stays or more.....	106,500	100.0	17.7	16.6	22.7	33.5	6.8	*	466	291
Unknown.....	28,700	100.0	*	*	23.8	26.7	*	*	642	284
Stays at other nursing homes										
Yes.....	283,600	100.0	12.6	10.3	16.9	30.2	13.8	16.2	1,003	533
No.....	1,035,700	100.0	12.7	9.0	13.4	32.2	14.1	18.7	1,079	637
Unknown.....	172,100	100.0	14.2	11.2	13.8	29.8	13.0	17.9	1,027	599
Number of other nursing homes stayed at										
None.....	1,207,900	100.0	13.0	9.3	13.4	31.9	13.9	18.6	1,072	629
1 home.....	213,800	100.0	11.8	9.9	17.7	30.7	13.9	16.1	986	532
2 homes or more.....	21,200	100.0	*	*	*	28.9	*	*	1,214	734
Unknown.....	48,500	100.0	18.8	12.3	13.3	28.9	13.9	12.9	981	456
Hospital stay while a resident in this facility										
Yes.....	319,800	100.0	2.4	4.6	9.4	30.7	21.0	31.9	1,603	1,194
No.....	1,171,600	100.0	15.8	10.8	15.4	31.8	12.0	14.4	910	508
Number of hospital stays while a resident										
None.....	1,171,600	100.0	15.8	10.8	15.4	31.8	12.0	14.4	910	508
1 stay.....	190,600	100.0	3.2	4.7	13.1	31.6	21.2	26.2	1,414	1,017
2 stays or more.....	129,200	100.0	*	4.6	*	29.5	20.5	40.3	1,882	1,498

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

Table 23. Number and percent distribution of nursing home residents by primary diagnosis at admission and at time of survey: United States, 1985

Primary diagnosis and ICD-9-CM code 1/	At admission		At time of survey	
	Number of residents	Percent distribution	Number of residents	Percent distribution
All categories.....	1,491,400	100.0	1,491,400	100.0
Chapter 1. Infectious and parasitic diseases.....001-139	7,600	.5	5,900	.4
Chapter 2. Neoplasms.....140-239	35,000	2.3	35,000	2.3
Malignant neoplasms.....140-208	30,600	2.1	31,900	2.1
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders...240-279	83,200	5.6	81,600	5.5
Diabetes mellitus.....250	59,400	4.0	66,000	4.4
Chapter 4. Diseases of the blood and blood-forming organs.....280-289	8,500	.6	10,000	.7
Anemias.....280-285	7,200	.5	8,000	.5
Chapter 5. Mental disorders.....290-319	306,800	20.6	330,600	22.2
Senile dementia and other organic psychotic conditions.....290-294	43,800	2.9	49,300	3.3
Other psychoses.....295-299	80,400	5.4	81,400	5.5
Neurotic and personality disorders.....300-301	9,300	.6	10,900	.7
Specific non-psychotic mental disorders due to organic brain damage.....310	111,300	7.5	133,400	8.9
Mental retardation.....317-319	36,400	2.4	34,900	2.3
Other mental disorders.....302-309, 311-316	25,600	1.7	20,700	1.4
Chapter 6. Diseases of the nervous system and sense organs.....320-369	142,100	9.5	157,360	10.5
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	39,800	2.7	45,800	3.1
Parkinson's disease.....332	31,400	2.1	33,200	2.2
Multiple sclerosis.....340	8,200	.6	9,600	.6
Blindness.....369.0	*	*	5,900	.4
Chapter 7. Diseases of the circulatory system.....390-459	468,600	31.4	486,500	32.6
Essential hypertension.....401	50,900	3.4	49,900	3.3
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	207,900	13.9	234,100	15.7
Coronary atherosclerosis.....414.0	80,900	5.4	100,400	6.7
Other ischemic heart disease.....410-413, 414.1-414.9	19,000	1.3	16,500	1.1
Congestive heart failure.....428.0	45,000	3.0	46,900	3.1
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	63,000	4.2	70,300	4.7
Cerebrovascular disease.....430-436	165,400	11.1	153,700	10.3
Atherosclerosis.....440	28,500	1.9	33,700	2.3
Chapter 8. Diseases of the respiratory system.....480-519	57,300	3.8	51,300	3.4
Pneumonia, all forms.....480-486	12,400	.8	*	*
Chronic obstructive pulmonary disease and allied conditions.....490-496	36,000	2.4	39,600	2.7
Chapter 9. Diseases of the digestive system.....520-579	35,100	2.4	33,900	2.3
Chapter 10. Diseases of the genito-urinary system.....580-629	26,900	1.8	25,800	1.7
Urinary tract infection, N.E.C.....599.0	12,300	.8	11,000	.7
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	13,900	.9	11,300	.8
Chapter 13. Diseases of the musculo-skeletal system and connective tissue.....710-739	91,600	6.1	94,700	6.3
Rheumatoid arthritis, osteoarthritis and allied disorders, except spine.....714-715	33,700	2.3	36,300	2.4
Other arthritis or rheumatism.....710-713, 716, 729.0	21,300	1.4	25,500	1.7
Osteoporosis.....733.0	8,100	.5	8,100	.5
Chapter 14. Congenital anomalies.....740-759	5,800	.4	6,400	.4
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	57,100	3.8	59,700	4.0
Senility without psychoses.....797	15,600	1.0	18,100	1.2
Chapter 17. Injury and poisoning.....800-999	96,300	6.5	52,400	3.5
Fracture of neck of femur.....820	50,800	3.4	26,600	1.8
Other fractures.....800-819, 821-829	30,800	2.1	15,900	1.1
Supplementary classifications.....V01-V82	20,000	1.3	16,900	1.1
Persons with potential health hazards related to personal and family history.....V10-V19	9,400	.6	9,200	.6
Persons with a condition influencing their health status.....V40-V49	8,800	.6	6,700	.5
Unknown.....	35,600	2.4	31,900	2.1

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

NOTE: N.E.C. = Not elsewhere classified. Figures may not add to totals because of rounding.

Table 24. Number and percent distribution of nursing home residents by all-listed diagnosis at admission and at time of survey: United States, 1985

All-listed diagnosis and ICD-9-CM code 1/	At admission		At time of survey	
	Number of residents	Percent distribution	Number of residents	Percent distribution
All categories.....	1,491,400	100.0	1,491,400	100.0
Chapter 1. Infectious and parasitic diseases.....001-139	23,600	1.6	21,700	1.5
Chapter 2. Neoplasms.....140-239	85,700	5.7	81,300	5.5
Malignant neoplasms.....140-208	73,000	4.9	68,800	4.6
Benign neoplasms, carcinoma-in-situ, and neoplasms of uncertain behavior.....210-239	12,700	0.9	12,500	0.8
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders...240-279	294,800	19.8	271,700	18.2
Diabetes mellitus.....250	175,700	11.8	167,400	11.2
Chapter 4. Diseases of the blood and blood-forming organs.....280-289	65,500	4.4	58,700	3.9
Anemias.....280-285	61,200	4.1	54,600	3.7
Chapter 5. Mental disorders.....290-319	645,900	43.3	610,100	40.9
Senile dementia and other organic psychotic conditions.....290-294	84,100	5.6	79,100	5.3
Other psychoses.....295-299	152,200	10.2	144,600	9.7
Neurotic and personality disorders.....300-301	33,200	2.2	30,800	2.1
Specific non-psychotic mental disorders due to organic brain damage.....310	244,000	16.4	232,000	15.6
Mental retardation.....317-319	52,000	3.5	49,300	3.3
Other mental disorders.....302-309, 311-316	80,400	5.4	74,300	5.0
Chapter 6. Diseases of the nervous system and sense organs.....320-389	463,100	31.0	433,000	29.0
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	67,300	4.5	63,700	4.3
Parkinson's disease.....332	64,600	4.3	62,400	4.2
Multiple sclerosis.....340	12,000	0.8	11,200	0.8
Epilepsy.....345	13,300	0.9	12,100	0.8
Glaucoma.....365	31,100	2.1	29,100	1.9
Cataract.....366	36,700	2.5	33,200	2.2
Blindness.....369.0	17,000	1.1	15,500	1.0
Deafness.....389	24,100	1.6	21,900	1.5
Chapter 7. Diseases of the circulatory system.....390-459	1,441,500	96.7	1,354,900	90.8
Essential hypertension.....401	220,100	14.8	209,300	14.0
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	744,300	49.9	698,200	46.8
Coronary atherosclerosis.....414.0	272,700	18.3	256,500	17.2
Other ischemic heart disease.....410-413, 414.1-414.9	84,100	5.6	78,700	5.3
Congestive heart failure.....428.0	147,600	9.9	140,700	9.4
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	240,000	16.1	222,400	14.9
Cerebrovascular disease.....430-436	305,400	20.5	291,500	19.5
Atherosclerosis.....440	98,500	6.6	90,600	6.1
Chapter 8. Diseases of the respiratory system.....460-519	164,100	11.0	149,200	10.0
Pneumonia, all forms.....480-486	25,700	1.7	21,300	1.4
Chronic obstructive pulmonary disease and allied conditions.....490-496	106,000	7.1	98,900	6.6
Chapter 9. Diseases of the digestive system.....520-579	190,000	12.7	167,900	11.3
Ulcer of stomach, duodenum, peptic ulcer, or unspecified site.....531-534	24,400	1.6	20,800	1.4
Constipation.....564.0	8,000	0.5	7,700	0.5
Gastrointestinal hemorrhage.....578	10,000	0.7	7,800	0.5
Chapter 10. Diseases of the genito-urinary system.....580-629	135,600	9.1	116,100	7.8
Urinary tract infection, N.E.C.....599.0	64,200	4.3	53,600	3.6
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	56,600	3.8	44,900	3.0
Decubitus ulcers.....707.0	17,700	1.2	12,400	0.8
Chapter 13. Diseases of the musculo-skeletal system and connective tissue.....710-739	396,400	26.6	365,500	24.5
Rheumatoid arthritis, osteoarthritis and allied disorders, except spine.....714-715	162,200	10.9	149,800	10.0
Other arthritis or rheumatism.....710-713, 716, 729.0	84,900	5.7	79,600	5.3
Osteoporosis.....733.0	43,000	2.9	40,200	2.7
Chapter 14. Congenital anomalies.....740-759	14,700	1.0	13,800	0.9
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	254,800	17.1	230,200	15.4
Senility without psychoses.....797	51,100	3.4	46,100	3.1
Chapter 17. Injury and poisoning.....800-999	156,800	10.5	143,600	9.6
Fracture of neck of femur.....820	66,300	4.4	62,200	4.2
Other fractures.....800-819, 821-829	54,000	3.6	49,800	3.3
Supplementary classifications.....V01-V82	379,700	25.5	328,300	22.0
Persons with potential health hazards related to personal and family history.....V10-V19	220,900	14.8	194,200	13.0
Persons with a condition influencing their health status.....V40-V49	143,800	9.6	122,700	8.2

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

NOTE: N.E.C. = Not elsewhere classified. Figures may not add to totals because resident may have had more than 1 diagnosis.

Table 25. Number of nursing home residents by primary diagnosis at admission and dependency in activities of daily living: United States, 1985

Primary diagnosis and ICD-9-CM code 1/	All residents	Dependency in activities of daily living						Average number of dependencies
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Requires assistance in transferring 2/	Continence -- difficulty with bowel and/or bladder control	Requires assistance in eating	
All categories.....	1,491,400	1,323,200	1,124,600	907,600	893,400	774,400	586,300	3.8
Chapter 2. Neoplasms.....140-239	35,000	32,500	27,100	23,600	21,900	17,900	14,200	3.9
Malignant neoplasms.....140-208	30,600	28,100	23,500	20,000	18,600	15,100	11,900	3.8
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders.....240-279	83,200	79,300	64,900	53,000	49,800	45,600	29,400	3.9
Diabetes mellitus.....250	59,400	57,100	45,800	36,300	34,700	32,100	19,400	3.8
Chapter 5. Mental disorders.....290-319	306,800	250,900	210,000	154,900	138,900	150,400	116,900	3.3
Senile dementia and other organic psychotic conditions.....290-294	43,800	41,300	39,400	30,200	29,200	29,500	23,700	4.4
Other psychoses.....295-299	80,400	53,300	37,400	21,900	17,300	21,200	16,000	2.1
Specific non-psychotic mental disorders due to organic brain damage.....310	111,300	105,900	95,700	82,100	73,500	80,300	60,000	4.5
Mental retardation.....317-319	36,400	29,100	23,300	11,600	9,700	11,500	11,800	2.7
Other mental disorders.....300-309, 311-316	34,900	21,300	14,200	9,100	9,100	8,000	*	1.9
Chapter 6. Diseases of the nervous system and sense organs.....320-389	142,100	136,600	121,900	106,800	102,300	87,200	79,100	4.5
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	39,800	38,900	36,000	34,400	27,600	29,900	25,800	4.8
Parkinson's disease.....332	31,400	30,600	26,700	23,000	25,500	20,500	17,400	4.6
Chapter 7. Diseases of the circulatory system.....390-459	468,600	429,000	365,700	294,600	295,800	249,900	191,600	3.9
Essential hypertension.....401	50,900	41,700	34,000	26,700	27,800	24,400	15,600	3.3
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	207,900	189,600	155,700	116,400	116,000	101,100	78,300	3.6
Ischemic heart disease.....410-414	99,900	90,000	71,400	54,200	53,100	46,100	37,800	3.5
Congestive heart failure.....428.0	45,000	41,900	34,500	24,800	23,300	21,200	15,200	3.6
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	63,000	57,700	49,900	37,400	39,600	33,800	25,300	3.9
Cerebrovascular disease.....430-436	165,400	159,000	145,300	124,700	126,700	103,600	82,600	4.5
Atherosclerosis.....440	28,500	25,400	20,600	17,400	15,600	14,500	10,400	3.7
Chapter 8. Diseases of the respiratory system.....460-519	57,300	48,900	40,700	29,800	31,400	26,200	16,300	3.4
Chronic obstructive pulmonary disease and allied conditions.....490-496	36,000	29,400	23,700	15,300	16,800	12,100	6,300	2.9
Chapter 9. Diseases of the digestive system.....520-579	35,100	31,500	25,700	22,100	21,500	16,600	15,300	3.8
Chapter 10. Diseases of the genitourinary system.....580-629	26,900	25,100	23,300	20,800	20,200	18,900	12,900	4.5
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	13,900	13,000	11,900	9,800	10,900	8,300	6,700	4.4
Chapter 13. Diseases of the musculoskeletal system and connective tissue.....710-739	91,600	80,500	66,300	51,400	58,300	38,500	26,300	3.5
Arthritis or rheumatism.....710-716, 729.0	55,100	47,600	38,300	28,600	32,200	19,600	15,100	3.3
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	57,100	52,400	45,400	37,500	36,100	33,000	21,800	4.0
Chapter 17. Injury and poisoning.....800-999	96,300	90,300	79,500	67,900	72,400	50,600	35,600	4.1
Fracture of neck of femur.....820	50,800	49,600	43,900	40,000	42,100	28,600	20,200	4.4
Other fractures.....800-819, 821-829	30,800	29,500	26,300	20,200	22,600	15,200	10,600	4.0
All other diagnoses.....001-139, 280-289, 740-759, V01-V82	41,900	34,700	28,600	24,600	24,300	20,800	14,200	3.5
Unknown.....	35,600	18,400	13,500	10,400	9,600	10,200	5,800	1.9

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

2/ Transferring refers to getting in or out of a bed or chair.

NOTE: N.E.C. = Not elsewhere classified.

Table 26. Percent of nursing home residents by primary diagnosis at admission and dependency in activities of daily living: United States, 1985

Primary diagnosis and ICD-9-CM code 1/	All residents	Dependency in activities of daily living					
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Requires assistance in transferring 2/	Continence--difficulty with bowel and/or bladder control	Requires assistance in eating
All categories.....	100.0	88.7	75.4	60.9	59.9	51.9	39.3
Chapter 2. Neoplasms.....140-239	100.0	92.8	77.3	67.4	62.7	51.0	40.6
Malignant neoplasms.....140-208	100.0	91.8	76.8	65.3	60.6	49.4	38.9
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders.....240-279	100.0	95.3	77.9	63.7	59.8	54.8	35.3
Diabetes mellitus.....250	100.0	96.1	77.1	61.0	58.5	54.0	32.6
Chapter 5. Mental disorders.....290-319	100.0	81.8	68.5	50.5	45.3	49.0	38.1
Senile dementia and other organic psychotic conditions.....290-294	100.0	94.3	89.9	68.9	66.8	67.2	54.2
Other psychoses.....295-299	100.0	66.3	46.5	27.2	21.5	26.3	19.8
Specific non-psychotic mental disorders due to organic brain damage.....310	100.0	95.1	86.0	73.8	66.1	72.1	53.9
Mental retardation.....317-319	100.0	80.0	64.1	31.9	26.7	31.7	32.5
Other mental disorders.....300-309, 311-316	100.0	61.0	40.6	26.2	26.1	22.9	*
Chapter 6. Diseases of the nervous system and sense organs.....320-389	100.0	96.2	85.8	75.2	72.0	61.4	55.7
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	100.0	97.7	90.6	86.6	69.4	75.2	64.9
Parkinson's disease.....332	100.0	97.3	84.9	73.2	81.2	65.4	55.3
Chapter 7. Diseases of the circulatory system.....390-459	100.0	91.5	78.1	62.9	63.1	53.3	40.9
Essential hypertension.....401	100.0	82.0	66.9	52.5	54.7	47.9	30.7
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	100.0	91.2	74.9	56.0	55.8	48.6	37.7
Ischemic heart disease.....410-414	100.0	90.2	71.4	54.3	53.2	46.2	37.9
Congestive heart failure.....428.0	100.0	93.0	76.5	55.0	51.8	47.1	33.7
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	100.0	91.5	79.2	59.3	62.8	53.5	40.2
Cerebrovascular disease.....430-436	100.0	96.1	87.8	75.4	76.6	62.6	50.0
Atherosclerosis.....440	100.0	89.2	72.2	61.2	54.9	51.0	36.6
Chapter 8. Diseases of the respiratory system.....460-519	100.0	85.4	71.0	52.0	54.7	45.7	28.5
Chronic obstructive pulmonary disease and allied conditions.....490-496	100.0	81.5	65.7	42.5	46.7	33.7	17.4
Chapter 9. Diseases of the digestive system.....520-579	100.0	89.6	73.1	62.9	61.4	47.4	43.6
Chapter 10. Diseases of the genito-urinary system.....580-629	100.0	93.5	86.5	77.3	75.1	70.1	47.9
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	100.0	94.1	85.7	70.9	78.6	60.2	48.6
Chapter 13. Diseases of the musculo-skeletal system and connective tissue.....710-739	100.0	87.9	72.4	56.2	63.6	42.0	28.7
Arthritis or rheumatism.....710-716, 729.0	100.0	86.5	69.6	52.0	58.6	35.6	27.4
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	100.0	91.9	79.5	65.7	63.2	57.8	38.1
Chapter 17. Injury and poisoning.....800-999	100.0	93.7	82.6	70.5	75.1	52.6	37.0
Fracture of neck of femur.....820	100.0	97.8	86.5	78.9	82.9	56.3	39.8
Other fractures.....800-819, 821-829	100.0	95.9	85.3	65.4	73.3	49.3	34.5
All other diagnoses.....001-139, 280-289, 740-759, V01-V82	100.0	82.7	68.2	58.7	57.9	49.6	33.8
Unknown.....	100.0	51.7	37.9	29.3	27.0	26.8	16.3

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

2/ Transferring refers to getting in or out of a bed or chair.

NOTE: N.E.C. = Not elsewhere classified.

Table 27. Number of nursing home residents by selected functional statuses, age, sex, and race: United States, 1985

Functional status	All residents	Age					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
Total.....	1,491,400	173,100	1,318,300	212,100	509,000	597,300	423,800	1,067,700	1,374,600	116,800	104,400
Aids used 1/											
Eye-glasses or contacts.....	947,400	70,400	877,100	112,200	335,700	429,200	223,400	724,100	903,400	44,100	38,700
Hearing aid.....	96,800	*	95,100	5,800	24,600	64,700	24,700	72,100	93,300	*	*
Vision 2/											
Not impaired.....	1,132,600	153,300	979,400	176,700	396,100	406,600	334,700	797,900	1,044,400	88,300	77,900
Partially impaired 3/.....	217,800	10,200	207,600	21,200	72,200	114,200	54,900	162,900	200,100	17,700	16,400
Severely impaired.....	83,300	*	80,100	9,100	20,800	50,200	18,400	65,000	79,100	*	*
Completely lost.....	37,100	*	32,800	*	10,700	19,300	10,300	26,900	31,100	6,100	*
Unknown.....	20,500	*	18,400	*	9,300	7,000	*	15,000	20,000	*	*
Hearing 2/											
Not impaired.....	1,171,200	160,400	1,004,800	191,600	420,600	392,600	337,300	833,900	1,074,700	96,500	86,300
Partially impaired 3/.....	248,700	*	243,300	15,800	75,100	152,400	68,100	180,600	232,000	16,700	14,700
Severely impaired.....	51,000	*	50,800	*	7,700	40,700	12,700	38,300	48,900	*	*
Completely lost.....	8,800	*	8,500	*	*	*	*	6,300	8,100	*	*
Unknown.....	11,800	*	10,900	*	*	6,700	*	8,600	10,900	*	*
Bathing											
Independent 4/.....	168,200	50,100	118,100	32,300	49,200	36,600	74,800	93,400	157,300	10,900	9,100
Requires assistance.....	1,323,200	123,000	1,200,200	179,700	459,800	560,700	349,000	974,300	1,217,300	105,900	95,300
Dressing											
Independent 4/.....	366,900	71,200	295,700	63,300	122,800	109,500	136,400	230,500	343,500	23,400	19,900
Requires assistance; includes those who do not dress.....	1,124,600	101,900	1,022,700	148,800	386,200	487,700	287,300	837,200	1,031,200	93,400	84,400
Eating											
Independent 4/.....	905,200	118,600	786,500	141,200	310,000	335,300	281,800	623,400	839,000	66,100	57,400
Requires assistance; includes those who are tube or intravenously fed.....	586,300	54,500	531,800	70,900	199,000	261,900	142,000	444,300	535,600	50,700	47,000
Mobility											
Walks independently 4/.....	436,900	88,400	348,500	84,000	154,800	109,700	159,200	277,700	407,700	29,200	24,300
Walks with assistance.....	369,500	23,300	346,200	43,200	126,000	176,900	92,500	276,900	344,700	24,700	22,900
Chairfast.....	588,800	50,700	538,100	71,500	196,900	269,700	152,000	436,800	532,200	56,700	51,600
Bedfast.....	96,300	10,700	85,600	13,300	31,300	41,000	20,000	76,300	90,100	6,200	*
Transferring 5/											
Independent 4/.....	598,000	104,600	493,400	101,600	204,900	186,900	205,900	392,100	555,800	42,200	36,000
Requires assistance.....	893,400	68,500	824,900	110,400	304,100	410,400	217,800	675,600	818,900	74,600	68,300
Using toilet room											
Independent 4/.....	583,900	98,800	485,000	92,100	201,800	191,100	202,300	381,500	540,900	43,000	37,200
Requires assistance.....	728,700	54,500	674,200	97,200	243,100	333,900	181,800	546,900	673,300	55,400	51,300
Does not use toilet room.....	178,900	19,800	159,100	22,800	64,000	72,200	39,600	139,300	160,400	18,500	15,900
Continence											
No difficulty controlling bowels or bladder 4/.....	717,000	117,200	599,800	121,000	228,800	250,000	224,000	493,000	661,700	55,300	47,700
Difficulty controlling bowels.....	28,800	*	26,200	*	8,900	13,100	9,500	19,300	27,700	*	*
Difficulty controlling bladder.....	153,000	11,200	141,900	14,300	55,800	71,700	39,400	113,700	144,400	8,600	7,600
Difficulty controlling both bowels and bladder.....	472,400	29,100	443,300	58,400	171,000	213,900	116,300	356,100	432,900	39,500	36,500
Ostomy in either bowels or bladder.....	120,100	13,000	107,100	14,100	44,500	48,500	34,500	85,700	107,900	12,300	11,500

See footnotes at end of table.

Table 27. Number of nursing home residents by selected functional statuses, age, sex, and race: United States, 1985--Con.

Functional status	All residents	Age					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
Number of dependencies in activities of daily living 6/											
None.....	146,200	45,800	100,400	28,000	43,800	28,500	67,800	78,300	136,400	9,800	7,900
1	166,700	20,300	146,500	29,700	59,300	57,500	52,000	114,700	157,700	9,000	7,600
2	151,600	21,700	130,100	23,700	49,000	57,500	44,300	107,500	141,000	10,800	9,500
3	115,300	12,500	102,800	15,400	44,400	43,100	35,100	80,200	102,600	12,700	11,300
4	195,600	18,300	177,300	29,300	65,200	42,800	51,400	144,200	178,200	17,400	15,000
5	284,200	23,000	260,600	35,200	99,000	126,400	72,700	211,500	262,700	21,500	19,600
6	431,700	31,000	400,700	50,700	148,400	201,500	100,300	331,300	396,000	35,700	33,400
Average number of dependencies.....	3.8	2.6	3.9	3.4	3.8	4.1	3.3	3.9	3.7	3.9	4.0
Receives help in instrumental activities of daily living											
Does not receive help 4/..	227,300	43,200	184,100	39,500	79,200	65,400	86,300	140,900	212,200	15,000	12,900
Receives help.....	1,264,200	129,900	1,134,300	172,600	429,900	531,800	337,400	926,800	1,162,400	101,800	91,400
Care of personal possessions.....											
Does not receive help.....	1,095,800	104,600	991,300	148,300	377,100	465,900	283,000	812,800	1,004,700	91,100	82,200
Receives help.....	1,123,700	117,100	1,008,600	149,800	382,300	476,500	296,800	826,900	1,036,200	87,600	77,400
Securing personal items such as newspapers, toilet articles, snack food.....											
Does not receive help.....	1,137,400	108,000	1,029,400	152,800	386,600	490,000	295,500	841,900	1,045,700	91,600	82,900
Receives help.....	935,700	83,000	852,700	124,700	325,800	402,200	244,300	691,400	853,800	81,900	74,800

1/ Figures do not add to totals because resident may not have used glasses, contacts, or hearing aid.
 2/ Status at best correction, that is, with corrective lenses or hearing aid, if applicable.
 3/ Includes a small number of residents who were impaired but whose level of impairment is unknown.
 4/ Includes a small number of unknowns.
 5/ Transferring refers to getting in or out of a bed or chair.
 6/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

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

Table 28. Percent distribution of nursing home residents by selected functional statuses, according to age, sex, and race: United States, 1985

Functional status	All residents	Age					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
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Aids used 1/											
Eyeglasses or contacts.....	63.5	40.7	66.5	52.9	65.9	71.9	52.7	67.8	65.7	37.7	37.0
Hearing aid.....	6.5	*	7.2	*	4.8	10.8	5.8	6.8	6.8	*	*
Vision 2/											
Not impaired.....	75.9	88.5	74.3	83.3	77.8	68.1	79.0	74.7	76.0	75.6	74.6
Partially impaired 3/...	14.6	5.9	15.7	10.0	14.2	19.1	13.0	15.3	14.6	15.2	15.7
Severely impaired.....	5.6	*	6.1	4.3	4.1	8.4	4.3	6.1	5.8	*	*
Completely lost.....	2.5	*	2.5	*	2.1	3.2	2.4	2.5	2.3	5.2	*
Unknown.....	1.4	*	1.4	*	1.8	1.2	*	1.4	1.5	*	*
Hearing 2/											
Not impaired.....	78.5	96.1	76.2	90.4	82.6	65.7	79.6	78.1	78.2	82.6	82.7
Partially impaired 3/...	16.7	*	18.5	7.4	14.8	25.5	16.1	16.9	16.9	14.3	14.1
Severely impaired.....	3.4	*	3.9	*	1.5	6.8	3.0	3.6	3.6	*	*
Completely lost.....	.6	*	.6	*	*	*	*	.6	.6	*	*
Unknown.....	.8	*	.8	*	*	1.1	*	.8	.8	*	*
Bathing											
Independent 4/.....	11.3	28.9	9.0	15.2	9.7	6.1	17.6	8.8	11.4	9.3	8.7
Requires assistance.....	88.7	71.1	91.0	84.8	90.3	93.9	82.4	91.2	88.6	90.7	91.3
Dressing											
Independent 4/.....	24.6	41.1	22.4	29.8	24.1	18.3	32.2	21.6	25.0	20.0	19.1
Requires assistance; includes those who do not dress.....	75.4	58.9	77.6	70.2	75.9	81.7	67.8	78.4	75.0	80.0	80.9
Eating											
Independent 4/.....	60.7	68.5	59.7	66.6	60.9	56.1	66.5	58.4	61.0	56.6	55.0
Requires assistance; includes those who are tube or intravenously fed.....	39.3	31.5	40.3	33.4	39.1	43.9	33.5	41.6	39.0	43.4	45.0
Mobility											
Walks independently 4/..	29.3	51.0	26.4	39.6	30.4	18.4	37.6	26.0	29.7	25.0	23.2
Walks with assistance...	24.8	13.5	26.3	20.4	24.7	29.6	21.8	25.9	25.1	21.2	22.0
Chairfast.....	39.5	29.3	40.8	33.7	38.7	45.1	35.9	40.9	38.7	48.5	49.5
Bedfast.....	6.5	6.2	6.5	6.3	6.1	6.9	4.7	7.1	6.6	5.3	*
Transferring 5/											
Independent 4/.....	40.1	60.4	37.4	47.9	40.3	31.3	48.6	36.7	40.4	36.2	34.5
Requires assistance.....	59.9	39.6	62.6	52.1	59.7	68.7	51.4	63.3	59.6	63.8	65.5
Using toilet room											
Independent 4/.....	39.1	57.1	36.8	43.4	39.7	32.0	47.8	35.7	39.3	36.8	35.6
Requires assistance.....	48.9	31.5	51.1	45.8	47.8	55.9	42.9	51.2	45.0	47.4	49.2
Does not use toilet room.....	12.0	11.4	12.1	10.8	12.6	12.1	9.3	13.0	11.7	15.8	15.2
Continence											
No difficulty controlling bowels or bladder 4/.....	48.1	67.7	45.5	57.1	45.0	41.9	52.9	46.2	48.1	47.3	45.7
Difficulty controlling bowels.....	1.9	*	2.0	*	1.7	2.2	2.3	1.8	2.0	*	*
Difficulty controlling bladder.....	10.3	6.4	10.8	6.8	11.0	12.0	9.3	10.6	10.5	7.4	7.3
Difficulty controlling both bowels and bladder.....	31.7	16.8	33.6	27.5	33.6	35.8	27.5	33.3	31.5	33.8	34.9
Ostomy in either bowels or bladder.....	8.1	7.5	8.1	6.6	8.7	8.1	8.1	8.0	7.8	10.5	11.0

See footnotes at end of table.

Table 28. Percent distribution of nursing home residents by selected functional statuses, according to age, sex, and race: United States, 1985--Con.

Functional status	All residents	Age					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
Number of dependencies in activities of daily living 6/											
None.....	9.8	26.5	7.6	13.2	8.6	4.8	16.0	7.3	9.9	8.4	7.6
1	11.2	11.7	11.1	14.0	11.6	9.6	12.3	10.7	11.5	7.7	7.3
2	10.2	12.5	9.9	11.2	9.6	9.6	10.5	10.1	10.3	9.2	9.1
3	7.7	7.2	7.8	7.3	8.7	7.2	8.3	7.5	7.5	10.8	10.8
4	13.1	10.6	13.5	13.8	12.8	13.9	12.1	13.5	13.0	14.9	14.4
5	19.1	13.6	19.8	16.6	19.4	21.2	17.2	19.8	19.1	18.4	18.8
6	28.9	17.9	30.4	23.9	29.2	33.7	23.7	31.0	28.8	30.6	32.0
Receives help in instrumental activities of daily living											
Does not receive help 4/.....											
Receives help.....	84.8	75.1	86.0	81.4	84.4	89.0	79.6	86.8	84.6	87.1	87.6
Care of personal possessions.....											
Handling money.....	75.3	66.5	76.5	70.7	75.1	79.8	70.0	77.4	75.4	75.0	74.2
Securing personal items such as newspapers, toilet articles, snack food.....											
Using the telephone.....	76.3	62.4	78.1	72.1	75.9	82.0	69.7	78.9	76.1	78.4	79.5

1/ Figures do not add to totals because resident may not have used glasses, contacts, or hearing aid.
 2/ Status at best correction, that is, with corrective lenses or hearing aid, if applicable.
 3/ Includes a small number of residents who were impaired but whose level of impairment is unknown.
 4/ Includes a small number of unknowns.
 5/ Transferring refers to getting in or out of a bed or chair.
 6/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence.
 Unknowns were considered not dependent.

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

Table 29. Number of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and primary source of payment at admission: United States, 1985

Diagnosis-related group	All elderly residents admitted from short-stay hospitals	Primary source of payment for residents at admission		
		Own income or family support	Medicare	All other sources 1/
All diagnosis-related groups.....	510,500	213,500	53,400	243,700
Specific cerebrovascular disorders except transient ischemic attack.....	44,200	20,500	7,800	15,900
Hip and femur procedures except major joint, age 70 or over, and/or substantial comorbidity and complication.....	35,400	17,900	6,500	11,400
Fracture of hip and pelvis.....	20,100	8,600	*	10,600
Simple pneumonia and pleurisy, age 70 or over, and/or substantial comorbidity and complication.....	19,400	6,100	*	12,360
Atherosclerosis, age 70 or over, and/or substantial comorbidity and complication.....	17,500	8,200	*	7,900
Heart failure and shock.....	16,200	*	*	8,500
Organic disturbances and mental retardation.....	14,800	7,100	*	7,500
Diabetes, age 30 or over.....	14,600	*	*	7,100
Nutritional and miscellaneous metabolic disorders, age 70 or over....	13,400	6,200	*	6,000
Degenerative nervous system disorders.....	12,800	6,300	*	*
Kidney and urinary tract infections, age 70 or over, and/or substantial comorbidity and complication.....	12,400	*	*	7,500
Esophagitis, gastroenteritis, and miscellaneous digestive disorders, age 70 or over, and/or substantial comorbidity and complication.....	11,100	*	*	*
Unrelated operating room procedures.....	10,700	*	*	*
Chronic obstructive pulmonary disease....	8,100	*	*	*
Gastrointestinal hemorrhage, age 70 or over, and/or substantial comorbidity and complication.....	6,900	*	*	*

1/ Includes Medicaid (skilled or intermediate), other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

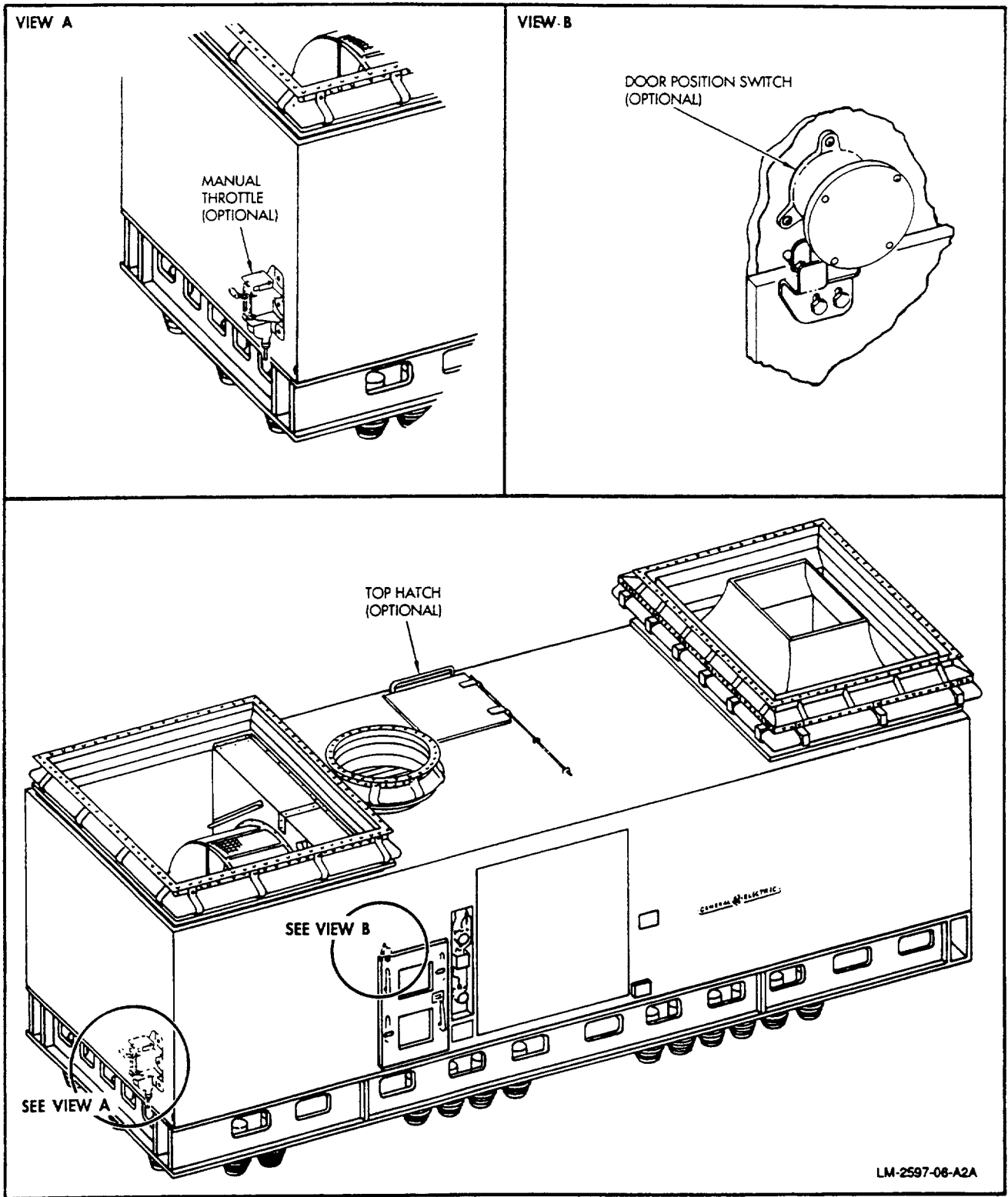


Figure 2-4. Enclosure (Typical)

Table 31. Number of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and dependency in activities of daily living: United States, 1985

Diagnosis-related group	All elderly residents admitted from short-stay hospitals	Dependency in activities of daily living						Average number of dependencies
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Requires assistance in transferring 1/	Continence — difficulty with bowel and/or bladder control	Requires assistance in eating	
All diagnosis-related groups.....	510,500	486,600	427,900	376,000	378,300	305,000	234,000	4.3
Specific cerebrovascular disorders except transient ischemic attack.....	44,200	41,700	39,600	37,000	36,900	31,400	25,600	4.8
Hip and femur procedures except major joint, age 70 or over, and/or substantial comorbidity and complication.....	35,400	35,200	30,200	28,900	29,500	21,700	16,800	4.6
Fracture of hip and pelvis.....	20,100	19,800	19,300	16,500	16,700	13,100	9,800	4.7
Simple pneumonia and pleurisy, age 70 or over, and/or substantial comorbidity and complication.....	19,400	18,700	16,200	15,000	14,300	14,000	10,900	4.6
Atherosclerosis, age 70 or over, and/or substantial comorbidity and complication.....	17,500	16,600	14,500	13,100	13,900	11,100	6,300	4.4
Heart failure and shock.....	16,200	15,200	13,700	8,900	9,000	7,200	*	3.6
Organic disturbances and mental retardation.....	14,800	14,400	12,400	10,900	10,000	10,300	8,500	4.5
Diabetes, age 36 or over.....	14,600	14,000	11,000	7,700	9,800	6,200	*	3.6
Nutritional and miscellaneous metabolic disorders, age 70 or over.....	13,400	12,900	11,100	10,500	9,400	9,600	6,900	4.5
Degenerative nervous system disorders... Kidney and urinary tract infections, age 70 or over, and/or substantial comorbidity and complication.....	12,800	12,600	11,000	11,000	10,000	9,500	7,600	4.8
Esophagitis, gastroenteritis, and miscellaneous digestive disorders, age 70 or over, and/or substantial comorbidity and complication.....	12,400	12,400	11,400	10,800	10,500	11,400	8,600	5.3
Unrelated operating room procedures.....	11,100	10,600	9,700	8,400	8,400	7,800	6,500	4.6
Chronic obstructive pulmonary disease... Gastrointestinal hemorrhage, age 70 or over, and/or substantial comorbidity and complication.....	10,700	10,400	9,300	7,800	8,100	6,700	*	4.5
	8,100	6,500	*	*	*	*	*	3.2
	6,900	6,300	6,000	6,000	*	*	*	4.4

1/ Transferring refers to getting in or out of a bed or chair.

Table 32. Percent of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups and dependency in activities of daily living: United States, 1985

Diagnosis-related group	All elderly residents admitted from short-stay hospitals	Dependency in activities of daily living					
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Requires assistance in transferring 1/	Continence -- difficulty with bowel and/or bladder control	Requires assistance in eating
All diagnosis-related groups.....	100.0	95.3	83.8	73.7	74.1	59.7	45.8
Specific cerebrovascular disorders except transient ischemic attack.....	100.0	94.4	89.6	83.8	83.6	71.1	58.1
Hip and femur procedures except major joint, age 70 or over, and/or substantial comorbidity and complication.....	100.0	99.3	85.3	81.5	83.3	61.4	47.5
Fracture of hip and pelvis.....	100.0	98.6	95.8	81.8	83.0	64.9	48.7
Simple pneumonia and pleurisy, age 70 or over, and/or substantial comorbidity and complication.....	100.0	96.0	83.2	76.9	73.7	72.0	55.8
Atherosclerosis, age 70 or over, and/or substantial comorbidity and complication.....	100.0	95.2	83.3	75.3	79.4	63.8	47.7
Heart failure and shock.....	100.0	94.0	84.6	54.6	55.3	44.5	*
Organic disturbances and mental retardation.....	100.0	97.4	83.7	73.9	67.6	69.9	57.2
Diabetes, age 36 or over.....	100.0	96.0	75.4	52.9	67.5	42.5	*
Nutritional and miscellaneous metabolic disorders, age 70 or over.....	100.0	96.0	82.6	78.5	70.4	71.8	51.6
Degenerative nervous system disorders...	100.0	98.0	86.1	85.7	77.6	73.7	59.4
Kidney and urinary tract infections, age 70 or over, and/or substantial comorbidity and complication.....	100.0	100.0	91.7	87.6	85.1	91.8	69.5
Esophagitis, gastroenteritis, and miscellaneous digestive disorders, age 70 or over, and/or substantial comorbidity and complication.....	100.0	95.3	87.0	75.2	75.8	69.8	58.3
Unrelated operating room procedures.....	100.0	97.4	87.0	73.5	76.3	62.7	*
Chronic obstructive pulmonary disease...	100.0	79.4	*	*	*	*	*
Gastrointestinal hemorrhage, age 70 or over, and/or substantial comorbidity and complication.....	100.0	90.9	86.9	86.9	*	*	*

1/ Transferring refers to getting in or out of a bed or chair.

Table 33. Number of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups, age, sex, race, and marital status at admission: United States, 1985

Diagnosis-related group	All elderly residents admitted from short-stay hospitals	Age			Sex		Race		Marital status at admission	
		65-74 years	75-84 years	85 years and over	Male	Female	White	Black and other	Married	Not married
All diagnosis-related groups.....	510,500	83,900	194,500	232,100	117,700	392,800	465,500	45,000	82,000	428,500
Specific cerebrovascular disorders except transient ischemic attack.....	44,200	10,600	18,700	14,800	10,600	33,600	37,000	7,200	11,000	33,200
Hip and femur procedures except major joint, age 70 or over, and/or substantial comorbidity and complication.....	35,400	*	9,300	23,200	*	32,600	34,700	*	*	32,900
Fracture of hip and pelvis.....	20,100	*	*	12,000	*	17,800	19,400	*	*	17,800
Simple pneumonia and pleurisy, age 70 or over, and/or substantial comorbidity and complication.....	19,400	*	5,900	11,000	*	14,500	18,000	*	*	15,900
Atherosclerosis, age 70 or over, and/or substantial comorbidity and complication.....	17,500	*	*	10,800	*	13,800	16,000	*	*	15,600
Heart failure and shock.....	16,200	*	7,900	7,800	*	11,300	14,000	*	*	14,400
Organic disturbances and mental retardation.....	14,800	*	7,600	6,000	*	11,300	12,800	*	*	11,700
Diabetes, age 36 or over.....	14,600	*	9,400	*	*	11,200	11,400	*	*	12,600
Nutritional and miscellaneous metabolic disorders, age 70 or over.....	13,400	*	6,500	6,400	*	11,400	12,200	*	*	11,400
Degenerative nervous system disorders.....	12,800	*	6,400	*	*	10,000	12,600	*	*	8,100
Kidney and urinary tract infections, age 70 or over, and/or substantial comorbidity and complication.....	12,400	*	*	7,800	*	9,800	12,200	*	*	10,400
Esophagitis, gastroenteritis, and miscellaneous digestive disorders, age 70 or over, and/or substantial comorbidity and complication.....	11,100	*	*	*	*	8,400	9,700	*	*	9,000
Unrelated operating room procedures.....	10,700	*	*	*	*	6,800	8,900	*	*	9,600
Chronic obstructive pulmonary disease.....	8,100	*	*	*	*	*	7,500	*	*	6,900
Gastrointestinal hemorrhage, age 70 or over, and/or substantial comorbidity and complication.....	6,900	*	*	*	*	6,100	6,300	*	*	6,700

Table 34. Percent distribution of elderly nursing home residents admitted from short-stay hospitals by selected diagnosis-related groups, according to age, sex, race, and marital status at admission: United States, 1985

Diagnosis-related group	All elderly residents admitted from short-stay hospitals	Age			Sex		Race		Marital status at admission	
		65-74 years	75-84 years	85 years and over	Male	Female	white	Black and other	Married	Not married
All diagnosis-related groups.....	100.0	16.4	38.1	45.5	23.1	76.9	91.2	6.8	16.1	83.9
Specific cerebrovascular disorders except transient ischemic attack.....	100.0	24.1	42.3	33.6	24.0	76.0	83.7	16.3	24.9	75.1
Hip and femur procedures except major joint, age 70 or over, and/or substantial comorbidity and complication.....	100.0	*	26.4	65.5	*	92.1	97.9	*	*	92.9
Fracture of hip and pelvis.....	100.0	*	*	62.6	*	88.6	96.2	*	*	88.3
Simple pneumonia and pleurisy, age 70 or over, and/or substantial comorbidity and complication.....	100.0	*	30.6	56.3	*	74.6	92.3	*	*	81.9
Atherosclerosis, age 70 or over, and/or substantial comorbidity and complication.....	100.0	*	*	61.8	*	78.8	91.5	*	*	89.4
Heart failure and shock.....	100.0	*	48.5	48.1	*	69.4	86.2	*	*	88.6
Organic disturbances and mental retardation.....	100.0	*	51.2	40.7	*	76.4	86.7	*	*	79.0
Diabetes, age 36 or over.....	100.0	*	64.4	*	*	76.8	78.4	*	*	86.6
Nutritional and miscellaneous metabolic disorders, age 70 or over.....	100.0	*	48.3	47.7	*	84.9	91.1	*	*	85.3
Degenerative nervous system disorders.....	100.0	*	49.7	*	*	77.5	98.0	*	*	62.9
Kidney and urinary tract infections, age 70 or over, and/or substantial comorbidity and complication.....	100.0	*	*	63.4	*	79.4	98.4	*	*	83.8
Esophagitis, gastroenteritis, and miscellaneous digestive disorders, age 70 or over, and/or substantial comorbidity and complication.....	100.0	*	*	*	*	75.9	86.8	*	*	80.5
Unrelated operating room procedures.....	100.0	*	*	*	*	63.9	83.6	*	*	89.6
Chronic obstructive pulmonary disease.....	100.0	*	*	*	*	*	92.3	*	*	85.4
Gastrointestinal hemorrhage, age 70 or over, and/or substantial comorbidity and complication.....	100.0	*	*	*	*	88.2	90.6	*	*	96.0

Table 35. Number of nursing home residents by mental status, age, sex, and race: United States, 1985

Mental status	All residents	Age					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
Total.....	1,491,400	173,100	1,318,300	212,100	509,000	597,300	423,800	1,067,700	1,374,600	116,800	104,400
Current mental disorders											
No mental disorders 1/.....	510,000	37,600	472,300	69,100	182,500	220,700	145,500	364,500	468,400	41,600	37,200
Has mental disorders 2/.....	981,500	135,500	846,000	142,900	326,500	376,600	278,300	703,200	906,200	75,300	67,200
Mental retardation.....	81,100	44,500	36,600	19,300	13,400	*	36,000	45,100	75,000	6,200	*
Alcohol abuse or dependence.....	41,800	14,100	27,700	12,400	11,800	*	31,200	10,600	35,400	6,400	*
Drug abuse or dependence.....	13,900	*	9,900	*	*	*	*	9,200	13,700	*	*
Senile dementia or chronic organic brain syndrome.....	646,700	28,000	618,800	72,200	231,100	315,500	155,500	491,200	597,400	49,400	45,600
Depressive disorders.....	205,300	28,000	177,300	38,400	77,800	61,100	53,100	152,300	192,300	13,000	10,500
Schizophrenia.....	85,200	41,700	43,400	23,100	13,500	6,900	35,000	50,100	77,000	8,200	6,600
Other psychoses.....	34,900	6,000	29,000	8,300	11,800	8,900	12,300	22,600	32,100	*	*
Anxiety disorders.....	200,700	28,100	172,600	31,700	73,700	67,200	52,100	148,600	185,400	15,300	12,800
Personality or character disorders.....	164,700	31,800	132,900	31,100	56,700	45,100	58,800	105,900	149,400	15,300	14,700
Other mental disorders.....	6,300	*	5,800	*	*	*	*	*	5,800	*	*
Behavioral problems.....	572,600	68,700	503,900	75,300	202,100	226,500	163,900	408,700	525,200	47,400	43,600
Disorientation or memory impairment.....	922,500	96,700	825,900	118,000	309,400	398,500	248,300	674,300	847,100	75,400	68,600
Disturbance of mood.....	623,700	70,400	553,300	97,900	211,000	244,300	158,900	464,800	580,300	43,400	38,700

1/ Includes a small number of unknowns.

2/ Figures may not add to totals because resident may have had more than one mental disorder.

Table 36. Percent of nursing home residents by mental status, age, sex, and race: United States, 1985

Mental status	All residents	Age				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
Current mental disorders											
No mental disorders 1/.....	34.2	21.7	35.8	32.6	35.9	36.9	34.3	34.1	34.1	35.6	35.6
Has mental disorders 2/.....	65.8	78.3	64.2	67.4	64.1	63.1	65.7	65.9	65.9	64.4	64.4
Mental retardation.....	5.4	25.7	2.8	9.1	2.6	*	8.5	4.2	5.5	5.3	*
Alcohol abuse or dependence....	2.8	8.2	2.1	5.8	2.3	*	7.4	1.0	2.6	5.5	*
Drug abuse or dependence....	.9	*	.7	*	*	*	*	.9	1.0	*	*
Senile dementia or chronic organic brain syndrome.....	43.4	16.1	46.9	34.0	45.4	52.8	36.7	46.0	43.5	42.3	43.7
Depressive disorders.....	13.8	16.2	13.4	18.1	15.3	10.2	12.5	14.3	14.0	11.1	10.0
Schizophrenia.....	5.7	24.1	3.3	10.9	2.6	1.1	8.3	4.7	5.6	7.0	6.3
Other psychoses....	2.3	3.4	2.2	3.9	2.3	1.5	2.9	2.1	2.3	*	*
Anxiety disorders.....	13.5	16.2	13.1	14.9	14.5	11.3	12.3	13.9	13.5	13.1	12.3
Personality or character disorders.....	11.0	18.4	10.1	14.7	11.1	7.5	13.9	9.9	10.9	13.1	14.1
Other mental disorders.....	.4	*	.4	*	*	*	*	*	.4	*	*
Behavioral problems.....	38.4	39.7	38.2	35.5	39.7	37.9	38.7	38.3	38.2	40.6	41.8
Disorientation or memory impairment.....	61.9	55.8	62.6	55.7	60.8	66.7	58.6	63.2	61.6	64.6	65.7
Disturbance of mood.....	41.8	40.7	42.0	46.2	41.5	40.9	37.5	43.5	42.2	37.2	37.1

1/ Includes a small number of unknowns.

2/ Figures may not add to totals because resident may have had more than one mental disorder.

Table 37. Number of nursing home residents by mental status and dependency in activities of daily living: United States, 1985

Mental status	All residents	Dependency in activities of daily living						Average number of dependencies
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Requires assistance in transferring 1/	Continence--difficulty with bowel and/or bladder control	Requires assistance in eating	
Total.....	1,491,400	1,323,200	1,124,600	907,600	893,400	774,400	586,300	3.8
Current mental disorders								
No mental disorders 2/.....	510,000	437,200	345,700	269,000	288,700	195,100	142,400	3.3
Has mental disorders 1/.....	981,500	886,000	778,900	638,600	604,800	579,300	443,900	4.0
Mental retardation..	81,100	69,000	58,700	39,100	33,900	38,600	28,100	3.3
Alcohol abuse or dependence.....	41,800	29,400	19,400	13,800	12,000	12,900	7,600	2.3
Drug abuse or dependence.....	13,900	11,300	8,400	6,400	6,900	*	*	2.9
Senile dementia or chronic organic brain syndrome.....	646,700	625,000	573,400	488,600	457,800	456,200	355,000	4.6
Depressive disorders.....	205,300	179,900	153,800	126,800	126,500	105,600	81,800	3.8
Schizophrenia.....	85,200	56,200	38,200	22,200	17,300	21,900	13,700	2.0
Other psychoses.....	34,900	29,400	24,200	18,300	17,200	17,400	13,100	3.4
Anxiety disorders....	200,700	180,300	156,700	124,000	123,700	107,400	85,800	3.9
Personality or character disorders.....	164,700	145,500	129,000	99,600	94,700	95,100	70,600	3.9
Other mental disorders.....	6,300	*	*	*	*	*	*	3.7
Behavioral problems.....	572,600	545,500	504,300	414,800	380,200	390,000	302,800	4.4
Disorientation or memory impairment.....	922,500	874,600	800,700	668,200	635,000	615,300	476,600	4.4
Disturbance of mood.....	623,700	577,600	511,100	419,500	406,300	361,500	280,300	4.1

1/ Transferring refers to getting in or out of a bed or chair.

2/ Includes a small number of unknowns.

3/ Figures may not add to totals because resident may have had more than one mental disorder.

Table 38. Percent of nursing home residents by mental status and dependency in activities of daily living: United States, 1985

Mental status	Dependency in activities of daily living					
	Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Requires assistance in transferring 1/	Continence-- difficulty with bowel and/or bladder control	Requires assistance in eating
Total.....	88.7	75.4	60.9	59.9	51.9	39.3
Current mental disorders						
No mental disorders 2/.....	85.7	67.8	52.7	56.6	38.3	27.9
Has mental disorders 2/.....	90.3	79.4	65.1	61.6	59.0	45.2
Mental retardation..	85.1	72.3	48.2	41.8	47.6	34.6
Alcohol abuse or dependence.....	70.4	46.4	32.9	28.8	30.8	18.3
Drug abuse or dependence.....	80.8	60.0	45.6	49.8	*	*
Senile dementia or chronic organic brain syndrome.....	96.6	88.7	75.5	70.8	70.5	54.9
Depressive disorders.....	87.6	74.9	61.7	61.6	51.4	39.8
Schizophrenia.....	66.0	44.9	26.1	20.3	25.7	16.1
Other psychoses.....	84.1	69.3	52.4	49.1	49.8	37.4
Anxiety disorders...	89.8	78.1	61.8	61.6	53.5	42.7
Personality or character disorders.....	88.4	78.3	60.5	57.5	57.8	42.9
Other mental disorders.....	*	*	*	*	*	*
Behavioral problems.....	95.3	88.1	72.4	66.4	68.1	52.9
Disorientation or memory impairment.....	94.8	86.8	72.4	68.8	66.7	51.7
Disturbance of mood.....	92.6	82.0	67.3	65.1	58.0	44.9

1/ Transferring refers to getting in or out of a bed or chair.

2/ Includes a small number of unknowns.

3/ Figures may not add to totals because resident may have had more than one mental disorder.

Table 39. Number of nursing home residents by selected mental and functional statuses and selected primary diagnoses at time of survey: United States, 1985

Mental and functional status	All residents	Primary diagnosis at time of survey and ICD-9-CM code 1/					
		Mental disorders (290-319)	Senile dementia and other organic psychotic conditions (290-294)	Other psychoses (295-299)	Specific non-psychotic mental disorders due to organic brain damage (310)	Mental retardation (317-319)	Other mental disorders (300-309, 311-316)
Total.....	1,491,400	330,600	49,300	81,400	133,400	34,900	31,600
Current mental disorders							
No mental disorders 2/.....	510,000	11,800	*	*	6,000	*	*
Has mental disorders 2/.....	981,500	318,800	48,500	79,500	127,400	34,300	29,100
Mental retardation..	81,100	45,000	*	*	*	33,700	*
Alcohol abuse or dependence.....	41,800	18,600	*	*	*	*	8,000
Drug abuse or dependence.....	13,900	*	*	*	-	-	*
Senile dementia or chronic organic brain syndrome.....	646,700	200,100	45,300	26,000	121,100	1,900	5,900
Depressive disorders.....	205,300	52,100	*	18,000	13,700	1,300	14,600
Schizophrenia.....	85,200	61,800	*	51,500	*	2,600	*
Other psychoses.....	34,900	13,600	*	6,300	*	*	*
Anxiety disorders...	200,700	51,600	7,300	18,600	16,600	*	6,800
Personality or character disorders.....	164,700	52,400	7,000	17,100	15,900	3,600	8,700
Other mental disorders.....	6,300	*	-	-	*	-	-
Behavioral problems.....	572,600	181,900	32,300	41,100	79,100	18,900	10,600
Disorientation or memory impairment.....	922,500	256,300	41,200	60,200	115,000	26,300	13,700
Disturbance of mood.....	623,700	156,000	23,000	44,500	60,600	9,800	18,000
Number of dependencies in activities of daily living 4/							
None.....	146,200	52,300	*	27,500	*	*	11,600
1.....	166,700	39,900	*	12,300	9,900	7,300	6,400
2.....	151,800	40,600	6,600	12,700	12,600	5,900	*
3.....	115,300	23,500	*	7,100	7,600	*	*
4.....	195,600	29,700	*	5,800	15,000	*	*
5.....	284,200	51,400	9,300	7,000	27,200	*	*
6.....	431,700	93,300	21,100	8,900	55,700	*	*
Average number of dependencies.....	3.8	3.4	4.3	2.1	4.4	2.6	2.0
Receives help in instrumental activities of daily living							
Does not receive help 2/.....	227,300	52,600	*	24,200	9,800	*	11,700
Receives help.....	1,264,200	278,100	45,700	57,200	123,600	31,700	19,900
Care of personal possessions.....	1,095,800	239,900	41,600	45,400	113,100	26,300	13,400
Handling money.....	1,123,700	255,400	41,300	52,200	115,400	30,600	16,000
Securing personal items such as newspapers, toilet articles, snack food.....	1,137,400	247,300	42,600	47,500	115,000	26,600	15,600
Using the telephone.....	935,700	205,700	37,100	36,300	100,200	20,100	12,100

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

2/ Includes a small number of unknowns.

3/ Figures may not add to totals because resident may have had more than one mental disorder.

4/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

Table 40. Percent of nursing home residents by selected mental and functional statuses and selected primary diagnoses at time of survey: United States, 1985

Mental and functional status	Primary diagnosis at time of survey and ICD-9-CM code 1/					
	Mental disorders (290-319)	Senile dementia and other organic psychotic conditions (290-294)	Other psychoses (295-299)	Specific non-psychotic mental disorders due to organic brain damage (310)	Mental retardation (317-319)	Other mental disorders (300-309, 311-316)
Total.....	22.2	3.3	5.5	8.9	2.3	2.1
Current mental disorders						
No mental disorders 2/.....	2.3	*	*	1.2	*	*
Has mental disorders 3/.....	32.5	4.9	8.1	13.0	3.5	3.0
Mental retardation.....	55.4	*	*	*	41.5	*
Alcohol abuse or dependence.....	44.4	*	*	*	*	19.2
Drug abuse or dependence.....	*	*	*	-	-	*
Senile dementia or chronic organic brain syndrome.....	30.9	7.0	4.0	18.7	.3	.9
Depressive disorders.....	25.4	*	8.8	6.7	.7	7.1
Schizophrenia.....	72.5	*	60.5	*	3.0	*
Other psychoses.....	38.9	*	18.0	*	*	*
Anxiety disorders.....	25.7	3.6	9.3	8.3	*	3.4
Personality or character disorders.....	31.8	4.3	10.4	9.7	2.2	5.3
Other mental disorders.....	*	-	-	*	-	-
Behavioral problems.....	31.8	5.6	7.2	13.8	3.3	1.8
Disorientation or memory impairment.....	27.8	4.5	6.5	12.5	2.8	1.5
Disturbance of mood.....	25.0	3.7	7.1	9.7	1.6	2.9
Number of dependencies in activities of daily living 4/						
None.....	35.8	*	18.8	*	*	8.0
1.....	23.9	*	7.4	5.9	4.4	3.8
2.....	26.7	4.3	8.3	8.3	3.9	*
3.....	20.3	*	6.2	6.6	*	*
4.....	15.2	*	3.0	7.7	*	*
5.....	18.1	3.3	2.5	9.6	*	*
6.....	21.6	4.9	2.1	12.9	*	*
Receives help in instrumental activities of daily living						
Does not receive help 2/.....	23.1	*	10.6	4.3	*	5.2
Receives help.....	22.0	3.6	4.5	9.8	2.5	1.6
Care of personal possessions.....	21.9	3.8	4.1	10.3	2.4	1.2
Handling money.....	22.7	3.7	4.6	10.3	2.7	1.4
Securing personal items such as newspapers, toilet articles, snack food.....	21.7	3.7	4.2	10.1	2.3	1.4
Using the telephone.....	22.0	4.0	3.9	10.7	2.1	1.3

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

2/ Includes a small number of unknowns.

3/ Figures may not add to totals because resident may have had more than one mental disorder.

4/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

Table 41. Average and median age in years, and number of nursing home residents by selected nursing home characteristics, age, sex, and race: United States, 1985

Facility characteristic	All residents	Age					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
Average age in years..	79	51	63	70	80	90	74	81	80	75	75
Median age in years...	82	55	84	71	80	90	77	83	82	77	77
Total	1,491,400	173,100	1,318,300	212,100	509,000	597,300	423,800	1,067,700	1,374,600	116,800	104,400
Ownership											
Proprietary.....	1,023,900	128,300	895,600	160,400	341,900	393,200	293,400	730,500	940,700	83,200	74,300
Voluntary nonprofit.....	341,500	19,400	322,200	34,700	123,400	164,100	83,000	258,500	318,100	23,500	22,000
Government.....	126,000	25,400	100,600	17,000	43,700	39,900	47,300	78,700	115,900	10,100	8,100
Certification											
Skilled nursing facility only.....	275,300	30,300	245,000	35,400	93,200	116,400	78,300	197,000	248,300	27,000	21,600
Skilled nursing facility and intermediate care facility.....	674,700	64,800	609,900	91,200	237,300	281,500	182,300	492,400	622,300	52,400	49,700
Intermediate care facility only.....	371,400	37,600	333,800	54,700	127,300	151,800	106,500	264,900	342,000	29,400	26,500
Not certified.....	170,000	40,400	129,600	30,800	51,200	47,600	56,600	113,400	162,000	8,000	6,600
Bed size											
Less than 50 beds.....	133,400	29,600	103,800	23,600	40,300	39,900	37,800	95,500	123,900	9,400	7,800
50-99 beds.....	412,100	34,300	377,900	60,900	129,200	187,800	109,800	302,400	392,400	19,800	17,500
100-199 beds.....	644,700	67,400	577,300	85,200	238,500	253,600	180,300	464,400	586,200	58,500	52,000
200 beds or more.....	301,300	41,900	259,400	42,400	101,000	116,000	95,900	205,400	272,100	29,100	27,100
Census region											
Northeast.....	352,100	40,100	312,100	56,500	117,500	138,000	96,100	256,000	329,500	22,600	22,400
Midwest.....	484,200	54,300	429,900	60,700	167,000	202,200	139,600	344,600	461,400	22,800	21,700
South.....	438,300	44,500	393,800	64,100	160,700	169,000	114,200	324,100	387,000	51,300	48,500
West.....	216,800	34,200	182,600	30,800	63,700	88,100	73,900	142,900	196,800	20,000	11,800
Standard Federal Administrative Region											
Region I.....	94,200	7,800	86,400	14,400	31,400	40,600	25,900	68,300	92,600	*	*
Region II.....	185,000	24,500	160,500	29,300	57,400	73,800	50,400	134,600	171,600	13,400	13,200
Region III.....	122,400	11,100	111,300	20,000	47,100	44,200	31,900	90,500	107,500	14,900	14,600
Region IV.....	217,900	23,700	194,200	34,400	79,100	80,600	55,300	162,600	190,500	27,400	26,900
Region V.....	334,900	42,000	292,900	45,400	107,100	140,400	94,400	240,500	316,900	18,000	17,700
Region VI.....	176,100	18,000	158,200	23,000	64,500	70,700	48,800	127,300	159,200	16,900	14,600
Region VII.....	127,000	10,400	116,600	12,700	50,400	53,500	37,600	89,400	122,200	*	*
Region VIII.....	50,800	*	45,400	5,900	16,900	22,600	16,800	33,900	50,300	*	*
Region IX.....	125,400	19,300	106,100	19,900	39,300	46,900	39,600	85,800	108,100	17,200	10,100
Region X.....	57,800	10,900	46,900	7,000	15,800	24,000	22,900	34,900	55,800	*	*
Metropolitan statistical area (MSA)											
MSA.....	1,014,700	120,600	894,100	138,800	343,500	411,900	285,200	729,500	922,200	92,400	81,500
Not MSA.....	476,800	52,500	424,300	73,300	165,600	185,400	138,600	338,200	452,400	24,400	22,900
Affiliation											
Chain.....	725,500	70,500	655,000	110,500	248,200	296,300	199,400	526,100	674,700	50,800	45,500
Independent.....	629,700	75,700	554,000	83,700	213,000	257,200	173,300	456,400	574,500	55,200	50,300
Government.....	126,000	25,400	100,600	17,000	43,700	39,900	47,300	78,700	115,900	10,100	8,100
Unknown.....	10,200	*	8,800	*	*	*	*	6,500	9,500	*	*

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

Table 42. Percent distribution of nursing home residents by age, sex, and race, according to selected nursing home characteristics: United States, 1985

Facility characteristic	All residents	Age					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
Total.....	100.0	11.6	88.4	14.2	34.1	40.0	28.4	71.6	92.2	7.8	7.0
Ownership											
Proprietary.....	100.0	12.5	87.5	15.7	33.4	38.4	28.7	71.3	91.9	8.1	7.3
Voluntary nonprofit.....	100.0	5.7	94.3	10.2	36.1	48.0	24.3	75.7	93.1	6.9	6.4
Government.....	100.0	20.2	79.8	13.5	34.7	31.7	37.6	62.4	92.0	8.0	6.4
Certification											
Skilled nursing facility only.....	100.0	11.0	89.0	12.9	33.8	42.3	28.5	71.5	90.2	9.8	7.8
Skilled nursing facility and intermediate care facility.....	100.0	9.6	90.4	13.5	35.2	41.7	27.0	73.0	92.2	7.8	7.4
Intermediate care facility only.....	100.0	10.1	89.9	14.7	34.3	40.9	28.7	71.3	92.1	7.9	7.1
Not certified.....	100.0	23.8	76.2	18.1	30.1	28.0	33.3	66.7	95.3	4.7	3.9
Bed size											
Less than 50 beds...	100.0	22.2	77.8	17.7	30.2	29.9	28.4	71.6	92.9	7.1	5.9
50-99 beds.....	100.0	8.3	91.7	14.8	31.4	45.6	26.6	73.4	95.2	4.8	4.2
100-199 beds.....	100.0	10.5	89.5	13.2	37.0	39.3	28.0	72.0	90.9	9.1	8.1
200 beds or more.....	100.0	13.9	86.1	14.1	33.5	38.5	31.8	68.2	90.3	9.7	9.0
Census region											
Northeast.....	100.0	11.4	88.6	16.1	33.4	39.2	27.3	72.7	93.6	6.4	6.4
Midwest.....	100.0	11.2	88.8	12.5	34.5	41.8	28.8	71.2	95.3	4.7	4.5
South.....	100.0	10.2	89.8	14.6	36.7	38.6	26.0	74.0	88.3	11.7	11.1
West.....	100.0	15.8	84.2	14.2	29.4	40.6	34.1	65.9	90.8	9.2	5.4
Standard Federal Administrative Region											
Region I.....	100.0	8.3	91.7	15.3	33.3	43.1	27.5	72.5	98.3	*	*
Region II.....	100.0	13.2	86.8	15.8	31.0	39.9	27.3	72.7	92.8	7.2	7.1
Region III.....	100.0	9.1	90.9	16.4	38.4	36.1	26.1	73.9	87.8	12.2	12.0
Region IV.....	100.0	10.9	89.1	15.8	36.3	37.0	25.4	74.6	87.4	12.6	12.3
Region V.....	100.0	12.5	87.5	13.5	32.0	41.9	28.2	71.8	94.6	5.4	5.3
Region VI.....	100.0	10.2	89.8	13.0	36.6	40.2	27.7	72.3	90.4	9.6	8.3
Region VII.....	100.0	8.2	91.8	10.0	39.7	42.1	29.6	70.4	96.2	*	*
Region VIII.....	100.0	*	89.5	11.6	33.4	44.5	33.1	66.9	99.1	*	*
Region IX.....	100.0	15.4	84.6	15.9	31.4	37.4	31.6	68.4	86.3	13.7	8.1
Region X.....	100.0	18.9	81.1	12.2	27.4	41.5	39.7	60.3	96.5	*	*
Metropolitan statistical area (MSA)											
MSA.....	100.0	11.9	88.1	13.7	33.8	40.6	28.1	71.9	90.9	9.1	8.0
Not MSA.....	100.0	11.0	89.0	15.4	34.7	38.9	29.1	70.9	94.9	5.1	4.8
Affiliation											
Chain.....	100.0	9.7	90.3	15.2	34.2	40.8	27.5	72.5	93.0	7.0	6.3
Independent.....	100.0	12.0	88.0	13.3	33.8	40.8	27.5	72.5	91.2	8.8	8.0
Government.....	100.0	20.2	79.8	13.5	34.7	31.7	37.6	62.4	92.0	8.0	6.4
Unknown.....	100.0	*	85.9	*	*	*	*	63.2	93.4	*	*

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

Table 43. Number of nursing home residents, percent distribution by length of stay since admission, and average and median length of stay, according to selected nursing home characteristics: United States, 1985

Facility characteristic	Number of residents	Percent distribution							Average length of stay since admission in days	Median length of stay since admission in days
		Total	Length of stay since admission							
			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.....	1,491,400	100.0	12.9	9.5	14.1	31.5	13.9	18.1	1,059	614
Ownership										
Proprietary.....	1,023,900	100.0	13.2	10.5	14.7	31.2	13.7	16.8	996	583
Voluntary nonprofit.....	341,500	100.0	12.4	8.0	12.4	32.2	14.5	20.5	1,131	673
Government.....	126,000	100.0	12.1	5.4	13.7	32.2	14.1	22.4	1,373	671
Certification										
Skilled nursing facility only.....	275,300	100.0	17.9	11.4	14.9	31.0	11.8	12.9	857	479
Skilled nursing facility and intermediate care facility.....	674,700	100.0	12.8	9.2	15.6	33.0	13.6	15.8	999	574
Intermediate care facility only.....	371,400	100.0	8.9	8.7	11.7	31.5	15.8	23.4	1,246	787
Not certified.....	170,000	100.0	13.9	8.8	12.1	26.7	14.3	24.1	1,216	715
Bed size										
Less than 50 beds....	133,400	100.0	12.9	9.3	11.6	29.4	13.7	23.0	1,293	668
50-99 beds.....	412,100	100.0	12.7	10.0	14.7	30.8	13.0	18.8	1,037	602
100-199 beds.....	644,700	100.0	13.1	9.9	14.7	32.3	14.8	15.3	954	577
200 beds or more....	301,300	100.0	12.8	7.9	13.0	31.9	13.4	21.1	1,208	656
Census region										
Northeast.....	352,100	100.0	9.8	10.3	13.4	34.4	14.3	17.9	1,126	654
Midwest.....	484,200	100.0	12.0	8.6	15.0	32.3	13.3	18.8	1,104	628
South.....	438,300	100.0	14.6	8.7	13.0	29.2	14.7	19.8	1,065	629
West.....	216,800	100.0	16.6	11.6	15.3	30.1	12.8	13.5	837	509
Standard Federal Administrative Region										
Region I.....	94,200	100.0	10.7	12.0	15.9	32.6	12.0	16.8	1,027	587
Region II.....	185,000	100.0	9.1	11.1	10.5	35.8	15.3	18.1	1,138	700
Region III.....	122,400	100.0	9.9	6.9	15.5	34.1	13.8	19.8	1,184	630
Region IV.....	217,900	100.0	15.6	9.9	13.9	29.8	15.0	15.8	919	560
Region V.....	334,900	100.0	12.5	9.4	15.8	31.6	12.8	17.9	1,088	609
Region VI.....	176,100	100.0	14.7	7.5	12.1	27.1	14.8	23.8	1,215	735
Region VII.....	127,000	100.0	10.6	6.8	13.3	34.0	14.0	21.2	1,142	667
Region VIII.....	50,800	100.0	13.5	*	12.6	31.2	17.8	18.3	1,072	623
Region IX.....	125,400	100.0	17.2	11.8	16.2	29.9	10.6	14.3	816	474
Region X.....	57,800	100.0	17.0	13.2	14.9	28.8	15.4	10.7	806	509
Metropolitan statistical area (MSA)										
MSA.....	1,014,700	100.0	13.5	10.0	14.1	31.6	13.6	17.4	1,031	607
Not MSA.....	476,800	100.0	11.7	8.3	14.1	31.5	14.6	19.7	1,118	629
Affiliation										
Chain.....	725,500	100.0	14.6	9.8	14.8	29.9	14.7	16.1	976	565
Independent.....	629,700	100.0	11.0	10.0	13.2	33.4	12.9	19.5	1,092	650
Government.....	126,000	100.0	12.1	5.4	13.7	32.2	14.1	22.4	1,373	671
Unknown.....	10,200	100.0	*	*	*	*	*	*	979	*

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

Table 44. Average total monthly charge and number of nursing home residents by primary source of payment in month before interview, and selected nursing home characteristics: United States, 1985

Facility characteristic	Primary source of payment													
	All sources		Own income or family support		Medicare		Medicaid				Other government assistance or welfare		All other sources 1/	
	Average monthly charge	Number of residents	Average monthly charge	Number of residents	Average monthly charge	Number of residents	Skilled		Intermediate		Average monthly charge	Number of residents	Average monthly charge	Number of residents
							Average monthly charge	Number of residents	Average monthly charge	Number of residents				
Total.....	\$1,456	1,491,400	\$1,450	620,800	\$2,141	20,900	\$1,898	263,000	\$1,292	488,300	\$863	50,700	\$1,099	47,800
Ownership														
Proprietary.....	1,379	1,023,900	1,444	410,600	2,058	16,600	1,639	176,200	1,226	357,200	763	40,000	1,174	23,300
Voluntary nonprofit.....	1,603	341,500	1,491	173,500	*	*	2,328	60,100	1,417	82,900	935	*	1,046	15,700
Government.....	1,681	126,000	1,322	36,600	*	*	2,642	26,700	1,563	48,100	*	*	*	8,900
Certification														
Skilled nursing facility only..	1,905	275,300	1,797	107,700	2,315	7,300	2,127	118,600	1,487	29,300	*	5,800	1,589	6,600
Skilled nursing facility and intermediate care facility..	1,571	674,700	1,643	248,000	2,156	12,600	1,718	140,100	1,392	250,000	1,215	8,800	1,702	15,200
Intermediate care facility only.....	1,179	371,400	1,222	153,700	...	...	1,251	*	1,149	205,300	900	*	1,460	*
Not certified...	875	170,000	999	111,300	...	...	...	...	...	...	664	30,500	464	21,900
Bed size														
Less than 50 beds.....	1,036	133,400	886	70,800	*	*	1,721	8,800	1,241	36,300	*	15,000	*	*
50-99 beds.....	1,335	412,100	1,388	204,100	1,760	*	1,606	55,300	1,194	121,400	774	15,900	1,116	10,100
100-199 beds.....	1,478	644,700	1,567	255,100	2,192	9,700	1,686	119,900	1,274	235,800	855	10,600	1,504	13,700
200 beds or more.....	1,759	301,300	1,701	90,800	2,767	*	2,445	79,000	1,481	94,800	1,071	9,200	*	23,200
Census region														
Northeast.....	1,781	352,100	1,645	122,600	2,109	6,000	2,549	84,500	1,610	102,000	738	24,900	1,244	12,200
Midwest.....	1,399	484,200	1,398	237,700	2,745	*	1,668	68,500	1,255	153,900	1,241	12,300	1,416	7,800
South.....	1,256	438,300	1,359	172,900	2,033	*	1,464	34,700	1,155	201,100	727	11,000	1,057	13,700
West.....	1,458	216,800	1,498	87,600	1,838	*	1,577	75,400	1,317	31,400	837	*	*	14,200
Standard Federal Administrative Region														
Region I.....	1,682	94,200	1,686	33,700	*	*	1,857	20,700	1,611	33,400	*	*	1,521	*
Region II.....	1,913	185,000	1,680	64,400	3,145	*	2,850	57,300	1,620	33,400	674	19,400	1,041	8,500
Region III.....	1,558	122,400	1,558	43,400	*	*	2,050	9,000	1,579	58,600	*	*	969	5,900
Region IV.....	1,322	217,900	1,409	87,800	2,063	*	1,534	24,500	1,211	89,200	646	7,400	*	*
Region V.....	1,491	334,900	1,521	143,700	2,009	*	1,701	62,200	1,317	113,600	*	6,800	1,506	6,200
Region VI.....	1,107	176,100	1,230	68,800	*	*	1,078	7,600	1,006	91,000	895	*	1,269	*
Region VII.....	1,207	127,000	1,224	81,300	*	*	1,403	*	1,086	34,700	729	*	*	*
Region VIII.....	1,282	50,800	1,312	25,100	*	*	1,259	*	1,239	18,100	*	*	*	*
Region IX.....	1,503	125,400	1,512	45,700	1,734	*	1,621	58,700	1,220	*	*	*	*	9,600
Region X.....	1,366	57,800	1,452	26,800	*	*	1,452	14,200	1,321	12,300	*	*	*	*
Metropolitan statistical area (MSA)														
MSA.....	1,554	1,014,700	1,556	414,300	2,183	17,200	2,000	205,000	1,361	302,500	836	35,000	1,064	40,600
Not MSA.....	1,247	476,800	1,236	206,500	1,944	*	1,538	58,000	1,179	185,700	923	15,700	1,300	7,200
Affiliation														
Chain.....	1,403	725,500	1,505	286,900	2,171	12,900	1,508	124,600	1,229	268,400	852	13,900	1,503	18,800
Independent.....	1,470	629,700	1,413	292,000	2,017	6,900	2,155	110,300	1,316	168,600	754	31,700	767	20,200
Government.....	1,681	126,000	1,322	36,600	*	*	2,642	26,700	1,563	48,100	*	*	*	8,900
Unknown.....	1,579	10,200	1,418	*	*	*	*	*	1,167	*	-	-	-	-

1/ Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

NOTE: Figures may not add to totals because of rounding; in the case of source of payment, figures may not add to totals for certification because of recent changes in ownership, imputational errors, and other special circumstances.

Table 45. Number and percent distribution of nursing home residents by primary source of payment in month before interview and primary source of payment at admission: United States, 1985

Primary source of payment at admission	Number of residents by primary source of payment in month before interview					Percent distribution by primary source of payment in month before interview				
	All sources	Own income or family support	Medicare	Medicaid	All other sources 1/	All sources	Own income or family support	Medicare	Medicaid	All other sources 1/
All sources.....	1,491,400	620,800	20,900	751,300	98,500	100.0	41.6	1.4	50.4	6.6
Own income or family support.....	712,500	557,400	*	134,600	17,600	100.0	78.2	*	18.9	2.5
Medicare.....	71,500	22,800	16,700	31,000	*	100.0	31.9	23.4	43.4	*
Medicaid.....	605,800	29,000	*	570,000	*	100.0	4.8	*	94.1	*
All other sources 1/.....	101,700	11,600	-	15,600	74,400	100.0	11.4	-	15.4	73.2

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

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

Table 46. Number of residents with nonmedicaid primary source of payment at admission, and percent shifting to medicaid in month before interview, by length of stay since admission: United States, 1985

Length of stay since admission	Number of residents with nonmedicaid primary source at admission	Percent shifting to medicaid in month before interview		
		Medicaid	Skilled	Intermediate
Total.....	885,700	20.5	7.3	13.2
Less than 3 months.....	131,400	*	*	*
3 months to less than 6.....	90,300	13.1	7.3	5.8
6 months to less than 12.....	131,000	18.0	7.6	10.4
1 year to less than 3.....	273,200	23.9	8.7	15.2
3 years to less than 5.....	118,400	27.0	7.2	19.8
5 years or more.....	141,400	31.5	10.7	20.9

Table 47. Number of nursing home residents by usual living arrangements prior to admission as reported by next of kin, age, sex, and race: United States, 1985

Usual living arrangement prior to admission	All residents with next of kin	Age					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
Total.....	1,462,900	156,100	1,306,800	204,400	504,000	598,400	402,300	1,060,600	1,351,700	111,200	100,100
Usual living quarters											
Private or semiprivate residence.....	1,025,700	77,500	948,200	122,700	368,300	457,200	256,200	769,500	947,700	78,000	70,500
Own home or apartment.....	596,800	34,700	562,100	74,300	220,800	267,100	161,700	435,100	562,600	34,300	30,500
Relative's home or apartment.....	292,200	29,900	262,300	30,700	95,400	136,200	57,400	234,700	263,900	28,300	25,400
Other private home or apartment.....	52,000	8,100	43,900	9,700	19,000	15,200	16,800	35,100	42,100	9,800	9,800
Retirement home ..	60,400	*	59,500	*	24,500	29,500	11,800	48,700	57,900	*	*
Boarding house, rooming house, or rented room.....	24,300	*	20,300	*	8,700	9,100	8,400	15,900	21,200	*	*
Another health facility.....	363,800	63,700	300,200	70,300	116,000	113,900	119,700	244,100	333,800	30,100	27,000
Another nursing home.....	243,200	25,700	217,500	43,500	82,100	91,900	66,400	176,800	225,900	17,300	15,800
General or short-term hospital....	72,300	14,700	57,600	16,500	23,300	17,800	29,000	43,300	64,700	7,600	7,000
Mental hospital....	34,100	17,600	16,500	8,100	*	*	16,800	17,200	30,500	*	*
Chronic disease or other long-term care hospital....	14,300	*	8,600	*	*	*	7,400	6,800	12,600	*	*
Other place or unknown.....	73,400	14,900	58,500	11,400	19,700	27,300	26,400	47,000	70,200	*	*
Type of usual living arrangement											
Lived alone.....	388,900	12,500	376,400	40,200	145,000	191,200	73,700	315,200	365,600	23,300	21,800
Lived with spouse only.....	152,100	6,500	145,600	28,500	63,400	53,800	68,400	83,700	145,300	6,800	*
Lived with spouse and other relatives.....	25,900	*	20,800	*	8,300	8,400	14,300	11,600	23,600	*	*
Lived with son or daughter.....	199,900	7,000	192,900	12,800	69,400	110,700	27,700	172,200	185,400	14,500	12,600
Lived with other relatives.....	123,600	32,100	91,500	23,000	33,000	35,500	37,700	85,900	106,000	17,600	16,000
Lived with unrelated persons..	45,300	6,600	38,700	5,800	14,400	18,400	11,700	33,600	38,600	6,700	6,700
Group quarters 1/.....	84,700	*	79,800	8,000	33,100	38,700	20,200	64,500	79,100	*	*
Another health facility, other place, or unknown 2/.....	442,500	81,400	361,100	82,000	137,400	141,800	148,600	293,900	408,000	34,500	30,800
Who lived with resident 3/											
Spouse.....	182,400	11,600	170,800	32,900	72,900	65,100	85,400	96,900	173,300	9,100	7,400
Children.....	218,800	11,000	207,800	16,500	75,600	115,700	37,100	181,800	202,900	16,000	13,800
Parents.....	29,700	22,600	7,100	*	*	*	13,600	16,100	28,200	*	*
Siblings.....	62,000	10,700	51,300	15,500	18,200	17,600	17,900	44,200	54,800	7,200	7,200
Grandchildren.....	89,900	*	85,200	11,300	34,600	39,300	17,800	72,100	80,000	9,900	8,200
Other relatives.....	179,800	15,900	163,800	17,500	61,900	84,400	36,600	143,200	160,500	19,300	16,400
Non-relatives.....	88,500	9,500	79,000	10,900	30,800	37,300	20,500	68,000	80,100	8,400	8,400

1/ Includes retirement home, boarding house, rooming house, and rented room.
 2/ Includes a small number of residents with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.
 3/ Includes persons who usually lived with the resident in a private or semiprivate residence prior to admission.

Table 48. Percent distribution of nursing home residents by usual living arrangements prior to admission as reported by next of kin, according to age, sex, and race: United States, 1985

Usual living arrangement prior to admission	All residents with next of kin	Age					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
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Usual living quarters											
Private or semiprivate residence.....	70.1	49.0	72.6	60.0	73.1	70.4	63.7	72.6	70.1	70.1	70.5
Own home or apartment.....	40.8	22.2	43.0	30.3	43.8	44.0	40.2	41.0	41.6	30.8	30.5
Relative's home or apartment.....	20.0	19.1	20.1	15.0	18.9	22.8	14.3	22.1	19.5	25.4	25.4
Other private home or apartment.....	3.6	5.2	3.4	4.7	3.8	2.5	4.2	3.3	3.1	8.9	9.8
Retirement home ..	4.1	*	4.6	*	4.9	4.9	2.9	4.6	4.3	*	*
Boarding house, rooming house, or rented room.....	1.7	*	1.6	*	1.7	1.5	2.1	1.5	1.6	*	*
Another health facility.....	24.9	40.8	23.0	34.4	23.0	19.0	29.8	23.0	24.7	27.0	26.9
Another nursing home.....	16.6	16.5	16.6	21.3	16.3	15.4	16.5	16.7	16.7	15.6	15.8
General or short-term hospital....	4.9	9.4	4.4	8.1	4.6	3.0	7.2	4.1	4.8	6.8	7.0
Mental hospital....	2.3	11.3	1.3	3.9	*	*	4.2	1.6	2.3	*	*
Chronic disease or other long-term care hospital....	1.0	*	.7	*	*	*	1.8	.6	.9	*	*
Other place or unknown.....	5.0	9.6	4.5	5.6	3.9	4.6	6.6	4.4	5.2	*	*
Type of usual living arrangement											
Lived alone.....	26.0	8.0	28.8	19.7	28.8	31.9	18.3	29.7	27.0	21.0	21.7
Lived with spouse only.....	10.4	4.1	11.1	13.9	12.6	9.0	17.0	7.9	10.8	6.1	*
Lived with spouse and other relatives.....	1.8	*	1.6	*	1.7	1.4	3.6	1.1	1.7	*	*
Lived with son or daughter.....	13.7	4.5	14.8	6.3	13.8	18.5	6.9	16.2	13.7	13.0	12.6
Lived with other relatives.....	8.4	20.6	7.0	11.3	6.5	5.9	9.4	8.1	7.8	15.8	16.0
Lived with unrelated persons..	3.1	4.2	3.0	2.8	2.9	3.1	2.9	3.2	2.9	6.0	6.7
Group quarters 1/....	5.8	*	6.1	3.9	6.6	6.5	5.0	6.1	5.9	*	*
Another health facility, other place, or unknown 2/.....	30.2	52.1	27.6	40.1	27.3	23.7	30.9	27.7	30.2	31.0	30.8
Who lived with resident 3/											
Spouse.....	12.9	7.4	13.1	16.1	14.5	10.9	21.2	9.1	12.8	8.2	7.4
Children.....	15.0	7.1	15.9	8.1	15.0	19.3	9.2	17.1	15.0	14.4	13.7
Parents.....	2.0	14.5	.5	*	*	*	3.4	1.5	2.1	*	*
Siblings.....	4.2	6.9	3.9	7.6	3.6	2.9	4.4	4.2	4.1	6.5	7.2
Grandchildren.....	6.1	*	6.5	5.5	6.9	6.6	4.4	6.8	5.9	8.9	8.2
Other relatives.....	12.3	10.2	12.5	8.6	12.3	14.1	9.1	13.5	11.9	17.4	16.4
Non-relatives.....	6.1	6.1	6.0	5.3	6.1	6.2	5.1	6.4	5.9	7.6	8.4

1/ Includes retirement home, boarding house, rooming house, and rented room.
 2/ Includes a small number of residents with usual living quarters in a private or semiprivate residence out whose usual living arrangements are unknown.
 3/ Includes persons who usually lived with the resident in a private or semiprivate residence prior to admission.

Table 49. Number of nursing home residents by usual living arrangements prior to admission as reported by next of kin, marital status, and primary source of payment at admission: United States, 1985

Usual living arrangement prior to admission	All residents with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Total.....	1,462,900	240,900	868,700	103,400	249,800	714,400	78,100	211,500	368,200	90,800
Usual living quarters										
Private or semiprivate residence.....	1,025,700	178,400	641,100	62,600	143,600	547,700	55,100	128,800	245,900	48,200
Own home or apartment.....	596,800	148,000	346,500	35,200	67,100	357,200	34,100	61,300	120,500	23,700
Relative's home or apartment.....	292,200	17,200	208,800	16,400	49,900	124,200	13,200	46,100	92,900	15,800
Other private home or apartment.....	52,000	6,100	26,900	6,800	12,100	21,800	*	7,300	14,000	*
Retirement home ..	60,400	*	46,300	*	6,400	36,400	*	8,200	10,300	*
Boarding house, rooming house, or rented room.....	24,300	*	12,600	*	8,100	8,000	*	5,900	8,200	*
Another health facility.....	363,800	53,900	190,100	34,300	85,600	140,200	20,200	68,200	102,600	32,700
Another nursing home.....	243,200	32,500	142,000	17,600	51,200	101,100	12,300	45,500	71,200	13,100
General or short-term hospital....	72,300	14,800	37,400	9,300	10,700	27,600	6,900	15,100	13,400	9,300
Mental hospital....	34,100	*	6,200	*	18,100	7,700	*	*	13,200	7,100
Chronic disease or other long-term care hospital....	14,300	*	*	*	*	*	*	*	*	*
Other place or unknown.....	73,400	8,700	37,600	6,500	20,600	26,500	*	14,500	19,700	9,900
Type of usual living arrangement										
Lived alone.....	388,900	11,600	296,300	31,900	49,200	226,500	22,600	36,700	84,700	18,500
Lived with spouse only.....	152,100	127,000	21,800	*	*	94,000	9,000	17,900	27,300	*
Lived with spouse and other relatives.....	25,900	20,100	*	*	-	14,200	*	*	6,800	*
Lived with son or daughter.....	199,900	7,800	179,900	9,900	*	86,200	11,200	31,500	64,000	7,100
Lived with other relatives.....	123,600	*	50,500	8,200	63,000	53,600	*	19,100	36,400	9,600
Lived with unrelated persons..	45,300	*	27,100	*	12,000	26,300	*	6,200	7,200	*
Group quarters 2/...	84,700	7,000	58,900	*	14,600	44,400	*	14,100	18,500	*
Another health facility, other place, or unknown 3/.....	442,500	62,900	230,500	40,800	108,300	169,200	23,000	83,300	123,200	43,800
Who lived with resident 4/										
Spouse.....	182,400	150,400	26,500	*	*	111,900	10,600	20,600	34,400	*
Children.....	218,800	22,400	183,100	11,100	*	96,800	12,100	33,200	69,000	7,700
Parents.....	29,700	*	*	*	25,000	9,300	*	9,300	7,600	*
Siblings.....	62,000	*	24,300	*	34,400	30,700	*	6,600	17,900	*
Grandchildren.....	89,900	7,400	75,800	*	*	36,600	*	17,100	29,700	*
Other relatives.....	179,800	12,100	132,500	10,100	25,100	76,700	9,200	25,800	59,200	8,800
Non-relatives.....	88,500	6,400	56,200	5,800	20,100	44,800	*	12,600	19,800	7,800

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Includes retirement home, boarding house, rooming house, and rented room.

3/ Includes a small number of residents with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.

4/ Includes persons who usually lived with the resident in a private or semiprivate residence prior to admission.

Table 50. Percent distribution of nursing home residents by usual living arrangements prior to admission as reported by next of kin, according to marital status and primary source of payment at admission: United States, 1985

Usual living arrangement prior to admission	All residents with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Usual living quarters										
Private or semiprivate residence.....										
Own home or apartment.....	70.1	74.0	73.8	60.0	57.5	70.7	70.5	60.9	60.8	53.1
Relative's home or apartment.....	40.8	61.4	39.9	34.1	26.9	50.0	43.6	29.0	32.7	26.1
Other private home or apartment.....	20.0	7.1	24.0	15.8	20.0	17.4	17.0	21.8	25.2	17.4
Retirement home ..	3.6	2.5	3.1	6.0	4.8	3.1	*	3.5	3.8	*
boarding house, rooming house, or rented room.....	4.1	*	5.3	*	2.6	5.1	*	3.9	2.8	*
Another health facility.....	1.7	*	1.5	*	3.3	1.1	*	2.0	2.2	*
Another nursing home.....	24.9	22.4	21.9	33.1	34.3	19.6	25.8	32.2	27.9	36.0
General or short-term hospital....	16.6	13.5	16.3	17.0	20.5	14.2	15.8	21.5	19.3	14.4
Mental hospital....	4.9	6.2	4.3	9.0	4.3	3.9	8.8	7.1	3.6	10.3
Chronic disease or other long-term care hospital....	2.3	*	.7	*	7.2	1.1	*	*	3.6	7.8
Other place or unknown.....	1.0	*	*	*	*	*	*	*	*	*
Type of usual living arrangement										
Lived alone.....	26.6	4.8	34.1	30.8	19.7	31.7	28.9	17.3	23.0	20.3
Lived with spouse only.....	10.4	52.7	2.5	*	*	13.2	11.6	6.4	7.4	*
Lived with spouse and other relatives.....	1.8	8.3	*	*	-	2.6	*	*	1.9	*
Lived with son or daughter.....	13.7	3.2	20.7	9.6	*	12.1	14.3	14.9	17.4	7.8
Lived with other relatives.....	8.4	*	5.8	8.0	25.2	7.5	*	9.0	9.9	10.6
Lived with unrelated persons..	3.1	*	3.1	*	4.8	3.7	*	2.9	2.0	*
Group quarters 2/....	5.8	2.9	6.8	*	5.8	6.2	*	6.7	5.0	*
Another health facility, other place, or unknown 3/.....	30.2	26.1	26.5	39.4	43.4	23.7	29.5	39.4	33.5	48.2
Who lived with resident 4/										
Spouse.....	12.5	62.4	3.0	*	*	10.7	13.6	9.7	9.4	*
Children.....	15.0	9.3	21.1	10.7	*	13.0	15.5	15.7	18.8	8.5
Parents.....	2.0	*	*	*	*	10.0	1.3	4.4	2.1	*
Siblings.....	4.2	*	2.8	*	13.8	4.3	*	3.1	4.9	*
Grandchildren.....	6.1	3.1	8.7	*	*	5.1	*	8.1	6.1	*
Other relatives.....	12.3	5.0	15.3	9.7	10.1	10.7	11.8	12.2	16.1	9.7
Non-relatives.....	6.1	2.7	6.5	5.6	6.0	6.5	*	6.0	5.4	8.0

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Includes retirement home, boarding house, rooming house, and rented room.

3/ Includes a small number of residents with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.

4/ Includes persons who usually lived with the resident in a private or semiprivate residence prior to admission.

Table 51. Number of nursing home residents by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1985

Reason for admission and prior state of health	All residents with next of kin	Age				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	1,462,900	156,100	1,306,800	204,400	504,000	598,400	402,300	1,060,600	1,351,700	111,200
Main medical reason for admission										
Hip fracture.....	85,200	*	83,600	*	20,400	59,100	10,300	74,900	83,200	*
Other fracture.....	21,700	*	21,300	*	*	14,300	*	20,400	21,200	*
Arthritis.....	35,600	*	35,300	*	14,400	15,900	6,900	28,700	33,000	*
Other condition of bones, muscles, or joints.....	41,400	*	39,500	*	14,200	21,900	8,300	33,100	40,800	*
Stroke.....	191,400	14,000	177,400	40,600	74,700	62,100	57,700	133,700	169,100	22,300
Atherosclerosis.....	48,600	*	47,800	*	21,900	23,400	10,800	37,800	46,500	*
Other heart or circulatory condition.....	74,800	*	70,600	11,500	25,500	33,600	20,400	54,400	69,200	*
Cancer, all types.....	27,900	*	23,400	*	10,700	7,300	14,500	13,400	26,000	*
Alzheimer's disease....	93,600	*	89,800	20,100	45,600	24,100	24,200	69,500	90,200	*
Confused or forgetful..	57,500	*	56,900	*	19,800	35,300	10,100	47,400	51,900	*
Senility.....	61,500	*	60,700	*	24,000	32,400	8,500	53,000	56,900	*
Other emotional, mental, or nervous condition.....	146,200	59,200	87,100	32,200	33,000	21,900	57,600	88,600	130,400	15,800
Parkinson's disease....	26,600	*	23,700	*	14,300	*	10,300	16,200	26,200	*
Central nervous system diseases or injuries.....	46,800	22,200	24,600	12,200	8,200	*	21,100	25,700	43,500	*
Dizziness, fainting, or falls.....	17,700	*	16,700	*	6,300	9,700	2,000	15,700	17,100	*
Loss of vision or hearing.....	32,800	*	31,200	*	10,000	16,700	10,200	22,500	28,900	*
Respiratory condition.....	27,600	*	26,700	*	12,100	9,700	9,100	18,500	26,700	*
Diseases of the digestive or endocrine systems....	45,100	*	41,300	8,200	17,000	16,100	13,700	31,400	38,700	6,400
Genitourinary diseases.....	13,500	*	13,300	*	*	7,700	*	9,200	12,700	*
No main medical reason.....	50,800	*	49,500	*	19,000	25,600	10,600	40,100	46,500	*
Old age or general debilitation.....	39,700	*	38,900	*	12,400	25,400	10,200	29,500	38,000	*
Other medical reason or unknown.....	277,000	29,600	247,500	30,500	90,400	126,600	80,100	197,000	254,900	22,100
General reason for admission 1/										
Recuperation from surgery or illness....	500,000	37,200	462,800	77,900	175,700	209,200	132,900	367,100	459,300	40,700
No one at home to provide care.....	935,000	87,200	847,800	124,500	329,100	394,200	249,300	685,600	861,900	73,100
Not enough money to purchase nursing care at home.....	593,200	71,200	522,100	94,100	208,500	219,400	166,000	427,200	533,300	60,000
Required more care than household members could give....	1,133,900	118,500	1,015,400	158,100	394,500	462,700	313,200	820,600	1,046,500	87,400
Problems in doing everyday activities....	1,081,100	102,100	979,000	152,900	377,800	448,300	281,300	799,800	993,900	87,300
Because spouse entered.....	42,200	*	41,500	*	14,600	22,300	15,900	26,400	40,300	*
State of health before admission										
Suddenly ill or injured.....	250,800	19,700	231,100	31,600	75,600	123,900	66,200	184,600	229,800	21,000
Gradually worsening....	723,500	44,200	679,300	87,500	280,200	311,600	182,500	541,000	670,200	53,300
In poor condition most of year.....	235,600	36,400	199,100	45,700	83,000	70,500	74,000	161,500	214,200	21,400
Other health status....	214,500	44,800	169,700	33,000	52,300	84,400	65,600	148,900	202,100	12,400
Unknown.....	38,500	11,000	27,500	6,700	12,900	7,900	14,000	24,500	35,400	*

1/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 52. Percent of nursing home residents by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1985

Reason for admission and prior state of health	All residents with next of kin	Age					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				
Main medical reason for admission										
Hip fracture.....	5.8	*	6.4	*	4.0	9.9	2.6	7.1	6.2	*
Other fracture.....	1.5	*	1.6	*	*	2.4	*	1.9	1.6	*
Arthritis.....	2.4	*	2.7	*	2.9	2.7	1.7	2.7	2.4	*
Other condition of bones, muscles, or joints.....	2.8	*	3.0	*	2.8	3.7	2.1	3.1	3.0	*
Stroke.....	13.1	9.0	13.6	19.8	14.8	10.4	14.3	12.6	12.5	20.0
Atherosclerosis.....	3.3	*	3.7	*	4.3	3.9	2.7	3.6	3.4	*
Other heart or circulatory condition.....	5.1	*	5.4	5.6	5.1	5.6	5.1	5.1	5.1	*
Cancer, all types.....	1.9	*	1.8	*	2.1	1.2	3.6	1.3	1.9	*
Alzheimer's disease.....	6.4	*	6.9	9.8	9.1	4.0	6.0	6.6	6.7	*
Confused or forgetful..	3.9	*	4.4	*	3.9	5.9	2.5	4.5	3.8	*
Senility.....	4.2	*	4.6	*	4.8	5.4	2.1	5.0	4.2	*
Other emotional, mental, or nervous condition.....	10.0	37.9	6.7	15.7	6.5	3.7	14.3	8.4	9.6	14.2
Parkinson's disease....	1.8	*	1.8	*	2.8	*	2.6	1.5	1.9	*
Central nervous system diseases or injuries.....	3.2	14.2	1.9	6.0	1.6	*	5.3	2.4	3.2	*
Dizziness, fainting, or falls.....	1.2	*	1.3	*	1.2	1.6	.5	1.5	1.3	*
Loss of vision or hearing.....	2.2	*	2.4	*	2.0	2.8	2.5	2.1	2.1	*
Respiratory condition.....	1.9	*	2.0	*	2.4	1.6	2.3	1.7	2.0	*
Diseases of the digestive or endocrine systems....	3.1	*	3.2	4.0	3.4	2.7	3.4	3.0	2.9	5.7
Genitourinary diseases.....	.9	*	1.0	*	*	1.3	*	.9	.9	*
No main medical reason.....	3.5	*	3.8	*	3.8	4.3	2.6	3.8	3.4	*
Old age or general debilitation.....	2.7	*	3.0	*	2.5	4.2	2.5	2.8	2.8	*
Other medical reason or unknown.....	18.9	18.9	18.9	14.9	17.9	21.2	19.9	18.6	18.9	19.9
General reason for admission 1/										
Recuperation from surgery or illness....	34.2	23.8	35.4	38.1	34.9	35.0	33.0	34.6	34.0	36.6
No one at home to provide care.....	63.9	55.8	64.9	60.9	65.3	65.9	62.0	64.6	63.8	65.7
Not enough money to purchase nursing care at home.....	40.6	45.6	39.9	46.0	41.4	36.7	41.3	40.3	39.5	53.9
Required more care than household members could give....	77.5	75.9	77.7	77.4	78.3	77.3	77.9	77.4	77.4	78.6
Problems in doing everyday activities... Because spouse entered.....	73.9	65.4	74.9	74.8	75.0	74.9	69.9	75.4	73.5	78.4
	2.9	*	3.2	*	2.9	3.7	3.9	2.5	3.0	*
State of health before admission										
Suddenly ill or injured.....	17.1	12.6	17.7	15.5	15.0	20.7	16.5	17.4	17.0	18.9
Gradually worsening....	49.5	28.3	52.0	42.8	55.6	52.1	45.4	51.0	49.6	47.9
In poor condition most of year.....	16.1	23.3	15.2	22.3	16.5	11.8	18.4	15.2	15.8	19.2
Other health status....	14.7	28.7	13.0	16.2	10.4	14.1	16.3	14.0	15.0	11.1
Unknown.....	2.6	7.0	2.1	3.3	2.6	1.3	3.5	2.3	2.6	*

1/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 53. Number of nursing home residents by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1985

Reason for admission and prior state of health	All residents with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources ^{1/}
								Skilled	Inter-mediate	
Total	1,462,900	240,900	868,700	103,400	249,800	714,400	78,100	211,500	368,200	90,800
Main medical reason for admission										
Hip fracture.....	85,200	8,200	65,000	*	9,500	42,700	9,000	15,500	15,600	*
Other fracture.....	21,700	*	16,500	*	*	12,900	*	*	*	*
Arthritis.....	35,600	5,800	25,000	*	*	17,200	*	5,900	8,400	*
Other condition of bones, muscles, or joints.....	41,400	*	29,300	*	*	24,100	*	*	8,100	*
Stroke.....	191,400	42,900	118,500	15,200	14,700	85,500	22,100	30,700	45,000	8,200
Atherosclerosis.....	48,600	11,300	32,800	*	*	29,700	*	*	10,700	*
Other heart or circulatory condition.....	74,800	11,300	48,200	*	10,200	38,700	*	7,600	19,600	*
Cancer, all types.....	27,900	*	12,500	*	8,400	11,600	*	*	6,800	*
Alzheimer's disease.....	93,600	33,800	51,500	*	*	57,000	*	12,400	17,900	*
Confused or forgetful.....	57,500	7,800	40,400	*	6,600	30,000	*	9,700	14,700	*
Senility.....	61,500	6,300	48,500	*	*	36,000	*	9,400	11,600	*
Other emotional, mental, or nervous condition.....	146,200	15,700	45,600	20,900	64,000	51,500	*	15,300	53,800	24,700
Parkinson's disease.....	26,600	7,000	13,700	*	*	14,600	*	*	6,000	*
Central nervous system diseases or injuries.....	46,800	11,600	11,300	5,800	16,100	16,400	*	14,000	10,000	*
Dizziness, fainting, or falls.....	17,700	*	15,000	*	*	9,700	*	*	*	*
Loss of vision or hearing.....	32,800	*	22,800	*	*	13,900	*	*	12,400	*
Respiratory condition.....	27,600	*	18,300	*	*	11,500	*	*	7,900	*
Diseases of the digestive or endocrine systems.....	45,100	7,600	30,000	*	5,900	22,600	*	*	11,600	*
Genitourinary diseases.....	13,500	*	8,000	*	*	7,200	-	*	*	*
No main medical reason.....	50,800	9,400	32,000	*	*	24,300	*	6,600	15,100	*
Old age or general debilitation.....	39,700	*	28,800	*	6,400	19,300	*	*	11,900	*
Other medical reason or unknown.....	277,000	37,400	155,100	22,000	62,500	137,900	8,000	41,800	70,000	19,200
General reason for admission ^{2/}										
Recuperation from surgery or illness.....	500,000	74,900	325,600	36,700	62,800	226,100	49,300	76,100	125,800	22,600
No one at home to provide care.....	935,000	129,200	576,100	69,800	159,800	464,800	45,000	128,700	244,600	51,900
Not enough money to purchase nursing care at home.....	593,200	93,200	350,900	54,400	94,700	205,700	26,400	110,900	210,000	40,300
Required more care than household members could give.....	1,133,900	211,500	679,200	69,800	173,300	532,600	65,900	179,400	294,700	61,200
Problems in doing everyday activities.....	1,081,100	196,100	663,400	68,000	153,600	511,500	66,600	172,700	279,600	50,700
Because spouse entered.....	42,200	32,400	9,900	-	-	27,400	*	*	9,900	*
State of health before admission										
Suddenly ill or injured.....	250,800	40,300	164,100	11,700	34,800	125,600	23,400	34,500	54,600	12,800
Gradually worsening.....	723,500	126,500	459,000	47,100	91,000	378,600	36,500	104,100	173,400	30,900
In poor condition most of year.....	235,600	46,800	123,400	23,400	42,000	91,300	10,000	41,600	74,000	18,600
Other health status.....	214,500	23,400	106,100	14,700	70,300	101,500	7,600	26,400	55,700	23,300
Unknown.....	38,500	*	16,200	6,500	11,800	17,400	*	*	10,400	*

^{1/} Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

^{2/} Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 54. Percent of nursing home residents by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1985

Reason for admission and prior state of health	All residents with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Main medical reason for admission										
Hip fracture.....	5.8	3.4	7.5	*	3.8	6.0	11.5	7.3	4.2	*
Other fracture.....	1.5	*	1.9	*	*	1.8	*	*	*	*
Arthritis.....	2.4	2.4	2.9	*	*	2.4	*	2.8	2.3	*
Other condition of bones, muscles, or joints.....	2.8	*	3.4	*	*	3.4	*	*	2.2	*
Stroke.....	13.1	17.8	13.6	14.7	5.9	12.0	28.3	14.5	12.2	9.0
Atherosclerosis.....	3.3	4.7	3.8	*	*	4.2	*	*	2.9	*
Other heart or circulatory condition.....	5.1	4.7	5.5	*	4.1	5.4	*	3.6	5.3	*
Cancer, all types.....	1.9	*	1.4	*	3.4	1.6	*	*	1.8	*
Alzheimer's disease.....	6.4	14.0	5.9	*	*	8.0	*	5.9	4.9	*
Confused or forgetful..	3.9	3.2	4.7	*	2.6	4.2	*	4.6	4.0	*
Senility.....	4.2	2.6	5.6	*	*	5.0	*	4.4	3.2	*
Other emotional, mental, or nervous condition.....	10.0	6.5	5.2	20.2	25.6	7.2	*	7.2	14.6	27.2
Parkinson's disease....	1.8	2.9	1.6	*	*	2.0	*	*	1.6	*
Central nervous system diseases or injuries.....	3.2	4.8	1.3	5.6	7.2	2.3	*	6.6	2.7	*
Dizziness, fainting, or falls.....	1.2	*	1.7	*	*	1.4	*	*	*	*
Loss of vision or hearing.....	2.2	*	2.6	*	*	1.9	*	*	3.4	*
Respiratory condition.....	1.9	*	2.1	*	*	1.6	*	*	2.1	*
Diseases of the digestive or endocrine systems....	3.1	3.2	3.5	*	2.4	3.2	*	*	3.2	*
Genitourinary diseases.....	.9	*	.9	*	*	1.0	-	*	*	*
No main medical reason.....	3.5	3.9	3.7	*	*	3.4	*	3.1	4.1	*
Old age or general debilitation.....	2.7	*	3.3	*	2.6	2.7	*	*	3.2	*
Other medical reason or unknown.....	18.9	15.5	17.9	21.3	25.0	19.3	10.2	19.8	19.0	21.1
General reason for admission 2/										
Recuperation from surgery or illness....	34.2	31.1	37.5	35.5	25.1	31.6	63.1	36.0	34.2	24.9
No one at home to provide care.....	63.9	53.6	66.3	67.5	64.0	65.1	57.6	60.9	66.4	57.2
Not enough money to purchase nursing care at home.....	40.5	38.7	40.4	52.6	37.9	28.8	33.8	52.4	57.0	44.4
Required more care than household members could give....	77.5	87.8	78.2	67.5	69.4	74.6	84.4	84.8	80.0	67.4
Problems in doing everyday activities...	73.9	81.4	76.4	65.8	61.5	71.6	85.3	81.7	75.9	55.8
Because spouse entered.....	2.9	13.4	1.1	-	-	3.8	*	*	2.7	*
State of health before admission										
Suddenly ill or injured.....	17.1	16.7	18.9	11.3	13.9	17.6	30.0	16.3	14.8	14.1
Gradually worsening....	49.5	52.5	52.8	45.6	36.4	53.0	46.7	49.2	47.1	34.0
In poor condition most of year.....	16.1	19.4	14.2	22.6	16.8	12.8	12.8	19.7	20.1	20.5
Other health status....	14.7	9.7	12.2	14.2	28.1	14.2	9.7	12.5	15.1	25.7
Unknown.....	2.6	*	1.9	6.3	4.7	2.4	*	*	2.8	*

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 55. Number of nursing home residents by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1985

Main medical reason for admission	All residents with next of kin	General reason for admission 1/					
		Recuperation from surgery or illness	No one at home to provide care	Not enough money to purchase nursing care at home	Required more care than household members could give	Problems in doing everyday activities	Because spouse entered
Total.....	1,462,900	500,000	935,000	593,200	1,133,900	1,081,100	42,200
Hip fracture.....	85,200	68,200	60,800	37,700	73,800	71,000	*
Other fracture.....	21,700	17,900	17,700	8,400	16,600	17,700	*
Arthritis.....	35,600	8,700	24,700	15,200	28,300	29,800	*
Other condition of bones, muscles, or joints.....	41,400	17,400	27,600	14,300	33,100	37,000	*
Stroke.....	191,400	103,200	123,100	87,300	165,400	170,600	*
Atherosclerosis.....	48,600	9,300	30,400	16,600	40,900	37,500	*
Other heart or circulatory condition.....	74,800	34,200	52,900	32,000	61,500	57,100	*
Cancer, all types.....	27,900	15,000	20,100	13,400	24,000	23,000	*
Alzheimer's disease....	93,600	9,100	48,800	32,600	87,900	79,600	*
Confused or forgetful..	57,500	11,200	42,800	23,300	44,300	38,800	*
Senility.....	61,500	6,900	41,000	26,700	52,100	44,600	*
Other emotional, mental, or nervous condition.....	146,200	27,700	88,400	62,400	106,300	83,600	*
Parkinson's disease....	26,600	*	17,600	13,500	22,700	23,400	*
Central nervous system diseases or injuries.....	46,800	9,600	24,000	21,300	42,700	39,300	-
Dizziness, fainting, or falls.....	17,700	0,900	11,500	6,000	11,600	10,900	-
Loss of vision or hearing.....	32,800	7,100	20,600	15,100	24,000	21,500	*
Respiratory condition.....	27,600	11,600	19,300	10,800	22,100	20,000	*
Diseases of the digestive or endocrine systems....	45,100	23,700	28,100	19,200	34,700	36,800	*
Genitourinary diseases.....	13,500	7,000	9,000	*	12,400	11,600	*
No main medical reason.....	50,800	20,500	30,800	28,800	43,700	44,400	*
Old age or general debilitation.....	39,700	9,900	27,500	15,400	28,100	27,100	*
Other medical reason or unknown.....	277,000	69,100	167,100	88,100	157,800	155,800	11,600

1/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 56. Percent of nursing home residents by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1985

Main medical reason for admission	General reason for admission 1/					
	Recuperation from surgery or illness	No one at home to provide care	Not enough money to purchase nursing care at home	Required more care than household members could give	Problems in doing everyday activities	Because spouse entered
All medical reasons for admission.....	34.2	63.9	40.6	77.5	73.9	2.9
Hip fracture.....	80.0	71.4	44.3	86.6	83.3	*
Other fracture.....	82.5	81.6	38.9	76.7	81.9	*
Arthritis.....	24.5	69.2	42.7	79.3	83.5	*
Other condition of bones, muscles, or joints.....	41.9	66.6	34.5	80.0	89.4	*
Stroke.....	53.9	64.3	45.6	86.4	89.1	*
Atherosclerosis.....	19.2	62.6	34.1	84.3	77.1	*
Other heart or circulatory condition.....	45.8	70.7	42.7	82.2	76.3	*
Cancer, all types.....	53.9	72.2	48.0	85.8	82.4	*
Alzheimer's disease.....	9.7	52.2	34.9	93.8	85.0	*
Confused or forgetful..	19.5	74.5	40.6	77.0	67.4	*
Senility.....	11.3	66.7	43.5	84.8	72.6	*
Other emotional, mental, or nervous condition.....	18.9	60.4	42.7	72.7	57.2	*
Parkinson's disease....	*	66.3	50.8	85.6	88.0	*
Central nervous system diseases or injuries.....	20.6	52.5	45.6	91.1	84.0	-
Dizziness, fainting, or falls.....	38.8	64.9	33.8	65.5	61.8	-
Loss of vision or hearing.....	21.6	62.8	46.2	73.4	65.8	*
Respiratory condition.....	42.2	69.9	39.2	79.9	72.4	*
Diseases of the digestive or endocrine systems.....	52.5	62.3	42.5	77.1	81.7	*
Genitourinary diseases.....	52.0	70.7	*	91.7	86.0	*
No main medical reason.....	40.4	60.7	56.8	86.1	87.6	*
Old age or general debilitation.....	25.0	69.3	38.8	70.8	68.2	*
Other medical reason or unknown.....	24.9	60.3	31.8	56.9	56.2	4.2

1/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 57. Number of nursing home residents by selected functional statuses at admission as reported by next of kin, age, sex, and race: United States, 1985

Functional status at admission	All residents with next of kin	Age					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
Total	1,462,900	156,100	1,306,800	204,400	504,000	598,400	462,300	1,060,600	1,351,700	111,200	100,100
Bathing											
Independent.....	301,000	46,700	254,300	41,900	101,600	110,700	95,200	205,800	284,100	16,900	13,500
Requires assistance in bathing 1/.....	1,083,400	96,800	986,600	142,500	381,700	462,400	279,200	804,200	995,500	87,900	80,100
Unknown.....	78,600	12,600	65,900	20,000	20,700	25,200	27,900	50,600	72,100	6,500	6,500
Dressing											
Independent.....	521,700	63,200	458,500	62,300	174,900	221,200	152,200	369,500	490,600	31,200	27,100
Requires assistance in dressing 1/.....	870,500	80,100	790,400	122,300	369,700	358,400	226,900	643,600	797,600	72,800	65,700
Unknown.....	70,700	12,800	57,900	19,800	19,300	18,800	23,200	47,500	63,500	7,300	7,300
Mobility											
Walks independently.....	272,300	45,700	226,600	40,500	93,700	92,500	82,500	189,800	256,000	16,300	13,700
Walks with assistance.....	85,400	11,600	73,800	11,000	24,400	38,300	23,300	62,100	78,200	7,200	6,200
Chairfast.....	710,900	51,900	659,000	89,600	248,100	321,300	188,600	522,300	657,800	53,000	49,500
Bedfast.....	377,400	42,100	335,200	57,600	134,200	143,400	102,600	274,800	343,200	34,100	30,100
Unknown.....	17,000	*	12,200	*	*	*	*	11,700	16,500	*	*
Using toilet room											
Independent.....	568,300	72,100	496,100	74,700	193,700	227,800	165,300	403,000	534,900	33,400	30,000
Requires assistance in using toilet room 1/.....	821,900	71,700	750,100	113,400	286,600	350,100	208,400	613,400	751,000	70,900	63,800
Unknown.....	72,800	12,300	60,500	16,400	23,700	20,500	28,500	44,300	65,800	7,000	6,300
Transferring 2/											
Independent.....	632,100	80,800	551,300	78,300	213,700	259,200	189,300	442,800	591,900	40,200	35,600
Requires assistance in transferring 1/.....	771,400	66,300	705,100	111,700	271,100	322,300	196,200	575,200	705,200	66,200	59,600
Unknown.....	59,400	9,100	50,400	14,400	19,200	16,900	16,800	42,600	54,700	*	*
Continence											
No difficulty controlling bowels or bladder.....	773,000	88,800	684,100	105,900	262,000	316,300	206,300	566,700	722,700	50,300	45,300
Difficulty controlling bowels.....	67,300	*	61,700	11,200	21,200	29,400	21,000	46,300	61,700	*	*
Difficulty controlling bladder.....	189,700	10,800	178,900	21,900	63,400	93,700	46,700	143,000	172,900	16,800	14,100
Difficulty controlling both bowels and bladder.....	197,800	20,600	177,200	28,400	73,200	75,600	51,500	146,300	182,200	15,600	13,900
Ostomy in either bowels or bladder.....	203,300	20,600	182,800	29,700	75,900	77,200	64,500	138,800	182,600	20,700	19,200
Unknown.....	31,900	9,900	22,000	7,400	8,300	6,300	12,400	19,500	29,700	*	*
Eating											
Independent.....	1,064,100	104,700	959,400	136,400	360,700	462,300	294,800	769,300	984,200	60,000	72,900
Requires assistance in eating 1/.....	354,800	43,300	311,500	56,700	131,300	123,600	92,600	262,200	326,500	28,300	24,500
Unknown.....	44,000	8,100	35,900	11,400	12,000	12,500	14,900	29,100	41,000	*	*
Number of dependencies in activities of daily living 3/											
None.....	262,400	45,900	216,500	42,600	84,900	89,000	85,900	176,500	248,800	13,500	11,200
1.....	180,100	18,800	161,300	25,600	54,300	82,000	56,100	130,000	167,800	12,300	11,800
2.....	146,500	16,500	129,900	14,600	53,600	61,700	39,600	106,900	137,100	9,400	7,600
3.....	135,500	8,600	126,900	15,200	52,600	59,200	35,400	100,000	120,300	15,100	14,500
4.....	234,100	18,400	215,700	31,000	77,100	107,600	63,800	170,300	216,400	17,700	16,800
5.....	282,400	23,400	259,000	42,400	102,300	114,200	68,800	213,600	260,600	21,800	20,500
6.....	222,000	24,500	197,500	33,700	79,200	84,600	58,800	163,300	200,500	21,500	17,700
Average number of dependencies.....	3.1	2.7	3.2	3.1	3.2	3.2	3.0	3.2	3.1	3.5	3.5

1/ Includes residents who did not perform this activity.
 2/ Transferring refers to getting in or out of a bed or chair.
 3/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

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

Table 58. Percent distribution of nursing home residents by selected functional statuses at admission as reported by next of kin, according to age, sex, and race: United States, 1985

Functional status at admission	All residents with next of kin	Age					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
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Bathing											
Independent.....	20.6	29.9	19.5	20.5	20.2	18.5	23.7	19.4	21.0	15.2	13.5
Requires assistance in bathing 1/.....	74.1	62.0	75.5	69.7	75.7	77.3	69.4	75.8	73.6	79.0	80.1
Unknown.....	5.4	8.1	5.0	9.8	4.1	4.2	6.9	4.8	5.3	5.8	6.5
Dressing											
Independent.....	35.7	40.5	35.1	30.5	34.7	37.0	37.8	34.6	36.3	28.0	27.1
Requires assistance in dressing 1/.....	59.5	51.3	60.5	59.8	61.5	59.9	56.4	60.7	59.0	65.5	65.7
Unknown.....	4.8	8.2	4.4	9.7	3.8	3.1	5.8	4.5	4.7	6.5	7.3
Mobility											
Walks independently.....	18.6	29.2	17.3	19.8	18.6	15.5	20.5	17.9	18.9	14.7	13.7
Walks with assistance.....	5.8	7.4	5.6	5.4	4.8	6.4	5.8	5.9	5.8	6.5	6.2
Chairfast.....	48.0	33.2	50.4	43.8	49.2	53.7	46.9	49.2	48.7	47.7	49.5
Bedfast.....	25.8	27.0	25.7	28.2	26.6	24.0	25.5	25.9	25.4	30.7	30.1
Unknown.....	1.2	*	.9	*	*	*	*	1.1	1.2	*	*
Using toilet room											
Independent.....	38.8	46.2	38.0	36.5	38.4	38.1	41.1	38.0	39.6	30.0	30.0
Requires assistance in using toilet room 1/.....	56.2	45.9	57.4	55.5	56.9	58.5	51.8	57.8	55.6	63.7	63.7
Unknown.....	5.0	7.9	4.6	8.0	4.7	3.4	7.1	4.2	4.9	6.3	6.3
Transferring 2/											
Independent.....	43.2	51.8	42.2	38.3	42.4	43.3	47.1	41.7	43.8	36.1	35.6
Requires assistance in transferring 1/.....	52.7	42.4	54.0	54.7	53.8	53.9	48.8	54.2	52.2	59.5	59.6
Unknown.....	4.1	5.8	3.9	7.0	3.8	2.8	4.2	4.0	4.0	*	*
Continence											
No difficulty controlling bowels or bladder.....	52.8	56.9	52.4	51.8	52.0	52.9	51.3	53.4	53.5	45.2	45.3
Difficulty controlling bowels.....	4.6	*	4.7	5.5	4.2	4.9	5.2	4.4	4.6	*	*
Difficulty controlling bladder.....	13.0	6.9	13.7	10.7	12.6	15.7	11.6	13.5	12.8	15.1	14.1
Difficulty controlling both bowels and bladder.....	13.5	13.2	13.6	13.9	14.5	12.6	12.8	13.8	13.5	14.0	13.9
Ostomy in either bowels or bladder.....	13.9	13.2	14.0	14.5	15.1	12.9	16.0	13.1	13.5	18.6	19.2
Unknown.....	2.2	6.3	1.7	3.6	1.7	1.1	3.1	1.8	2.2	*	*
Eating											
Independent.....	72.7	67.0	73.4	66.7	71.6	77.3	73.3	72.5	72.8	71.9	72.8
Requires assistance in eating 1/.....	24.3	27.7	23.8	27.7	26.0	20.6	23.0	24.7	24.2	25.4	24.5
Unknown.....	3.0	5.2	2.7	5.6	2.4	2.1	3.7	2.7	3.0	*	*
Number of dependencies in activities of daily living 3/											
None.....	17.9	29.4	16.6	20.8	16.8	14.9	21.4	16.6	18.4	12.2	11.2
1.....	12.3	12.0	12.3	12.2	10.8	13.7	12.5	12.3	12.4	11.1	11.8
2.....	10.0	10.6	9.9	7.1	10.6	10.3	9.8	10.1	10.1	8.4	7.6
3.....	9.3	5.5	9.7	7.4	10.4	9.9	8.8	9.4	8.9	13.6	14.5
4.....	16.0	11.8	16.5	15.1	15.3	18.0	15.8	16.1	16.0	15.9	16.8
5.....	19.3	15.0	19.8	20.8	20.3	19.1	17.1	20.1	19.3	19.6	20.5
6.....	15.2	15.7	15.1	16.5	15.7	14.1	14.6	15.4	14.8	19.3	17.7

1/ Includes residents who did not perform this activity.

2/ Transferring refers to getting in or out of a bed or chair.

3/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

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

Table 59. Number of nursing home discharges by duration of stay, discharge status, and selected characteristics: United States, 1984-85

Discharge status and characteristic	Duration of stay								Average duration of stay in days	Median duration of stay in days
	all stays	Less than 1 month	1 month to less than 3	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 DISCHARGES 1/-.....	1,223,500	379,000	252,200	136,700	137,400	185,200	63,200	69,800	401	82
Age at discharge										
Under 65 years.....	133,100	43,900	32,700	15,900	14,000	17,500	4,800	*	283	69
Under 45 years.....	34,900	10,300	7,400	*	*	6,800	*	*	324	88
45-54 years.....	29,800	14,100	6,500	*	*	*	*	*	238	35
55-64 years.....	68,500	19,500	18,800	9,500	7,600	8,200	*	*	281	77
65 years and over.....	1,090,400	335,100	219,600	120,800	123,400	167,700	58,400	65,400	416	84
65-69 years.....	69,300	25,100	15,600	7,000	9,100	9,400	*	*	248	55
70-74 years.....	133,200	46,400	27,800	19,200	12,600	17,900	4,700	*	306	57
75-79 years.....	195,400	69,800	43,400	20,300	22,300	25,600	6,700	7,300	309	65
80-84 years.....	262,900	89,300	56,000	36,200	31,400	36,400	10,300	9,300	305	67
85-89 years.....	231,300	61,000	44,100	23,800	28,000	39,300	18,300	16,700	505	124
90-94 years.....	138,100	33,800	21,100	12,000	15,800	28,500	10,500	16,400	622	198
95 years and over.....	60,300	9,700	11,500	8,200	*	10,600	6,600	9,500	865	239
Sex										
Male.....	455,500	162,600	91,800	51,300	53,800	60,800	17,300	18,000	319	66
Female.....	768,000	216,400	160,500	85,400	83,600	124,500	45,800	51,900	450	93
Race										
White.....	1,135,900	352,900	234,400	124,900	126,300	172,000	59,600	65,700	406	82
Black.....	82,000	23,900	16,200	11,800	10,800	12,200	*	*	333	101
Other.....	5,600	*	*	-	*	*	*	*	472	44
Hispanic origin										
Hispanic.....	35,500	10,700	5,800	5,200	*	8,200	*	*	372	113
Non-Hispanic.....	1,130,700	346,900	235,900	127,600	126,700	169,600	59,000	65,000	404	83
Unknown.....	57,400	21,500	10,500	*	8,200	7,400	*	*	361	71
Marital status at discharge										
Married.....	273,200	120,400	58,100	25,400	28,700	28,800	6,300	5,600	213	41
Widowed.....	669,200	182,700	134,100	77,300	75,000	112,000	43,200	44,900	450	107
Divorced or separated.....	84,800	24,200	17,400	11,400	10,200	12,600	*	5,300	440	90
Never married.....	151,800	37,800	35,700	16,700	16,900	26,000	7,100	11,600	506	101
Unknown.....	44,600	13,900	7,000	5,900	6,500	5,900	*	*	390	125
Living arrangement prior to admission										
Private or semiprivate residence.....	340,700	93,600	64,700	35,800	36,700	58,900	24,300	26,800	519	118
Alone.....	110,200	28,500	19,200	12,300	12,000	18,500	9,500	10,100	575	149
With family members.....	185,100	51,300	36,300	19,400	20,600	32,500	12,000	13,000	491	111
With non-family members.....	23,300	7,100	*	*	*	4,800	*	*	547	145
Unknown.....	22,100	6,600	5,800	*	*	*	*	*	450	66
Another health facility.....	848,700	277,700	183,300	97,700	97,700	120,700	35,400	36,100	332	72
Another nursing home.....	82,500	14,100	12,100	8,500	11,800	18,700	7,600	9,800	714	263
General or short-stay hospital 2/.....	674,300	240,700	155,800	77,000	73,500	84,000	24,000	19,500	265	57
Mental facility 3/.....	36,200	10,000	*	4,800	*	7,700	*	*	550	158
Veterans hospital.....	33,000	7,900	7,700	*	6,800	*	*	*	282	108
Other or unknown.....	22,600	5,000	*	*	*	5,700	*	*	654	169
Unknown or other.....	34,100	7,800	*	*	*	5,600	*	6,900	943	316
Living arrangement after discharge										
Private or semiprivate residence.....	266,400	119,900	82,000	29,800	14,100	15,500	*	*	116	36
Another health facility.....	591,500	156,700	115,100	75,900	81,600	105,100	25,400	27,700	391	113
Another nursing home.....	98,000	29,100	21,100	14,900	10,100	14,700	*	*	351	83
General or short-stay hospital 2/.....	430,200	109,600	79,800	52,700	64,300	79,900	23,000	21,000	408	130
Mental facility 3/.....	20,500	4,900	*	*	*	*	*	*	339	127
Veterans hospital.....	20,800	6,700	5,100	*	*	*	*	*	235	65
Other or unknown.....	22,000	6,500	4,900	*	*	*	*	*	426	78
Number known to have died in other health facility.....										
116,600	32,700	22,200	11,800	17,800	18,700	7,200	6,200	4,4	106	
Unknown or other.....	19,000	6,400	5,300	*	*	*	*	*	377	47

See footnotes at end of table.

Table 59. Number of nursing home discharges by duration of stay, discharge status, and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Duration of stay								Average duration of stay in days	Median duration of stay in days
	All stays	Less than 1 month	1 month to less than 3	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		
LIVE DISCHARGES.....	877,000	283,100	202,400	106,700	98,200	121,900	33,500	31,300	307	70
Age at discharge										
Under 65 years.....	118,100	37,400	30,700	14,500	13,200	14,800	*	*	270	70
Under 45 years.....	32,300	9,200	7,100	*	*	6,800	*	*	314	88
45-54 years.....	27,900	13,500	6,200	*	*	*	*	*	220	34
55-64 years.....	57,900	14,800	17,400	8,500	7,300	6,000	*	*	269	80
65 years and over.....	758,800	245,700	171,600	92,200	85,000	107,200	29,300	27,800	313	71
65-69 years.....	58,200	21,500	13,700	5,900	7,700	7,000	*	*	218	54
70-74 years.....	102,300	36,100	20,600	16,400	10,800	13,700	*	*	246	58
75-79 years.....	142,600	50,200	35,000	15,900	15,700	18,000	*	*	263	59
80-84 years.....	193,700	68,600	45,900	24,300	21,300	24,800	4,900	*	231	59
85-89 years.....	146,400	40,100	31,200	16,800	18,400	22,100	10,300	7,500	416	92
90-94 years.....	84,700	22,700	17,100	9,100	9,300	15,600	*	6,400	437	113
95 years and over.....	30,900	6,400	8,100	*	*	5,900	*	*	628	108
Sex										
Male.....	324,600	113,200	72,800	41,300	39,900	39,300	9,900	8,400	256	64
Female.....	552,300	169,900	129,500	65,400	58,300	82,600	23,600	22,900	337	72
Race										
White.....	811,200	263,600	187,700	96,500	90,400	113,000	31,300	28,700	308	68
Black.....	61,200	17,600	13,100	10,100	7,500	8,200	*	*	305	87
Other.....	*	*	*	-	*	*	-	-	*	*
Hispanic origin										
Hispanic.....	27,600	7,100	*	*	*	6,000	*	*	399	140
Non-Hispanic.....	803,800	258,400	188,200	99,200	89,000	111,100	30,200	27,700	304	69
Unknown.....	45,500	17,600	9,400	*	6,800	4,800	*	*	313	62
Marital status at discharge										
Married.....	197,700	86,200	46,600	19,300	19,000	19,900	*	*	193	42
Widowed.....	458,400	135,400	103,300	58,700	52,700	69,700	20,400	18,200	327	79
Divorced or separated.....	66,800	18,500	15,600	9,400	8,300	9,200	*	*	379	81
Never married.....	120,600	32,100	31,300	14,100	12,800	19,900	5,300	5,100	376	85
Unknown.....	33,400	10,900	5,700	5,100	5,400	*	*	*	315	91
Living arrangement prior to admission										
Private or semiprivate residence.....	238,100	73,400	52,800	26,400	24,200	38,600	13,300	9,500	373	76
Alone.....	77,500	22,500	16,100	9,100	9,200	11,900	5,700	*	378	91
With family members.....	128,400	40,100	29,100	14,900	12,600	20,000	6,600	5,100	372	76
with non-family members.....	16,300	5,500	*	*	*	*	*	*	411	101
Unknown.....	16,000	5,200	5,300	*	*	*	*	*	313	56
Another health facility.....	616,000	203,900	146,900	78,600	71,800	78,600	18,500	17,800	263	65
Another nursing home.....	52,400	11,600	9,200	7,100	7,200	9,800	*	*	507	159
General or short-stay hospital 2/.....	488,800	172,600	123,500	61,800	53,800	55,300	12,500	9,300	217	56
Mental facility 3/.....	31,900	9,900	*	*	*	5,700	*	*	441	134
Veterans hospital.....	26,800	6,300	7,100	*	5,600	*	*	*	248	94
Other or unknown.....	16,000	*	*	*	*	*	*	*	555	166
Unknown or other.....	22,800	5,800	*	*	*	4,800	*	*	800	310
Living arrangement after discharge										
Private or semiprivate residence.....	266,400	119,900	82,000	29,800	14,100	15,500	*	*	116	36
Another health facility.....	591,500	156,700	115,100	75,900	81,600	105,100	29,400	27,700	391	113
Another nursing home.....	98,000	29,100	21,100	14,900	10,100	14,700	*	*	351	83
General or short-stay hospital 2/.....	430,200	109,600	79,800	52,700	64,300	79,900	23,000	21,000	408	130
Mental facility 3/.....	20,500	4,900	*	*	*	*	*	*	339	127
Veterans hospital.....	20,800	6,700	5,100	*	*	*	*	*	235	65
Other or unknown.....	22,000	6,500	4,900	*	*	*	*	*	426	78
Number known to have died in other health facility.....										
116,600	32,700	22,200	11,800	17,800	18,700	7,200	6,200	434	106	
Unknown or other.....	19,000	6,400	5,300	*	*	*	*	*	377	47

See footnotes at end of table.

Table 59. Number of nursing home discharges by duration of stay, discharge status, and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Duration of stay								Average duration of stay in days	Median duration of stay in days
	All stays	Less than 1 month	1 month to less than 3	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		
DEAD DISCHARGES.....	344,200	95,700	49,200	30,000	38,300	63,100	29,600	38,300	640	163
Age at discharge										
Under 65 years.....	15,000	6,500	*	*	*	*	*	*	385	41
65 years and over.....	329,200	89,200	47,300	28,500	37,500	60,400	29,000	37,300	651	176
65-69 years.....	11,100	*	*	*	*	*	*	*	402	107
70-74 years.....	30,900	10,300	7,200	*	*	*	*	*	503	57
75-79 years.....	52,100	19,600	8,400	*	5,900	7,600	*	*	434	74
80-84 years.....	68,700	20,700	10,000	5,800	9,900	11,700	5,300	5,300	511	148
85-89 years.....	83,900	20,700	12,400	6,900	9,700	17,200	7,900	9,100	661	197
90-94 years.....	53,300	11,000	*	*	6,500	12,700	6,100	9,900	914	430
95 years and over.....	29,300	*	*	*	*	*	*	6,700	1,114	571
Sex										
Male.....	130,100	49,500	18,900	10,000	13,300	21,500	7,500	9,500	473	74
Female.....	214,000	46,200	30,300	19,900	25,000	41,700	22,100	28,800	741	246
Race										
White.....	322,500	89,100	46,100	28,300	35,100	58,800	28,300	36,800	650	165
Black.....	20,700	6,400	*	*	*	*	*	*	413	113
Other.....	*	*	-	-	-	*	*	*	*	*
Hispanic origin										
Hispanic.....	7,800	*	*	*	*	*	-	*	278	40
Non-Hispanic.....	325,600	88,500	47,300	28,400	37,400	58,400	28,700	37,000	650	173
Unknown.....	10,800	*	*	*	*	*	*	*	581	187
Marital status at discharge										
Married.....	75,400	34,200	11,500	6,100	9,700	8,900	*	*	265	38
Widowed.....	209,800	47,200	30,500	18,500	22,100	42,200	22,800	26,600	717	232
Divorced or separated.....	18,000	5,700	*	*	*	*	*	*	665	116
Never married.....	30,500	5,700	*	*	*	6,100	*	6,400	1,020	308
Unknown.....	10,500	*	*	*	*	*	*	*	642	237
Living arrangement prior to admission										
Private or semiprivate residence.....	101,600	20,200	11,800	9,400	11,800	20,200	11,000	17,200	863	322
Alone.....	32,600	6,100	*	*	*	6,600	*	7,000	1,038	513
With family members.....	56,600	11,200	7,200	*	8,000	12,400	5,400	8,000	760	309
With non-family members.....	7,100	*	*	*	*	*	*	*	857	228
Unknown.....	5,400	*	*	*	*	*	*	*	889	195
Another health facility.....	232,400	73,800	36,400	19,100	25,800	42,200	16,900	18,300	513	110
Another nursing home.....	30,100	*	*	*	*	8,900	*	5,400	1,077	601
General or short-stay hospital 2/.....	185,300	68,100	32,200	15,100	19,500	28,700	11,400	10,200	391	65
Other or unknown.....	17,100	*	*	*	*	*	*	*	843	297
Unknown or other.....	10,100	*	*	*	*	*	*	*	1,309	430

1/ Includes small number of discharges with unknown discharge status.

2/ Psychiatric units are excluded.

3/ Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers.

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

Table 60. Percent distribution of nursing home discharges by duration of stay, according to discharge status and selected characteristics: United States, 1984-85

Discharge status and characteristic	Duration of stay							
	All stays	Less than 1 month	1 1/2 months to less than 3	3 months to 6 less than 6	6 months to 12 less than 12	1 year to 3 less than 3	3 years to 5 less than 5	5 years or more
ALL DISCHARGES 1/.....	100.0	31.0	20.6	11.2	11.2	15.1	5.2	5.7
Age at discharge								
Under 65 years.....	100.0	33.0	24.5	12.0	10.5	13.2	3.6	*
Under 45 years.....	100.0	29.6	21.2	*	*	19.4	*	*
45-54 years.....	100.0	47.5	21.8	*	*	*	*	*
55-64 years.....	100.0	28.4	27.4	13.8	11.2	12.0	*	*
65 years and over.....	100.0	30.7	20.1	11.1	11.3	15.4	5.4	6.0
65-69 years.....	100.0	36.3	22.6	10.2	13.2	13.5	*	*
70-74 years.....	100.0	34.8	20.9	14.4	9.5	13.5	3.5	*
75-79 years.....	100.0	35.7	22.2	10.4	11.4	13.1	3.4	3.7
80-84 years.....	100.0	34.0	21.3	11.5	11.9	13.9	3.9	3.5
85-89 years.....	100.0	26.4	19.1	10.3	12.1	17.0	7.9	7.2
90-94 years.....	100.0	24.5	15.3	8.7	11.5	20.6	7.6	11.8
95 years and over.....	100.0	16.1	19.1	13.6	*	17.6	11.0	15.8
Sex								
Male.....	100.0	35.7	20.1	11.3	11.8	13.3	3.8	3.9
Female.....	100.0	28.2	20.9	11.1	10.9	16.2	6.0	6.8
Race								
White.....	100.0	31.1	20.6	11.0	11.1	15.1	5.2	5.8
Black.....	100.0	29.2	19.8	14.4	13.1	14.9	*	*
Other.....	100.0	*	*	-	*	*	*	*
Hispanic origin								
Hispanic.....	100.0	30.1	16.4	14.7	*	23.0	*	*
Non-Hispanic.....	100.0	30.7	20.9	11.3	11.2	15.0	5.2	5.7
Unknown.....	100.0	37.4	18.4	*	14.3	12.9	*	*
Marital status at discharge								
Married.....	100.0	44.1	21.3	9.3	10.5	10.5	2.3	2.0
Widowed.....	100.0	27.3	20.0	11.5	11.2	16.7	6.5	6.7
Divorced or separated.....	100.0	28.6	20.6	13.5	12.1	14.8	*	6.3
Never married.....	100.0	24.9	23.5	11.0	11.1	17.2	4.7	7.6
Unknown.....	100.0	31.2	15.6	13.2	14.6	13.2	*	*
Living arrangement prior to admission								
Private or semiprivate residence.....								
Alone.....	100.0	27.5	19.0	10.5	10.8	17.3	7.1	7.9
With family members.....	100.0	25.9	17.4	11.2	10.9	16.8	8.6	9.2
With non-family members.....	100.0	27.7	19.6	10.5	11.1	17.6	6.5	7.0
Unknown.....	100.0	30.3	*	*	*	20.6	*	*
Another health facility.....								
Another nursing home.....	100.0	30.0	26.1	*	*	*	*	*
General or short-stay hospital 2/.....	100.0	32.7	21.6	11.5	11.5	14.2	4.2	4.3
Mental facility 3/.....	100.0	17.1	14.7	10.3	14.3	22.7	9.2	11.9
Veterans hospital.....	100.0	35.7	23.1	11.4	10.9	12.5	3.6	2.9
Other or unknown.....	100.0	27.6	*	13.2	*	21.2	*	*
Unknown or other.....	100.0	24.0	23.4	*	20.7	*	*	*
Other or unknown.....	100.0	22.1	*	*	*	25.2	*	*
Unknown or other.....	100.0	22.8	*	*	*	16.5	*	20.2
Living arrangement after discharge								
Private or semiprivate residence.....								
Alone.....	100.0	45.0	30.8	11.2	5.3	5.8	*	*
With family members.....	100.0	26.5	19.5	12.8	13.8	17.8	5.0	4.7
With non-family members.....	100.0	29.7	21.6	15.2	10.3	15.0	*	*
Another health facility.....								
Another nursing home.....	100.0	25.5	18.6	12.2	14.9	18.6	5.3	4.9
General or short-stay hospital 2/.....	100.0	23.8	*	*	*	*	*	*
Mental facility 3/.....	100.0	27.6	*	13.2	*	21.2	*	*
Veterans hospital.....	100.0	32.3	24.8	*	*	*	*	*
Other or unknown.....	100.0	29.4	22.4	*	*	*	*	*
Number who died in other health facility.....								
Unknown or other.....	100.0	28.0	19.1	10.2	15.2	16.0	6.1	5.4
Unknown or other.....	100.0	33.9	27.8	*	*	*	*	*

See footnotes at end of table.

Table 60. Percent distribution of nursing home discharges by duration of stay, according to discharge status and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Duration of stay							
	All stays	Less than month	1 month to less than 3	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
LIVE DISCHARGES	100.0	32.3	23.1	12.2	11.2	13.9	3.8	3.6
Age at discharge								
Under 65 years.....	100.0	31.7	26.0	12.2	11.1	12.5	*	*
Under 45 years.....	100.0	28.4	21.9	*	*	21.0	*	*
45-54 years.....	100.0	48.3	22.3	*	*	*	*	*
55-64 years.....	100.0	25.5	30.1	14.7	12.6	10.3	*	*
65 years and over.....	100.0	32.4	22.6	12.2	11.2	14.1	3.9	3.7
65-69 years.....	100.0	37.0	23.6	10.1	13.3	12.1	*	*
70-74 years.....	100.0	35.2	20.1	16.1	10.6	13.4	*	*
75-79 years.....	100.0	35.2	24.6	11.2	11.0	12.6	2.5	*
80-84 years.....	100.0	35.4	23.7	12.6	11.0	12.8	2.5	*
85-89 years.....	100.0	27.4	21.3	11.5	12.5	15.1	7.1	5.1
90-94 years.....	100.0	26.8	20.2	10.7	11.0	18.5	*	7.6
95 years and over.....	100.0	20.7	26.2	*	*	19.2	*	*
Sex								
Male.....	100.0	34.9	22.4	12.7	12.3	12.1	3.0	2.6
Female.....	100.0	30.8	23.5	11.8	10.6	15.0	4.3	4.1
Race								
White.....	100.0	32.5	23.1	11.9	11.1	13.9	3.9	3.5
Black.....	100.0	28.7	21.4	16.5	12.2	13.4	*	*
Other.....	*	*	*	-	*	*	-	-
Hispanic origin								
Hispanic.....	100.0	25.6	*	*	*	21.9	*	*
Non-Hispanic.....	100.0	32.1	23.4	12.3	11.1	13.8	3.8	3.4
Unknown.....	100.0	38.7	20.7	*	14.9	10.5	*	*
Marital status at discharge								
Married.....	100.0	43.6	23.6	9.7	9.6	10.1	*	*
Widowed.....	100.0	29.5	22.5	12.8	11.5	15.2	4.4	4.0
Divorced or separated.....	100.0	27.7	23.3	14.0	12.5	13.8	*	*
Never married.....	100.0	26.6	25.9	11.7	10.6	16.5	4.4	4.2
Unknown.....	100.0	32.6	17.0	15.4	16.2	*	*	*
Living arrangement prior to admission								
Private or semiprivate residence.....	100.0	30.8	22.2	11.1	10.2	16.2	5.6	4.0
Another health facility.....	100.0	33.1	23.8	12.8	11.7	12.8	3.0	2.9
Another nursing home.....	100.0	22.1	17.5	13.5	13.8	18.8	*	*
General or short-stay hospital 2/.....	100.0	35.3	25.3	12.6	11.0	11.3	2.6	1.9
Mental facility 3/.....	100.0	31.0	*	*	*	17.9	*	*
Veterans hospital.....	100.0	23.3	26.4	*	20.9	*	*	*
Other or unknown.....	100.0	*	*	*	*	*	*	*
Unknown or other.....	100.0	25.6	*	*	*	20.8	*	*
Living arrangement after discharge								
Private or semiprivate residence.....	100.0	45.0	30.8	11.2	5.3	5.8	*	*
Another health facility.....	100.0	26.5	19.5	12.8	13.8	17.8	5.0	4.7
Another nursing home.....	100.0	29.7	21.6	15.2	10.3	15.0	*	*
General or short-stay hospital 2/.....	100.0	25.5	18.6	12.2	14.9	18.6	5.3	4.9
Mental facility 3/.....	100.0	23.8	*	*	*	*	*	*
Veterans hospital.....	100.0	32.3	24.8	*	*	*	*	*
Other or unknown.....	100.0	29.4	22.4	*	*	*	*	*
Number who died in other health facility.....								
Unknown or other.....	100.0	33.9	27.8	*	*	*	*	*

See footnotes at end of table.

Table 60. Percent distribution of nursing home discharges by duration of stay, according to discharge status and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Duration of stay							
	All stays	Less than month	1 month to less than 3	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
DEAD DISCHARGES.....	100.0	27.8	14.3	8.7	11.1	18.3	8.6	11.1
Age at discharge								
Under 65 years.....	100.0	43.4	*	*	*	*	*	*
65 years and over.....	100.0	27.1	14.4	8.7	11.4	18.4	8.8	11.3
65-69 years.....	100.0	*	*	*	*	*	*	*
70-74 years.....	100.0	33.3	23.4	*	*	*	*	*
75-79 years.....	100.0	37.6	16.1	*	11.4	14.6	*	*
80-84 years.....	100.0	30.2	14.5	8.5	14.4	17.0	7.8	7.7
85-89 years.....	100.0	24.6	14.8	8.3	11.5	20.5	9.5	10.9
90-94 years.....	100.0	20.7	*	*	12.2	23.9	11.5	18.6
95 years and over.....	100.0	*	*	*	*	*	*	22.8
Sex								
Male.....	100.0	38.0	14.5	7.7	10.2	16.5	5.7	7.3
Female.....	100.0	21.6	14.2	9.3	11.7	19.5	10.3	13.4
Race								
White.....	100.0	27.6	14.3	8.8	10.9	18.2	8.8	11.4
Black.....	100.0	30.8	*	*	*	*	*	*
Other.....	*	*	-	-	-	*	*	*
Hispanic origin								
Hispanic.....	100.0	*	*	*	*	*	-	*
Non-Hispanic.....	100.0	27.2	14.5	8.7	11.5	17.9	8.8	11.4
Unknown.....	100.0	*	*	*	*	*	*	*
Marital status at discharge								
Married.....	100.0	45.3	15.2	8.1	12.9	11.8	*	*
Widowed.....	100.0	22.5	14.6	8.8	10.5	20.1	10.9	12.7
Divorced or separated.....	100.0	31.9	*	*	*	*	*	*
Never married.....	100.0	18.8	*	*	*	20.0	*	21.1
Unknown.....	100.0	*	*	*	*	*	*	*
Living arrangement prior to admission								
Private or semiprivate residence.....	100.0	19.9	11.6	9.2	11.7	19.9	10.9	17.0
Another health facility.....	100.0	31.8	15.6	8.2	11.1	18.1	7.3	7.9
Another nursing home.....	100.0	*	*	*	*	29.6	*	18.0
General or short-stay hospital 2/.....	100.0	36.8	17.4	8.2	10.5	15.5	6.2	5.5
Other or unknown.....	100.0	*	*	*	*	*	*	*
Unknown or other.....	100.0	*	*	*	*	*	*	*

1/ Includes small number of discharges with unknown discharge status.

2/ Psychiatric units are excluded.

3/ Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers.

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

Table 61. Number of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85

Discharge status, characteristic, and duration of stay	All discharges	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
				Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
ALL DISCHARGES 4/	1,223,500	736,900	662,900	379,000	181,600	107,600	555,300
Age at discharge							
Under 65 years.....	133,100	62,700	55,800	55,100	18,200	11,300	44,500
Under 45 years.....	34,900	15,500	13,800	17,800	*	*	12,200
45-54 years.....	29,800	12,500	10,700	14,300	4,800	*	7,700
55-64 years.....	68,500	34,800	31,300	27,000	10,200	6,700	24,600
65 years and over.....	1,090,400	674,200	607,100	319,900	163,400	96,300	510,900
65-69 years.....	69,300	34,300	26,100	30,300	12,800	*	21,500
70-74 years.....	133,200	79,800	66,300	42,900	24,000	10,500	55,800
75-79 years.....	195,400	122,500	101,400	59,900	34,100	13,100	88,300
80-84 years.....	262,900	157,900	151,400	76,200	35,300	28,700	122,600
85-89 years.....	231,300	146,200	133,800	63,400	34,000	21,700	112,200
90-94 years.....	138,100	90,100	85,400	34,800	18,000	13,200	72,100
95 years and over.....	60,300	43,500	42,700	12,300	5,200	*	38,300
Median age in years.....	81	82	82	79	80	82	82
Sex							
Male.....	455,500	273,500	255,800	139,500	60,200	42,500	213,400
Female.....	768,000	463,400	407,100	239,500	121,400	65,100	342,000
Race							
White.....	1,135,900	679,300	611,700	354,600	169,600	102,000	509,700
Black.....	82,000	54,000	48,200	22,400	11,400	5,600	42,600
Other.....	5,600	*	*	*	*	-	*
Hispanic origin							
Hispanic.....	35,500	18,700	16,000	14,000	5,500	*	13,200
Non-Hispanic.....	1,130,700	690,800	620,400	342,400	167,800	97,500	522,900
Unknown.....	57,400	27,500	26,500	22,700	6,300	7,300	19,200
Marital status at discharge							
Married.....	273,200	181,600	167,900	63,100	42,200	28,500	139,400
Widowed.....	669,200	406,800	371,300	203,400	94,500	59,100	312,200
Divorced or separated.....	84,800	43,500	33,400	36,800	14,500	*	29,000
Never married.....	151,800	79,400	71,000	60,000	20,700	12,400	58,700
Unknown.....	44,600	25,700	19,200	15,700	9,700	*	16,000
Duration of stay							
Less than 1 month.....	379,000	221,000	193,300	126,400	59,400	31,700	161,600
1 month to less than 3.....	252,200	137,000	123,300	90,200	38,800	25,100	98,200
3 months to less than 6.....	136,700	80,400	72,600	44,800	19,300	11,500	61,100
6 months to less than 12.....	137,400	92,800	78,600	35,200	23,500	9,300	69,200
1 year to less than 3.....	185,200	116,300	109,100	50,500	25,600	18,400	90,700
3 years to less than 5.....	63,200	41,200	40,200	15,500	7,400	6,500	33,700
5 years or more.....	69,800	48,300	45,800	16,400	7,600	5,100	40,700
Average duration of stay in days.....	401	442	460	324	346	391	474
Living arrangement prior to admission							
Private or semiprivate residence.....	340,700	178,200	171,600	125,100	44,000	37,400	134,200
Alone.....	110,200	51,900	50,000	45,600	14,600	12,700	37,300
With family members.....	185,100	104,500	103,200	60,200	21,700	20,300	82,800
With non-family members.....	23,300	12,300	11,200	8,000	*	*	8,100
Unknown if with others.....	22,100	9,400	7,300	11,400	*	*	5,900
Another health facility.....	848,700	540,100	474,400	241,200	133,100	67,400	407,000
Another nursing home.....	82,500	53,500	50,700	21,800	10,000	7,200	43,500
General or short-stay hospital 5/.....	674,300	439,700	382,900	179,100	112,400	55,600	327,300
Mental facility 6/.....	36,200	14,200	13,800	20,400	*	*	12,200
Veterans hospital.....	33,000	20,200	17,200	11,400	*	*	15,800
Other health facility or unknown.....	22,600	12,500	9,800	8,500	*	*	8,200
Unknown or other arrangement.....	34,100	16,700	17,000	12,700	*	*	14,200

see footnotes at end of table.

Table 61. Number of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85--Con-

Discharge status, characteristic, and duration of stay	All discharges	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
				Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
LIVE DISCHARGES.....	877,000	437,300	383,300	346,900	146,800	92,700	290,500
Age at discharge							
Under 65 years.....	118,100	50,500	44,100	56,800	17,300	10,900	33,200
Under 45 years.....	32,300	13,300	11,500	17,500	*	*	10,000
45-54 years.....	27,900	11,300	9,700	13,600	*	*	6,700
55-64 years.....	57,900	26,000	22,900	25,600	9,400	6,300	16,600
65 years and over.....	758,800	386,800	339,100	290,200	129,500	81,800	257,300
65-69 years.....	58,200	24,800	17,700	28,800	11,700	*	13,100
70-74 years.....	102,300	51,800	43,500	40,900	18,000	9,600	33,600
75-79 years.....	142,600	75,900	58,800	55,200	28,600	11,500	47,300
80-84 years.....	193,700	99,800	95,400	88,500	29,800	25,400	70,000
85-89 years.....	146,400	72,500	63,200	57,700	25,400	16,200	47,000
90-94 years.....	84,700	43,700	42,900	29,400	12,400	11,600	31,300
95 years and over.....	30,900	18,200	17,700	9,700	*	*	14,700
Median age in years.....	80	80	81	79	79	81	80
Sex							
Male.....	324,600	160,500	152,200	126,400	46,100	37,700	114,500
Female.....	552,300	276,800	231,100	220,500	100,700	55,000	176,100
Race							
White.....	811,200	399,600	349,800	323,900	137,400	87,700	262,200
Black.....	61,200	35,200	31,300	21,000	9,000	5,100	26,200
Other.....	*	*	*	*	*	-	*
Hispanic origin							
Hispanic.....	27,600	12,400	10,600	12,500	*	*	7,900
Non-Hispanic.....	803,800	405,800	354,700	314,200	134,900	83,800	270,900
Unknown.....	45,500	19,100	18,000	20,200	7,400	6,200	11,700
Marital status at discharge							
Married.....	197,700	111,900	105,000	59,000	33,600	26,700	78,300
Widowed.....	458,400	225,800	199,100	184,800	74,500	47,800	151,400
Divorced or separated.....	66,800	28,300	19,900	34,500	12,300	*	15,900
Never married.....	120,600	53,000	46,000	56,600	18,100	11,000	34,900
Unknown.....	33,400	18,300	13,200	11,900	8,300	*	10,000
Duration of stay							
Less than 1 month.....	283,100	134,600	115,500	120,100	47,500	28,300	87,100
1 month to less than 3.....	202,400	93,600	81,800	86,100	34,500	22,600	59,200
3 months to less than 6.....	106,700	53,700	48,700	42,600	15,300	10,300	38,400
6 months to less than 12.....	98,200	58,000	45,700	31,800	20,600	8,300	37,400
1 year to less than 3.....	121,900	64,800	61,100	42,100	16,700	15,000	46,100
3 years to less than 5.....	33,500	17,900	16,600	11,100	5,900	*	12,100
5 years or more.....	31,300	14,600	13,900	13,000	*	*	10,300
Average duration of stay in days.....	307	320	330	283	306	337	327
Living arrangement prior to admission							
Private or semiprivate residence.....	238,100	91,900	89,600	113,000	35,500	33,200	56,400
Alone.....	77,500	24,500	23,800	41,800	11,900	11,200	12,600
With family members.....	128,400	55,900	56,800	54,600	17,000	17,900	38,800
With non-family members.....	10,300	5,900	5,400	7,500	*	*	*
Unknown if with others.....	16,000	5,700	*	9,100	*	*	*
Another health facility.....	616,000	335,200	284,300	223,400	108,200	57,400	226,900
Another nursing home.....	52,400	28,600	26,400	18,700	7,200	5,100	21,400
General or short-stay hospital 5/.....	488,800	273,700	230,600	166,200	92,000	48,900	181,700
Mental facility 6/.....	31,900	10,700	10,300	19,900	*	*	8,900
Veterans hospital.....	26,800	14,700	11,500	11,000	*	*	10,400
Other health facility or unknown.....	16,000	7,600	5,500	7,600	*	*	*
Unknown or other arrangement.....	22,800	10,300	9,300	10,500	*	*	7,200
Living arrangement after discharge							
Private or semiprivate.....	206,400	69,000	57,500	169,200	39,700	28,200	29,300
Another health facility.....	591,500	363,300	320,800	165,800	105,000	62,400	258,400
Another nursing home.....	98,000	48,300	47,100	35,400	15,400	14,300	32,800
General or short-stay hospital 5/.....	430,200	286,600	247,500	99,900	82,800	43,700	203,700
Mental facility 6/.....	20,500	7,000	6,600	12,200	*	*	5,200
Veterans hospital.....	20,800	11,000	9,700	8,800	*	*	8,700
Other health facility or unknown.....	22,000	10,500	9,900	9,500	*	*	7,800
Number who died in other health facility.....	116,600	84,500	74,100	23,300	19,200	8,700	65,300
Unknown or other arrangement.....	19,000	5,000	5,000	11,900	*	*	*

See footnotes at end of table.

Table 61. Number of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85--Con.

Discharge status, characteristic, and duration of stay	All discharges	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
				Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
DEAD DISCHARGES.....	344,200	299,100	279,400	30,200	34,500	14,900	244,600
Age at discharge							
Under 65 years.....	15,000	12,200	11,700	*	*	*	11,200
65 years or over.....	329,200	286,900	267,800	27,900	33,600	14,400	253,300
65-69 years.....	11,100	9,500	8,400	*	*	*	8,400
70-74 years.....	30,900	28,000	22,900	*	6,000	*	22,000
75-84 years.....	120,800	104,300	98,400	11,600	10,800	4,900	93,500
85-89 years.....	83,900	73,500	70,500	4,900	8,500	5,500	65,000
90-94 years.....	53,300	46,400	42,500	5,300	5,500	*	40,800
95 years and over.....	29,300	25,200	25,100	*	*	*	23,600
Median age in years.....	84	84	84	83	83	86	84
Sex							
Male.....	130,100	112,900	103,600	12,500	14,000	4,700	98,900
Female.....	214,000	186,200	175,800	17,700	20,500	10,100	165,700
Race							
White.....	322,500	279,200	261,600	28,900	31,900	14,300	247,300
Black.....	20,700	18,800	17,000	*	*	*	16,400
Other.....	*	*	*	-	*	-	*
Hispanic origin							
Hispanic.....	7,800	6,300	5,400	*	*	*	5,300
Non-Hispanic.....	325,600	284,500	265,500	27,500	32,600	13,700	251,800
Unknown.....	10,800	8,400	8,500	*	*	*	7,500
Marital status at discharge							
Married.....	75,400	69,600	62,900	*	8,400	*	61,100
Widowed.....	209,800	180,600	172,000	17,900	19,900	11,300	160,700
Divorced or separated.....	18,000	15,300	13,500	*	*	*	13,100
Never married.....	30,500	26,300	25,000	*	*	*	23,700
Unknown.....	10,500	7,400	6,000	*	*	*	6,000
Duration of stay							
Less than 1 month.....	95,700	86,400	77,800	6,000	11,900	*	74,500
1 month to less than 3.....	49,200	43,400	41,500	*	*	*	39,100
3 months to less than 6.....	30,000	26,600	23,800	*	*	*	22,600
6 months to less than 12.....	38,300	34,600	32,900	*	*	*	31,900
1 year to less than 3.....	63,100	51,500	48,000	8,200	6,900	*	44,600
3 years to less than 5.....	29,600	23,200	23,700	*	*	*	21,700
5 years or more.....	38,300	33,400	31,700	*	*	*	30,200
Average duration of stay in days.....	640	619	639	797	510	728	634
Living arrangement prior to admission							
Private or semiprivate residence.....	101,600	86,100	81,900	11,300	8,400	*	77,700
Alone.....	32,600	27,300	26,000	*	*	*	24,600
With family members.....	56,600	48,700	46,400	5,500	*	*	44,000
With non-family members.....	7,100	6,500	5,700	*	*	*	5,600
Unknown if with others.....	5,400	*	*	*	*	*	*
Another health facility.....	232,400	204,700	190,000	17,700	24,700	10,000	180,000
Another nursing home.....	30,100	24,800	24,200	*	*	*	22,100
General or short-stay hospital 2/.....	185,300	165,900	152,200	12,700	20,300	6,700	145,500
Mental facility 6/.....	*	*	*	*	*	*	*
Veterans hospital.....	6,200	5,500	5,700	*	*	*	5,400
Other health facility or unknown.....	6,600	5,000	*	*	*	*	*
Unknown or other arrangement.....	10,100	8,200	7,600	*	*	*	6,900

1/ Refers to discharge who was chairfast or bedfast.
 2/ Refers to discharge who had trouble controlling either bowel, bladder, or both, or who had an ostomy.
 3/ See appendix for definition of index.
 4/ Includes small number of discharges with unknown discharge status.
 5/ Psychiatric units of hospitals are excluded.
 6/ Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

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

Table 62. Percent distribution of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85

Discharge status, characteristic, and duration of stay	Percent distribution of discharges by dependencies						
	All discharges	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
				Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
ALL DISCHARGES 4/.....	100.0	60.2	54.2	31.0	14.8	8.8	45.4
Age at discharge							
Under 65 years.....	100.0	47.1	41.9	44.4	13.7	8.5	33.4
Under 45 years.....	100.0	44.4	39.5	51.0	*	*	35.0
45-54 years.....	100.0	41.9	35.9	48.0	16.1	*	25.8
55-64 years.....	100.0	50.8	45.7	39.4	14.9	9.8	35.9
65 years and over.....	100.0	61.8	55.7	29.3	15.0	8.8	46.9
65-69 years.....	100.0	49.5	37.7	43.7	18.5	*	31.0
70-74 years.....	100.0	59.9	49.8	32.2	18.0	7.9	41.9
75-79 years.....	100.0	62.7	51.9	30.7	17.5	6.7	45.2
80-84 years.....	100.0	60.1	57.6	25.0	13.4	10.9	46.6
85-89 years.....	100.0	63.2	57.8	27.4	14.7	9.4	48.5
90-94 years.....	100.0	65.2	61.8	25.2	13.0	9.6	52.2
95 years and over.....	100.0	72.1	70.8	20.4	8.6	*	63.5
Sex							
Male.....	100.0	60.0	56.2	30.6	13.2	9.3	46.8
Female.....	100.0	60.3	53.0	31.2	15.8	8.5	44.5
Race							
White.....	100.0	59.8	53.9	31.2	14.9	9.0	44.9
Black.....	100.0	65.9	58.8	27.3	13.9	6.8	52.0
Other.....	100.0	*	*	*	*	-	*
Hispanic origin							
Hispanic.....	100.0	52.7	45.1	39.4	15.5	*	37.2
Non-Hispanic.....	100.0	61.1	54.9	30.3	14.8	8.6	46.2
Unknown.....	100.0	47.9	46.2	39.5	14.5	12.7	33.4
Marital status at discharge							
Married.....	100.0	66.5	61.5	23.1	15.4	10.4	51.0
Widowed.....	100.0	60.8	55.5	30.4	14.1	8.8	46.7
Divorced or separated.....	100.0	51.3	39.4	43.4	17.1	*	34.2
Never married.....	100.0	52.3	46.8	39.5	13.6	8.2	38.7
Unknown.....	100.0	57.6	43.0	35.2	21.7	*	35.9
Duration of stay							
Less than 1 month.....	100.0	58.3	51.0	33.4	15.7	8.4	42.6
1 month to less than 3.....	100.0	54.3	48.9	35.8	15.4	10.0	38.9
3 months to less than 6.....	100.0	58.8	53.1	32.8	14.1	8.4	44.7
6 months to less than 12.....	100.0	67.5	57.2	25.6	17.1	6.8	50.4
1 year to less than 3.....	100.0	62.8	58.9	27.3	13.8	9.9	49.0
3 years to less than 5.....	100.0	65.2	63.6	24.5	11.7	10.3	53.3
5 years or more.....	100.0	69.2	65.6	23.5	10.9	7.3	58.3
Living arrangement prior to admission							
Private or semiprivate residence.....	100.0	52.3	50.4	36.7	12.9	11.0	39.4
Alone.....	100.0	47.1	45.4	41.4	13.2	11.5	33.8
with family members.....	100.0	56.5	55.8	32.5	11.7	11.0	44.7
with non-family members.....	100.0	52.8	48.1	34.3	*	*	34.8
Unknown if with others.....	100.0	42.5	33.0	51.6	*	*	26.7
Another health facility.....	100.0	63.6	55.9	28.4	15.7	7.9	48.0
Another nursing home.....	100.0	64.8	61.5	26.4	12.1	8.7	52.7
General or short-stay hospital 5/.....	100.0	65.2	56.8	26.6	16.7	8.2	48.5
Mental facility 6/.....	100.0	39.2	38.1	56.4	*	*	33.7
Veterans hospital.....	100.0	61.2	52.1	34.5	*	*	47.9
Other health facility or unknown.....	100.0	55.3	43.4	37.6	*	*	36.3
Unknown or other arrangement.....	100.0	54.8	49.9	37.2	*	*	41.6

See footnotes at end of table.

Table 62. Percent distribution of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85--Con.

Discharge status, characteristic, and duration of stay	Percent distribution of discharges by dependencies						
	All discharges	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
				Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
LIVE DISCHARGES	100.0	49.9	43.7	39.6	16.7	10.6	33.1
Age at discharge							
Under 65 years.....	100.0	42.8	37.3	48.1	14.6	9.2	28.1
Under 45 years.....	100.0	41.2	35.6	54.2	*	*	31.0
45-54 years.....	100.0	40.5	34.8	48.7	*	*	24.0
55-64 years.....	100.0	44.9	39.6	44.2	16.2	10.9	28.7
65 years and over.....	100.0	51.0	44.7	38.2	17.1	10.8	33.9
65-69 years.....	100.0	42.6	30.4	49.5	20.1	*	22.5
70-74 years.....	100.0	50.6	42.5	40.0	17.6	9.4	33.0
75-79 years.....	100.0	53.2	41.2	38.7	20.1	8.1	33.2
80-84 years.....	100.0	51.5	49.3	35.4	15.4	13.1	36.1
85-89 years.....	100.0	49.5	43.2	35.4	17.3	11.1	32.1
90-94 years.....	100.0	51.6	50.6	34.7	14.6	13.7	37.0
95 years and over.....	100.0	58.9	57.3	31.4	*	*	47.6
Sex							
Male.....	100.0	60.0	56.2	30.6	13.2	9.3	46.8
Female.....	100.0	60.3	53.0	31.2	15.8	8.5	44.5
Race							
White.....	100.0	59.8	53.9	31.2	14.9	9.0	44.9
Black.....	100.0	65.9	58.8	27.3	13.9	6.8	52.0
Other.....	100.0	*	*	*	*	-	*
Hispanic origin							
Hispanic.....	100.0	52.7	45.1	39.4	15.5	*	37.2
Non-Hispanic.....	100.0	61.1	54.9	30.3	14.8	8.6	46.2
Unknown.....	100.0	47.9	46.2	39.5	14.5	12.7	33.4
Marital status at discharge							
Married.....	100.0	66.5	61.5	23.1	15.4	10.4	51.0
Widowed.....	100.0	60.8	55.5	30.4	14.1	8.8	46.7
Divorced or separated.....	100.0	51.3	39.4	43.4	17.1	*	34.2
Never married.....	100.0	52.3	46.8	39.5	13.6	8.2	38.7
Unknown.....	100.0	57.6	43.0	35.2	21.7	*	35.9
Duration of stay							
Less than 1 month.....	100.0	58.3	51.0	33.4	15.7	8.4	42.6
1 month to less than 3.....	100.0	54.3	48.9	35.8	15.4	10.0	38.9
3 months to less than 6.....	100.0	58.8	53.1	32.8	14.1	8.4	44.7
6 months to less than 12.....	100.0	67.5	57.2	25.6	17.1	6.8	50.4
1 year to less than 3.....	100.0	62.8	58.9	27.3	13.8	9.9	49.0
3 years to less than 5.....	100.0	65.2	63.6	24.5	11.7	10.3	53.3
5 years or more.....	100.0	69.2	65.6	23.5	10.9	7.3	58.3
Living arrangement prior to admission							
Private or semiprivate residence.....	100.0	52.3	50.4	36.7	12.9	11.0	39.4
Alone.....	100.0	47.1	45.4	41.4	13.2	11.5	33.8
With family members.....	100.0	56.5	55.8	32.5	11.7	11.0	44.7
With non-family members.....	100.0	52.8	48.1	34.3	*	*	34.8
Unknown if with others.....	100.0	42.5	33.0	51.6	*	*	26.7
Another health facility.....	100.0	63.6	55.9	28.4	15.7	7.9	48.0
Another nursing home.....	100.0	64.8	61.5	26.4	12.1	8.7	52.7
General or short-stay hospital 5/.....	100.0	65.2	56.8	26.6	16.7	8.2	48.5
Mental facility 6/.....	100.0	39.2	38.1	56.4	*	*	33.7
Veterans hospital.....	100.0	61.2	52.1	34.5	*	*	47.9
Other health facility or unknown.....	100.0	55.3	43.4	37.6	*	*	36.3
Unknown or other arrangement.....	100.0	54.8	49.9	37.2	*	*	41.6
Living arrangement after discharge							
Private or semiprivate.....	100.0	25.9	21.6	63.5	14.9	10.6	11.0
Another health facility.....	100.0	61.4	54.2	28.0	17.8	10.5	43.7
Another nursing home.....	100.0	49.3	48.1	36.1	15.7	14.6	33.5
General or short-stay hospital 5/.....	100.0	66.6	57.5	23.2	19.2	10.2	47.4
Mental facility 6/.....	100.0	34.1	32.2	59.5	*	*	25.4
Veterans hospital.....	100.0	52.9	46.6	42.3	*	*	41.8
Other health facility or unknown.....	100.0	47.7	45.0	43.2	*	*	35.5
Number who died in other health facility.....							
100.0	72.5	63.6	20.0	16.5	7.5	56.0	
Unknown or other arrangement.....	100.0	26.3	26.3	62.0	*	*	

See footnotes at end of table.

Table 62. Percent distribution of nursing home discharges by dependencies in mobility and continence, partial index of dependency, discharge status, selected characteristics, and duration of stay: United States, 1984-85--Con.

Discharge status, characteristic, and duration of stay	Percent distribution of discharges by dependencies						
	All discharges	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
				Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
DEAD DISCHARGES.....	100.0	86.9	81.2	8.8	10.0	4.3	76.9
Age at discharge							
Under 65 years.....	100.0	81.3	78.0	*	*	*	74.7
65 years or over.....	100.0	87.2	81.3	8.5	10.2	4.4	76.9
65-69 years.....	100.0	85.6	75.7	*	*	*	75.7
70-74 years.....	100.0	90.6	74.1	*	19.4	*	71.2
75-84 years.....	100.0	86.3	81.5	5.6	8.9	4.1	77.4
85-89 years.....	100.0	87.6	84.0	5.8	10.1	6.6	77.5
90-94 years.....	100.0	87.1	79.7	5.9	10.3	*	76.5
95 years and over.....	100.0	86.0	85.7	*	*	*	80.5
Sex							
Male.....	100.0	86.8	79.6	9.6	10.8	3.6	76.0
Female.....	100.0	87.0	82.1	8.3	9.6	4.7	77.4
Race							
White.....	100.0	86.6	81.1	5.0	9.9	4.4	76.7
Black.....	100.0	90.8	82.1	*	*	*	79.2
Other.....	*	*	*	-	*	-	*
Hispanic origin							
Hispanic.....	100.0	80.8	69.2	*	*	*	67.9
Non-Hispanic.....	100.0	87.4	81.5	8.4	10.0	4.2	77.3
Unknown.....	100.0	77.8	78.7	*	*	*	69.4
Marital status at discharge							
Married.....	100.0	92.3	83.4	*	11.1	*	81.0
Widowed.....	100.0	86.1	82.0	8.5	9.5	5.4	76.6
Divorced or separated.....	100.0	85.0	75.0	*	*	*	72.8
Never married.....	100.0	86.2	82.0	*	*	*	77.7
Unknown.....	100.0	70.5	57.1	*	*	*	57.1
Duration of stay							
Less than 1 month.....	100.0	90.3	81.3	6.3	12.4	*	77.8
1 month to less than 3.....	100.0	88.2	84.3	*	*	*	79.5
3 months to less than 6.....	100.0	88.7	79.3	*	*	*	75.3
6 months to less than 12.....	100.0	90.3	85.9	*	*	*	83.3
1 year to less than 3.....	100.0	81.6	76.1	13.0	10.9	*	70.7
3 years to less than 5.....	100.0	78.4	80.1	*	*	*	73.3
5 years or more.....	100.0	87.2	82.8	*	*	*	78.9
Living arrangement prior to admission							
Private or semiprivate residence.....	100.0	84.7	80.6	11.1	8.3	*	76.5
Alone.....	100.0	83.7	79.8	*	*	*	75.5
With family members.....	100.0	86.0	82.0	5.7	*	*	77.7
With non-family members.....	100.0	91.5	80.3	*	*	*	78.9
Unknown if with others.....	100.0	*	*	*	*	*	*
Another health facility.....	100.0	88.1	81.8	7.6	10.6	4.3	77.5
Another nursing home.....	100.0	82.4	80.4	*	*	*	73.4
General or short-stay hospital 5/.....	100.0	89.5	82.1	6.9	11.0	3.6	78.5
Mental facility 6/.....	*	*	*	*	*	*	*
Veterans hospital.....	100.0	88.7	91.9	*	*	*	87.1
Other health facility or unknown.....	100.0	75.8	*	*	*	*	*
Unknown or other arrangement.....	100.0	81.2	75.2	*	*	*	68.3

1/ Refers to discharge who was chairfast or bedfast.
 2/ Refers to discharge who had trouble controlling either bowel, bladder, or both, or who had an ostomy.
 3/ See appendix for definition of index.
 4/ Includes small number of discharges with unknown discharge status.
 5/ Psychiatric units of hospitals are excluded.
 6/ Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

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

Table 63. Number and percent distribution of nursing home discharges by primary diagnosis at admission and primary diagnosis at discharge: United States, 1984-85

Primary diagnosis and ICD-9-CM code 1/	At admission		At discharge	
	Number of discharges	Percent distribution	Number of discharges	Percent distribution
All categories.....	1,223,500	100.0	1,223,500	100.0
Chapter 1. Infectious and parasitic diseases.....001-139	8,700	.7	14,800	1.2
Chapter 2. Neoplasms.....140-239	85,800	7.0	89,700	7.3
Malignant neoplasms.....140-208	80,400	6.6	84,100	6.9
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders...240-279	68,700	5.6	57,800	4.7
Diabetes mellitus.....250	45,200	3.7	35,400	2.9
Chapter 4. Diseases of the blood and blood-forming organs.....280-289	8,800	.7	8,200	.7
Anemias.....280-285	8,100	.7	7,600	.6
Chapter 5. Mental disorders.....290-319	140,700	11.5	100,000	8.2
Senile dementia and other organic psychotic conditions.....290-294	22,500	1.8	15,100	1.2
Other psychoses.....295-299	39,200	3.2	30,200	2.5
Neurotic and personality disorders.....300-301	7,200	.6	5,900	.5
Specific non-psychotic mental disorders due to organic brain damage.....310	47,800	3.9	30,400	2.5
Mental retardation.....317-319	8,700	.7	5,300	.4
Other mental disorders.....302-309, 311-316	15,300	1.3	12,900	1.1
Chapter 6. Diseases of the nervous system and sense organs.....320-389	80,900	6.6	67,600	5.5
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	24,300	2.0	19,300	1.6
Parkinson's disease.....332	20,600	1.7	14,900	1.2
Chapter 7. Diseases of the circulatory system.....390-459	376,500	30.8	390,400	31.9
Essential hypertension.....401	24,800	2.0	15,100	1.2
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	181,600	14.8	219,500	17.9
Coronary atherosclerosis.....414.0	53,300	4.4	37,600	3.1
Other ischemic heart disease.....410-413, 414.1-414.9	19,800	1.6	27,300	2.2
Congestive heart failure.....428.0	61,700	5.0	68,700	5.6
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	46,800	3.8	85,800	7.0
Cerebrovascular disease.....430-436	142,600	11.7	127,900	10.5
Atherosclerosis.....440	13,400	1.1	11,400	.9
Chapter 8. Diseases of the respiratory system.....460-519	84,600	6.9	110,200	9.0
Pneumonia, all forms.....480-486	24,800	2.0	55,300	4.5
Chronic obstructive pulmonary disease and allied conditions.....490-496	45,100	3.7	37,500	3.1
Chapter 9. Diseases of the digestive system.....520-579	51,300	4.2	56,800	4.6
Chapter 10. Diseases of the genito-urinary system.....580-629	30,800	2.5	38,800	3.2
Urinary tract infection, N.E.C.....599.0	14,000	1.1	15,700	1.3
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	15,300	1.3	13,300	1.1
Decubitus ulcers.....707.0	8,900	.7	7,600	.6
Chapter 13. Diseases of the musculo-skeletal system and connective tissue.....710-739	63,500	5.2	49,000	4.0
Rheumatoid arthritis, osteoarthritis and allied disorders, except spine.....714-715	21,400	1.8	16,300	1.3
Other arthritis or rheumatism.....710-713, 716, 729.0	13,700	1.1	10,400	.9
Osteoporosis.....733.0	5,200	.4	#	#
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	41,100	3.4	79,800	6.5
Senility without psychoses.....797	7,500	.6	5,500	.5
Chapter 17. Injury and poisoning.....800-999	124,400	10.2	88,600	7.2
Fracture of neck of femur.....820	61,900	5.1	46,100	3.8
Other fractures.....800-819, 821-829	37,400	3.1	25,100	2.1
Supplementary classifications.....V01-V82	19,200	1.6	21,100	1.7
Persons with potential health hazards related to personal and family history.....V10-V19	9,900	.8	10,800	.9
Persons with a condition influencing their health status.....V40-V49	7,900	.6	8,800	.7
Unknown and other.....	23,100	1.9	37,300	3.0

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

NOTE: N.E.C. = Not elsewhere classified. Figures may not add to totals because of rounding.

Table 64. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to primary diagnosis at admission: United States, 1984-85

Primary diagnosis at admission and ICD-9-CM code 1/	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6	6 months or more		
All categories.....	1,223,500	100.0	71.7	28.1	31.0	31.8	37.2	401	62
Chapter 1. Infectious and parasitic diseases.....001-139	8,700	100.0	57.2	*	*	*	*	331	94
Chapter 2. Neoplasms.....140-239	85,800	100.0	46.3	53.7	51.8	32.2	16.0	154	27
Malignant neoplasms.....140-208	80,400	100.0	44.2	55.8	53.0	31.8	15.2	134	26
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders.....240-279	68,700	100.0	79.8	20.2	28.3	36.0	35.7	353	85
Diabetes mellitus.....250	45,200	100.0	79.7	20.3	23.0	36.3	40.7	370	103
Chapter 4. Diseases of the blood and blood-forming organs.....280-289	8,800	100.0	57.9	*	*	*	54.5	617	201
Anemias.....280-285	8,100	100.0	*	*	*	*	*	629	201
Chapter 5. Mental disorders.....290-319	140,700	100.0	74.0	26.0	22.2	27.2	50.6	638	185
Senile dementia and other organic psychotic conditions.....290-294	22,500	100.0	67.2	32.8	*	31.7	49.1	377	179
Other psychoses.....295-299	39,200	100.0	84.6	15.4	23.6	23.6	52.8	662	221
Neurotic and personality disorders.....300-301	7,200	100.0	89.7	*	*	*	*	564	35
Specific non-psychotic mental disorders due to organic brain damage.....310	47,800	100.0	59.3	40.7	18.7	26.3	55.1	702	239
Mental retardation.....317-319	8,700	100.0	79.5	*	*	*	61.9	1,363	702
Other mental disorders.....300-309, 311-316	15,300	100.0	92.7	*	*	35.4	37.5	383	108
Chapter 6. Diseases of the nervous system and sense organs.....320-389	80,900	100.0	72.0	28.0	19.8	28.2	52.1	520	200
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	24,300	100.0	59.8	40.2	*	29.6	52.5	373	210
Parkinson's disease.....332	20,600	100.0	71.0	29.0	*	*	64.8	564	329
Chapter 7. Diseases of the circulatory system.....390-459	376,500	100.0	67.6	32.3	28.2	31.9	39.9	429	102
Essential hypertension.....401	24,800	100.0	71.3	28.7	23.0	20.7	56.4	503	237
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	181,600	100.0	68.1	31.7	27.8	30.6	41.6	442	117
Coronary atherosclerosis.....414.0	53,300	100.0	63.4	36.5	16.2	25.1	58.7	701	258
Other ischemic heart disease.....410-413, 414.1-414.9	19,800	100.0	71.8	28.2	36.5	38.1	25.4	258	71
Congestive heart failure.....428.0	61,700	100.0	64.4	35.4	31.7	35.8	32.4	278	78
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	46,800	100.0	76.9	23.0	32.0	26.8	41.2	440	87
Cerebrovascular disease.....430-436	142,600	100.0	67.3	32.7	31.5	36.9	31.6	348	82
Atherosclerosis.....440	13,400	100.0	50.7	48.5	*	*	68.7	994	534
Chapter 8. Diseases of the respiratory system.....460-519	84,600	100.0	73.7	25.5	36.5	32.9	30.6	230	56
Pneumonia, all forms.....480-486	24,800	100.0	73.0	27.0	37.4	29.3	33.3	219	68
Chronic obstructive pulmonary disease and allied conditions.....490-496	45,100	100.0	74.0	24.7	31.2	37.9	30.9	238	64
Chapter 9. Diseases of the digestive system.....520-579	51,300	100.0	80.4	19.3	41.5	32.2	26.4	265	43
Chapter 10. Diseases of the genitourinary system.....580-629	30,800	100.0	70.5	29.5	35.2	29.0	35.8	293	77
Urinary tract infection, N.E.C....599.0	14,000	100.0	77.0	*	*	35.2	41.5	350	91
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	15,300	100.0	63.8	36.2	42.1	*	33.4	244	47
Decubitus ulcers.....707.0	8,900	100.0	64.1	*	*	*	*	172	30
Chapter 13. Diseases of the musculoskeletal system and connective tissue.....710-739	63,500	100.0	79.2	20.7	31.2	33.5	35.3	417	80
Rheumatoid arthritis, osteoarthritis and allied disorders, except spine.....714-715	21,400	100.0	74.6	25.4	*	36.2	42.1	499	117
Other arthritis or rheumatism.....710-713, 716, 729.0	13,700	100.0	81.4	*	*	*	38.8	577	82
Osteoporosis.....733.0	5,200	100.0	*	*	*	*	*	497	147
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	41,100	100.0	75.1	24.6	36.1	21.2	42.7	494	111
Senility without psychosis.....797	7,500	100.0	*	*	*	*	69.4	1,005	694

See footnotes at end of table.

Table 64. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to primary diagnosis at admission: United States, 1984-85--Con.

Primary diagnosis at admission and ICD-9-CM code 1/	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6	6 months or more		
Chapter 17. Injury and poisoning.....800-999	124,400	100.0	83.6	16.4	33.2	40.6	26.2	267	60
Fracture of neck of femur.....820	61,900	100.0	80.7	19.3	34.4	41.1	24.5	299	59
Other fractures.....800-819, 821-829	37,400	100.0	85.9	14.1	27.7	49.3	23.1	202	60
Supplementary classifications....V01-V82	19,200	100.0	82.6	*	32.7	37.6	29.7	406	56
Persons with potential health hazards related to personal and family history.....V10-V19	9,900	100.0	89.5	*	*	50.4	*	179	56
Persons with a condition influencing their health status.....V40-V49	7,900	100.0	72.4	*	*	*	*	551	86
Unknown or other.....	23,100	100.0	83.1	*	27.5	21.6	51.0	763	181

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

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

Table 65. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to primary diagnosis at discharge: United States, 1984-85

Primary diagnosis at discharge and ICD-9-CM code 1/	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6	6 months or more		
All categories.....	1,223,500	100.0	71.7	28.1	31.0	31.8	37.2	401	82
Chapter 1. Infectious and parasitic diseases.....001-139	14,800	100.0	78.1	*	33.6	*	40.7	412	85
Chapter 2. Neoplasms.....140-239	89,700	100.0	49.8	50.2	51.6	32.1	16.3	193	27
Malignant neoplasms.....140-208	84,100	100.0	47.1	52.8	53.0	31.3	15.7	186	26
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders.....240-279	57,800	100.0	85.7	14.3	25.0	38.6	36.4	313	85
Diabetes mellitus.....250	35,400	100.0	91.6	*	23.9	37.3	38.8	334	90
Chapter 4. Diseases of the blood and blood-forming organs.....280-289	8,200	100.0	78.6	*	*	*	*	377	64
Anemias.....280-285	7,600	100.0	80.3	*	*	*	*	332	53
Chapter 5. Mental disorders.....290-319	100,000	100.0	85.5	14.4	25.3	26.8	47.9	562	153
Senile dementia and other organic psychotic conditions.....290-294	15,100	100.0	79.0	*	*	*	51.4	495	183
Other psychoses.....295-299	30,200	100.0	95.0	*	29.8	21.0	49.2	546	165
Neurotic and personality disorders.....300-301	5,900	100.0	95.6	*	*	*	*	349	30
Specific non-psychotic mental disorders due to organic brain damage.....310	30,400	100.0	72.4	27.2	19.1	29.5	51.4	649	210
Mental retardation.....317-319	5,300	100.0	*	*	*	*	*	1,207	441
Other mental disorders.....300-309, 311-316	12,900	100.0	97.0	*	*	38.9	*	302	108
Chapter 6. Diseases of the nervous system and sense organs.....320-389	67,600	100.0	80.6	19.4	21.6	30.3	48.1	456	160
Alzheimer's disease and other specified and unspecified degeneration of the brain.....331.0, 331.2, 331.9	19,300	100.0	66.9	33.1	*	26.9	57.4	420	310
Parkinson's disease.....332	14,900	100.0	80.8	*	*	*	52.0	436	226
Chapter 7. Diseases of the circulatory system.....390-459	390,400	100.0	58.9	41.0	27.3	32.3	40.4	464	97
Essential hypertension.....401	15,100	100.0	80.8	*	*	*	49.6	335	117
Heart disease.....391-392.0, 393-398, 402, 404, 410-429	219,500	100.0	52.9	46.9	26.0	32.3	41.6	494	112
Coronary atherosclerosis.....414.0	37,600	100.0	59.0	41.0	16.6	29.3	54.1	688	229
Other ischemic heart disease.....410-413, 414.1-414.9	27,300	100.0	50.5	48.4	27.8	35.6	36.7	449	118
Congestive heart failure.....428.0	68,700	100.0	61.4	38.6	27.6	33.5	38.9	358	105
Other heart disease.....391-398, 402, 404, 415, 420-427, 428.1-429.9	85,800	100.0	44.2	55.8	26.3	31.7	40.0	532	86
Cerebrovascular disease.....430-436	127,900	100.0	64.1	35.8	30.8	34.8	34.4	400	83
Atherosclerosis.....440	11,400	100.0	50.2	49.8	*	*	71.0	1,031	403
Chapter 8. Diseases of the respiratory system.....460-519	110,200	100.0	69.5	29.9	31.4	30.4	38.2	404	97
Pneumonia, all forms.....480-486	55,300	100.0	62.8	37.2	24.3	28.2	47.5	536	162
Chronic obstructive pulmonary disease and allied conditions.....490-496	37,500	100.0	77.6	20.7	32.9	37.2	29.9	293	58
Chapter 9. Diseases of the digestive system.....520-579	56,800	100.0	87.3	12.7	39.7	30.7	29.7	295	45
Chapter 10. Diseases of the genitourinary system.....580-629	38,800	100.0	73.7	26.3	33.1	33.5	33.4	340	80
Urinary tract infection, N.E.C.....599.0	15,700	100.0	87.5	*	*	42.4	32.1	362	94
Chapter 12. Diseases of the skin and subcutaneous tissue.....680-709	13,300	100.0	93.8	*	*	*	41.4	423	83
Decubitus ulcers.....707.0	7,600	100.0	96.9	*	*	*	*	322	54
Chapter 13. Diseases of the musculoskeletal system and connective tissue.....710-739	49,000	100.0	90.1	9.9	39.8	32.6	27.6	295	48
Rheumatoid arthritis, osteoarthritis and allied disorders, except spine.....714-715	16,300	100.0	88.2	*	37.2	33.3	29.5	380	68
Other arthritis or rheumatism.....710-713, 716, 729.0	10,400	100.0	90.1	*	*	*	*	475	54
Osteoporosis.....733.0	*	*	*	*	*	*	*	187	98
Chapter 16. Symptoms, signs and ill-defined conditions.....780-799	79,800	100.0	69.6	30.2	30.0	25.4	44.6	405	132
Senility without psychosis.....797	5,500	100.0	*	*	*	*	*	660	154

See footnotes at end of table.

Table 65. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to primary diagnosis at discharge: United States, 1984-85--Con.

Primary diagnosis at discharge and ICD-9-CM code 1/	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6	6 months or more		
Chapter 17. Injury and poisoning.....800-999	88,600	100.0	93.6	6.4	33.5	37.1	29.4	284	67
Fracture of neck of femur.....820	46,100	100.0	93.5	*	32.2	38.5	29.4	273	71
Other fractures.....800-819, 821-829	25,100	100.0	96.9	*	26.1	46.5	27.4	303	61
Supplementary classifications....V01-V82	21,100	100.0	93.7	*	29.1	48.9	*	305	52
Persons with potential health hazards related to personal and family history.....V10-V19	10,800	100.0	98.7	*	*	51.3	*	375	68
Persons with a condition influencing their health status.....V40-V49	8,800	100.0	86.3	*	*	*	*	212	49
Unknown or other.....	37,300	100.0	66.8	30.1	31.4	27.7	40.9	517	106

1/ Diagnostic groupings and code number inclusions are based on the International Classification of Diseases, 9th Revision, Clinical Modification.

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

Table 66. Number of nursing home discharges and percent distribution by primary source of payment for admission month, according to discharge status and selected characteristics: United States, 1984-85

Discharge status and characteristic	Number of discharges	Percent distribution of primary source of payment for admission month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
ALL DISCHARGES 1/.....	1,223,500	100.0	41.9	17.6	15.5	19.6	5.4
Age at discharge							
Under 65 years.....	133,100	100.0	27.1	8.4	23.5	26.0	15.1
Under 45 years.....	34,900	100.0	32.3	-	29.4	25.2	*
45-54 years.....	29,800	100.0	17.3	17.9	23.6	21.2	20.1
55-64 years.....	68,500	100.0	28.6	8.5	20.4	28.6	13.9
65 years and over.....	1,090,400	100.0	43.7	18.7	14.5	18.8	4.3
65-69 years.....	69,300	100.0	31.1	18.7	18.1	22.2	9.9
70-74 years.....	133,200	100.0	30.0	29.9	13.6	18.5	8.0
75-79 years.....	195,400	100.0	44.0	21.0	12.6	17.8	4.6
80-84 years.....	262,900	100.0	46.5	17.1	15.5	18.8	2.1
85-89 years.....	231,300	100.0	47.6	17.3	13.7	18.1	3.3
90-94 years.....	138,100	100.0	49.5	14.2	15.8	17.9	*
95 years and over.....	60,300	100.0	46.9	10.0	14.0	23.9	*
Sex							
Male.....	455,500	100.0	39.7	17.7	15.4	17.3	9.9
Female.....	768,000	100.0	43.2	17.6	15.5	21.0	2.8
Race							
White.....	1,135,900	100.0	43.9	18.0	14.6	18.4	5.2
Black.....	82,000	100.0	16.3	14.1	26.2	35.3	8.0
Other.....	5,600	100.0	*	-	*	*	*
Hispanic origin							
Hispanic.....	35,500	100.0	27.9	*	28.3	26.5	*
Non-Hispanic.....	1,130,700	100.0	42.8	17.9	14.8	19.3	5.3
Unknown.....	57,400	100.0	33.1	17.4	21.5	21.2	*
Marital status at discharge							
Married.....	273,200	100.0	44.9	24.8	10.6	13.7	6.0
Widowed.....	669,200	100.0	44.7	16.6	15.5	20.5	2.8
Divorced or separated.....	84,800	100.0	26.7	10.6	23.8	25.1	13.7
Never married.....	151,800	100.0	35.9	13.1	18.1	22.3	10.6
Unknown.....	44,600	100.0	31.7	16.4	20.4	23.2	*
Living arrangement prior to admission							
Private or semiprivate residence.....	340,700	100.0	57.0	8.5	8.6	21.7	4.1
Alone.....	110,200	100.0	62.0	8.5	6.4	18.8	4.4
With family members.....	185,100	100.0	56.0	8.6	8.6	23.6	3.2
With non-family members.....	23,300	100.0	55.9	*	*	21.3	*
Unknown if with others.....	22,100	100.0	41.6	*	*	21.4	*
Another health facility.....	848,700	100.0	36.1	21.7	18.0	18.4	5.7
Another nursing home.....	82,500	100.0	46.0	7.7	18.1	24.2	*
General or short-stay hospital, except psychiatric unit.....	674,300	100.0	36.3	25.2	18.5	17.8	2.2
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	36,200	100.0	25.2	15.1	19.8	28.5	*
Veterans hospital.....	33,000	100.0	15.3	*	*	*	73.6
Other health facility or unknown.....	22,600	100.0	42.2	*	21.8	*	*
Unknown or other arrangement.....	34,100	100.0	35.6	*	19.7	27.2	*
Living arrangement after discharge							
Private or semiprivate residence.....	266,400	100.0	49.6	25.3	10.4	10.2	4.5
Another health facility.....	591,500	100.0	36.0	14.4	18.2	25.3	6.1
Another nursing home.....	98,000	100.0	47.0	21.0	10.2	19.0	*
General or short-stay hospital, except psychiatric unit.....	430,200	100.0	34.8	13.6	20.6	27.4	3.5
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	20,500	100.0	23.6	*	*	34.2	*
Veterans hospital.....	20,800	100.0	26.0	-	*	*	59.6
Other health facility or unknown.....	22,000	100.0	31.0	*	*	*	*
Number who died in other health facility.....	116,600	100.0	37.3	14.2	16.8	26.3	5.4
Unknown or other arrangement.....	19,000	100.0	33.1	*	*	*	*

See footnotes at end of table.

Table 66. Number of nursing home discharges and percent distribution by primary source of payment for admission month, according to discharge status and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Number of discharges	Percent distribution of primary source of payment for admission month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
LIVE DISCHARGES	877,000	100.0	40.1	17.8	15.6	20.5	5.9
Age at discharge							
Under 65 years.....	118,100	100.0	25.7	8.9	24.3	26.6	14.6
Under 45 years.....	32,300	100.0	32.8	-	31.5	24.9	*
45-54 years.....	27,900	100.0	17.4	19.0	25.0	19.5	19.0
55-64 years.....	57,900	100.0	25.7	8.9	20.0	30.9	14.5
65 years and over.....	758,800	100.0	42.3	19.2	14.3	19.6	4.6
65-69 years.....	58,200	100.0	30.7	19.7	18.0	22.1	9.6
70-74 years.....	102,300	100.0	27.4	32.0	13.0	18.5	9.1
75-79 years.....	142,600	100.0	43.0	21.3	12.8	19.2	3.6
80-84 years.....	193,700	100.0	45.8	15.9	15.8	20.3	*
85-89 years.....	146,400	100.0	46.9	16.8	13.2	15.1	4.1
90-94 years.....	84,700	100.0	50.7	14.8	13.7	17.9	*
95 years and over.....	30,900	100.0	44.4	*	15.7	23.0	*
Sex							
Male.....	324,600	100.0	37.6	16.9	16.3	18.7	10.5
Female.....	552,300	100.0	41.6	18.3	15.2	21.6	3.3
Race							
White.....	811,200	100.0	42.1	18.4	14.6	19.2	5.6
Black.....	61,200	100.0	14.6	11.3	27.0	37.8	9.4
Other.....	*	*	*	-	*	*	*
Hispanic origin							
Hispanic.....	27,600	100.0	24.1	*	31.5	29.8	*
Non-Hispanic.....	803,800	100.0	41.1	18.1	14.7	20.2	5.9
Unknown.....	45,500	100.0	32.4	17.6	21.6	21.7	*
Marital status at discharge							
Married.....	197,700	100.0	42.5	25.6	11.2	15.1	5.6
Widowed.....	458,400	100.0	43.6	17.2	14.9	21.3	3.1
Divorced or separated.....	66,800	100.0	25.8	9.8	24.4	24.5	15.5
Never married.....	120,600	100.0	34.8	12.5	19.4	22.2	11.1
Unknown.....	33,400	100.0	25.7	15.0	21.3	28.6	*
Living arrangement prior to admission							
Private or semiprivate residence.....	238,100	100.0	56.7	9.1	8.5	21.6	4.1
Alone.....	77,500	100.0	60.0	8.1	7.0	20.2	*
With family members.....	128,400	100.0	56.8	10.2	8.1	22.1	*
With non-family members.....	16,300	100.0	51.3	*	*	*	*
Unknown if with others.....	16,000	100.0	45.4	*	*	*	*
Another health facility.....	616,000	100.0	33.9	21.6	18.2	20.0	6.3
Another nursing home.....	52,400	100.0	41.0	*	19.2	27.1	*
General or short-stay hospital, except psychiatric unit.....	488,800	100.0	34.9	24.6	18.5	19.5	2.4
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	31,900	100.0	22.5	17.1	19.9	27.6	*
Veterans hospital.....	26,800	100.0	*	*	*	*	72.9
Other health facility or unknown.....	16,000	100.0	35.2	*	*	*	*
Unknown or other arrangement.....	22,800	100.0	32.9	*	22.1	25.0	*
Living arrangement after discharge							
Private or semiprivate residence.....	266,400	100.0	49.6	25.3	10.4	10.2	4.5
Another health facility.....	591,500	100.0	36.0	14.4	18.2	25.3	6.1
Another nursing home.....	98,000	100.0	47.0	21.0	10.2	19.0	*
General or short-stay hospital, except psychiatric unit.....	430,200	100.0	34.8	13.6	20.6	27.4	3.5
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	20,500	100.0	23.6	*	*	34.2	*
Veterans hospital.....	20,800	100.0	26.0	-	*	*	59.6
Other health facility or unknown.....	22,000	100.0	31.0	*	*	*	*
Number who died in other health facility.....	116,600	100.0	37.3	14.2	16.8	26.3	5.4
Unknown or other arrangement.....	19,000	100.0	33.1	*	*	*	*

See footnotes at end of table.

Table 66. Number of nursing home discharges and percent distribution by primary source of payment for admission month, according to discharge status and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Number of discharges	Percent distribution of primary source of payment for admission month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
DEAD DISCHARGES	344,200	100.0	46.6	17.2	15.0	17.2	4.0
Age at discharge							
Under 65 years.....	15,000	100.0	38.0	*	*	*	*
65 years and over.....	329,200	100.0	47.0	17.8	15.0	17.0	3.3
65-69 years.....	11,100	100.0	*	*	*	*	*
70-74 years.....	30,900	100.0	38.6	23.1	15.8	18.4	*
75-79 years.....	52,100	100.0	47.5	20.2	12.4	14.2	*
80-84 years.....	68,700	100.0	48.3	20.5	14.8	14.6	*
85-89 years.....	83,900	100.0	49.2	18.5	14.5	15.9	*
90-94 years.....	53,300	100.0	47.7	13.2	18.9	18.0	*
95 years and over.....	29,300	100.0	49.6	*	*	24.9	*
Sex							
Male.....	130,100	100.0	45.2	19.8	13.2	13.8	8.0
Female.....	214,000	100.0	47.4	15.7	16.2	19.2	*
Race							
White.....	322,500	100.0	48.3	16.9	14.5	16.3	4.0
Black.....	20,700	100.0	*	*	23.7	28.3	*
Other.....	*	*	*	-	*	*	-
Hispanic origin							
Hispanic.....	7,800	100.0	*	*	*	*	*
Non-Hispanic.....	325,600	100.0	47.0	17.3	14.7	17.2	3.8
Unknown.....	10,800	100.0	*	*	*	*	*
Marital status at discharge							
Married.....	75,400	100.0	51.1	23.0	9.1	9.9	7.0
Widowed.....	209,800	100.0	47.0	15.4	16.7	18.7	*
Divorced or separated.....	18,000	100.0	30.2	*	*	27.3	*
Never married.....	30,500	100.0	40.9	15.7	*	23.3	*
Unknown.....	10,500	100.0	50.7	*	*	*	*
Living arrangement prior to admission							
Private or semiprivate residence.....	101,600	100.0	58.2	7.2	9.0	22.1	*
Alone.....	32,600	100.0	66.5	*	*	15.6	*
With family members.....	56,600	100.0	54.5	*	9.8	26.8	*
With non-family members.....	7,100	100.0	*	*	*	*	-
Unknown if with others.....	5,400	100.0	*	*	*	*	*
Another health facility.....	232,400	100.0	41.7	22.1	17.7	14.4	4.1
Another nursing home.....	30,100	100.0	54.8	*	15.9	19.1	*
General or short-stay hospital, except psychiatric unit.....	185,300	100.0	39.7	26.7	18.6	13.3	*
Other health facility or unknown.....	17,100	100.0	40.6	*	*	*	29.8
Unknown or other arrangement.....	10,100	100.0	*	*	*	*	*

1/ Includes small number of discharges with unknown discharge status.

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

Table 67. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to discharge status and selected characteristics: United States, 1984-85

Discharge status and characteristic	Number of discharges	Percent distribution of primary source of payment for discharge month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
ALL DISCHARGES 1/	1,223,500	100.0	41.8	12.1	18.9	21.3	6.0
Age at discharge							
Under 65 years.....	133,100	100.0	26.7	7.6	26.5	25.1	14.1
Under 45 years.....	34,900	100.0	30.5	*	28.4	27.3	*
45-54 years.....	29,800	100.0	18.5	17.9	25.6	20.9	17.2
55-64 years.....	68,500	100.0	28.4	*	25.9	25.8	13.2
65 years and over.....	1,090,400	100.0	43.6	12.6	18.0	20.8	5.0
65-69 years.....	69,300	100.0	34.5	13.7	18.7	23.5	9.6
70-74 years.....	133,200	100.0	34.0	20.7	16.7	19.2	9.4
75-79 years.....	195,400	100.0	44.5	15.1	15.3	20.3	4.7
80-84 years.....	262,900	100.0	46.1	11.2	18.1	20.5	4.2
85-89 years.....	231,300	100.0	46.4	11.9	18.9	19.7	3.1
90-94 years.....	138,100	100.0	48.1	7.4	19.9	21.2	*
95 years and over.....	60,300	100.0	40.6	*	20.0	28.1	*
Sex							
Male.....	455,500	100.0	40.1	13.4	17.5	19.0	10.0
Female.....	768,000	100.0	42.8	11.3	19.7	22.7	3.6
Race							
White.....	1,135,900	100.0	43.7	12.5	17.9	20.1	5.8
Black.....	82,000	100.0	16.8	7.3	31.5	36.9	7.4
Other.....	5,600	100.0	*	-	*	*	*
Hispanic origin							
Hispanic.....	35,500	100.0	25.5	*	30.6	27.9	*
Non-Hispanic.....	1,130,700	100.0	42.5	12.3	18.2	21.1	5.8
Unknown.....	57,400	100.0	37.1	10.1	24.2	20.9	*
Marital status at discharge							
Married.....	273,200	100.0	46.2	19.6	11.8	14.6	7.7
Widowed.....	669,200	100.0	44.1	10.5	19.6	22.5	3.4
Divorced or separated.....	84,800	100.0	25.5	8.9	26.3	26.4	12.9
Never married.....	151,800	100.0	35.3	8.4	22.3	24.1	9.9
Unknown.....	44,600	100.0	33.1	*	26.1	25.3	*
Living arrangement prior to admission							
Private or semiprivate residence.....	340,700	100.0	54.0	5.9	12.7	23.2	4.2
Alone.....	110,200	100.0	57.6	6.1	11.0	20.4	5.0
With family members.....	185,100	100.0	53.1	5.6	12.9	25.2	3.2
With non-family members.....	23,300	100.0	53.7	*	*	21.9	*
Unknown if with others.....	22,100	100.0	44.1	*	*	21.9	*
Another health facility.....	848,700	100.0	37.0	15.0	21.2	20.4	6.4
Another nursing home.....	82,500	100.0	44.3	*	21.8	26.4	*
General or short-stay hospital, except psychiatric unit.....	674,300	100.0	37.5	17.6	21.8	19.7	3.3
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	36,200	100.0	23.5	14.3	18.9	30.8	*
Veterans hospital.....	33,000	100.0	17.7	*	*	*	66.0
Other health facility or unknown.....	22,600	100.0	46.1	*	24.9	*	*
Unknown or other arrangement.....	34,100	100.0	38.5	*	22.3	26.2	*
Living arrangement after discharge							
Private or semiprivate residence.....	266,400	100.0	54.5	18.8	11.2	9.0	6.5
Another health facility.....	591,500	100.0	35.6	8.8	21.3	27.8	6.5
Another nursing home.....	98,000	100.0	47.6	15.0	10.5	20.2	6.7
General or short-stay hospital, except psychiatric unit.....	430,200	100.0	34.3	7.4	24.6	30.3	3.4
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	20,500	100.0	*	*	*	36.3	*
Veterans hospital.....	20,800	100.0	26.2	-	*	*	56.9
Other health facility or unknown.....	22,000	100.0	29.9	*	*	22.4	*
Number who died in other health facility.....	116,600	100.0	37.3	9.0	20.4	27.6	5.7
Unknown or other arrangement.....	19,000	100.0	37.6	*	*	*	*

See footnotes at end of table.

Table 67. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to discharge status and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Number of discharges	Percent distribution of primary source of payment for discharge month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
LIVE DISCHARGES	877,000	100.0	41.4	11.9	18.0	21.9	6.8
Age at discharge							
Under 65 years.....	118,100	100.0	25.8	8.6	26.2	25.6	13.8
Under 45 years.....	32,300	100.0	30.8	*	30.4	27.2	*
45-54 years.....	27,900	100.0	18.7	19.0	25.8	19.2	17.3
55-64 years.....	57,900	100.0	26.5	*	24.1	27.8	13.7
65 years and over.....	758,800	100.0	43.8	12.4	16.7	21.4	5.7
65-69 years.....	58,200	100.0	34.2	15.0	18.4	23.1	9.3
70-74 years.....	102,300	100.0	32.3	21.4	14.9	20.2	11.2
75-79 years.....	142,600	100.0	44.2	14.7	15.5	21.6	4.0
80-84 years.....	193,700	100.0	46.6	10.1	16.9	21.1	5.3
85-89 years.....	146,400	100.0	48.1	10.0	17.9	20.3	3.7
90-94 years.....	84,700	100.0	51.3	7.3	16.0	21.6	*
95 years and over.....	30,900	100.0	39.9	*	21.1	26.8	*
Sex							
Male.....	324,600	100.0	39.1	12.0	17.9	20.1	10.9
Female.....	552,300	100.0	42.7	11.7	18.1	23.0	4.4
Race							
White.....	811,200	100.0	43.5	12.4	17.0	20.6	6.6
Black.....	61,200	100.0	15.7	*	30.4	39.7	8.9
Other.....	*	*	*	-	*	*	*
Hispanic origin							
Hispanic.....	27,600	100.0	23.9	*	33.2	30.9	*
Non-Hispanic.....	803,800	100.0	42.2	12.1	17.2	21.7	6.8
Unknown.....	45,500	100.0	37.1	*	23.4	21.4	*
Marital status at discharge							
Married.....	197,700	100.0	45.0	19.4	12.2	15.4	7.9
Widowed.....	458,400	100.0	45.0	10.5	17.9	22.8	3.9
Divorced or separated.....	66,800	100.0	24.3	8.5	25.2	26.7	15.3
Never married.....	120,600	100.0	35.0	8.5	21.6	24.3	10.6
Unknown.....	33,400	100.0	27.6	*	27.3	31.1	*
Living arrangement prior to admission							
Private or semiprivate residence.....	238,100	100.0	56.8	5.7	11.0	22.1	4.4
Alone.....	77,500	100.0	59.4	*	9.8	19.9	*
With family members.....	128,400	100.0	56.3	6.1	11.2	23.3	*
With non-family members.....	16,300	100.0	53.9	*	*	*	*
Unknown if with others.....	16,000	100.0	56.8	*	*	*	*
Another health facility.....	616,000	100.0	35.5	14.7	20.6	21.9	7.4
Another nursing home.....	52,400	100.0	38.9	*	24.5	28.4	*
General or short-stay hospital, except psychiatric unit.....	488,800	100.0	36.8	16.9	21.0	21.5	3.9
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	31,900	100.0	20.6	16.2	18.3	30.7	*
Veterans hospital.....	26,800	100.0	*	*	*	*	67.8
Other health facility or unknown.....	16,000	100.0	45.4	*	*	*	*
Unknown or other arrangement.....	22,800	100.0	40.8	-	21.4	22.4	*
Living arrangement after discharge							
Private or semiprivate residence.....	266,400	100.0	54.5	18.8	11.2	9.0	6.5
Another health facility.....	591,500	100.0	35.6	8.8	21.3	27.8	6.5
Another nursing home.....	98,000	100.0	47.6	15.0	10.5	20.2	6.7
General or short-stay hospital, except psychiatric unit.....	430,200	100.0	34.3	7.4	24.6	30.3	3.4
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	20,500	100.0	*	*	*	36.3	*
Veterans hospital.....	20,800	100.0	26.2	-	*	*	56.9
Other health facility or unknown.....	22,000	100.0	29.9	*	*	22.4	*
Number who died in other health facility.....	116,600	100.0	37.3	9.0	20.4	27.6	5.7
Unknown or other arrangement.....	19,000	100.0	37.6	*	*	*	*

See footnotes at end of table.

Table 67. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to discharge status and selected characteristics: United States, 1984-85--Con.

Discharge status and characteristic	Number of discharges	Percent distribution of primary source of payment for discharge month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
DEAD DISCHARGES	344,200	100.0	42.8	12.7	21.1	19.7	3.7
Age at discharge							
Under 65 years.....	15,000	100.0	34.2	-	*	*	*
65 years and over.....	329,200	100.0	43.2	13.2	20.7	19.7	3.1
65-69 years.....	11,100	100.0	*	*	*	*	*
70-74 years.....	30,900	100.0	39.4	18.4	22.5	16.0	*
75-79 years.....	52,100	100.0	45.7	16.4	15.0	17.2	*
80-84 years.....	68,700	100.0	44.5	14.2	21.3	18.7	*
85-89 years.....	83,900	100.0	43.4	15.3	20.8	18.6	*
90-94 years.....	53,300	100.0	43.2	*	25.9	20.6	*
95 years and over.....	29,300	100.0	41.6	*	18.6	29.5	*
Sex							
Male.....	130,100	100.0	42.8	16.8	16.7	16.4	7.2
Female.....	214,000	100.0	42.8	10.1	23.7	21.8	*
Race							
White.....	322,500	100.0	44.3	12.7	20.3	19.0	3.7
Black.....	20,700	100.0	*	*	34.7	28.9	*
Other.....	*	*	*	-	*	*	-
Hispanic origin							
Hispanic.....	7,800	100.0	*	*	*	*	*
Non-Hispanic.....	325,600	100.0	43.2	12.7	20.8	19.8	3.5
Unknown.....	10,800	100.0	*	*	*	*	-
Marital status at discharge							
Married.....	75,400	100.0	49.4	20.4	10.7	12.6	6.9
Widowed.....	209,800	100.0	42.0	10.7	23.2	21.9	*
Divorced or separated.....	18,000	100.0	29.8	*	30.6	*	*
Never married.....	30,500	100.0	37.2	*	25.5	23.8	*
Unknown.....	10,500	100.0	49.2	*	*	*	*
Living arrangement prior to admission							
Private or semiprivate residence.....	101,600	100.0	47.9	6.3	16.6	25.8	*
Alone.....	32,600	100.0	53.5	*	*	21.6	*
With family members.....	56,600	100.0	45.7	*	16.8	29.3	*
With non-family members.....	7,100	100.0	*	*	*	*	*
Unknown if with others.....	5,400	100.0	*	*	*	*	*
Another health facility.....	232,400	100.0	41.1	15.8	22.9	16.4	3.8
Another nursing home.....	30,100	100.0	53.9	*	17.1	23.1	*
General or short-stay hospital, except psychiatric unit.....	185,300	100.0	39.2	19.6	24.1	15.2	*
Mental hospital, facility for mentally retarded, general or short-stay hospital psychiatric unit, or mental health center..	*	*	*	-	*	*	-
Veterans hospital.....	6,200	100.0	*	-	*	-	*
Other health facility or unknown.....	6,600	100.0	*	*	*	*	*
Unknown or other arrangement.....	10,100	100.0	*	*	*	*	*

1/ Includes small number of discharges with unknown discharge status.

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

Table 68. Number of nursing home discharges and percent distribution by primary source of payment for month of discharge, according to discharge status, dependencies in mobility and continence, and partial index of dependency: United States, 1984-85

Discharge status, dependency in mobility and/or continence, and partial index of dependency	Number of discharges	Percent distribution of primary source of payment for discharge month						
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	Other government assistance or welfare	All other sources
ALL DISCHARGES 1/								
Dependency in mobility and/or continence								
Dependent in mobility.....	736,900	100.0	38.0	12.6	23.0	21.7	0.9	3.8
Bedfast.....	425,900	100.0	37.4	12.6	24.3	21.8	*	3.2
Chairfast.....	311,100	100.0	38.9	12.5	21.2	21.7	*	4.6
Dependent in continence.....	662,900	100.0	37.8	11.7	22.6	22.6	1.6	3.7
Incontinent of bowels.....	553,200	100.0	37.1	11.3	24.2	22.6	1.5	3.2
Incontinent of bladder.....	553,200	100.0	37.1	11.3	24.2	22.6	1.5	3.2
Partial index of dependency 2/								
Not dependent in mobility or continence.....	379,000	100.0	48.4	12.1	12.0	19.6	3.6	4.4
Dependent in mobility only.....	181,600	100.0	42.6	13.3	19.6	20.2	*	3.6
Dependent in continence only.....	107,600	100.0	44.4	8.5	14.9	24.5	5.1	*
Dependent in mobility and continence...	555,300	100.0	36.5	12.3	24.1	22.2	.9	3.9
LIVE DISCHARGES								
Dependency in mobility and/or continence								
Dependent in mobility.....	437,300	100.0	34.8	11.9	24.2	23.6	*	4.6
Bedfast.....	193,700	100.0	31.4	12.2	27.4	25.1	*	3.1
Chairfast.....	243,600	100.0	37.6	11.7	21.6	22.4	*	5.8
Dependent in continence.....	383,300	100.0	34.7	10.8	23.1	25.0	2.3	4.2
Incontinent of bowels.....	297,200	100.0	33.6	9.6	25.8	25.3	2.1	3.7
Incontinent of bladder.....	297,200	100.0	33.6	9.6	25.8	25.3	2.1	3.7
Partial index of dependency 2/								
Not dependent in mobility or continence.....	346,900	100.0	48.7	12.6	11.4	19.2	3.7	4.3
Dependent in mobility only.....	146,800	100.0	41.5	13.0	20.6	20.2	*	4.2
Dependent in continence only.....	92,700	100.0	45.0	8.9	13.8	24.2	5.9	*
Dependent in mobility and continence...	290,500	100.0	31.5	11.4	26.0	25.3	*	4.8
DEAD DISCHARGES								
Dependency in mobility and/or continence								
Dependent in mobility.....	299,100	100.0	42.6	13.6	21.2	19.1	*	2.7
Bedfast.....	232,000	100.0	42.4	13.0	21.7	19.0	*	3.3
Chairfast.....	67,100	100.0	43.5	15.5	19.7	19.3	*	*
Dependent in continence.....	279,400	100.0	42.0	13.0	22.0	19.3	*	3.0
Incontinent of bowels.....	255,800	100.0	41.3	13.4	22.3	19.5	*	2.8
Incontinent of bladder.....	255,800	100.0	41.3	13.4	22.3	19.5	*	2.8
Partial index of dependency 2/								
Not dependent in mobility or continence.....	30,200	100.0	45.5	*	19.1	23.1	*	*
Dependent in mobility only.....	34,500	100.0	47.2	14.7	15.9	20.4	*	*
Dependent in continence only.....	14,900	100.0	40.5	*	*	*	*	*
Dependent in mobility and continence...	264,600	100.0	42.1	13.4	21.9	18.9	*	2.9

1/ Includes small number of discharges with unknown discharge status.

2/ See appendix for definition of index.

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

Table 69. Number of live nursing home discharges, percent distribution by living arrangements after discharge, and average and median duration of stay, according to sex, living arrangements prior to admission, marital status, and age: United States, 1984-85

Sex, living arrangement prior to admission, marital status, and age at discharge	Number of live discharges	Percent distribution of living arrangements after discharge						Average duration of stay in days	Median duration of stay in days
		All arrangements	Private or semiprivate residence	Another health facility			Unknown or other		
				Another nursing home	Short-stay hospital	Other health facility			
SEX									
Both sexes									
All arrangements.....	877,000	100.0	30.4	11.2	49.1	7.2	2.2	307	70
Private or semiprivate residence.....	238,100	100.0	40.5	11.5	41.8	4.8	*	373	76
Alone.....	77,500	100.0	38.1	11.1	45.7	*	*	378	91
With family members.....	128,400	100.0	41.8	11.9	40.6	4.8	*	372	76
Unknown or other.....	32,200	100.0	40.9	*	37.4	*	*	363	62
Another health facility.....	616,000	100.0	27.0	11.1	51.7	8.1	2.2	263	65
Another nursing home.....	52,400	100.0	12.5	17.6	61.4	*	*	507	159
General or short-stay hospital, except psychiatric unit.....	488,800	100.0	30.0	10.3	55.0	3.3	1.4	217	56
Other health facility.....	74,800	100.0	17.7	11.7	22.9	41.1	6.6	396	114
Unknown or other.....	22,800	100.0	*	*	54.2	*	*	800	310
Male									
All arrangements.....	324,600	100.0	28.6	10.6	45.8	12.1	2.9	256	64
Private or semiprivate residence.....	83,000	100.0	42.5	6.8	41.5	7.5	*	340	69
Alone.....	18,300	100.0	32.6	*	47.5	*	*	331	120
With family members.....	55,500	100.0	46.7	*	40.1	*	*	339	59
Unknown or other.....	9,200	100.0	*	*	*	*	*	360	64
Another health facility.....	234,200	100.0	24.1	12.0	47.5	13.5	2.8	213	61
Another nursing home.....	20,700	100.0	*	*	66.0	*	*	349	130
General or short-stay hospital, except psychiatric unit.....	162,500	100.0	28.6	11.9	55.0	3.0	*	178	55
Other health facility.....	50,900	100.0	16.3	12.1	16.2	49.6	*	269	78
Unknown or other.....	7,500	100.0	*	*	*	*	*	682	118
Female									
All arrangements.....	552,300	100.0	31.4	11.5	51.0	4.4	1.7	337	72
Private or semiprivate residence.....	155,200	100.0	39.4	14.0	42.0	3.4	*	391	79
Alone.....	59,200	100.0	39.8	12.7	45.2	*	*	393	74
With family members.....	72,900	100.0	38.1	15.9	40.9	*	*	397	86
Unknown or other.....	23,000	100.0	42.4	*	37.1	*	*	364	62
Another health facility.....	381,800	100.0	28.8	10.5	54.2	4.7	1.8	294	67
Another nursing home.....	31,700	100.0	15.1	20.7	58.4	*	*	611	220
General or short-stay hospital, except psychiatric unit.....	326,300	100.0	30.7	9.4	55.1	3.4	*	236	56
Other health facility.....	23,900	100.0	20.7	*	37.1	23.1	*	668	254
Unknown or other.....	15,400	100.0	*	*	61.6	*	*	858	395

See footnotes at end of table.

Table 69. Number of live nursing home discharges, percent distribution by living arrangements after discharge, and average and median duration of stay, according to sex, living arrangements prior to admission, marital status, and age: United States, 1984-85--Con.

Sex, living arrangement prior to admission, marital status, and age at discharge	Number of live discharges	Percent distribution of living arrangements after discharge						Average duration of stay in days	Median duration of stay in days
		All arrangements	Private or semiprivate residence	Another health facility			Unknown or other		
				Another nursing home	Short-stay hospital	Other health facility			
MARITAL STATUS AT DISCHARGE									
Married									
All arrangements.....	197,700	100.0	34.5	13.8	43.1	7.4	*	193	42
Private or semiprivate residence.....	54,500	100.0	51.7	*	35.9	*	*	236	40
Alone.....	*	*	*	*	*	*	-	219	52
With family members.....	48,900	100.0	52.9	*	35.4	*	*	240	40
Unknown or other.....	*	*	*	*	*	*	-	185	52
Another health facility.....	140,200	100.0	28.1	16.0	45.4	9.1	*	170	40
Another nursing home.....	6,800	100.0	*	*	*	*	*	320	96
General or short-stay hospital, except psychiatric unit.....	114,700	100.0	31.2	14.5	50.1	*	*	155	40
Other health facility.....	18,800	100.0	*	*	*	47.6	*	207	42
Unknown or other.....	*	*	*	*	*	*	-	453	358
Widowed									
All arrangements.....	458,400	100.0	29.4	11.6	53.1	4.4	1.4	327	79
Private or semiprivate residence.....	128,600	100.0	36.0	13.0	47.1	*	*	396	79
Alone.....	56,700	100.0	36.1	11.8	48.9	*	*	416	91
With family members.....	52,800	100.0	33.4	14.7	47.8	*	*	369	84
Unknown or other.....	19,000	100.0	43.0	*	35.5	*	*	411	62
Another health facility.....	316,000	100.0	27.1	11.0	55.4	4.8	1.7	281	76
Another nursing home.....	28,100	100.0	*	19.1	63.8	*	*	603	215
General or short-stay hospital, except psychiatric unit.....	270,500	100.0	29.7	10.3	55.8	3.2	*	233	66
Other health facility.....	17,400	100.0	*	*	35.0	31.0	*	497	116
Unknown or other.....	13,800	100.0	*	*	57.0	*	*	759	271
Divorced or separated									
All arrangements.....	66,800	100.0	32.3	9.6	38.0	15.5	*	379	81
Private or semiprivate residence.....	16,900	100.0	40.4	*	29.0	*	*	511	90
Alone.....	6,300	100.0	*	*	*	*	*	247	110
With family members.....	8,200	100.0	*	*	*	*	*	832	90
Unknown or other.....	*	*	*	*	*	*	*	117	14
Another health facility.....	49,100	100.0	30.0	*	40.6	17.3	*	306	68
Another nursing home.....	5,400	100.0	*	*	*	*	-	422	139
General or short-stay hospital, except psychiatric unit.....	28,200	100.0	37.9	*	51.8	*	*	230	45
Other health facility.....	15,400	100.0	*	*	*	45.0	*	406	153
Unknown or other.....	*	*	-	*	*	*	-	1,917	2461
Never married									
All arrangements.....	120,600	100.0	29.3	6.4	46.6	12.5	5.1	376	85
Private or semiprivate residence.....	32,300	100.0	43.5	*	35.5	*	*	469	118
Alone.....	10,300	100.0	47.9	*	*	*	*	325	73
With family members.....	16,900	100.0	39.3	*	36.4	*	*	562	166
Unknown or other.....	5,100	100.0	*	*	*	*	*	452	101
Another health facility.....	84,600	100.0	25.2	6.3	51.2	13.5	*	329	80
Another nursing home.....	8,800	100.0	*	*	55.7	*	*	527	153
General or short-stay hospital, except psychiatric unit.....	54,700	100.0	28.3	*	55.4	*	*	237	68
Other health facility.....	21,000	100.0	*	*	28.0	42.9	*	486	137
Unknown or other.....	*	*	-	*	*	*	*	637	32
Unknown									
All arrangements.....	33,400	100.0	19.6	*	55.8	*	*	315	91
Private or semiprivate residence.....	5,800	100.0	*	*	*	*	-	210	111
Alone.....	*	*	-	*	*	-	-	159	25
With family members.....	*	*	*	-	*	*	-	164	79
Unknown or other.....	*	*	*	*	*	-	-	276	145
Another health facility.....	26,100	100.0	21.2	*	62.6	*	*	264	67
Another nursing home.....	*	*	*	*	*	-	-	156	9
General or short-stay hospital, except psychiatric unit.....	20,600	100.0	*	*	65.1	*	*	280	91
Other health facility.....	*	*	*	*	*	*	*	273	111
Unknown or other.....	*	*	*	*	*	*	*	1,597	2000

See footnotes at end of table.

Table 69. Number of live nursing home discharges, percent distribution by living arrangements after discharge, and average and median duration of stay, according to sex, living arrangements prior to admission, marital status, and age: United States, 1984-85--Con.

Sex, living arrangement prior to admission, marital status, and age at discharge	Number of live discharges	Percent distribution of living arrangements after discharge						Average duration of stay in days	Median duration of stay in days
		All arrangements	Private or semiprivate residence	Another health facility			Unknown or other		
				Another nursing home	Short-stay hospital 1/	Other health facility			
AGE AT DISCHARGE									
Under 65 years of age									
All arrangements.....	118,100	100.0	38.0	6.0	30.9	19.0	6.2	270	70
Private or semiprivate residence.....	28,900	100.0	50.4	*	20.3	*	*	359	77
Alone.....	5,800	100.0	*	-	*	*	*	202	89
With family members.....	18,300	100.0	54.0	*	*	*	*	462	90
Unknown or other.....	4,700	100.0	*	*	*	*	*	156	22
Another health facility.....	86,000	100.0	35.2	*	34.7	20.7	*	241	64
Another nursing home.....	5,100	100.0	*	*	*	*	-	510	159
General or short-stay hospital, except psychiatric unit.....	50,300	100.0	40.5	*	46.1	*	*	157	51
Other health facility.....	30,600	100.0	29.5	*	*	43.7	*	333	113
Unknown or other.....	*	*	*	-	*	*	*	238	32
65-74 years of age									
All arrangements.....	160,500	100.0	32.2	12.6	43.6	9.4	*	236	56
Private or semiprivate residence.....	34,200	100.0	44.4	*	35.2	*	*	247	74
Alone.....	12,200	100.0	45.7	*	*	*	*	247	74
With family members.....	17,800	100.0	45.3	*	30.7	*	*	262	80
Unknown or other.....	*	*	*	*	*	*	*	183	66
Another health facility.....	122,600	100.0	28.8	12.5	45.7	11.2	*	220	50
Another nursing home.....	10,100	100.0	*	*	69.5	*	*	356	118
General or short-stay hospital, except psychiatric unit.....	90,200	100.0	35.3	10.2	48.2	*	*	176	44
Other health facility.....	22,300	100.0	*	22.5	24.7	42.8	*	332	104
Unknown or other.....	*	*	*	*	*	*	*	701	420
75-84 years of age									
All arrangements.....	336,400	100.0	30.4	11.3	52.8	4.2	*	245	59
Private or semiprivate residence.....	92,800	100.0	39.4	10.7	45.6	*	*	298	68
Alone.....	32,400	100.0	34.4	15.3	46.3	*	*	373	91
With family members.....	50,000	100.0	39.8	*	48.4	*	*	243	58
Unknown or other.....	10,400	100.0	53.0	*	*	*	*	336	106
Another health facility.....	236,000	100.0	27.2	11.7	55.5	4.1	*	214	56
Another nursing home.....	20,100	100.0	*	*	57.5	*	*	381	97
General or short-stay hospital, except psychiatric unit.....	203,900	100.0	29.2	11.2	56.1	*	*	186	49
Other health facility.....	12,000	100.0	*	*	41.9	*	*	407	141
Unknown or other.....	7,600	100.0	*	*	*	*	*	537	173
85 years and over									
All arrangements.....	262,000	100.0	25.8	12.5	55.8	4.4	*	448	99
Private or semiprivate residence.....	82,300	100.0	36.6	12.0	47.9	*	*	514	84
Alone.....	27,100	100.0	36.1	*	51.6	*	-	483	117
With family members.....	42,300	100.0	37.5	12.8	45.5	*	*	533	79
Unknown or other.....	12,900	100.0	*	*	47.7	*	*	519	62
Another health facility.....	171,300	100.0	21.5	12.3	59.3	4.9	*	374	102
Another nursing home.....	17,200	100.0	*	*	64.3	*	*	743	315
General or short-stay hospital, except psychiatric unit.....	144,300	100.0	24.3	11.1	60.9	*	*	307	84
Other health facility.....	9,800	100.0	*	*	*	*	*	724	129
Unknown or other.....	8,400	100.0	*	*	64.4	*	-	1,300	970

1/ General or short-stay hospital, except psychiatric unit.

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

Table 70. Average duration of stay of live nursing home discharges by living arrangements after discharge, sex, living arrangements prior to admission, and age at discharge: United States, 1984-85

Sex, living arrangement prior to admission, marital status, and age at discharge	Average duration of stay in days by living arrangement after discharge					Unknown or other
	All arrangements	Private or semiprivate residence	Another health facility			
			Another nursing home	Short-stay hospital 1/	Other health facility	
SEX						
Both sexes						
All arrangements.....	307	116	351	408	335	377
Private or semiprivate residence.....	373	123	583	554	464	156
Alone.....	378	90	583	569	466	217
With family members.....	372	123	576	558	514	79
Unknown or other.....	363	198	615	488	349	157
Another health facility.....	263	108	229	345	255	461
Another nursing home.....	507	303	549	574	329	80
General or short-stay hospital, except psychiatric unit.....	217	83	173	295	236	309
Other health facility.....	396	292	213	703	258	797
Unknown or other.....	800	265	1125	871	1479	211
Male						
All arrangements.....	256	116	267	330	293	274
Private or semiprivate residence.....	340	121	650	494	503	91
Alone.....	331	92	612	442	504	126
With family members.....	339	111	708	524	490	22
Unknown or other.....	360	246	432	441	543	68
Another health facility.....	213	110	142	275	210	379
Another nursing home.....	349	366	270	403	153	99
General or short-stay hospital, except psychiatric unit.....	178	73	134	223	285	644
Other health facility.....	269	262	114	613	199	246
Unknown or other.....	682	281	2534	515	1335	14
Female						
All arrangements.....	337	116	396	450	403	482
Private or semiprivate residence.....	391	125	566	585	417	206
Alone.....	393	90	579	611	373	318
With family members.....	397	134	534	584	542	93
Unknown or other.....	364	182	671	507	235	282
Another health facility.....	294	108	290	383	334	540
Another nursing home.....	611	279	664	700	537	44
General or short-stay hospital, except psychiatric unit.....	236	88	198	330	214	111
Other health facility.....	668	342	453	787	527	1611
Unknown or other.....	858	258	675	980	1680	688

See footnotes at end of table.

Table 70. Average duration of stay of live nursing home discharges by living arrangements after discharge, sex, living arrangements prior to admission, marital status, and age at discharge: United States, 1984-85--Con.

Sex, living arrangement prior to admission, marital status, and age at discharge	Average duration of stay in days by living arrangement after discharge					
	All arrangements	Private or semiprivate residence	Another health facility			Unknown or other
			Another nursing home	Short-stay hospital 1/	Other health facility	
MARITAL STATUS AT DISCHARGE						
Married						
All arrangements.....	193	86	177	293	156	48
Private or semiprivate residence.....	236	74	388	442	174	43
Alone.....	219	34	61	437	101	-
with family members.....	240	73	405	455	186	43
Unknown or other.....	185	128	16	259	189	-
Another health facility.....	170	88	130	247	131	48
Another nursing home.....	320	222	235	421	73	130
General or short-stay hospital, except psychiatric unit.....	155	60	113	228	194	17
Other health facility.....	207	417	163	418	110	150
Unknown or other.....	453	562	360	309	3359	-
Widowed						
All arrangements.....	327	111	422	415	365	633
Private or semiprivate residence.....	396	116	689	525	479	354
Alone.....	416	91	616	613	307	393
with family members.....	369	117	694	441	431	311
Unknown or other.....	411	179	896	480	843	304
Another health facility.....	281	105	278	357	253	687
Another nursing home.....	603	424	737	621	579	82
General or short-stay hospital, except psychiatric unit.....	233	93	197	315	242	176
Other health facility.....	497	156	158	611	202	1828
Unknown or other.....	759	212	766	867	1438	483
Divorced or separated						
All arrangements.....	379	152	301	632	325	233
Private or semiprivate residence.....	511	155	304	1335	122	70
Alone.....	247	143	1374	237	352	86
with family members.....	832	137	130	2604	188	4
Unknown or other.....	117	347	69	101	22	99
Another health facility.....	306	150	297	396	369	309
Another nursing home.....	422	362	212	577	149	-
General or short-stay hospital, except psychiatric unit.....	230	110	241	293	321	653
Other health facility.....	406	223	390	807	404	154
Unknown or other.....	1917	-	535	2750	108	-
Never married						
All arrangements.....	376	164	535	482	430	288
Private or semiprivate residence.....	469	218	841	645	779	93
Alone.....	325	63	594	527	924	167
with family members.....	562	331	1173	624	812	69
Unknown or other.....	452	225	240	1068	309	62
Another health facility.....	329	129	252	425	321	521
Another nursing home.....	527	150	242	791	369	31
General or short-stay hospital, except psychiatric unit.....	237	62	280	290	278	668
Other health facility.....	486	372	178	866	329	413
Unknown or other.....	637	-	4082	925	452	18
Unknown						
All arrangements.....	315	145	314	327	589	478
Private or semiprivate residence.....	210	279	93	247	158	-
Alone.....	159	-	105	223	-	-
with family members.....	164	94	-	186	158	-
Unknown or other.....	276	353	70	314	-	-
Another health facility.....	264	120	305	326	186	56
Another nursing home.....	156	176	744	69	-	-
General or short-stay hospital, except psychiatric unit.....	280	104	96	367	197	73
Other health facility.....	273	195	433	1066	156	40
Unknown or other.....	1597	142	4392	721	2000	2093

See footnotes at end of table.

Table 70. Average duration of stay of live nursing home discharges by living arrangements after discharge, sex, living arrangements prior to admission, and age at discharge: United States, 1984-85--Con.

Sex, living arrangement prior to admission, marital status, and age at discharge	Average duration of stay in days by living arrangement after discharge					Unknown or other
	All arrangements	Private or semiprivate residence	Another health facility			
			Another nursing home	Short-stay hospital 1/	Other health facility	
AGE AT DISCHARGE						
Under 65 years of age						
All arrangements.....	270	180	497	303	294	359
Private or semiprivate residence.....	359	197	771	544	431	43
Alone.....	202	132	-	373	213	22
With family members.....	462	190	888	787	709	21
Unknown or other.....	156	357	98	20	38	97
Another health facility.....	241	170	282	255	264	518
Another nursing home.....	510	722	491	544	255	-
General or short-stay hospital, except psychiatric unit.....	157	77	191	176	121	1094
Other health facility.....	333	328	318	521	301	244
Unknown or other.....	238	591	-	333	108	195
65-74 years of age						
All arrangements.....	236	100	248	334	260	126
Private or semiprivate residence.....	247	97	437	345	621	71
Alone.....	247	55	930	356	321	107
With family members.....	262	134	302	378	741	35
Unknown or other.....	183	55	344	221	807	8
Another health facility.....	220	98	180	308	225	156
Another nursing home.....	356	125	424	383	1082	130
General or short-stay hospital, except psychiatric unit.....	176	85	155	245	215	173
Other health facility.....	332	294	176	713	210	88
Unknown or other.....	701	207	679	1047	452	25
75-84 years of age						
All arrangements.....	245	106	260	316	359	110
Private or semiprivate residence.....	298	120	417	408	493	350
Alone.....	373	101	469	513	647	1002
With family members.....	243	102	329	346	220	4
Unknown or other.....	336	222	642	390	698	48
Another health facility.....	214	99	205	279	184	48
Another nursing home.....	381	242	427	448	117	39
General or short-stay hospital, except psychiatric unit.....	186	89	170	246	125	48
Other health facility.....	407	210	155	649	262	117
Unknown or other.....	537	26	181	516	1438	407
85 years and over						
All arrangements.....	448	101	490	583	483	965
Private or semiprivate residence.....	514	105	758	775	404	374
Alone.....	483	84	676	726	449	-
With family members.....	533	102	772	839	344	317
Unknown or other.....	519	159	838	687	662	433
Another health facility.....	374	84	287	477	364	1037
Another nursing home.....	743	393	716	833	554	109
General or short-stay hospital, except psychiatric unit.....	307	75	185	415	461	207
Other health facility.....	724	26	289	1079	217	1931
Unknown or other.....	1300	885	1492	1177	2168	-

1/ General or short-stay hospital, except psychiatric unit.

Table 71. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to sex, marital status and age at discharge, and primary source of payment for admission month: United States, 1984-85

Sex, marital status and age at discharge, and primary source of payment for admission month	Number of discharges	Percent distribution of primary source of payment for discharge month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
SEX							
Both sexes							
All sources.....	1,223,500	100.0	41.8	12.1	18.9	21.3	6.0
Own income or family support.....	512,600	100.0	88.6	*	4.1	5.7	1.3
Medicare.....	215,500	100.0	17.1	66.0	11.8	3.5	*
Medicaid, skilled.....	189,200	100.0	3.1	*	91.4	3.5	*
Medicaid, intermediate.....	239,800	100.0	4.7	*	4.0	90.0	*
All other sources.....	66,400	100.0	*	*	*	*	89.6
Male							
All sources.....	455,500	100.0	40.1	13.4	17.5	19.0	10.0
Own income or family support.....	181,000	100.0	89.9	*	3.4	5.4	*
Medicare.....	80,500	100.0	16.6	72.3	7.9	*	-
Medicaid, skilled.....	70,000	100.0	*	-	90.5	*	*
Medicaid, intermediate.....	78,900	100.0	*	*	*	90.6	*
All other sources.....	45,200	100.0	*	*	*	*	90.3
Female							
All sources.....	768,000	100.0	42.8	11.3	19.7	22.7	3.6
Own income or family support.....	331,700	100.0	87.9	*	4.5	5.8	1.5
Medicare.....	135,000	100.0	17.5	62.2	14.2	3.6	*
Medicaid, skilled.....	119,100	100.0	*	*	91.9	4.2	*
Medicaid, intermediate.....	160,900	100.0	5.3	*	4.4	89.7	*
All other sources.....	21,300	100.0	*	*	*	*	87.9
MARITAL STATUS AT DISCHARGE							
Married							
All sources.....	273,200	100.0	46.2	19.6	11.8	14.6	7.7
Own income or family support.....	122,600	100.0	90.6	*	*	4.2	*
Medicare.....	67,800	100.0	15.6	76.2	*	*	*
Medicaid, skilled.....	29,000	100.0	*	*	85.9	*	*
Medicaid, intermediate.....	37,300	100.0	*	*	*	87.1	-
All other sources.....	16,400	100.0	*	*	*	-	91.2
Widowed							
All sources.....	669,200	100.0	44.1	10.5	19.6	22.5	3.4
Own income or family support.....	298,800	100.0	88.4	*	4.6	5.9	*
Medicare.....	111,400	100.0	17.7	61.0	14.5	*	*
Medicaid, skilled.....	103,400	100.0	*	*	92.0	*	*
Medicaid, intermediate.....	137,000	100.0	5.5	*	3.8	90.2	*
All other sources.....	18,600	100.0	*	*	*	*	89.3
Divorced or separated							
All sources.....	84,800	100.0	25.5	8.9	26.3	26.4	12.9
Own income or family support.....	22,700	100.0	85.7	*	*	*	*
Medicare.....	9,000	100.0	*	76.8	*	*	-
Medicaid, skilled.....	20,200	100.0	*	-	94.1	*	-
Medicaid, intermediate.....	21,300	100.0	*	*	*	91.0	*
All other sources.....	11,600	100.0	*	-	*	*	91.9
Never married							
All sources.....	151,800	100.0	35.3	8.4	22.3	24.1	9.9
Own income or family support.....	54,500	100.0	87.2	*	*	*	*
Medicare.....	19,900	100.0	*	63.0	*	*	-
Medicaid, skilled.....	27,500	100.0	*	*	93.6	*	*
Medicaid, intermediate.....	33,900	100.0	*	-	*	90.9	*
All other sources.....	16,000	100.0	*	-	*	*	84.9
Unknown							
All sources.....	44,600	100.0	33.1	*	26.1	25.3	*
Own income or family support.....	14,100	100.0	86.7	*	*	*	*
Medicare.....	7,300	100.0	*	*	*	*	-
Medicaid, skilled.....	9,100	100.0	*	-	89.7	*	-
Medicaid, intermediate.....	10,300	100.0	*	-	*	93.0	-
All other sources.....	*	*	-	-	*	-	*

Table 71. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to sex, marital status and age at discharge, and primary source of payment for admission month: United States, 1984-85--Con.

Sex, marital status and age at discharge, and primary source of payment for admission month	Number of discharges	Percent distribution of primary source of payment for discharge month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
AGE AT DISCHARGE							
Under 65 years of age							
All sources.....	133,100	100.0	26.7	7.6	26.5	25.1	14.1
Own income or family support.....	36,000	100.0	90.6	-	*	*	*
Medicare.....	11,200	100.0	*	74.3	*	*	-
Medicaid, skilled.....	31,200	100.0	*	-	94.0	*	-
Medicaid, intermediate.....	34,700	100.0	*	*	*	87.9	*
All other sources.....	20,100	100.0	*	-	*	*	91.1
65-74 years of age							
All sources.....	202,500	100.0	34.2	18.3	17.4	20.7	9.5
Own income or family support.....	61,500	100.0	93.1	-	*	*	*
Medicare.....	52,800	100.0	14.5	69.5	*	*	*
Medicaid, skilled.....	30,700	100.0	*	*	91.0	*	-
Medicaid, intermediate.....	40,000	100.0	*	-	*	90.0	*
All other sources.....	17,400	100.0	*	*	*	*	91.6
75-84 years of age							
All sources.....	458,300	100.0	45.4	12.8	16.9	20.4	4.4
Own income or family support.....	208,400	100.0	89.9	*	3.0	4.8	*
Medicare.....	85,800	100.0	17.2	67.4	11.1	*	*
Medicaid, skilled.....	65,400	100.0	*	-	90.9	*	*
Medicaid, intermediate.....	84,200	100.0	*	*	*	92.5	*
All other sources.....	14,600	100.0	*	-	*	*	86.9
85 years and over							
All sources.....	429,600	100.0	46.2	9.7	19.4	21.4	3.4
Own income or family support.....	206,700	100.0	85.7	*	5.6	7.4	*
Medicare.....	65,700	100.0	20.6	59.9	15.2	*	*
Medicaid, skilled.....	61,900	100.0	*	*	90.9	*	*
Medicaid, intermediate.....	81,000	100.0	*	*	6.1	88.3	*
All other sources.....	14,400	100.0	*	*	*	*	87.6

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

Table 72. Number of nursing home discharges and percent distribution by primary source of payment for discharge month, according to duration of stay and primary source of payment for admission month: United States, 1984-85

Duration of stay and primary source of payment for admission month	Number of discharges	Percent distribution of primary source of payment for discharge month					
		All sources	Own income or family support	Medicare	Medicaid, skilled	Medicaid, intermediate	All other sources
All stays							
All sources.....	1,223,500	100.0	41.8	12.1	18.9	21.3	6.0
Own income or family support.....	512,600	100.0	88.6	*	4.1	5.7	1.3
Medicare.....	215,500	100.0	17.1	66.0	11.8	3.5	*
Medicaid, skilled.....	189,200	100.0	3.1	*	91.4	3.5	*
Medicaid, intermediate.....	239,800	100.0	4.7	*	4.0	90.0	*
All other sources.....	66,400	100.0	*	*	*	*	89.6
Less than 1 month							
All sources.....	379,000	100.0	43.4	28.5	12.2	9.9	6.1
Own income or family support.....	161,200	100.0	96.9	*	*	*	*
Medicare.....	112,900	100.0	*	92.4	*	*	-
Medicaid, skilled.....	43,400	100.0	*	*	97.3	-	-
Medicaid, intermediate.....	40,200	100.0	*	*	-	87.5	*
All other sources.....	21,300	100.0	*	*	*	*	95.9
1 month to less than 3							
All sources.....	252,200	100.0	47.9	10.8	16.8	18.7	5.8
Own income or family support.....	106,800	100.0	94.2	*	*	*	*
Medicare.....	49,400	100.0	30.7	54.2	*	*	*
Medicaid, skilled.....	39,300	100.0	*	*	86.8	*	*
Medicaid, intermediate.....	45,500	100.0	*	-	*	90.1	-
All other sources.....	11,300	100.0	*	-	-	-	97.5
3 months to less than 6							
All sources.....	136,700	100.0	40.0	5.0	20.3	25.8	8.8
Own income or family support.....	58,200	100.0	85.8	-	*	*	*
Medicare.....	24,200	100.0	33.3	27.7	23.9	*	*
Medicaid, skilled.....	20,100	100.0	*	*	91.2	*	-
Medicaid, intermediate.....	31,200	100.0	*	-	*	91.6	*
All other sources.....	9,100	100.0	-	-	*	-	96.5
6 months to less than 12							
All sources.....	137,400	100.0	41.1	*	27.0	24.3	6.0
Own income or family support.....	58,000	100.0	85.7	-	*	*	*
Medicare.....	12,500	100.0	*	*	43.2	*	-
Medicaid, skilled.....	28,300	100.0	*	-	95.9	*	*
Medicaid, intermediate.....	29,500	100.0	*	-	*	90.9	-
All other sources.....	9,100	100.0	*	-	-	*	85.0
1 year to less than 3							
All sources.....	185,200	100.0	38.7	*	25.8	30.5	3.6
Own income or family support.....	79,600	100.0	80.9	*	7.5	9.7	*
Medicare.....	10,700	100.0	*	*	45.3	*	-
Medicaid, skilled.....	36,900	100.0	*	*	90.4	*	-
Medicaid, intermediate.....	49,900	100.0	*	-	*	92.1	-
All other sources.....	8,100	100.0	*	*	*	*	68.8
3 years to less than 5							
All sources.....	63,200	100.0	34.1	*	22.9	37.7	*
Own income or family support.....	26,800	100.0	75.5	-	*	*	*
Medicare.....	*	*	*	-	*	*	-
Medicaid, skilled.....	11,800	100.0	*	*	84.0	*	*
Medicaid, intermediate.....	19,400	100.0	*	*	*	89.1	-
All other sources.....	*	*	*	-	*	*	*
5 years or more							
All sources.....	69,800	100.0	31.0	*	21.9	38.8	7.2
Own income or family support.....	28,100	100.0	65.4	*	*	*	*
Medicare.....	*	*	*	*	*	*	-
Medicaid, skilled.....	9,500	100.0	*	-	83.7	*	-
Medicaid, intermediate.....	24,200	100.0	*	-	*	87.2	*
All other sources.....	*	*	*	-	*	*	*

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

Table 73. Number and percent distribution of nursing home discharges by duration of stay, according to selected facility characteristics: United States, 1984-85

Discharge status and facility characteristic	Number of discharges	Percent distribution of duration of stay								Average duration of stay in days
		All stays	Less than 1 month	1 month to less than 3 months	3 months to less than 6 months	6 months to less than 12 months	1 year to less than 3 years	3 years to less than 5 years	5 years or more	
ALL DISCHARGES 1/										
Ownership										
Proprietary.....	901,200	100.0	30.4	21.6	11.7	11.7	15.3	4.5	4.9	366
Voluntary nonprofit.....	235,900	100.0	33.3	18.1	9.0	9.6	14.4	7.2	8.5	503
Government.....	86,500	100.0	31.1	17.1	11.9	10.9	15.1	6.9	7.1	491
Certification										
Skilled nursing facility only.....	332,400	100.0	36.8	22.4	10.4	10.9	12.9	3.0	3.5	273
Skilled nursing facility and intermediate care facility.....	594,000	100.0	31.5	21.0	11.3	11.5	14.1	5.5	5.2	377
Intermediate care facility only.....	223,400	100.0	22.7	19.4	12.3	10.6	19.1	7.0	8.9	569
Not certified.....	73,700	100.0	25.1	13.3	10.0	12.5	21.6	7.1	10.3	666
Affiliation										
Chain.....	647,200	100.0	31.9	21.3	11.6	11.5	14.5	4.3	5.0	365
Independent.....	479,600	100.0	30.1	20.3	10.4	10.7	16.0	6.1	6.5	436
Government.....	86,500	100.0	31.1	17.1	11.9	10.9	15.1	6.9	7.1	491
Unknown.....	10,200	100.0	*	*	*	*	*	*	*	312
Bed size										
Less than 50 beds.....	112,300	100.0	39.3	19.2	10.4	5.9	15.0	4.9	5.4	401
50-99 beds.....	328,500	100.0	30.5	20.6	12.3	10.4	16.1	4.6	5.4	396
100-199 beds.....	555,100	100.0	30.0	20.9	11.0	12.7	14.9	5.1	5.4	389
200 beds or more.....	227,700	100.0	30.0	20.7	10.2	11.4	14.4	6.3	7.0	438
Census region										
Northeast.....	236,300	100.0	27.3	16.0	10.4	14.5	18.3	7.0	6.6	491
Midwest.....	383,500	100.0	29.6	21.4	13.1	10.2	14.2	5.5	6.0	406
South.....	346,100	100.0	32.1	20.7	9.4	11.0	15.9	4.7	6.2	417
West.....	257,600	100.0	34.8	23.6	11.4	10.1	12.6	3.7	3.8	290
Standard Federal Administrative Region										
Region I.....	58,100	100.0	23.7	17.7	10.0	16.2	19.5	*	*	478
Region II.....	122,800	100.0	24.1	15.2	10.8	14.6	21.5	6.9	6.9	534
Region III.....	93,500	100.0	35.0	17.8	9.2	12.9	11.8	6.0	7.4	440
Region IV.....	193,900	100.0	37.6	19.7	8.6	9.5	15.1	4.6	4.8	359
Region V.....	285,700	100.0	30.9	21.6	12.5	11.0	14.2	4.9	5.0	368
Region VI.....	121,900	100.0	24.1	21.5	11.4	12.8	17.9	4.9	7.3	481
Region VII.....	86,800	100.0	27.6	19.9	16.4	7.7	14.2	6.3	7.9	489
Region VIII.....	35,700	100.0	19.9	18.2	*	*	18.7	*	*	647
Region IX.....	157,500	100.0	36.7	24.8	10.6	9.8	12.8	*	*	239
Region X.....	67,600	100.0	35.0	26.3	10.8	9.9	8.6	*	*	289
Metropolitan statistical area (MSA)										
MSA.....	873,300	100.0	31.3	20.7	10.6	11.7	15.5	4.9	5.3	387
Not MSA.....	350,300	100.0	30.1	20.4	12.7	10.2	14.2	5.7	6.8	435

See footnotes at end of table.

Table 73. Number and percent distribution of nursing home discharges by duration of stay, according to selected facility characteristics: United States, 1984-85—Con.

Discharge status and facility characteristic	Number of discharges	Percent distribution of duration of stay								Average duration of stay in days
		All stays	Less than 1 month	1 month to less than 3 months	3 months to less than 6 months	6 months to less than 12 months	1 year to less than 3 years	3 years to less than 5 years	5 years or more	
LIVE DISCHARGES										
Ownership										
Proprietary.....	659,800	100.0	31.2	23.7	12.5	11.8	14.0	3.3	3.5	299
Voluntary nonprofit.....	157,300	100.0	37.3	21.0	10.1	9.4	13.1	5.0	4.0	327
Government.....	59,800	100.0	31.4	21.3	13.2	9.8	14.4	*	*	350
Certification										
Skilled nursing facility only.....	250,600	100.0	38.6	24.5	10.9	9.7	11.8	1.9	2.6	225
Skilled nursing facility and intermediate care facility.....	410,600	100.0	32.6	23.9	12.5	11.9	12.4	3.8	2.9	278
Intermediate care facility only.....	157,600	100.0	23.6	22.5	13.7	10.7	18.5	5.9	5.1	416
Not certified.....	58,200	100.0	26.8	12.8	11.4	13.8	21.0	*	*	572
Affiliation										
Chain.....	462,900	100.0	33.5	23.3	12.5	11.0	13.0	3.0	3.6	295
Independent.....	345,400	100.0	31.2	23.0	11.4	11.3	15.0	4.5	3.6	316
Government.....	59,800	100.0	31.4	21.3	13.2	9.8	14.4	*	*	350
Unknown.....	8,800	100.0	*	*	*	*	*	-	*	309
Bed size										
Less than 50 beds.....	85,800	100.0	40.3	19.6	11.2	6.1	16.0	*	*	330
50-99 beds.....	235,200	100.0	31.6	24.4	13.5	9.6	13.9	3.4	3.5	295
100-199 beds.....	396,600	100.0	31.8	22.8	12.1	13.1	13.7	3.4	3.2	294
200 beds or more.....	159,300	100.0	30.0	23.8	11.0	11.6	13.3	5.5	4.8	345
Census region										
Northeast.....	163,400	100.0	27.0	18.6	11.0	15.3	17.3	6.1	4.6	412
Midwest.....	271,800	100.0	31.7	23.7	14.4	10.7	13.0	3.7	2.9	275
South.....	244,600	100.0	33.0	23.6	10.6	10.3	14.4	3.5	4.7	338
West.....	197,300	100.0	36.6	25.3	12.0	9.5	11.7	2.5	*	227
Standard Federal Administrative Region										
Region I.....	32,500	100.0	22.7	21.4	*	18.7	17.7	*	*	395
Region II.....	97,200	100.0	24.5	16.6	11.9	14.0	21.3	6.4	5.4	473
Region III.....	58,600	100.0	34.7	23.4	9.4	14.1	9.5	*	*	312
Region IV.....	135,200	100.0	40.3	22.4	10.1	8.2	12.0	*	4.2	295
Region V.....	205,600	100.0	32.2	23.3	13.6	11.6	13.1	3.5	2.7	267
Region VI.....	89,000	100.0	22.9	23.6	12.9	12.8	18.6	*	*	385
Region VII.....	60,200	100.0	31.8	22.9	17.8	8.0	12.7	*	*	288
Region VIII.....	20,300	100.0	*	23.9	*	*	*	*	*	393
Region IX.....	126,600	100.0	37.7	26.2	11.1	9.1	11.6	*	*	205
Region X.....	51,700	100.0	36.5	28.1	10.3	10.4	*	*	*	234
Metropolitan statistical area (MSA)										
MSA.....	631,900	100.0	32.3	22.9	11.6	11.5	14.4	3.8	3.4	306
Not MSA.....	245,100	100.0	32.1	23.5	13.7	10.3	12.5	3.8	4.1	310

See footnotes at end of table.

Table 73. Number and percent distribution of nursing home discharges by duration of stay, according to selected facility characteristics: United States, 1984-85—Con.

Discharge status and facility characteristic	Number of discharges	Percent distribution of duration of stay								Average duration of stay in days
		All stays	Less than 1 month	1 month to less than 3	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	
DEAD DISCHARGES										
Ownership										
Proprietary.....	240,000	100.0	28.3	15.6	9.4	11.4	18.9	7.8	8.6	551
Voluntary nonprofit.....	77,400	100.0	25.4	12.5	6.6	9.5	17.1	11.6	17.3	858
Government.....	26,700	100.0	30.3	*	*	*	*	*	*	808
Certification										
Skilled nursing facility only.....	81,500	100.0	31.6	16.2	8.8	14.8	16.3	6.1	6.3	419
Skilled nursing facility and intermediate care facility.....	182,600	100.0	29.2	14.4	8.8	10.4	17.9	9.2	10.1	599
Intermediate care facility only.....	64,600	100.0	21.2	11.5	9.2	9.6	20.8	9.6	18.1	943
Not certified.....	15,500	100.0	*	*	*	*	*	*	*	1,015
Affiliation										
Chain.....	182,600	100.0	27.8	16.1	9.4	12.3	18.3	7.6	8.5	542
Independent.....	133,600	100.0	27.3	13.3	7.6	9.1	18.7	10.2	13.9	743
Government.....	26,700	100.0	30.3	*	*	*	*	*	*	808
Unknown.....	*	*	*	-	*	*	*	*	-	348
Bed size										
Less than 50 beds.....	26,400	100.0	36.3	*	*	*	*	*	*	633
50-99 beds.....	92,700	100.0	27.6	10.8	9.5	12.3	21.8	7.7	10.3	654
100-199 beds.....	156,800	100.0	25.6	16.2	8.5	11.5	18.1	9.2	11.0	627
200 beds or more.....	68,200	100.0	29.9	13.5	8.6	10.9	16.9	8.2	12.0	652
Census region										
Northeast.....	72,300	100.0	28.0	10.0	9.0	12.5	20.5	8.8	11.3	671
Midwest.....	111,400	100.0	24.7	15.9	10.1	8.9	17.2	9.9	13.4	723
South.....	100,100	100.0	30.3	13.5	6.5	12.1	19.8	7.7	10.1	609
West.....	60,300	100.0	29.1	17.8	9.6	12.0	15.5	*	8.5	498
Standard Federal Administrative Region										
Region I.....	25,300	100.0	24.6	*	*	*	22.0	*	*	592
Region II.....	25,300	100.0	22.9	*	*	*	21.8	*	*	768
Region III.....	34,100	100.0	36.2	*	*	*	15.9	*	*	659
Region IV.....	58,400	100.0	31.4	13.3	*	12.2	22.6	8.8	*	508
Region V.....	79,800	100.0	27.5	17.3	9.6	9.3	17.0	8.6	10.8	625
Region VI.....	32,600	100.0	27.8	15.1	*	*	16.1	*	14.5	746
Region VII.....	26,600	100.0	17.9	*	*	*	*	*	18.8	945
Region VIII.....	15,300	100.0	*	*	*	*	*	*	*	986
Region IX.....	30,900	100.0	32.5	18.9	*	*	18.0	*	*	380
Region X.....	15,900	100.0	29.8	*	*	*	*	*	*	470
Metropolitan statistical area (MSA)										
MSA.....	240,300	100.0	28.8	14.9	7.9	11.7	18.4	7.9	10.2	601
Not MSA.....	103,900	100.0	25.4	12.9	10.5	9.7	18.1	10.2	13.2	730

1/ Includes small number of discharges with unknown discharge status.

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

Table 74. Number of nursing home discharges and percent distribution by age and marital status, according to discharge status and facility characteristics: United States, 1984-85

Discharge status and facility characteristic	Number of discharges	Percent distribution									
		Total	Age at discharge				Marital status at discharge				
			Under 65 years	65-74 years	75-84 years	85 years and over	Married	Widowed	Divorced or separated	Never married	Unknown
ALL DISCHARGES 1/											
Ownership											
Proprietary.....	901,200	100.0	10.9	16.4	38.0	34.7	21.4	55.0	7.7	12.0	3.9
Voluntary nonprofit.....	235,900	100.0	7.8	17.0	35.7	39.6	24.4	55.8	3.6	13.1	3.2
Government.....	86,500	100.0	19.2	16.9	37.0	26.9	26.8	48.7	8.0	14.7	*
Certification											
Skilled nursing facility only.....	332,400	100.0	13.3	15.8	36.0	34.9	24.6	53.2	6.6	10.9	4.6
Skilled nursing facility and intermediate care facility.....	594,000	100.0	8.7	17.3	38.7	35.3	22.7	55.0	6.6	12.3	3.4
Intermediate care facility only.....	223,400	100.0	9.9	15.4	38.3	36.4	19.5	58.5	7.0	12.5	2.4
Not certified.....	73,700	100.0	20.6	17.3	31.4	30.7	17.2	47.3	11.1	19.9	*
Affiliation											
Chain.....	647,200	100.0	10.0	16.6	38.0	35.4	22.2	55.6	7.5	11.2	3.4
Independent.....	479,600	100.0	10.4	16.5	36.5	36.6	21.6	54.4	5.9	13.8	4.3
Government.....	86,500	100.0	19.2	16.9	37.0	26.9	26.8	48.7	8.0	14.7	*
Unknown.....	10,200	100.0	*	*	50.0	*	*	58.6	*	*	*
Bed size											
Less than 50 beds.....	112,300	100.0	18.7	23.9	34.6	22.9	36.2	40.2	5.6	12.6	5.5
50-99 beds.....	328,500	100.0	9.6	15.3	38.7	36.5	23.4	55.1	6.6	12.2	2.7
100-199 beds.....	555,100	100.0	10.1	16.5	37.8	35.6	20.2	56.4	7.5	12.3	3.7
200 beds or more.....	227,700	100.0	10.8	15.0	36.2	38.0	19.2	57.0	6.8	12.9	4.1
Census region											
Northeast.....	236,300	100.0	7.0	18.7	37.0	37.3	19.5	56.3	5.1	15.3	3.8
Midwest.....	383,500	100.0	11.0	14.7	38.9	35.4	23.1	56.0	5.9	12.5	2.5
South.....	346,100	100.0	10.2	16.6	38.3	34.9	23.3	54.2	7.1	11.1	4.3
West.....	257,600	100.0	15.3	17.2	34.5	33.0	22.4	51.9	10.0	11.3	4.4
Standard Federal Administrative Region											
Region I.....	58,100	100.0	9.6	15.8	39.7	34.9	17.2	60.7	*	13.8	*
Region II.....	122,800	100.0	6.5	13.6	37.5	42.4	11.6	60.6	5.4	17.2	5.2
Region III.....	93,500	100.0	7.0	25.6	33.4	34.0	30.2	48.3	5.8	12.3	*
Region IV.....	193,900	100.0	11.3	16.3	36.6	35.8	26.3	50.1	6.7	11.2	5.7
Region V.....	285,700	100.0	11.7	15.9	38.3	34.1	23.1	55.1	6.2	12.8	2.8
Region VI.....	121,900	100.0	8.6	18.3	42.4	30.6	21.6	60.3	6.2	10.1	*
Region VII.....	86,800	100.0	8.8	11.6	42.1	37.4	22.9	59.2	5.4	11.0	*
Region VIII.....	35,700	100.0	*	*	32.5	43.4	22.4	54.3	*	*	*
Region IX.....	157,500	100.0	16.3	19.0	32.0	32.7	22.4	50.0	10.0	11.8	5.8
Region X.....	67,600	100.0	14.1	13.4	40.3	32.2	20.9	54.6	9.8	12.0	*
Metropolitan statistical area (MSA)											
MSA.....	873,300	100.0	10.7	16.8	36.7	35.8	20.8	55.2	7.4	12.7	3.9
Not MSA.....	350,300	100.0	11.3	16.0	39.2	33.4	26.1	53.3	5.9	11.7	3.0

See footnotes at end of table.

Table 74. Number of nursing home discharges and percent distribution by age and marital status, according to discharge status and facility characteristics: United States, 1984-85--Con.

Discharge status and facility characteristic	Number of discharges	Percent distribution									
		Total	Age at discharge				Marital status at discharge				
			Under 65 years	65-74 years	75-84 years	85 years and over	Married	Widowed	Divorced or separated	Never married	Unknown
LIVE DISCHARGES											
Ownership											
Proprietary.....	659,800	100.0	13.2	17.7	39.0	30.1	21.6	52.6	8.4	13.4	4.0
Voluntary nonprofit.....	157,300	100.0	9.5	20.6	36.9	33.0	23.6	55.1	3.5	13.7	4.1
Government.....	59,800	100.0	26.6	19.0	34.9	19.5	30.4	41.0	9.6	17.7	*
Certification											
Skilled nursing facility only.....	250,600	100.0	16.3	16.8	37.0	29.9	25.4	50.7	7.3	11.9	4.7
Skilled nursing facility and intermediate care facility.....	410,600	100.0	10.5	19.5	40.0	29.9	23.3	52.6	6.9	13.7	3.4
Intermediate care facility only.....	157,600	100.0	12.4	17.5	38.7	31.4	17.9	57.1	8.3	13.5	3.2
Not certified.....	58,200	100.0	24.9	18.3	31.3	25.5	17.1	43.4	12.5	22.5	*
Affiliation											
Chain.....	462,900	100.0	12.1	18.2	39.6	30.2	21.9	54.1	8.4	12.2	3.5
Independent.....	345,400	100.0	12.9	18.4	37.1	31.5	22.0	51.6	6.1	15.5	4.8
Government.....	59,800	100.0	26.6	19.0	34.9	19.5	30.4	41.0	9.6	17.7	*
Unknown.....	8,800	100.0	*	*	*	*	*	59.6	*	*	-
Bed size											
Less than 50 beds.....	85,800	100.0	22.1	25.4	33.7	18.9	37.4	36.6	6.1	13.8	6.2
50-99 beds.....	235,200	100.0	12.1	17.3	39.8	30.7	22.2	54.8	7.1	13.6	2.4
100-199 beds.....	396,600	100.0	12.1	18.2	39.5	30.2	20.9	54.0	8.1	13.1	4.0
200 beds or more.....	159,300	100.0	14.1	16.3	36.0	33.6	19.3	52.9	8.0	15.6	4.2
Census region											
Northeast.....	163,400	100.0	8.6	21.4	38.1	31.9	20.1	54.3	5.3	16.6	3.8
Midwest.....	271,800	100.0	14.1	16.3	40.3	29.3	23.2	53.7	6.7	13.4	2.9
South.....	244,600	100.0	12.7	18.6	38.9	29.8	24.2	50.6	7.3	13.0	4.8
West.....	197,300	100.0	17.6	18.1	35.3	29.0	21.6	50.6	11.1	12.8	3.8
Standard Federal Administrative Region											
Region I.....	32,500	100.0	*	19.9	40.9	26.9	20.4	57.2	*	14.8	*
Region II.....	97,200	100.0	7.9	15.2	39.5	37.4	12.1	58.7	5.7	18.8	*
Region III.....	58,600	100.0	9.4	30.5	34.0	26.1	30.6	45.8	*	12.1	*
Region IV.....	135,200	100.0	14.1	18.4	36.5	31.0	28.9	45.0	6.6	13.3	6.2
Region V.....	205,600	100.0	14.9	17.0	39.3	28.7	23.8	52.0	6.9	14.0	3.3
Region VI.....	89,000	100.0	10.3	19.6	43.3	26.7	20.1	59.0	6.7	12.0	*
Region VII.....	60,200	100.0	11.0	14.2	44.6	30.2	22.1	59.6	*	10.1	*
Region VIII.....	20,300	100.0	*	*	33.0	33.7	*	50.3	*	*	-
Region IX.....	126,600	100.0	18.6	19.6	31.5	30.3	21.2	50.1	10.9	13.0	4.9
Region X.....	51,700	100.0	16.3	14.1	43.9	25.7	21.4	50.8	10.5	14.6	*
Metropolitan statistical area (MSA)											
MSA.....	631,900	100.0	13.0	18.2	37.8	31.1	20.7	53.1	7.9	14.3	4.0
Not MSA.....	245,100	100.0	14.6	18.7	39.9	26.8	27.3	50.0	7.0	12.4	3.2

See footnotes at end of table.

Table 74. Number of nursing home discharges and percent distribution by age and marital status, according to discharge status and facility characteristics: United States, 1984-85--Con.

Discharge status and facility characteristic	Number of discharges	Percent distribution									
		Total	Age at discharge				Marital status at discharge				
			Under 65 years	65-74 years	75-84 years	85 years and over	Married	Widowed	Divorced or separated	Never married	Unknown
DEAD DISCHARGES											
Ownership											
Proprietary.....	240,000	100.0	4.6	12.9	35.2	47.4	20.9	61.5	5.8	8.2	3.7
Voluntary nonprofit.....	77,400	100.0	*	10.0	32.6	53.1	26.1	57.6	*	11.1	*
Government.....	26,700	100.0	*	*	41.6	43.4	18.8	66.0	*	*	*
Certification											
Skilled nursing facility only.....	81,500	100.0	*	12.7	32.8	50.1	22.3	60.8	*	7.9	*
Skilled nursing facility and intermediate care facility.....	182,600	100.0	4.5	12.5	35.7	47.3	21.4	60.3	5.9	9.1	3.2
Intermediate care facility only.....	64,600	100.0	*	10.4	37.0	48.6	23.8	62.6	*	9.2	*
Not certified.....	15,500	100.0	*	*	31.7	50.4	*	62.0	*	*	*
Affiliation											
Chain.....	182,600	100.0	5.0	12.7	34.1	48.3	23.3	59.8	5.4	8.5	3.0
Independent.....	133,600	100.0	3.9	11.6	34.9	49.6	20.5	61.6	5.3	9.6	*
Government.....	26,700	100.0	*	*	41.6	43.4	18.8	66.0	*	*	*
Unknown.....	*	*	-	-	*	*	*	*	-	-	*
Bed size											
Less than 50 beds.....	26,400	100.0	*	19.1	37.7	35.5	32.5	51.7	*	*	*
50-99 beds.....	92,700	100.0	*	10.1	36.0	50.8	26.6	56.0	5.4	8.9	*
100-199 beds.....	196,800	100.0	5.1	12.4	33.4	49.1	18.6	62.9	5.9	9.8	*
200 beds or more.....	68,200	100.0	*	12.0	36.6	48.3	19.0	66.7	*	*	*
Census region											
Northeast.....	72,300	100.0	*	12.6	34.7	49.2	18.4	61.2	*	12.6	*
Midwest.....	111,400	100.0	*	11.0	35.6	50.1	22.8	61.5	*	10.4	*
South.....	100,100	100.0	*	12.0	36.6	47.2	21.5	63.0	6.5	6.0	*
West.....	60,300	100.0	*	14.3	32.1	46.1	25.1	56.2	*	*	*
Standard Federal Administrative Region											
Region I.....	25,300	100.0	*	*	38.7	44.2	*	66.2	*	*	*
Region II.....	25,300	100.0	*	*	29.9	61.2	*	67.8	*	*	*
Region III.....	34,100	100.0	*	17.8	31.4	47.9	30.0	53.7	*	*	*
Region IV.....	58,400	100.0	*	11.4	36.7	47.0	20.5	61.7	*	*	*
Region V.....	79,800	100.0	*	12.9	35.8	47.9	21.4	63.0	*	9.6	*
Region VI.....	32,600	100.0	*	14.9	40.5	40.5	25.9	63.9	*	*	*
Region VII.....	26,600	100.0	*	*	36.6	53.8	24.8	58.3	*	*	*
Region VIII.....	15,300	100.0	*	*	32.0	56.0	*	59.4	*	*	*
Region IX.....	30,900	100.0	*	16.4	33.6	42.7	27.3	49.4	*	*	*
Region X.....	15,900	100.0	*	*	*	53.5	*	66.9	*	*	*
Metropolitan statistical area (MSA)											
MSA.....	240,300	100.0	4.7	13.1	33.8	48.3	21.2	60.9	6.1	8.3	3.6
Not MSA.....	103,900	100.0	*	10.0	38.0	48.4	23.6	61.1	*	10.2	*

1/ Includes small number of discharges with unknown discharge status.

NOTE: N.E.C. = Not elsewhere classified. Figures may not add to totals because of rounding.

Table 75. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to sex, age, and other stays in nursing homes and hospitals: United States, 1984-85

Sex, age, and other stays in nursing homes and hospitals	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6 months	6 or more		
SEX									
Both sexes									
Other stay in any nursing home:									
Yes.....	619,300	100.0	80.6	19.2	26.2	33.5	40.6	392	107
No or unknown.....	604,300	100.0	62.5	37.3	35.9	30.1	34.1	411	63
Other stay(s) at sample facility:									
Yes.....	477,300	100.0	83.6	16.2	26.8	35.4	38.1	344	97
No.....	721,700	100.0	64.0	35.9	33.9	29.6	36.7	434	72
Unknown.....	24,600	100.0	64.7	31.1	28.1	26.3	45.6	534	134
Number of other nursing homes ever resided in:									
1 other nursing home.....	158,900	100.0	74.8	25.1	24.7	28.6	46.9	529	132
2 other nursing homes or more.....	13,800	100.0	85.6	*	*	*	52.8	491	200
Unknown.....	37,500	100.0	81.1	18.9	18.4	33.1	48.5	381	166
Hospital stay while a resident in sample facility:									
Yes.....	181,100	100.0	55.7	43.8	9.7	21.6	68.7	938	475
No.....	1,008,500	100.0	74.5	25.5	35.4	33.9	30.9	293	59
Unknown.....	33,900	100.0	71.8	23.5	*	24.3	62.8	761	290
Number of stays in short-stay hospital while resident:									
1 stay.....	95,200	100.0	60.0	39.9	13.5	29.4	57.1	640	256
2 stays.....	35,000	100.0	47.6	50.8	*	17.1	80.5	1,108	584
3 stays or more.....	37,300	100.0	49.8	49.9	*	*	84.2	1,365	913
Unknown.....	13,700	100.0	62.7	37.3	*	*	77.6	1,414	883
Male									
Other stay in any nursing home:									
Yes.....	223,700	100.0	81.3	18.4	30.3	34.5	35.8	318	84
No or unknown.....	231,900	100.0	61.6	38.4	40.9	28.4	30.7	319	52
Other stay(s) at sample facility:									
Yes.....	169,300	100.0	83.9	15.7	30.3	36.4	34.1	293	84
No.....	278,100	100.0	63.6	36.4	38.9	28.7	32.5	325	56
Unknown.....	8,100	100.0	69.9	*	*	*	*	629	134
Number of other nursing homes ever resided in:									
1 other nursing home.....	57,400	100.0	78.0	22.0	30.6	27.6	42.2	446	87
2 other nursing homes or more.....	5,800	100.0	88.9	*	*	*	*	321	193
Unknown.....	15,100	100.0	80.6	*	*	45.9	36.7	283	122
Hospital stay while a resident in sample facility:									
Yes.....	67,000	100.0	58.5	41.3	9.5	22.1	68.3	821	403
No.....	377,000	100.0	73.5	26.5	41.0	33.3	26.2	216	45
Unknown.....	11,500	100.0	73.4	*	*	*	59.2	751	229
Number of stays in short-stay hospital while resident:									
1 stay.....	37,200	100.0	62.0	38.0	13.5	29.3	57.2	502	250
2 stays.....	12,500	100.0	56.8	42.4	*	*	82.2	1,055	534
3 stays or more.....	12,300	100.0	51.9	48.1	*	*	82.2	1,193	766
Unknown.....	5,100	100.0	*	*	*	*	*	1,681	581
Female									
Other stay in any nursing home:									
Yes.....	395,600	100.0	80.3	19.7	23.9	32.9	43.4	433	120
No or unknown.....	372,400	100.0	63.0	36.6	32.8	31.1	36.2	468	70
Other stay(s) at sample facility:									
Yes.....	307,900	100.0	83.5	16.5	24.8	34.9	40.4	373	110
No.....	443,600	100.0	64.3	35.6	30.7	30.1	39.3	502	82
Unknown.....	16,400	100.0	62.2	31.9	*	28.8	48.3	487	130
Number of other nursing homes ever resided in:									
1 other nursing home.....	101,500	100.0	73.0	26.9	21.4	29.2	49.6	576	177
2 other nursing homes or more.....	7,900	100.0	83.1	*	*	*	*	615	259
Unknown.....	22,300	100.0	81.4	*	*	24.4	56.6	448	244
Hospital stay while a resident in sample facility:									
Yes.....	114,100	100.0	54.1	45.3	9.8	21.3	69.0	1,007	547
No.....	631,500	100.0	75.2	24.8	32.1	34.2	33.8	338	68
Unknown.....	22,400	100.0	71.0	24.9	*	24.1	64.6	766	309
Number of stays in short-stay hospital while resident:									
1 stay.....	58,000	100.0	58.7	41.0	13.5	29.5	57.0	729	256
2 stays.....	22,500	100.0	42.6	55.4	*	*	79.6	1,138	624
3 stays or more.....	25,000	100.0	48.8	50.8	*	*	85.1	1,449	937
Unknown.....	8,600	100.0	68.2	*	*	*	74.9	1,257	922

Table 75. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to sex, age, and other stays in nursing homes and hospitals: United States, 1984-85--Con.

Sex, age, and other stays in nursing homes and hospitals	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6 months	6 months or more		
AGE AT DISCHARGE									
Under 65 years									
Other stay in any nursing home:									
Yes.....	67,800	100.0	95.4	*	33.1	36.2	30.9	286	73
No or unknown.....	65,300	100.0	81.9	18.1	32.9	36.8	30.3	279	62
Other stay(s) at sample facility:									
Yes.....	53,000	100.0	95.4	*	35.2	37.5	27.5	272	69
No.....	77,600	100.0	83.9	16.1	32.0	35.7	32.2	291	67
Unknown.....	*	*	*	*	*	*	*	*	*
Number of other nursing homes ever resided in:									
1 other nursing home.....	15,200	100.0	94.6	*	*	37.4	36.0	418	90
2 other nursing homes or more.....	*	*	*	*	*	*	*	*	*
Unknown.....	9,000	100.0	98.7	*	*	*	*	272	135
Hospital stay while a resident in sample facility:									
Yes.....	16,900	100.0	88.6	*	*	*	67.0	589	335
No.....	112,900	100.0	88.6	11.4	36.5	38.9	24.8	233	54
Unknown.....	*	*	*	*	*	*	*	*	*
Number of stays in short-stay hospital while resident:									
1 stay.....	10,500	100.0	88.4	*	*	*	67.2	516	323
2 stays.....	*	*	*	*	*	*	*	*	*
3 stays or more.....	*	*	*	*	*	*	*	*	*
Unknown.....	*	*	*	*	*	*	*	*	*
65 years and over									
Other stay in any nursing home:									
Yes.....	551,400	100.0	78.8	21.0	25.4	33.1	41.8	405	114
No or unknown.....	539,000	100.0	60.1	39.6	36.2	29.3	34.6	427	64
Other stay(s) at sample facility:									
Yes.....	424,200	100.0	82.2	17.7	25.7	35.1	39.4	353	106
No.....	644,100	100.0	61.6	38.3	34.1	28.8	37.2	451	72
Unknown.....	22,100	100.0	60.9	34.4	29.5	24.9	45.6	568	130
Number of other nursing homes ever resided in:									
1 other nursing home.....	143,700	100.0	72.8	27.2	24.5	27.7	48.1	541	152
2 other nursing homes or more.....	11,000	100.0	82.2	*	*	*	57.3	562	271
Unknown.....	28,500	100.0	75.6	24.4	18.1	30.7	51.1	416	187
Hospital stay while a resident in sample facility:									
Yes.....	164,200	100.0	52.3	47.2	9.5	21.6	68.9	974	519
No.....	895,700	100.0	72.8	27.2	35.3	33.2	31.7	300	60
Unknown.....	30,500	100.0	69.4	25.4	*	23.3	64.8	801	309
Number of stays in short-stay hospital while resident:									
1 stay.....	84,700	100.0	56.5	43.4	13.8	30.4	55.8	656	237
2 stays.....	32,100	100.0	44.2	54.1	*	17.4	81.1	1,130	608
3 stays or more.....	35,400	100.0	47.7	52.0	*	*	85.7	1,404	962
Unknown.....	12,100	100.0	58.7	41.3	*	*	79.2	1,536	970
65-74 years									
Other stay in any nursing home:									
Yes.....	100,600	100.0	87.1	12.9	28.4	36.6	35.0	293	86
No or unknown.....	101,900	100.0	71.5	28.5	42.1	32.3	25.6	279	43
Other stay(s) at sample facility:									
Yes.....	73,900	100.0	89.5	10.5	26.1	38.0	35.9	286	102
No.....	125,800	100.0	73.7	26.3	40.2	32.3	27.5	290	44
Unknown.....	*	*	*	*	*	*	*	*	*
Number of other nursing homes ever resided in:									
1 other nursing home.....	27,200	100.0	83.2	*	36.3	33.5	30.2	301	51
2 other nursing homes or more.....	*	*	*	*	*	*	*	*	*
Unknown.....	6,900	100.0	91.5	*	*	*	*	372	122
Hospital stay while a resident in sample facility:									
Yes.....	21,900	100.0	71.2	28.8	*	30.5	58.7	770	244
No.....	176,300	100.0	79.8	20.2	38.6	35.2	26.2	226	45
Unknown.....	*	*	*	*	*	*	*	*	*
Number of stays in short-stay hospital while resident:									
1 stay.....	12,200	100.0	79.2	*	*	39.7	45.8	505	159
2 stays.....	*	*	*	*	*	*	*	*	*
3 stays or more.....	*	*	*	*	-	*	*	1,180	735
Unknown.....	*	*	*	*	*	*	*	*	*

Table 75. Number of nursing home discharges, percent distribution by discharge status and duration of stay, and average and median duration of stay, according to sex, age, and other stays in nursing homes and hospitals: United States, 1984-85--Con.

Sex, age, and other stays in nursing homes and hospitals	Number of discharges	Percent distribution						Average duration of stay in days	Median duration of stay in days
		Total	Discharge status		Duration of stay				
			Live	Dead	Less than 1 month	1 month to less than 6 months	6 months or more		
AGE AT DISCHARGE									
75-84 years									
Other stay in any nursing home:									
Yes.....	230,000	100.0	81.6	18.0	27.7	36.4	36.5	314	86
No or unknown.....	228,300	100.0	65.1	34.7	41.7	29.0	29.4	299	48
Other stay(s) at sample facility:									
Yes.....	180,000	100.0	84.7	14.9	28.9	39.2	32.4	265	76
No.....	269,100	100.0	65.6	34.3	38.7	28.8	32.7	329	55
Unknown.....	9,200	100.0	79.0	*	*	*	*	464	119
Number of other nursing homes ever resided in:									
1 other nursing home.....	59,800	100.0	76.1	23.9	26.4	27.0	47.2	455	137
2 other nursing homes or more.....	*	*	*	*	*	*	*	*	*
Unknown.....	10,800	100.0	80.6	*	*	*	63.0	455	268
Hospital stay while a resident in sample facility:									
Yes.....	64,500	100.0	59.9	39.5	13.2	23.3	63.5	809	352
No.....	383,800	100.0	75.7	24.3	38.8	34.5	27.1	218	49
Unknown.....	10,100	100.0	73.4	*	*	*	60.2	476	205
Number of stays in short-stay hospital while resident:									
1 stay.....	35,300	100.0	63.7	36.3	18.5	31.1	50.4	585	196
2 stays.....	13,000	100.0	55.9	42.0	*	*	79.5	859	553
3 stays or more.....	12,300	100.0	54.4	44.7	*	*	77.5	1,151	778
Unknown.....	*	*	*	*	*	-	*	*	*
85 years and over									
Other stay in any nursing home:									
Yes.....	220,900	100.0	72.2	27.8	21.5	28.1	50.5	550	186
No or unknown.....	208,800	100.0	49.1	50.3	27.4	28.1	44.6	638	120
Other stay(s) at sample facility:									
Yes.....	170,300	100.0	76.3	23.7	22.1	29.6	48.4	477	165
No.....	249,200	100.0	51.2	48.7	26.0	27.1	46.9	665	144
Unknown.....	10,100	100.0	*	46.4	*	*	53.0	785	236
Number of other nursing homes ever resided in:									
1 other nursing home.....	56,700	100.0	64.2	35.7	16.8	25.7	57.5	746	277
2 other nursing homes or more.....	*	*	*	*	*	*	*	*	*
Unknown.....	10,800	100.0	60.4	*	*	*	44.9	405	166
Hospital stay while a resident in sample facility:									
Yes.....	77,800	100.0	40.7	58.7	*	17.8	76.3	1,168	718
No.....	335,600	100.0	65.7	34.3	29.5	30.7	39.9	433	91
Unknown.....	16,200	100.0	59.8	35.2	*	*	70.9	1,138	670
Number of stays in short-stay hospital while resident:									
1 stay.....	37,300	100.0	42.2	57.4	*	26.6	64.3	772	402
2 stays.....	15,500	100.0	*	69.4	*	*	86.8	1,438	869
3 stays or more.....	18,800	100.0	40.7	59.3	*	*	89.7	1,620	1,132
Unknown.....	6,300	100.0	*	*	*	*	81.4	1,501	1,026

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

Table 76. Number of nursing home discharges and percent distribution by dependencies in mobility and continence and partial index of dependency, according to discharge status and selected facility characteristics: United States, 1984-85

Discharge status and facility characteristic	Number of discharges	Percent distribution						
		Total	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
					Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
ALL DISCHARGES 4/								
Ownership								
Proprietary.....	901,200	100.0	60.8	54.3	30.8	14.9	8.4	45.8
Voluntary nonprofit.....	235,900	100.0	60.9	53.6	30.6	15.8	8.5	45.1
Government.....	86,500	100.0	52.7	55.0	33.7	11.3	13.6	41.5
Certification								
Skilled nursing facility only.....	332,400	100.0	62.9	54.4	29.1	16.5	8.0	46.5
Skilled nursing facility and intermediate care facility.....	594,000	100.0	62.3	57.1	28.0	14.9	9.7	47.4
Intermediate care facility only.....	223,400	100.0	59.9	54.0	31.9	14.1	8.2	45.8
Not certified.....	73,700	100.0	32.5	29.8	60.7	9.6	6.8	23.0
Affiliation								
Chain.....	647,200	100.0	63.0	55.2	29.8	15.1	7.2	48.0
Independent.....	479,600	100.0	57.4	52.7	32.4	14.9	10.2	42.5
Government.....	86,500	100.0	52.7	55.0	33.7	11.3	13.6	41.5
Unknown.....	10,200	100.0	79.8	55.6	*	*	*	51.5
Bed size								
Less than 50 beds.....	112,300	100.0	49.4	46.9	38.5	14.6	12.2	34.7
50-99 beds.....	328,500	100.0	58.3	53.1	32.0	14.9	9.7	43.4
100-199 beds.....	555,100	100.0	64.2	56.8	27.8	15.4	8.0	48.8
200 beds or more.....	227,700	100.0	58.8	52.9	33.6	13.6	7.7	45.2
Census region								
Northeast.....	236,300	100.0	57.2	50.4	33.4	16.1	9.4	41.0
Midwest.....	383,500	100.0	58.0	53.9	31.7	14.4	10.2	43.7
South.....	346,100	100.0	65.3	58.9	27.7	13.4	7.0	51.9
West.....	257,600	100.0	59.4	51.7	32.1	16.2	8.5	43.2
Standard Federal Administrative Region								
Region I.....	58,100	100.0	62.4	57.4	27.4	15.3	10.2	47.1
Region II.....	122,800	100.0	48.2	44.7	41.2	14.0	10.6	34.2
Region III.....	93,500	100.0	68.9	56.1	25.0	18.9	6.1	50.0
Region IV.....	193,900	100.0	64.9	58.7	27.2	14.1	7.8	50.8
Region V.....	285,700	100.0	57.5	54.1	31.5	14.3	11.0	43.1
Region VI.....	121,900	100.0	67.8	61.7	26.6	11.7	5.6	56.1
Region VII.....	86,800	100.0	58.5	52.2	33.1	14.7	8.4	43.8
Region VIII.....	35,700	100.0	64.4	57.9	29.3	*	*	51.5
Region IX.....	157,500	100.0	64.7	52.1	28.6	19.3	6.7	45.4
Region X.....	67,600	100.0	42.3	45.1	43.7	11.3	14.0	31.1
Metropolitan statistical area (MSA)								
MSA.....	473,300	100.0	60.2	53.3	31.8	15.0	8.0	45.2
Not MSA.....	350,300	100.0	60.4	56.5	29.0	14.6	10.7	45.8

Table 76. Number of nursing home discharges and percent distribution by dependencies in mobility and continence and partial index of dependency, according to discharge status and selected facility characteristics: United States, 1984-85—Con.

Discharge status and facility characteristic	Number of discharges	Percent distribution						
		Total	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
					Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
LIVE DISCHARGES								
Ownership								
Proprietary.....	659,800	100.0	51.0	44.2	39.0	16.8	10.0	34.2
Voluntary nonprofit.....	157,300	100.0	48.7	41.0	40.8	18.2	10.5	30.5
Government.....	59,800	100.0	40.4	45.8	42.2	12.0	17.4	28.3
Certification								
Skilled nursing facility only.....	250,600	100.0	55.3	45.1	35.9	19.0	8.8	36.3
Skilled nursing facility and intermediate care facility.....	410,600	100.0	50.9	46.2	36.8	17.0	12.3	33.8
Intermediate care facility only.....	157,800	100.0	49.5	44.4	40.3	15.3	10.2	34.2
Not certified.....	58,200	100.0	20.6	18.4	72.8	8.9	*	11.8
Affiliation								
Chain.....	462,900	100.0	52.7	44.4	38.6	17.0	8.7	35.7
Independent.....	345,400	100.0	47.0	42.3	40.9	16.8	12.1	30.2
Government.....	59,800	100.0	40.4	45.8	42.2	12.0	17.4	28.3
Unknown.....	8,800	100.0	77.8	*	*	*	*	*
Bed size								
Less than 50 beds.....	85,800	100.0	39.3	39.8	46.4	13.9	14.4	25.4
50-99 beds.....	235,200	100.0	47.8	41.7	41.2	17.1	11.0	30.7
100-199 beds.....	396,600	100.0	54.0	46.3	35.9	17.9	10.1	36.1
200 beds or more.....	159,300	100.0	48.4	42.4	42.7	14.9	8.9	33.5
Census region								
Northeast.....	163,400	100.0	46.0	40.7	42.6	16.8	11.5	29.2
Midwest.....	271,800	100.0	45.5	42.5	41.6	15.9	12.9	29.7
South.....	244,600	100.0	56.7	50.0	34.5	15.5	8.8	41.2
West.....	197,300	100.0	50.5	40.0	40.6	19.4	8.9	31.2
Standard Federal Administrative Region								
Region I.....	32,500	100.0	45.3	42.9	40.3	16.8	*	28.5
Region II.....	97,200	100.0	42.3	38.6	46.1	15.2	11.6	27.0
Region III.....	58,600	100.0	56.2	43.9	35.4	20.7	8.4	35.5
Region IV.....	135,200	100.0	55.7	49.8	34.1	16.0	10.2	39.7
Region V.....	205,600	100.0	45.2	43.1	41.1	15.8	13.7	29.4
Region VI.....	89,000	100.0	60.3	53.4	33.2	13.5	6.5	46.8
Region VII.....	60,200	100.0	46.2	40.2	43.2	16.7	10.6	29.6
Region VIII.....	20,300	100.0	45.7	37.8	47.4	*	*	30.9
Region IX.....	126,600	100.0	58.3	42.7	34.8	22.6	6.9	35.7
Region X.....	51,700	100.0	30.4	32.3	54.9	12.8	14.7	17.6
Metropolitan statistical area (MSA)								
MSA.....	631,900	100.0	50.0	42.7	40.2	17.1	9.7	33.0
Not MSA.....	245,100	100.0	49.4	46.3	37.8	15.9	12.8	33.5

Table 76. Number of nursing home discharges and percent distribution by dependencies in mobility and continence and partial index of dependency, according to discharge status and selected facility characteristics: United States, 1984-85--Con.

Discharge status and facility characteristic	Number of discharges	Percent distribution						
		Total	Dependent in mobility 1/	Dependent in continence 2/	Partial index of dependency in activities of daily living 3/			
					Not dependent in mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in mobility and continence
DEAD DISCHARGES								
Ownership								
Proprietary.....	240,000	100.0	87.8	82.3	7.9	9.8	4.2	78.0
Voluntary nonprofit.....	77,400	100.0	86.3	79.7	9.3	11.0	*	75.3
Government.....	26,700	100.0	80.4	75.7	*	*	*	70.9
Certification								
Skilled nursing facility only.....	81,500	100.0	86.7	83.3	7.9	8.8	*	77.9
Skilled nursing facility and intermediate care facility.....	182,600	100.0	88.0	81.9	8.2	9.9	3.9	78.1
Intermediate care facility only.....	64,600	100.0	86.4	78.4	10.1	11.5	*	75.0
Not certified.....	15,500	100.0	77.1	72.6	*	*	*	65.0
Affiliation								
Chain.....	182,600	100.0	89.8	83.1	6.7	10.2	3.5	79.6
Independent.....	133,600	100.0	84.2	79.6	10.5	9.9	5.3	74.3
Government.....	26,700	100.0	80.4	75.7	*	*	*	70.9
Unknown.....	*	*	*	*	*	*	*	*
Bed size								
Less than 50 beds.....	26,400	100.0	82.5	70.2	*	*	*	65.2
50-99 beds.....	92,700	100.0	85.1	82.2	8.4	9.4	6.5	75.7
100-199 beds.....	156,800	100.0	90.4	84.1	6.8	9.1	*4	81.4
200 beds or more.....	68,200	100.0	82.9	77.3	12.4	10.3	*	72.5
Census region								
Northeast.....	72,300	100.0	83.0	73.0	12.2	14.8	*	68.1
Midwest.....	111,400	100.0	88.5	81.6	7.7	10.7	*	77.8
South.....	100,100	100.0	87.0	81.5	10.2	8.3	*	78.7
West.....	60,300	100.0	88.4	89.7	*	*	*	82.5
Standard Federal Administrative Region								
Region I.....	25,300	100.0	85.3	76.8	*	*	*	71.7
Region II.....	25,300	100.0	71.4	68.7	21.8	*	*	61.9
Region III.....	34,100	100.0	91.9	78.1	*	16.1	*	75.8
Region IV.....	58,400	100.0	86.3	79.6	11.1	9.3	*	77.0
Region V.....	79,800	100.0	89.1	82.6	6.9	10.5	*	78.6
Region VI.....	32,600	100.0	88.9	85.1	*	*	*	82.0
Region VII.....	26,600	100.0	86.2	79.5	*	*	*	76.1
Region VIII.....	15,300	100.0	89.1	84.4	*	*	*	78.8
Region IX.....	30,900	100.0	91.1	90.8	*	*	*	85.2
Region X.....	15,900	100.0	81.1	86.4	*	*	*	74.7
Metropolitan statistical area (MSA)								
MSA.....	240,300	100.0	87.0	81.2	9.3	9.5	3.7	77.5
Not MSA.....	103,900	100.0	86.6	81.2	7.6	11.3	5.8	75.4

1/ Refers to discharge who was chairfast or bedfast.
 2/ Refers to discharge who had trouble controlling either bowel, bladder, or both, or who had an ostomy.
 3/ See appendix for definition of index.
 4/ Includes small number of discharges with unknown discharge status.

Table 77. Number of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, age, sex, and race: United States, 1984-85

Usual living arrangement prior to admission	All discharges with next of kin	Age					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
Total.....	1,200,200	114,900	1,085,300	196,200	444,500	444,600	437,000	763,200	1,124,100	76,100	70,700
Usual living quarters											
Private or semiprivate residence.....	906,200	63,500	842,700	144,600	345,900	352,100	310,800	595,300	848,100	58,000	53,400
Own home or apartment.....	589,500	41,900	547,600	107,000	238,700	201,900	227,400	362,100	556,300	33,100	30,200
Relative's home or apartment.....	216,300	13,900	202,400	24,400	72,600	105,500	55,200	161,100	198,700	17,600	16,700
Other private home or apartment.....	41,500	*	36,400	6,800	13,500	16,200	12,400	29,000	37,400	*	*
Retirement home ..	42,800	*	42,600	*	16,300	22,200	9,900	32,900	41,000	*	*
Boarding house, rooming house, or rented room.....	16,100	*	13,700	*	*	6,400	6,000	10,200	14,700	*	*
Another health facility.....	222,000	35,300	186,700	38,500	77,300	70,900	94,200	127,800	208,400	13,700	12,800
Another nursing home.....	135,500	10,300	125,200	21,500	49,800	53,900	47,200	88,300	128,400	7,100	6,500
General or short-term hospital....	64,400	13,700	50,700	12,400	23,700	14,600	31,800	32,600	59,800	*	*
Mental hospital....	11,300	6,500	*	*	*	*	6,500	*	10,800	*	*
Chronic disease or other long-term care hospital....	10,800	*	5,900	*	*	*	8,700	*	9,300	*	*
Other place or unknown.....	72,000	16,000	56,000	13,100	21,300	21,600	31,900	40,100	67,600	*	*
Type of usual living arrangement											
Lived alone.....	329,000	16,100	312,900	54,000	124,800	134,000	77,500	251,500	307,900	21,000	19,700
Lived with spouse only.....	185,400	9,800	175,600	49,800	87,100	38,700	115,600	69,800	180,000	*	*
Lived with spouse and other relatives.....	34,100	7,100	27,000	6,700	12,800	7,600	21,300	12,800	32,100	*	*
Lived with son or daughter.....	177,800	8,800	169,000	16,600	56,500	95,900	38,600	139,100	164,900	12,900	12,400
Lived with other relatives.....	81,200	14,800	66,400	7,500	31,400	27,500	28,000	53,200	70,400	10,800	10,000
Lived with unrelated persons..	38,600	*	34,400	*	12,100	18,800	13,400	25,200	36,000	*	*
Group quarters 1/....	59,000	*	56,300	6,500	21,200	28,600	15,900	43,100	55,600	*	*
Another health facility, other place, or unknown 2/.....	295,200	51,500	243,700	51,600	98,600	93,500	126,700	168,600	277,100	18,200	17,300
Who lived with discharge 3/											
Spouse.....	226,400	16,800	209,600	57,100	104,700	47,800	139,900	86,500	219,100	7,400	6,500
Children.....	201,200	15,500	185,800	22,100	64,400	99,300	55,100	146,100	186,100	15,100	14,400
Parents.....	12,500	11,300	*	*	*	*	9,500	*	11,600	*	*
Siblings.....	45,300	6,300	39,000	5,800	17,700	15,600	15,700	29,600	40,400	*	*
Grandchildren.....	74,800	*	71,100	8,900	28,500	33,700	20,200	54,600	67,200	7,500	6,800
Other relatives.....	128,900	*	124,100	11,800	49,100	63,200	31,700	97,200	118,900	10,100	9,400
Non-relatives.....	78,400	7,000	71,400	7,400	25,300	38,600	23,200	55,100	72,400	6,000	*

1/ Includes retirement home, boarding house, rooming house, and rented room.
 2/ Includes a small number of discharges with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.
 3/ Includes persons who usually lived with the discharge in a private or semiprivate residence prior to admission.

Table 78. Percent distribution of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, according to age, sex, and race: United States, 1984-85

Usual living arrangement prior to admission	All discharges with next of kin	Age					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
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Usual living quarters											
Private or semiprivate residence.....	75.5	55.3	77.6	73.7	77.8	79.2	71.1	78.0	75.5	76.2	75.6
Own home or apartment.....	49.1	36.5	50.5	54.5	53.7	45.4	52.0	47.4	49.5	43.5	42.7
Relative's home or apartment.....	18.0	12.1	18.7	12.4	16.3	23.7	12.6	21.1	17.7	23.1	23.6
Other private home or apartment.....	3.5	*	3.4	3.5	3.0	3.6	2.8	3.8	3.3	*	*
Retirement home ..	3.6	*	3.9	*	3.7	5.0	2.3	4.3	3.6	*	*
Boarding house, rooming house, or rented room.....	1.3	*	1.3	*	*	1.4	1.4	1.3	1.3	*	*
Another health facility.....	18.5	30.8	17.2	19.6	17.4	15.9	21.6	16.7	18.5	17.9	18.1
Another nursing home.....	11.3	8.9	11.5	11.0	11.2	12.1	10.8	11.6	11.4	9.3	9.2
General or short-term hospital....	5.4	11.9	4.7	6.3	5.3	3.3	7.3	4.3	5.3	*	*
Mental hospital....	.9	5.6	*	*	*	*	1.5	*	1.0	*	*
Chronic disease or other long-term care hospital....	.9	*	.5	*	*	*	2.0	*	.8	*	*
Other place or unknown.....	6.0	14.0	5.2	6.7	4.8	4.9	7.3	5.3	6.0	*	*
Type of usual living arrangement											
Lived alone.....	27.4	14.0	28.8	27.5	28.1	30.1	17.7	32.9	27.4	27.6	27.9
Lived with spouse only.....	15.4	8.5	16.2	25.4	19.6	8.7	26.5	9.1	16.0	*	*
Lived with spouse and other relatives.....	2.8	6.2	2.5	3.4	2.9	1.7	4.9	1.7	2.9	*	*
Lived with son or daughter.....	14.8	7.6	15.6	8.5	12.7	21.6	8.8	18.2	14.7	16.9	17.6
Lived with other relatives.....	6.8	12.9	6.1	3.8	7.1	6.2	6.4	7.0	6.3	14.2	14.1
Lived with unrelated persons..	3.2	*	3.2	*	2.7	4.2	3.1	3.3	3.2	*	*
Group quarters 1/.....	4.9	*	5.2	3.3	4.8	6.4	3.6	5.6	4.9	*	*
Another health facility, other place, or unknown 2/.....	24.6	44.8	22.5	26.3	22.2	21.0	29.0	22.1	24.6	23.8	24.4
Who lived with discharge 3/											
Spouse.....	18.9	14.7	19.3	29.1	23.5	10.7	32.0	11.3	19.5	9.7	9.1
Children.....	10.8	13.5	17.1	11.3	14.5	22.3	12.6	19.1	16.6	19.8	20.4
Parents.....	1.0	9.8	*	*	*	*	2.2	*	1.0	*	*
Siblings.....	3.8	5.5	3.6	2.9	4.0	3.5	3.6	3.9	3.6	*	*
Grandchildren.....	6.2	*	6.6	4.5	6.4	7.6	4.6	7.1	6.0	9.9	9.7
Other relatives.....	10.7	*	11.4	6.0	11.0	14.2	7.3	12.7	10.6	13.2	13.3
Non-relatives.....	6.5	6.1	6.0	3.8	5.7	8.7	5.3	7.2	6.4	7.8	*

1/ Includes retirement home, boarding house, rooming house, and rented room.
 2/ Includes a small number of discharges with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.
 3/ Includes persons who usually lived with the discharge in a private or semiprivate residence prior to admission.

Table 79. Number of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, marital status, and primary source of payment at admission: United States, 1984-85

Usual living arrangement prior to admission	All discharges with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Total.....	1,200,200	293,500	683,900	76,800	146,000	508,300	228,200	175,900	229,600	57,700
Usual living quarters										
Private or semiprivate residence.....										
Own home or apartment.....	906,200	225,900	547,300	48,800	84,100	398,000	192,500	122,500	161,700	31,400
Relative's home or apartment.....	589,500	198,500	315,800	27,100	48,000	270,700	135,400	69,700	94,200	19,400
Other private home or apartment.....	216,300	14,100	169,100	12,900	20,200	82,700	39,000	37,700	49,900	6,900
Retirement home ..	41,500	*	23,400	*	8,300	16,900	7,800	5,800	8,700	*
Boarding house, rooming house, or rented room.....	42,800	7,500	29,700	*	*	21,900	7,900	*	6,400	*
Another health facility.....	16,100	*	9,300	*	*	*	*	*	*	*
Another nursing home.....	222,000	56,100	107,200	18,100	40,600	81,000	28,900	40,400	53,200	18,500
General or short-term hospital.....	135,500	30,700	76,200	8,900	19,600	50,800	15,900	22,700	38,400	7,700
Mental hospital....	64,400	19,600	27,300	6,000	11,400	25,900	12,100	13,100	7,400	5,800
Chronic disease or other long-term care hospital....	11,300	*	*	*	7,300	*	-	*	*	*
Other place or unknown.....	10,800	*	*	*	*	*	*	*	*	*
Type of usual living arrangement										
Lived alone.....	72,000	11,600	29,400	9,800	21,300	29,400	6,800	13,000	14,600	7,800
Lived with spouse only.....	329,000	9,400	255,700	25,100	38,700	151,000	63,100	40,200	62,600	12,000
Lived with spouse and other relatives.....	185,400	168,500	15,500	*	*	87,100	54,000	16,100	22,600	*
Lived with son or daughter.....	34,100	28,000	*	*	*	13,100	8,400	*	5,900	*
Lived with other relatives.....	177,800	9,600	160,000	8,000	*	71,200	33,900	28,700	39,300	*
Lived with unrelated persons..	81,200	*	41,900	6,300	31,600	32,100	14,500	17,700	15,400	*
Group quarters 2/....	38,600	*	29,100	*	*	15,300	8,200	6,400	6,300	*
Another health facility, other place, or unknown 3/.....	59,000	7,700	39,000	*	7,600	27,600	10,400	9,300	8,900	*
Who lived with discharge 4/										
Spouse.....	226,400	203,000	21,100	*	*	105,300	62,600	21,200	28,800	8,400
Children.....	201,200	30,200	162,300	6,700	*	78,400	40,100	31,500	44,400	6,900
Parents.....	12,500	*	*	*	8,200	*	*	6,000	*	*
Siblings.....	45,300	*	18,900	*	22,100	19,300	8,000	16,400	6,100	*
Grandchildren.....	74,800	7,500	63,600	*	*	26,400	11,100	14,000	20,900	*
Other relatives.....	128,900	8,900	105,800	6,000	8,300	55,600	21,900	26,800	28,700	*
Non-relatives.....	78,400	6,800	57,700	*	9,900	31,500	14,200	13,500	15,500	*

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Includes retirement home, boarding house, rooming house, and rented room.

3/ Includes a small number of discharges with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.

4/ Includes persons who usually lived with the discharge in a private or semiprivate residence prior to admission.

Table 80. Percent distribution of nursing home discharges by usual living arrangements prior to admission as reported by next of kin, according to marital status and primary source of payment at admission: United States, 1984-85

Usual living arrangement prior to admission	All discharges with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Usual living quarters										
Private or semiprivate residence.....	75.5	76.9	80.0	63.6	57.6	78.3	84.4	69.6	70.5	54.5
Own home or apartment.....	49.1	67.6	46.2	35.3	32.9	53.3	59.3	39.6	41.1	33.6
Relative's home or apartment.....	18.0	4.8	24.7	16.8	13.8	16.3	17.1	21.5	21.7	12.0
Other private home or apartment.....	3.5	*	3.4	*	5.7	3.3	3.4	3.3	3.8	*
Retirement home ..	3.6	2.5	4.3	*	*	4.3	3.5	*	2.8	*
Boarding house, rooming house, or rented room.....	1.3	*	1.4	*	*	*	*	*	*	*
Another health facility.....	18.5	19.1	15.7	23.6	27.8	15.9	12.7	23.0	23.2	32.1
Another nursing home.....	11.3	10.5	11.1	11.5	13.4	10.0	7.0	12.9	16.7	13.3
General or short-term hospital....	5.4	6.7	4.0	7.8	7.8	5.1	5.3	7.4	3.2	10.1
Mental hospital...	.9	*	*	*	5.0	*	-	*	*	*
Chronic disease or other long-term care hospital....	.9	*	*	*	*	*	*	*	*	*
Other place or unknown.....	6.0	4.0	4.3	12.8	14.6	5.8	3.0	7.4	6.4	13.5
Type of usual living arrangement										
Lived alone.....	27.4	3.2	37.4	32.7	26.5	29.7	27.6	22.9	27.3	20.8
Lived with spouse only.....	15.4	57.4	2.3	*	*	17.1	23.7	9.2	9.9	*
Lived with spouse and other relatives.....	2.8	9.5	*	*	*	2.6	3.7	*	2.6	*
Lived with son or daughter.....	14.8	3.3	23.4	10.5	*	14.0	14.9	16.3	17.1	*
Lived with other relatives.....	6.8	*	6.1	8.2	21.6	6.3	6.4	10.0	6.7	*
Lived with unrelated persons..	3.2	*	4.2	*	*	3.0	3.6	3.6	2.8	*
Group quarters 2/...	4.9	2.6	5.7	*	5.2	5.4	4.6	5.3	3.9	*
Another health facility, other place, or unknown 3/.....	24.6	23.1	20.1	36.4	42.4	21.8	15.6	30.4	29.8	45.5
Who lived with discharge 4/										
Spouse.....	18.9	69.2	3.1	*	*	20.7	27.4	12.1	12.6	14.5
Children.....	16.8	10.3	23.7	11.3	*	15.4	17.6	17.9	19.3	12.0
Parents.....	1.0	*	*	*	5.6	*	*	3.4	*	*
Siblings.....	3.8	*	2.8	*	15.1	3.8	3.5	5.9	2.7	*
Grandchildren.....	6.2	2.6	9.3	*	*	5.2	4.9	8.0	9.1	*
Other relatives.....	10.7	3.0	15.5	7.8	5.7	10.9	9.6	11.8	12.5	*
Non-relatives.....	6.5	2.3	8.4	*	6.8	6.2	6.2	7.7	6.8	*

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Includes retirement home, boarding house, rooming house, and rented room.

3/ Includes a small number of discharges with usual living quarters in a private or semiprivate residence but whose usual living arrangements are unknown.

4/ Includes persons who usually lived with the discharge in a private or semiprivate residence prior to admission.

Table 81. Number of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1984-85

Reason for admission and prior state of health	All discharges with next of kin	Age				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	1,200,200	114,900	1,085,300	196,200	444,500	444,600	437,000	763,200	1,124,100	76,100
Main medical reason for admission										
Hip fracture.....	85,100	*	82,400	9,400	35,000	38,000	14,000	71,100	83,400	*
Other fracture.....	28,100	*	24,900	*	12,000	9,500	*	22,900	26,900	*
Arthritis.....	26,400	*	25,000	5,800	8,800	10,400	*	21,000	25,100	*
Other condition of bones, muscles, or joints.....	36,000	*	32,800	7,700	11,300	13,800	9,100	26,800	34,100	*
Stroke.....	161,800	11,400	150,500	29,200	65,700	55,600	68,200	93,600	149,000	12,800
Atherosclerosis.....	20,900	-	20,900	*	7,100	12,600	8,000	12,900	19,100	*
Other heart or circulatory condition.....	105,500	*	102,700	18,600	38,400	45,800	34,700	70,800	101,700	*
Cancer, all types.....	70,000	8,600	61,400	17,100	28,200	16,000	34,800	35,200	64,200	5,800
Alzheimer's disease.....	54,400	*	50,900	10,900	27,700	12,300	16,800	37,600	52,000	*
Confused or forgetful..	22,500	*	21,800	*	7,200	11,600	7,200	15,400	20,900	*
Senility.....	25,800	-	25,800	*	9,500	14,900	6,100	19,700	23,900	*
Other emotional, mental, or nervous condition.....	74,300	20,100	54,200	16,100	17,000	21,200	29,000	45,300	69,000	*
Parkinson's disease....	18,000	*	17,600	*	9,900	*	9,000	9,100	16,200	*
Central nervous system diseases or injuries.....	34,800	15,400	19,500	8,200	8,400	*	20,300	14,500	31,100	*
Dizziness, fainting, or falls.....	12,400	-	12,400	*	*	7,800	*	9,600	10,900	*
Loss of vision or hearing.....	13,400	*	13,300	*	*	6,700	*	9,600	12,700	*
Respiratory condition.....	44,600	6,400	38,100	11,300	17,200	9,700	28,300	16,200	41,500	*
Diseases of the digestive or endocrine systems.....	50,000	7,900	42,100	7,100	20,100	14,800	15,800	34,100	45,400	*
Genitourinary diseases.....	28,500	*	25,700	*	15,200	6,700	15,600	12,900	26,600	*
No main medical reason.....	34,700	*	33,100	6,200	12,700	14,200	11,700	23,000	34,000	*
Old age or general debilitation.....	34,200	*	32,800	*	8,800	23,200	8,800	25,400	33,300	*
Other medical reason or unknown.....	218,700	21,300	197,400	26,600	76,900	93,900	82,200	136,500	202,900	15,800
General reason for admission 1/										
Recuperation from surgery or illness....	572,200	55,100	517,100	105,300	228,200	183,500	199,100	373,000	533,600	38,500
No one at home to provide care.....	668,000	53,500	614,400	104,100	250,900	259,400	225,300	442,700	622,000	46,000
Not enough money to purchase nursing care at home.....	440,600	48,300	392,300	82,200	161,600	148,500	152,000	288,500	400,400	40,100
Required more care than household members could give....	938,100	87,100	851,000	155,100	354,000	341,900	343,200	594,900	877,000	61,100
Problems in doing everyday activities....	916,100	82,100	834,100	156,100	346,100	331,800	326,900	589,200	860,400	55,700
Because spouse entered.....	30,500	*	29,800	6,300	11,400	12,200	15,300	15,200	30,000	*
State of health before admission										
Suddenly ill or injured.....	278,700	21,500	257,300	41,400	112,000	103,900	96,000	182,800	262,700	16,000
Gradually worsening....	550,300	36,300	514,000	87,400	206,500	220,100	186,900	363,300	513,400	36,900
In poor condition most of year.....	219,000	32,200	186,800	44,900	82,700	59,200	88,800	130,200	204,800	14,100
Other health status....	114,100	16,000	98,100	15,200	32,300	50,600	47,200	66,900	108,900	*
Unknown.....	38,100	8,900	29,200	7,200	11,000	10,900	18,100	20,000	34,300	*

1/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 82. Percent of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, age, sex, and race: United States, 1984-85

Reason for admission and prior state of health	All discharges with next of kin	Age				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
Main medical reason for admission										
Hip fracture.....	7.1	*	7.6	4.8	7.9	8.5	3.2	9.3	7.4	*
Other fracture.....	2.3	*	2.3	*	2.7	2.1	*	3.0	2.4	*
Arthritis.....	2.2	*	2.3	2.9	2.0	2.3	*	2.7	2.2	*
Other condition of bones, muscles, or joints.....	3.0	*	3.0	3.9	2.5	3.1	2.1	3.5	3.0	*
Stroke.....	13.5	9.9	13.9	14.9	14.8	12.5	15.6	12.3	13.3	16.8
Atherosclerosis.....	1.7	-	1.9	*	1.6	2.8	1.8	1.7	1.7	*
Other heart or circulatory condition.....	8.8	*	9.5	9.5	8.6	10.3	7.9	9.3	9.0	*
Cancer, all types.....	5.8	7.5	5.7	8.7	6.4	3.6	8.0	4.6	5.7	7.6
Alzheimer's disease.....	4.5	*	4.7	5.5	6.2	2.8	3.8	4.9	4.6	*
Confused or forgetful.....	1.9	*	2.0	*	1.6	2.6	1.6	2.0	1.9	*
Senility.....	2.1	-	2.4	*	2.1	3.3	1.4	2.6	2.1	*
Other emotional, mental, or nervous condition.....	6.2	17.5	5.0	8.2	3.8	4.8	6.6	5.9	6.1	*
Parkinson's disease.....	1.5	*	1.6	*	2.2	*	2.1	1.2	1.4	*
Central nervous system diseases or injuries.....	2.9	13.4	1.8	4.2	1.9	*	4.7	1.9	2.8	*
Dizziness, fainting, or falls.....	1.0	-	1.1	*	*	1.8	*	1.3	1.0	*
Loss of vision or hearing.....	1.1	*	1.2	*	*	1.5	*	1.3	1.1	*
Respiratory condition.....	3.7	5.6	3.5	5.8	3.9	2.2	6.5	2.1	3.7	*
Diseases of the digestive or endocrine systems.....	4.2	6.8	3.9	3.6	4.5	3.3	3.6	4.5	4.0	*
Genitourinary diseases.....	2.4	*	2.4	*	3.4	1.5	3.6	1.7	2.4	*
No main medical reason.....	2.9	*	3.0	3.1	2.9	3.2	2.7	3.0	3.0	*
Old age or general debilitation.....	2.9	*	3.0	*	2.0	5.2	2.0	3.3	3.0	*
Other medical reason or unknown.....	18.2	18.5	18.2	13.6	17.3	21.1	18.8	17.9	18.0	20.8
General reason for admission 1/										
Recuperation from surgery or illness.....	47.7	47.9	47.0	53.7	51.3	41.3	45.6	48.9	47.5	50.6
No one at home to provide care.....	55.7	46.6	56.6	53.1	56.5	58.3	51.6	58.0	55.3	60.4
Not enough money to purchase nursing care at home.....	36.7	42.0	36.1	41.9	36.3	33.4	34.8	37.8	35.6	52.7
Required more care than household members could give.....	78.2	75.8	78.4	79.0	79.6	76.9	78.6	77.9	78.0	80.3
Problems in doing everyday activities.....	76.3	71.4	76.9	79.6	77.9	74.6	74.8	77.2	76.5	73.2
Because spouse entered.....	2.5	*	2.7	3.2	2.6	2.7	3.5	2.0	2.7	*
State of health before admission										
Suddenly ill or injured.....	23.2	18.7	23.7	21.1	25.2	23.4	22.0	23.9	23.4	21.0
Gradually worsening.....	45.8	31.6	47.4	44.6	46.5	49.5	42.8	47.6	45.7	48.5
In poor condition most of year.....	18.2	28.0	17.2	22.9	18.6	13.3	20.3	17.1	18.2	18.5
Other health status.....	9.5	13.9	9.0	7.8	7.3	11.4	10.8	8.8	9.7	*
Unknown.....	3.2	7.8	2.7	3.7	2.5	2.5	4.1	2.6	3.0	*

1/ Figures may not add to totals because resident may have had more than one reason for admission to nursing home.

Table 83. Number of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1984-85

Reason for admission and prior state of health	All discharges with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Total	1,200,200	293,500	683,900	76,800	146,000	508,300	228,200	175,900	229,600	57,700
Main medical reason for admission										
Hip fracture.....	85,100	15,700	56,500	*	10,300	27,200	36,600	9,100	10,400	*
Other fracture.....	28,100	*	16,900	*	*	11,400	10,700	*	*	*
Arthritis.....	26,400	6,000	15,400	*	*	12,700	*	*	5,900	-
Other condition of bones, muscles, or joints.....	36,000	*	24,800	*	*	12,600	13,000	*	*	*
Stroke.....	161,800	51,600	90,400	8,600	11,200	65,500	40,100	21,300	28,900	6,100
Atherosclerosis.....	20,900	*	14,900	*	*	10,300	*	*	5,800	*
Other heart or circulatory condition.....	105,500	24,200	64,000	*	12,300	45,100	25,900	14,900	16,400	*
Cancer, all types.....	70,000	24,500	34,900	*	6,400	27,000	16,900	8,900	11,300	5,800
Alzheimer's disease.....	54,400	24,500	25,700	*	*	29,500	5,700	7,600	9,500	*
Confused or forgetful..	22,500	*	15,400	*	*	10,000	*	*	7,100	*
Senility.....	25,800	*	18,500	*	*	11,000	*	*	6,400	*
Other emotional, mental, or nervous condition.....	74,300	10,300	33,800	11,400	18,800	35,100	*	11,600	19,400	*
Parkinson's disease....	18,000	6,000	8,800	*	*	9,900	*	*	*	*
Central nervous system diseases or injuries.....	34,800	12,200	8,500	*	9,400	10,600	*	9,100	*	*
Dizziness, fainting, or falls.....	12,400	*	9,800	*	*	*	*	*	*	*
Loss of vision or hearing.....	13,400	*	9,600	*	*	7,900	-	*	*	*
Respiratory condition.....	44,600	12,800	23,600	*	*	16,800	7,700	6,400	9,200	*
Diseases of the digestive or endocrine systems.....	50,000	13,400	29,600	*	*	18,800	10,800	7,800	10,400	*
Genitourinary diseases.....	28,500	10,000	11,400	*	*	10,700	*	6,800	*	*
No main medical reason.....	34,700	11,300	17,400	*	*	15,400	*	*	7,200	*
Old age or general debilitation.....	34,200	*	24,000	*	*	21,700	*	*	*	*
Other medical reason or unknown.....	218,700	43,300	130,000	11,300	34,000	94,200	30,600	32,400	48,200	13,300
General reason for admission 2/										
Recuperation from surgery or illness....	572,200	145,400	323,400	38,700	64,700	218,800	154,500	84,300	90,300	24,300
No one at home to provide care.....	668,000	131,100	407,300	46,600	83,000	286,900	107,200	102,600	141,300	29,400
Not enough money to purchase nursing care at home.....	440,600	98,200	260,900	35,300	46,100	132,300	68,200	89,000	127,500	23,500
Required more care than household members could give....	938,100	255,500	529,600	55,700	97,300	386,900	183,600	140,200	186,200	40,700
Problems in doing everyday activities...	916,100	242,700	523,200	55,500	94,700	374,700	185,500	137,800	178,200	39,500
Because spouse entered.....	30,500	24,900	*	*	-	16,600	*	*	*	*
State of health before admission										
Suddenly ill or injured.....	278,700	58,700	168,300	15,500	36,300	111,000	86,600	37,700	35,700	7,800
Gradually worsening....	550,300	129,900	333,200	32,800	54,500	244,300	78,400	82,300	119,000	26,300
In poor condition most of year.....	219,000	70,100	103,700	20,400	24,800	82,500	39,500	35,500	47,700	13,700
Other health status....	114,100	30,600	58,900	*	20,600	55,400	19,600	14,200	18,700	6,100
Unknown.....	38,100	*	19,800	*	9,900	15,200	*	6,200	8,400	*

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Figures may not add to totals because discharge may have had more than one reason for admission to nursing home.

Table 84. Percent of nursing home discharges by reasons for admission and prior state of health as reported by next of kin, marital status, and primary source of payment at admission: United States, 1984-85

Reason for admission and prior state of health	All discharges with next of kin	Marital status at admission				Primary source of payment at admission				
		Married	Widowed	Divorced or separated	Never married	Own income or family support	Medicare	Medicaid		All other sources 1/
								Skilled	Inter-mediate	
Main medical reason for admission										
Hip fracture.....	7.1	5.3	8.3	*	7.0	5.4	16.0	5.2	4.5	*
Other fracture.....	2.3	*	2.5	*	*	2.2	4.7	*	*	*
Arthritis.....	2.2	2.1	2.2	*	*	2.5	*	*	2.6	-
Other condition of bones, muscles, or joints.....	3.0	*	3.6	*	*	2.5	5.7	*	*	*
Stroke.....	13.5	17.6	13.2	11.2	7.7	12.9	17.6	12.1	12.6	10.6
Atherosclerosis.....	1.7	*	2.2	*	*	2.0	*	*	2.5	*
Other heart or circulatory condition.....	8.8	8.3	9.4	*	8.4	8.9	11.3	8.5	7.1	*
Cancer, all types.....	5.8	8.4	5.1	*	4.4	5.3	7.4	5.1	4.9	10.1
Alzheimer's disease.....	4.5	8.4	3.8	*	*	5.8	2.5	4.3	4.1	*
Confused or forgetful..	1.9	*	2.2	*	*	2.0	*	*	3.1	*
Senility.....	2.1	*	2.7	*	*	2.2	*	*	2.8	*
Other emotional, mental, or nervous condition.....	6.2	3.5	4.9	14.8	12.9	6.9	*	6.6	8.5	*
Parkinson's disease....	1.5	2.0	1.3	*	*	1.9	*	*	*	*
Central nervous system diseases or injuries.....	2.9	4.2	1.2	*	6.4	2.1	*	5.2	*	*
Dizziness, fainting, or falls.....	1.0	*	1.4	*	*	*	*	*	*	*
Loss of vision or hearing.....	1.1	*	1.4	*	*	1.6	-	*	*	*
Respiratory condition.....	3.7	4.3	3.5	*	*	3.3	3.4	3.6	4.0	*
Diseases of the digestive or endocrine systems.....	4.2	4.6	4.3	*	*	3.7	4.8	4.4	4.5	*
Genitourinary diseases.....	2.4	3.4	1.7	*	*	2.1	*	3.9	*	*
No main medical reason.....	2.9	3.8	2.5	*	*	3.0	*	*	3.1	*
Old age or general debilitation.....	2.9	*	3.5	*	*	4.3	*	*	*	*
Other medical reason or unknown.....	18.2	14.8	19.0	14.8	23.3	18.5	13.4	18.4	21.0	23.0
General reason for admission 2/										
Recuperation from surgery or illness.....	47.7	49.5	47.3	50.4	44.3	43.0	67.7	47.9	39.3	42.1
No one at home to provide care.....	55.7	44.7	59.6	60.7	56.8	56.4	47.0	58.3	61.5	51.0
Not enough money to purchase nursing care at home.....	36.7	33.5	38.1	46.0	31.6	26.0	29.9	50.6	55.6	40.7
Required more care than household members could give....	78.2	87.0	77.4	72.5	66.7	76.1	80.5	79.7	81.1	70.5
Problems in doing everyday activities...	76.3	82.7	76.5	72.3	64.9	73.7	81.3	78.3	77.6	68.5
Because spouse entered.....	2.5	8.5	*	*	-	3.3	*	*	*	*
State of health before admission										
Suddenly ill or injured.....	23.2	20.0	24.6	20.2	24.8	21.8	38.0	21.4	15.5	13.5
Gradually worsening....	45.8	44.2	48.7	42.7	37.3	48.1	34.3	46.8	51.8	45.5
In poor condition most of year.....	18.2	23.9	15.2	26.5	17.0	16.2	17.3	20.2	20.8	23.7
Other health status....	9.5	10.4	8.6	*	14.1	10.9	8.6	8.1	8.2	10.6
Unknown.....	3.2	*	2.9	*	6.8	3.0	*	3.5	3.6	*

1/ Includes other government assistance or welfare, religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

2/ Figures may not add to totals because discharge may have had more than one reason for admission to nursing home.

Table 85. Number of nursing home discharges by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1984-85

Main medical reason for admission	All discharges with next of kin	General reason for admission 1/					
		Recuperation from surgery or illness	No one at home to provide care	Not enough money to purchase nursing care at home	Required more care than household members could give	Problems in doing everyday activities	Because spouse entered
Total.....	1,200,200	572,200	668,000	440,600	938,100	916,100	30,500
Hip fracture.....	85,100	78,400	53,300	34,300	69,800	74,900	*
Other fracture.....	28,100	22,200	17,700	8,700	19,600	22,600	*
Arthritis.....	26,400	10,200	14,400	11,600	19,500	20,400	*
Other condition of bones, muscles, or joints.....	36,000	23,500	26,700	13,600	26,700	28,500	*
Stroke.....	161,800	99,800	83,800	62,000	141,700	144,200	*
Atherosclerosis.....	20,900	6,000	12,900	8,100	18,600	16,900	*
Other heart or circulatory condition.....	105,500	59,300	59,000	38,200	78,800	79,600	5,900
Cancer, all types.....	70,000	33,100	37,200	24,800	63,500	57,400	*
Alzheimer's disease.....	54,400	9,900	26,300	17,100	48,900	45,600	*
Confused or forgetful..	22,500	*	16,400	10,900	17,600	17,000	*
Senility.....	25,800	*	18,200	11,000	23,300	19,600	*
Other emotional, mental, or nervous condition.....	74,300	21,700	39,100	25,300	57,800	44,400	*
Parkinson's disease.....	18,000	*	8,700	7,800	15,800	15,100	*
Central nervous system diseases or injuries.....	34,800	12,300	18,100	14,200	28,700	27,400	*
Dizziness, fainting, or falls.....	12,400	5,900	9,100	*	8,900	11,500	*
Loss of vision or hearing.....	13,400	*	6,800	*	9,700	8,500	*
Respiratory condition.....	44,600	19,600	26,900	17,000	35,400	36,500	*
Diseases of the digestive or endocrine systems.....	50,000	32,600	28,800	23,000	45,100	40,100	*
Genitourinary diseases.....	28,500	21,200	19,900	13,200	24,900	25,100	*
No main medical reason.....	34,700	12,500	20,300	14,200	29,300	29,800	*
Old age or general debilitation.....	34,200	11,900	22,700	13,600	26,600	25,100	*
Other medical reason or unknown.....	218,700	72,400	101,800	60,800	128,000	125,900	8,300

1/ Figures may not add to totals because discharges may have had more than one reason for admission to nursing home.

Table 86. Percent of nursing home discharges by main medical reason for admission and general reasons for admission as reported by next of kin: United States, 1984-85

Main medical reason for admission	General reason for admission 1/					
	Recuperation from surgery or illness	No one at home to provide care	Not enough money to purchase nursing care at home	Required more care than household members could give	Problems in doing everyday activities	Because spouse entered
All medical reasons for admission.....	47.7	55.7	36.7	78.2	76.3	2.5
Hip fracture.....	92.2	62.7	40.3	82.0	88.0	*
Other fracture.....	79.1	62.8	31.1	69.7	80.5	*
Arthritis.....	38.7	54.6	44.0	73.9	77.1	*
Other condition of bones, muscles, or joints.....	65.4	74.3	37.8	74.2	79.4	*
Stroke.....	61.7	51.8	38.3	87.5	89.1	*
Atherosclerosis.....	28.6	61.6	38.8	88.8	80.6	*
Other heart or circulatory condition.....	56.2	55.9	36.2	74.6	75.4	5.6
Cancer, all types.....	47.3	53.1	35.5	90.8	82.0	*
Alzheimer's disease....	18.2	48.3	31.4	89.9	83.9	*
Confused or forgetful..	*	72.7	48.3	78.3	75.4	*
Senility.....	*	70.4	42.8	90.3	76.0	*
Other emotional, mental, or nervous condition.....	29.2	52.6	34.0	77.8	59.7	*
Parkinson's disease....	*	48.0	43.2	87.8	84.0	*
Central nervous system diseases or injuries.....	35.3	51.9	40.7	82.5	78.8	*
Dizziness, fainting, or falls.....	47.4	73.8	*	72.0	92.9	*
Loss of vision or hearing.....	*	50.5	*	72.5	63.4	*
Respiratory condition.....	44.0	60.3	38.1	79.4	81.9	*
Diseases of the digestive or endocrine systems.....	65.3	57.6	46.1	90.2	80.2	*
Genitourinary diseases.....	74.1	69.8	46.3	87.1	88.1	*
No main medical reason.....	36.1	58.7	41.0	84.4	86.0	*
Old age or general debilitation.....	34.7	66.2	39.6	77.7	73.2	*
Other medical reason or unknown.....	33.1	46.6	27.8	58.5	57.6	3.8

1/ Figures may not add to totals because discharge may have had more than one reason for admission to nursing home.

Table 87. Number of nursing home discharges by selected functional statuses at admission as reported by next of kin, age, sex, and race: United States, 1984-85

Functional status at admission	All discharges with next of kin	Age					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
Total	1,200,200	114,900	1,085,300	196,200	444,500	444,600	437,000	763,200	1,124,100	76,100	70,700
Bathing											
Independent.....	185,500	26,000	159,500	29,100	67,200	63,100	72,000	113,500	173,700	11,800	11,500
Requires assistance in bathing 1/.....	943,400	76,800	866,600	154,200	354,000	358,400	332,800	610,600	885,900	57,500	53,000
Unknown.....	71,400	12,100	59,300	13,000	23,300	23,000	32,200	39,100	64,500	6,900	6,100
Dressing											
Independent.....	326,900	35,900	291,000	43,100	117,900	130,000	112,700	214,200	309,000	17,900	16,500
Requires assistance in dressing 1/.....	804,100	67,500	736,600	139,900	305,400	291,300	294,300	509,800	753,400	50,700	47,100
Unknown.....	69,200	11,500	57,700	13,200	21,200	23,200	30,000	39,200	61,700	7,500	7,100
Mobility											
Walks independently.....	117,200	19,100	98,100	12,600	39,800	45,700	39,200	78,000	107,600	9,600	8,600
Walks with assistance.....	54,800	*	51,600	*	17,200	29,100	19,500	35,300	53,300	*	*
Chairfast.....	527,200	37,400	489,800	77,500	191,900	220,400	177,500	349,700	496,200	30,900	30,200
Bedfast.....	472,800	48,700	424,100	95,300	188,300	140,500	187,400	285,400	442,000	30,800	27,700
Unknown.....	28,200	6,500	21,700	*	7,400	8,900	13,300	14,900	24,900	*	*
Using toilet room											
Independent.....	330,800	34,300	296,500	42,700	118,700	135,100	120,000	210,800	309,800	21,000	19,900
Requires assistance in using toilet room 1/.....	795,900	69,300	726,600	139,900	299,100	287,600	285,600	510,300	747,600	48,300	44,300
Unknown.....	73,500	11,300	62,200	13,600	26,700	21,900	31,400	42,100	66,700	6,900	6,400
Transferring 2/											
Independent.....	374,000	36,600	337,400	51,400	133,700	152,300	132,300	241,700	354,200	19,800	18,500
Requires assistance in transferring 1/.....	761,900	68,400	693,500	131,700	291,400	270,300	274,900	487,000	712,900	48,900	45,500
Unknown.....	64,300	9,900	54,400	13,100	19,400	21,900	29,800	34,500	57,000	7,300	6,600
Continence											
No difficulty controlling bowels or bladder.....	548,200	50,000	498,200	86,000	198,200	214,000	167,100	381,100	521,000	27,200	24,900
Difficulty controlling bowels.....	67,400	5,800	61,600	10,200	24,600	26,800	23,500	43,900	63,700	*	*
Difficulty controlling bladder.....	119,500	6,800	112,700	17,800	44,200	50,700	42,400	77,100	112,200	7,300	6,900
Difficulty controlling both bowels and bladder.....	147,700	13,000	134,700	32,500	50,600	51,500	63,400	84,300	139,800	7,900	7,000
Ostomy in either bowels or bladder.....	284,300	31,400	252,900	44,300	117,900	90,700	124,700	159,500	258,300	26,000	24,900
Unknown.....	33,100	7,800	25,300	*	9,000	10,800	15,900	17,200	29,000	*	*
Eating											
Independent.....	769,100	65,900	703,200	123,100	273,500	306,600	260,700	508,400	727,700	41,400	38,300
Requires assistance in eating 1/.....	379,900	40,300	339,500	63,900	155,000	120,600	154,200	225,600	351,300	28,500	26,500
Unknown.....	51,200	8,700	42,600	9,200	16,100	17,300	22,100	29,200	45,000	6,200	5,800
Number of dependencies in activities of daily living 3/											
None.....	157,800	24,700	133,100	21,500	56,400	55,200	60,200	97,700	145,200	12,600	11,800
1.....	111,200	12,700	98,400	15,200	36,800	46,400	44,200	67,000	107,400	*	*
2.....	99,700	7,800	91,900	14,800	35,100	42,100	28,600	71,100	91,400	8,300	7,900
3.....	108,600	7,800	100,800	20,300	40,700	39,700	34,200	74,400	102,900	*	*
4.....	203,800	11,600	192,200	36,100	71,700	84,400	63,300	140,400	196,000	7,700	7,000
5.....	262,400	20,200	242,200	45,600	96,800	99,800	100,500	161,900	244,500	18,000	17,000
6.....	256,800	30,000	226,700	42,700	107,100	77,000	106,000	150,800	236,600	20,100	18,700
Average number of dependencies.....	3.6	3.3	3.6	3.7	3.7	3.5	3.7	3.5	3.6	3.7	3.7

1/ Includes discharges who did not perform this activity.
 2/ Transferring refers to getting in or out of a bed or chair.
 3/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

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

Table 88. Percent distribution of nursing home discharges by selected functional statuses at admission as reported by next of kin, according to age, sex, and race: United States, 1984-85

Functional status at admission	All discharges with next of kin	Age					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
Total.....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Bathing											
Independent.....	15.5	22.6	14.7	14.8	15.1	14.2	16.5	14.9	15.4	15.5	16.3
Requires assistance in bathing 1/.....	78.6	66.8	79.8	78.6	79.6	80.6	76.2	80.0	78.8	75.5	75.0
Unknown.....	5.9	10.5	5.5	6.6	5.2	5.2	7.4	5.1	5.7	9.0	8.7
Dressing											
Independent.....	27.2	31.2	26.8	22.0	26.5	29.3	25.8	28.1	27.5	23.5	23.3
Requires assistance in dressing 1/.....	67.0	58.8	67.9	71.3	68.7	65.5	67.3	66.8	67.0	66.6	66.6
Unknown.....	5.8	10.0	5.3	6.7	4.8	5.2	6.9	5.1	5.5	9.9	10.0
Mobility											
Walks independently....	9.8	16.6	9.0	6.4	8.9	10.3	9.0	10.2	9.6	12.6	12.1
Walks with assistance.....	4.6	*	4.8	*	3.9	6.6	4.5	4.6	4.7	*	*
Chairfast.....	43.9	32.6	45.1	39.5	43.2	49.6	40.6	45.8	44.1	40.6	42.7
Bedfast.....	39.4	42.4	39.1	48.6	42.4	31.6	42.9	37.4	39.3	40.4	39.2
Unknown.....	2.3	5.6	2.0	*	1.7	2.0	3.0	2.0	2.2	*	*
Using toilet room											
Independent.....	27.6	29.8	27.3	21.8	26.7	30.4	27.5	27.6	27.6	27.6	28.2
Requires assistance in using toilet room 1/.....	66.3	60.3	66.9	71.3	67.3	64.7	65.4	66.9	66.5	63.4	62.7
Unknown.....	6.1	9.9	5.7	7.0	6.0	4.9	7.2	5.5	5.9	9.0	9.1
Transferring 2/											
Independent.....	31.2	31.9	31.1	26.2	30.1	34.3	30.3	31.7	31.5	26.1	26.2
Requires assistance in transferring 1/....	63.5	59.5	63.9	67.1	65.6	60.8	62.9	63.8	63.4	64.3	64.4
Unknown.....	5.4	8.6	5.0	6.7	4.4	4.9	6.8	4.5	5.1	9.7	9.4
Continence											
No difficulty controlling bowels or bladder.....	45.7	43.6	45.9	43.8	44.6	48.1	38.2	49.9	46.4	35.8	35.2
Difficulty controlling bowels....	5.6	5.0	5.7	5.2	5.5	6.0	5.4	5.8	5.7	*	*
Difficulty controlling bladder..	10.0	5.9	10.4	9.1	9.9	11.4	9.7	10.1	10.0	9.6	9.7
Difficulty controlling both bowels and bladder....	12.3	11.3	12.4	16.6	11.4	11.6	14.5	11.0	12.4	10.4	9.9
Ostomy in either bowels or bladder....	23.7	27.3	23.3	22.6	26.5	20.4	28.5	20.9	23.0	34.1	35.2
Unknown.....	2.8	6.8	2.3	*	2.0	2.4	3.6	2.2	2.6	*	*
Eating											
Independent.....	64.1	57.3	64.8	62.7	61.5	69.0	59.7	66.6	64.7	54.3	54.2
Requires assistance in eating 1/.....	31.6	35.1	31.3	32.6	34.9	27.1	35.3	29.6	31.3	37.5	37.5
Unknown.....	4.3	7.5	3.9	4.7	3.6	3.9	5.0	3.8	4.0	8.2	8.2
Number of dependencies in activities of daily living 3/											
None.....	13.2	21.5	12.3	10.9	12.7	12.4	13.8	12.8	12.9	16.5	16.7
1	9.3	11.1	9.1	7.8	8.3	10.4	10.1	8.8	9.6	*	*
2	8.3	6.8	8.5	7.5	7.9	9.5	6.6	9.3	8.1	10.9	11.2
3	9.0	6.8	9.3	10.4	9.2	8.9	7.8	9.7	9.2	*	*
4	17.0	10.1	17.7	18.4	16.1	19.0	14.5	18.4	17.4	10.2	10.0
5	21.9	17.6	22.3	23.3	21.8	22.4	23.0	21.2	21.7	23.6	24.0
6	21.4	26.1	20.9	21.7	24.1	17.3	24.3	19.8	21.1	26.4	26.4

1/ Includes discharges who did not perform this activity.

2/ Transferring refers to getting in or out of a bed or chair.

3/ Activities of daily living include bathing, dressing, eating, transferring, using toilet room, and continence. Unknowns were considered not dependent.

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

Appendixes

Contents

I. Technical notes on methods	126
Survey design	126
General qualifications	128
Reliability of estimates	129
Hypothesis testing	133
II. Definitions of certain terms used in this report	140
Terms relating to facilities	140
Terms relating to registered nurses	141
Terms relating to residents	141
Terms relating to discharges	144
Terms relating to residents and discharges with next of kin	144
III. Survey instruments used in the 1985 National Nursing Home Survey	146

List of appendix figures

I. Relative standard errors for estimated number of admissions, beds, total full-time equivalent (FTE) employees, and facilities	130
II. Relative standard errors for estimated number of resident days of care	131
III. Relative standard errors for estimated number of discharged residents, current residents, and registered nurses	132

List of appendix tables

I. Comparison between the 1985 NNHS (estimates) and 1986 ILTCP showing number of homes and beds by type of home	126
II. Number of facilities in the 1985 National Nursing Home Survey universe and sample, by disposition and sampling strata: Conterminous United States, 1985	127
III. Summary of data collection procedures	128
IV. Parameters used to compute relative standard errors by type of estimate	133
V. Standard errors for average per diem rates for private pay patients by level of care of facility and for Medicare or Medicaid patients by certification status of facility, by selected nursing home characteristics: United States, 1985	134
VI. Standard errors for average total monthly charge by primary source of payment in month before interview and selected resident characteristics: United States, 1985	135
VII. Standard errors for average total monthly charge by primary source of payment in month before interview and selected nursing home characteristics: United States, 1985	136
VIII. Standard errors for average and median length of stay since admission by resident and facility characteristics: United States, 1985	137
IX. Standard errors for average number of dependencies by selected resident characteristics: United States, 1985	138
X. Standard errors for average and median length of stay for all discharges and for median length of stay for live and dead discharges, by discharged resident and facility characteristics: United States, 1984-85	139

Appendix I

Technical notes on methods

Survey design

From August 1985 through January 1986, the Division of Health Care Statistics (DHCS) conducted the 1985 National Nursing Home Survey (NNHS)—a sample survey of nursing homes, their residents, discharges, and staff in the conterminous United States. The survey was designed and developed by NCHS, with input from several other Federal agencies. The 1985 survey was the third of a series of surveys designed to satisfy the diverse data needs of those who establish standards for, provide, and assess long-term care services. The first survey was conducted from August 1973 through April 1974, and the second survey was conducted from May through December 1977.

Sampling frame

The 1985 NNHS included all types of nursing and related care homes with three or more beds set up and staffed for use by residents and routinely providing nursing and personal care services. Facilities were either freestanding establishments or nursing care units of hospitals, retirement centers, or similar institutions maintaining financial and employee records separate from those of the larger institutions. Residential care facilities were excluded. These included community care facilities in California, adult congregate living facilities in Florida, family care homes in Kentucky, and adult foster care homes in Michigan (NCHS, 1986).

The universe for the 1985 NNHS consisted of four components: (1) the base, the 1982 National Master Facility Inventory (NMFI), which is a census of nursing and related care homes; (2) data on homes identified in the 1982 Complement Survey of the NMFI as "missing" from the 1982 NMFI; (3) data on hospital-based nursing homes obtained from the Health Care Financing Administration; and (4) data on nursing homes opened for business between 1982 and June 1, 1984. The resulting frame contained information on 20,479 nursing and related care facilities. Detailed descriptions of the 1982 NMFI survey design and procedures have been published (NCHS, 1985b and 1986).

Because not all residential care facilities could be identified, an unknown number of them were present in the sampling frame. It was not until after the 1986 Inventory of Long-Term Care Places (ILTCP) had been conducted that such facilities could be classified as residential facilities and that an estimate could be obtained for the number of these facilities that were included in the 1985 NNHS.

Using the 1986 ILTCP to identify homes in the 1985 NNHS sample that were classified as residential in 1986, 32 such homes were found. The weights for these homes produced an estimate of 2,200 residential facilities and 71,000 beds for 1985. Table I gives a comparison of the two surveys reflecting this adjustment in residential facilities.

Table I. Comparison between the 1985 NNHS (estimates) and 1986 ILTCP showing number of homes and beds by type of home

Type of home	1985 NNHS		1986 ILTCP	
	Homes	Beds	Homes	Beds
Total	19,100	1,624,200	26,400	1,767,500
Certified	14,400	1,441,300	14,100	1,451,200
Uncertified	2,500	107,100	3,000	114,500
Residential	2,200	71,000	9,300	201,800

Estimates for the 1985 NNHS will not correspond precisely to figures from either the 1982 NMFI census or the 1986 ILTCP survey for several other reasons. Among the reasons for differences are that the three surveys differed in time of data collection and in data collection procedures and that the 1982 NMFI was a combination of data collected by 35 States and data collected by the NCHS via mail survey in the remaining States and in the 35 States where certain types of nursing and related care homes were not surveyed by these States. In contrast, the NNHS is conducted by personal interview. Thus the NNHS methodology permitted more scrutiny in the identification and exclusion of facilities that were out of scope. Finally, because the NNHS is a sample survey, its data are subject to sampling variability; because the NMFI and ILTCP surveys are a census, their data are not.

Sampling design

The sampling was basically a stratified two-stage probability design. The first stage was the selection of facilities, and the second stage was the selection of residents, discharges, and R.N.'s from the sample facilities. In preparation for the first-stage sample selection, facilities listed in the universe were sorted into the following types of strata, based on Medicare and Medicaid certification: (1) certified by either Medicare or Medicaid or (2) not certified by either Medicare or Medicaid. Facilities in each of these two strata were sorted by frame source: (1) 1982 Complement Survey and (2) all other sources (that is, 1982 NMFI, HCFA hospital-based nursing homes,

NOTE: A list of references follows the text.

and nursing homes opened between 1982 and 1984). Facilities in the Non-Complement Survey strata were further sorted by bed size, producing the 20 primary strata as shown in table II. The nursing homes in the universe were ordered by ownership, geographic region, metropolitan status, State, county and MSA (metropolitan statistical area), and ZIP Code. The sample was then selected systematically after a random start within each primary stratum. Table II shows the distribution of facilities in the sampling frame and the final disposition of the sample with regard to response and scope status.

The number of nursing homes estimated in the survey is less than the universe figure (20,479) for several reasons. Some facilities went out of business or became ineligible for the scope of the survey between the time the universe was frozen and the survey was conducted. A facility was considered out of scope if it did not provide nursing, personal, or domiciliary care services (for example, a facility providing only room and board) or if it was a nursing care unit or wing of a hospital, retirement center, or similar institution without separate financial and employee records for that unit.

The second-stage sampling of residents, discharges, and registered nurses was carried out by the interviewers at the time of their visits to the facilities in accordance with specific instructions to assure a probability sample. The sample frame for residents was the total number of residents on the register of the facility on the evening prior to the day of the survey. Residents who were physically absent from the facility due to overnight leave or a hospital visit but who had a bed maintained for them at the facility were included in the sample frame. A sample of five or fewer residents per facility was selected.

The sampling frame for discharges was the total number

of persons discharged alive or dead during the 12 months prior to the survey date. Persons who were discharged more than once during this 12-month period in the same nursing home were listed for each discharge. Current residents discharged during the 12 months prior to the survey and then readmitted to the sample nursing home were also eligible to be included in the discharge sampling frame. Forty-five of the sampled discharges were also included in the current resident sample. A sample of six or fewer discharges per facility was selected.

The sampling frame for nursing staff included all R.N.'s who were employed by the facility on the day of the survey. Registered nurses working under a special contractual arrangement or through a temporary service were included if they were scheduled to work during the 24 hours constituting the survey day. A sample of four or fewer R.N.'s per facility was selected.

Data collection procedures for the 1985 NNHS

The 1985 NNHS utilized nine questionnaires (see appendix III for facsimiles of questionnaires):

- Facility Questionnaire
- Expense Questionnaire and Definition Booklet
- Nursing Staff Sampling List
- Nursing Staff Questionnaire
- Current Resident Sampling List
- Current Resident Questionnaire
- Discharged Resident Sampling List
- Discharged Resident Questionnaire
- Next-of-Kin Questionnaire.

Table II. Number of facilities in the 1985 National Nursing Home Survey universe and sample, by disposition and sampling strata: Conterminous United States, 1985

Sampling strata	Universe (sampling frame) ¹	All facilities	Sample		
			Out of scope or out of business	In scope and in business	
				Nonresponding	Responding
All types of certification	20,479	1,220	57	84	1,079
Certified					
Complement survey homes	24	19	1	2	16
3-14 beds	112	5	2	0	3
15-24 beds	384	9	1	0	8
25-49 beds	1,876	43	4	3	36
50-99 beds	5,000	269	9	21	239
100-199 beds	4,604	478	9	28	441
200-399 beds	861	196	1	13	182
400-599 beds	77	17	1	3	13
600 beds or more	26	10	1	0	9
Unknown bed size	20	10	1	3	6
Not certified					
Complement survey homes	336	14	3	0	11
3-14 beds	2,346	8	3	1	4
15-24 beds	1,087	10	3	1	6
25-49 beds	1,185	15	2	1	12
50-99 beds	1,029	35	1	3	31
100-199 beds	727	39	2	3	34
200-399 beds	132	14	1	1	12
400-599 beds	19	5	1	0	4
600 beds or more	7	4	1	0	3
Unknown bed size	627	20	10	1	9

¹The universe consisted of nursing homes in the 1982 National Master Facility Inventory (NMFI), the 1982 Complement Survey of the NMFI, hospital-based nursing homes from the Health Care Financing Administration file, and nursing homes opened for business from 1982 to 1984.

Data were collected according to the following procedures:

1. A letter was sent to the administrator of the sample facility informing him of the survey and of the fact that an interviewer would contact him for an appointment. Included with this introductory letter were letters of endorsement from the American Association of Homes for the Aging, the American College of Health Care Administrators, and the American Health Care Association urging the administrator to participate in the survey. A sample report from the 1977 survey was also enclosed to illustrate how the data would be published.
 2. At least 1 week after the letters had been mailed, the interviewer telephoned the sample facility and made an appointment with the administrator.
 3. During the appointment, the Facility Questionnaire was completed by the interviewer or the administrator (or designee) of the nursing home. After completing this form, the interviewer secured the administrator's authorization for completion of the Expense Questionnaire (EQ). Possible respondents to the EQ included accountants, administrators, and other knowledgeable staff members. Results from the survey indicate that the respondents were evenly divided into two groups: accountants located outside the facility and administrators and other staff members, such as bookkeepers, based in the facility. When a prepared financial statement was available, it was accepted in lieu of an EQ. This occurred in one-half of the cases. The interviewer completed the Nursing Staff Sampling List, selected the sample of R.N.'s from it, and prepared Nursing Staff Questionnaires. These were left for each sample nurse to complete, seal in an addressed envelope, and return either to the interviewer by hand or to the data processing headquarters by mail. The interviewer completed the Current Resident Sampling List (a list of all residents in the facility on the night before the day of the survey), selected the sample of residents from it, and completed a Current Resident Questionnaire for each sample resident by interviewing the member of the nursing staff most familiar with care provided to that resident. The nurse referred to the resident's medical record when responding. No resident was interviewed directly.
- The interviewer then completed the Discharged Resident Sampling List (a list of all persons discharged alive or dead during the 12 months preceding the survey date), selected a sample of discharges from it, and completed

for that stay a Discharged Resident Questionnaire for each sample discharge by interviewing a member of the nursing staff, who referred to medical records. In larger facilities, a team of two or three interviewers conducted the survey to reduce the time spent in the facility.

Follow-up information on the two patient samples was collected via a computer-assisted telephone interview with a next of kin of the current or discharged resident, using the Next-of-Kin (NOK) Questionnaire.

The next of kin interviewed was identified in the Current Resident and Discharged Resident Questionnaires and included relatives, guardians, and anyone familiar with the sampled resident. A discharged resident could also be contacted if discharged to a place of residence and residing there at the time of the survey. An attempt was made to identify the "best respondent" while obtaining next-of-kin information from the nursing home. The best respondent was mailed a letter of information about the survey, contacted by telephone, and administered the NOK Questionnaire. Table III presents a summary of the data collection procedures.

General qualifications

Nonresponse and imputation of missing data

For nursing homes that agreed to participate, response rates differed for each type of questionnaire:

Questionnaire	Response rate (percent)	Number responding
Facility	100	1,079
Expense	68	732
Current Resident	97	5,243
Discharged Resident	95	6,023
Nursing Staff	80	2,763
Next-of-Kin	90	9,134

Generally, response rates were higher for questionnaires administered in a personal interview situation (Facility, Current Resident, Discharged Resident, and NOK) than for those that were self-enumerated (Expense and Staff). Statistics presented in this report were adjusted for failure of a facility to respond (that is, to participate in the survey) and for failure to complete any of the other questionnaires (Expense, Current Resident, Discharged Resident, Nursing Staff, or NOK). Those items left unanswered on a partially completed questionnaire were generally imputed by assigning a value from a responding unit with major characteristics identical to those of the non-responding unit.

Table III. Summary of data collection procedures

Questionnaire	Respondent	Interview situation
Facility Questionnaire	Administrator	Interview
Expense Questionnaire	Administrator, owner, accountant, or bookkeeper	Self-enumerated
Nursing Staff Sampling List	Staff members	Informal interview or copied from records
Nursing Staff Questionnaire	Sampled registered nurses	Self-enumerated
Current Resident Sampling List	Staff member who refers to current resident census	Informal interview or copied from records
Current Resident Questionnaire	Nurse who refers to medical record	Interview
Discharged Resident Sampling List	Staff member who refers to discharge records	Informal interview or copied from records
Discharged Resident Questionnaire	Nurse who refers to medical record	Interview
Next-of-Kin Questionnaire	Relatives, guardians, or anyone familiar with the sampled person	Telephone interview

Rounding of numbers

Estimates of facilities, residents, discharges, and employees have been rounded to the nearest hundred. For this reason, detailed figures within tables do not always add to totals. Percents were calculated on the original, unrounded figures and will not necessarily agree precisely with percents that might be calculated from rounded data.

Data processing

Extensive editing was conducted by computer to assure that all responses were accurate, consistent, logical, and complete. Once the data base was edited, the computer was used to calculate and assign weights, ratio adjustments, recodes, and other related procedures necessary to produce national estimates from the sample data.

Estimation procedures

Statistics reported in this publication are derived by a ratio estimating procedure. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The estimates of number of facilities and facility data not related to size are inflated by the reciprocal of the probability of selecting the sample facility and adjusted for the nonresponding facilities within primary strata. Two ratio adjustments, one at each stage of sample selection, were also used in the estimation process. The first-stage ratio adjustment (along with the preceding inflation factors) was included in the estimation of facility data related to size and of all resident, discharge, and nursing staff data for all primary types of strata. The numerator was the total number of beds according to the universe data for all facilities in the stratum. The denominator was the estimate of the total number of beds obtained through a simple inflation of the universe data for the sample facilities in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of all resident, discharge, and R.N. data. It is the product of two fractions: The first is the inverse of the sampling fraction for residents (discharges or R.N.'s) upon which the selection is based; the second is the ratio of the number of sample residents (discharges or R.N.'s) in the facility to the number of residents (discharges or R.N.'s) for whom questionnaires were completed within the facility (Shimizu, 1987).

Reliability of estimates

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 were kept to a minimum by methods built into survey procedures, such as standardized interviewer training, observation of interviewers, manual and computer editing, verification of keypunching, and other quality checks. Because survey results are subject to both sampling and nonsampling errors, the total error is larger than errors due to sampling variability alone.

Because the statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained had a complete census been taken using the same schedules, instructions, and 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. It is inversely proportional to the square root of the number of observations in the sample. Thus as the sample size increases, the standard error generally decreases.

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 for this survey were approximated using the balanced repeated-replication procedure. This method yields overall variability through observation of variability among random subsamples of the total sample. A description of the development and evaluation of the replication technique for error estimation has been published (NCHS, 1966 and 1969).

To derive error estimates that would be applicable to a wide variety of statistics and could be prepared at moderate cost, several approximations were required.

Rather than calculate standard errors for particular estimates S_x , the calculated variances for a wide variety of estimates presented in this document were fitted into curves using the empirically determined relationship between the size of an estimate X and its relative variance ($\text{rel var } X$). This relationship is expressed as:

$$\text{rel var } X = S_x^2/X^2 = a + b/X$$

where a and b are regression estimates determined by an iterative procedure.

The relative standard error is then derived by determining the square root of the relative variance curve. The relative standard error estimates for estimated number of admissions; beds; total full-time equivalent staff and nurse's aides; full-time equivalent administrative, medical, and therapeutic staff; and facilities are shown in figure I. Figures II and III show the relative standard errors for estimated number of resident days of care and for discharges, residents, and R.N.'s, respectively.

The relative standard error ($\text{RSE}(X)$) of an estimate X may be read directly from the curves in figures I–III or, alternatively, may be calculated by the formula:

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

where the appropriate constants A and B for the estimate X are defined in table IV. Thus, for example, the relative standard error for estimates of admissions may be calculated by the formula:

$$\text{RSE}(X) = \sqrt{-0.001011 + 1918.609/X}$$

NOTE: A list of references follows the text.

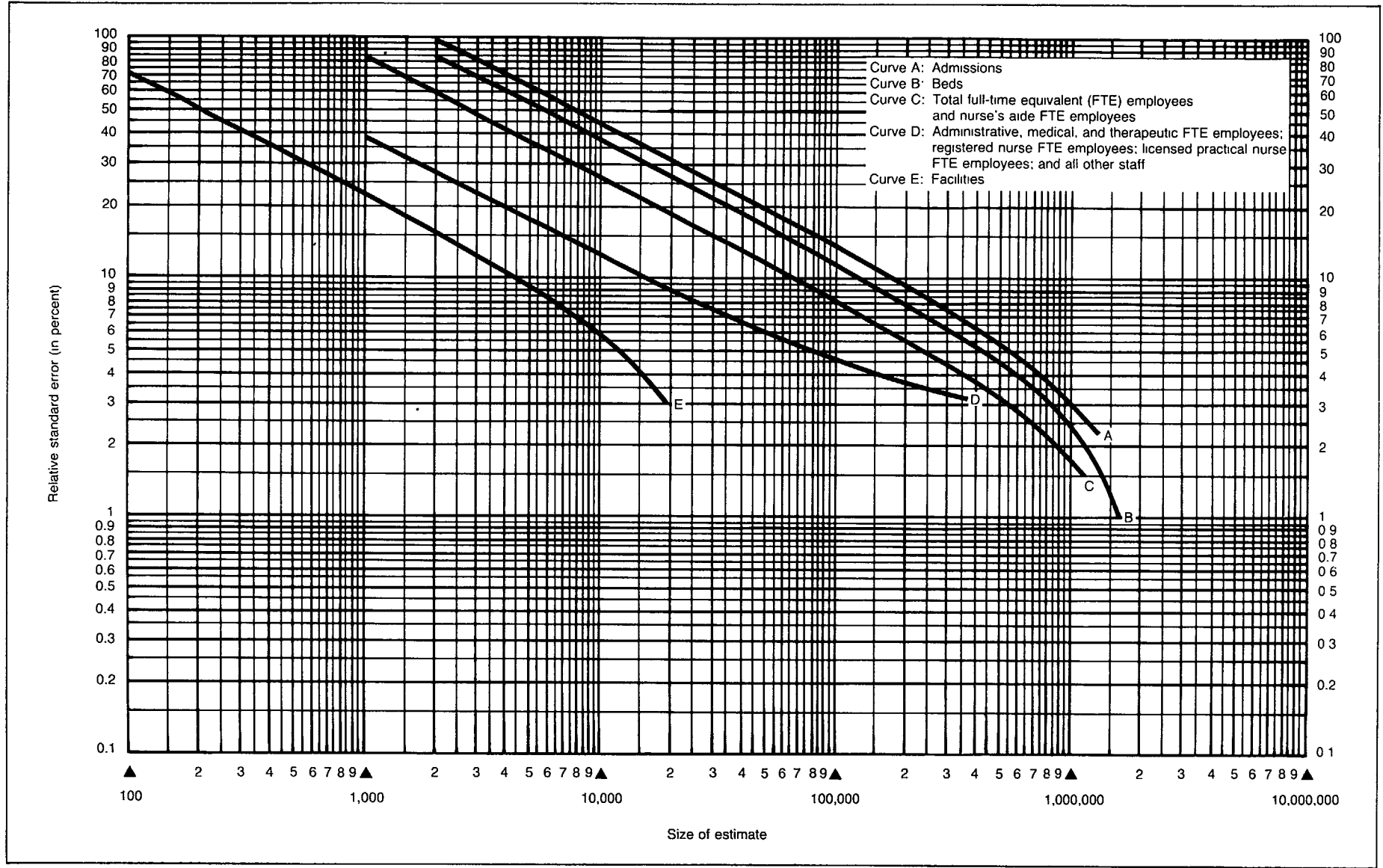


Figure I. Relative standard errors for estimated number of admissions, beds, total full-time equivalent (FTE) employees, and facilities

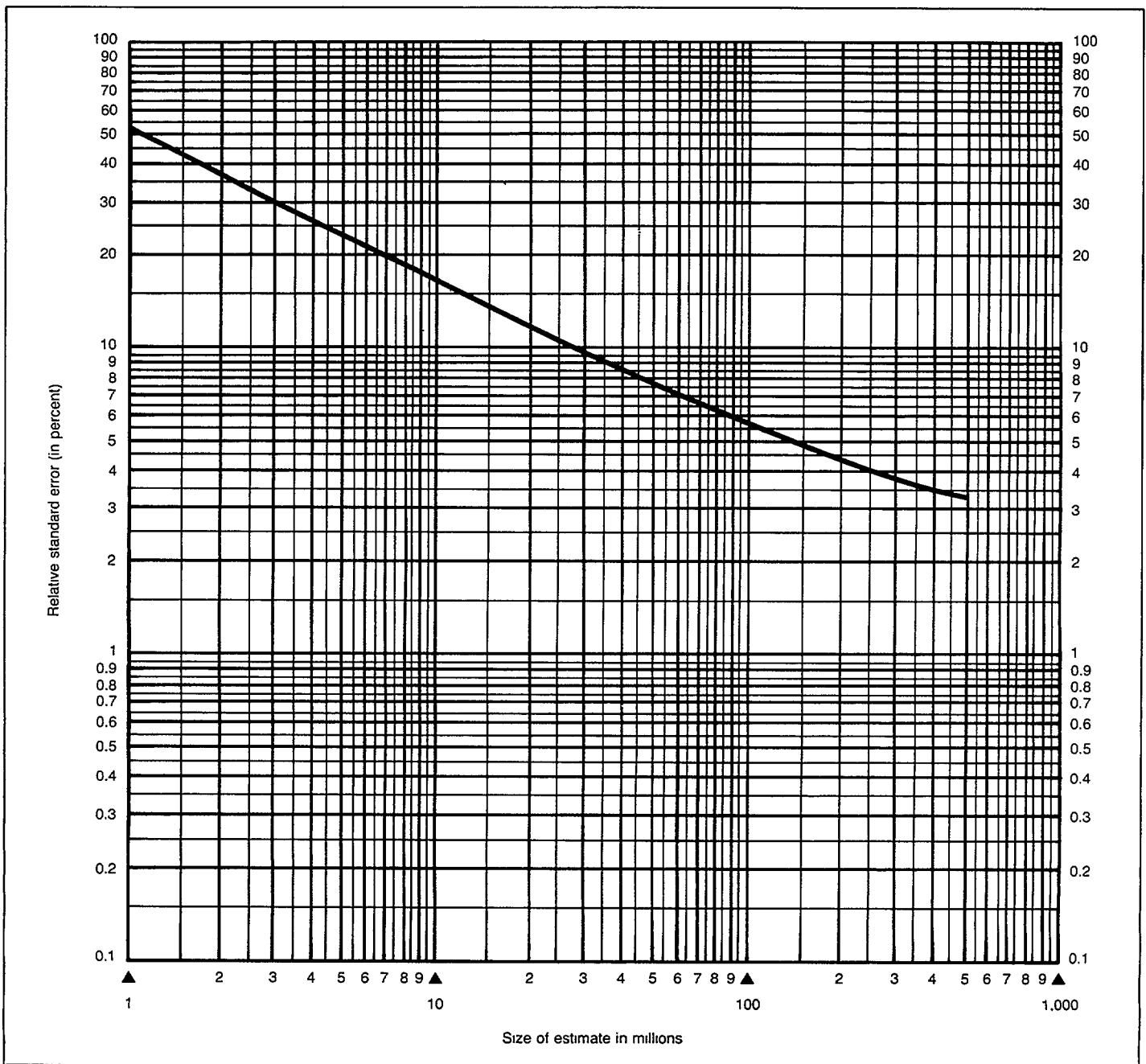


Figure II. Relative standard errors for estimated number of resident days of care

where X is the number of admissions of interest.

In this report, estimates that have a relative standard error of 30 percent or more are considered "unreliable" and are therefore marked with an asterisk. Because of the relationship between the relative standard error and the estimate, the standard error of an estimate can be obtained by multiplying the estimate by its relative standard error. Thus, for example, in curve A of figure III, an estimate of 4,700 discharges has a relative standard error of 30 percent; therefore, the standard error is $0.30 \times 4,700 = 1,410$.

To approximate the relative standard error ($RSE(p)$) and the standard error ($SE(p)$) of a percent p , the appropriate

values of parameter B from table IV are used in the following equations:

$$RSE(p) = \sqrt{(B \cdot (100 - p)) / p \cdot Y}$$

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

where x = the numerator of the estimated percent, y = the denominator, and $p = 100 \cdot X/Y$.

The approximation of the relative standard error or the standard error of a percent is valid when only one of the following conditions is satisfied: the relative standard error of the denominator is 5 percent or less (Hansen, Hurwitz,

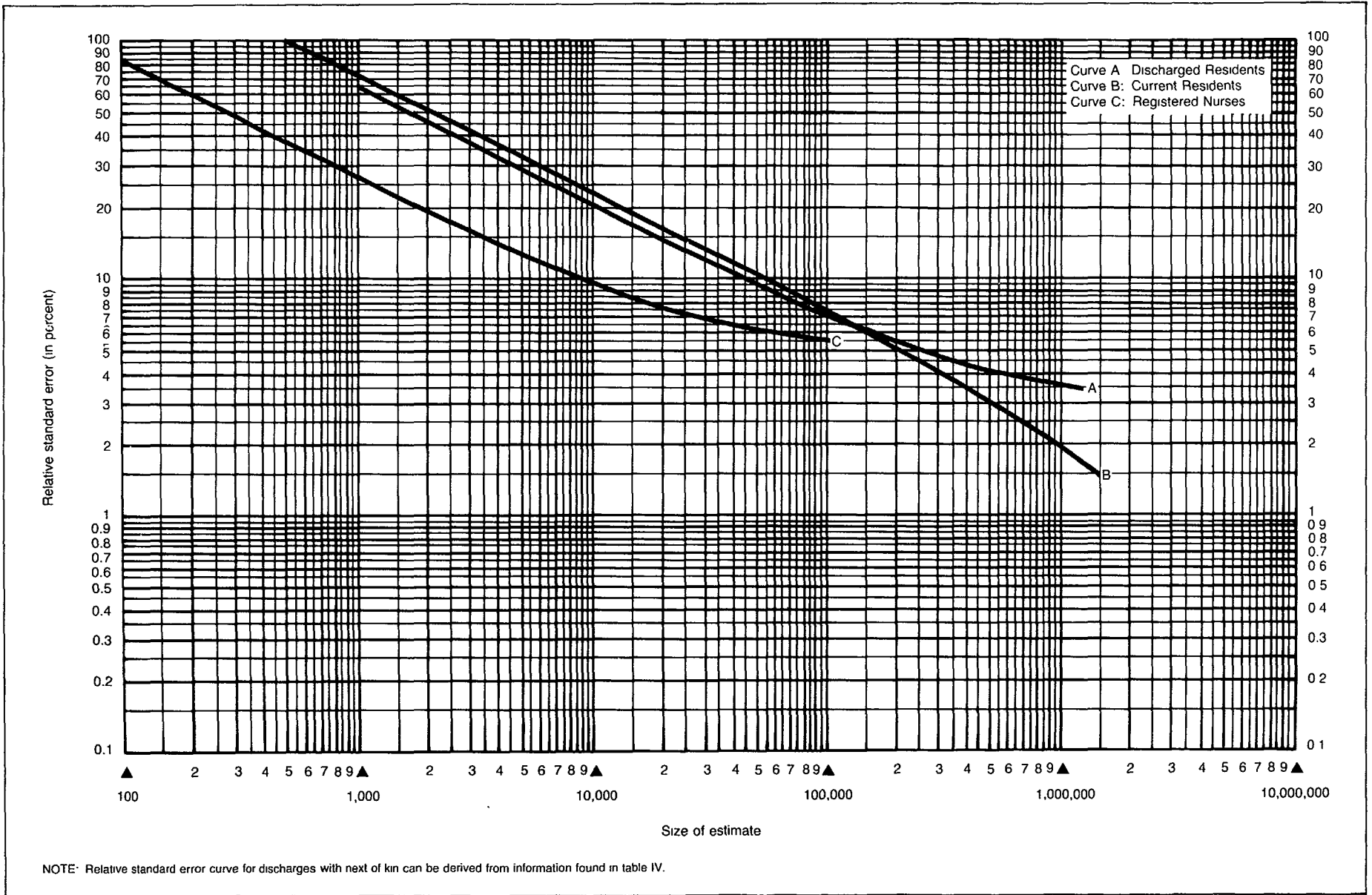


Figure III. Relative standard errors for estimated number of discharged residents, current residents, and registered nurses

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

Type of estimate	Parameters	
	A	B
Admissions	-.001011	1,918.6091
Discharges . . . . .	.000797	417.0450
Discharges with next of kin . . . . .	.000979	506.9295
Beds	-.000770	1,409.4919
Residents (with or without next of kin)	-.000177	530.2361
Total full-time equivalent staff and nurse's aides	-.000353	685.2527
Full-time equivalent administrative, medical, and therapeutic staff . . . . .	.000648	145.4712
Registered nurses . . . . .	.002504	69.4682
Facilities	-.001748	50.7162
Resident days of care . . . . .	.000578	266,450.1200

and Madow, 1953) or the relative standard errors of the numerator and the denominators are both 10 percent or less (Cochran, 1953).

The approximate standard error of ratios such as FTE employees per 100 beds can be calculated as in the following example: Suppose the standard error ($\sigma_{R'}$) for the ratio of total FTE employees per 100 beds is desired for nursing homes with fewer than 50 beds. Suppose the number of FTE employees per 100 beds for homes with fewer than 50 beds is 61.1, and that this is equal to a total of 92,400 FTE employees divided by 151,100 beds times 100. The relative standard error of 92,400 total FTE employees in homes with fewer than 50 beds is approximately 8.6 percent (figure I, curve C), and the relative standard error of 151,100 beds (figure I, curve B) is approximately 10 percent. The square root of the sum of the squares of these two relative standard errors minus their covariance is an approximation for the relative standard error of the ratio. In other words, if $V_{X'}$ is the relative standard error of number of total FTE employees, $V_{Y'}$ is the relative standard error of number of beds, r is the sample correlation coefficient between total FTE employees and beds (conservatively estimated to be 0.5), and $V_{R'}$ is the relative standard error of the ratio $R' = X'/Y'$, then

$$\begin{aligned}
 V_{R'}^2 &= V_{X'}^2 + V_{Y'}^2 - 2rV_{X'}V_{Y'} \\
 &= (0.086)^2 + (0.1)^2 - 1.00(0.086 \times 0.1) \\
 &= 0.0074 + 0.01 - 0.0086 \\
 V_{R'} &= \sqrt{0.0088} \\
 &= 0.0938
 \end{aligned}$$

The approximate standard error of the ratio of total FTE employees per 100 beds may now be obtained by multiplying the relative standard error by the ratio, as follows:

NOTE: A list of references follows the text.

$$\begin{aligned}
 \sigma_{R'} &= R' \times V_{R'} \\
 &= 61.1 \times 0.0938 \\
 &= 5.73
 \end{aligned}$$

The sample correlation coefficient r for calculating the standard error estimates of the ratios presented in this report may be assumed to be zero, except in the cases of FTE employees per 100 beds and the occupancy rate estimates, for which the correlation coefficient used was 0.5.

Standard errors for other estimated means and medians presented in this report are included in tables V–X. The standard errors for average per diem rates for private-pay patients and for Medicare and Medicaid patients are presented in table V. The standard errors of average total monthly charge are presented in tables VI and VII, the standard errors of average and median length of stay since admission are presented in table VIII, the standard errors of the average number of dependencies are presented in table IX, and the standard errors of average and median duration of stay are presented in table X.

Hypothesis testing

To test the difference between two statistics (mean, percent, and so forth), the two-tailed t -test with 20 degrees of freedom should be performed to determine whether to reject the null hypothesis (for the two means \bar{X}_1 , \bar{X}_2 , the null hypothesis is $H_0: \bar{X}_1 = \bar{X}_2$ with the alternative $H_A: \bar{X}_1 \neq \bar{X}_2$). At the 0.05 (5 percent) level, the critical value for the t -test is 2.09. The standard error of the difference of the two estimates is approximately the square root of the sum of the squares of the standard error of each of the estimates. Thus, if SE (\bar{X}_1) is the standard error of \bar{X}_1 and SE (\bar{X}_2) is the standard error of \bar{X}_2 , the standard error of the difference ($\bar{X}_1 - \bar{X}_2$) is

$$SE(\bar{X}_1 - \bar{X}_2) = \sqrt{SE^2(\bar{X}_1) + SE^2(\bar{X}_2)}$$

(This formula will represent the actual standard error for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases. The number of replicates (20) used in the balanced repeated replication technique can be used to approximate the number of degrees of freedom when testing hypotheses about differences between estimated statistics.) The null hypothesis is rejected (that is, the two means \bar{X}_1 and \bar{X}_2 are different) if the probability of a type I error is less than 5 percent; that is, if

$$Z = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{SE^2(\bar{X}_1) + SE^2(\bar{X}_2)}} > 2.09$$

Table V. Standard errors for average per diem rates for private pay patients by level of care of facility and for Medicare or Medicaid patients by certification status of facility, by selected nursing home characteristics: United States, 1985

Facility characteristic	Level of care for private pay patients			Certification status for Medicare or Medicaid patients		
	Skilled	Intermediate	Residential	Medicare	Medicaid skilled	Medicaid intermediate
Total	\$ 0.92	\$ 0.59	\$ 1.16	\$ 2.39	\$ 0.67	\$ 0.36
Ownership						
Proprietary	1.00	0.81	1.46	2.76	0.66	0.33
Voluntary nonprofit	1.90	1.92	1.79	4.05	2.10	1.26
Government	5.08	3.30	9.35	6.13	7.73	1.30
Certification						
Skilled nursing facility only	1.88	2.99	3.17	5.14	1.35	13.39
Medicare and Medicaid	1.80	4.16	5.36	1.80	1.35	13.39
Medicare	4.93	5.41	6.25	9.94	...	...
Medicaid	4.81	2.85	5.93	...	4.81	...
Skilled nursing facility (SNF) and intermediate care facility (ICF)	1.05	0.73	1.84	1.43	0.97	0.59
Medicare SNF, and Medicaid SNF and ICF	1.35	0.90	2.08	1.54	1.22	0.81
Medicaid SNF and ICF	1.36	1.06	2.81	43.13	1.58	0.96
Medicare SNF and Medicaid ICF	29.53	15.01	26.43	17.15	...	8.06
Intermediate care facility only	1.02	0.75	1.59	28.04	...	0.59
Not certified	7.40	6.21	1.15	...	...	...
Bed size						
Fewer than 50 beds	6.20	2.77	1.28	10.98	6.29	1.30
50-99 beds	1.06	0.82	1.50	1.64	1.29	0.67
100-199 beds	1.12	0.72	2.57	1.08	1.03	0.52
200 beds or more	2.69	1.93	3.49	1.99	2.53	0.81
Census region						
Northeast	2.18	1.94	3.08	5.97	1.57	1.49
Midwest	1.05	0.61	3.38	2.32	1.42	0.56
South	1.13	0.71	2.20	1.31	0.84	0.65
West	2.86	2.80	4.96	4.25	1.89	0.92
Standard Federal Administrative Region						
Region I	2.47	2.01	12.42	9.62	2.39	2.52
Region II	3.54	3.41	2.67	8.07	2.36	3.01
Region III	3.02	2.57	5.07	3.25	2.76	1.23
Region IV	1.30	1.12	2.76	1.70	1.08	1.12
Region V	1.30	0.87	3.85	1.55	1.62	0.47
Region VI	2.03	1.12	3.44	4.24	1.02	0.60
Region VII	3.31	1.44	2.63	5.89	3.19	0.91
Region VIII	1.43	2.07	4.05	3.41	4.62	2.00
Region IX	4.79	11.80	4.17	5.92	2.14	1.90
Region X	2.98	1.91	4.64	5.86	1.34	1.06
Metropolitan statistical area (MSA)						
MSA	1.22	1.13	1.11	2.33	0.58	0.51
Not MSA	1.09	0.79	1.92	4.73	1.77	0.50
Affiliation						
Chain	1.03	0.75	1.99	0.84	0.81	0.74
Independent	1.98	1.36	1.20	4.56	1.16	1.00
Government	5.08	3.30	9.35	6.13	7.73	1.30
Unknown	22.81	5.47	28.99	32.22	16.46	5.00

Table VI. Standard errors for average total monthly charge by primary source of payment in month before interview and selected resident characteristics: United States, 1985

Resident characteristic	Primary source of payment for residents in 1985						
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources ¹
				Skilled	Intermediate		
Total	\$ 18.2	\$ 21.0	\$ 187.5	\$ 58.6	\$ 14.2	\$ 71.1	\$141.5
Age							
Under 65 years	72.3	111.6	2,222.3	223.0	50.4	48.9	295.1
Under 45 years	147.1	356.2	—	224.4	124.1	100.2	264.6
45–54 years	185.4	151.6	—	921.5	81.2	104.8	346.6
55–64 years	59.3	105.8	2,222.3	203.1	48.5	124.3	369.1
65 years and over	18.4	18.5	193.7	60.7	14.3	84.1	126.2
65–69 years	53.1	66.3	450.4	189.7	36.6	58.7	196.6
70–74 years	40.9	58.2	81.3	171.7	35.3	64.5	195.2
75–79 years	34.3	47.5	202.0	140.8	31.7	95.7	321.4
80–84 years	34.5	49.9	484.7	81.2	26.3	138.8	247.1
85–89 years	20.2	21.9	416.1	79.6	22.2	446.6	223.2
90–94 years	35.9	30.4	248.4	144.0	23.2	91.2	238.2
95 years and over	53.8	51.9	77.2	95.7	75.3	302.1	566.9
Sex							
Male	33.7	35.0	267.9	110.7	30.6	57.7	184.6
Female	17.9	24.6	241.5	51.2	14.8	104.3	139.3
Race							
White ²	15.9	23.2	198.1	55.4	13.9	83.0	137.6
Black and other	76.0	120.2	337.0	198.1	38.0	103.2	742.6
Black	58.9	148.5	474.8	129.2	41.0	109.9	742.6
Hispanic origin							
Hispanic	81.2	146.0	466.0	134.3	47.0	190.9	1,041.3
Non-Hispanic ²	18.7	21.4	192.8	58.7	14.5	71.8	124.3
Current marital status							
Married	40.1	45.2	157.6	90.7	35.5	87.2	246.3
Widowed ²	21.1	21.9	235.2	54.0	18.8	210.4	181.7
Divorced or separated	55.3	116.2	344.7	171.2	37.0	88.1	279.4
Never married	36.1	61.0	887.3	130.4	40.2	59.0	151.3
Has living children							
Yes	20.9	18.9	168.5	58.5	16.2	177.7	182.8
No or unknown	26.7	34.0	302.9	107.1	19.9	38.4	132.4
Living arrangement prior to admission							
Private or semi-private residence	17.5	26.5	314.8	94.9	20.0	179.7	123.1
Alone	25.1	35.7	453.8	170.6	28.9	525.3	128.0
With family members	30.2	27.6	411.1	115.5	24.4	68.0	255.5
With non-family members	78.8	139.8	1,558.7	115.7	50.4	450.6	450.1
Unknown if with others	66.2	130.3	—	215.7	73.8	327.9	449.6
Another health facility	23.8	25.0	209.9	64.1	18.9	66.8	131.5
Another nursing home	23.6	42.7	1,405.9	66.5	29.8	112.2	281.8
General or short-stay hospital ³	28.8	30.0	223.5	75.3	26.9	74.9	309.3
Mental facility ⁴	73.0	148.9	—	307.9	54.4	92.8	506.1
Veterans hospital	83.1	139.6	—	196.4	123.4	—	136.1
Other health facility or unknown	73.0	88.1	934.5	270.9	59.2	64.5	544.4
Unknown or other	70.6	135.7	—	200.0	75.6	190.2	218.4
Length of stay since admission							
Less than 3 months	47.5	51.4	220.9	136.4	57.6	715.7	244.5
3 months to less than 6	51.7	62.4	856.8	99.5	78.6	165.6	126.7
6 months to less than 12	24.6	39.8	812.6	69.4	31.3	133.0	277.2
1 year to less than 3	22.2	28.2	378.8	60.3	20.2	63.1	334.6
3 years to less than 5	38.0	47.3	592.3	107.3	22.7	108.5	157.5
5 years or more	29.9	49.2	1,027.5	117.6	27.6	65.1	176.7

¹Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

²Includes a small number of unknowns.

³Psychiatric units are excluded.

⁴Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

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

Table VII. Standard errors for average total monthly charge by primary source of payment in month before interview and selected nursing home characteristics: United States, 1985

Facility characteristic	Primary source of payment for residents in 1985						All other sources ¹
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	
				Skilled	Intermediate		
Total	\$ 18.2	\$ 21.0	\$ 187.5	\$ 58.6	\$ 14.2	\$ 71.1	\$141.5
Ownership							
Proprietary	18.7	33.4	103.6	37.9	13.7	47.5	125.2
Voluntary nonprofit	41.9	52.8	845.0	111.0	34.5	169.0	297.7
Government	103.2	72.9	621.5	282.3	61.0	943.5	500.5
Certification							
Skilled nursing facility only	73.0	59.1	320.7	109.2	79.9	952.9	439.4
Skilled nursing facility and intermediate care facility	27.7	39.0	264.2	56.5	27.6	101.1	46.6
Intermediate care facility only	16.5	25.1	660.1	144.3	20.1	69.3	139.4
Not certified	53.8	75.1	424.3	163.5	97.0	32.2	107.7
Bed size							
Fewer than 50 beds	66.8	68.8	1,537.3	340.8	30.9	283.2	556.0
50-99 beds	26.7	28.2	205.1	94.2	21.0	35.0	243.0
100-199 beds	26.5	41.7	203.9	80.3	18.7	148.8	90.0
200 beds or more	64.8	86.0	438.5	137.2	49.1	226.9	267.2
Census region							
Northeast	74.1	88.7	460.7	99.3	50.8	60.8	178.0
Midwest	17.8	31.0	566.6	74.4	17.2	294.9	130.2
South	29.4	45.6	287.0	100.6	25.0	87.4	205.3
West	59.7	64.6	217.9	127.1	36.0	235.1	511.7
Standard Federal Administrative Region							
Region I	82.9	136.7	921.5	88.6	81.5	541.9	194.7
Region II	100.2	124.9	913.0	118.9	71.2	42.1	280.2
Region III	78.8	82.9	532.1	268.6	72.7	274.9	449.2
Region IV	38.8	73.1	413.5	141.6	21.2	133.5	279.7
Region V	24.2	46.9	241.9	77.2	25.5	678.6	142.2
Region VI	27.6	38.1	628.6	49.2	19.1	89.5	235.3
Region VII	59.8	68.6	1,420.8	184.5	34.9	210.6	400.3
Region VIII	72.0	95.0	1,288.1	44.9	46.6	316.6	802.6
Region IX	98.3	124.4	206.6	154.9	304.1	281.6	924.0
Region X	67.2	58.4	3,590.9	92.5	75.0	655.7	541.2
Metropolitan statistical area (MSA)							
MSA	28.8	32.7	230.4	68.2	25.2	54.0	161.3
Not MSA	20.3	29.0	343.6	45.2	19.4	230.9	162.0
Affiliation							
Chain	24.0	27.2	221.2	34.1	23.2	80.3	84.4
Independent	33.6	35.9	388.1	61.0	25.1	56.2	155.5
Government	103.2	72.9	621.5	282.3	61.0	943.5	500.5
Unknown	338.5	252.0	3,056.5	1,508.1	192.4	-	-

¹Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life-care funds, and other sources or no charge.

Table VIII. Standard errors for average and median length of stay since admission by resident and facility characteristics: United States, 1985

Resident characteristic	Standard error for length of stay in days		Resident characteristic	Standard error for length of stay in days		Facility characteristic	Standard error for length of stay in days	
	Average	Median		Average	Median		Average	Median
Sex by age			Other stays in any nursing home			Ownership		
Both sexes, all ages	20.7	19.3	Yes	22.8	35.4	Proprietary	24.5	25.1
Under 65 years	110.8	80.2	No or unknown	28.0	30.9	Voluntary nonprofit	58.1	29.5
65 years and over	19.8	20.5	Other stays at sample facility			Government	132.5	73.1
65-74 years	60.5	33.2	Yes	28.4	26.2	Certification		
75-84 years	38.4	17.7	No or unknown	23.4	22.5	Skilled nursing facility only	41.6	28.1
85 years and over	19.3	28.3	Number of other stays at sample facility			Skilled nursing facility and intermediate care facility	29.4	25.9
Male, all ages	58.2	30.1	1 stay	41.6	37.7	Intermediate care facility only	34.3	58.6
Under 65 years	136.6	71.3	2 stays or more	29.3	27.4	Not certified	112.9	81.5
65 years and over	58.2	36.8	Unknown	102.5	70.0	Bed size		
65-74 years	118.4	69.1	Stays at other nursing homes			Fewer than 50 beds	158.0	47.6
75-84 years	76.5	53.8	Yes	52.6	37.0	50-99 beds	47.3	37.6
85 years and over	51.9	62.2	No	23.6	19.2	100-199 beds	35.5	26.5
Female, all ages	18.4	21.6	Unknown	70.4	66.8	200 beds or more	64.7	35.5
Under 65 years	111.4	151.6	Number of other nursing homes stayed at			Census region		
65 years and over	18.6	23.8	1 home	55.7	44.3	Northeast	55.7	29.1
65-74 years	81.1	45.7	2 homes or more	180.0	152.5	Midwest	60.3	29.7
75-84 years	46.9	23.7	Unknown	93.4	77.0	South	35.2	38.3
85 years and over	23.2	35.5	Hospital stay while a resident in this facility			West	41.4	46.4
Race			Yes	41.3	73.9	Standard Federal Administrative Region		
White	24.7	19.1	No	25.8	19.1	Region I	110.5	62.0
Black and other	74.6	87.6	Number of hospital stays while a resident			Region II	63.8	31.2
Black	82.0	81.9	None	25.8	19.1	Region III	91.0	66.5
Hispanic origin			1 stay	48.3	79.5	Region IV	45.0	48.2
Hispanic	93.8	85.0	2 stays or more	73.3	140.6	Region V	62.8	37.8
Non-Hispanic	21.6	19.7	Hospital stay while a resident in this facility			Region VI	53.3	93.9
Current marital status			Yes	41.3	73.9	Region VII	106.7	50.8
Married	18.6	36.8	No	25.8	19.1	Region VIII	102.4	75.1
Widowed ¹	19.5	19.8	Number of hospital stays while a resident			Region IX	60.6	58.6
Divorced or separated	66.5	72.8	None	25.8	19.1	Region X	77.5	152.2
Never married	90.1	44.5	1 stay	48.3	79.5	Metropolitan statistical area (MSA)		
Has living children			2 stays or more	73.3	140.6	MSA	22.9	24.5
Yes	14.9	18.9	Hospital stay while a resident in this facility			Not MSA	40.8	24.2
No	44.9	37.0	Yes	41.3	73.9	Affiliation		
Living arrangement prior to admission			No	25.8	19.1	Chain	29.8	20.9
Private or semi-private residence	29.1	32.1	Number of hospital stays while a resident			Independent	36.0	23.9
Alone	44.6	76.2	None	25.8	19.1	Government	132.5	73.1
With family members	48.6	51.9	1 stay	48.3	79.5	Unknown	278.1	140.0
With nonfamily members	94.1	49.0	2 stays or more	73.3	140.6			
Unknown if with others	72.1	106.0	Hospital stay while a resident in this facility					
Another health facility	30.3	20.3	Yes	41.3	73.9			
Another nursing home	64.7	19.9	No	25.8	19.1			
General or short-stay hospital ²	25.8	24.6	Number of hospital stays while a resident					
Mental facility ³	190.4	137.0	None	25.8	19.1			
Veterans hospital	142.0	46.5	1 stay	48.3	79.5			
Other health facility or unknown	112.1	149.5	2 stays or more	73.3	140.6			
Unknown or other	126.6	213.3						

¹Includes a small number of unknowns.

²Psychiatric units are excluded.

³Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

Table IX. Standard errors for average number of dependencies by selected resident characteristics: United States, 1985

<i>Resident characteristic</i>	<i>Standard error for average number of dependencies</i>	<i>Resident characteristic</i>	<i>Standard error for average number of dependencies</i>
All residents	0.04		
Age		Chapter 6. Diseases of the nervous system and sense organs 320-389	0.08
Under 65 years	0.11	Alzheimer's disease and other specified and unspecified degeneration of the brain 331.0, 331.2, 331.9	0.12
65 years and over	0.05	Parkinson's disease 332	0.17
65-74 years	0.08	Chapter 7. Diseases of the circulatory system 390-459	0.08
75-84 years	0.07	Essential hypertension 401	0.25
85 years and over	0.05	Heart disease 391-392.0, 393-398, 402, 404, 410-429	0.09
Sex		Ischemic heart disease 410-414	0.15
Male	0.06	Congestive heart failure 428.0	0.17
Female	0.04	Other heart diseases 391-398, 402, 404, 415, 420-427, 428.1-429.9	0.16
Race		Cerebrovascular disease 430-436	0.10
White	0.04	Atherosclerosis 440	0.28
Black and other	0.10	Chapter 8. Diseases of the respiratory system 460-519	0.15
Black	0.10	Chronic obstructive pulmonary disease and allied conditions 490-496	0.17
Diagnosis-related group		Chapter 9. Diseases of the digestive system 520-579	0.23
Specific cerebrovascular disorders except transient ischemic attack	0.21	Chapter 10. Diseases of the genitourinary system 580-629	0.22
Hip and femur procedures except major joint, age 70 or over, and/or substantial comorbidity and complication	0.14	Chapter 12. Diseases of the skin and subcutaneous tissue 680-709	0.41
Fracture of hip and pelvis	0.19	Chapter 13. Diseases of the musculoskeletal system and connective tissue 710-739	0.08
Simple pneumonia and pleurisy, age 70 or over, and/or substantial comorbidity and complication	0.21	Arthritis or rheumatism 710-716, 729.0	0.13
Atherosclerosis, age 70 or over, and/or substantial comorbidity and complication	0.25	Chapter 16. Symptoms, signs and ill-defined conditions 780-799	0.15
Heart failure and shock	0.33	Chapter 17. Injury and poisoning 800-999	0.12
Organic disturbances and mental retardation	0.26	Fracture of neck of femur 820	0.12
Diabetes, age 36 or over	0.41	Other fractures 800-819, 821-829	0.19
Nutritional and miscellaneous metabolic disorders, age 70 or over	0.23	All other diagnoses 001-139, 280-289, 740-759, V01-V82	0.31
Degenerative nervous system disorders	0.31	Selected current primary diagnosis and ICD-9-CM code ¹	
Kidney and urinary tract infections, age 70 or over, and/or substantial comorbidity and complication	0.19	Mental disorders 290-319	0.10
Esophagitis, gastroenteritis, and miscellaneous digestive disorders, age 70 or over, and/or substantial comorbidity and complication	0.29	Senile dementia and other organic psychotic conditions 290-294	0.18
Unrelated operating room procedures	0.31	Other psychoses 295-299	0.16
Chronic obstructive pulmonary disease	0.34	Specific nonpsychotic mental disorders due to organic brain damage 310	0.10
Gastrointestinal hemorrhage, age 70 or over, and/or substantial comorbidity and complication	0.48	Mental retardation 317-319	0.24
Primary diagnosis at admission ¹ and ICD-9-CM code		Other mental disorders 300-309, 311-316	0.26
Chapter 2. Neoplasms 140-239	0.23	Current mental disorders	
Malignant neoplasms 140-208	0.21	No mental disorders ²	0.08
Chapter 3. Endocrine, nutritional and metabolic and immunity disorders 240-279	0.11	Has mental disorders ³	0.05
Diabetes mellitus 250	0.17	Mental retardation	0.14
Chapter 5. Mental disorders 290-319	0.10	Alcohol abuse or dependence	0.18
Senile dementia and other organic psychotic conditions 290-294	0.19	Drug abuse or dependence	0.34
Other psychoses 295-299	0.12	Senile dementia or chronic organic brain syndrome	0.04
Specific nonpsychotic mental disorders due to organic brain damage 310	0.09	Depressive disorders	0.10
Mental retardation 317-319	0.24	Schizophrenia	0.15
Other mental disorders 300-309, 311-316	0.25	Other psychoses	0.16
		Anxiety disorders	0.08
		Personality or character disorders	0.09
		Other mental disorders	0.52
		Behavioral problems	0.06
		Disorientation or memory impairment	0.05
		Disturbance of mood	0.05

¹Diagnostic groupings and code number inclusions are based on the *International Classification of Diseases, 9th Revision, Clinical Modification*.

²Includes a small number of unknowns

³Figures may not add to totals because resident may have had more than one mental disorder

Table X. Standard errors for average and median length of stay for all discharges and for median length of stay for live and dead discharges, by discharged resident and facility characteristics: United States, 1984-85

Discharged resident characteristic	Standard error for length of stay in days				Facility characteristic	Standard error for length of stay in days			
	All discharges		Median for live discharges	Median for dead discharges		All discharges		Median for live discharges	Median for dead discharges
	Average	Median				Average	Median		
Sex by age					Ownership				
Both sexes, all ages	11.9	3.6	3.8	15.3	Proprietary	13.2	4.4	5.2	19.7
Under 65 years	27.0	9.8	11.0	*	Voluntary nonprofit	42.5	11.4	4.8	66.6
65 years and over	14.0	4.0	4.8	22.5	Government	109.1	14.2	2.2	*
65-74 years	29.8	6.0	5.7	11.5	Certification				
75-84 years	12.1	5.2	3.6	28.3	Skilled nursing facility only	23.3	5.4	3.0	23.8
85 years and over	23.5	13.6	9.0	37.0	Skilled nursing facility and intermediate care facility	19.0	4.5	4.8	19.2
Male, all ages	16.2	6.0	6.3	16.2	Intermediate care facility only	27.8	11.7	14.5	78.0
Under 65 years	33.4	9.7	7.7	*	Not certified	79.1	63.7	33.3	*
65 years and over	20.8	5.9	7.0	*	Bed size				
65-74 years	47.7	11.5	14.7	*	Fewer than 50 beds	114.7	15.5	15.2	*
75-84 years	25.0	7.2	8.0	*	50-99 beds	28.5	5.4	4.2	33.9
85 years and over	43.9	24.5	8.3	*	100-199 beds	15.4	5.6	8.0	25.3
Female, all ages	19.8	5.4	4.2	27.5	200 beds or more	34.3	7.4	9.1	28.6
Under 65 years	44.9	21.1	15.0	*	Census region				
65 years and over	19.8	6.0	4.2	35.7	Northeast	50.3	14.0	17.5	32.2
65-74 years	33.9	7.0	6.6	14.4	Midwest	21.9	6.4	8.0	34.9
75-84 years	13.2	5.7	6.4	*	South	29.9	5.9	8.2	39.0
85 years and over	33.0	19.8	15.3	68.7	West	18.8	5.0	6.4	29.1
Race					Standard Federal Administrative Region				
White ¹	11.8	4.0	3.8	15.3	Region I	46.7	34.5	*	52.0
Black	36.6	19.4	6.3	*	Region II	58.7	29.1	20.0	*
Other	267.9	*	-	*	Region III	78.0	6.2	12.7	*
Hispanic origin					Region IV	28.0	7.6	4.8	*
Hispanic	70.3	*	*	*	Region V	27.2	8.5	8.7	8.8
Non-Hispanic ¹	12.5	4.5	3.8	19.8	Region VI	49.3	22.3	18.2	*
Unknown	58.1	23.6	18.0	*	Region VII	51.8	9.7	15.1	*
Marital status at discharge					Region VIII	106.5	28.2	*	*
Married	18.3	3.0	3.6	6.7	Region IX	21.3	4.9	4.3	*
Widowed	17.3	9.6	6.7	30.4	Region X	40.3	7.9	6.5	*
Divorced or separated	73.8	17.0	12.6	*	Metropolitan statistical area (MSA)				
Never married	38.4	13.9	6.3	55.4	MSA	14.2	4.9	5.2	30.6
Unknown	61.4	*	*	*	Not MSA	30.7	6.8	7.3	45.4
Affiliation					Living arrangement after discharge				
Chain	18.0	4.5	5.2	19.4	Private or semi-private residence	9.7	2.0	2.0	-
Independent	25.3	8.2	5.1	36.0	Alone	-	-	-	-
Government	109.1	14.2	2.2	52.5	With family members	-	-	-	-
Unknown	110.2	46.0	*	-	With nonfamily members	-	-	-	-
Living arrangement prior to admission					Unknown if with others	-	-	-	-
Private or semi-private residence	22.6	15.3	7.3	54.8	Another health facility	19.6	9.7	9.7	-
Alone	37.2	28.9	21.0	*	Another nursing home	41.4	2.6	2.6	-
With family members	34.6	22.8	9.8	68.8	General or short-stay hospital ²	20.1	10.4	10.4	-
With nonfamily members	103.6	*	*	*	Mental facility ³	58.7	*	*	-
Unknown if with others	84.5	10.4	10.0	*	Veterans hospital	39.6	*	*	-
Another health facility	11.4	4.4	4.5	16.8	Other health facility or unknown	119.1	23.0	23.0	-
Another nursing home	60.4	39.6	22.5	83.6	Number who died in other health facility	31.4	18.5	18.5	-
General or short-stay hospital ²	12.5	2.4	2.2	10.4	Unknown or other	26.5	7.7	7.7	-
Mental facility ³	106.2	38.0	39.7	*					
Veterans hospital	57.6	33.4	*	*					
Other health facility or unknown	144.5	*	*	*					
Unknown or other	132.8	*	*	*					

¹Includes a small number of unknowns.

²Psychiatric units are excluded.

³Mental hospitals, facilities for the mentally retarded, general or short-stay hospital psychiatric units, and mental health centers are included.

Appendix II

Definitions of certain terms used in this report

Terms relating to facilities

Nursing homes—Facilities with three or more beds that provide to adults who require it either nursing care or personal care (such as help with bathing, correspondence, walking, eating, using the toilet, or dressing) and/or supervision over such activities as money management, ambulation, and shopping. Facilities providing care solely to the mentally retarded and mentally ill are excluded. A nursing home may be either free standing or a distinct unit of a larger facility.

Bed—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.

Licensed bed—One that is licensed by the health department or other responsible agency.

Certified bed—One that is certified as “skilled” under the Medicare program, the Medicaid program, or both or as “intermediate” under the Medicaid program. (See definition under *Certification* for details.)

Certification—Facility certification by Medicare and/or Medicaid.

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

Skilled nursing facility—One certified as a skilled nursing facility under Medicare, under Medicaid, or under both programs.

Intermediate care facility—One certified as an intermediate care facility under Medicaid.

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

Resident days—The sum of the daily patient census counts for each day in calendar year 1984 equals the total resident days of care provided in that year.

Admissions—The count of admissions to a nursing home for calendar year 1984.

Occupancy rate—A measure of bed utilization for calendar year 1984, calculated as follows:

$$\frac{\Sigma \text{Aggregate number of days of care provided to residents in 1984} \times 100}{\Sigma \text{Estimated number of beds in 1984} \times 366}$$

Location

Geographic region—Facilities are classified by geographic area by grouping the conterminous States into regions. These regions correspond to those used by the U.S. Bureau of the Census.

Region	States included
Northeast	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.)

Standard Federal Administrative Region—Facilities are classified by Standard Federal Administrative Region by grouping the conterminous States into 10 regions. These regions correspond to those used throughout the Federal Government:

Region	States included
Region I	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Region II	New York, New Jersey, (Puerto Rico and Virgin Islands are excluded.)
Region III	Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia
Region IV	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Region V	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
Region VI	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
Region VII	Iowa, Kansas, Missouri, Nebraska
Region VIII	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Region IX	Arizona, California, Nevada (Hawaii, Guam, Trust Territory of Pacific Islands, and American Samoa are excluded.)
Region X	Idaho, Oregon, Washington (Alaska is excluded.)

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

Proprietary facility—One operated under private commercial ownership.

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

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

Service—Type of service refers to classes of services offered by a nursing home to either residents or nonresidents. Resident services fall into five major categories: health care; therapy services provided by professionals at the nursing home; social services; ancillary services such as hospice services, sheltered employment, vocational rehabilitation, and transportation; and other types of services. Nonresident services are as follows:

Day care—A service in which a person receives care during the day only and does not stay overnight in the facility.

Home health care service—Any of an array of services provided to patients in their homes or foster homes because of acute illness, exacerbation of chronic illness, and disability. Such services are therapeutic and/or preventive.

Employee—An individual providing services to the residents of the nursing home. Included under this definition are full-time employees and part-time employees. Excluded are volunteers who provide enrichment or extra services, contract personnel, and attending physicians who have private patients only in the facility.

Employment Status

Full-time—Working 35 hours or more per week.

Part-time—Working less than 35 hours per week.

Full-time equivalent—Thirty-five hours of part-time work per week is considered equivalent to full time.

Occupational categories

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

Therapeutic staff—Registered occupational therapists, registered physical therapists, activities directors, social workers, and speech pathologists or audiologists.

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

Terms relating to registered nurses

Registered nurse—An employee of the nursing home who qualified for the title of R.N. by meeting educational and licensure requirements of the State in which he or she is licensed.

Race or ethnic origin—Primary racial or ethnic origin as personally reported by the registered nurse.

White (not Hispanic)—Having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not Hispanic)—Having origins in any of the black racial groups of Africa.

Hispanic—Of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Other—Having origins in the American Indian, Alaska native, or Asian or Pacific Islander groups, as follows:

American Indian or Alaska native—Having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander—Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

Educational preparation

Associate degree—The associate degree requires 2 years for completion.

Diploma program—The diploma program requires 3 years for completion.

Baccalaureate degree—The baccalaureate degree program requires 4 years for completion.

Master's degree—The master's degree program requires 5 years or more for completion.

Employment status

Full time—See *Terms relating to facilities*.

Part time—See *Terms relating to facilities*.

Contract or temporary—A contract employee is hired under a special contract to work for a specific period of time. A temporary employee works, usually through an agency, as needed by the facility.

Work schedule

Rotating—Working two alternating shifts or more during the work schedule.

Nonrotating—Working the same shift throughout the work schedule.

Day—The day shift usually will cover the hours from 7 a.m. to 3 p.m.

Evening—The evening shift usually will cover the hours from 3 p.m. to 11 p.m.

Night—The night shift will usually cover the hours from 11 p.m. to 7 a.m.

Recruitment—The process that leads to the hiring of nurses.

Retention—The length of time an R.N. stays with a specific nursing home.

Terms relating to residents

Resident—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.

Charges and primary source of payment

Charge—The total amount charged to the resident by the facility in the last completed calendar month prior to the survey.

Primary source of payment at admission—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—Money received under the Medicare program. (See *Terms relating to facilities—certification.*)

Medicaid—skilled—Money received under the Medicaid program for skilled nursing care. (See *Terms relating to facilities—certification.*)

Medicaid—intermediate—Money received under the Medicaid program for intermediate nursing care. (See *Terms relating to facilities—certification.*)

Other government assistance or welfare—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.

Current primary source of payment—The one payment source that paid the greatest amount of the resident's charge in the last completed calendar month prior to the survey. (See *Primary source of payment at admission* for definitions of payment sources.)

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

Demographic items

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

Race—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—Marital status of the resident at the time of the survey.

Health status

Activities of daily living—The six everyday activities (bathing, continence, dressing, eating, transferring, and using toilet room) for which the nursing home staff respondent reported the resident's current performance in terms of need for the help of special equipment or another person:

Bathing

Independent—Does not currently require any assistance in bathing. This category also includes those cases in which the information is unknown.

Requires assistance—Bathes with the help of special equipment and/or another person.

Continence

No difficulty controlling bowels or bladder—Does not currently have any difficulty in controlling either bowels or bladder.

Difficulty controlling bowels—Has difficulty in controlling bowels.

Difficulty controlling bladder—Has difficulty in controlling bladder.

Ostomy in either bowels or bladder—Has undergone a surgical procedure that resulted in the creation of an artificial opening for the elimination of waste.

Dressing

Independent—Does not currently require any assistance in dressing. This category also includes those cases in which the information is unknown.

Requires assistance, includes those who do not dress—Currently dresses with the help of special equipment and/or another person. This category also includes those cases in which the resident remains partially or totally undressed.

Eating

Independent—Does not currently require any assistance in eating. This category also includes those cases in which the information is unknown.

Requires assistance, includes those who are tube or intravenously fed—Currently eats with the help of special equipment and/or another person. This includes those residents requiring assistance with the cutting of meat and buttering of bread, as well as those who require tube or intravenous feeding.

Transferring

Transfers independently—Does not currently require any assistance in getting into or out of a bed or chair. This category also includes those cases in which the information is unknown.

Transfers with assistance—Currently requires the help of special equipment and/or another person in getting in or out of a bed or chair.

Using toilet room

Independent—Does not currently require any assistance in using the toilet room. This category also includes those cases in which the information is unknown.

Requires assistance—Currently uses the toilet room with the help of special equipment and/or another person.

Does not use toilet room—Does not currently use the toilet room because of an ostomy, being chairfast, or similar reason.

Number of dependencies in activities of daily living—The number of dependencies in activities of daily living, based on the work of Dr. Sidney Katz (Katz et al., 1963, and 1970), is a measure that summarizes the level of

dependency in performing the six activities of daily living.

The following are the criteria for classifying a resident as dependent:

Bathing—Requires assistance.

Dressing—Requires assistance or does not dress.

Using toilet room—Requires assistance or does not use toilet room.

Transferring—Requires assistance in getting into or out of a chair or bed.

Continence—Has difficulty controlling bowels, bladder, or both or has an ostomy.

Eating—Requires assistance; includes tube or intravenous feeding.

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 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.

Sensory impairments

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

Partially impaired—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—Can hear only a few words a person says or loud noises.

Completely lost—Resident is deaf.

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

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

Completely lost—Resident is blind.

Diagnoses—One or more diseases or injuries (or some factor that influences health status and contact with health services that is not itself a current illness or injury) listed by the attending physician on the medical record of patients. Diagnoses were recorded for two time periods: at admission and at time of survey. All diagnoses for sample residents were transcribed in the order listed. Each sample resident was assigned a maximum of eight 5-digit codes according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM) (PHS and HCFA, 1980).

A diagnostic chapter within ICD-9-CM is primarily an arrangement of diseases according to their principal anatomic site, with special chapters 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: (1) factors influencing health status and contact with health services and (2) external causes of injury and poisoning.

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

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

Diagnosis-related groups—Diagnosis-related groups (DRG's) are used by the Health Care Financing Administration, some States, and some third-party payers as the basis for reimbursing hospitals for inpatient care (Alsofrom, 1983). The Federal application of DRG's is the prospective payment system for Medicare inpatients. Under this system, a hospital is reimbursed a pre-established amount for patients with similar conditions and treatments. These similar conditions and treatments are defined as a set of mutually exclusive DRG categories. A detailed description of the development and construction of DRG's is available (Felter et al., 1980). The DRG's to which this report refers were produced using the DRG program available in the summer of 1983 and are identical to those in the August 31, 1984, issue of the *Federal Register*. This computer program groups patients into DRG's based on diagnostic, surgical, and patient information. The actual program used to produce estimates in this report was obtained by the Health Care Financing Administration. Information on DRG's in the 1985 NNHS was based on hospital diagnosis and thus was available only for residents who were admitted to the sample nursing home from a short-stay hospital.

Current mental disorders—Mental problems of the residents, selected by the nursing home staff respondent from a list of 10 mental conditions or disorders (see item 15 of the Current Resident Questionnaire). The respondent bases the selection on knowledge of the resident's mental health and a check of the resident's medical record. More than one mental condition or disorder could have been reported.

Behavioral problems—Display by the resident of any of the six selected types of behavior that are generally considered dependent or disruptive: disrobing or exposing oneself, screaming, being physically abusive to oneself or others, stealing, getting lost or wandering into unacceptable places, and inability to avoid simple dangers.

Disorientation or memory impairment—Inability to remember dates or time, identify familiar locations or people, recall important aspects of recent events, or make straightforward judgments, of such degree that the resident is impaired nearly every day in performance of basic activities of daily living, mobility, and instrumental activities of daily living.

Disturbance of mood—Depression, anxiety, fearfulness, or worry of such degree that the resident is distressed or restricted in functioning, nearly every day.

NOTE: A list of references follows the text.

Terms relating to discharges

Discharge—A person who was formally discharged from a nursing home during the appropriate discharge reference period (12 months prior to the survey date). Because the survey period was August 1985 through January 1986, the 12-month reference period was not fixed but rather ranged from August 1984 through January 1986. Both live and dead discharges are included. Theoretically, a person can be counted more than once who was discharged more than once from a nursing home during the discharge reference period.

Primary source of payment at admission—The one payment source that paid the greatest amount of the patient's charge during the calendar month of admission. (See *Terms relating to residents* for specific categories and definitions.)

Primary source of payment at discharge—The primary source of payment refers to the one payment source that paid the greatest amount of the patient's charge during the calendar month of discharge. (See *Terms relating to residents* for specific categories and definitions.)

Duration of stay—The time between the date of admission and the date of discharge.

Demographic items

Age—Age at the time of discharge.

Race—Racial background as reported by the nursing home staff respondent.

Hispanic origin—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.

Living arrangement after discharge for live discharge—The type of residence where the person lives after discharge.

Another nursing home—Includes domiciliary or personal care facilities, intermediate care facilities, and skilled nursing facilities.

Other health facility—Includes chronic disease, rehabilitation, geriatric, and other long-term care hospitals, and facilities for the mentally retarded.

Private or semiprivate residence—Includes houses or apartments, rented rooms, boarding houses, and retirement homes.

Marital status at discharge—Marital status at the time of release from the nursing home.

Health status

Activities of daily living—The activities of daily living were collected for discharges in the areas of continence and mobility only, based on information in the medical record or performance at the time of discharge.

Partial index of dependency in activities of daily living—The partial index of dependency in activities of daily living is modeled after the seven-level "hierarchy" of dependence developed by Dr. Sidney Katz (Katz et al., 1963). The index is a measure that permits overall classification of individuals according to their dependency at the time of discharge in performing the two activities of daily living just described. Although the resident index covers six activities, the partial index covers only two

because information on the others was not available in the medical records of discharges. The partial index has four categories, with categories two and three approximating the category "dependent in only one activity" in the resident index. Two activities, ordered in "hierarchy" sequence, represent the criteria for classifying a discharge as dependent:

Mobility—Was chairfast or bedfast.

Continence—Had difficulty controlling bowels, bladder, or both; or had an ostomy.

Diagnoses—One or more diseases or injuries (or some factor that influences health status and contact with health services that is not itself a current illness or injury) listed by the attending physician on the patient's medical record. Diagnoses were recorded for two time periods: at admission and at discharge. All diagnoses for sample discharges were transcribed in the order listed. Each sample discharge was assigned a maximum of eight 5-digit codes according to ICD-9-CM. A diagnostic chapter within ICD-9-CM is primarily an arrangement of diseases according to their principal anatomic site, with special chapters 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: factors influencing health status and contact with health services and external causes of injury and poisoning.

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

Terms relating to residents and discharges with next of kin

Next of kin—Relatives, guardians, or anyone familiar with the sample resident (discharge) and identified by the nursing home staff as the best potential respondent from the residents' (discharges') medical records.

Usual living quarters—The place where the resident or discharge lived most of the time during the 3 months prior to admission to the sample nursing home. This information was reported by the next of kin.

Another nursing home—Includes domiciliary or personal care facilities, intermediate care facilities, and skilled nursing facilities.

Other health facility—Includes chronic disease, rehabilitation, geriatric and other long-term care hospitals, and facilities for the mentally retarded.

Private or semiprivate residence—Includes houses or apartments, rented rooms, boarding houses, and retirement homes.

Usual living arrangements—Refers to both the number of persons who usually resided with the sample resident or discharge and their relationship during the 3 months prior to nursing home admission. This information applies only to residents and discharges who usually lived in private or semi-private residences before admission. Persons living in

NOTE: A list of references follows the text.

group quarters (retirement home, boarding house, rooming house, or rented room) are separately identified, as well as persons living in institutional quarters.

Main medical reason for admission—The one medical condition or disease reported by the next of kin as causing the resident or discharge to be admitted to the sample facility.

General reasons for admission—Includes six circumstances that the next of kin could have reported as influencing the resident's or discharge's nursing home admission. More than one reason could have been reported. The six reasons are as follows: recuperation from surgery or illness, no one at home to provide care, not enough money to purchase nursing care at home, requiring more care than household members can give, problems in doing everyday activities (such as bathing, dressing, eating, walking, getting in and out of a chair or bed, or controlling urination or bowel movements), or a spouse's having entered a nursing home.

Functional status at admission—Refers to whether the resident or discharge received help from another person or used special equipment in performing the activities of daily living at the time of admission to the nursing home. Functional status was reported by the next of kin from personal knowledge of the resident in the time frame mentioned. Residents for whom this information was unknown were identified separately for each activity. The "requires assistance" category includes residents who did not perform that activity.

Bathing

Independent—Did not receive any assistance in bathing at admission.

Requires assistance—Bathed with the help of special equipment and/or another person at admission. Includes residents who needed help in taking a shower or sponge bath.

Continence

No difficulty controlling bowels or bladder—Did not have any difficulty in controlling either bowels or bladder at admission.

Difficulty controlling bowels—Had difficulty in controlling bowels at admission.

Difficulty controlling bladder—Had difficulty in controlling bladder at admission.

Ostomy in either bowels or bladder—Had under-

gone a surgical procedure resulting in the creation of an artificial opening for the elimination of waste.

Dressing

Independent—Did not receive any assistance in dressing at admission.

Requires assistance—Dressed with the help of special equipment and/or another person at admission.

Eating

Independent—Did not receive any assistance in eating at admission.

Requires assistance—Ate with the help of special equipment and/or another person at admission.

Transferring

Transfers independently—Did not receive any assistance in getting into or out of a bed or chair at admission.

Transfers with assistance—Received the help of special equipment and/or another person in getting into or out of a bed or chair at admission.

Using toilet room

Independent—Did not receive any assistance in using the toilet room at admission.

Requires assistance—Used the toilet room with the help of special equipment and/or another person at admission. Includes residents who needed help in getting to the toilet.

Number of dependencies in activities of daily living—The number of dependencies in activities of daily living, based on the work of Dr. Sidney Katz (Katz et al., 1963 and 1970) is a measure that summarizes the level of dependency in performing the six activities of daily living. The following are the criteria for classifying a resident as dependent:

Bathing—Received assistance, including those needing help in taking a shower or sponge bath.

Dressing—Received assistance.

Using toilet room—Received assistance, including those who needed help in getting to the toilet.

Transferring—Received assistance in getting into or out of a chair or bed.

Continence—Had difficulty controlling bowels, bladder, or both or had an ostomy.

Eating—Received assistance in eating.

Appendix III

Survey instruments used in the 1985 National Nursing Home Survey

American
College
of Health
Care
Administrators

June 20, 1985

Dear Administrator:

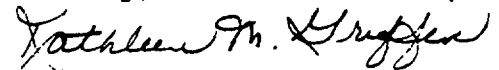
I want to encourage you to participate in the 1985 National Nursing Home Survey conducted by the National Center for Health Statistics of the Department of Health and Human Services. The information from this survey will be utilized for important trend projections about long-term health care facilities, their services, residents, staff, and some basic financial characteristics.

Your support as a professional administrator is critical to the success of this research which will provide invaluable information for planning and organizing health care for the aged, preparing health legislation, and setting national policies and priorities.

A minimal amount of your time and staff time will be involved. Strict confidentiality will be maintained. 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,



Kathleen M. Griffin, Ph.D., CAE
Executive Vice-President

KMG/bad

Please Note
Our New Address:

8120 Woodmont Avenue, Suite 200, Bethesda MD 20814 • (301) 652-8384



Communities that Care

National Organization
of Nonprofit Homes and
Services for the Elderly

American Association of Homes for the Aging
1050 17th Street, NW, Suite 770
Washington, DC 20036
202 • 296 • 5960

William R. Thayer
President
Sheldon L. Goldberg
Executive Vice President

Dear Administrator:

I am writing to urge your participation in the 1985 National Nursing Home Survey to be conducted from June to December by the National Center for Health Statistics. The survey, the third 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 all 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,

A handwritten signature in cursive script that reads 'Sheldon L. Goldberg'.

Sheldon L. Goldberg
Executive Vice President



American Health Care Association 1200 15th Street, Washington, DC 20005 (202) 833-2050

Dear Administrator:

I am writing to urge your participation in the 1985 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the third 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 will 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,

Harold J. Moffie
President

HM/RD:cjw
8540.04



National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Administrator:

The National Center for Health Statistics, as part of its continuing program to provide information on the health of the Nation and the utilization of its health resources, is conducting a nationwide survey of nursing homes and similar facilities. The survey, the third in a series, 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, residents, and staff. 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. Copies of letters of endorsement from organizations who represent the nursing home industry are enclosed.

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 only within the Public Health Service and 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 summary report from the last survey is enclosed to illustrate how the data will be presented.

Within the next few weeks, an interviewer will contact you for an appointment. This person will be with Lawrence Johnson and Associates, Inc., the firm under contract to conduct this survey. I greatly appreciate your cooperation in this effort.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosures



National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Accountant:

As part of its continuing program to provide information on the health of the Nation and the utilization of its health resources, the National Center for Health Statistics 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. One of the purposes is to obtain financial information about nursing facilities 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 homes. These reports will be useful in promoting effective long-term health care planning and efficient use of the Nation's health resources.

The information you supply will be used solely for statistical research and reporting purposes. No information collected under the authority of the Public Health Service Act may be used for any purpose other than the purpose for which it was supplied. Such information may not be released in any form if the individual or establishment is identifiable unless the individual or establishment has consented to such release.

This survey includes a small, randomly selected, nationwide sample of nursing facilities. 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.

Please note that on page one of the questionnaire, authorization is given for you to release the requested information. Please read the instructions on page one and complete the Expense Questionnaire by using the enclosed definition booklet, which provides account descriptions of the categories in the questionnaire. An accountant is available free of charge (call 202-537-6970 collect and ask for the National Nursing Home Survey accountant) to answer questions.

Please complete this questionnaire and return it within five working days in the enclosed postage-paid envelope. I greatly appreciate your cooperation in this survey.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "M Feinleib".

Manning Feinleib, M.D., Dr. P.H.
Director

Enclosures



National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Dear Registered Nurse:

As part of its continuing program to provide information on the health of the Nation and the utilization of its health resources, the National Center for Health Statistics (NCHS) is conducting a nationwide survey of nursing homes and similar facilities. The survey, the third in a series, is authorized under Section 306 (42 USC 242k) of the Public Health Service Act. One of its purposes is to obtain basic information about registered nurses employed in nursing homes. This part of the survey is sponsored by the Division of Nursing of the Bureau of Health Professions (BHPr). The published statistics based on this survey will describe the services performed by registered nurses, their education, special training, work experience, and workload. This information will be useful in evaluating the ability of long-term care facilities to recruit and retain registered nurses.

The information you supply will be used by NCHS and BHPr 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 supplied. Such information may not be published or released in any form if the individual is identifiable unless the individual has consented to such release.

As a registered nurse working in this nursing home, you were randomly selected to represent other registered nurses. Although your participation is voluntary and there are no penalties for refusing to answer any question, it is essential that all sampled staff members respond so that information about registered nurses is accurate and complete. The questionnaire will require only a few minutes of your time. Please seal your completed questionnaire in the postage-paid envelope provided and either return it to the interviewer or drop it in the mail. If you have any questions about the survey or the questionnaire, you may ask the interviewer or call the national survey collect at the following number: (202) 537-6970.

I greatly appreciate your cooperation in the survey.

Sincerely yours,

Manning Feinleib, M.D., Dr.P.H.
Director

Enclosures



National Center for Health Statistics
3700 East-West Highway
Hyattsville MD 20782

Re:

Dear

The National Center for Health Statistics (NCHS), an agency of the United States Public Health Service, is conducting a nationwide sample survey of people who have had a nursing home stay. This survey, which collects information directly from nursing homes, also collects information from patients and family members. The NCHS is authorized by the Public Health Service Act (42 USC 242K) to collect this kind of information.

One of the primary purposes of the survey is to collect statistics about the health care services used by people who have been admitted to a nursing home. The individual named above has been selected at random to take part in this study. Your name has been given to us as the person best able to provide this information. Because this survey is based on a small sample nationwide, it is critical that we obtain information for every single person selected in our sample. The information will be used by Congress, health planners, State legislators and many others who plan and provide health services.

Within the next week you will be contacted by telephone by an interviewer from Lawrence Johnson and Associates, Inc., the firm under contract to conduct this survey for NCHS. The interview should not take more than 15 minutes of your time.

All collected information will be held in strict confidence and will not be released to anyone under any circumstances or used in any way other than in statistical summaries. These summaries will only be presented in a manner which ensures that no individual or facility can be identified.

Your participation in this survey is voluntary, and there are no penalties for your refusal to participate. You may be assured that your participation is greatly appreciated.

Should you have further questions regarding the survey, please feel free to call the national survey, collect, at the following number: (202) 537-6970.

I thank you in advance for your time and cooperation in helping us with this most important endeavor.

Sincerely yours,

A handwritten signature in cursive script, reading "M Feinleib".

Manning Feinleib, M.D., Dr.P.H.
Director

FACILITY QUESTIONNAIRE

Confidential Information

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).

A. Telephone Number (_____) _____ - _____
Area Code Number

B. Interviewer Name _____

C. Interviewer ID _____

D. Date of Interview ____ / ____ / ____
Mo. Day Year

E. Respondent Name _____

INTERVIEWER NOTE: PLEASE READ THE FACILITY QUESTIONNAIRE PROMPT CARD #2 BEFORE YOU BEGIN THE INTERVIEW.

1. Are any personal or nursing services routinely provided to residents in addition to room and board?

01 Yes (SKIP TO Q.2) 02 No (GO TO INTERVIEWER NOTE BELOW.)

INTERVIEWER NOTE: THIS FACILITY IS OUT-OF-SCOPE FOR THE SURVEY. PLEASE TERMINATE THE INTERVIEW BY SAYING TO THE RESPONDENT:

“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.”

SHOW FLASHCARD # 1

2a. What is the type of ownership of this facility?

- 01 Individual
- 02 Partnership
- 03 Corporation
- 04 Church related
- 05 Nonprofit corporation
- 06 Other nonprofit ownership
- 07 State
- 08 County
- 09 City
- 10 City-County
- 11 Hospital District
- 12 U.S. Public Health Service
- 13 Armed Forces
- 14 Veterans Administration
- 15 Other Federal Agency
(PLEASE SPECIFY) _____

2b. Is this facility owned or operated by a hospital?

- 01 Yes 02 No

**INTERVIEWER NOTE: ASK Q. 2c - d ONLY IF Q.2a HAS CODES 01-06 MARKED.
OTHERWISE SKIP TO Q.3.**

2c. Is this facility a member of a group of facilities operating under one general authority or general ownership?

- 01 Yes 02 No (SKIP TO Q. 3)

2d. How many facilities belong to this organization? _____

3. How many beds in this facility are *licensed* by the health department or other responsible agency?

Total licensed beds _____

4. 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.

Total available beds _____

5a. Was there a change in the *total number of beds* (REFER TO Q.4) regularly maintained during calendar year 1984?

01 Yes

02 No (SKIP TO Q.6)

5b. In which months was the number of beds changed? (ENTER MONTHS BELOW)

5c. (ASK FOR EACH CHANGE:) In (MONTH), was that an increase or decrease?

5d. (ASK FOR EACH CHANGE:) How many beds?

5b. Month	5c. (CHECK ONE) Increase or Decrease	5d. Number of Beds
(1) _____	01 <input type="checkbox"/> or 02 <input type="checkbox"/>	_____
(2) _____	01 <input type="checkbox"/> or 02 <input type="checkbox"/>	_____
(3) _____	01 <input type="checkbox"/> or 02 <input type="checkbox"/>	_____

6. Is this facility certified by both Medicare and Medicaid, Medicare only, Medicaid only, or neither?

01 Both Medicare and Medicaid

02 Medicare only

03 Medicaid only (SKIP TO Q.8)

04 Neither (SKIP TO Q.13)

7a. How many beds are certified under *Medicare*?

Medicare beds _____

7b. What is the per diem rate that you receive from *Medicare* for routine services?

\$_____ per diem

INTERVIEWER NOTE: SKIP TO Q.12 IF "MEDICARE ONLY" IN Q.6

8. Is this facility certified as an SNF, that is, a skilled nursing facility, by the *Medicaid* Program?

01 Yes 02 No (SKIP TO Q.10)

9a. How many beds are certified under *Medicaid* as SNF beds?

Medicaid SNF beds _____

9b. What is the per diem rate that you receive from *Medicaid* for routine services for skilled nursing patients?

\$_____ per diem

10. Is this facility certified as an ICF, that is, an intermediate care facility by the *Medicaid* Program?

01 Yes 02 No (SKIP TO Q.12)

11a. How many beds are certified under *Medicaid* as ICF beds?

Medicaid ICF beds _____

11b. What is the per diem rate that you receive from *Medicaid* for routine services for intermediate care patients?

\$_____ per diem

12a. Do you have any beds that are *not certified* by either *Medicaid* or *Medicare*?

01 Yes 02 No (SKIP TO Q.13)

12b. How many of these beds does your facility have?

13. How many admissions were there to this facility during calendar year 1984?

Admissions in 1984 _____ None

14a. How many discharges were there from this facility during calendar year 1984?

Discharges in 1984 _____ None

14b. How many persons died during calendar year 1984 while residents or patients of this facility?

Deaths in 1984 _____ None

15. For calendar year 1984, what were the total inpatient days of care provided. That is, what was the sum of the daily patient census count *by type of certification*? Do not include cases that were day care only.

(1) SNF-Medicare _____ days not applicable

(2) SNF-Medicaid _____ days not applicable

(3) ICF-Medicaid _____ days not applicable

(4) All other days _____ days not applicable

(5) Total Days: _____ days

INTERVIEWER: THE 'TOTAL DAYS' FIGURE SHOULD EQUAL THE SUM OF ALL FIGURES ABOVE IT. FOR ANY CATEGORY WHICH IS NOT APPLICABLE, REMEMBER TO MARK THE BOX.

SHOW FLASHCARD # 2

16. Are any of the following services offered to residents of this facility?

a. MEDICAL SERVICES - evaluation and/or treatment from a licensed M.D. (not including psychiatrist), D.O., or physician associate.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
b. OTHER MEDICAL SERVICES - from licensed professional, e.g., dentist, podiatrist; treatment of physical illness.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
c. NURSING SERVICES - coordination by an R.N. or an L.P.N. of a care plan; e.g. catheterization, injection.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
d. MENTAL HEALTH SERVICES - from psychiatrist, psychologist, psychiatric social worker or other trained mental health worker.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
e. PHYSICAL THERAPY - from a certified or licensed physical therapist; treatment to restore function, relieve pain.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
f. SPEECH OR HEARING THERAPY - from a certified/licensed speech, language pathologist/audiologist; evaluation/treatment.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
g. OCCUPATIONAL THERAPY - from a registered or licensed occupational therapist; special restorative treatment.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
h. SPECIAL EDUCATION - from qualified teachers; specially designed pre-school, elementary, or secondary instruction.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
i. PERSONAL CARE - aid in bathing, dressing, using the toilet, getting in or out of bed, eating, or walking.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
j. SOCIAL SERVICES - counseling, advocacy coordination, information, referrals; e.g., legal aid, job, housing assistance.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
k. NUTRITION SERVICES - direct counseling by a trained nutritionist; does not include supervision of special diets.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
l. HOSPICE SERVICES - counseling for terminally ill clients and their families.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
m. SHELTERED EMPLOYMENT - provision of employment in a special industry, work station or workshop.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
n. VOCATIONAL REHABILITATION - evaluation, training, or counseling aimed at assisting a person to enter/reenter labor force.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
o. TRANSPORTATION - provision of transportation and/or escort services.	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
p. PRESCRIBED MEDICINES OR NONPRESCRIBED MEDICINES	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
q. EQUIPMENT OR DEVICES	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No
r. OTHER (SPECIFY) _____ _____	01 <input type="checkbox"/> Yes	02 <input type="checkbox"/> No

17. Does this facility provide any services to persons who are *not* residents of the facility?

01 Yes

02 No (SKIP TO Q.20)

SHOW FLASHCARD # 3

18. Which of the following services do you provide to non-residents? (MARK (x) ALL THAT APPLY.)

01 Day care (services provided during the day to persons who do not sleep in the facility overnight)

02 Physical therapy

03 Home health care services

04 Social services

05 Other, (SPECIFY) _____

19. How many non-residents received any of these services during calendar year 1984?

Number of non-residents _____

SHOW FLASHCARD # 4

20. What type of physician services are available in this facility?

01 Physician(s) on the premises at all times

02 Physician(s) on the premises during the daytime hours every weekday, and on-call on weekends and at other times

03 Physician(s) on premises at scheduled times no less than once per month and on-call remainder of time

04 Physician available on-call only

05 Other, (SPECIFY) _____

21a. How many total full-time and part-time employees work in this facility?
(Full-time is 35 hours or more per week).

Total full-time employees _____

Total part-time employees _____

SHOW FLASHCARD # 5

21b. How many full-time and part-time employees work in this facility for each type of employee?

21c. What was the total number of hours worked by (type of part-time employee) in this facility during the last seven days, that is, from last (day) the (date), through yesterday?

(ENTER NUMBER OF FULL-TIME AND PART-TIME EMPLOYEES IN 21b., THEN ASK 21c. FOR EACH TYPE OF PART-TIME EMPLOYEE)

	21b.		21c.
	Full-time	Part-time	Number of hours worked (over the last 7 days by all part-time employees)
(1) Administrator/Asst. Administrator	_____	_____	_____
(2) Registered Nurses (R.N.)	_____	_____	_____
(3) Licensed Practical Nurses (L.P.N.) or Licensed Vocational Nurses (L.V.N.)	_____	_____	_____
(4) Nurses Aides/Orderlies	_____	_____	_____
(5) Physicians (M.D. or D.O.), Residents and Interns	_____	_____	_____
(6) Dentists	_____	_____	_____
(7) Pharmacists	_____	_____	_____
(8) Registered Occupational Therapists	_____	_____	_____
(9) Registered Physical Therapists	_____	_____	_____
(10) Speech Pathologists and/or Audiologists	_____	_____	_____
(11) Activities Director	_____	_____	_____
(12) Dieticians or Nutritionists	_____	_____	_____
(13) Registered Medical Records Administrators	_____	_____	_____
(14) Social Workers	_____	_____	_____
(15) Radiological Service Personnel	_____	_____	_____
(16) All other <u>health</u> professional and technical personnel ..	_____	_____	_____
(17) Office Staff	_____	_____	_____
(18) Food Service Personnel	_____	_____	_____
(19) Housekeeping/Maintenance Personnel	_____	_____	_____
(20) All other <u>non-health</u> personnel	_____	_____	_____

22a. What is the total number of hours worked by registered nurses who worked last week?

Total hours worked _____

22b. What is the total number of hours worked by licensed practical or vocational nurses who worked last week?

Total hours worked _____

22c. What is the total number of hours worked by nurses aides or orderlies who worked last week?

Total hours worked _____

23. Do any persons serve on a voluntary basis (i.e., unremunerated) in your facility, either full or part-time?

01 Yes

02 No

24. What is the basic charge for private pay patients at each level of care?

		Day or Month		
a. skilled	\$ _____ . _____ per	01 <input type="checkbox"/>	02 <input type="checkbox"/>	<input type="checkbox"/> not applicable
b. intermediate	\$ _____ . _____ per	01 <input type="checkbox"/>	02 <input type="checkbox"/>	<input type="checkbox"/> not applicable
c. residential	\$ _____ . _____ per	01 <input type="checkbox"/>	02 <input type="checkbox"/>	<input type="checkbox"/> not applicable

Thank you for your time and cooperation.

INTERVIEWER NOTE: AFTER COMPLETING THE ABOVE ITEMS AND THANKING THE RESPONDENT, CONTINUE THE INTERVIEWING PROCESS WITH PROMPT CARD #3.

☆U.S. GOVERNMENT PRINTING OFFICE: 1985 461 357 20394

CONTROL NO. _____

EXPENSE QUESTIONNAIRE

Confidential Information

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).

I hereby authorize _____ of _____
(Accountant's Name) (Accountant's Address)

(Accountant's Telephone)

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

Date _____
(Signature) (Title)

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 Box A on page 2 of this questionnaire. If for some reason, the twelve months of data are not available, specify in Box A 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.

USE OF FINANCIAL STATEMENTS: If the financial data requested in this questionnaire are available in a Statement of Income and Expenses from the financial report of the home, please submit such a statement rather than complete this questionnaire. However, to facilitate the follow-up of any questionable items, please indicate your name, telephone number, and title in the spaces provided at the end of the questionnaire. Forward the blank questionnaire and the Statement of Income and Expenses to the National Nursing Home Survey in the postage paid envelope provided.

AFFILIATED FACILITIES: If a 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.

A. 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.

<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>			<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>			TO	<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>			<table border="1" style="width: 30px; height: 20px; margin: auto;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>		
Mo.	Year		Mo.	Year								

B. IF YOUR ACCOUNTING SYSTEM DOES NOT GENERATE COST ITEMS AS CATEGORIZED BELOW, PLEASE USE YOUR BEST ESTIMATE OF ALLOCATIONS AMONG THE LINE ITEMS. IF FURTHER CLARIFICATION IS NEEDED ON ANY POINT, PLEASE CALL COLLECT LAWRENCE JOHNSON AND ASSOCIATES, INC. AT (202) 537-6970 AND ASK FOR THE NATIONAL NURSING HOME SURVEY ACCOUNTANT. ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR.

EXPENSES <small>(Please refer to Definition Booklet)</small>	DOLLAR AMOUNTS <small>(If none, Please enter "0".)</small>
1. Payroll Expense (Do not include contract services);	
a. Wages and Salaries (gross amount including employees' vacation and sick pay, taxes, etc.):	
(1) Nursing staff payroll expense (include RN's, LPN's, aides, orderlies, student nurses, and other nursing staff)	\$ _____
(2) Physicians, other professionals and semi-professionals payroll expense (include only those employees who provide health care services)	\$ _____
(3) All other staff payroll expense (All employees not listed in (1) and (2), i.e., those <u>not</u> providing health care services)	\$ _____
(4) Subtotal of wages and salaries (add lines a(1), a(2), and a(3))	\$ _____
b. Payroll Taxes and Fringe Benefits (employer share of payroll taxes, state unemployment, group health and life insurance and all other payroll and non-payroll benefits paid by employer)	\$ _____
c. Total Payroll Expenses (add lines 1a(4) and 1b)	\$ _____
2. Health Care Services purchased from outside sources:	
a. Nursing Services	\$ _____
b. Mental Health Care Services (Psychiatrists and other mental health care services)	\$ _____
c. Other Health Care Services (Physicians, Therapists, Laboratory services, and other services that provide health care)	\$ _____
d. Total expenses of Health Care Services purchased from Outside Sources (add lines 2a, 2b, and 2c)	\$ _____
3. Equipment Rent	\$ _____
4. Insurance (include professional public liability and other insurance)	\$ _____
5. Taxes and licenses (include franchise tax)	\$ _____
6. Interest and Financing Charges	\$ _____
7. Rent on Building and Land	\$ _____
8. Amortization of Leasehold Improvements	\$ _____
9. Depreciation Charges (Buildings and Equipment)	\$ _____
10. Food and other dietary items (include cost of services purchased from outside sources)	\$ _____

- 11. Drug Expenses (include cost of drugs purchased for patients and sold directly to them) \$ _____
- 12. Supplies and Equipment (include cost of supplies and equipment purchased for patients and sold directly to them) \$ _____
- 13. Purchased Maintenance of buildings, grounds and equipment \$ _____
- 14. Purchased Laundry and Linen services \$ _____
- 15. Utilities (telephone, gas, water and electricity) \$ _____
- 16. Other and Miscellaneous Expense (include dues, subscriptions, travel, automobile, advertising, other services not included elsewhere, medical and non-medical fees, unclassified). See Note 1 below. \$ _____
- 17. TOTAL EXPENSES (add expense category line items 1 through 16) \$ _____

REVENUES
(Please refer to Definition Booklet.)

DOLLAR AMOUNTS
(If none, Please enter "0".)

- 18. Total Revenue:
 - a. Patient Care Revenues (include all public and private payments for routine and ancillary health care services.) \$ _____
 - (1) public payments
 - a. Medicaid \$ _____
 - b. Medicare \$ _____
 - c. All other public payments \$ _____
(Specify) _____
 - (2) private payments \$ _____
 - b. Non-Patient Revenues (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.) \$ _____
 - c. TOTAL REVENUES (add subtotal 18a and subtotal 18b) \$ _____

NOTE 1: 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.

Description	Amount
_____	\$ _____
_____	\$ _____

PLEASE CHECK THE ADDITION OF SUBTOTALS AND TOTALS.

FOR THE PURPOSES OF FOLLOWING UP ON ANY DIFFICULTIES ENCOUNTERED IN THE ANALYSIS OF THIS INFORMATION, PLEASE INDICATE YOUR NAME, PHONE NUMBER, YOUR TITLE (ACCOUNTANT, ADMINISTRATOR, ETC.), AND THE DATE YOU COMPLETED THIS QUESTIONNAIRE.

Name _____ PHONE NO. (_____) - (_____)

TITLE _____ COMPLETION DATE _____

THANK YOU FOR YOUR TIME AND COOPERATION IN FILLING OUT THIS QUESTIONNAIRE. PLEASE FOLD AND SEAL IT IN THE ENCLOSED POSTAGE PAID ENVELOPE.

**DEFINITION BOOKLET FOR COMPLETING
THE EXPENSE QUESTIONNAIRE**

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 non-professional 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 Expense - 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 three 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.

a(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.

a(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.

a(3) 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) 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, book-keeping, and other office staff; food service, housekeeping, and maintenance personnel.

b. 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. 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.

c. Other Health Care Services

This category includes the cost of those services provided by medical professionals and semi-professionals *not included in definitions 2 a and b 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 writeoff 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 BUILDING, 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.(3), 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.(3), 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. Total Patient Care Revenues

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

B. Total 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.

Sheet ____ of ____

Control No. _____

NURSING STAFF SAMPLING LIST

Confidential Information

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).

A. Interviewer Name _____

B. Interviewer ID _____

C. Registered Nurses: Facility Total _____

D. Total in Sample _____

List below the names of all Registered Nurses who are on the payroll of this facility as of this date (i.e., regardless of whether they have worked, are actually at work or will be at work today or on paid leave or have the day off). Include all Registered Nurses on the payroll of the facility in any capacity (including administrator, if an RN).

List also all Registered Nurses who, through some special contractual arrangement or temporary employment service worked, are working or will be working in the facility during the 24-hour time period beginning at 12:00 AM this morning and ending at 12 midnight tonight.

First, list all Registered Nurses who are *employed on the staff* by the facility in column 1.

Second, list all Registered Nurses scheduled to work who were retained through a *special contractual relationship* in column 2.

Third, list all Registered Nurses scheduled to work who were retained through a *temporary service* in column 3.

After listing names or identifiers for all Registered Nurses, serially assign a number to each person beginning in column 1 and continuing through columns 2 and 3. Enter the total number listed in item C above and use that number and the appropriate versions of *Table 1 (sample line numbers)* to determine which persons will be selected for the sample. Circle the line numbers as indicated in the table and record the total number sampled in item D above.

Mode of RN Employment

Employee on the Staff (1)		Special Contractual Relationship (2)		Temporary Employment Service (3)	
No.	Name or identifier	No.	Name or identifier	No.	Name or identifier

CONTROL NO. _____

NURSING STAFF QUESTIONNAIRE

A. LINE NO.

--	--	--	--	--

The questions that follow pertain to the facility named below:

B.

CONFIDENTIAL INFORMATION

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).

PLEASE READ THIS BEFORE YOU BEGIN TO ANSWER THE QUESTIONNAIRE

The letter accompanying this questionnaire explains the purposes of the survey, the uses of the information, and the confidentiality of the data. Please read this letter carefully before completing the questionnaire.

If you have any questions regarding items on the questionnaire or how you should complete it, please call COLLECT (202) 537-6970 and a member of the National Nursing Home Survey staff will be available to help you.

Your cooperation in carefully completing the questionnaire is greatly appreciated. It should take only a few minutes of your time and the information that you provide is very important. As stressed in the letter, these data are held in strictest confidence. When you have completed the questionnaire, please seal it in the postage-paid envelope provided. You may return it to the interviewer if he/she is still in the facility or drop it in the mail in the enclosed envelope.

QUESTIONNAIRE FOR REGISTERED NURSES IN NURSING HOMES

A. EMPLOYMENT STATUS

1. Are you a member of the staff of this facility or employed to work in this facility under some other arrangement?

- | | | | | |
|----|--------------------------|--|---|---|
| 01 | <input type="checkbox"/> | Staff member on facility's regular payroll (<i>go to question 3</i>) | } | <i>Go to Question 2 and then to Section C</i> |
| 02 | <input type="checkbox"/> | Employed under special contract arrangement | | |
| 03 | <input type="checkbox"/> | Working in facility through supplementary (temporary) employment service | | |

For those who are not staff members of facility

2. a. How many hours do you usually work in a normal work week?

b. How many hours did you work in this facility during this past week?

Go to Section C

For those who are staff members of the facility

3. a. How many hours are you scheduled to work in this facility per week on the average?

b. Is this considered full-time employment in your facility?

- 01 Yes 02 No

4. Do you rotate shifts during your work schedule?

- 01 Yes 02 No

If "No", indicate the principal shift you work:

- 01 Day
02 Evening
03 Night

5. What type of work schedule do you have?

- 01 Week days only
02 Weekends only
03 Work both week days and weekends

6. Of the following types of position which one is the best description of the one you hold in the facility?

- | | | | | |
|----|--------------------------|--|--------------------------|--------------------------------|
| 01 | <input type="checkbox"/> | Staff nurse | <input type="checkbox"/> | Administrator |
| 02 | <input type="checkbox"/> | Charge Nurse | <input type="checkbox"/> | Other (<i>specify</i> _____) |
| 03 | <input type="checkbox"/> | Head or assistant head nurse | | _____) |
| 04 | <input type="checkbox"/> | Clinical nursing specialist | | |
| 05 | <input type="checkbox"/> | Nurse practitioner | | |
| 06 | <input type="checkbox"/> | In-service Instructor/Educator | | |
| 07 | <input type="checkbox"/> | Supervisor or assistant | | |
| 08 | <input type="checkbox"/> | Director of nursing or assistant director of nursing | | |

7. What is your average weekly salary (before deductions) in this facility?

\$.

8. How many years have you been working in this facility?

- 01 Less than one year
- 02 1 up to 2 years
- 03 2 up to 3 years
- 04 3 up to 5 years
- 05 5 years or more

9. Immediately prior to your taking a job in this facility were you:

01 Working as a nurse, (*indicate in a. below the type of facility in which you were working*)

02 Not employed in nursing, (*indicate in b. below the length of time in which you were not employed*)

a. If you were working as a nurse, in which type of facility were you employed:

- 01 Another nursing home
- 02 Hospital
- 03 Public/community health agency
- 04 Physician's office
- 05 Other (*specify* _____)

b. For how long had you not been employed in nursing:

- 01 This facility is first nursing job
- 02 Less than one year
- 03 1 up to 3 years
- 04 3 up to 5 years
- 05 5 up to 10 years
- 06 10 years or more

10. In addition to the hours you work in this facility, do you usually work any additional hours as a Registered Nurse in any other settings?

01 Yes 02 No (*go to question 11*)

a. If "Yes", how many hours per week?

b. If "Yes", what type of facility?

- 01 Hospital
- 02 Nursing home
- 03 Other (*specify* _____)

B. EMPLOYMENT ROLE

11. The following specific activities occur with a considerable degree of frequency in the type of facility in which you are employed. *Indicate the degree to which you are involved in each of the following activities during a usual work week.*

	ALWAYS	VERY OFTEN	ABOUT AS OFTEN AS NOT	SELDOM	NEVER
a. Administering routine therapies (e.g. medications, dressings, decubitus care, bowel and bladder re-training)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Administering complex therapies (e.g. intravenous and gastric feedings, oxygen, suction, removal of fecal impactions, etc.)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
c. Giving personal care (bathing, toileting, dressing, feeding, and other activities of daily living)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
d. Observing and recording (e.g. changes in physical, mental and emotional status of patients; charting patient condition, etc.)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
e. Teaching and counseling patients (e.g. activities of daily living, treatments, ostomy care, foot care)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
f. Determining individual patient care plans (e.g. assessing patient status, plan- ning care, communicating to staff)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
g. Evaluating and modifying patient care plans	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
h. Assigning and supervising nursing personnel giving care	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
i. Planning and providing diversion/ recreation programs	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05

12. The following specific activities may occur somewhat less frequently in the facility in which you are employed. *Indicate the degree to which you are involved in each of the following activities when they occur:*

	ALWAYS	VERY OFTEN	ABOUT AS OFTEN AS NOT	SELDOM	NEVER	ACTIVITY DOES NOT OCCUR
a. Planning and/or participating in research	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06
b. Conducting staff education	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06
c. Attending staff education activities	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06
d. Participating in or conducting educational experiences for nursing or other health professional students	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06

13. When decisions are made in the following areas, to what extent do you participate?

	ALWAYS	VERY OFTEN	ABOUT AS OFTEN AS NOT	SELDOM	NEVER
a. Determining institutional policy (e.g., Types of professional services needed to provide care to residents, patient groupings, protection of residents' personal/property rights, etc.)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
b. Determining patient care policy (e.g., nursing care standards, staffing mix and ratios, equipment and supplies, etc.)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
c. Determining personnel policy (e.g., salary schedules, job benefits, staffing schedules, etc.)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05

C. EMPLOYMENT CONDITIONS

14. A wide variety of factors about the employment situation could be important in attracting a Registered Nurse to a position and/or in making an individual want to stay in the position. The factors that would attract an individual to the position could be the same as or different from the ones that would make the individual want to stay. Therefore, provide 2 ratings for each item listed below. The rating in Column A will indicate the importance of the items in recruiting the Registered Nurse to work in the facility and the rating in Column B will indicate the importance of the item in retaining the Registered Nurse in employment in the facility. Use the following scale to indicate DEGREE OF IMPORTANCE:

NOT IMPORTANT	SLIGHTLY IMPORTANT	ABOUT AS IMPORTANT AS NOT	VERY IMPORTANT	ALL IMPORTANT
①	②	③	④	⑤

EXAMPLE:

Retirement Plan

The "2" rating under "Recruitment" indicates that you believe retirement plans have slight importance in recruiting a registered nurse. The "3" rating under "Retention" indicates that you believe as many RNs would consider retirement plans as an influence in staying as the number of RNs who would not consider retirement plans a reason for staying.

Recruitment
②

Retention
③

Be sure to answer both columns
Recruitment Retention

- | | | | | |
|--|--------------------------|--|--------------------------|--|
| a. Clinical Supervision available: | | | | |
| 1. by a master's prepared clinical specialist..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2. by experienced nursing home nurses..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| b. Career counseling..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| c. Job advancement possibility along clinical lines..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| d. Job advancement possibility along administrative lines..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| e. Ability to arrange work hours to work: | | | | |
| 1. During child's school hours..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2. During child's school term..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3. During week days only..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4. During weekends only..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 5. Rotating shifts..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 6. Day shift only..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 7. Evening shift only..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 8. Night shift only..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| f. Not required to "float" to unfamiliar units..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| g. Pay differential for: | | | | |
| 1. Evening shift..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 2. Night shift..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3. Weekend work..... | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 4. Holiday work..... | <input type="checkbox"/> | | <input type="checkbox"/> | |

14. (Continued)

	Recruitment	Retention
h. Pay differential or separate salary scale by educational preparation.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Graduated salary plan with increases according to:		
1. length-of-service.....	<input type="checkbox"/>	<input type="checkbox"/>
2. merit.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Graduated vacation plan varying according to length-of-service.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Leave of absence for maternity.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Child care facilities.....	<input type="checkbox"/>	<input type="checkbox"/>
m. Free parking.....	<input type="checkbox"/>	<input type="checkbox"/>
n. Convenient public transportation.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Meals at no cost or subsidized.....	<input type="checkbox"/>	<input type="checkbox"/>
p. Subsidized housing.....	<input type="checkbox"/>	<input type="checkbox"/>
q. Laundry of uniforms.....	<input type="checkbox"/>	<input type="checkbox"/>
r. Insurance plans at no cost or partially paid for covering:		
1. Hospitalization.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical/surgical care.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Dental.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Life.....	<input type="checkbox"/>	<input type="checkbox"/>
s. Retirement plan (other than Federal social security) partially or totally paid for by employer.....	<input type="checkbox"/>	<input type="checkbox"/>
t. Availability of physicians.....	<input type="checkbox"/>	<input type="checkbox"/>
u. Availability of support service personnel and non-professionals to do non-nursing tasks.....	<input type="checkbox"/>	<input type="checkbox"/>
v. Well-equipped facility with functional nursing units.....	<input type="checkbox"/>	<input type="checkbox"/>
w. Security personnel available.....	<input type="checkbox"/>	<input type="checkbox"/>
x. Use of facility as clinical center for nursing students.....	<input type="checkbox"/>	<input type="checkbox"/>
y. Opportunity for professional development such as participation in clinical nursing conferences and nursing research projects.....	<input type="checkbox"/>	<input type="checkbox"/>
z. Availability of college tuition reimbursement plan.....	<input type="checkbox"/>	<input type="checkbox"/>
aa. Release time with pay for continuing education.....	<input type="checkbox"/>	<input type="checkbox"/>
bb. Reimbursement for expenses for continuing education.....	<input type="checkbox"/>	<input type="checkbox"/>
cc. Provision of in-service education.....	<input type="checkbox"/>	<input type="checkbox"/>
dd. Provision of comprehensive orientation program for those newly-hired.....	<input type="checkbox"/>	<input type="checkbox"/>

D. GENERAL INFORMATION

To assist in our statistical interpretation of your responses we ask that you provide us with the following background information about yourself.

15. Year of birth

1	9		
---	---	--	--

16. Sex

- 01 Female
02 Male

17. a. Racial/Ethnic background (mark only one)

- 01 Hispanic
02 American Indian or Alaskan Native
03 Asian or Pacific Islander
04 Black, not of Hispanic origin
05 White, not of Hispanic origin

18. Marital status

- 01 Married
02 Divorced
03 Separated
04 Widowed
05 Never married

19. Indicate whether you have children living at home of the following ages:

- 01 less than 1 year old
02 1 up to 6 years old
03 6 up to 18 years old
04 None

20. a. In what type of basic nursing education program were you prepared to become an R.N.?

- 01 Associate Degree
02 Diploma
03 Baccalaureate or higher degree

b. In what year did you graduate?

1	9		
---	---	--	--

c. In what State or foreign country was your school located?

(office use)

--	--	--	--

21. What is your highest nursing-related education?

- 01 Associate degree
- 02 Diploma
- 03 Baccalaureate in nursing
- 04 Baccalaureate in other field
- 05 Masters in nursing
- 06 Masters in other field
- 07 Doctorate

22. Have you graduated from a program leading to a certificate or master's degree preparing you to become a geriatric nurse practitioner?

- 01 Yes 02 No

23. Have you graduated from a program providing a master's degree with specialization in geriatric nursing practice?

- 01 Yes 02 No

24. During the past YEAR, have you taken a CONTINUING EDUCATION workshop (seminar, etc.) on any of the following TOPICS?

Check all that apply.

- 01 Nursing care of the aged or chronically ill
- 02 Medical care of the aged or chronically ill
- 03 Mental or social problems of the aged or chronically ill
- 04 Emergency procedures
- 05 Nursing home administration
- 06 Nursing management
- 07 Nutrition and the aged or chronically ill
- 08 Occupational therapy
- 09 Pharmacology and the aged or chronically ill
- 10 Physical assessment
- 11 Physical therapy or rehabilitation
- 12 Development disabilities
- 13 Activity programs for the aged or chronically ill
- 14 Social services for the aged or chronically ill
- 15 Refresher course for inactive nurses
- 16 Other (*please specify*) _____

25. What is the total number of years that you have worked for pay as a Registered Nurse since you graduated from your basic nursing educational program?

- 01 less than a year
 years (*enter number of years*)

26. In which State or States are you currently licensed to practice as a Registered Nurse?

(office use)

(office use)

THANK YOU FOR YOUR COOPERATION. PLEASE RETURN THE QUESTIONNAIRE TO THE INTERVIEWER IN THE POSTAGE PAID ENVELOPE PROVIDED OR DROP IT IN THE MAIL TO:

National Nursing Home Survey
Research Triangle Institute
P.O. Box 12194
Research Triangle Park
North Carolina 27709

Attention: Pat Smith

CURRENT RESIDENT SAMPLING LIST

Control No. _____

Confidential Information

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).

A. Type of identifier used: 1 Name 2 Other, Specify _____

B. Current Residents: Facility Total _____

C. Total in Sample _____

D. Interviewer Name _____

E. Interviewer ID _____

List the residents consecutively in the order in which they are given to you. Enter the total listed in Item B above. Compare the total with Table 2 to determine the sample. Circle the line numbers of all sampled residents. Count the number circled and enter it in Item C above.

RESIDENTS IN NURSING HOME

LINE NO.	Resident Identifier
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

RESIDENTS IN NURSING HOME

LINE NO.	Resident Identifier
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

CURRENT RESIDENT SAMPLING LIST—CONTINUED

RESIDENTS IN NURSING HOME	
LINE NO.	Resident Identifier
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	

RESIDENTS IN NURSING HOME	
LINE NO.	Resident Identifier
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

If more lines are needed use a new sheet and renumber the lines beginning with # 101. Renumber lines on additional sheets, 201, 301, etc.

CONTROL NO. _____

CURRENT RESIDENT QUESTIONNAIRE

CONFIDENTIAL INFORMATION

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A. Interviewer Name _____

B. Interviewer I.D. _____

C. Date of Interview _____

Mo / Day / Year

ENTER HERE AND ON FOLDOUT SHEET

D. Resident Line No. _____

E. Respondent Title _____

F. Name of Resident _____
First Initial Last

1. What is the sex of this resident?

01 Male 02 Female

2. What is _____'s date of birth?

_____/_____/_____ or _____
Mo. Day Year Age

SHOW FLASHCARD # 1

3 a. What is the racial background that best describes _____ ?

- 01 White
- 02 Black
- 03 American Indian or Alaska Native
- 04 Asian or Pacific Islander
- 94 Don't know

3b. Is _____ Hispanic or not?

- 01 Hispanic
02 Not Hispanic
94 Don't know

4a. What was _____'s marital status at admission?

- 01 Married
02 Widowed
03 Divorced
04 Separated
05 Never Married
94 Don't know

b. What is _____'s marital status now?

- 01 Married
02 Widowed
03 Divorced
04 Separated
05 Never Married
94 Don't know

INTERVIEWER: READ INTRODUCTORY PARAGRAPH FOR THE SOCIAL SECURITY NUMBER ONLY ONCE FOR EACH NEW RESPONDENT.

5. As part of this survey, we would like to have _____'s Social Security Number. Provision of this number is voluntary and not providing the number will have no effect in any way on _____'s benefits. This number will be useful in conducting future follow-up studies. It 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.

What is _____'s Social Security Number?

Social Security # _____-_____-_____

6. Does _____ have any living children?

- 01 Yes 02 No 94 Don't know

7. What was the date of _____'s current admission to this facility?

_____/_____/_____
Mo. Day Year

INTERVIEWER: ENTER ADMISSION DATE ON FOLDOUT SHEET THEN ASK Q. 8.

SHOW FLASHCARD # 2

8a. Where was _____ staying immediately before entering this facility?

- 01 Private residence (house or apartment)
02 Rented room, boarding house
03 Retirement home
04 Another health (including mental health) facility (SKIP TO Q. 8c)
05 Other arrangement, (SPECIFY) _____ (SKIP TO Q. 10)
94 Don't know (SKIP TO Q. 10)

8b. At that time, was _____ living with family members, non-family members, or alone?

- 01 With family members
- 02 With non-family members
- 03 Alone
- 94 Don't know

SKIP TO Q. 10

SHOW FLASHCARD # 3

8c. What type of facility was it?

- 01 Domiciliary or personal care facility
- 02 Intermediate Care Facility (ICF)
- 03 Skilled Nursing Facility (SNF)
- 04 Facility for mentally retarded
- 05 General or short term hospital, except psychiatric unit
- 06 General or short-term hospital psychiatric unit
- 07 Veteran's hospital
- 08 Mental health Center
- 09 Residential facility (group home, cooperative apartment, family/foster care home)
- 10 State mental hospital
- 11 Private mental hospital
- 12 Chronic disease, rehabilitation, geriatric or other long-term care hospital
- 13 Other, (SPECIFY) _____
- 94 Don't know

SHOW FLASHCARD # 4

8d. Where was _____ staying immediately before entering that facility?

- 01 Private residence (house or apartment)
- 02 Rented room, boarding house
- 03 Retirement home
- 04 This facility (SKIP TO INTERVIEWER NOTE ABOVE Q. 9)
- 05 Another nursing home (SKIP TO INTERVIEWER NOTE ABOVE Q. 9)
- 06 Another health (including mental health) facility (SKIP TO INTERVIEWER NOTE ABOVE Q. 9)
- 07 Other arrangement, (SPECIFY) _____ (SKIP TO INTERVIEWER NOTE ABOVE Q. 9)
- 94 Don't know
(SKIP TO INTERVIEWER NOTE ABOVE Q. 9)

8e. At that time was he/she living with family members, non-family members, or alone?

- 01 With family members
- 02 With non-family members
- 03 Alone
- 94 Don't know

INTERVIEWER NOTE: BEFORE PROCEEDING, REFER TO Q. 8c. IS CATEGORY 05 CHECKED?

YES (CONTINUE WITH Q. 9) NO (SKIP TO Q. 10)

You reported that _____ was staying in a hospital before entering this facility.

9a. Do you know what _____'s hospital diagnosis related group (DRG) category was while _____ was in the hospital?

- 01 Yes 02 No (SKIP TO Q. 9c)

9b. What was _____'s DRG category?

DRG CATEGORY _____
DRG Number Only

SKIP TO Q. 9h

9c. What condition, or diagnosis was chiefly responsible for _____'s admission to the hospital for care?

Principal diagnosis _____

FOR OFFICE USE ONLY
DIAGNOSIS CODE

9d. Were there any other conditions that existed at the time of _____'s admission to the hospital or that developed during the stay which affected the treatment received?

- 01 Yes 02 NO (SKIP TO Q. 9f) 94 Don't know (SKIP TO Q. 9f)

FOR OFFICE USE ONLY
CONDITION

9e. What were those conditions?

- _____ 1. _____
- _____ 2. _____
- _____ 3. _____

9f. Were any diagnostic or surgical procedures performed at the hospital?

- 01 YES 02 NO (SKIP TO Q. 9h) 94 Don't know (SKIP TO Q. 9h)

FOR OFFICE USE ONLY
PROCEDURE

9g. What were the procedures?

- _____ 1. _____
- _____ 2. _____
- _____ 3. _____

9h. How many nights did _____ spend in the hospital during that stay?

Number of nights _____ 94 Don't know

10a. Has _____ been admitted to a short-stay hospital while a resident in this facility? That is, since (DATE OF ADMISSION) and without _____ being formally discharged from *this* facility.

- 01 Yes
- 02 No (SKIP TO Q. 11)
- 94 Don't know (SKIP TO Q. 11)

10b. How many stays did _____ have in short-stay hospitals since (DATE OF ADMISSION) and without being formally discharged from this facility?

Number of stays _____

10c. Do you know what _____'s hospital diagnosis related group (DRG) category was while in the hospital for the most recent stay?

- 01 Yes
- 02 NO (SKIP TO Q. 10e)

10d. What was _____'s DRG category for that stay?

DRG category _____

DRG Number Only

SKIP TO Q. 10j

10e. What condition or diagnosis was chiefly responsible for _____'s admission to the hospital for care for the most recent stay? **FOR OFFICE USE ONLY**

Principal diagnosis _____

DIAGNOSIS CODE

10f. Were there any other conditions that existed at the time of _____'s admission to the hospital or that developed during the stay which affected the treatment received?

- 01 Yes
- 02 No (SKIP TO Q. 10h)
- 94 Don't know (SKIP TO Q. 10h)

10g. What were those conditions?

FOR OFFICE USE ONLY
CONDITION

- 1. _____
- 2. _____
- 3. _____

10h. Were any diagnostic or surgical procedures performed at the hospital?

- 01 Yes
- 02 No (SKIP TO Q. 10j)
- 94 Don't know (SKIP TO Q. 10j)

10i. What were the procedures?

FOR OFFICE USE ONLY
PROCEDURE

- 1. _____
- 2. _____
- 3. _____

10j. How many nights did _____ spend in the hospital during that stay?

Number of nights _____

- 94 Don't know

11a. Has _____ previously been a resident in this facility?
 01 Yes 02 No (SKIP TO Q. 11d) 94 Don't know (SKIP TO Q. 11d)

11b. How many times has _____ been a resident in this facility, not counting the (DATE OF ADMISSION) admission?
 Times in facility _____

11c(1). On what dates was _____ admitted to and discharged from this facility? 11c(2). Was this discharge to a short-stay or general hospital?

	Admitted mo./day/yr.	Discharged mo./day/yr.	Yes	No	Don't know
1.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
2.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
3.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
4.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
5.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
6.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
7.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
8.	____/____/____	____/____/____	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>

11d. Was _____ ever in any *other* nursing homes beside this one?
 01 Yes 02 No (SKIP TO Q. 12) 94 Don't know (SKIP TO Q. 12)

11e. Not counting this facility, in how many different nursing homes has _____ resided?
 Number of different homes _____ 94 Don't know

11f. Altogether, what was the total length of time that _____ spent in all those other nursing homes?
 Do not include time spent in this facility.
 _____ 94 Don't know
Years Months

11g. What is the name of each of the *other* nursing homes at which _____ was a resident or patient?

Facility

- (1) _____
- (2) _____
- (3) _____

11h. How many times was _____ a resident in (NAME OF FACILITY IN Q. 11g(1))?
 Times in facility _____

11i. On what dates was _____ admitted and discharged from (NAME OF FACILITY IN Q. 11g(1))?

Admitted		Discharged	
Month	Year	Month	Year

1. _____/_____/_____
2. _____/_____/_____
3. _____/_____/_____

11j. How many times was _____ a resident in (NAME OF FACILITY IN Q. 11g(2))?
Times in facility _____

11k. On what dates was _____ admitted and discharged from (NAME OF FACILITY IN Q. 11g(2))?

Admitted		Discharged	
Month	Year	Month	Year

1. _____/_____/_____
2. _____/_____/_____
3. _____/_____/_____

11l. How many times was _____ a resident in (NAME OF FACILITY IN Q. 11g(3))?
Times in facility _____

11m. On what dates was _____ admitted and discharged from (NAME OF FACILITY IN Q. 11g(3))?

Admitted		Discharged	
Month	Year	Month	Year

1. _____/_____/_____
2. _____/_____/_____
3. _____/_____/_____

12. In order to follow-up on _____'s complete history of nursing home utilization, we would like to have any information you have that will allow us to locate _____'s next of kin. Please give me the names, addresses and telephone numbers of _____'s next of kin as well as any other relatives, friends or anyone else who might know about _____.

INTERVIEWER: FILL IN AS MANY NAMES AND ADDRESSES AS AVAILABLE. PRINT ALL ENTRIES. ASK RESPONDENT TO INDICATE WHICH CONTACT IS THE "BEST CONTACT" AND PLACE AN ASTERISK ON THE LINE NEXT TO THAT NAME.

12a. Next of kin:

No next of kin on record

Name (First, Initial, Last)

Street

City and State

Zip Code

Telephone number () -

Relationship to resident

12b. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone number () _____
Relationship to resident _____

12c. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone number () _____
Relationship to resident _____

12d. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone number () _____
Relationship to resident _____

12e. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone number () _____
Relationship to resident _____

12f. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone number () _____
Relationship to resident _____

13. According to _____'s medical record, what were the primary and other diagnoses at the time of admission, that is, on (DATE OF ADMISSION)? (SPECIFY).

		FOR OFFICE USE ONLY	
		ICD9	E or V CODE
Primary:	_____	1.	_____
Other:	_____	2.	_____
	_____	3.	_____
	_____	4.	_____
	_____	5.	_____
	_____	6.	_____
	_____	7.	_____
	_____	8.	_____

14. According to _____'s medical record, what are _____'s current primary and other diagnoses? (SPECIFY)

		FOR OFFICE USE ONLY	
		ICD9	E or V CODE
Primary:	_____	1.	_____
Other:	_____	2.	_____
	_____	3.	_____
	_____	4.	_____
	_____	5.	_____
	_____	6.	_____
	_____	7.	_____
	_____	8.	_____

SHOW FLASHCARD # 5

15. According to _____'s medical record does he/she currently have any of the following conditions? (MARK (X) ALL THAT APPLY)

- 01 Mental retardation
- 02 Alcohol abuse/dependence
- 03 Drug abuse/dependence
- 04 Senile dementia/chronic and organic brain syndrome
- 05 Depressive disorders
- 06 Schizophrenia
- 07 Other psychoses
- 08 Anxiety disorders
- 09 Personality/character disorders
- 10 Other mental disorders (SPECIFY) _____
- 11 No mental disorder

16a. During (LAST MONTH), did _____ receive any therapy services either inside or outside this facility from a licensed, registered, or professionally trained therapist?

01 Yes 2 No (SKIP TO Q. 17) 94 Don't know (SKIP TO Q. 17)

SHOW FLASHCARD # 6

16b. Which types of therapy did _____ receive during (LAST MONTH)? (MARK (X) ALL THAT APPLY)

- 01 Physical therapy
- 02 Occupational therapy
- 03 Recreational therapy
- 04 Speech and hearing therapy
- 05 Evaluation or mental health treatment by a physician other than a psychiatrist
- 06 Evaluation or mental health treatment by a psychiatrist
- 07 Evaluation or mental health treatment by a psychologist
- 08 Evaluation or mental health treatment by a psychiatric/clinical social worker
- 09 Evaluation or mental health treatment by a psychiatric nurse
- 10 Social services by a social worker
- 11 Other therapy services (SPECIFY) _____

17a. Does _____ wear eyeglasses or contacts? 01 Yes 02 No

17b. Does _____ have any difficulty in seeing (when wearing glasses or contacts)?

01 Yes 02 No (SKIP TO Q. 18) 94 Don't know (SKIP TO Q. 18)

SHOW FLASHCARD # 7

17c. Is _____'s sight (with glasses or contacts) partially, severely, or completely impaired, as defined on this card?

- 01 Partially impaired-cannot read newspaper print but can watch television 8 to 12 feet away
- 02 Severely impaired-cannot watch TV 8 to 12 feet away, but can recognize features of familiar persons if they are within 2-3 feet
- 03 Completely lost-blind
- 94 Don't know

18a. Does _____ wear a hearing aid? 01 Yes 02 No

18b. Does _____ have any difficulty in hearing (when wearing a hearing aid)?

01 Yes 02 No (SKIP TO Q. 19) 94 Don't know (SKIP TO Q. 19)

SHOW FLASHCARD # 8

18c. Is _____'s hearing (with hearing aid) partially, severely, or completely impaired as defined on this card?

- 01 Partially impaired-can hear most of the things a person says
- 02 Severely impaired-can hear only a few words a person says or loud noises
- 03 Completely lost-deaf
- 94 Don't know

19a. Does _____ currently require any assistance in bathing or showering?

- 01 Yes
- 02 No (SKIP TO Q. 20)
- 94 Don't know (SKIP TO Q. 20)

19b. Does _____ bath or shower with the help of:

- (1) Special equipment? 01 Yes 02 No
- (2) Another person? 01 Yes 02 No

20a. Does _____ currently require any assistance in dressing?

- 01 Yes
- 02 No (SKIP TO Q. 21)
- 03 Remains partially or completely undressed or is dressed by another and does not participate (SKIP TO Q. 21)
- 94 Don't know (SKIP TO Q. 21)

20b. Does _____ dress with the help of:

- (1) Special equipment? 01 Yes 02 No
- (2) Another person? 01 Yes 02 No

21a. Does _____ currently require any assistance in eating?

- 01 Yes
- 02 No (SKIP TO Q. 22)
- 03 Requires tube or intravenous feeding (SKIP TO Q. 22)
- 94 Don't know (SKIP TO Q. 22).

21b. Does _____ eat with the help of:

- (1) Special equipment? 01 Yes 02 No
- (2) Another person? 01 Yes 02 No

21c. Is _____ fed totally by another person? 01 Yes 02 No

22a. Is _____ bedfast?

- 01 Yes (SKIP TO Q. 23)
- 02 No

22b. Is _____ chairfast?

- 01 Yes
- 02 No

23a. Does _____ currently require any assistance transferring in and out of bed or chairs?

01 Yes

02 No (SKIP TO Q. 24)

94 Don't know (SKIP TO Q. 24)

23b. Does _____ require the help of:

(1) Special equipment? 01 Yes 02 No

(2) Another person? 01 Yes 02 No

IF YES TO EITHER Q. 23b(1) OR 23b(2), SKIP TO Q. 25

24a. Does _____ currently require any assistance in walking?

01 Yes 02 No (SKIP TO Q. 25) 94 Don't know (SKIP TO Q. 25)

24b. Does _____ walk with the help of:

(1) Special equipment? 01 Yes 02 No

(2) Another person? 01 Yes 02 No

25a. Does _____ go outside the grounds of this facility?

01 Yes 02 No (SKIP TO Q. 26) 94 Don't know (SKIP TO Q. 26)

25b. When _____ goes outside the grounds, does _____ require the help of:

(1) Special equipment 01 Yes 02 No

(2) Another person? 01 Yes 02 No

26a. Does _____ have an ostomy, an indwelling catheter or similar device?

01 Yes 02 No (SKIP TO Q. 26c)

26b. Does _____ require any assistance from another person in caring for this device?

01 Yes 02 No

26c. Does _____ currently require any assistance using the toilet room?

01 Yes

02 No (SKIP TO Q. 27)

03 Does not use toilet room (ostomy patient, chairfast, etc.) (SKIP TO Q. 27)

94 Don't know (SKIP TO Q. 27)

26d. Does _____ require the help of:

(1) Special equipment? 01 Yes 02 No

(2) Another person? 01 Yes 02 No

27a. Does _____ currently have any difficulty in controlling _____ bowels?

- 01 Yes
- 02 No (SKIP TO Q. 28)
- 03 Not applicable, has had an ostomy (SKIP TP Q. 28)
- 94 Don't know (SKIP TO Q. 28)

27b. How frequently does _____ have this difficulty?

- 01 Daily
- 02 Several times a week
- 03 Once a week
- 04 Less than once a week
- 94 Don't know

28a. Does _____ currently have any difficulty in controlling _____ bladder?

- 01 Yes
- 02 No (SKIP TO Q. 29)
- 03 Not applicable has indwelling catheter, ostomy, or external device (SKIP TO Q. 29)
- 94 Don't know (SKIP TO Q. 29)

28b. How frequently does _____ have this difficulty?

- 01 Daily
- 02 Several times a week
- 03 Once a week
- 04 Less than once a week
- 94 Don't know

28c. Does this occur only at night?

- 01 Yes 02 No 94 Don't know

29. Does _____ receive personal help or supervision in any of the following activities:

	Yes	No	Don't know
a. Care of personal possessions?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
b. Handling money?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
c. Securing personal items such as newspapers, toilet articles, snack foods?	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
d. Using the telephone? (dialing or receiving calls)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>

30. How long have you provided care for _____?

- 01 less than 1 month
- 02 1-3 months
- 03 4-6 months
- 04 7-11 months
- 05 12 months or more
- 06 Respondent does not provide care

31. How would you rate _____'s physical health at the present time?

- 01 Excellent
- 02 Good
- 03 Fair
- 04 Poor
- 94 Don't know

32. How would you rate _____'s mental health at the present time?

- 01 Excellent
- 02 Good
- 03 Fair
- 04 Poor
- 94 Don't know

SHOW FLASHCARD # 9

33. The types of behaviors on this card are generally considered dependent or disruptive. Does _____ display any of these types of behavior problems? Assess _____'s behavior with medications if customarily taken. (MARK (X) ALL THAT APPLY).

- 01 Disrobing/exposing oneself
- 02 Screaming
- 03 Being physically abusive to self or others
- 04 Stealing
- 05 Getting lost or wandering into unacceptable places
- 06 Inability to avoid simple dangers
- 07 None of the above

SHOW FLASHCARD # 10

34. Is _____ disoriented or memory impaired in the following activities to such a degree that _____ is impaired nearly every day in performing the basic activities of daily living, mobility, and adaptive tasks? (MARK (X) ALL THAT APPLY)

- 01 Unable to remember dates or time
- 02 Unable to identify familiar locations or people
- 03 Unable to recall important aspects of recent events
- 04 Unable to make straight forward judgments
- 05 None of the above

SHOW FLASHCARD # 11

35. Does _____ display depression, anxiety, fearfulness or worry to such a degree that _____ is distressed or restricted in functioning nearly every day? (MARK (X) ALL THAT APPLY)

- 01 Displays depression
- 02 Displays anxiety
- 03 Displays fearfulness or worry
- 04 None of the above

INTERVIEWER, READ: The remaining few questions deal with charges and payment sources. Do you have this information?

- 01 Yes 02 No **(DETERMINE WHO HAS INFORMATION AND WHEN YOU HAVE COMPLETED ALL THE RESIDENT QUESTIONNAIRES, INTERVIEW THAT PERSON FOR THE INFORMATION, USING PROMPT CARD # 11.)**

INTERVIEWER NOTE: BEFORE PROCEEDING, REFER TO THE ADMISSION DATE ON THE FOLDOUT SHEET. WAS THE RESIDENT ADMITTED AFTER THE FIRST DAY OF LAST MONTH?

- 01 YES (SKIP TO Q. 39) 02 NO (CONTINUE WITH Q. 36)

SHOW FLASHCARD # 12

36. What were all the sources of payment for _____'s care for the month of (MONTH AND YEAR OF ADMISSION)? That is, for the month when _____ was admitted to this facility. (MARK (X) ALL THAT APPLY)

- 01 Own income, family support, health insurance, retirement funds, Social Security, etc.
- 02 Medicare
- 03 Medicaid — skilled nursing
- 04 Medicaid — intermediate care
- 05 State funded indigent care (excluding Medicaid)
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, volunteer agencies
- 08 VA contract
- 09 Initial payment-life care funds
- 10 No charge made for care (facility assumes cost)
- 11 Payment source not yet determined
- 12 Other, (SPECIFY) _____

SHOW FLASHCARD # 12

37. What was the primary source of payment for _____'s care for the month of (MONTH AND YEAR OF ADMISSION)?

- 01 Own income, family support, health insurance, retirement funds, Social Security, etc.
- 02 Medicare
- 03 Medicaid — skilled nursing
- 04 Medicaid — intermediate care
- 05 State funded indigent care (excluding Medicaid)
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, volunteer agencies
- 08 VA contract
- 09 Initial payment-life care funds
- 10 No charge made for care (facility assumes cost)
- 11 Payment source not yet determined
- 12 Other, (SPECIFY) _____

38. Last month, what was the total charge billed for _____'s care, including all charges for private duty nursing, drugs, and special medical supplies?

\$_____ per month 01 No charge was made for care

SKIP TO INTERVIEWER NOTE ABOVE Q. 40

39. From (DATE OF ADMISSION) through yesterday, what was the total charge billed for _____ care, including all charges for private duty nursing, drugs, and special medical supplies?

\$_____ per

- 01 Since date of admission
- 02 Day
- 03 Week
- 04 Month
- 05 Other period, (SPECIFY) _____
- 06 No charge was made for care
- 94 Don't know (not billed yet, etc.)

INTERVIEWER NOTE: IF Q. 38 WAS ASKED (RESIDENT IN HOME ONE FULL CALENDAR MONTH OR MORE), USE THE PHRASE "LAST MONTH" IN Q. 40. IF Q. 39 WAS ASKED, USE THE PHRASE "DURING THIS TIME" IN Q. 40.

SHOW FLASHCARD # 12

40a. What are all the sources of payment for _____'s care (LAST MONTH/DURING THIS TIME)?
(MARK (X) ALL THAT APPLY)

b. ASK FOR EACH SOURCE MARKED:
What was the amount paid by _____ (LAST MONTH/DURING THIS TIME)?
(ENTER AMOUNT OR MARK "Don't know")

		Don't know
01 <input type="checkbox"/> Own income, family support, health insurance, retirement funds, Social Security, etc.	\$ _____	94 <input type="checkbox"/>
02 <input type="checkbox"/> Medicare	\$ _____	94 <input type="checkbox"/>
03 <input type="checkbox"/> Medicaid — <u>skilled</u> care	\$ _____	94 <input type="checkbox"/>
04 <input type="checkbox"/> Medicaid — <u>intermediate</u> care	\$ _____	94 <input type="checkbox"/>
05 <input type="checkbox"/> State funded indigent care (excluding Medicaid)	\$ _____	94 <input type="checkbox"/>
06 <input type="checkbox"/> Other government assistance or welfare	\$ _____	94 <input type="checkbox"/>
07 <input type="checkbox"/> Religious organizations, foundations, volunteer agencies	\$ _____	94 <input type="checkbox"/>
08 <input type="checkbox"/> VA contract	\$ _____	94 <input type="checkbox"/>
09 <input type="checkbox"/> Initial payment-life care funds	\$ _____	94 <input type="checkbox"/>
10 <input type="checkbox"/> No charge made for care (facility assumes cost)	\$ _____	94 <input type="checkbox"/>
11 <input type="checkbox"/> Payment source not yet determined		
12 <input type="checkbox"/> Other, (SPECIFY) _____	\$ _____	94 <input type="checkbox"/>

INTERVIEWER: CONTINUE TO NEXT CURRENT RESIDENT QUESTIONNAIRE

SUMMARY OF DATES

Date of Interview: _____/_____/_____
 Mo. Day Year

Date of Admission: _____/_____/_____
 Mo. Day Year

OVERLAP CASES

DRQ _____

None

DISCHARGED RESIDENT SAMPLING LIST

Control No.

Confidential Information

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).

A. Type of identifier used: 1 Name 2 Other, Specify _____

B. Reference period for discharge sample: ____ / ____ / ____ to ____ / ____ / ____

C. Total Discharges listed _____

D. Total in Sample _____

E. Interviewer Name _____

F. Interviewer ID _____

Determine the appropriate reference period (12 months prior to survey date) and enter the dates in Item B above. List all residents discharged alive or dead during that period in the order in which they are given to you. Enter the full discharge date for each discharged resident. List all discharge events during this period whether or not for the same resident. Enter the total listed in Item C above. Compare the total with Table 3 to determine the sample. Circle the line numbers of all sample residents. Count the number circled and enter it in Item D above.

DISCHARGED RESIDENTS

LINE NO.	Resident Identifier	Date of Discharge		
		Mo.	Day	Year
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

DISCHARGED RESIDENT SAMPLING LIST—CONTINUED

DISCHARGED RESIDENTS

LINE NO.	Resident Identifier	Date of Discharge		
		Mo.	Day	Year
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				

If more lines are needed use a new sheet and renumber the lines beginning with #51. Renumber lines on additional sheets, 101,151, etc.

CONTROL NO. _____

DISCHARGED RESIDENT QUESTIONNAIRE

CONFIDENTIAL INFORMATION

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).

A. Interviewer Name _____ **B. Interviewer I.D.** _____ **C. Date of Interview**
_____ / _____ / _____
Mo Day Year

D. Resident Line No. _____ **E. Respondent Title** _____ **F. Date of Discharge**
_____ / _____ / _____
Mo Day Year

ENTER HERE AND ON FOLDOUT SHEET

G. Name of Discharged Resident

First Initial Last

1. What is the sex of this resident?
01 Male 02 Female

2. What is _____'s date of birth?
_____/_____/_____ or _____
Mo. Day Year Age

SHOW FLASHCARD # 1

- 3 a. What is the racial background that best describes this person?
- 01 White 04 Asian or Pacific Islander
02 Black 94 Don't know
03 American Indian or Alaska Native
- 3 b. Is _____ Hispanic or not?
- 01 Hispanic
02 Not Hispanic
94 Don't know

4a. What was _____'s marital status at admission?

01 Married

04 Separated

02 Widowed

05 Never Married

03 Divorced

94 Don't know

4b. What was _____'s marital status at discharge?

01 Married

04 Separated

02 Widowed

05 Never Married

03 Divorced

94 Don't know

INTERVIEWER: READ INTRODUCTORY PARAGRAPH FOR THE SOCIAL SECURITY NUMBER ONLY ONCE FOR EACH NEW RESPONDENT.

5. As part of this survey, we would like to have _____'s Social Security Number. Provision of this number is voluntary and not providing the number will have no effect in any way on _____'s benefits. This number will be useful in conducting future follow-up studies. It 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.

What is _____'s Social Security Number?

Social Security # _____-_____-_____

6. What was the date of admission prior to the discharge date of (DATE OF DISCHARGE)?

_____/_____/_____
Mo. Day Year

INTERVIEWER: ENTER ADMISSION DATE ON FOLDOUT SHEET THEN ASK Q. 7.

SHOW FLASHCARD # 2

7a. Where was _____ staying immediately before entering this facility?

01 Private residence (house or apartment)

02 Rented room, boarding house

03 Retirement home

04 Another health (including mental health) facility (SKIP TO Q. 7c)

05 Other arrangement, (SPECIFY) _____ (SKIP TO Q. 8)

94 Don't know (SKIP TO Q. 8)

7b. At that time, was _____ living with family members, non-family members, or alone?

- 01 With family members
- 02 With non-family members
- 03 Alone
- 94 Don't know

SKIP TO Q. 8

SHOW FLASHCARD # 3

7c. What type of facility was it?

- 01 Domiciliary or personal care facility
- 02 Intermediate Care Facility (ICF)
- 03 Skilled Nursing Facility (SNF)
- 04 Facility for mentally retarded
- 05 General or short-term hospital, except psychiatric unit
- 06 General or short-term hospital psychiatric unit
- 07 Veteran's hospital
- 08 Mental health center
- 09 Residential facility (group home, cooperative apartment, family/foster care home)
- 10 State mental hospital
- 11 Private mental hospital
- 12 Chronic disease, rehabilitation, geriatric or other long-term care hospital
- 13 Hospice
- 14 Home health agency
- 15 Other, (SPECIFY) _____
- 94 Don't know

7d. How many nights did _____ spend in the hospital during that stay?

Number of nights _____
94 Don't know

SHOW FLASHCARD # 4

7e. Where was _____ staying immediately before entering that facility?

- 01 Private residence (house or apartment)
- 02 Rented room, boarding house
- 03 Retirement home
- 04 This facility (SKIP TO Q. 8)
- 05 Another nursing home (SKIP TO Q. 8)
- 06 Another health (including mental health) facility (SKIP TO Q. 8)
- 07 Other arrangement, (SPECIFY) _____ (SKIP TO Q. 8)
- 94 Don't know (SKIP TO Q. 8)

7f. At that time, was _____ living with family members, non-family members or alone?

- 01 With family members
- 02 With non-family members
- 03 Alone
- 94 Don't know

8a. Was _____ ever admitted to a short-stay hospital while a resident in this facility? That is, from (DATE OF ADMISSION) to (DATE OF DISCHARGE) and without _____ being formally discharged from this facility?

- 01 Yes
- 02 No (SKIP TO Q. 9)
- 94 Don't know (SKIP TO Q. 9)

8b. How many stays did _____ have in short-stay hospitals from (DATE OF ADMISSION) to (DATE OF DISCHARGE) and without being formally discharged from this facility?

Number of stays _____

9. On (DATE OF DISCHARGE), was _____ discharged alive?

- 01 Yes
- 02 No (SKIP TO Q. 11)
- 94 Don't know (SKIP TO Q. 11)

SHOW FLASHCARD # 2

10a. Where did _____ stay immediately after discharge from this facility?

- 01 Private residence (house or apartment) (SKIP TO Q. 11a)
- 02 Rented room, boarding house (SKIP TO Q. 11a)
- 03 Retirement home (SKIP TO Q. 11a)
- 04 Another health care facility
- 05 Other arrangements, (SPECIFY) _____ (SKIP TO Q. 11a)
- 94 Don't know (SKIP TO Q. 11a)

SHOW FLASHCARD # 3

10b. What type of facility was it?

- 01 Domiciliary or personal care facility
- 02 Intermediate Care Facility (ICF)
- 03 Skilled Nursing Facility (SNF)
- 04 Facility for mentally retarded
- 05 General or short-term hospital, except psychiatric unit
- 06 General or short-term hospital psychiatric unit
- 07 Veteran's hospital
- 08 Mental health center
- 09 Residential facility (group home, cooperative apartment, family/foster care home)
- 10 State mental hospital
- 11 Private mental hospital
- 12 Chronic disease, rehabilitation, geriatric or other long-term care hospital
- 13 Hospice
- 14 Home health agency
- 15 Other, (SPECIFY) _____ (SKIP TO Q. 11a)
- 94 Don't know (SKIP TO Q. 11a)

10c. Did _____ die in this other health care facility?

- 01 Yes
- 02 No
- 94 Don't know

11a. Other than the stay from (DATE OF ADMISSION) to (DATE OF DISCHARGE), has _____ had any other stays at this facility?

- 01 Yes
- 02 No (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)
- 94 Don't know (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)

11b. How many times has _____ been a resident in this facility besides the stay from (DATE OF ADMISSION) to (DATE OF DISCHARGE)?

Times _____

11c(1). On what dates was _____ admitted and discharged from this facility?

	Admitted month/day/year	Discharged month/day/year
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

11c(2). Was this discharge to a short stay or general hospital?

	Yes	No	Don't know
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>
01	<input type="checkbox"/>	02 <input type="checkbox"/>	94 <input type="checkbox"/>

INTERVIEWER: ARE ANY DATES LISTED IN Q. 11c(1) ABOVE AFTER DATE OF DISCHARGE ON FOLDOUT SHEET?

- 01 Yes (Continue with Q. 11d)
- 02 No (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)

11d. Is _____ still a resident?

- 01 Yes (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)
- 02 No
- 94 Don't know (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)

11e. Was _____ discharged alive?

- 01 Yes
- 02 No (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)
- 94 Don't know (SKIP TO INTERVIEWER NOTE AFTER Q. 11f)

11f. Where did _____ go to after discharge from this facility?

- 01 Private house or apartment
- 02 Retirement home
- 03 Boarding house, rooming house or rented room
- 04 Family/foster care home
- 05 Hospice
- 06 Another health (including mental health) facility
- 07 Other arrangement, (SPECIFY) _____
- 94 Don't know

INTERVIEWER NOTE: REFER TO Q. 9, Q. 10c AND Q. 11e. COMPLETE FINAL STATUS ON FOLDOUT SHEET. THEN CONTINUE WITH Q. 12

12a. Was _____ ever in any other nursing home beside this one?

- 01 Yes
- 02 No (SKIP TO INTERVIEWER NOTE BEFORE Q. 13)
- 94 Don't know (SKIP TO INTERVIEWER NOTE BEFORE Q. 13)

12b. Not counting this facility, in how many different nursing homes did _____ reside?

Number of different homes _____ 94 Don't know

12c. Altogether, what was the total length of time that _____ spent in all those other nursing homes? Do not include time spent in this facility.

_____ 94 Don't know
Years Months

12d. What is the name of each of the other nursing homes at which _____ was a resident or patient?

Facility

- (1) _____
- (2) _____
- (3) _____

12e. How many times was _____ (NAME OF FACILITY IN Q. 12d(1))?

Times in facility _____

12f. On what dates was _____ admitted and discharged from (NAME OF FACILITY IN Q. 12d(1))?

Admitted

Discharged

Month Year

Month Year

1. ____/____

____/____

2. ____/____

____/____

3. ____/____

____/____

12g. How many times was _____ a resident in (NAME OF FACILITY IN Q. 12d(2))?

Times in facility _____

12h. On what dates was _____ admitted and discharged from (NAME OF FACILITY IN Q. 12d(2))?

Admitted

Discharged

Month Year

Month Year

1. ____/____

____/____

2. ____/____

____/____

3. ____/____

____/____

12i. How many times was _____ a resident in (NAME OF FACILITY IN Q. 12d(3))?

Times in facility _____

12j. On what dates was _____ admitted and discharged from (NAME OF FACILITY IN Q. 12d(3))?

Admitted

Discharged

Month Year

Month Year

1. ____/____

____/____

2. ____/____

____/____

3. ____/____

____/____

INTERVIEWER NOTE: READ PHRASES IN PARENTHESIS IN Q. 13 ONLY IF "FINAL STATUS" ON FOLDOUT SHEET IS "ALIVE." SECTIONS a AND b ARE FILLED OUT ONLY IF THE DISCHARGE WAS ALIVE. FILL IN AS MANY NAMES AND ADDRESSES AS AVAILABLE. ASK RESPONDENT TO INDICATE WHICH CONTACT IS THE "BEST CONTACT" AND PLACE AN ASTERISK ON THE LINE NEXT TO THAT NAME.

13. In order to follow-up on _____'s complete history of nursing home utilization, we would like to have any information that you have that will allow us to locate (_____ as well as) _____'s next of kin. Please give me the names, addresses and telephone numbers of (_____ and) _____'s next of kin, relatives, friends or anyone else who might know about _____. (If _____ was discharged to another facility, please give me the name, address and telephone number of that facility).

13a. Facility discharged to:

_____ Name _____
Street _____
City and State _____
Zip Code _____
Telephone Number (_____) _____

13b. Resident:

_____ Name _____
Street _____
City and State _____
Zip Code _____
Telephone Number (_____) _____

13c. Next of Kin:

No next of kin on record

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone Number (_____) _____
Relationship to Resident _____

13d. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone Number (_____) _____
Relationship to Resident _____

13e. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
Street _____
City and State _____
Zip Code _____
Telephone Number (_____) _____
Relationship to Resident _____

13f. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
 Street _____
 City and State _____
 Zip Code _____
 Telephone Number () _____
 Relationship to Resident _____

13g. Kin/Friend/Other:

_____ Name (First, Initial, Last) _____
 Street _____
 City and State _____
 Zip Code _____
 Telephone Number () _____
 Relationship to Resident _____

14. According to _____'s medical record, what were the primary and other diagnoses at the time of the admission on (DATE OF ADMISSION)? (SPECIFY)

FOR OFFICE USE ONLY
 ICD9 E or V CODE

Primary: _____	1.	_____
Other: _____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____

15. According to _____'s medical record, what were _____'s primary and other diagnoses at the time of the discharge on (DATE OF DISCHARGE)? (SPECIFY)

FOR OFFICE USE ONLY
 ICD9 E or V CODE

Primary: _____	1.	_____
Other: _____	2.	_____
_____	3.	_____
_____	4.	_____
_____	5.	_____
_____	6.	_____
_____	7.	_____
_____	8.	_____

16a. During the last 7 days before discharge, that is, from (DATE 7 DAYS PRIOR TO DISCHARGE DATE) to (DATE OF DISCHARGE), was _____ bedfast?

01 Yes (SKIP TO Q. 17)

02 No

94 Don't know

16b. Was _____ chairfast?

01 Yes

02 No

94 Don't know

17. During the last 7 days before discharge, that is, from (DATE 7 DAYS PRIOR TO DISCHARGE DATE) to (DATE OF DISCHARGE), did _____ have any difficulty in controlling _____ bowels?

01 Yes

02 No

03 Not applicable, had an ostomy

94 Don't know

18. During the last 7 days before discharge, that is, from (DATE 7 DAYS PRIOR TO DISCHARGE DATE) to (DATE OF DISCHARGE), did _____ have any difficulty in controlling _____ bladder?

01 Yes

02 No

03 Not applicable, had ostomy, indwelling catheter, or external device

94 Don't know

INTERVIEWER READ: The remaining few questions deal with charges and payment sources. Do you have this information?

01 Yes

01 No (DETERMINE WHO HAS INFORMATION AND WHEN YOU HAVE COMPLETED ALL THE DISCHARGED RESIDENT QUESTIONNAIRES, INTERVIEW THAT PERSON FOR THE INFORMATION, USING PROMPT CARD # 11.)

INTERVIEWER: BEFORE PROCEEDING, REFER TO THE ADMISSION AND DISCHARGE DATES ON THE FOLDOUT SHEET.

WAS THE RESIDENT ADMITTED IN THE SAME MONTH THAT HE/SHE WAS DISCHARGED?

01 Yes (SKIP TO Q. 21) 02 No (CONTINUE WITH Q. 19)

SHOW FLASHCARD # 5

19. What were all the sources of payment for _____'s care for the month of (MONTH AND YEAR OF ADMISSION)? That is, for the month when _____ was admitted to this facility. (MARK (X) ALL THAT APPLY)

- 01 Own income, family support, health insurance, retirement funds, Social Security, etc.
- 02 Medicare
- 03 Medicaid - skilled nursing
- 04 Medicaid - intermediate care
- 05 State funded indigent care (excluding Medicaid)
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, volunteer agencies
- 08 VA contract
- 09 Initial payment-life care funds
- 10 No charge made for care (facility assumes cost)
- 11 Payment source not yet determined
- 12 Other, (SPECIFY) _____

SHOW FLASHCARD # 5

20. What was the primary source of payment for _____'s care for the month of (MONTH AND YEAR OF ADMISSION)?

- 01 Own income, family support, health insurance, retirement funds, Social Security, etc.
- 02 Medicare
- 03 Medicaid - skilled nursing
- 04 Medicaid - intermediate care
- 05 State funded indigent care (excluding Medicaid)
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, volunteer agencies
- 08 VA contract
- 09 Initial payment-life care funds
- 10 No charge made for care (facility assumes cost)
- 11 Payment source not yet determined
- 12 Other, (SPECIFY) _____

SHOW FLASHCARD # 5

21. What were all the sources of payment for _____'s care for the month of (MONTH AND YEAR OF DISCHARGE)? (MARK (X) ALL THAT APPLY)

- 01 Own income, family support, health insurance, retirement funds, Social Security, etc.
- 02 Medicare
- 03 Medicaid - skilled nursing
- 04 Medicaid - intermediate care
- 05 State funded indigent care (excluding Medicaid)
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, volunteer agencies
- 08 VA contract
- 09 Initial payment-life care funds
- 10 No charge made for care (facility assumes cost)
- 11 Payment source not yet determined
- 12 Other, (SPECIFY) _____

SHOW FLASHCARD # 5

22. What was the primary source of payment for _____'s care for the month of (MONTH AND YEAR OF DISCHARGE)?

- 01 Own income, family support, health insurance, retirement funds, Social Security, etc.
- 02 Medicare
- 03 Medicaid - skilled nursing
- 04 Medicaid - intermediate care
- 05 State funded indigent care (excluding Medicaid)
- 06 Other government assistance or welfare
- 07 Religious organizations, foundations, volunteer agencies
- 08 VA contract
- 09 Initial payment-life care funds
- 10 No charge made for care (facility assumes cost)
- 11 Payment source not yet determined
- 12 Other, (SPECIFY) _____

CONTINUE TO THE NEXT DISCHARGED RESIDENT QUESTIONNAIRE.

**SUMMARY OF DATES
AND FINAL STATUS**

Date of Admission

Month Day Year

Date of Discharge

Month Day Year

7 Days Before Date
of Discharge

Month Day Year

Final Status
(Refer to Q. 9,
10c and 11e)

- Alive
- Dead
- Don't know

OVERLAP CASES

CRQ _____

DRQ _____

None

U.S. Department of Health and Human Services
U.S. Public Health Service
National Center for Health Statistics
1985 NATIONAL NURSING HOME SURVEY
NEXT-OF-KIN QUESTIONNAIRE

NOTICE: All information on this questionnaire which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons for any purpose in accordance with the Public Health Service Act (42 USC 242m).

Control Number _____

This is to certify that I have read statement 3 or 4 of the initial Call Introduction to the respondent interviewed in this questionnaire, as indicated by my signature below.

(signed)

NEXT OF KIN INTRODUCTION

I1. Hello. I'm calling from Research Triangle Institute on behalf of the United States Public Health Service in Washington, D.C.

I2. To make sure I have dialed correctly, is this (____)_____?

1 = YES

2 = NO (MAKE 2 ATTEMPTS BEFORE ENTERING "NO")

May I please speak to _____?

1 = RESPONDENT AVAILABLE (REINTRODUCE YOURSELF AS NECESSARY)

2 = RESPONDENT NOT AVAILABLE (MAKE CALLBACK APPOINTMENT)

3 = RESPONDENT UNABLE TO PARTICIPATE (IF RESPONDENT DECEASED,
SAY: I'M VERY SORRY. MAYBE YOU WILL BE ABLE TO HELP US).

TYPE OF RESPONDENT?

1 = SUBJECT (GO TO I3a)

2 = PROXY (GO TO I4a)

I3a. (IF LETTER NOT MAILED TO RESPONDENT, GO TO I3c) We are conducting a nationwide study about persons in nursing homes. You should have received a letter from Dr. Manning Feinleib, the Director of the National Center for Health Statistics, which described this project. Have you received this letter?

- 1 = YES (SKIP TO I3d)
- 2 = NO
- 3 = DON'T KNOW (SKIP TO I3c)

I3b. I'm sorry that you did not receive the letter. Let me briefly outline its contents. The National Center for Health Statistics, an agency of the United States Public Health Service, is conducting a national survey of nursing home patients. The interviews are authorized by the Public Health Service Act, Volume 42 of the U.S. Code, Section 242k.

You have been selected in our sample. The results of the study will be used only for statistical research and by Congress, health planners, State legislators and many others who plan and provide health services.

(SKIP TO I3d)

I3c. The National Center for Health Statistics, an agency of the United States Public Health Service, is conducting a national survey of nursing home patients. The interviews are authorized by the Public Health Service Act, Volume 42 of the U.S. Code, Section 242k.

You have been selected in our sample. The results of the study will be used only for statistical research and by Congress, health planners, State legislators and many others who plan and provide health services.

I3d. As part of this study, we recently contacted (sample facility). We are now interested in learning about your health just before you entered (sample facility). We will also be asking you about any other nursing home stays or any hospitalization that you may have had.

Your participation in this survey is voluntary. If I ask a question that you do not want to answer, just let me know and I'll move on to the next one. We would appreciate it if you would take a few minutes now to answer the following questions.

(SKIP TO I5a, I5c, or I5e AS APPROPRIATE)

I4a. (IF LETTER NOT MAILED TO RESPONDENT, GO TO I4c) We are conducting a nationwide study about persons in nursing homes. You should have received a letter from Dr. Manning Feinleib, the Director of the National Center for Health Statistics, which described this project. Have you received this letter?

- 1 = YES
- 2 = NO (SKIP TO I4b)
- 3 = DON'T KNOW (SKIP TO I4c)

As it says in the letter, the purpose of the survey is to collect statistics about nursing home residents. We would like to ask you some questions about (subject) who was included in our sample.

The results of the study will be used by Congress, health planners, State legislators and many others who plan and provide health services.

(IF FACILITY RESPONDENT, SKIP TO I4h.)
(IF FINAL STATUS DEAD, SKIP TO I4e: OTHERWISE SKIP TO I4d)

I4b. I'm sorry that you did not receive the letter. Let me briefly outline its contents. The National Center for Health Statistics, an agency of the United States Public Health Service, is conducting a national survey of nursing home patients. The interviews are authorized by the Public Health Service Act, Volume 42 of the U.S. Code, Section 242k.

We would like to ask some questions about (subject) who was included in our sample.

The results of the study will be used only for statistical purposes and by Congress, health planners, State legislators and many others who plan and provide health services.

(IF FACILITY RESPONDENT, SKIP TO I4h.)
(IF FINAL STATUS DEAD, SKIP TO I4e: OTHERWISE SKIP TO I4d)

I4c. The National Center for Health Statistics, an agency of the United States Public Health Service, is conducting a national survey of nursing home patients. The interviews are authorized by the Public Health Service Act, Volume 42 of the U.S. Code, Section 242k.

We would like to ask some questions about (subject) who was included in our sample.

The results of the study will be used only for statistical purposes and by Congress, health planners, State legislators and many others who plan and provide health services.

(IF FACILITY RESPONDENT, SKIP TO I4h.)
(IF NOT PRIMARY RESPONDENT, SKIP TO I4g.)
(IF FINAL STATUS DEAD, SKIP TO I4e.)

I4d. As part of this survey, we recently contacted (sample facility). At that time your name was given to us as the best person to provide additional information about (subject). We are interested in learning about _____'s health now and just before entering (sample facility). We will also be asking about other nursing home stays and any hospitalizations _____ may have had.

(SKIP TO I4f.)

I4e. As part of this survey, we recently contacted (sample facility). At that time your name was given to us as the best person to provide additional information about (subject). We were sorry to learn that (subject) has passed away. We are interested in learning about _____'s health just before entering (sample facility). We will also be asking about other nursing home stays and any hospitalizations _____ may have had.

I4f. 1. Do you feel able to answer some questions about (subject)?

1 = YES

2 = NO (SKIP TO I6a)

2. What is your relationship to (subject)? (ENTER RELATIONSHIP)

(SKIP TO I4h)

I4g. As part of this survey, we recently contacted (sample facility) about (subject). We are interested in learning about (subject's) health before entering (sample facility).

1. Do you feel able to answer some questions about (subject)?

1 = YES

2 = NO (SKIP TO I6a)

2a. (ASK ONLY IF NOT KNOWN) Can I have your name please?

2b. What is your relationship to (subject)?

I4h. Your participation in this survey is voluntary. If I ask a question that you do not want to answer, just let me know and I'll move on to the next one. We would appreciate it if you would take a few minutes now to answer the following questions.

(IF FACILITY RESPONDENT, SKIP TO I7a.)

(CONTINUE WITH I5a, I5c, or I5e AS APPROPRIATE)

I5a. CURRENT RESIDENT SAMPLE

At the time of our contact with (sample facility) on (date of visit), (subject) was listed as a resident of that facility. Our records indicate that _____ began that stay on (admission date).

Do we have the correct date _____ was admitted to (sample facility)?

- 1 = YES (BEGIN INTERVIEW)
- 2 = NO

5b. In what month and year was (subject) admitted to (sample facility)?

ENTER MONTH ABBREVIATION AND 4-DIGIT YEAR AS: "JAN 1985". IF UNCERTAIN OF MONTH, ENTER SEASON AS: "SUMMER 1985". IF UNCERTAIN OF YEAR, ENTER DATE SHOWN BELOW.

IF MORE THAN ONE ADMISSION MENTIONED, PROBE FOR AND ENTER DATE OF LAST ADMISSION BEFORE (DATE OF FACILITY INTERVIEW).

ADMISSION DATE ON RECORD: (Sample admission date)

ENTER MONTH
ENTER YEAR
(BEGIN INTERVIEW)

I5c. DISCHARGE RESIDENT SAMPLE

At the time of our contact with (sample facility), (subject) was listed as a former resident who had been discharged on (discharge date). Our records indicate that _____ began that stay on (admission date).

Do we have the correct date _____ was admitted to (sample facility)?

- 1 = YES (BEGIN INTERVIEW)
- 2 = NO

I5d. In what month and year was (subject) admitted to (sample facility)?

ENTER MONTH ABBREVIATION AND 4-DIGIT YEAR AS: "JAN 1985." IF UNCERTAIN OF MONTH, ENTER SEASON AS: "SUMMER 1985." IF UNCERTAIN OF YEAR, ENTER DATE SHOWN BELOW.

IF MORE THAN ONE ADMISSION MENTIONED, PROBE FOR AND ENTER DATE OF LAST ADMISSION BEFORE (DATE OF DISCHARGE).

ADMISSION DATE ON RECORD: (Sample admission date)

ENTER MONTH
ENTER YEAR
(BEGIN INTERVIEW)

I5e. OVERLAP SAMPLE

Our records indicate that _____ was admitted to (sample facility) on (admission date)? Is that correct?.

- 1 = YES (BEGIN INTERVIEW)
- 2 = NO

I5f. In what month and year was (subject) admitted to (sample facility)?

ENTER MONTH ABBREVIATION AND 4-DIGIT YEAR AS: "JAN 1985". IF UNCERTAIN OF MONTH, ENTER SEASON AS: "SUMMER 1985". IF UNCERTAIN OF YEAR, ENTER DATE SHOWN BELOW.

IF MORE THAN ONE ADMISSION MENTIONED, PROBE FOR AND ENTER DATE OF LAST ADMISSION BEFORE (DATE OF DISCHARGE).

ADMISSION DATE ON RECORD: (Sample admission date)
(BEGIN INTERVIEW)

I6a. Can you give me the name, address and phone number of someone or of a facility who knows about _____?

1 = YES

2 = NO (SKIP TO I6h)

I6b. What is the name?

ENTER NAME

I6c. What is the relationship of (THAT PERSON) to _____?

ENTER RELATIONSHIP

I6d. What is the street address?

ENTER STREET ADDRESS

I6e. What is the name of the city?

ENTER NAME OF CITY

I6f. What state is that in?

ENTER 2-LETTER STATE ABBREVIATION

I6g. What is the telephone number?

ENTER PHONE NUMBER - (XXX)YYY-ZZZZ
(IF "DK" OR "RE", THANK RESPONDENT
AND CALL DIRECTORY ASSISTANCE)
FINAL "DK" OR "RE" - (999)999-9999

I6h. Thank you for your cooperation.

Good-bye. Have a nice (day/evening).

(TERMINATE CALL)

I7a. According to our records, (subject) was admitted to your facility on (date of discharge).

Is that correct?

1 = YES (SKIP TO Q.1a)
2 = NO

I7b. Has (subject) been a resident at your facility since (date of discharge)?

1 = YES
2 = NO (TERMINATE INTERVIEW)

I7c. When was (subject) admitted to your facility?

IF MORE THAN ONE ADMISSION DATE, PROBE FOR FIRST ADMISSION ON OR AFTER (date of discharge).

ENTER MONTH

20 = NO ADMISSION DATE AFTER DATE SHOWN (END INTERVIEW)

ENTER DATE

ENTER YEAR

1a. (ASK ONLY IF NOT KNOWN)

Is (subject) alive?

- 1 = YES (IF FACILITY RESPONDENT, SKIP TO Q22a, OTHERWISE SKIP TO Q2a.)
- 2 = NO

1b. On what date did (subject) die?

ENTER MONTH
ENTER DAY
ENTER YEAR

1c. In which State did (subject) die?

ENTER 2-LETTER STATE ABBREVIATION (OC = OTHER COUNTRY)

1d. During the last 6 months before (subject's) death, that is, from (month, day, year) to (date of death), did (subject) receive hospice care either at home, in a hospital, in a nursing home, or in a freestanding hospice?

- 1 = YES IF FACILITY RESPONDENT, SKIP TO Q22a.
- 2 = NO

Now I would like to ask you about (subject's) usual living arrangements before entering (sample facility). By usual living arrangements, I mean the place that (subject) lived for most of the three months before entering (sample facility) on (admission date).

2a. Where was _____ living just before being admitted to (sample facility) on (date of admission)?

(IF "HOSPITAL," PROBE FOR SPECIFIC TYPE AND TO ASSURE SUBJECT WAS THERE FOR MOST OF THE THREE MONTHS.)

- 1 = OWN HOME OR APARTMENT
- 2 = RELATIVE'S HOME OR APARTMENT (SKIP TO Q3a.)
- 3 = OTHER PRIVATE HOME OR APARTMENT (SKIP TO Q3a.)
- 4 = RETIREMENT HOME (SKIP TO Q3c.)
- 5 = BOARDING HOUSE, ROOMING HOUSE, OR RENTED ROOM (SKIP TO Q3c.)
- 6 = ANOTHER NURSING HOME (SKIP TO Q4a.)
- 7 = GENERAL OR SHORT-TERM HOSPITAL (SKIP TO Q4b.)
- 8 = MENTAL HOSPITAL (SKIP TO Q4a.)
- 9 = CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL (SKIP TO Q4a.)
- 10 = SOME OTHER PLACE

(IF "10" TO 2a, PROBE) What place was that?

(SKIP TO Q4a.)

2b. What city and state was that in?

CITY _____

STATE _____

ZIP CODE _____

2c. Was the home or apartment either owned by _____ or being bought by _____?

1 = YES

2 = NO (SKIP TO Q3a.)

2d. Was the home or apartment fully paid for or was there a mortgage being paid?

1 = FULLY PAID FOR

2 = MORTGAGE BEING PAID

3a. Including infants and small children, how many people usually lived in the same household with (subject) immediately before _____'s nursing home stay?

ENTER NUMBER _____

20 = LIVED ALONE (SKIP TO Q3d.)

3b. Who was the head of that household, (subject) or another person?

1 = THE SUBJECT

2 = ANOTHER PERSON

3c. What is the relationship of the (people/person) who usually lived in the same household with (subject) just before _____ entered the nursing home?

(PROBE FOR RELATIONSHIP TO SUBJECT, ENTER ALL THAT APPLY)

1 = SPOUSE

2 = CHILD(REN)

3 = PARENT(S)

4 = SIBLING(S)

5 = GRANDCHILD(REN)

6 = OTHER RELATIVE(S)

7 = UNRELATED PERSON(S)

3d. When (subject) entered (sample facility) on (admission date), did _____ receive any income from the following sources?

READ ALL SOURCES	Yes	No
A. Salary or wages	1	2
B. Social Security	1	2
C. VA pension or compensation	1	2
D. Other pension or retirement funds	1	2
E. Income from investments	1	2
F. Government assistance or welfare	1	2
G. Some other source	1	2

4a. Was _____ admitted to that facility from a general or short-term hospital?

- 1 = YES
- 2 = NO

[IF Q2a. LESS THAN 6, SKIP TO Q4c.]

4b. When did (subject) last live in a private house or apartment?

ENTER MONTH
20 = NEVER (SKIP TO Q4c)

ENTER YEAR

4c. What had been happening to (subject's) health and general condition during the twelve months before (date of admission)? Was (subject) in good health most of that period but suddenly became ill; was _____'s condition gradually worsening over most of that period; or was _____ in very poor condition most of the year?

- 1 = SUDDENLY ILL OR INJURED
- 2 = GRADUALLY WORSENING
- 3 = IN POOR CONDITION MOST OF YEAR
- 4 = OTHER

(IF "4" TO 4c, PROBE) What was _____'s condition during that period?

ENTER VERBATIM RESPONSE.

4d. (IF 2a = 7 or 4a = 1, SKIP TO Q4e.) Had (subject) been a patient in a hospital in the twelve months prior to (date of admission)?

- 1 = YES
- 2 = NO (SKIP TO Q5.)

- 4e. Altogether, how many nights did (subject) spend in a hospital during the twelve months prior to (date of admission)?

ENTER NUMBER OF NIGHTS _____

- 4f. Altogether, about how many times was (subject) in a hospital during the twelve months prior to (date of admission)?

ENTER NUMBER OF TIMES

5. Now I would like to ask you some questions about (subject's) health when _____ entered (sample facility) on (date of admission).

Not counting help needed in using stairs, did _____ receive help from another person or use special equipment in walking around inside the house when _____ entered the nursing home?

- 1 = YES
- 2 = NO
- 3 = DIDN'T PERFORM THIS ACTIVITY (SKIP TO Q.7)

6. (When _____ entered the nursing home) did _____ receive help from another person or use special equipment in walking around outside?

- 1 = YES
- 2 = NO
- 3 = DIDN'T PERFORM THIS ACTIVITY

7. (When _____ entered the nursing home) did _____ receive help from another person or use special equipment in using the toilet? Include help in getting to the toilet.

- 1 = YES
- 2 = NO
- 3 = DIDN'T PERFORM THIS ACTIVITY

8. (When _____ entered the nursing home) did _____ receive help from another person or use special equipment in bathing? Include help needed to take a shower or sponge bath.

- 1 = YES
- 2 = NO
- 3 = DIDN'T PERFORM THIS ACTIVITY

9. (When _____ entered the nursing home) did _____ receive help from another person or use special equipment in dressing?

- 1 = YES
- 2 = NO
- 3 = DIDN'T PERFORM THIS ACTIVITY

10. (When _____ entered the nursing home) did _____ receive help from another person or use special equipment in eating?
- 1 = YES
2 = NO
3 = DIDN'T PERFORM THIS ACTIVITY
11. (When _____ entered the nursing home) did _____ receive help from another person or use special equipment in getting in and out of bed or a chair?
- 1 = YES
2 = NO
3 = DIDN'T PERFORM THIS ACTIVITY
- 12a. (When _____ entered the nursing home) did _____ usually stay in bed all or most of the time?
- 1 = YES (SKIP TO Q13a.)
2 = NO
- 12b. (When _____ entered the nursing home) did _____ usually stay in a chair all or most of the time?
- 1 = YES
2 = NO
- 13a. (When _____ entered the nursing home) did _____ have an ostomy or similar device?
- 1 = YES
2 = NO (SKIP TO Q13c.)
- 13b. Did _____ receive help from another person in taking care of this device?
- 1 = YES
2 = NO
- (SKIP TO Q14a.)
- 13c. When _____ entered the nursing home, did (subject) have any trouble controlling _____'s bowel movements?
- 1 = YES
2 = NO
- 14a. When _____ entered the nursing home, did (subject) have a urinary catheter or similar device?
- 1 = YES
2 = NO (SKIP TO Q14c)

14b. Did (subject) receive help from another person in taking care of this device?

1 = YES

2 = NO

(SKIP TO Q15.)

14c. When _____ entered the nursing home, did (subject) have any trouble controlling ___'s urination?

1 = YES

2 = NO

15. There are many reasons why people enter nursing homes. Please tell me if (subject) entered (sample facility) on (date of admission) for the following reasons.

READ ALL REASONS	<u>YES</u>	<u>NO</u>
A. Recuperation from surgery or illness?	1	2
B. There was no one at home to provide care?	1	2
C. There was not enough money to purchase nursing care at home?	1	2
D. Required more care than household members could give?	1	2
E. Problems in doing everyday activities (such as bathing, dressing, eating, walking, getting in and out of a chair or bed or controlling urination or bowel movements)?	1	2
F. Because spouse entered?	1	2

16a. Now, please tell me the name of the disease or condition that caused (subject's) admission to (sample facility) on (date of admission).

ENTER ALL THAT APPLY. IF NO MEDICAL REASON, ENTER "90"

DISEASE OR CONDITION OF THE BONES, MUSCLES OR JOINTS

- 11 = HIP FRACTURE
- 12 = OTHER FRACTURE
- 13 = ARTHRITIS
- 14 = OSTEOPOROSIS, SOMETIMES CALLED FRAGILE OR SOFT BONES
- 15 = OTHER DISEASE OR CONDITION OF THE BONES, MUSCLES OR JOINTS

HEART AND OTHER CIRCULATORY PROBLEMS

- 21 = MI (HEART ATTACK)
- 22 = STROKE
- 23 = HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS
- 24 = OTHER HEART OR CIRCULATORY PROBLEM

CANCER

- 31 = ALL CANCER SITES

EMOTIONAL, MENTAL OR NERVOUS CONDITION

- 41 = ALZHEIMER'S DISEASE
- 42 = CONFUSED OR FORGETFUL
- 43 = SENILITY
- 44 = DISRUPTIVE BEHAVIOR
- 45 = OTHER EMOTIONAL, MENTAL OR NERVOUS CONDITION

OTHER DISEASE OR CONDITION

- 51 = ANY OTHER DISEASE OR CONDITION

16b. (IF "51" TO 16a) What was that condition?

ENTER VERBATIM RESPONSE

17. (IF MORE THAN ONE MEDICAL REASON GIVEN) What was the main condition that caused _____ admission?

ENTER CODE FOR MAIN CONDITION.

DISEASE OR CONDITION OF THE BONES, MUSCLES OR JOINTS

- 11 = HIP FRACTURE
- 12 = OTHER FRACTURE
- 13 = ARTHRITIS
- 14 = OSTEOPOROSIS, SOMETIMES CALLED FRAGILE OR SOFT BONES
- 15 = OTHER DISEASE OR CONDITION OF THE BONES, MUSCLES OR JOINTS

HEART AND OTHER CIRCULATORY PROBLEMS

- 21 = MI (HEART ATTACK)
- 22 = STROKE
- 23 = HARDENING OF THE ARTERIES OR ARTERIOSCLEROSIS
- 24 = OTHER HEART OR CIRCULATORY PROBLEM

CANCER

- 31 = ALL CANCER SITES

EMOTIONAL, MENTAL OR NERVOUS CONDITION

- 41 = ALZHEIMER'S DISEASE
- 42 = CONFUSED OR FORGETFUL
- 43 = SENILITY
- 44 = DISRUPTIVE BEHAVIOR
- 45 = OTHER EMOTIONAL, MENTAL OR NERVOUS CONDITION

OTHER DISEASE OR CONDITION

- 51 = ANY OTHER DISEASE OR CONDITION
- 90 = NO MAIN MEDICAL REASON

18a. Did (subject) enter (sample facility) on (date of admission) for any reason I have not mentioned?

- 1 = YES
- 2 = NO (SKIP TO Q19.)

18b. What was that other reason?

ENTER VERBATIM RESPONSE

19. (IF MORE THAN ONE REASON GIVEN IN Qs15, 17, AND 18) You mentioned that (subject) was admitted to the nursing home because of (reasons in Qs15, 17, and 18). Which reason would you say is the main reason?

(CATI WILL DISPLAY ALL REASONS GIVEN.)

ENTER CODE FOR MAIN REASON.

- 20a. Now I would like to ask you some questions about how many times (subject) was a resident of nursing homes, convalescent homes, and similar places.

Was _____ ever in a nursing home or similar facility before (date of admission)?

1 = YES

IF OVERLAP SAMPLE, GO TO Q21a.

IF CURRENT RESIDENT SAMPLE, GO TO Q22a.

2 = NO

IF DISCHARGE SAMPLE, FINAL STATUS ALIVE, GO TO Q23a.

IF DISCHARGE SAMPLE, FINAL STATUS DEAD, GO TO Q26.

Now thing back to the first time (subject) was ever admitted to a nursing home.

- 20b. When was (subject) (first/next) admitted to a nursing home before (date of admission)?

ENTER MONTH OF ADMISSION

ENTER YEAR OF ADMISSION

- 20c. When was (subject) discharged from this nursing home?

ENTER MONTH OF DISCHARGE

ENTER YEAR OF DISCHARGE

- 20d. What is the name of the nursing home that (subject) was admitted to at that time?

ENTER NAME OF FACILITY

- 20e. When (subject) was admitted for this stay, what source paid for most of ___'s care? Was it. . .

1 = ___'s own income, including family support, retirement funds, and Social Security,

2 = Medicare; that is, care for persons 65 or older,

3 = Medicaid (Medi-cal); that is, care for needy persons,

4 = State funds other than Medicaid, other government assistance, or welfare,

5 = A religious or volunteer agency,

6 = An initial payment or life care funds,

7 = A VA contract, or

8 = No charge; that is, the facility assumed the costs?

20f. Did (source) continue to pay for most of ___'s care during this stay?

1 = YES (SKIP TO Q.20n)

2 = NO

20g. What was the next source that paid for most of ___'s care during this stay?

1 = ___'s own income, including family support, retirement funds, and Social Security,

2 = Medicare; that is, care for persons 65 or older,

3 = Medicaid (Medi-cal); that is care for needy persons,

4 = State funds other than Medicaid, other government assistance or welfare,

5 = A religious or volunteer agency,

6 = An initial payment or life care funds,

7 = A VA contract, or

8 = No charge; that is, the facility assumed the costs? ,

20h. After that, was there any change in the main source of payment for this stay?

1 = YES

2 = NO (SKIP TO Q.20n)

20i. What was the next source that paid for most of ___'s care during this stay?

1 = ___'s own income, including family support, retirement funds, and Social Security,

2 = Medicare; that is, care for persons 65 or older,

3 = Medicaid (Medi-cal); that is care for needy persons,

4 = State funds other than Medicaid, other government assistance or welfare,

5 = A religious or volunteer agency,

6 = An initial payment or life care funds,

7 = A VA contract, or

8 = No charge; that is, the facility assumed the costs?

20j. After that, was there any change in the main source of payment for this stay?

1 = YES

2 = NO (SKIP TO Q.20n)

20k. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

20l. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.20n)

20m. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

20n. Did (subject) have any other stays in a nursing home before (date of admission)?

- 1 = YES (REPEAT Q20b-n)
 - IF OVERLAP SAMPLE, GO TO Q.21a.
 - IF CURRENT RESIDENT SAMPLE, GO TO Q22a.
- 2 = NO
 - IF DISCHARGE SAMPLE, FINAL STATUS ALIVE, GO TO Q23a.
 - IF DISCHARGE SAMPLE, FINAL STATUS DEAD, GO TO Q26.

20o. (IF "YES" TO 20n AFTER FOURTH STAY ONLY) How many other stays in a nursing home did (subject) have before (date of admission)?

ENTER NUMBER OF STAYS.

21a-o. OVERLAP SAMPLE

21a. At the time of our recent contact with (sample facility), (subject) was listed as a resident of that facility who had been in the facility before. Between these stays; that is from (discharge date) to (CR admission date), was (subject) admitted to a nursing home, convalescent center, or similar place?

- 1 = YES
- 2 = NO (SKIP TO Q22a.)
- 3 = NOT DISCHARGED DURING THAT PERIOD (SKIP TO Q.22a)

21b. After (discharge date), when was (subject) (first/next) admitted to a nursing home?

ENTER MONTH
ENTER YEAR

21c. On what date was (subject) discharged?

ENTER MONTH
20 = STILL THERE (SKIP TO Q25a.)
ENTER YEAR

21d. What is the name of the facility subject was admitted to at that time?

ENTER NAME OF FACILITY

21e. When (subject) was admitted for this stay, what source paid for most of ___'s care?

READ ANSWER CHOICES IF NOT READ PREVIOUSLY

- 1 = ___'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

21f. Did (source) continue to pay for most of ___'s care during this stay?

- 1 = YES (SKIP TO Q.21n)
- 2 = NO

21g. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

21h. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.21n)

21i. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

21j. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.21n)

21k. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

21l. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.21n)

21m. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

21n. Did (subject) have any other stays in a nursing home between (date of discharge) and (CR admission date)?

- 1 = YES (REPEAT Q21b-n)
- 2 = NO

21o. (IF "YES" TO Q21n AFTER SECOND STAY ONLY) How many other stays in a nursing home did (subject) have between (date of discharge) and (CR admission date)?

ENTER NUMBER OF STAYS

22a-d. CURRENT RESIDENT SAMPLE

22a. SUBJECT ALIVE: Is (subject) still a resident at (sample/your facility)?

SUBJECT DECEASED: Was (subject) still a resident at (sample/your facility) at the time of ____ death?

- 1 = YES (SKIP TO Q25a.)
- 2 = NO

22b. In what month and year was (subject) discharged from (sample/your facility)?

ENTER MONTH
ENTER YEAR

22c. Where was ___ discharged to?

- 1 = OWN HOME OR APARTMENT
- 2 = RELATIVE'S HOME OR APARTMENT
- 3 = OTHER PRIVATE HOME OR APARTMENT
- 4 = RETIREMENT HOME
- 5 = BOARDING HOUSE, ROOMING HOUSE OR RENTED ROOM
- 6 = ANOTHER NURSING HOME (SKIP TO Q24b.)
- 7 = GENERAL OR SHORT-TERM HOSPITAL
- 8 = MENTAL HOSPITAL
- 9 = CHORNIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL
- 10 = HOSPICE
- 11 = SOME OTHER PLACE

(IF "11" to 22c PROBE) What was that place?

ENTER RESPONSE VERBATIM.

(IF FACILITY RESPONDENT, SKIP TO Q.25a.)

23a. (IF SUBJECT DECEASED, SKIP TO Q24.) Where is (subject) staying now?

- 1 = OWN HOME OR APARTMENT (SKIP TO Q.23c.)
- 2 = RELATIVE'S HOME OR APARTMENT (SKIP TO Q.23c.)
- 3 = OTHER PRIVATE HOME OR APARTMENT (SKIP TO Q.23c)
- 4 = RETIREMENT HOME (SKIP TO Q.23c)
- 5 = BOARDING HOUSE, ROOMING HOUSE OR RENTED ROOM (SKIP TO Q.23c)
- 6 = ANOTHER NURSING HOME (SKIP TO Q24b.)
- 7 = GENERAL OR SHORT-TERM HOSPITAL (SKIP TO Q23b.)
- 8 = MENTAL HOSPITAL (SKIP TO Q24a.)
- 9 = CHORNIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL (SKIP TO Q24a.)
- 10 = HOSPICE (SKIP TO Q24a.)
- 11 = SOME OTHER PLACE

23b. (IF Q23a = 7) Where was (subject) living just before being admitted to the hospital?

- 1 = OWN HOME OR APARTMENT (SKIP TO Q.23c)
- 2 = RELATIVE'S HOME OR APARTMENT (SKIP TO Q.23c)
- 3 = OTHER PRIVATE HOME OR APARTMENT (SKIP TO Q.23c)
- 4 = RETIREMENT HOME (SKIP TO Q.23c)
- 5 = BOARDING HOUSE, ROOMING HOUSE OR RENTED ROOM (SKIP TO Q.23c)
- 6 = ANOTHER NURSING HOME (SKIP TO Q24b.)
- 7 = GENERAL OR SHORT-TERM HOSPITAL (SKIP TO Q24a)
- 8 = MENTAL HOSPITAL (SKIP TO Q24a)
- 9 = CHRONIC DISEASE OR OTHER LONG-TERM CARE HOSPITAL (SKIP TO Q24a)
- 10 = HOSPICE (SKIP TO Q24a)
- 11 = SOME OTHER PLACE

(IF "11" TO 23a or 23b, PROBE) What place is that?

ENTER RESPONSE VERBATIM.

(SKIP TO 24a.)

23c. Who is (subject) living with; family members or non-family members?

IF LIVES WITH BOTH FAMILY AND NON-FAMILY MEMBERS, ENTER "1"

- 1 = FAMILY MEMBERS
- 2 = NON-FAMILY MEMBERS
- 3 = ALONE

24a. Did (subject) have any stays in a nursing home or similar place after (date of discharge/visit)?

- 1 = YES
- 2 = NO (SKIP TO Q25a.)

24b. When was (subject) first/next admitted to a nursing home after (date of discharge/visit)?

ENTER MONTH
ENTER YEAR

24c. IF DECEASED, PROBE TO DETERMINE IF DIED DURING STAY. When was _____ discharged?

ENTER MONTH
20 = STILL THERE (SKIP TO Q25a.)
50 = DIED DURING THAT STAY
ENTER YEAR

24d. What is the name of the facility ____ was admitted to at that time?

ENTER NAME OF FACILITY

24e. When (subject) was admitted for this stay, what source paid for most of ____'s care?

READ ANSWER CHOICES IF NOT READ PREVIOUSLY

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

24f. Did (source) continue to pay for most of ____'s care during this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.24n)

24g. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

24h. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.24n)

24i. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

24j. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.24n)

24k. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

24l. After that, was there any change in the main source of payment for this stay?

- 1 = YES
- 2 = NO (SKIP TO Q.24n)

24m. What was the next source that paid for most of ____'s care during this stay?

- 1 = ____'s own income, including family support, retirement funds, and Social Security,
- 2 = Medicare; that is, care for persons 65 or older,
- 3 = Medicaid (Medi-cal); that is care for needy persons,
- 4 = State funds other than Medicaid, other government assistance or welfare,
- 5 = A religious or volunteer agency,
- 6 = An initial payment or life care funds,
- 7 = A VA contract, or
- 8 = No charge; that is, the facility assumed the costs?

24n. Did (subject) have any other stays in a nursing home or similar place after (date of discharge/visit)?

1 = YES (REPEAT Q24b-m.)

2 = NO

24o. (IF "YES" TO 24n, AFTER FOURTH STAY ONLY) How many stays did subject have in a nursing home or similar place after (date of discharge/visit)?

ENTER NUMBER OF STAYS

25a. After (date of discharge/visit), was (subject) a patient in a hospital overnight or longer?

1 = YES

2 = NO (SKIP TO Q26.)

25b. When was (subject) first/next admitted to a hospital after (date of discharge/visit)?

ENTER MONTH

ENTER YEAR

25c. IF SUBJECT DECEASED: Did (subject) die during that hospital stay?

1 = YES (SKIP TO Q26.)

2 = NO

25d. When was _____ discharged from the hospital that time?

ENTER MONTH

20 = STILL THERE (SKIP TO Q26.)

ENTER YEAR

25e. Did (subject) have any other hospital stays after (date of discharge/visit)?

1 = YES (REPEAT Q25b-e.)

2 = NO

25f. (IF "YES" TO 25e, AFTER FOURTH STAY ONLY) How many other stays in a hospital did (subject) have after (date of discharge/visit)?

ENTER NUMBER OF STAYS

26. (IF FACILITY RESPONDENT, SKIP TO Q.33) Did any member of _____'s family have to take out any loans or sell assets to help pay for _____'s care?

1 = YES

2 = NO

27. Did any member of _____'s family have to start working or take on extra work to help pay for _____'s care?
- 1 = YES
2 = NO
- 28a. Did _____ ever serve on active duty with the Armed Forces of the United States?
- 1 = YES
2 = NO (SKIP TO Q29.)
- 28b. When did _____ serve?
- (IF SERVED IN MORE THAN ONE WAR, ENTER LOWEST NUMBER.)
- 1 = VIETNAM ERA (Aug. 1964-April 1975)
2 = KOREAN WAR (June 1950-Jan. 1955)
3 = WORLD WAR II (Sept. 1940-July 1947)
4 = WORLD WAR I (April 1917-Nov. 1918)
5 = OTHER SERVICE (Dates other than dates listed above.)
29. In what state was _____ born?
- ENTER 2-LETTER STATE ABBREVIATION
OC = OTHER COUNTRY
30. (IF SUBJECT DECEASED, TERMINATE INTERVIEW.) What is (subject's) marital status?
- 1 = MARRIED
2 = NEVER MARRIED
3 = WIDOWED
4 = DIVORCED/SEPARATED
31. (IF SUBJECT LIVES WITH NON-FAMILY MEMBERS, TERMINATE INTERVIEW)
(IF SUBJECT IS RESPONDENT, SKIP TO Q32a.) (ASK ONLY IF NOT KNOWN) You told me earlier that (subject) is now living with family members. Does _____ live with you?
- 1 = YES
2 = NO (TERMINATE INTERVIEW)
- 32a. Now, thinking of your (family's) total income from all sources for the past 12 months (for family members of all ages living in your household), did (you/your family) receive more than \$15,000 or less than \$15,000?
- 1 = MORE THAN \$15,000
2 = LESS THAN \$15,000 (SKIP TO 32d)
3 = EXACTLY (SKIP TO THANK YOU)

32b. Was it more than \$20,000 or less than \$20,000?

- 1 = MORE THAN \$20,000
- 2 = LESS THAN \$20,000 (SKIP TO THANK YOU)
- 3 = EXACTLY (SKIP TO THANK YOU)

32c. Was it more than \$25,000 or less than \$25,000?

- 1 = MORE THAN \$25,000 (SKIP TO THANK YOU)
- 2 = LESS THAN \$25,000 (SKIP TO THANK YOU)
- 3 = EXACTLY (SKIP TO THANK YOU)

32d. Was it more than \$10,000 or less than \$10,000?

- 1 = MORE THAN \$10,000 (SKIP TO THANK YOU)
- 2 = LESS THAN \$10,000
- 3 = EXACTLY (SKIP TO THANK YOU)

32e. Was it more than \$5,000 or less than \$5,000?

- 1 = MORE THAN \$5,000
- 2 = LESS THAN \$5,000 (SKIP TO THANK YOU)
- 3 = EXACTLY

33a. (IF SUBJECT DECEASED, SKIP TO THANK YOU. IF SUBJECT NOT CURRENT RESIDENT, SKIP TO Q.35c.) Has (subject) been a resident at your facility continuously since (date of admission)?

- 1 = YES (SKIP TO THANK YOU)
- 2 = NO

33b. In what month and year was (subject) first discharged after (date of admission)?

ENTER MONTH
ENTER YEAR

33c. Was (subject) readmitted to your facility after (date of discharge)?

- 1 = YES
- 2 = NO (SKIP TO THANK YOU)

33d. How many times after (date of discharge) was (subject) admitted to your facility?

ENTER NUMBER OF TIMES

33e. In what month and year was (subject) last admitted to your facility?

ENTER MONTH
ENTER YEAR

33f. (IF CURRENT RESIDENT, SKIP TO THANK YOU.) In what month and year was (subject) last discharged from your facility?

ENTER MONTH
ENTER YEAR

Thank you for participating in our survey. If you have any questions about this survey, please feel free to call the National Nursing Home Survey collect at (202)537-6970. Good-bye. Have a nice (day/evening).

Attention Health Investigators!

Need assistance in following all your study subjects, or perhaps just your lost contacts? Become a National Death Index user to enhance your followup efforts.

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How the NDI Operates

- The NDI may only be used for statistical purposes in medical and health research.
- The investigator first must submit an NDI application form to NCHS.
- Applications are reviewed quarterly by a group of advisors to the NDI program.
- Upon notification of approval, the investigator submits the names of study subjects and related information on magnetic tape, floppy disk, or NDI coding sheets (as specified in the NDI Users's Manual).
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