

# **The National Nursing Home Survey:**

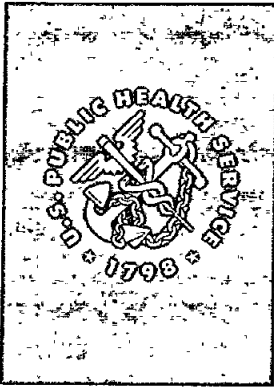
## **1977 Summary for the United States**

Data collected in the 1977 National Nursing Home Survey (NNHS) are presented in 43 tables according to standard sets of descriptive variables. The tables are grouped into six categories: facility, staff, financial, resident, discharge, and charge characteristics. Data are presented that measure utilization, staffing patterns, cost of providing care, health and functional status of residents and discharges, and payment for care. Information on completed episodes of care are available for the first time from this survey system based on data collected on persons discharged during 1976. The 1977 NNHS covered all types of nursing homes in the conterminous United States.

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### SYMBOLS

Data not available	---
Category not applicable	...
Quantity zero	-
Quantity more than 0 but less than 0.05	0.0
Figure does not meet standards of reliability or precision (more than 30 percent relative standard error)	*

# THE NATIONAL NURSING HOME SURVEY: 1977 SUMMARY FOR THE UNITED STATES

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and Daniel J. Foley, Division of Health Resources Utilization Statistics

## INTRODUCTION

### Overview

This report summarizes the data collected in the 1977 National Nursing Home Survey (NNHS). This nationwide sample survey of nursing homes—their residents, their discharges, and their staff—was conducted by the National Center for Health Statistics from May through December 1977. All types of nursing homes in the conterminous United States were included in the 1977 NNHS regardless of their intensity of service and their participation in the Medicare or Medicaid programs. Although provisional statistics on residents and discharges<sup>1</sup> and on facilities<sup>2</sup> have been published, this is the first time that final estimates, based on the entire nationwide sample, have been released. To aid in understanding and interpreting the data, this introduction provides a description of the scope of the report and a review of background information about the survey, presented in detail in appendixes I-IV.

### Scope

The scope of this report includes virtually all the data items collected in the 1977 NNHS. They are presented in 43 tables according to standard sets of descriptive variables. The tables are grouped in six categories:

*Facility characteristics.*—Tables include ownership; certification; bed size; location; type

of facility; resident days; admissions; live and dead discharges; occupancy rate; certified beds; and selected service, building, and operating characteristics.

*Staff characteristics.*—Tables include occupational category, full-time equivalent employees, full-time equivalent employees per 100 beds, average hourly wage, years of experience, selected employee characteristics, and number of vacant staff positions.

*Financial characteristics of the facility.*—Tables include cost and revenue per patient day, cost and revenue by components, net income, cash flow, and capital returns.

*Resident characteristics.*—Tables include demographic characteristics; outside living arrangements; length of stay since admission; primary diagnosis at last examination; chronic conditions and impairments; primary reason for care; medications; functional status; use of special aids or devices; level of care; physician, therapy, and other health services received; and social contacts and activities.

*Discharge characteristics.*—Tables include discharge status (live or dead); demographic characteristics; outside living arrangements; duration of stay; primary diagnosis at admission; chronic conditions and impairments; functional status; use of special aids or devices; level of care; and physician, therapy, and other health services received.

*Charge characteristics for residents and discharges.*—Tables include average total monthly charge, primary source of payment, and average amount paid by the primary source of payment.

The reader can locate data in this report in two ways: by referring to the List of Detailed Tables and to the Index. The List of Detailed Tables, immediately following this Introduction, describes the content of each table. Tables are grouped according to the six categories as just described. The Index, at the end of this report, presents each key variable along with a list of the tables in which the variable appears.

### Interpretation and Source of Data

Data presented in this report summarize nursing home utilization from two perspectives: "snapshot" and "duration" views. The snapshot view summarizes utilization on any particular day in the data collection period May-December 1977; the duration view summarizes utilization during the entire year 1976.

A basic knowledge of the design of the 1977 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 a selection of facilities, and the second stage was a selection of residents, discharges, and staff from the sample facilities. Data on the characteristics of the facility were collected by interviewing the administrator. Data on a sample of employees who provided direct health-related services to residents were collected by leaving a questionnaire for the sampled person to complete and to return by mail. Data on costs for providing care in 1976 were obtained from the facility's accountant or administrator, who completed the questionnaire and returned it by mail. Data for a sample of residents on the facility's roster at the time 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 supplemented by a working knowledge of the resident. Data

for a sample of discharges occurring in 1976 were collected by interviewing the nurse most familiar with the relevant medical records. When responding, the nurse relied solely on medical records because too long a time had passed between the discharge event and the interview to permit reliable recall of information. (Survey instruments used in the 1977 NNHS are presented in appendix III.)

These differences in design, coverage, and reference periods produced both snapshot and duration data summaries. Estimates of the number and characteristics of facilities, residents, and employees are snapshot data and reflect the situation on any particular day during the May-December 1977 survey period. Estimates of the number and characteristics of discharges, of measures of utilization (resident days, admissions, occupancy rates) and of cost and other financial variables are duration data covering all of 1976. In most cases they reflect the calendar year experience, although for cost and resident days, fiscal year data were acceptable.

There are several items of information that will assist the reader in interpreting estimates of residents and discharges. The terms *residents* and *discharges* both characterize the same pool of *patients* receiving care in nursing homes, but measured at different points in the care process. For residents, the point is while care is occurring, for discharges it is the completed episode of care. Not as much data were collected on discharges because the source of the discharge data was the medical record only; however, for residents the data were supplemented by the personal knowledge of the nurse. In addition, the reference period differs between residents (at the time of interview) and discharges (at the time of discharge). 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

The 1977 NNHS is the second in an ongoing system. The first NNHS was conducted between

August 1973 and April 1974. Reports based on data collected in the 1973-74 survey that focus on operating and financial characteristics of the facilities,<sup>3</sup> social and demographic characteristics of the residents,<sup>4</sup> utilization of nursing homes,<sup>5</sup> the health status of residents,<sup>6</sup> general characteristics of the nursing homes,<sup>7</sup> charges and sources of payment for residents,<sup>8</sup> nursing home costs,<sup>9</sup> and employees<sup>10</sup> have been published. Reports on discharge characteristics are not available for 1973-74 because the 1977 survey marks the first time that data on completed episodes of care were collected.

To permit trend comparisons, the procedures, questions, and definitions in the 1977 survey were, to the extent feasible, the same as those for the 1973-74 survey. The scope of the 1977 survey was expanded, however, in response to the need for information on the entire continuum of nursing home care. The 1977 NNHS included *all* types of nursing homes; the earlier survey excluded those nursing homes providing personal care (without nursing) or domiciliary care. The impact of including these 500 facilities and their 10,000 beds in the scope of the 1977 NNHS is expected to be small because they comprised only about 2 percent of all nursing homes in the sampling frame and housed only about 1 percent of the beds and residents. Although special adjustments may not be necessary when making trend comparisons between 1977 and 1973-74 data, the analyst should be cognizant of the broadening of scope for the 1977 survey. When comparing estimates of employees, the analyst should also be cognizant that the 1973-74 survey covered all employees, but the 1977 survey focused on those providing direct or health-related services.

## Qualifications

To assist in interpreting these estimates, the reader is urged to review the four appendixes in this report. Appendix I presents information on survey design, data collection, and estimation procedures. Appendix II presents definitions of key terms used in this report; appendix III, the survey instruments; and appendix IV, the classification of facilities within the scope of the survey.

Because the estimates in this report are based on a sample of nursing homes, their residents, discharges, and staff rather than on a complete enumeration, they are subject to sampling errors. Therefore, particular attention should be paid to the sections in appendix I entitled "Reliability of Estimates" and "Hypothesis Testing" because they present provisional sampling errors and methods for examination of hypotheses.

## Publication Plans

Because this report has presented a general summary of the data from the 1977 NNHS, future reports from the survey will concentrate on indepth analyses. The planned areas of analysis include utilization, finances, residents, discharges, and staffing. In addition to providing nationwide estimates, the NNHS sample was augmented to produce individual estimates for the five States with the largest portions of nursing home beds: California, Illinois, Massachusetts, New York, and Texas. A brief report presenting key estimates for each of these States is also planned. Publication of these reports in the *Vital and Health Statistics* series will begin in 1980.





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Table 1. Number and percent distribution of nursing homes, beds, and residents by selected nursing home characteristics: United States, 1977

Nursing home characteristic	Nursing homes		Beds		Residents	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All nursing homes..... <sup>b</sup>	18,900	100.0	1,402,400	100.0	1,303,100	100.0
<u>Ownership</u>						
Proprietary.....	14,500	76.8	971,200	69.3	888,800	68.2
Voluntary nonprofit.....	3,400	17.7	295,600	21.1	281,800	21.6
Government.....	1,000	5.5	135,700	9.7	132,500	10.2
<u>Certification</u>						
Skilled nursing facility only.....	3,600	19.2	294,000	21.0	269,600	20.7
Medicare and Medicaid.....	2,100	11.3	204,500	14.6	190,300	14.6
Medicare.....	700	3.7	27,000	1.9	17,800	1.4
Medicaid.....	800	4.2	62,600	4.5	61,500	4.7
Skilled nursing facility and intermediate care facility.....	4,600	24.2	549,400	39.2	527,800	40.5
Medicare SNF and Medicaid SNF and ICF.....	2,300	12.3	319,500	22.8	303,700	23.3
Medicaid SNF and ICF.....	2,100	10.8	218,700	15.6	213,800	16.4
Medicare SNF and Medicaid ICF.....	200	1.1	11,300	8	10,300	.8
Intermediate care facility only.....	6,000	31.6	391,600	27.9	368,200	28.3
Not certified.....	4,700	25.0	167,400	11.9	137,500	10.6
<u>Bed size</u>						
Less than 50 beds.....	8,000	42.3	182,900	13.0	167,900	12.9
50-99 beds.....	5,800	30.8	417,800	29.8	397,000	30.5
100-199 beds.....	4,200	22.3	546,400	39.0	505,200	38.8
200 beds or more.....	900	4.6	255,400	18.2	233,000	17.9
<u>Location</u>						
Geographic region:						
Northeast.....	3,900	20.5	314,900	22.5	292,100	22.4
North Central.....	5,900	31.1	483,900	34.5	449,400	34.5
South.....	4,900	26.0	381,500	27.2	354,700	27.2
West.....	4,200	22.4	222,100	15.8	207,000	15.9
Standard Federal administrative region:						
Region I.....	1,700	9.1	98,900	7.1	85,600	6.6
Region II.....	1,500	7.8	145,600	10.4	138,300	10.6
Region III.....	1,400	7.3	115,000	8.2	107,800	8.3
Region IV.....	2,400	12.9	177,600	12.7	175,300	13.4
Region V.....	4,000	20.9	345,900	24.7	318,200	24.4
Region VI.....	1,800	9.7	162,300	11.6	142,700	11.0
Region VII.....	1,700	9.2	122,800	8.8	115,800	8.9
Region VIII.....	700	3.7	54,900	3.9	50,900	3.9
Region IX.....	3,200	16.8	134,900	9.6	124,000	9.5
Region X.....	500	2.7	44,600	3.2	44,600	3.4
<u>Type of facility</u>						
Nursing care.....	12,300	65.0	1,105,100	78.8	1,113,300	85.4
All other.....	6,600	35.0	297,300	21.2	189,800	14.6

NOTE: Figures may not add to totals due to rounding.

Table 3. Medicare and medicaid certified beds (1977), resident days (1976), and certified beds occupancy rates (1976) of nursing homes, by selected nursing home characteristics: United States

Nursing home characteristic	Medicare skilled			Medicaid skilled			Medicaid intermediate		
	Certified beds 1977 <sup>1</sup>	Resident days 1976	Certified beds occupancy rate 1976 <sup>2,3</sup>	Certified beds 1977 <sup>1</sup>	Resident days 1976	Certified beds occupancy rate 1976 <sup>2,3</sup>	Certified beds 1977 <sup>1</sup>	Resident days 1976	Certified beds occupancy rate 1976 <sup>2,3</sup>
All nursing homes.....	355,500	12,985,800	10.3	637,100	115,541,900	49.6	730,400	155,784,600	58.5
<u>Ownership</u>									
Proprietary.....	239,600	8,692,100	10.1	437,500	80,952,400	50.8	515,400	113,592,300	60.8
Voluntary nonprofit.....	79,400	*	11.6	139,200	22,198,100	43.5	146,700	26,490,400	49.9
Government.....	36,600	*	*	60,400	12,391,400	55.4	68,400	15,702,000	58.5
<u>Certification</u>									
Skilled nursing facility only.....	183,300	6,351,200	9.8	254,200	54,424,900	59.1	...	-	...
Skilled nursing facility and intermediate care facility.....	172,300	6,622,100	10.9	382,900	60,602,500	42.7	355,300	63,923,000	48.9
Intermediate care facility only ..	...	-	...	...	-	...	375,100	87,775,700	64.5
<u>Bed size</u>									
Less than 50 beds.....	30,900	*	*	36,000	7,704,800	58.8	84,300	21,566,700	69.8
50-99 beds.....	96,400	*	9.3	177,400	29,870,000	46.1	241,500	47,938,200	54.0
100-199 beds.....	143,500	5,687,000	11.3	277,800	47,190,000	46.2	301,200	61,831,500	57.4
200 beds or more.....	84,700	*	*	146,000	30,777,100	57.8	103,400	24,448,200	62.5
<u>Location</u>									
Geographic region:									
Northeast.....	139,400	4,541,600	9.3	174,400	36,500,700	57.5	111,600	29,002,300	71.9
North Central.....	63,100	*	15.2	206,100	29,429,500	38.8	306,800	60,174,400	52.9
South.....	58,100	*	*	111,200	22,109,300	54.9	230,200	55,777,000	67.8
West.....	94,900	*	*	145,400	27,502,500	51.3	81,900	10,830,900	34.4
Standard Federal administrative region:									
Region I.....	24,200	*	*	39,200	8,553,100	60.0	46,700	13,422,900	80.3
Region II.....	91,900	*	9.4	93,900	21,165,500	60.3	48,900	11,510,100	64.3
Region III.....	31,400	*	*	51,000	8,625,200	47.5	43,000	10,796,400	70.3
Region IV.....	43,100	*	*	79,500	16,431,300	57.1	78,500	18,196,500	65.8
Region V.....	55,500	*	15.8	183,300	26,505,400	39.4	215,400	42,211,400	52.6
Region VI.....	*	*	*	22,100	3,839,700	47.9	127,200	31,532,700	68.4
Region VII.....	*	*	*	14,800	*	*	83,200	16,295,900	53.2
Region VIII.....	*	*	*	30,500	5,471,200	48.6	22,500	4,614,800	54.3
Region IX.....	82,000	*	*	96,200	18,594,400	53.0	30,600	*	26.2
Region X.....	*	*	*	26,500	4,625,600	45.0	34,500	4,183,300	35.3
<u>Type of facility</u>									
Nursing care.....	294,700	10,338,800	9.9	555,200	100,308,200	49.5	614,900	130,038,400	58.1
All other.....	60,800	*	*	81,900	15,233,700	50.5	115,500	25,746,200	60.3

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

<sup>2</sup>

$\Sigma$  Aggregate number of days of care provided to residents in 1976 x 100

$\Sigma$  Number of certified beds in 1977 x 366

<sup>3</sup> Those nursing homes which had a change in the number of beds between 1976 and 1977 (8 percent of total) not included in calculating rates.

NOTES: Figures may not add to totals due to rounding.  
Nursing home characteristics for 1977.

Table 4. Number and percent distribution of nursing homes by certification, according to selected service characteristics: United States, 1977

Service characteristic	All certifications	Skilled nursing facility only	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified	All certifications	Skilled nursing facility only	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified
	Number					Percent distribution				
All nursing homes.....	18,900	3,600	4,600	6,000	4,700	100.0	19.2	24.2	31.6	25.0
<b>Services routinely provided<sup>1</sup></b>										
Supervision over medications which may be self-administered.....	13,000	2,400	2,700	4,400	3,600	100.0	18.1	21.0	33.5	27.4
Medications and treatments administered in accordance with physician's orders.....	18,700	3,600	4,500	6,000	4,600	100.0	19.4	24.3	32.0	24.4
Rub and massage.....	15,900	3,100	4,400	5,700	2,800	100.0	19.6	27.4	35.5	17.4
Help with tub bath or shower.....	18,700	3,600	4,600	6,000	4,600	100.0	19.4	24.4	31.9	24.3
Help with dressing.....	17,900	3,600	4,600	5,800	3,900	100.0	20.2	25.4	32.4	22.0
Help with correspondence or shopping.....	18,200	3,500	4,500	5,900	4,300	100.0	19.1	24.6	32.6	23.7
Help with walking or getting about.....	17,400	3,500	4,500	5,700	3,600	100.0	20.1	26.1	32.9	20.9
Help with eating.....	16,900	3,500	4,500	5,700	3,300	100.0	20.5	26.7	33.4	19.4
<b>Rehabilitation services routinely provided<sup>1,2</sup></b>										
Physical therapy.....	9,900	2,500	3,700	2,800	900	100.0	24.9	37.7	28.5	9.0
Occupational therapy.....	5,800	1,500	2,200	1,500	700	100.0	24.8	37.8	25.4	12.1
Recreational therapy.....	11,200	2,400	3,500	3,700	1,500	100.0	21.7	31.4	33.1	13.8
Speech and hearing therapy.....	6,400	1,700	2,500	1,600	600	100.0	27.1	38.9	24.3	9.8
Counseling, therapy by psychiatrist, psychologist, or mental health worker.....	5,800	1,300	1,900	1,700	800	100.0	22.8	33.0	30.0	14.2
Counseling by social worker.....	12,000	2,800	3,900	4,000	1,300	100.0	23.6	32.3	33.3	10.8
Other rehabilitation therapies.....	1,300	200	500	400	200	100.0	18.5	36.5	28.8	16.2
<b>Medical director arrangement</b>										
Individual physician.....	9,700	2,700	3,800	2,100	1,100	100.0	28.3	39.3	21.2	11.2
Physician partnership or group practice.....	600	*	200	*	*	100.0	*	40.0	*	*
Several individual physicians.....	600	*	200	200	*	100.0	*	35.1	34.9	*
Health Maintenance Organization, medical school, or medical society.....	*	*	*	-	*	*	*	*	*	*
Hospital staff.....	500	200	*	*	*	100.0	44.2	*	*	*
Other arrangement.....	600	*	*	300	*	100.0	*	*	51.5	*
No medical director.....	7,000	500	-	3,200	3,100	100.0	7.2	*	45.9	44.8
<b>Level of skill of charge person on duty for facilities with 3 shifts</b>										
All registered nurses.....	4,200	1,500	2,000	400	400	100.0	35.2	47.0	8.9	8.9
All licensed practical nurses.....	1,000	*	*	800	*	100.0	*	*	82.0	*
All nurse's aides.....	600	200	-	*	300	100.0	43.5	-	*	54.3
Registered nurses for 2 shifts.....	2,400	600	900	600	*	100.0	26.4	38.3	27.0	*
Licensed practical nurses for 2 shifts.....	4,200	800	1,100	1,700	500	100.0	20.0	27.0	40.7	12.3
Nurse's aides for 2 shifts.....	1,100	*	*	500	600	100.0	*	*	44.4	48.1
All other combinations.....	900	*	*	600	300	100.0	*	*	66.5	29.6

<sup>1</sup> Figures do not add to totals because multiple responses were permitted

<sup>2</sup> Includes only service provided on premises by licensed, registered, or professionally trained therapist

NOTE: Figures may not add to totals due to rounding

Table 5. Number and percent distribution of nursing homes by bed size, according to other selected building characteristics: United States, 1977

Building characteristic	All sizes	Less than 50 beds	50-99 beds	100-199 beds	200 beds or more	All sizes	Less than 50 beds	50-99 beds	100-199 beds	200 beds or more
	Number					Percent distribution				
All nursing homes .....	18,900	8,000	5,800	4,200	900	100.0	42.3	30.8	22.3	4.6
<u>Age</u>										
Less than 5 years .....	1,300	*	600	600	*	100.0	*	42.8	43.4	*
5 to less than 10 years .....	3,400	500	1,300	1,300	200	100.0	15.9	37.6	39.3	7.2
10 to less than 20 years .....	6,300	1,800	2,700	1,500	200	100.0	29.0	43.2	24.0	3.7
20 to less than 30 years .....	1,900	1,200	400	200	*	100.0	60.9	22.3	12.3	*
30 to less than 50 years .....	1,500	1,000	300	*	*	100.0	66.0	20.6	*	*
50 years or more .....	3,300	2,500	300	300	*	100.0	76.2	10.3	9.9	*
Unknown .....	1,200	900	200	*	*	100.0	74.0	16.8	*	*
<u>Original purpose</u>										
Nursing home .....	11,700	2,300	5,000	3,700	700	100.0	20.0	42.5	31.6	5.9
Private home, apartment, hotel .....	4,800	4,400	300	*	*	100.0	90.2	6.3	*	*
Hospital or other health-related facility .....	1,100	400	400	200	*	100.0	35.8	35.8	20.0	*
Other or unknown .....	1,300	900	*	*	*	100.0	69.8	*	*	*
<u>Facilities known to have been renovated or remodeled<sup>1</sup></u>										
Addition .....	8,500	3,700	2,700	1,700	400	100.0	43.1	31.8	20.1	4.9
In process .....	*	*	*	*	*	*	*	*	*	*
Less than 2 years ago .....	1,400	500	500	300	*	100.0	36.7	37.0	21.0	*
2 to less than 5 years ago .....	1,600	400	600	500	*	100.0	25.8	33.7	30.9	*
5 years ago or more .....	4,600	2,200	1,400	800	*	100.0	48.4	30.5	17.4	*
Unknown .....	700	500	*	*	*	100.0	70.7	*	*	*
Fire safety equipment, construction .....	10,400	5,200	2,900	1,900	400	100.0	50.1	27.8	17.8	4.3
In process .....	300	*	*	*	*	100.0	*	*	*	*
Less than 2 years ago .....	3,800	1,800	1,100	800	*	100.0	46.2	29.3	19.9	*
2 to less than 5 years ago .....	3,100	1,300	1,000	700	*	100.0	41.4	31.5	21.7	*
5 years ago or more .....	2,700	1,800	600	200	*	100.0	67.3	20.8	9.0	*
Unknown .....	500	200	*	*	*	100.0	39.1	*	*	*
Interior remodeled or other renovation .....	9,300	5,000	2,400	1,600	400	100.0	53.1	25.7	17.1	4.1
In process .....	600	200	200	*	*	100.0	34.0	33.3	*	*
Less than 2 years ago .....	4,200	2,100	1,100	800	*	100.0	50.6	27.4	18.0	*
2 to less than 5 years ago .....	1,800	800	500	400	*	100.0	45.7	26.5	21.9	*
5 years ago or more .....	2,200	1,500	500	200	*	100.0	65.6	22.5	9.8	*
Unknown .....	400	300	*	*	*	100.0	73.7	*	*	*
<u>Average number of beds per room</u>										
Less than 2 beds .....	9,300	4,100	2,800	2,000	400	100.0	43.7	30.6	21.3	4.4
2 to less than 3 beds .....	8,900	3,500	2,800	2,100	400	100.0	39.8	32.0	23.9	4.3
3 to less than 4 beds .....	700	400	*	*	*	100.0	57.6	*	*	*
4 beds or more .....	*	*	*	*	*	*	*	*	*	*

<sup>1</sup> Figures do not add to totals because multiple responses were permitted.

NOTE: Figures may not add to totals due to rounding.



Table 6. Number and percent of nursing homes, by selected operating characteristics: United States, 1977

Operating characteristic	Number	Percent
<u>Type of operation</u>		
Member of group of facilities operating under one general authority or owner .....	5,300	28.1
Distinct unit of hospital, other health facility, or retirement center .....	2,400	12.9
<u>Type of admission accepted</u>		
Temporary .....	12,100	64.1
Both sexes .....	17,300	91.2
Male only .....	*	*
Female only .....	1,600	8.7
Maximum age above which no one is accepted .....	400	2.0
Minimum age under which no one is accepted .....	9,700	51.2
All facilities with minimum age .....	9,700	51.2
1-15 years .....	700	3.9
16-17 years .....	1,800	9.5
18 years .....	3,700	19.7
19-21 years .....	1,400	7.3
22-40 years .....	*	*
41-59 years .....	700	3.9
60-64 years .....	400	1.9
65 years .....	800	4.2
66 years and over .....	*	*
<u>Other operating characteristics</u>		
Maintains a waiting list .....	14,200	75.1
Provides services to nonresidents .....	3,300	17.4
Has vacant staff positions .....	6,600	34.8

NOTE: Figures may not add to totals due to rounding.

Table 7. Number of nursing homes and rate per 100 nursing homes providing services to persons who are not residents, by status of nonresidents and type of service provided: United States, 1977

Type of service <sup>1</sup>	Nonresidents				
	Total	Person on waiting list	Discharged resident	Any applicant	Other
	Number				
All nursing homes.....	3,300	900	1,600	1,900	1,600
<u>Health care</u>					
Home health care.....	400	200	*	300	*
Adult day care.....	800	300	500	600	400
Information, referral for health problems.....	1,700	600	1,200	1,200	800
Psychiatric.....	*	*	*	*	*
<u>Therapy</u>					
Physical.....	1,000	400	800	800	400
Occupational, recreational, or speech and hearing.....	800	300	600	600	300
<u>Homemaking</u>					
Laundry.....	300	*	*	*	*
Meal delivery (home or group setting).....	1,800	500	800	1,000	900
Homemaker or chore service.....	*	*	*	*	*
<u>Social service</u>					
Arrangement or provision of recreational activity.....	1,000	400	700	700	500
Friendly visiting.....	1,200	400	800	800	500
<u>Other types of service</u>					
Transportation, escort service.....	800	300	500	600	400
Daily telephone checking.....	400	*	300	300	*
Other.....	700	*	200	300	400
	Rate per 100 nursing homes				
All nursing homes.....	100.0	100.0	100.0	100.0	100.0
<u>Health care</u>					
Home health care.....	12.9	25.7	12.2	17.0	8.4
Adult day care.....	24.0	36.9	30.2	30.9	22.6
Information, referral for health problems.....	52.9	60.4	73.8	60.7	49.1
Psychiatric.....	2.8	6.5	4.2	3.4	2.6
<u>Therapy</u>					
Physical.....	30.8	39.1	46.6	42.0	22.5
Occupational, recreational, or speech and hearing.....	23.2	31.2	36.9	31.8	17.8
<u>Homemaking</u>					
Laundry.....	9.1	10.8	3.3	8.9	10.0
Meal delivery (home or group setting).....	54.2	57.1	45.9	54.5	54.9
Homemaker or chore service.....	2.1	1.2	2.9	2.3	2.3
<u>Social service</u>					
Arrangement or provision of recreational activity.....	30.4	39.1	40.6	35.5	34.5
Friendly visiting.....	35.9	47.5	47.5	40.5	33.6
<u>Other types of service</u>					
Transportation, escort service.....	25.6	31.0	29.0	30.2	26.6
Daily telephone checking.....	11.8	10.5	16.4	17.0	7.2
Other.....	19.7	20.1	13.6	16.8	26.3

<sup>1</sup> Figures do not add to totals because multiple responses were permitted

NOTE: Figures may not add to totals due to rounding.

Table 8. Number and rate per 100 beds of nursing home full-time equivalent employees, by occupational categories and selected nursing home characteristics: United States, 1977

Nursing home characteristic	All full-time equivalent employees <sup>1</sup>		Occupational category of employee									
			Administrative, medical, and therapeutic		Nursing							
					Total		Registered nurse		Licensed practical nurse		Nurse's aide	
Number	Rate per 100 beds	Number	Rate per 100 beds	Number	Rate per 100 beds	Number	Rate per 100 beds	Number	Rate per 100 beds	Number	Rate per 100 beds	
All employees*	647,700	46.2	70,600	5.0	577,000	41.1	66,900	4.8	85,100	6.1	424,900	30.3
<b>Ownership</b>												
Proprietary	421,500	43.4	44,500	4.6	376,900	38.8	40,300	4.2	55,300	5.7	281,300	29.0
Voluntary nonprofit	158,700	53.7	19,200	6.5	139,600	47.2	18,800	6.4	19,500	6.6	101,300	34.3
Government	67,500	49.7	6,900	5.1	60,500	44.6	7,800	5.8	10,300	7.6	42,400	31.2
<b>Certification</b>												
Skilled nursing facility only	154,900	52.7	17,200	5.9	137,700	46.8	20,900	7.1	19,500	6.6	97,300	33.1
Skilled nursing facility and intermediate care facility	284,600	51.8	26,700	4.9	257,900	46.9	32,100	5.9	35,800	6.5	190,000	34.6
Intermediate care facility only	159,200	40.7	18,200	4.7	141,000	36.0	9,300	2.4	24,800	6.3	106,800	27.3
Not certified	48,900	29.2	8,500	5.1	40,400	24.1	4,600	2.8	4,900	3.0	30,800	18.4
<b>Bed size</b>												
Less than 50 beds	83,400	45.6	15,200	8.3	68,200	37.3	7,900	4.3	12,000	6.6	48,300	26.4
50-99 beds	203,400	48.7	22,500	5.4	180,900	43.3	19,900	4.8	25,100	6.0	135,800	32.5
100-199 beds	254,900	46.6	22,900	4.2	232,000	42.5	25,700	4.7	33,400	6.1	172,900	31.6
200 beds or more	106,000	41.5	10,000	3.9	95,900	37.6	13,400	5.3	14,600	5.7	67,900	26.6
<b>Location</b>												
Geographic region:												
Northeast	162,000	51.4	19,400	6.1	142,700	45.3	24,800	7.9	20,300	6.4	97,600	31.0
North Central	226,700	46.8	22,900	4.7	203,800	42.1	20,200	4.2	26,700	5.5	156,900	32.4
South	162,600	42.6	16,000	4.2	146,600	38.4	11,100	2.9	27,000	7.1	108,500	28.4
West	96,300	43.4	12,400	5.6	83,900	37.8	10,800	4.9	11,100	5.0	62,000	27.9
Standard Federal administrative region:												
Region I	45,200	45.8	5,100	5.1	40,200	40.6	7,100	7.2	5,200	5.2	27,900	28.2
Region II	73,000	50.2	9,300	6.4	63,700	43.8	11,000	7.6	9,600	6.6	43,100	29.6
Region III	63,600	55.3	6,700	5.8	56,800	49.4	8,800	7.6	8,100	7.1	39,900	34.7
Region IV	92,900	52.3	8,900	5.0	84,000	47.3	6,700	3.8	13,700	7.7	63,600	35.8
Region V	167,800	48.5	16,300	4.7	151,500	43.8	16,100	4.6	19,700	5.7	115,700	33.5
Region VI	50,900	31.4	5,500	3.4	45,400	28.0	2,500	1.5	10,800	6.7	32,100	19.8
Region VII	51,700	42.1	5,600	4.6	46,100	37.6	3,300	2.6	6,500	5.3	36,300	29.6
Region VIII	21,500	39.2	2,800	5.1	18,700	34.1	2,800	5.2	2,000	3.6	13,900	25.3
Region IX	60,800	45.0	8,300	6.1	52,500	38.9	6,500	4.8	7,200	5.3	38,800	28.8
Region X	20,200	45.2	2,100	4.8	18,000	40.4	2,200	4.9	2,300	6.2	13,500	30.3
<b>Type of facility</b>												
Nursing care	592,500	53.6	61,300	5.5	531,200	48.1	61,800	5.6	79,900	7.2	389,500	35.2
All other	55,100	18.5	9,400	3.2	45,800	15.4	5,100	1.7	5,200	1.8	35,400	11.9

\*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

<sup>1</sup>Includes only employees providing direct health-related services to residents

NOTE: Figures may not add to totals due to rounding

Table 9. Number, average hourly wage, and average years of experience in occupation of full-time and part-time nursing home employees, by sex and occupational categories: United States, 1977

Occupational category	Full-time employees									Part-time employees								
	Number			Average hourly wage <sup>1</sup>			Years of experience			Number			Average hourly wage <sup>1</sup>			Years of experience		
	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Female
All employees <sup>2</sup> .....	509,900	43,500	466,500	3.64	5.14	3.50	6.5	7.9	6.4	268,800	47,000	221,800	6.31	15.07	4.73	7.7	10.3	7.1
<u>Administrative and medical staff</u>																		
Administrator, assistant administrator .....	22,700	10,600	12,100	7.47	8.83	6.23	10.4	9.0	11.7	2,900	1,200	1,700	18.81	32.17	*	10.5	*	*
Physician <sup>3</sup> .....	800	600	*	*	*	*	*	*	*	13,900	13,400	*	24.00	23.97	*	14.0	14.2	*
Dentist .....	*	*	*	*	*	*	*	*	*	3,300	3,300	*	17.40	17.36	*	9.5	9.5	*
Pharmacist .....	800	600	*	*	*	*	*	*	*	11,100	10,000	1,100	10.23	10.27	*	8.1	8.3	*
Dietitian or nutritionist .....	2,900	*	2,800	7.64	*	7.76	8.1	*	7.9	10,300	*	10,100	10.43	*	10.39	10.9	*	10.9
Registered medical record administrator .....	600	*	500	*	*	*	*	*	*	4,400	*	4,200	11.07	*	11.15	13.7	*	13.8
Other medical record administrator and technician .....	2,700	*	2,600	3.99	*	*	*	6.4	*	1,400	*	1,300	*	*	*	*	*	*
Other professional occupations <sup>4</sup> .....	2,900	700	2,200	4.73	*	*	7.2	*	*	5,800	4,200	1,600	11.63	14.20	*	11.1	13.7	*
<u>Therapeutic staff</u>																		
Registered occupational therapist .....	1,000	*	900	*	*	*	*	*	*	3,000	*	2,800	12.98	*	13.08	8.0	*	7.7
Registered physical therapist .....	1,100	*	800	*	*	*	*	*	*	6,400	3,800	2,700	12.10	12.94	10.89	11.0	12.2	9.3
Activities director .....	10,200	700	9,600	12.42	*	12.59	4.1	*	4.1	4,500	*	4,400	13.08	*	13.08	4.2	*	4.0
Social worker .....	3,100	*	2,700	5.55	*	5.52	2.9	*	*	5,700	2,000	3,700	13.09	14.99	12.11	7.7	*	7.1
Speech pathologist, audiologist .....	*	*	*	*	*	*	*	*	*	2,800	1,200	1,400	13.88	*	13.46	*	*	*
Occupational therapist assistant .....	1,700	*	1,600	*	*	*	*	*	*	1,100	*	1,000	*	*	*	*	*	*
Physical therapist assistant .....	3,300	500	2,800	4.44	*	4.41	6.2	*	6.0	1,500	600	900	*	*	*	*	*	*
Social worker technician, assistant .....	900	*	800	*	*	*	*	*	*	700	*	600	*	*	*	*	*	*
<u>Nursing staff</u>																		
Registered nurse .....	43,800	1,000	42,900	5.59	*	5.58	11.4	*	11.4	40,700	*	40,200	5.32	*	5.31	10.7	*	10.7
Licensed practical nurse .....	65,900	1,500	64,400	4.04	*	4.04	9.0	*	8.9	31,600	800	30,800	4.02	*	4.02	9.0	*	9.1
Nurse's aide .....	345,000	25,400	319,600	2.76	3.08	2.74	5.2	7.3	5.1	117,900	5,200	112,800	2.78	2.72	2.78	4.7	*	4.8

<sup>1</sup> Calculations of the average hourly wage include only staff who reported a salary. 1 percent of the full-time employees and 4 percent of the part-time employees donated their services

<sup>2</sup> Includes only employees providing direct health-related services to residents.

<sup>3</sup> Includes medical doctors and doctors of osteopathy.

<sup>4</sup> Includes psychologist, X-ray technician, and others.

NOTE: Figures may not add to totals due to rounding.

Table 10. Number and percent distribution of full-time and part-time nursing home employees by occupational categories, according to selected nursing home characteristics: United States, 1977

Nursing home characteristic	Full-time employees					Part-time employees				
	Total	Occupational category				Total	Occupational category			
		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide
	Number									
All employees <sup>1</sup> .....	509,900	55,200	43,800	65,900	345,000	268,800	78,600	40,700	31,600	117,900
<b>Ownership</b>										
Proprietary.....	329,400	34,000	25,100	42,500	227,700	185,200	57,100	27,300	20,900	79,800
Voluntary nonprofit.....	122,300	15,600	12,300	15,000	79,400	65,900	15,900	10,900	7,600	31,500
Government.....	58,200	5,600	6,400	8,400	37,900	17,700	5,700	2,500	3,100	6,500
<b>Certification</b>										
Skilled nursing facility only.....	120,300	12,700	13,300	14,700	79,500	68,000	21,100	12,900	7,900	26,200
Skilled nursing facility and intermediate care facility.....	224,300	21,000	20,800	27,900	154,700	115,600	30,700	19,200	12,700	53,000
Intermediate care facility only....	126,900	14,400	6,700	19,700	86,200	64,700	21,200	5,600	8,700	29,100
Not certified.....	38,400	7,200	3,100	3,600	24,600	20,500	5,700	2,900	2,300	9,600
<b>Bed size</b>										
Less than 50 beds.....	59,700	11,800	4,600	8,200	35,100	50,800	17,700	6,800	6,800	19,500
50-99 beds.....	156,900	17,100	12,000	19,600	108,100	91,400	29,300	13,800	9,300	39,000
100-199 beds.....	204,900	17,900	17,000	25,900	144,000	95,200	25,300	14,600	11,800	43,500
200 beds or more.....	88,500	8,400	10,200	12,200	57,700	31,400	6,400	5,400	3,700	15,900
<b>Location</b>										
<b>Geographic region:</b>										
Northeast.....	120,500	14,900	14,800	15,000	75,700	79,000	20,300	17,100	8,400	33,100
North Central.....	173,900	18,100	12,800	19,400	123,500	94,000	22,800	12,600	11,500	47,100
South.....	137,600	12,700	8,800	22,300	93,800	53,400	18,600	4,700	7,800	22,400
West.....	78,000	9,500	7,400	9,200	51,900	42,400	16,900	6,300	3,800	15,300
<b>Standard Federal administrative region:</b>										
Region I.....	28,800	3,600	3,400	3,100	18,700	32,400	7,600	6,800	3,400	14,600
Region II.....	57,200	7,700	7,400	7,300	34,800	27,900	6,300	5,900	3,700	12,000
Region III.....	50,900	5,000	5,500	6,600	33,700	26,700	8,400	5,500	2,400	10,400
Region IV.....	80,400	7,000	5,300	11,400	56,700	27,900	11,100	2,800	4,000	10,100
Region V.....	127,900	12,700	10,000	13,800	91,400	70,700	16,700	10,300	9,000	34,700
Region VI.....	41,800	4,500	2,100	9,000	26,200	17,600	5,600	800	2,700	8,500
Region VII.....	40,400	4,400	2,300	5,300	28,400	20,400	5,600	1,700	2,100	11,000
Region VIII.....	16,200	2,200	1,900	1,600	10,600	11,600	3,400	1,900	1,000	5,300
Region IX.....	50,100	6,500	4,500	6,000	33,000	24,500	10,300	3,700	2,300	8,300
Region X.....	16,100	1,600	1,400	1,800	11,400	9,100	3,700	1,300	900	3,100
<b>Type of facility</b>										
Nursing care.....	466,300	47,600	40,700	62,200	315,800	243,800	71,000	36,800	28,700	107,400
All other.....	43,600	7,600	3,100	3,700	29,200	25,000	7,700	3,900	2,900	10,600

See footnotes at end of table.

Table 10. Number and percent distribution of full-time and part-time nursing home employees by occupational categories, according to selected nursing home characteristics: United States, 1977—Con.

Nursing home characteristic	Full-time employees					Part-time employees				
	Total	Occupational category				Total	Occupational category			
		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide
	Percent distribution									
All employees <sup>1</sup> .....	100.0	10.8	8.6	12.9	67.6	100.0	29.3	15.1	11.7	43.9
<u>Ownership</u>										
Proprietary .....	100.0	10.3	7.6	12.9	69.1	100.0	30.8	14.7	11.3	43.1
Voluntary nonprofit .....	100.0	12.8	10.0	12.3	64.9	100.0	24.1	16.5	11.5	47.9
Government .....	100.0	9.6	11.0	14.4	65.0	100.0	32.0	13.9	17.3	36.9
<u>Certification</u>										
Skilled nursing facility only .....	100.0	10.6	11.1	12.2	66.1	100.0	30.9	19.0	11.6	38.5
Skilled nursing facility and intermediate care facility .....	100.0	9.3	9.3	12.4	69.0	100.0	26.5	16.6	11.0	45.8
Intermediate care facility only .....	100.0	11.3	5.2	15.5	67.9	100.0	32.9	8.7	13.4	45.1
Not certified .....	100.0	18.7	8.0	9.4	63.9	100.0	27.6	14.3	11.5	46.7
<u>Bed size</u>										
Less than 50 beds .....	100.0	19.8	7.7	13.7	58.8	100.0	34.9	13.3	13.3	38.4
50-99 beds .....	100.0	10.9	7.6	12.5	68.9	100.0	32.0	15.1	10.2	42.7
100-199 beds .....	100.0	8.7	8.3	12.7	70.3	100.0	26.6	15.4	12.4	45.7
200 beds or more .....	100.0	9.5	11.6	13.8	65.2	100.0	20.2	17.3	11.9	50.6
<u>Location</u>										
Geographic region:										
Northeast .....	100.0	12.4	12.3	12.5	62.9	100.0	25.7	21.7	10.7	41.9
North Central .....	100.0	10.4	7.4	11.2	71.0	100.0	24.3	13.4	12.2	50.1
South .....	100.0	9.2	6.4	16.2	68.2	100.0	34.7	8.8	14.6	41.9
West .....	100.0	12.2	9.5	11.8	66.5	100.0	39.9	14.8	9.1	36.2
Standard Federal administrative region:										
Region I .....	100.0	12.6	11.7	10.7	65.0	100.0	29.3	21.1	10.6	45.0
Region II .....	100.0	13.5	12.9	12.7	60.8	100.0	22.8	21.0	13.2	43.1
Region III .....	100.0	9.8	10.8	13.0	66.3	100.0	31.4	20.7	9.1	38.9
Region IV .....	100.0	8.7	6.6	14.2	70.5	100.0	39.9	9.9	14.2	36.0
Region V .....	100.0	9.9	7.8	10.8	71.4	100.0	23.6	14.5	12.8	49.1
Region VI .....	100.0	10.8	5.0	21.6	62.7	100.0	31.8	4.7	15.6	48.1
Region VII .....	100.0	11.0	5.8	13.1	70.1	100.0	27.3	8.3	10.4	54.0
Region VIII .....	100.0	13.6	11.6	9.6	65.2	100.0	29.7	16.2	8.5	45.7
Region IX .....	100.0	13.0	9.0	12.1	66.0	100.0	41.8	15.1	9.2	33.8
Region X .....	100.0	9.8	8.4	10.9	70.9	100.0	41.3	14.2	10.4	34.1
<u>Type of facility</u>										
Nursing care .....	100.0	10.2	8.7	13.3	67.7	100.0	29.1	15.1	11.8	44.0
All other .....	100.0	17.5	7.1	8.5	67.0	100.0	30.7	15.4	11.7	42.2

<sup>1</sup> Includes only employees providing direct health-related services to residents.

NOTE: Figures may not add to totals due to rounding.

Table 11. Average hourly wage of full-time and part-time nursing home employees, by occupational categories and selected nursing home characteristics: United States, 1977

Nursing home characteristic	Full-time employees						Part-time employees					
	Total	Occupational category					Total	Occupational category				
		Administrative, medical, and therapeutic	Nursing					Administrative, medical, and therapeutic	Nursing			
			Total	Registered nurse	Licensed practical nurse	Nurse's aide			Total	Registered nurse	Licensed practical nurse	Nurse's aide
All employees <sup>1</sup> .....	\$3 64	\$7.48	\$3.22	\$5.59	\$4.04	\$2.76	\$6 31	\$13.90	\$3 53	\$5.32	\$4.02	\$2.78
	Average hourly wage <sup>1</sup>											
<b>Ownership</b>												
Proprietary.....	3 47	7.20	3.08	5.49	4.01	2.64	6.49	14.08	3.50	5.31	4.05	2.74
Voluntary nonprofit .....	3 95	8.25	3 37	5.54	4.07	2.91	5.62	12.93	3.55	5.33	3.92	2.84
Government.....	3 97	7.03	3 66	6.07	4.13	3.15	7.00	14 78	3.79	5 42	4.03	3.06
<b>Certification</b>												
Skilled nursing facility only .....	3 87	6.93	3.54	5.90	4 36	3.00	6 59	13.41	3.80	5.52	4.20	2.83
Skilled nursing facility and intermediate care facility.....	3.63	7.57	3.26	5.59	4.08	2.80	6.16	14.01	3.61	5.22	4.10	2.90
Intermediate care facility only ..	3 42	8.23	2 87	5.04	3.78	2.50	6.03	12 98	3.15	5 28	3.80	2.56
Not certified.....	3.70	6.71	3.07	5.51	3.90	2.66	7.13	18.59	3.31	5 21	*	2.67
<b>Bed size</b>												
Less than 50 beds.....	4.01	8.48	3 02	5.14	3.88	2.54	6 88	14 02	3.48	5.64	3.84	2.62
50-99 beds.....	3 44	7.19	3.02	5.39	3.88	2.60	6.26	13.34	3.37	5.07	3.77	2.67
100-199 beds.....	3.45	6.95	3.15	5.48	3.97	2.74	6.10	14.03	3.52	5.23	4.12	2.78
200 beds or more.....	4.19	7.77	3.83	6.22	4.55	3.26	6.18	15.54	4.01	5 83	4.62	3.25
<b>Location</b>												
<b>Geographic region:</b>												
Northeast.....	4.18	7 37	3.76	5.80	4.49	3 22	6 22	13 78	3.88	5.33	4.16	3.04
North Central .....	3.46	7.36	3 05	5.45	3 95	2.66	5.47	12 94	3 37	5.17	4.09	2.72
South.....	3.37	8.17	2.91	5.34	3.71	2.49	6 24	12 84	3 20	5.22	3.71	2.61
West.....	3 69	6.85	3.33	5.72	4.30	2.82	8 46	16.38	3.62	5.69	4.12	2 68
<b>Standard Federal administrative region:</b>												
Region I.....	3.69	6.78	3 32	5.49	4.31	2.77	5 54	12.89	3.66	5.30	4.09	2.78
Region II.....	4.67	7.73	4 21	6.22	4.91	3.64	6 66	15.56	4.18	5.67	*	3.41
Region III.....	3.95	9.70	3.34	5.37	3.95	2.90	6.35	12.95	3.65	5.00	3.84	2 85
Region IV.....	3.22	7.51	2.82	5.14	3.59	2.45	6 48	12.48	3.16	5 02	3.59	2.48
Region V.....	3.54	7.52	3.14	5.61	4.13	2.72	5 58	13.30	3 50	5 25	4.24	2.79
Region VI.....	3.30	6.51	2.95	5.68	3.82	2.44	6 30	13.52	3.18	*	3.81	2.73
Region VII.....	3 19	7.00	2 79	4.83	3.50	2.49	5.09	11.86	2.88	*	*	2.47
Region VIII.....	3.36	*	3 03	*	*	2.54	6.27	13 50	3.23	*	*	*
Region IX.....	3.86	6.95	3.47	6 01	4.52	2.95	9.33	17 49	3.87	6.15	*	2.74
Region X.....	3.42	*	3.04	*	*	2.63	7.73	15.39	3.40	*	*	*
<b>Type of facility</b>												
Nursing care.....	3 64	7.59	3 23	5.57	4.03	2.77	6.22	13 66	3.53	5.30	4.02	2.80
All other.....	3 67	6.76	3 09	5.91	4.22	2.65	7.16	16.06	3.49	5.52	4.01	2 62

<sup>1</sup> Calculations of the average hourly wage include only staff who reported a salary. 1 percent of the full-time employees and 4 percent of the part-time employees donated their services.

<sup>2</sup> Includes only employees providing direct health-related services to residents

Table 12. Number and percent distribution of full-time and part-time nursing home employees by occupational categories, according to selected employee characteristics: United States, 1977

Employee characteristic	Full-time employees <sup>1</sup>					Part-time employees <sup>1</sup>				
	Total	Occupational category				Total	Occupational category			
		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide
	Number									
<u>Race or ethnicity</u>										
White (not Hispanic).....	390,900	50,700	39,400	51,800	248,900	237,200	74,400	38,400	26,500	98,000
Black (not Hispanic).....	94,600	2,700	2,200	11,800	77,900	24,500	1,900	1,300	4,100	17,200
Hispanic.....	7,200	700	*	900	5,300	*	*	*	*	*
Other.....	17,300	1,100	1,900	1,400	12,800	5,000	2,000	800	500	*
<u>Sex</u>										
Male.....	43,500	15,600	1,000	1,500	25,400	47,000	40,600	*	800	5,200
Female.....	466,500	39,600	42,900	64,400	319,600	221,800	38,100	40,200	30,800	112,800
<u>Age</u>										
Under 35 years.....	248,700	20,600	12,900	25,600	189,600	117,200	23,900	11,000	14,400	67,900
35-44 years.....	97,500	11,400	8,900	15,800	61,400	52,800	17,300	12,500	6,300	16,700
45-54 years.....	87,200	12,600	12,100	13,500	49,000	48,300	21,400	9,100	5,000	12,800
55 years and over.....	76,500	10,600	9,900	11,000	45,100	50,500	16,100	8,100	5,800	20,600
<u>Years of education</u>										
Less than 12 years.....	127,700	3,900	*	6,200	117,400	40,900	1,500	*	2,800	36,600
12 years.....	174,000	13,400	900	10,900	148,900	62,400	3,600	900	4,600	53,300
13-14 years.....	121,200	12,300	6,100	43,700	59,100	52,000	5,400	4,200	20,900	21,500
15-16 years.....	66,100	14,100	31,800	4,700	15,500	57,600	17,800	31,900	3,100	5,000
17 years or more.....	21,000	11,600	5,000	*	4,000	56,000	50,500	3,600	*	*
<u>Years of current employment</u>										
Less than 2 years.....	260,900	21,900	20,100	30,800	188,100	134,900	31,700	19,000	15,000	69,200
2-4 years.....	127,000	15,400	12,100	17,700	81,800	73,700	24,500	12,500	9,700	27,000
5-9 years.....	78,300	10,800	7,200	11,000	49,300	37,800	12,400	7,000	4,400	13,900
10-14 years.....	29,200	4,200	3,000	3,900	18,200	15,800	6,000	1,400	1,700	6,700
15 years or more.....	14,500	3,000	1,500	2,400	7,600	6,700	4,000	800	800	*
<u>Years of total experience</u>										
Less than 5 years.....	285,000	27,600	15,000	24,300	218,000	136,800	29,800	13,100	11,700	81,300
5-9 years.....	112,400	13,500	9,300	19,000	70,500	57,700	19,800	11,200	9,300	17,400
10-14 years.....	55,200	6,100	6,100	10,300	32,800	34,400	11,700	6,400	5,000	11,300
15 years or more.....	57,400	8,000	13,400	12,400	23,700	41,000	17,400	10,000	5,600	8,000
<u>Benefits<sup>2</sup></u>										
Paid vacation, sick leave.....	426,200	46,200	39,300	58,800	281,900	123,600	12,300	23,100	17,800	70,300
Other leave <sup>2</sup> .....	313,600	43,900	32,600	41,600	195,500	94,300	14,400	17,900	14,100	47,800
Pension.....	102,000	13,200	11,200	12,600	65,000	20,600	3,700	4,300	2,500	10,000
Health, life insurance.....	252,700	33,100	27,200	35,400	157,100	52,000	8,200	9,600	7,400	26,800
Direct medical benefits.....	90,100	10,600	8,100	10,900	60,500	17,100	3,100	3,200	2,100	8,600
Meals.....	115,200	19,200	11,900	16,800	67,300	48,100	10,400	10,300	7,200	20,200
<u>Employment arrangement</u>										
Contract.....	24,600	3,500	1,200	900	19,000	65,600	56,100	2,100	1,000	6,300
On staff.....	485,400	51,800	42,600	65,000	326,000	203,200	22,500	38,500	30,600	111,600

See footnotes at end of table



Table 12. Number and percent distribution of full-time and part-time nursing home employees by occupational categories, according to selected employee characteristics: United States, 1977—Con.

Employee characteristic	Full-time employees <sup>1</sup>					Part-time employees <sup>1</sup>				
	Total	Occupational category				Total	Occupational category			
		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide		Administrative, medical, and therapeutic	Registered nurse	Licensed practical nurse	Nurse's aide
	Percent distribution									
<u>Race or ethnicity</u>										
White (not Hispanic).....	100.0	13.0	10.1	13.3	63.7	100.0	31.4	16.2	11.2	41.3
Black (not Hispanic).....	100.0	2.9	2.3	12.4	82.4	100.0	7.8	5.3	16.8	70.1
Hispanic.....	100.0	9.8	*	12.1	73.7	*	*	*	*	*
Other.....	100.0	6.5	10.9	8.3	74.3	100.0	38.8	16.5	10.5	*
<u>Sex</u>										
Male.....	100.0	36.0	2.2	3.4	58.4	100.0	86.4	*	1.7	11.0
Female.....	100.0	8.5	9.2	13.8	68.5	100.0	17.2	18.1	13.9	50.8
<u>Age</u>										
Under 35 years.....	100.0	8.3	5.2	10.3	76.2	100.0	20.4	9.4	12.3	57.9
35-44 years.....	100.0	11.7	9.1	16.2	62.9	100.0	32.8	23.6	12.0	31.6
45-54 years.....	100.0	14.5	13.9	15.5	56.2	100.0	44.3	18.8	10.4	26.5
55 years and over.....	100.0	13.8	13.0	14.3	58.9	100.0	31.8	16.0	11.5	40.8
<u>Years of education</u>										
Less than 12 years.....	100.0	3.1	*	4.9	92.0	100.0	3.8	*	6.5	89.5
12 years.....	100.0	7.7	.5	6.2	85.6	100.0	5.8	1.4	7.3	85.5
13-14 years.....	100.0	10.2	5.0	36.0	48.8	100.0	10.3	8.1	40.2	41.4
15-16 years.....	100.0	21.3	48.1	7.2	23.4	100.0	30.6	55.3	5.3	8.8
17 years or more.....	100.0	55.1	23.6	*	19.2	100.0	90.2	6.5	*	*
<u>Years of current employment</u>										
Less than 2 years.....	100.0	8.4	7.7	11.8	72.1	100.0	23.5	14.1	11.1	51.3
2-4 years.....	100.0	12.1	9.5	14.0	64.4	100.0	33.3	16.9	13.2	36.6
5-9 years.....	100.0	13.7	9.2	14.0	63.0	100.0	33.0	18.6	11.5	36.8
10-14 years.....	100.0	14.3	10.2	13.3	62.2	100.0	37.8	8.8	10.7	42.7
15 years or more.....	100.0	20.6	10.3	16.9	52.3	100.0	60.0	11.3	11.7	*
<u>Years of total experience</u>										
Less than 5 years.....	100.0	9.7	5.3	8.5	76.5	100.0	21.9	9.6	8.6	59.9
5-9 years.....	100.0	12.1	8.3	16.9	62.7	100.0	34.3	19.4	16.1	30.1
10-14 years.....	100.0	11.0	11.1	18.6	59.4	100.0	34.1	18.5	14.6	32.8
15 years or more.....	100.0	13.9	23.3	21.5	41.2	100.0	42.4	24.4	13.6	19.5
<u>Benefits<sup>2</sup></u>										
Paid vacation, sick leave.....	100.0	10.8	9.2	13.8	66.1	100.0	10.0	18.7	14.4	56.9
Other leave.....	100.0	14.0	10.4	13.3	62.3	100.0	15.3	19.0	15.0	50.7
Pension.....	100.0	12.9	11.0	12.4	63.7	100.0	18.2	21.1	12.1	48.6
Health, life insurance.....	100.0	13.1	10.8	14.0	62.1	100.0	15.8	18.4	14.2	51.6
Direct medical benefits.....	100.0	11.8	9.0	12.1	67.1	100.0	18.4	18.8	12.4	50.4
Meals.....	100.0	16.7	10.3	14.6	58.4	100.0	21.6	21.4	15.0	41.9
<u>Employment arrangement</u>										
Contract.....	100.0	14.1	4.9	3.8	77.1	100.0	85.6	3.3	1.5	9.6
On staff.....	100.0	10.7	8.8	13.4	67.2	100.0	11.1	18.9	15.1	54.9

<sup>1</sup> Includes only employees providing direct health-related services to residents

<sup>2</sup> Figures do not add to totals because multiple responses were permitted.

<sup>3</sup> Includes civic and personal leave (jury duty, military reserves, voting, funerals) and release time for attending training institutes

NOTE: Figures may not add to totals due to rounding

Table 13. Average hourly wage of full-time and part-time nursing home employees by occupational categories and selected employee characteristics: United States, 1977

Employee characteristic	Full-time employees <sup>1</sup>						Part-time employees <sup>1</sup>					
	Total	Occupational category				Total	Occupational category					
		Administrative, medical, and therapeutic	Nursing				Administrative, medical, and therapeutic	Nursing				
		Total	Registered nurse	Licensed practical nurse	Nurse's aide		Total	Registered nurse	Licensed practical nurse	Nurse's aide		
Average hourly wage <sup>2</sup>												
<b>Face or ethnicity</b>												
White (not Hispanic).....	\$3.74	\$7.51	\$3.23	\$5.53	\$3.97	\$2.71	\$6.52	\$13.83	\$3.56	\$5.26	\$3.93	\$2.79
Black (not Hispanic).....	3.27	6.38	3.18	6.49	4.34	2.91	4.01	12.80	3.35	4.61	4.61	2.75
Hispanic .....	3.40	*	3.08	*	*	*	*	*	*	*	*	*
Other .....	3.61	*	3.25	*	*	2.79	8.61	17.84	3.43	*	*	*
<b>Sex</b>												
Male .....	5.14	8.72	3.25	*	*	3.08	15.07	17.41	3.09	*	*	*
Female .....	3.50	6.97	3.21	5.58	4.04	2.74	4.73	10.72	3.54	5.31	4.02	2.78
<b>Age</b>												
Under 35 years.....	3.14	5.97	2.93	5.34	3.89	2.64	4.84	11.91	3.18	5.18	3.91	2.70
35-44 years.....	3.83	7.11	3.40	5.71	4.08	2.90	6.85	13.45	4.00	5.31	4.12	2.98
45-54 years.....	4.23	8.01	3.60	5.84	4.15	2.91	8.15	13.96	4.09	5.54	4.35	2.94
55 years and over .....	4.33	9.85	3.52	5.51	4.19	2.91	7.57	17.58	3.57	5.29	3.89	2.79
<b>Years of education</b>												
Less than 12 years .....	2.95	7.41	2.82	*	3.89	2.76	3.04	8.42	2.85	*	*	2.76
12 years.....	3.10	6.76	2.82	*	3.91	2.73	3.30	10.13	2.92	*	4.06	2.78
13-14 years.....	3.73	6.59	3.44	5.47	4.06	2.77	4.15	9.59	3.58	5.24	4.03	2.82
15-16 years.....	5.15	7.02	4.70	5.57	4.25	3.07	6.48	10.54	4.88	5.31	3.86	*
17 years or more .....	7.29	9.76	4.45	5.87	*	*	14.78	16.01	4.63	5.47	*	*
<b>Years of current employment</b>												
Less than 2 years.....	3.30	7.32	2.98	5.37	3.91	2.58	5.47	13.11	3.31	5.23	3.87	2.66
2-4 years.....	3.84	7.40	3.38	5.59	4.08	2.91	6.68	13.08	3.83	5.33	4.29	2.95
5-9 years .....	4.03	7.42	3.52	5.88	4.20	3.03	7.51	16.43	3.91	5.58	3.87	3.07
10 years or more .....	4.41	8.19	3.70	6.13	4.31	3.13	8.36	15.68	3.45	5.27	*	2.77
<b>Years of total experience</b>												
Less than 5 years.....	3.23	6.81	2.90	5.14	3.87	2.64	5.03	12.49	3.14	5.23	3.84	2.70
5-9 years .....	3.84	7.29	3.39	5.75	4.07	2.90	7.45	15.20	3.89	5.32	3.98	2.90
10-14 years.....	4.06	8.10	3.58	5.84	4.12	3.00	6.85	13.50	3.89	5.31	3.94	3.08
15 years or more .....	4.87	9.41	4.16	5.87	4.26	3.13	8.67	15.16	4.36	5.45	4.32	2.98
<b>Benefits<sup>3</sup></b>												
Paid vacation, sick leave .....	3.72	7.50	3.29	5.64	4.07	2.80	4.49	13.17	3.57	5.37	4.11	2.85
Other leave <sup>4</sup> .....	3.91	7.57	3.36	5.72	4.09	2.81	4.99	13.04	3.59	5.39	3.99	2.80
Pension.....	4.31	7.80	3.81	6.16	4.29	3.31	7.07	20.50	4.09	5.92	4.28	3.25
Health, life insurance.....	3.98	7.26	3.52	5.84	4.18	2.96	5.52	14.90	3.80	5.76	4.46	2.92
Direct medical benefits.....	3.98	7.19	3.58	6.05	4.39	3.10	5.10	10.54	3.89	6.18	*	2.90
Meals.....	3.99	7.06	3.41	5.72	4.09	2.83	5.63	12.94	3.65	5.32	3.96	2.68
<b>Employment arrangement</b>												
Contract.....	3.70	7.32	3.17	*	*	3.02	12.47	14.03	4.00	*	*	2.78
On staff .....	3.64	7.49	3.22	5.61	4.04	2.75	4.46	13.55	3.51	5.25	3.95	2.78

<sup>1</sup> Includes only employees providing direct health-related services to residents.

<sup>2</sup> Calculations of the average hourly wage include only staff who reported a salary. 1 percent of the full-time employees and 4 percent of the part-time employees donated their services.

<sup>3</sup> Figures do not add to totals because multiple responses were permitted.

<sup>4</sup> Includes civic and personal leave (jury duty, military reserves, voting, funerals) and release time for attending training institutes.

NOTE: Figures may not add to totals due to rounding

Table 14. Number of vacant full-time and part-time staff positions budgeted in nursing homes, by occupational category: United States, 1977

Occupational category	Vacant staff positions	
	Full-time	Part-time
<u>Administrative and medical staff</u>		
Administrator, assistant administrator.....	200	-
Physician <sup>1</sup> .....	*	*
Dentist.....	-	*
Pharmacist.....	-	*
Dietitian or nutritionist.....	700	*
Registered medical record administrator.....	*	*
Other professional occupations <sup>2</sup> .....	*	*
<u>Therapeutic staff</u>		
Registered occupational therapist.....	300	*
Registered physical therapist.....	*	*
Activities director.....	1,300	*
Social worker.....	*	*
Speech pathologist, audiologist.....	*	*
<u>Nursing staff</u>		
Registered nurse.....	4,300	1,200
Licensed practical nurse.....	4,700	1,600
Nurse's aide.....	6,900	1,900
<u>Other staff</u>		
Office staff.....	300	*
Food service personnel.....	1,100	300
Housekeeping, maintenance personnel.....	1,200	500
Other.....	3,300	*

<sup>1</sup> Includes medical doctors and doctors of osteopathy.

<sup>2</sup> Includes psychologist, X-ray technician, and others.

Table 15. Amount per resident day and percent distribution of nursing home revenues and costs, according to ownership and certification:  
United States, 1976

Revenue and cost component	All nursing homes	Ownership			Certification			
		Proprietary	Voluntary nonprofit	Government	Skilled nursing facility only	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified
Amount per resident day								
<b>Revenue</b>								
Total .....	\$23.89	\$22.63	\$26.91	\$26.66	\$30.29	\$26.34	\$18.50	\$16.71
Patient care .....	22.78	22.33	24.37	22.68	29.35	25.07	17.86	14.72
Nonpatient care .....	1.11	.30	2.53	3.97	.94	1.27	*	1.98
<b>Cost</b>								
Total .....	23.84	21.97	27.56	29.54	29.71	26.53	18.37	16.98
Labor .....	14.23	12.46	16.93	21.33	17.82	16.03	10.66	9.99
Wages and salaries .....	12.70	11.19	15.15	18.48	15.69	14.28	9.68	9.06
Nursing payroll .....	7.77	7.11	8.92	10.22	10.04	8.73	5.84	5.02
Professional payroll .....	.40	.24	.56	1.19	.54	.49	*	*
Other payroll .....	4.53	3.85	5.68	7.06	5.12	5.06	3.69	3.64
Payroll taxes and fringe benefits .....	1.53	1.27	1.78	2.86	2.13	1.75	.98	.94
Operating .....	5.14	4.65	6.49	5.80	6.17	5.55	4.09	4.33
Food and other dietary .....	2.13	1.95	2.69	2.23	2.36	2.23	1.89	1.92
Drugs .....	.29	.25	.40	.40	.43	.34	.18	.19
Supplies and equipment .....	.81	.71	1.04	1.07	.98	.97	.56	.55
Maintenance of buildings, grounds, and equipment purchased from outside sources .....	.41	.38	.52	.40	.47	.42	.37	.40
Laundry and linen .....	.27	.25	.30	.34	.38	.30	.17	.19
Health-care services purchased from outside sources .....	.30	.28	.40	.22	.52	.33	.12	.21
Nursing .....	.06	.07	*	*	.09	.07	*	*
Other health care .....	.24	.21	.34	.20	.43	.26	.09	.17
Utilities .....	.92	.82	1.15	1.15	1.02	.97	.80	.87
Fixed .....	3.40	3.76	3.03	1.49	4.35	3.78	2.72	1.97
Equipment rental .....	.05	.06	*	*	.08	.05	*	*
Insurance .....	.28	.27	.35	.19	.31	.29	.27	.22
Taxes and licenses .....	.40	.55	.08	*	.64	.40	.28	.27
Interest and finance charges .....	.88	.89	1.12	.26	1.08	1.05	.69	.38
Depreciation .....	.87	.72	1.36	.95	1.00	1.03	.69	.57
Rent on buildings and land .....	.89	1.24	.08	*	1.21	.94	.73	.49
Amortization of leasehold improvement .....	.02	.03	*	*	*	*	*	*
Miscellaneous .....	1.08	1.09	1.11	.92	1.38	1.16	.89	.69

See footnotes at end of table.

Table 15. Amount per resident day and percent distribution of nursing home revenues and costs, according to ownership and certification: United States, 1976—Con.

Revenue and cost component	All nursing homes	Ownership			Certification			
		Proprietary	Voluntary nonprofit	Government	Skilled nursing facility only	Skilled nursing facility and intermediate care facility	Intermediate care facility only	Not certified
Percent distribution								
<b>Revenues</b>								
Total .....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Patient care .....	95.4	98.7	90.6	85.1	96.9	95.2	96.6	88.1
Nonpatient care .....	4.6	1.3	9.4	14.9	3.1	4.8	*	11.9
<b>Cost</b>								
Total .....	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Labor .....	59.7	56.7	61.4	72.2	60.0	60.4	58.1	58.9
Wages and salaries .....	53.3	51.0	55.0	62.5	52.8	53.8	52.7	53.3
Nursing payroll .....	32.6	32.4	32.3	34.6	33.8	32.9	31.8	29.6
Professional payroll .....	1.7	1.1	2.0	4.0	1.8	1.9	*	*
Other payroll .....	19.0	17.5	20.6	23.9	17.2	19.1	20.1	21.4
Payroll taxes and fringe benefits .....	6.4	5.8	6.5	9.7	7.2	6.6	5.4	5.5
Operating .....	21.6	21.2	23.5	19.6	20.8	20.9	22.3	25.5
Food and other dietary .....	8.9	8.9	9.7	7.5	8.0	8.4	10.3	11.3
Drugs .....	1.2	1.1	1.5	1.4	1.4	1.3	1.0	1.1
Supplies and equipment .....	3.4	3.2	3.8	3.6	3.3	3.7	3.0	3.2
Maintenance of buildings, grounds and equipment purchased from outside sources .....	1.7	1.8	1.9	1.3	1.6	1.6	2.0	2.3
Laundry and linen .....	1.1	1.1	1.1	1.2	1.3	1.1	.9	1.1
Health-care services purchased from outside sources .....	1.3	1.3	1.4	.7	1.8	1.2	.7	1.2
Nursing .....	.3	.3	*	*	.3	.3	*	*
Other health care .....	1.0	1.0	1.2	.7	1.4	1.0	.5	1.0
Utilities .....	3.9	3.7	4.2	3.9	3.4	3.6	4.3	5.1
Fixed .....	14.3	17.1	11.0	5.0	14.6	14.3	14.8	11.6
Equipment rental .....	.2	.3	*	*	.3	.2	*	*
Insurance .....	1.2	1.2	1.3	.6	1.0	1.1	1.5	1.3
Taxes and licenses .....	1.7	2.5	.3	*	2.1	1.5	1.5	1.6
Interest and finance charges .....	3.7	4.1	4.1	.9	3.6	4.0	3.8	2.2
Depreciation .....	3.7	3.3	4.9	3.2	3.4	3.9	3.8	3.4
Rent on buildings and land .....	3.7	5.7	.3	*	4.1	3.5	4.0	2.9
Amortization of leasehold improvement .....	.1	.1	*	*	*	*	*	*
Miscellaneous .....	4.5	4.9	4.0	3.1	4.6	4.4	4.9	4.0

NOTES: Figures may not add to total due to rounding.  
Nursing home characteristics for 1977.

Table 16. Amount and percent distribution of total costs per resident day of nursing homes by major components, according to selected nursing home characteristics: United States, 1976

Nursing home characteristic	Cost per resident day									
	Total	Labor	Operating	Fixed	Miscellaneous	Total	Labor	Operating	Fixed	Miscellaneous
All nursing homes .....	\$23.84	\$14.23	\$5.14	\$3.40	\$1.08	100.0	59.7	21.6	14.3	4.5
<u>Ownership</u>										
Proprietary .....	21.97	12.46	4.65	3.76	1.09	100.0	56.7	21.2	17.1	4.9
Voluntary nonprofit .....	27.56	16.93	6.49	3.03	1.11	100.0	61.4	23.5	11.0	4.0
Government .....	29.54	21.33	5.80	1.49	.92	100.0	72.2	19.6	5.0	3.1
<u>Certification</u>										
Skilled nursing facility only .....	29.71	17.82	6.17	4.35	1.38	100.0	60.0	20.8	14.6	4.6
Skilled nursing facility and intermediate care facility .....	26.53	16.03	5.55	3.78	1.16	100.0	60.4	20.9	14.3	4.4
Intermediate care facility only .....	18.37	10.66	4.09	2.72	.89	100.0	58.1	22.3	14.8	4.9
Not certified .....	16.98	9.99	4.33	1.97	.69	100.0	58.9	25.5	11.6	4.0
<u>Bed size</u>										
Less than 50 beds .....	17.91	10.34	4.45	2.20	.92	100.0	57.7	24.8	12.3	5.1
50-99 beds .....	22.56	13.36	4.87	3.29	1.04	100.0	59.2	21.6	14.6	4.6
100-199 beds .....	23.92	13.89	5.09	3.77	1.17	100.0	58.1	21.3	15.7	4.9
200 beds or more .....	30.41	19.42	6.22	3.71	1.06	100.0	63.8	20.5	12.2	3.5
<u>Location</u>										
Geographic region:										
Northeast .....	34.34	20.72	7.36	4.97	1.29	100.0	60.3	21.4	14.5	3.8
North Central .....	21.59	13.18	4.50	2.94	.97	100.0	61.0	20.9	13.6	4.5
South .....	18.91	11.00	4.36	2.58	.97	100.0	58.2	23.0	13.6	5.1
West .....	21.79	12.49	4.62	3.49	1.18	100.0	57.3	21.2	16.0	5.4
Standard Federal administrative region:										
Region I .....	26.00	15.16	5.53	4.14	1.17	100.0	58.3	21.3	15.9	4.5
Region II .....	40.64	24.91	8.66	5.82	1.25	100.0	61.3	21.3	14.3	3.1
Region III .....	28.41	16.78	6.41	3.78	1.44	100.0	59.1	22.6	13.3	5.1
Region IV .....	19.41	11.33	4.50	2.55	1.03	100.0	58.3	23.2	13.2	5.3
Region V .....	22.98	14.16	4.71	3.13	.98	100.0	61.6	20.5	13.6	4.3
Region VI .....	17.14	10.03	3.86	2.44	.81	100.0	58.5	22.5	14.2	4.7
Region VII .....	18.13	10.64	4.02	2.52	.95	100.0	58.7	22.2	13.9	5.3
Region VIII .....	17.04	10.36	3.46	2.39	.83	100.0	60.8	20.3	14.0	4.9
Region IX .....	24.20	13.47	5.30	4.08	1.35	100.0	55.7	21.9	16.9	5.6
Region X .....	17.87	11.04	3.52	2.41	.90	100.0	61.8	18.7	13.5	5.0
<u>Type of facility</u>										
Nursing care .....	25.08	15.07	5.30	3.57	1.14	100.0	60.1	21.1	14.2	4.5
All other .....	19.26	11.10	4.56	2.75	.85	100.0	57.7	23.7	14.3	4.4

NOTES: Figures may not add to total due to rounding.  
Nursing home characteristics for 1977.

Table 17. Revenues, costs, net income, cash flow, and capital returns of nursing homes per resident day and dollar of revenue by selected nursing home characteristics: United States, 1976

Nursing home characteristic	Revenue	Cost	Net income <sup>1</sup>	Cash flow <sup>2</sup>	Capital returns <sup>3</sup>	Revenue	Cost	Net income <sup>1</sup>	Cash flow <sup>2</sup>	Capital returns <sup>3</sup>	Net income <sup>1</sup>	Cash flow <sup>2</sup>	Capital returns <sup>3</sup>
	Amount in millions					Per resident day					Per dollar of revenue		
All nursing homes.....	10,821	10,796	25	421	423	23.89	23.84	.06	.93	.93	.00	.04	.04
<u>Ownership</u>													
Proprietary.....	7,165	6,954	211	439	493	22.63	21.97	.67	1.39	1.56	.03	.06	.07
Voluntary nonprofit.....	2,513	2,574	-61	66	43	26.91	27.56	-.66	.70	.46	-.02	.03	.02
Government.....	1,144	1,268	-124	-83	-113	26.66	29.54	-2.89	-1.94	-2.63	-.11	-.07	-.10
<u>Certification</u>													
Skilled nursing facility only.....	2,978	2,921	57	155	163	30.29	29.71	.58	1.58	1.66	.02	.05	.05
Skilled nursing facility and intermediate care facility.....	4,643	4,677	-33	148	153	26.34	26.53	-.19	.84	.87	-.01	.03	.03
Intermediate care facility only.....	2,285	2,289	17	102	102	18.50	18.37	.13	.82	.82	.01	.04	.04
Not certified.....	915	929	-15	16	6	16.71	16.98	-.27	.30	.11	-.02	.02	.01
<u>Bed size</u>													
Less than 50 beds.....	1,136	1,115	21	61	49	18.25	17.91	.34	.98	.78	.02	.05	.04
50-99 beds.....	3,112	3,095	18	143	132	22.69	22.56	.13	1.05	.97	.01	.05	.04
100-199 beds.....	4,190	4,129	61	209	247	24.27	23.92	.35	1.21	1.43	.01	.05	.06
200 beds or more.....	2,382	2,456	-74	7	-5	29.50	30.41	-.92	.09	-.06	-.03	.00	.00
<u>Location</u>													
Geographic region.													
Northeast.....	3,535	3,570	-35	95	102	34.01	34.34	-.33	.92	.98	-.01	.03	.03
North Central.....	3,405	3,407	-2	140	132	21.58	21.59	-.01	.88	.84	.00	.04	.04
South.....	2,313	2,271	42	119	121	19.26	18.91	.35	.99	1.01	.02	.05	.05
West.....	1,567	1,547	20	67	68	22.07	21.79	.29	.94	.96	.01	.04	.04
Standard Federal administrative region:													
Region I.....	839	843	-4	27	35	25.86	26.00	-.14	.82	1.06	-.01	.03	.04
Region II.....	2,041	2,058	-16	45	56	40.32	40.64	-.32	.89	1.11	-.01	.02	.03
Region III.....	1,004	1,010	-6	43	33	26.24	28.41	-.17	1.20	.93	-.01	.04	.03
Region IV.....	1,119	1,117	2	39	41	19.45	19.41	.04	.67	.71	.00	.03	.04
Region V.....	2,594	2,598	-4	102	93	22.95	22.98	-.03	.90	.83	.00	.04	.04
Region VI.....	869	837	32	62	61	17.79	17.14	.65	1.28	1.24	.04	.07	.07
Region VII.....	720	718	2	34	36	18.18	18.13	.05	.86	.91	.00	.05	.05
Region VIII.....	274	275	-2	11	13	16.93	17.04	-.12	.67	.79	-.01	.04	.05
Region IX.....	1,099	1,084	15	47	45	24.54	24.20	.34	1.05	1.01	.01	.04	.04
Region X.....	261	255	6	12	11	18.31	17.87	.43	.85	.78	.02	.05	.04
<u>Type of facility</u>													
Nursing care.....	8,968	8,940	29	355	365	25.16	25.08	.08	.99	1.02	.00	.04	.04
All other.....	1,853	1,856	-4	67	58	19.22	19.26	-.04	.69	.60	.00	.04	.03

<sup>1</sup> Revenues minus costs.

<sup>2</sup> Net income plus depreciation

<sup>3</sup> Net income plus interest

NOTES. Figures may not add to total due to rounding  
Nursing home characteristics for 1977

Table 18. Comparison of nursing home resident population and general population, by age: United States, 1977

Age	Number in general population <sup>1</sup>	Nursing home residents	
		Number	Percent of general population
65 years and over .....	23,494,000	1,126,000	4.8
75 years and over .....	8,910,000	914,600	10.3
85 years and over .....	2,079,000	449,900	21.6

<sup>1</sup>U.S. Bureau of the Census: Estimates of the population of the United States, by age, sex, and race, 1970 to 1977. *Current Population Reports*, Series P-25, No. 721. Washington: U.S. Government Printing Office, 1978.



Table 19. Number and percent distribution of nursing home residents by length of stay since admission, according to selected other resident characteristics: United States, 1977

Resident characteristic	All residents	Length of stay since admission						Median number of days
		Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
Total .....	1,303,100	189,300	122,100	163,100	427,800	192,900	207,900	597
<b>DEMOGRAPHIC CHARACTERISTIC</b>								
<b>Age</b>								
Under 45 years .....	32,900	*	*	*	8,900	*	6,500	657
45-64 years.....	43,500	6,300	*	*	12,400	6,200	11,000	786
55-64 years.....	100,800	12,900	9,900	11,300	29,300	15,200	22,200	632
65-69 years.....	81,700	12,900	8,700	11,500	24,200	12,800	11,600	592
70-74 years.....	129,700	25,400	12,900	18,800	39,800	14,800	18,000	440
75-79 years.....	199,200	32,400	20,700	25,900	66,300	27,500	26,500	517
80-84 years.....	265,500	43,600	25,800	34,700	80,600	38,400	32,500	513
85-89 years.....	283,700	32,300	24,200	33,500	92,100	42,500	39,100	621
90-94 years.....	141,300	15,800	10,000	14,100	47,700	23,000	30,700	821
95 years and over.....	44,900	*	*	*	16,600	8,200	9,800	940
Median age in years.....	81	79	80	80	81	82	81	..
<b>Sex</b>								
Male .....	375,300	64,400	41,500	51,600	113,100	50,900	53,800	488
Female.....	927,800	124,900	80,600	111,500	314,800	141,900	154,200	643
<b>Race or ethnicity</b>								
White (not Hispanic) <sup>1</sup> .....	1,200,900	174,600	114,600	148,900	393,400	177,900	191,500	595
Black (not Hispanic).....	81,400	10,900	5,500	11,400	26,900	12,000	14,700	691
Hispanic.....	14,400	*	*	*	5,600	*	*	412
American Indian or Alaska native.....	*	*	*	*	*	*	*	*
Asian or Pacific Islander.....	*	*	*	*	*	*	*	*
<b>Marital status</b>								
Married.....	155,400	34,400	20,400	27,000	48,600	15,500	9,400	335
Widowed <sup>1</sup> .....	810,700	118,400	73,100	97,700	278,800	121,900	120,800	599
Divorced or separated.....	87,500	13,100	7,900	13,200	27,800	12,500	13,000	552
Never married.....	249,500	23,400	20,700	25,100	72,500	42,900	64,800	887
<b>OUTSIDE LIVING ARRANGEMENT</b>								
<b>Living arrangement prior to admission</b>								
Private or semiprivate residence.....	525,000	64,500	40,300	62,100	173,600	88,500	96,000	691
Alone.....	178,300	18,100	13,800	18,900	57,900	33,300	36,200	783
Unknown if with others.....	36,900	*	*	*	11,600	8,400	8,200	878
With others <sup>2</sup> .....	308,700	42,600	25,000	39,700	104,100	46,800	51,600	600
Spouse.....	72,500	10,100	7,400	12,400	24,200	9,000	9,400	504
Children.....	136,100	18,200	10,500	17,300	49,300	22,400	18,300	597
Other relatives.....	84,500	9,600	5,800	7,300	26,300	14,600	20,900	846
Unrelated persons.....	35,500	6,000	*	5,600	12,200	*	*	420
Another health facility <sup>3</sup> .....	706,700	120,300	76,500	94,300	231,600	92,200	91,800	509
Another nursing home.....	163,000	20,500	19,400	23,500	57,900	23,800	18,000	572
General or short-stay hospital.....	420,600	89,900	50,500	60,200	138,000	46,200	35,800	401
Mental hospital.....	76,900	5,300	*	*	22,500	14,600	27,600	1,299
Other health facility or unknown.....	46,200	*	*	6,500	13,200	7,600	10,400	836
Unknown or other arrangement.....	71,400	*	5,300	6,700	22,600	12,200	20,100	964
<b>Person who arranged for admission<sup>4</sup></b>								
Self.....	77,300	10,700	6,700	9,800	20,900	13,000	16,400	661
Spouse.....	75,800	16,000	9,400	11,100	24,700	7,800	6,800	381
Children.....	509,800	72,900	47,600	71,200	178,700	73,600	65,900	548
Other relatives.....	258,500	32,700	20,900	28,600	86,200	43,700	46,500	686
Social worker.....	184,300	24,800	18,000	22,300	61,500	30,100	27,600	610
Staff of previous institution.....	141,100	21,900	12,600	15,600	40,900	21,600	28,500	664
Other.....	344,700	56,700	35,900	42,200	108,900	48,300	52,800	560
<b>Temporary resident</b>								
Yes.....	30,600	15,800	*	*	*	*	*	75
No or unknown.....	1,272,500	173,500	119,200	160,100	422,800	191,000	206,000	617
<b>Discharge plans</b>								
Within 6 months.....	49,000	32,200	5,600	*	5,300	*	*	53
Not planned or unknown.....	1,254,100	157,100	116,500	159,300	422,500	191,300	207,500	630

See footnotes at end of table

Table 19. Number and percent distribution of nursing home residents by length of stay since admission, according to selected other resident characteristics: United States, 1977—Con.

Resident characteristic	All residents	Length of stay since admission						Median number of days
		Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
		Percent distribution						
Total .....	100.0	14.5	9.4	12.5	32.8	14.8	16.0	...
<b>DEMOGRAPHIC CHARACTERISTIC</b>								
<b>Age</b>								
Under 45 years .....	100.0	*	*	*	27.1	*	19.8	...
45-54 years .....	100.0	14.6	*	*	28.5	14.3	25.3	...
55-64 years .....	100.0	12.8	9.8	11.3	29.0	15.1	22.0	...
65-69 years .....	100.0	15.7	10.7	14.0	29.6	15.7	14.2	...
70-74 years .....	100.0	19.6	9.9	14.5	30.7	11.4	13.9	...
75-79 years .....	100.0	16.3	10.4	13.0	33.3	13.8	13.3	...
80-84 years .....	100.0	16.4	9.7	13.1	34.1	14.5	12.2	...
85-89 years .....	100.0	12.2	9.2	12.7	34.9	16.1	14.8	...
90-94 years .....	100.0	11.2	7.1	10.0	33.7	16.3	21.8	...
95 years and over .....	100.0	*	*	*	36.9	18.3	21.8	...
Median age in years .....	...	..	...	..	...	...	...	...
<b>Sex</b>								
Male .....	100.0	17.2	11.1	13.8	30.1	13.6	14.3	...
Female .....	100.0	13.5	8.7	12.0	33.9	15.3	16.6	...
<b>Race or ethnicity</b>								
White (not Hispanic) <sup>1</sup> .....	100.0	14.5	9.5	12.4	32.8	14.8	15.9	...
Black (not Hispanic) .....	100.0	13.4	6.7	14.0	33.1	14.8	18.0	...
Hispanic .....	100.0	*	*	*	39.0	*	*	...
American Indian or Alaska native .....	*	*	*	*	*	*	*	...
Asian or Pacific Islander .....	*	*	*	*	*	*	*	...
<b>Marital status</b>								
Married .....	100.0	22.1	13.1	17.4	31.3	10.0	6.1	...
Widowed <sup>2</sup> .....	100.0	14.6	9.0	12.1	34.4	15.0	14.9	...
Divorced or separated .....	100.0	15.0	9.0	15.1	31.8	14.3	14.8	...
Never married .....	100.0	9.4	8.3	10.1	29.1	17.2	26.0	...
<b>OUTSIDE LIVING ARRANGEMENT</b>								
<b>Living arrangement prior to admission</b>								
Private or semprivate residence .....	100.0	12.3	7.7	11.8	33.1	16.9	18.3	...
Alone .....	100.0	10.2	7.7	10.6	32.5	18.7	20.3	...
Unknown if with others .....	100.0	*	*	*	31.4	22.7	22.3	...
With others <sup>3</sup> .....	100.0	13.7	8.1	12.8	33.6	15.1	16.7	...
Spouse .....	100.0	14.0	10.2	17.1	33.4	12.4	13.0	...
Children .....	100.0	13.4	7.7	12.7	36.2	16.4	13.5	...
Other relatives .....	100.0	11.4	6.9	8.6	31.1	17.3	24.7	...
Unrelated persons .....	100.0	16.9	*	15.6	34.3	*	*	...
Another health facility <sup>4</sup> .....	100.0	17.0	10.8	13.3	32.8	13.0	13.0	...
Another nursing home .....	100.0	12.6	11.9	14.4	35.5	14.6	11.0	...
General or short-stay hospital .....	100.0	21.4	12.0	14.3	32.8	11.0	8.5	...
Mental hospital .....	100.0	6.9	*	*	29.2	19.0	35.9	...
Other health facility or unknown .....	100.0	*	*	14.0	28.6	16.4	22.6	...
Unknown or other arrangement .....	100.0	*	7.4	9.4	31.7	17.1	28.2	...
<b>Person who arranged for admission<sup>5</sup></b>								
Self .....	100.0	13.8	8.7	12.6	27.0	16.8	21.2	...
Spouse .....	100.0	21.1	12.4	14.7	32.5	10.3	9.0	...
Children .....	100.0	14.3	9.3	14.0	35.1	14.4	12.9	...
Other relatives .....	100.0	12.6	8.1	11.1	33.3	16.9	18.0	...
Social worker .....	100.0	13.5	9.8	12.1	33.4	16.3	15.0	...
Staff of previous institution .....	100.0	15.5	8.9	11.1	29.0	15.3	20.2	...
Other <sup>6</sup> .....	100.0	16.5	10.4	12.2	31.6	14.0	15.3	...
<b>Temporary resident</b>								
Yes .....	100.0	51.8	*	*	*	*	*	...
No or unknown .....	100.0	13.6	9.4	12.6	33.2	15.0	16.2	...
<b>Discharge plans</b>								
Within 6 months .....	100.0	65.7	11.4	*	10.9	*	*	...
Not planned or unknown .....	100.0	12.5	9.3	12.7	33.7	15.3	16.5	...

<sup>1</sup>Includes a small number of unknowns.

<sup>2</sup>Residents may have lived with more than 1 category of person, so the sum of the subparts exceeds the totals.

<sup>3</sup>49 percent of these residents admitted from another health facility had gone to that facility from a private or semprivate residence.

<sup>4</sup>Admission may have been arranged by more than 1 category of person, so the sum of the subparts exceeds the totals.

<sup>5</sup>Includes friend, guardian or attorney, physician, minister, other, and unknown.

Table 20. Number and percent of nursing home residents, by selected health statuses:  
United States, 1977

Health status <sup>1</sup>	Residents	
	Number	Percent
Total.....	1,303,100	100.0
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>		
<u>Diseases of the circulatory system</u>		
Total .....	516,800	39.7
Congestive heart failure .....	52,800	4.1
Arteriosclerosis .....	264,400	20.3
Hypertension.....	47,700	3.7
Stroke .....	103,500	7.9
Heart attack, ischemic heart disease.....	22,500	1.7
Other .....	25,800	2.0
<u>Mental disorders and senility without psychosis</u>		
Total .....	266,100	20.4
Senile psychosis .....	21,200	1.6
Other psychosis.....	57,400	4.4
Chronic brain syndrome.....	96,400	7.4
Senility without psychosis.....	26,600	2.0
Mental retardation.....	42,400	3.3
Alcoholism .....	6,800	.5
Other mental disorders.....	15,300	1.2
<u>Other diagnoses<sup>2</sup></u>		
Total .....	429,700	33.0
Diseases of the musculoskeletal system and connective tissues:		
Arthritis and rheumatism.....	56,200	4.3
Diseases of the nervous system and sense organs:		
Blindness.....	5,100	.4
Multiple sclerosis.....	7,300	.8
Epilepsy .....	6,800	.5
Parkinson's disease.....	23,300	1.8
Accidents, poisonings, and violence:		
Hip fracture .....	29,300	2.2
Other bone fracture.....	10,600	.8
Endocrine, nutritional, and metabolic diseases:		
Diabetes.....	71,700	5.5
Neoplasms:		
Cancer.....	28,900	2.2
Diseases of the respiratory system:		
Emphysema.....	8,000	.6
Pneumonia.....	*	*
Other respiratory diseases .....	18,500	1.4
Diseases of the digestive system:		
Ulcers.....	8,600	.7
Diseases of the blood and blood-forming organs:		
Anemia .....	7,300	.6
<u>Diagnosis unknown<sup>3</sup></u>		
Total .....	90,500	6.9

See footnotes at end of table.

Table 2. Selected measures of nursing home utilization, by selected nursing home characteristics: United States, 1976

Nursing home characteristic	Resident days	Annual occupancy rate <sup>1</sup>	Median duration of stay in days	Admissions		Discharges					
				Number	Rate per 100 beds	Total <sup>2</sup>		Live		Dead	
						Number	Rate per 100 beds	Number	Rate per 100 beds	Number	Rate per 100 beds
All nursing homes.....	452,878,700	89.0	75	1,367,400	98.4	1,117,500	80.4	825,500	59.5	269,800	20.9
<b>Ownership</b>											
Proprietary.....	316,581,900	89.8	80	1,012,000	105.0	803,100	83.3	600,900	62.3	200,300	20.8
Voluntary nonprofit.....	93,391,200	87.4	50	252,300	86.4	225,100	77.1	160,000	54.8	65,100	22.3
Government.....	42,905,500	87.4	84	103,000	76.8	89,200	66.5	64,700	48.2	24,300	18.1
<b>Certification</b>											
Skilled nursing facility only.....	98,323,200	92.0	38	390,300	133.7	379,000	129.8	293,900	100.7	84,300	28.9
Skilled nursing facility and intermediate care facility.....	176,286,000	88.6	82	639,700	117.6	448,400	82.5	320,900	59.0	126,400	23.2
Intermediate care facility only.....	123,523,000	87.3	176	222,800	57.6	210,400	54.4	147,800	38.2	62,700	16.2
Not certified.....	54,746,500	89.1	111	114,600	68.3	79,600	47.4	63,100	37.6	16,400	9.8
<b>Bed size</b>											
Less than 50 beds.....	62,277,200	92.6	47	156,400	85.1	150,000	81.6	118,700	64.6	31,300	17.0
50-99 beds.....	137,186,800	90.4	81	423,600	102.1	323,800	78.0	230,500	55.6	92,500	22.3
100-199 beds.....	172,649,500	87.6	66	589,000	109.4	479,500	89.1	355,900	66.1	123,200	22.9
200 beds or more.....	80,765,100	87.2	103	198,300	78.4	164,200	64.9	120,500	47.6	42,700	16.9
<b>Location</b>											
Geographic region:											
Northeast.....	103,967,300	91.3	78	283,200	91.0	247,100	79.4	175,700	56.5	70,500	22.7
North Central.....	157,793,500	89.7	99	366,100	76.2	336,600	70.1	241,700	50.3	93,800	19.5
South.....	120,106,100	87.3	95	295,200	78.5	270,900	72.1	197,900	52.6	72,900	19.4
West.....	71,011,700	87.3	39	422,900	190.2	262,800	118.2	210,300	94.6	52,500	23.6
Standard Federal administrative region:											
Region I.....	32,443,700	90.1	107	70,300	71.4	54,200	55.0	36,600	37.2	17,600	17.9
Region II.....	50,632,400	95.8	123	133,800	92.7	113,900	78.9	84,400	58.4	28,700	19.9
Region III.....	35,565,300	85.7	36	106,700	94.2	102,600	90.5	70,100	61.8	32,500	28.7
Region IV.....	57,540,300	91.4	96	142,200	82.7	131,000	76.2	92,000	53.5	38,900	22.6
Region V.....	113,043,000	90.0	91	295,100	86.1	273,600	79.8	199,900	58.3	72,400	21.1
Region VI.....	48,846,800	82.5	102	128,100	79.2	119,800	74.0	93,700	57.9	26,000	16.1
Region VII.....	39,579,000	88.4	144	64,500	52.7	58,200	47.6	38,300	31.3	19,900	16.3
Region VIII.....	16,164,700	80.3	68	36,500	66.4	31,800	57.8	23,400	42.5	8,400	15.3
Region IX.....	44,794,500	90.7	35	268,000	198.6	188,300	139.5	155,000	114.8	33,300	24.7
Region X.....	14,268,900	87.4	58	121,900	273.3	44,200	99.1	32,000	71.7	12,100	27.1
<b>Type of facility</b>											
Nursing care.....	356,488,300	89.0	74	1,040,700	95.1	991,900	90.7	726,000	66.4	264,200	24.2
All other.....	96,390,300	89.0	78	326,600	110.4	125,500	42.4	99,600	33.6	25,600	8.6

<sup>1</sup>  $\Sigma$  Aggregate number of days of care provided to residents in 1976 x 100

<sup>2</sup>  $\Sigma$  Estimated number of beds in 1976 x 366

<sup>3</sup> Includes a small number of unknowns

NOTES: Figures may not add to totals due to rounding.  
Nursing home characteristics for 1977.

Table 20. Number and percent of nursing home residents, by selected health statuses:  
United States, 1977—Con.

Health status <sup>1</sup>	Residents	
	Number	Percent
<b>CHRONIC CONDITIONS OR IMPAIRMENTS<sup>2</sup></b>		
<u>Diseases of the circulatory system</u>		
Arteriosclerosis .....	620,200	47.6
Hypertension.....	272,900	20.9
Stroke .....	214,000	16.4
Paralysis or palsy, other than arthritis, related to stroke.....	80,800	6.2
Heart trouble .....	449,000	34.5
<u>Mental disorders and senility without psychosis</u>		
Mental illness.....	148,300	11.4
Chronic brain syndrome.....	324,700	24.9
Senility.....	416,400	32.0
Mental retardation.....	79,800	6.1
Alcoholism .....	36,900	2.8
Drug addiction.....	*	*
Insomnia .....	125,500	9.6
<u>Other chronic conditions or impairments</u>		
Diseases of the musculoskeletal system and connective tissues:		
Arthritis and rheumatism.....	320,500	24.6
Chronic back/spine problems, excluding stiffness and deformity .....	60,500	4.6
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	181,500	13.9
Missing arms, legs, or extremities, including feet, toes, hands, or fingers .....	32,400	2.5
Diseases of the nervous system and sense organs:		
Blindness.....	72,200	5.5
Glaucoma .....	34,000	2.6
Cataracts .....	80,000	6.1
Deafness .....	90,400	6.9
Parkinson's disease.....	58,000	4.5
Paralysis or palsy, other than arthritis, unrelated to stroke .....	46,500	3.6
Accidents, poisonings, and violence:		
Hip fracture .....	108,800	8.3
Other bone fracture.....	46,300	3.6
Endocrine, nutritional, and metabolic diseases:		
Diabetes.....	189,600	14.5
Neoplasms:		
Cancer.....	63,600	4.9
Diseases of the respiratory system:		
Chronic respiratory disease .....	86,500	6.6
Diseases of the digestive system:		
Constipation.....	313,200	24.0
Diseases of the blood and blood-forming organs:		
Anemia .....	70,600	5.4
Diseases of the skin and subcutaneous tissue:		
Bedsores .....	35,100	2.7
Conditions other than above:		
Edema.....	233,500	17.9
Kidney trouble .....	131,700	10.1
<u>None of these conditions</u>		
Total .....	13,000	1.0

<sup>1</sup>Disease group categories based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.

<sup>2</sup>Only diagnoses of sufficient magnitude are noted.

\*Includes residents who received no physician visits while in facility.

\*Figures may not add to total because resident may have had more than 1 reported condition or impairment.

Table 21. Number and percent distribution of nursing home residents by medication, length of stay since admission, and race or ethnicity, according to selected health statuses: United States, 1977

Health status <sup>1</sup>	All residents	Medication during last 7 days			Length of stay since admission				Race or ethnicity			
		Any medication for condition	Tran- quillizer	Vitamin or mineral	Less than 6 months	6 months to less than 12	1 year to less than 3	3 years or more	White (not Hispanic) <sup>2</sup>	Black (not Hispanic)	Hispanic	Other
Total .....	1,303,100	...	463,700	528,700	311,400	163,100	427,800	400,800	1,200,900	81,400	14,400	6,400
Number												
<b>PRIMARY REASON FOR CARE</b>												
Poor physical health <sup>3</sup> .....	1,022,400	...	349,500	440,800	256,200	131,000	344,000	291,200	945,900	60,500	10,900	*
Mental illness.....	87,100	...	41,700	25,400	14,400	9,700	25,600	37,400	78,400	7,600	*	*
Mental retardation.....	48,400	...	21,000	13,500	7,400	*	12,200	25,900	43,800	*	*	*
Behavioral problem.....	26,200	...	14,200	11,400	9,600	*	8,200	*	23,700	*	*	*
Social reason.....	70,000	...	21,600	21,600	14,300	9,400	20,900	25,400	62,900	5,800	*	*
Economic or other reason.....	49,000	...	15,700	15,900	9,600	6,200	17,000	16,200	46,200	*	*	*
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>												
<b>Diseases of the circulatory system</b>												
Total.....	516,800	...	179,400	230,400	112,400	68,200	177,000	159,300	476,000	34,800	*	*
Congestive heart failure.....	52,800	...	16,600	25,800	15,000	8,400	16,600	12,900	47,800	*	*	*
Arteriosclerosis.....	264,400	...	97,400	122,200	46,700	31,400	94,400	81,800	247,400	15,100	*	*
Hypertension.....	47,700	...	13,800	20,400	8,400	7,700	15,200	16,500	44,900	*	*	*
Stroke.....	103,500	...	35,600	41,200	30,300	15,000	32,800	25,400	90,400	11,200	*	*
Heart attack, ischemic heart disease ..	22,500	...	8,400	11,400	6,300	*	8,000	6,300	21,200	*	*	*
Other.....	25,800	...	7,600	9,400	5,700	*	9,900	6,500	24,300	*	*	*
<b>Mental disorders and senility without psychosis</b>												
Total.....	266,100	...	120,800	93,000	49,400	25,800	92,200	98,700	241,100	21,000	*	*
Senile psychosis.....	21,200	...	8,800	7,800	*	*	7,000	6,300	19,600	*	*	*
Other psychosis.....	57,400	...	27,400	16,300	9,200	5,300	18,200	24,700	52,400	*	*	*
Chronic brain syndrome.....	96,400	...	42,700	38,000	19,700	9,500	34,800	32,300	86,400	8,600	*	*
Senility without psychosis.....	26,600	...	9,100	12,100	5,700	*	11,600	7,300	24,800	*	*	*
Mental retardation.....	42,400	...	20,000	10,700	*	*	11,400	23,200	37,600	*	*	*
Alcoholism and other mental disorders.....	22,100	...	12,800	8,100	5,200	*	9,200	*	20,300	*	*	*
<b>Other diagnoses<sup>4</sup></b>												
Total.....	429,700	...	139,900	179,400	113,700	59,600	137,900	118,500	399,500	21,100	5,900	*
<b>Diseases of the musculoskeletal system and connective tissues:</b>												
Arthritis and rheumatism.....	56,200	...	18,500	28,600	11,100	8,000	20,100	17,000	54,400	*	*	*
<b>Diseases of the nervous system and sense organs:</b>												
Parkinson's disease.....	23,300	...	9,600	10,000	*	*	7,800	7,500	22,900	*	*	*
<b>Accidents, poisonings, and violence:</b>												
Hip fracture.....	29,300	...	7,700	11,800	14,200	*	7,400	*	28,500	*	*	*
Other bone fracture.....	10,600	...	*	*	5,200	*	*	*	10,100	*	*	*

See footnotes at end of table.

Table 21. Number and percent distribution of nursing home residents by medication, length of stay since admission, and race or ethnicity, according to selected health statuses: United States, 1977—Con.

Health status <sup>1</sup>	All residents	Medication during last 7 days			Length of stay since admission				Race or ethnicity			
		Any medication for condition	Tran- quillizer	Vitamin or mineral	Less than 6 months	6 months to less than 12	1 year to less than 3	3 years or more	White (not Hispanic) <sup>2</sup>	Black (not Hispanic)	Hispanic	Other
Number												
<u>PRIMARY DIAGNOSIS AT LAST EXAMINATION—Con.</u>												
<u>Other diagnoses<sup>2</sup>—Con.</u>												
Endocrine, nutritional, and metabolic diseases:												
Diabetes.....	71,700	...	23,200	26,200	13,400	9,700	24,400	24,200	62,600	6,100	*	*
Neoplasms:												
Cancer.....	28,800	...	10,800	12,000	14,400	*	6,400	*	26,800	*	*	*
Diseases of the respiratory system:												
Total.....	31,000	...	8,900	12,500	7,900	*	11,900	8,200	29,500	*	*	*
<u>Diagnosis unknown<sup>1</sup></u>												
Total.....	90,500	...	23,500	25,800	36,000	9,500	20,700	24,300	84,300	*	*	*
<u>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>2</sup></u>												
<u>Diseases of the circulatory system</u>												
Arteriosclerosis.....	620,200	288,900	221,700	280,300	132,700	77,800	213,500	196,200	581,100	33,500	*	*
Hypertension.....	272,900	211,700	91,800	117,000	61,500	36,500	90,000	84,900	246,100	22,700	*	*
Stroke.....	214,000	73,900	72,100	85,600	54,100	29,600	71,300	59,000	190,100	20,500	*	*
Paralysis or palsy, other than arthritis, related to stroke.....	80,800	16,400	27,400	33,100	21,500	10,200	26,400	22,800	68,500	10,300	*	*
Heart trouble.....	449,000	348,200	147,700	203,600	109,000	57,900	155,400	126,700	417,700	24,100	5,100	*
<u>Mental disorders and senility without psychosis</u>												
Mental illness.....	148,300	98,900	69,600	45,600	25,400	17,300	48,200	57,500	134,300	11,800	*	*
Chronic brain syndrome.....	324,700	155,200	134,300	140,300	67,900	38,900	112,800	105,100	291,900	27,600	*	*
Senility.....	416,400	155,800	160,300	182,700	84,300	52,000	146,800	133,300	384,200	27,700	*	*
Mental retardation.....	79,800	23,400	35,600	23,500	12,500	5,900	21,700	39,700	70,400	7,600	*	*
Alcoholism.....	36,900	7,600	14,900	15,700	10,200	*	11,400	11,200	31,000	*	*	*
Drug addiction.....	*	*	*	*	*	*	*	*	*	*	*	*
Insomnia.....	125,500	114,000	49,300	53,200	34,600	17,600	40,000	33,300	116,600	6,500	*	*
<u>Other chronic conditions or impairments</u>												
<u>Diseases of the musculoskeletal system and connective tissues:</u>												
Arthritis and rheumatism.....	320,500	219,100	109,700	149,600	64,800	39,200	109,000	107,500	303,700	12,700	*	*
Chronic back, spine problems, excluding stiffness and deformity... Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	60,500	31,200	20,800	29,900	12,200	6,500	19,800	22,000	56,900	*	*	*
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	181,500	57,300	64,200	79,200	35,100	18,300	59,800	68,200	164,800	14,600	*	*
.....	32,400	5,500	9,800	15,800	9,000	5,200	9,100	9,200	25,300	5,800	*	*

See footnotes at end of table.

Table 21. Number and percent distribution of nursing home residents by medication, length of stay since admission, and race or ethnicity, according to selected health statuses: United States, 1977—Con.

Health status <sup>1</sup>	All residents	Medication during last 7 days			Length of stay since admission				Race or ethnicity			
		Any medication for condition	Tran- quili- zer	Vitamin or mineral	Less than 6 months	6 months to less than 12	1 year to less than 3	3 years or more	White (not Hispanic) <sup>2</sup>	Black (not Hispanic)	Hispanic	Other
Number												
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>3</sup>—Con.</b>												
<u>Other chronic conditions or impairments—Con.</u>												
Diseases of the nervous system and sense organs:												
Blindness.....	72,200	12,000	28,300	28,800	12,200	7,600	22,200	30,300	62,500	7,800	*	*
Glaucoma.....	34,000	24,100	11,800	15,500	5,700	*	12,600	11,100	31,800	*	*	*
Cataracts.....	80,000	18,400	27,900	37,200	14,100	9,000	27,200	29,700	74,000	*	*	*
Deafness.....	90,400	*	30,500	39,700	16,800	10,200	31,400	32,000	88,100	*	*	*
Parkinson's disease.....	58,000	41,600	22,400	21,800	13,200	6,400	17,800	20,600	56,000	*	*	*
Paralysis or palsy, other than arthritis, unrelated to stroke.....	46,500	16,800	20,000	21,000	8,900	5,400	12,000	20,100	41,100	*	*	*
Accidents, poisonings, and violence:												
Hip fracture.....	108,800	27,400	35,400	51,200	30,000	15,900	38,800	24,100	105,500	*	*	*
Other bone fracture.....	46,300	11,200	16,500	20,700	14,400	*	15,700	11,400	44,600	*	*	*
Endocrine, nutritional, and metabolic diseases:												
Diabetes.....	189,600	128,000	62,800	75,500	41,900	26,000	64,200	57,400	168,100	15,400	*	*
Neoplasms:												
Cancer.....	63,600	26,700	20,400	27,300	23,100	8,600	21,100	10,900	59,500	*	*	*
Diseases of the respiratory system:												
Chronic respiratory disease.....	86,500	41,400	27,200	36,900	24,000	8,900	28,100	25,600	80,700	*	*	*
Diseases of the digestive system:												
Constipation.....	313,200	292,900	113,700	141,500	61,900	35,900	106,000	109,400	293,400	16,700	*	*
Diseases of the blood and blood-forming organs:												
Anemia.....	70,600	53,000	22,400	42,700	19,700	9,200	22,900	18,800	65,000	*	*	*
Diseases of the skin and subcutaneous tissue:												
Bedsores.....	35,100	26,500	12,000	18,000	11,100	6,100	9,600	8,400	31,200	*	*	*
Conditions other than above:												
Edema.....	233,500	196,200	79,100	108,000	49,200	29,500	79,700	75,000	218,200	12,000	*	*
Kidney trouble.....	131,700	72,900	44,000	58,200	36,700	14,800	47,300	32,900	119,000	10,000	*	*
<u>None of these conditions</u>												
Total.....	13,000	...	..	...	*	*	*	*	11,400	*	*	*

See footnotes at end of table.



Table 21. Number and percent distribution of nursing home residents by medication, length of stay since admission, and race or ethnicity, according to selected health statuses: United States, 1977—Con.

Health status <sup>1</sup>	All residents	Medication during last 7 days			Length of stay since admission				Race or ethnicity			
		Any medication for condition	Tran- quillizer	Vitamin or mineral	Less than 6 months	6 months to less than 12	1 year to less than 3	3 years or more	White (not Hispanic) <sup>2</sup>	Black (not Hispanic)	Hispanic	Other
Total .....	100.0	...	35.6	40.6	23.9	12.5	32.8	30.8	92.2	6.2	1.1	0.5
Percent distribution												
<b>PRIMARY REASON FOR CARE</b>												
Poor physical health <sup>3</sup> .....	100.0	...	34.2	43.1	25.1	12.8	33.6	28.5	92.5	5.9	1.1	*
Mental illness.....	100.0	...	47.8	28.1	16.5	11.2	29.4	42.9	90.0	8.7	*	*
Mental retardation.....	100.0	...	43.4	28.0	15.2	*	25.2	53.5	90.5	*	*	*
Behavioral problem.....	100.0	...	54.3	43.6	36.7	*	31.3	*	90.5	*	*	*
Social reason.....	100.0	...	30.8	30.8	20.4	13.5	29.9	36.3	89.8	8.3	*	*
Economic or other reason.....	100.0	..	32.1	32.5	19.0	12.6	34.6	33.2	94.2	*	*	*
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>												
<b>Diseases of the circulatory system</b>												
Total .....	100.0	...	34.7	44.6	21.7	13.2	34.2	30.8	92.1	6.7	*	*
Congestive heart failure.....	100.0	...	31.4	48.9	28.3	15.9	31.5	24.3	90.6	*	*	*
Arteriosclerosis.....	100.0	...	36.8	46.2	17.7	11.9	35.7	34.7	93.6	5.7	*	*
Hypertension.....	100.0	...	28.9	42.8	17.6	16.1	31.8	34.5	94.0	*	*	*
Stroke.....	100.0	...	34.4	39.7	29.3	14.5	31.7	24.5	87.3	10.8	*	*
Heart attack, ischemic heart disease ..	100.0	...	37.5	50.4	27.9	*	35.6	27.8	94.2	*	*	*
Other.....	100.0	...	29.4	36.3	22.0	*	38.4	25.3	94.2	*	*	*
<b>Mental disorders and senility without psychosis</b>												
Total .....	100.0	..	45.4	34.9	18.6	9.7	34.7	37.1	90.6	7.9	*	*
Senile psychosis.....	100.0	..	41.7	36.8	*	*	33.1	29.6	92.5	*	*	*
Other psychosis.....	100.0	...	47.7	28.4	16.0	9.2	31.8	43.1	91.4	*	*	*
Chronic brain syndrome.....	100.0	...	44.3	39.4	20.4	9.9	36.1	33.5	89.6	8.9	*	*
Senility without psychosis.....	100.0	...	34.1	45.5	21.3	*	43.4	27.4	93.1	*	*	*
Mental retardation.....	100.0	...	47.2	25.3	*	*	26.8	54.6	88.6	*	*	*
Alcoholism and other mental disorders.....	100.0	...	57.7	36.6	23.7	*	41.8	*	91.7	*	*	*
<b>Other diagnoses<sup>3</sup></b>												
Total .....	100.0	...	32.6	41.8	26.5	13.9	32.1	27.6	93.0	4.9	1.4	*
<b>Diseases of the musculoskeletal system and connective tissues<sup>3</sup></b>												
Arthritis and rheumatism .....	100.0	...	32.8	50.9	19.8	14.2	35.7	30.3	96.8	*	*	*
<b>Diseases of the nervous system and sense organs:</b>												
Parkinson's disease ..	100.0	..	41.3	42.9	*	*	33.6	32.3	98.1	*	*	*
<b>Accidents, poisonings, and violence:</b>												
Hip fracture.....	100.0	...	26.2	40.4	48.7	*	25.3	*	97.4	*	*	*
Other bone fracture.....	100.0	...	*	*	49.0	*	*	*	94.5	*	*	*

See footnotes at end of table

Table 21. Number and percent distribution of nursing home residents by medication, length of stay since admission, and race or ethnicity, according to selected health statuses: United States, 1977—Con.

Health status <sup>a</sup>	All residents	Medication during last 7 days			Length of stay since admission				Race or ethnicity			
		Any medication for condition	Tran- quilizer	Vitamin or mineral	Less than 6 months	6 months to less than 12	1 year to less than 3	3 years or more	White (not Hispanic) <sup>b</sup>	Black (not Hispanic)	Hispanic	Other
Percent distribution												
<u>PRIMARY DIAGNOSIS AT LAST EXAMINATION—Con.</u>												
<u>Other diagnoses<sup>a</sup>—Con</u>												
Endocrine, nutritional, and metabolic diseases:												
Diabetes.....	100.0	...	32.3	36.6	18.7	13.5	34.0	33.8	87.3	8.5	*	*
Neoplasms:												
Cancer.....	100.0	..	37.4	41.7	50.0	*	22.3	*	92.8	*	*	*
Diseases of the respiratory system:												
Total.....	100.0	...	28.6	40.3	25.6	*	38.3	26.3	95.1	*	*	*
<u>Diagnosis unknown<sup>a</sup></u>												
Total.....	100.0	...	26.0	28.6	39.7	10.5	22.9	26.8	93.2	*	*	*
<u>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>a</sup></u>												
<u>Diseases of the circulatory system</u>												
Arteriosclerosis.....	100.0	46.6	35.7	45.2	21.4	12.5	34.4	31.6	93.7	5.4	*	*
Hypertension.....	100.0	77.6	33.6	42.9	22.5	13.4	33.0	31.1	90.2	8.3	*	*
Stroke.....	100.0	34.5	33.7	40.0	25.3	13.9	33.3	27.6	88.8	9.6	*	*
Paralysis or palsy, other than arthritis, related to stroke.....	100.0	20.3	33.9	40.9	26.6	12.6	32.6	28.2	84.7	12.7	*	*
Heart trouble.....	100.0	77.6	32.9	45.3	24.3	12.9	34.6	28.2	93.0	5.4	1.1	*
<u>Mental disorders and senility without psychosis</u>												
Mental illness.....	100.0	66.6	46.9	30.7	17.1	11.6	32.5	38.8	90.5	8.0	*	*
Chronic brain syndrome.....	100.0	47.8	41.4	43.2	20.9	12.0	34.7	32.4	89.9	8.5	*	*
Senility.....	100.0	37.4	38.5	43.9	20.2	12.5	35.3	32.0	92.3	6.6	*	*
Mental retardation.....	100.0	29.3	44.6	29.5	15.6	7.4	27.2	49.8	88.3	9.5	*	*
Alcoholism.....	100.0	20.7	40.4	42.6	27.7	10.9	31.0	30.4	84.1	*	*	*
Drug addiction.....	*	*	*	*	*	*	*	*	*	*	*	*
Insomnia.....	100.0	90.9	39.3	42.4	27.5	14.0	31.8	28.6	92.9	5.2	*	*
<u>Other chronic conditions or impairments</u>												
Diseases of the musculoskeletal system and connective tissues:												
Arthritis and rheumatism.....	100.0	68.4	34.2	46.7	20.2	12.2	34.0	33.6	94.8	4.0	*	*
Chronic back, spine problems, excluding stiffness and deformity.....	100.0	51.5	34.4	49.4	20.2	10.8	32.7	36.3	94.0	*	*	*
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	100.0	31.6	35.4	43.6	19.4	10.1	33.0	37.6	90.8	8.0	*	*
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	100.0	17.1	30.1	48.7	27.8	16.0	28.0	28.2	78.1	17.8	*	*

See footnotes at end of table

Table 21. Number and percent distribution of nursing home residents by medication, length of stay since admission, and race or ethnicity, according to selected health statuses: United States, 1977—Con.

Health status <sup>1</sup>	All residents	Medication during last 7 days			Length of stay since admission				Race or ethnicity			
		Any medication for condition	Tran- quilizer	Vitamin or mineral	Less than 6 months	6 months to less than 12	1 year to less than 3	3 years or more	White (not Hispanic) <sup>2</sup>	Black (not Hispanic)	Hispanic	Other
Percent distribution												
<u>CHRONIC CONDITIONS AND IMPAIRMENTS—Con.</u>												
<u>Other chronic conditions or impairments—Con.</u>												
Diseases of the nervous system and sense organs:												
Blindness.....	100.0	16.7	39.2	39.8	16.9	10.5	30.7	41.9	86.5	10.9	*	*
Glaucoma.....	100.0	70.9	34.7	45.5	15.8	*	36.9	32.6	93.3	*	*	*
Cataracts.....	100.0	23.0	34.9	46.5	17.7	11.3	33.9	37.1	92.4	*	*	*
Deafness.....	100.0	*	33.7	43.9	18.6	11.3	34.7	35.4	97.5	*	*	*
Parkinson's disease.....	100.0	71.6	38.6	37.6	22.7	11.0	30.8	35.5	96.5	*	*	*
Paralysis or palsy, other than arthritis, unrelated to stroke.....	100.0	36.1	43.1	45.2	19.2	11.7	25.8	43.3	88.4	*	*	*
Accidents, poisonings, and violence:												
Hip fracture.....	100.0	25.2	32.6	47.1	27.6	14.6	35.7	22.1	97.0	*	*	*
Other bone fracture.....	100.0	24.1	35.7	44.7	31.1	*	34.0	24.5	96.4	*	*	*
Endocrine, nutritional, and metabolic diseases:												
Diabetes.....	100.0	67.5	33.1	39.8	22.1	13.7	33.9	30.3	88.7	8.1	*	*
Neoplasms:												
Cancer.....	100.0	42.0	32.0	42.9	36.3	13.5	33.1	17.1	93.5	*	*	*
Diseases of the respiratory system:												
Chronic respiratory disease.....	100.0	47.8	31.5	42.7	27.7	10.3	32.4	29.6	93.3	*	*	*
Diseases of the digestive system:												
Constipation.....	100.0	93.5	36.3	45.2	19.8	11.5	33.8	34.9	93.7	5.3	*	*
Diseases of the blood and blood-forming organs:												
Anemia.....	100.0	75.0	31.7	60.5	27.9	13.1	32.4	26.7	92.0	*	*	*
Diseases of the skin and subcutaneous tissue:												
Bedsore.....	100.0	75.3	34.2	51.3	31.6	17.3	27.2	23.9	88.7	*	*	*
Conditions other than above:												
Edema.....	100.0	84.9	33.9	46.7	21.1	12.6	34.2	32.1	93.5	5.2	*	*
Kidney trouble.....	100.0	55.4	33.4	44.2	27.9	11.2	35.9	25.0	90.4	7.6	*	*
<u>None of these conditions</u>												
Total.....	100.0	...	...	...	*	*	*	*	87.5	*	*	*

<sup>1</sup>Disease group categories based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.

<sup>2</sup>Includes a small number of unknowns.

<sup>3</sup>Only diagnoses of sufficient magnitude are noted.

<sup>4</sup>Includes residents who received no physician visits while in facility.

<sup>5</sup>Figures may not add to total because resident may have had more than 1 reported condition or impairment.

Table 22. Number and percent distribution of nursing home residents by use of special aids or devices and median length of stay since admission, according to selected functional statuses: United States, 1977

Functional status	All residents	Special aid or device used <sup>1</sup>										Median length of stay since admission in days
		Eyeglasses	Hearing aid	Wheel-chair	Cane	Walker	Crutches	Braces	Mechanical feeding device	Geriatric chair, cuffs, posey belt, or similar devices	Other aids or devices	
Total .....	1,303,100	791,200	75,900	518,000	124,800	219,400	7,200	30,200	17,000	326,900	103,300	597
		Number										
<b>Vision<sup>2</sup></b>												
Not impaired.....	875,800	551,900	48,400	331,000	82,700	149,700	6,300	25,200	8,900	177,500	66,400	577
Partially impaired <sup>3</sup> .....	247,000	160,900	15,300	112,200	25,700	47,100	*	*	*	77,200	23,000	639
Severely impaired.....	85,800	53,500	7,800	41,700	8,200	13,300	*	*	*	34,900	7,000	733
Completely lost.....	38,400	7,300	*	13,000	*	*	*	*	*	13,500	*	784
Unknown.....	56,300	17,700	*	20,100	*	*	*	*	*	23,700	*	555
<b>Hearing<sup>2</sup></b>												
Not impaired.....	906,000	541,000	30,500	348,400	78,900	146,200	6,500	24,800	9,900	207,300	68,600	578
Partially impaired <sup>3</sup> .....	282,900	188,700	29,600	129,900	34,500	56,300	*	*	*	84,900	24,700	643
Severely impaired.....	56,300	38,400	14,300	24,300	6,400	11,700	*	*	*	18,800	*	670
Completely lost.....	9,300	*	*	*	*	*	*	*	*	*	*	623
Unknown.....	48,500	19,600	*	13,000	*	*	*	*	*	13,600	*	555
<b>Speech</b>												
Not impaired.....	983,900	652,600	64,400	368,500	110,200	186,200	6,400	19,000	6,500	192,200	68,100	571
Partially impaired <sup>3</sup> .....	160,100	86,000	9,100	75,500	9,500	22,900	*	5,800	*	61,600	17,100	639
Severely impaired.....	83,800	34,800	*	43,100	*	7,500	*	*	*	41,000	9,200	677
Completely lost.....	61,300	15,800	*	28,400	*	*	*	*	*	29,900	8,400	850
Unknown.....	14,100	*	*	*	*	*	*	*	*	*	*	316
<b>Communication</b>												
Verbal.....	1,117,000	725,200	72,100	434,300	121,300	209,800	7,200	27,000	9,200	223,300	84,500	567
Nonverbal.....	128,200	48,200	*	60,100	*	8,200	*	*	5,400	66,800	14,700	763
Cannot talk.....	24,900	9,200	*	13,400	*	*	*	*	*	10,900	*	762
Is too ill.....	24,300	8,600	*	11,700	*	*	*	*	*	13,100	*	677
Mental or emotional problems.....	47,500	16,900	*	20,600	*	*	*	*	*	26,200	*	788
Does not speak English, other, or unknown.....	31,500	13,600	*	14,300	*	*	*	*	*	16,500	*	776
Does not communicate.....	58,000	17,800	*	23,600	*	*	*	*	*	36,900	*	759
<b>Dentures</b>												
No dentures.....	489,200	198,100	14,400	181,800	30,900	53,200	*	10,700	8,900	131,100	43,400	682
Dentures and used them.....	686,700	529,400	56,800	288,400	84,000	149,300	*	16,700	5,800	156,400	51,700	542
Dentures but did not use them.....	64,100	32,600	*	27,500	*	6,600	*	*	*	27,100	*	742
Dentures but unknown if used.....	8,600	5,800	*	*	*	*	*	*	*	*	*	532
Unknown.....	54,500	25,300	*	16,000	6,300	9,000	*	*	*	10,700	*	405
<b>Behavioral problems</b>												
Depressed or withdrawn.....	460,000	274,900	22,600	199,800	38,100	77,200	*	11,600	7,100	128,400	44,600	615
Extra nursing time required.....	276,700	166,900	13,400	127,500	21,100	47,400	*	5,600	5,200	87,400	31,600	569
Agitated, nervous, or hyperactive.....	440,400	260,500	19,200	182,900	29,300	58,600	*	10,400	6,500	147,300	37,400	668
Extra nursing time required.....	311,000	181,500	14,300	137,100	17,200	42,800	*	7,700	5,800	116,200	30,400	625
Abusive, aggressive, or disruptive.....	221,500	119,800	8,600	93,900	14,500	28,300	*	*	*	79,600	18,000	703
Extra nursing time required.....	176,700	94,700	6,400	75,600	10,100	23,100	*	*	*	65,300	15,300	649
Wandering.....	149,200	86,600	*	35,500	6,800	15,300	*	*	*	50,800	8,700	532
Extra nursing time required.....	113,900	67,800	*	27,400	*	10,800	*	*	*	41,400	7,800	482
Other.....	114,300	66,400	*	43,700	8,400	21,600	*	*	*	36,600	11,800	693
Extra nursing time required.....	88,100	51,600	*	34,200	6,900	18,000	*	*	*	30,100	10,000	639

See footnotes at end of table

Table 22. Number and percent distribution of nursing home residents by use of special aids or devices and median length of stay since admission, according to selected functional statuses: United States, 1977—Con.

Functional status	All residents	Special aid or device used <sup>1</sup>										Median length of stay since admission in days
		Eyeglasses	Hearing aid	Wheel-chair	Cane	Walker	Crutches	Braces	Mechanical feeding device	Geriatric chair, cuffs, posey belt, or similar devices	Other aids or devices	
<u>Dependency in activities of daily living</u>		Number										
Bathing:												
Independent <sup>2</sup> .....	178,500	106,400	11,100	15,000	24,900	13,600	*	*	*	*	6,600	657
Requires assistance.....	1,124,600	684,800	64,800	503,000	99,900	205,800	5,800	28,800	16,900	325,400	96,700	588
Dressing:												
Independent <sup>2</sup> .....	398,200	263,000	27,600	55,300	63,900	52,900	*	*	*	7,100	16,700	624
Requires assistance, includes those who do not dress.....	904,900	528,200	48,300	462,700	60,900	168,500	*	26,200	16,900	319,800	66,800	587
Using toilet room:												
Independent <sup>2</sup> .....	618,500	402,400	42,100	96,800	98,300	105,100	*	9,500	*	20,900	30,500	624
Requires assistance.....	553,500	329,900	30,200	350,900	25,700	108,000	*	19,000	8,100	236,800	56,200	562
Does not use toilet room.....	131,200	59,000	*	70,300	*	6,300	*	*	8,000	69,200	16,600	633
Mobility:												
Walks independently <sup>2</sup> .....	441,500	263,800	22,300	19,300	28,000	13,900	*	*	*	21,000	14,000	649
Walks with assistance.....	374,900	260,100	30,700	147,900	88,900	165,600	5,500	11,600	*	66,200	34,900	487
Chairfast.....	417,200	239,200	20,700	319,900	7,700	36,400	*	15,200	8,200	207,700	46,700	639
Bedfast.....	69,600	28,100	*	30,800	*	*	*	*	5,400	32,000	7,700	630
Continence:												
No difficulty controlling bowel or bladder <sup>2</sup> .....	713,300	470,000	48,700	197,500	95,700	133,800	6,300	18,000	*	59,100	43,900	562
Difficulty controlling bowel.....	48,500	30,100	*	21,400	*	10,500	*	*	*	10,600	*	693
Difficulty controlling bladder.....	117,400	75,400	8,800	57,000	11,500	28,000	*	*	*	28,800	12,600	608
Difficulty controlling both bowels and bladder.....	337,000	169,400	11,800	189,200	9,600	36,800	*	6,000	8,000	184,900	29,800	730
Ostomy in either bowels or bladder <sup>2</sup> .....	86,800	46,400	*	52,900	*	10,300	*	*	*	43,400	13,300	316
Eating:												
Independent <sup>2</sup> .....	878,200	575,800	57,900	283,200	107,800	172,100	6,000	20,600	*	101,300	55,200	585
Requires assistance, includes those who are tube or intravenously fed.....	424,900	215,400	18,000	234,800	17,000	47,300	*	9,600	16,400	225,700	48,100	623
<u>Index of dependency in activities of daily living<sup>2</sup></u>												
Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating.....	124,500	72,100	5,900	*	7,400	*	*	*	*	*	*	670
Dependent in only 1 activity.....	161,000	110,800	11,500	11,500	26,800	11,600	*	*	*	*	5,300	588
Dependent in bathing and 1 additional activity.....	158,900	101,700	10,100	26,900	26,000	30,500	*	*	*	6,200	7,800	629
Dependent in bathing, dressing, and 1 additional activity.....	110,400	73,700	7,700	30,000	19,300	34,200	*	*	*	7,400	8,500	575
Dependent in bathing, dressing, using toilet room, and 1 additional activity.....	125,000	89,500	8,900	78,200	8,900	33,900	*	6,400	*	26,600	12,000	531
Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity.....	203,600	124,000	11,000	145,000	9,600	46,000	*	8,500	*	76,400	22,000	514
Dependent in all 6 activities.....	303,300	148,500	11,400	181,000	5,600	24,700	*	5,500	12,800	193,000	36,300	651
Other <sup>2</sup> .....	116,400	70,900	9,500	44,000	21,200	37,500	*	*	*	15,400	8,300	578

See footnotes at end of table.

Table 22. Number and percent distribution of nursing home residents by use of special aids or devices and median length of stay since admission, according to selected functional statuses: United States, 1977—Con.

Functional status	All residents	Special aid or device used <sup>1</sup>										Median length of stay since admission in days
		Eyeglasses	Hearing aid	Wheel-chair	Cane	Walker	Crutches	Braces	Mechanical feeding device	Geriatric chair, cuffs, posey belt, or similar devices	Other aids or devices	
Percent distribution												
Total .....	100.0	60.7	5.8	39.8	9.6	16.8	.5	2.3	1.3	25.1	7.9	...
<u>Vision<sup>2</sup></u>												
Not impaired.....	100.0	63.0	5.5	37.8	9.4	17.1	.7	2.9	1.0	20.3	7.6	...
Partially impaired <sup>3</sup> .....	100.0	65.1	6.2	45.4	10.4	19.1	*	*	*	31.3	9.3	...
Severely impaired .....	100.0	62.4	9.1	48.6	9.5	15.5	*	*	*	40.7	8.2	...
Completely lost.....	100.0	19.1	*	33.9	*	*	*	*	*	35.2	*	...
Unknown.....	100.0	31.4	*	35.7	*	*	*	*	*	42.1	*	...
<u>Hearing<sup>2</sup></u>												
Not impaired.....	100.0	58.7	3.4	38.4	8.7	16.1	.7	2.7	1.1	22.9	7.6	...
Partially impaired <sup>3</sup> .....	100.0	66.7	10.4	45.9	12.2	19.9	*	*	*	30.0	8.7	...
Severely impaired .....	100.0	68.1	25.5	43.1	11.3	20.8	*	*	*	33.3	*	...
Completely lost.....	100.0	*	*	*	*	*	*	*	*	*	*	...
Unknown.....	100.0	40.4	*	26.9	*	*	*	*	*	28.1	*	...
<u>Speech</u>												
Not impaired.....	100.0	66.3	6.5	37.5	11.2	18.9	.6	1.9	.7	19.5	6.9	...
Partially impaired <sup>3</sup> .....	100.0	53.7	5.7	47.2	6.0	14.3	*	3.6	*	38.5	10.7	...
Severely impaired .....	100.0	41.5	*	51.5	*	9.0	*	*	*	48.9	10.9	...
Completely lost.....	100.0	25.7	*	46.3	*	*	*	*	*	48.8	13.7	...
Unknown.....	100.0	*	*	*	*	*	*	*	*	*	*	...
<u>Communication</u>												
Verbal.....	100.0	64.9	6.5	38.9	10.9	18.8	6	2.4	.8	20.0	7.6	...
Nonverbal.....	100.0	37.6	*	46.9	*	6.4	*	*	4.2	52.1	11.4	...
Cannot talk.....	100.0	36.9	*	54.0	*	*	*	*	*	43.8	*	...
Is too ill.....	100.0	35.2	*	48.1	*	*	*	*	*	54.0	*	...
Mental or emotional problems.....	100.0	35.5	*	43.4	*	*	*	*	*	55.2	*	...
Does not speak English, other, or unknown.....	100.0	43.1	*	45.5	*	*	*	*	*	62.5	*	...
Does not communicate.....	100.0	30.7	*	40.7	*	*	*	*	*	63.6	*	...
<u>Dentures</u>												
No dentures.....	100.0	40.5	2.9	37.2	6.3	10.9	*	2.2	1.8	26.8	8.9	...
Dentures and used them.....	100.0	77.1	8.3	42.0	12.2	21.7	*	2.4	.9	22.8	7.5	...
Dentures but did not use them.....	100.0	50.8	*	42.9	*	10.2	*	*	*	42.3	*	...
Dentures but unknown if used.....	100.0	68.1	*	*	*	*	*	*	*	*	*	...
Unknown.....	100.0	46.5	*	29.3	11.6	16.6	*	*	*	19.6	*	...
<u>Behavioral problems</u>												
Depressed or withdrawn.....	100.0	59.8	4.9	43.4	8.3	16.8	*	2.5	1.5	27.9	9.7	...
Extra nursing time required.....	100.0	60.3	4.9	46.1	7.6	17.1	*	2.0	1.9	31.6	11.4	...
Agitated, nervous, or hyperactive.....	100.0	59.2	4.4	41.5	6.7	13.3	*	2.4	1.5	33.4	8.5	...
Extra nursing time required.....	100.0	58.4	4.6	44.1	5.5	13.8	*	2.5	1.9	37.4	9.8	...
Abusive, aggressive, or disruptive.....	100.0	54.1	3.9	42.4	6.6	12.8	*	*	*	36.0	8.1	...
Extra nursing time required.....	100.0	53.6	3.6	42.8	5.7	13.1	*	*	*	37.0	8.7	...
Wandering.....	100.0	58.0	*	23.8	4.5	10.3	*	*	*	34.0	5.8	...
Extra nursing time required.....	100.0	59.6	*	24.1	*	9.5	*	*	*	36.4	6.9	...
Other.....	100.0	58.1	*	38.3	7.3	18.9	*	*	*	32.0	10.3	...
Extra nursing time required.....	100.0	58.6	*	38.8	7.8	20.5	*	*	*	34.2	11.4	...

See footnotes at end of table.

Table 22. Number and percent distribution of nursing home residents by use of special aids or devices and median length of stay since admission, according to selected functional statuses: United States, 1977—Con.

Functional status	All residents	Special aid or device used <sup>1</sup>										Median length of stay since admission in days
		Eyeglasses	Hearing aid	Wheel-chair	Cane	Walker	Crutches	Braces	Mechanical feeding device	Geriatric chair, cuffs, posey belt, or similar devices	Other aids or devices	
<u>Dependency in activities of daily living</u>		Percent distribution										
Bathing:												
Independent <sup>2</sup> .....	100.0	59.6	6.2	8.4	14.0	7.6	*	*	*	*	3.7	...
Requires assistance.....	100.0	60.9	5.8	44.7	8.9	18.3	.5	2.6	1.5	28.9	8.6	...
Dressing:												
Independent <sup>2</sup> .....	100.0	66.1	6.9	13.9	16.0	13.3	*	*	*	1.8	4.2	...
Requires assistance, includes those who do not dress.....	100.0	58.4	5.3	51.1	6.7	18.4	*	2.9	1.9	35.3	9.6	...
Using toilet room:												
Independent <sup>2</sup> .....	100.0	65.1	6.8	15.6	15.9	17.0	*	1.5	*	3.4	4.9	...
Requires assistance.....	100.0	59.6	5.5	63.4	4.6	19.5	*	3.4	1.5	42.8	10.2	...
Does not use toilet room.....	100.0	45.0	*	53.6	*	4.8	*	*	6.1	52.7	12.7	...
Mobility:												
Walks independently <sup>2</sup> .....	100.0	59.7	5.0	4.4	6.3	3.2	*	*	*	4.8	3.2	...
Walks with assistance.....	100.0	69.4	8.2	39.5	23.7	44.2	1.5	3.1	*	17.7	9.3	...
Chairfast.....	100.0	57.3	5.0	76.7	1.9	8.7	*	3.6	2.0	49.8	11.2	...
Bedfast.....	100.0	40.4	*	44.3	*	*	*	*	7.8	46.0	11.1	...
Continence:												
No difficulty controlling bowel or bladder.....	100.0	65.9	6.8	27.7	13.4	18.8	*	2.5	*	8.3	6.2	...
Difficulty controlling bowel.....	100.0	62.0	*	44.1	*	21.5	*	*	*	21.9	*	...
Difficulty controlling bladder.....	100.0	64.2	7.5	48.6	9.8	23.9	*	*	*	24.6	10.8	...
Difficulty controlling both bowels and bladder.....	100.0	50.3	3.5	56.1	2.8	10.9	*	1.8	2.4	54.9	8.8	...
Ostomy in either bowels or bladder.....	100.0	53.4	*	60.9	*	11.9	*	*	*	50.0	15.3	...
Eating:												
Independent <sup>2</sup> .....	100.0	65.6	6.6	32.3	12.3	19.6	.7	2.3	*	11.5	6.3	...
Requires assistance, includes those who are tube or intravenously fed.....	100.0	50.7	4.2	55.2	4.0	11.1	*	2.3	3.9	53.1	11.3	...
Index of dependency in activities of daily living <sup>3</sup>												
Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating.....	100.0	57.9	4.8	*	6.0	*	*	*	*	*	*	...
Dependent in only 1 activity.....	100.0	68.8	7.1	7.1	16.7	7.2	*	*	*	*	3.3	...
Dependent in bathing and 1 additional activity.....	100.0	64.0	6.3	16.9	16.3	19.2	*	*	*	3.9	4.9	...
Dependent in bathing, dressing, and 1 additional activity.....	100.0	66.8	7.0	27.2	17.5	31.0	*	*	*	6.7	7.7	...
Dependent in bathing, dressing, using toilet room, and 1 additional activity.....	100.0	71.6	7.1	62.6	7.1	27.1	*	5.1	*	21.2	9.6	...
Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity.....	100.0	60.9	5.4	71.2	4.7	22.6	*	4.2	*	37.5	10.8	...
Dependent in all 6 activities.....	100.0	49.0	3.7	59.7	1.8	8.2	*	1.8	4.2	63.6	12.0	...
Other <sup>4</sup> .....	100.0	60.9	8.2	37.8	18.2	32.2	*	*	*	13.2	7.2	...

<sup>1</sup>Resident may have used more than 1 special aid or device, so the sum of the aids exceeds the totals.

<sup>2</sup>Status at best correction, i.e., with corrective lenses or hearing aid, if applicable.

<sup>3</sup>Includes a small number of residents who were impaired but whose level of impairment is unknown.

<sup>4</sup>Includes a small percentage of unknowns.

<sup>5</sup>87.4 percent of these residents had an ostomy which affected only the bladder.

<sup>6</sup>Unknowns were considered not dependent for the purpose of this index.

<sup>7</sup>Includes residents who were dependent in at least 2 functions but not classifiable into any of the categories.

Table 23. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected other resident characteristics: United States, 1977

Resident characteristic	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>a</sup>						Other <sup>b</sup>	
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity		Dependent in all 6 activities
Total .....	1,303,100	1,124,600	904,900	684,700	861,700	589,800	424,900	124,500	161,000	158,900	110,400	125,000	203,600	303,300	116,400
<b>DEMOGRAPHIC CHARACTERISTIC</b>															
<b>Age</b>															
Under 65 years....	177,100	127,300	97,700	67,700	82,200	56,800	46,400	41,500	27,600	22,800	12,800	11,800	22,600	27,700	10,400
65-74 years.....	211,400	171,600	129,500	99,200	120,100	79,400	57,200	29,500	34,900	28,300	14,300	20,900	32,100	37,300	14,100
75-84 years.....	464,700	413,200	336,700	252,200	310,600	219,000	157,200	33,600	57,300	54,500	44,800	48,700	70,900	112,600	42,000
85 years and over .....	449,900	412,600	341,000	265,500	348,800	234,800	164,100	19,800	41,200	53,400	38,600	43,600	78,000	125,400	49,900
<b>Sex</b>															
Male .....	375,300	303,200	233,500	166,600	222,500	155,700	104,500	50,800	56,600	51,600	27,500	27,700	52,400	71,800	36,900
Female .....	927,800	821,400	671,400	518,100	639,100	434,000	320,400	73,700	104,400	107,300	83,000	97,400	151,200	231,400	79,400
<b>Race or ethnicity</b>															
White (not Hispanic) <sup>c</sup> .....	1,200,900	1,038,900	831,700	628,700	793,000	542,400	389,700	114,100	151,300	145,400	102,000	115,800	184,500	280,300	107,400
Black (not Hispanic).....	81,400	69,800	60,200	45,400	54,600	39,500	27,600	7,600	7,300	10,400	7,100	8,000	15,500	18,600	6,900
Hispanic, American Indian, Alaska native, Asian or Pacific Islander.....	20,800	16,000	13,100	10,600	14,100	7,900	7,600	*	*	*	*	*	*	*	*
<b>Marital status</b>															
Married .....	155,400	138,500	121,300	101,200	113,000	87,800	66,100	12,000	13,400	11,400	10,400	14,700	30,200	47,800	15,400
Widowed <sup>d</sup> .....	810,700	725,400	591,100	451,900	579,100	385,000	276,800	52,200	91,300	97,100	75,500	82,700	135,200	200,800	75,900
Divorced or separated.....	87,500	84,200	47,000	32,900	46,100	28,000	21,200	16,400	14,100	12,400	6,300	6,300	11,400	13,200	5,400
Never married .....	249,500	198,400	145,600	98,700	123,500	89,000	61,800	41,800	42,200	38,000	16,200	21,400	26,800	41,500	19,700
<b>OUTSIDE LIVING ARRANGEMENT</b>															
<b>Living arrangement prior to admission</b>															
Private or semiprivate residence.....	525,000	447,900	348,100	254,500	330,500	219,900	155,900	54,100	72,800	70,300	48,400	48,000	79,800	104,700	46,900
Alone .....	178,300	143,700	102,000	69,800	101,500	62,700	39,200	25,000	31,300	26,100	16,300	15,100	20,300	26,900	17,300
Unknown if with others .....	36,900	32,600	26,000	19,900	25,800	16,600	12,500	*	*	*	*	*	6,000	9,900	*
With others <sup>e</sup> .....	309,700	271,600	220,100	164,800	203,200	140,600	104,200	26,200	37,000	39,200	28,700	29,300	53,500	68,500	27,300
Spouse .....	72,500	64,000	54,500	44,300	51,400	36,500	25,000	5,800	6,400	6,800	6,400	7,300	16,800	15,700	7,300
Children .....	136,100	124,900	100,700	75,000	95,900	63,200	50,400	6,900	15,300	17,700	15,200	12,500	22,700	34,200	11,500
Other relatives.....	84,500	70,200	55,700	39,200	49,000	32,700	25,400	10,200	13,000	11,800	6,600	7,900	13,400	15,800	6,900
Unrelated persons .....	35,500	30,500	23,300	16,700	20,500	14,800	10,700	*	5,500	*	*	*	*	7,600	*
Another health facility <sup>f</sup> .....	706,700	619,000	511,100	396,800	467,500	337,200	246,300	59,600	79,500	81,700	55,300	72,700	115,900	181,600	60,600
Another nursing home .....	163,000	143,300	114,700	81,500	111,800	76,600	57,900	12,100	22,500	17,000	11,300	15,300	27,600	40,600	16,700
General or short-stay hospital.....	420,600	383,700	328,000	262,600	327,500	217,200	160,100	20,700	36,600	45,300	32,200	49,500	78,100	122,000	36,200
Mental hospital.....	76,900	54,100	37,500	20,100	21,900	22,500	14,100	20,600	14,500	13,900	6,800	*	*	9,900	*
Other health facility or unknown.....	46,200	37,900	31,000	22,400	28,200	19,000	14,100	6,300	5,900	5,500	*	*	5,600	9,700	*
Unknown or other arrangement.....	71,400	57,700	45,800	33,800	43,700	32,700	22,700	10,800	8,700	6,900	6,700	*	8,200	16,900	8,900

See footnotes at end of table



Table 23. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected other resident characteristics: United States, 1977—Con.

Resident characteristic	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>a</sup>						Other <sup>b</sup>	
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity		
Total . . . . .	100.0	86.3	69.4	52.5	66.1	45.3	32.6	9.6	12.4	12.2	8.5	9.6	15.6	23.3	8.9
Percent distribution															
<b>DEMOGRAPHIC CHARACTERISTIC</b>															
<b>Age</b>															
Under 65 years . . . . .	100.0	71.9	55.2	38.2	46.4	32.0	26.2	23.4	15.6	12.9	7.2	6.7	12.8	15.7	5.8
65-74 years . . . . .	100.0	81.2	61.2	46.9	56.8	37.6	27.1	14.0	16.5	13.4	6.7	9.9	15.2	17.6	6.7
75-84 years . . . . .	100.0	88.9	72.5	54.3	66.8	47.1	33.8	7.2	12.3	11.7	9.6	10.5	15.3	24.3	9.0
85 years and over . . . . .	100.0	91.7	75.8	59.0	77.5	52.2	36.5	4.4	9.2	11.9	8.6	9.7	17.3	27.9	11.1
<b>Sex</b>															
Male . . . . .	100.0	80.8	62.2	44.4	59.3	41.5	27.8	13.5	15.1	13.8	7.3	7.4	14.0	19.1	8.8
Female . . . . .	100.0	88.5	72.4	55.6	68.9	48.8	34.5	7.9	11.3	11.6	8.9	10.5	16.3	24.9	8.6
<b>Race or ethnicity</b>															
White (not Hispanic) <sup>c</sup> . . . . .	100.0	86.5	69.3	52.3	66.0	45.2	32.4	9.5	12.6	12.1	8.5	9.6	15.4	23.3	8.9
Black (not Hispanic) . . . . .	100.0	85.7	73.9	55.7	67.0	48.5	34.0	9.3	9.0	12.8	8.7	9.8	19.1	22.9	8.5
Hispanic, American Indian, Alaska native, Asian or Pacific Islander . . . . .	100.0	76.7	62.9	51.1	67.7	38.0	36.5	*	*	*	*	*	*	*	*
<b>Marital status</b>															
Married . . . . .	100.0	89.2	78.1	65.1	72.7	58.5	42.5	7.8	8.6	7.4	6.7	9.5	19.4	30.8	9.9
Widowed <sup>d</sup> . . . . .	100.0	89.5	72.9	55.7	71.4	47.5	34.0	6.4	11.3	12.0	9.3	10.2	16.7	24.8	8.4
Divorced or separated . . . . .	100.0	73.4	53.7	37.6	52.6	32.0	24.2	21.0	16.2	14.2	7.2	7.2	13.0	15.1	6.1
Never married . . . . .	100.0	78.7	58.3	39.5	49.5	35.7	24.8	16.8	16.9	15.2	7.3	8.6	10.7	16.6	7.9
<b>OUTSIDE LIVING ARRANGEMENT</b>															
<b>Living arrangement prior to admission</b>															
Private or semiprivate residence . . . . .	100.0	85.3	66.3	48.5	63.0	41.9	29.7	10.3	13.9	13.4	8.2	9.1	15.2	19.9	8.9
Alone . . . . .	100.0	80.6	57.2	39.1	56.9	35.2	22.0	14.0	17.5	14.6	9.1	8.5	11.4	15.1	9.7
Unknown if with others . . . . .	100.0	88.2	70.3	54.0	69.8	44.8	33.9	*	*	*	*	*	16.2	25.2	*
With others <sup>e</sup> . . . . .	100.0	87.7	71.1	53.2	65.6	45.4	33.6	8.5	12.0	12.7	9.3	9.5	17.3	22.1	8.8
Spouse . . . . .	100.0	88.3	75.3	61.1	71.0	53.2	34.6	7.9	8.8	9.3	8.8	10.1	23.3	21.7	10.0
Children . . . . .	100.0	91.8	74.0	55.1	69.8	46.4	37.0	5.1	11.2	13.0	11.1	9.2	16.7	25.1	8.5
Other relatives . . . . .	100.0	83.0	66.0	46.4	58.0	38.6	30.0	12.0	15.4	14.0	7.8	8.6	15.8	18.1	8.2
Unrelated persons . . . . .	100.0	86.0	65.6	47.0	57.8	41.7	30.1	*	15.4	15.4	*	*	21.4	21.4	*
Another health facility <sup>f</sup> . . . . .	100.0	87.6	72.3	56.1	69.0	47.7	34.8	8.4	11.3	11.6	7.8	10.3	16.4	25.7	8.6
Another nursing home . . . . .	100.0	87.9	70.3	56.1	68.6	48.2	35.5	7.4	13.8	10.4	6.9	9.4	16.9	24.9	10.3
General or short-stay hospital . . . . .	100.0	91.2	78.0	62.4	77.9	51.6	38.1	4.9	8.7	10.8	7.7	11.8	18.6	29.0	8.6
Mental hospital . . . . .	100.0	70.4	46.8	26.1	28.5	29.2	16.4	26.8	18.9	18.1	8.9	*	*	12.1	*
Other health facility or unknown . . . . .	100.0	81.9	67.0	48.4	56.7	41.0	30.5	13.6	12.8	11.9	9.7	*	12.2	21.1	*
Unknown or other arrangement . . . . .	100.0	80.8	64.1	47.0	61.2	45.8	31.8	15.1	12.2	9.7	9.4	*	11.4	23.7	12.5

See footnotes at end of table

Table 23. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected other resident characteristics: United States, 1977—Con.

Resident characteristic	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>a</sup>							
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other <sup>b</sup>
Percent distribution															
<b>OUTSIDE LIVING ARRANGEMENT—Con</b>															
<b>Person who arranged for admission<sup>c</sup></b>															
Self .....	100.0	62.6	37.1	25.9	48.8	20.5	12.7	29.1	20.4	10.8	*	9.1	9.8	*	10.9
Spouse .....	100.0	94.1	86.8	77.3	83.4	66.7	52.4	*	*	*	*	8.8	23.4	38.6	11.1
Children .....	100.0	91.6	75.8	57.6	72.5	49.1	36.2	4.9	10.8	11.6	9.8	10.6	16.8	26.3	9.1
Other relatives .....	100.0	87.1	70.4	53.7	66.5	44.2	32.4	8.9	12.5	12.6	7.8	10.8	17.0	22.5	8.0
Social worker .....	100.0	83.0	63.1	48.7	58.8	42.2	29.6	12.5	15.7	11.8	7.5	8.3	14.2	21.3	8.7
Staff of previous institution .....	100.0	80.5	63.8	46.3	56.5	40.2	29.1	15.6	13.4	12.9	6.8	8.9	12.6	20.3	9.7
Other <sup>d</sup> .....	100.0	87.5	69.7	52.7	68.1	47.1	33.1	8.5	11.5	12.7	9.0	9.2	15.4	24.1	9.6
<b>Temporary resident</b>															
Yes .....	100.0	75.7	54.5	39.7	60.2	25.3	18.8	18.1	*	*	*	*	*	*	*
No or unknown .....	100.0	86.6	69.8	52.8	66.3	45.7	32.9	9.3	12.3	12.2	8.4	9.6	15.7	23.6	8.9
<b>Discharge plans</b>															
Within 6 months .....	100.0	81.0	61.6	49.2	68.2	26.3	19.3	12.9	13.6	12.3	*	17.9	11.7	13.7	*
Not planned .....	100.0	88.5	69.7	52.7	66.0	46.0	33.1	9.4	12.3	12.2	8.4	9.3	15.8	23.6	9.0

<sup>a</sup>Unknowns were considered not dependent for the purpose of this index.

<sup>b</sup>Includes residents who were dependent in at least 2 functions but not classifiable into any of these categories.

<sup>c</sup>Includes a small number of unknowns.

<sup>d</sup>Residents may have lived with more than 1 category of person, so the sum of the subparts exceeds the total.

<sup>e</sup>49 percent of these residents admitted from another health facility had gone to that facility from a private or semiprivate residence.

<sup>f</sup>Admission may have been arranged by more than 1 category of person, so the sum of the subparts exceeds the total.

<sup>g</sup>Includes friend, guardian or attorney, physician, minister, other and unknown.

Table 24. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected health statuses: United States, 1977

Health status <sup>1</sup>	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>2</sup>							
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other <sup>3</sup>
Total . . . . .	1,303,100	1,124,600	904,900	684,700	861,700	589,800	424,900	124,500	161,000	159,900	110,400	125,000	203,600	303,300	116,400
<b>PRIMARY REASON FOR CARE</b>															
Poor physical health <sup>4</sup> . . . . .	1,022,400	922,200	764,400	604,200	766,700	505,800	370,400	59,100	101,100	113,200	89,300	109,800	183,000	270,400	96,500
Mental illness . . . . .	87,100	61,700	42,600	23,100	21,400	24,200	17,900	22,900	19,300	15,400	5,800	*	*	10,800	*
Mental retardation . . . . .	46,400	36,300	27,100	14,200	15,300	15,600	8,700	8,300	10,300	9,600	*	*	*	*	*
Behavioral problem . . . . .	26,200	22,800	19,800	12,800	11,500	13,400	9,500	*	*	*	*	*	*	5,300	*
Social reason . . . . .	70,600	46,600	31,800	17,300	30,000	17,700	10,900	15,900	15,900	12,200	*	*	5,700	6,400	5,800
Economic or other reason . . . . .	49,900	30,900	19,200	13,000	16,800	12,100	7,400	15,800	10,900	5,900	*	*	*	5,900	*
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>															
<b>Diseases of the circulatory system</b>															
Total . . . . .	516,800	466,000	390,500	299,000	373,800	264,100	186,200	30,800	52,300	60,100	46,500	51,800	87,500	143,300	44,500
Congestive heart failure . . . . .	52,800	47,500	38,300	27,800	36,900	25,100	13,500	*	6,200	7,500	*	5,400	9,400	10,800	5,400
Arteriosclerosis . . . . .	264,400	240,700	201,100	150,100	184,400	137,100	97,600	14,600	26,600	33,200	25,900	25,600	41,200	74,300	23,100
Hypertension . . . . .	47,700	36,600	28,000	16,100	25,500	14,900	9,400	7,600	8,100	8,100	*	*	*	8,100	*
Stroke . . . . .	103,500	89,200	90,900	82,100	93,400	66,600	52,200	*	5,300	*	6,600	10,500	25,700	42,200	7,100
Heart attack, ischemic heart disease . . . . .	22,500	20,600	15,200	10,900	14,700	8,700	6,400	*	*	*	*	*	*	*	*
Other . . . . .	25,900	21,500	17,000	13,100	18,900	11,800	7,100	*	*	*	*	*	*	5,400	*
<b>Mental disorders and senility without psychosis</b>															
Total . . . . .	286,100	217,100	172,500	119,100	125,300	114,700	86,300	41,300	40,800	38,000	22,100	16,300	28,100	61,400	18,000
Senile psychosis . . . . .	21,200	18,700	17,200	12,500	12,600	13,800	10,000	*	*	*	*	*	*	7,300	*
Other psychosis . . . . .	57,400	35,200	22,700	8,900	11,600	10,100	5,700	20,000	12,700	10,100	*	*	*	*	*
Chronic brain syndrome . . . . .	96,400	89,400	78,900	63,500	63,000	55,800	47,100	5,700	8,100	9,100	9,200	8,500	13,800	34,400	7,400
Senility without psychosis . . . . .	26,900	25,300	20,200	14,700	16,900	15,600	10,100	*	*	*	*	*	*	8,700	*
Mental retardation . . . . .	42,400	33,800	23,600	14,600	13,400	14,300	9,600	7,600	9,000	7,900	*	*	*	6,000	*
Alcoholism and other mental disorders . . . . .	22,100	14,600	9,800	*	7,800	5,100	*	5,700	5,100	*	*	*	*	*	*
Other diagnoses <sup>5</sup> . . . . .															
Total . . . . .	429,700	373,600	291,600	227,900	311,800	180,500	128,700	34,100	53,300	51,100	35,000	50,200	75,700	83,200	47,100
<b>Diseases of the musculo-skeletal system and connective tissues</b>															
Arthritis and rheumatism . . . . .	56,200	49,900	39,400	29,900	46,800	16,000	14,800	*	*	7,400	5,900	10,100	9,900	7,100	7,600
<b>Diseases of the nervous system and sense organs</b>															
Parkinson's disease . . . . .	23,300	22,200	18,200	15,600	19,300	12,600	11,200	*	*	*	*	*	*	7,900	*
<b>Accidents, poisonings, and violence</b>															
Hip fracture . . . . .	29,300	26,300	24,000	21,600	27,500	13,500	8,600	*	*	*	*	*	6,300	6,000	*
Other bone fracture . . . . .	10,600	10,000	8,200	6,400	8,300	*	*	*	*	*	*	*	*	*	*
<b>Endocrine, nutritional, and metabolic diseases</b>															
Diabetes . . . . .	71,700	61,700	44,900	31,700	47,400	27,500	18,300	8,300	12,600	9,800	5,300	7,100	11,300	11,200	8,000
<b>Neoplasms<sup>6</sup></b>															
Cancer . . . . .	28,900	25,200	19,700	14,800	19,900	13,200	9,500	*	*	*	*	*	*	6,800	*

See footnotes at end of table

Table 24. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected health statuses: United States, 1977—Con.

Health status <sup>a</sup>	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>a</sup>						Other <sup>a</sup>	
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity		Dependent in all 6 activities
Number															
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION—Con.</b>															
<b>Other diagnoses<sup>a</sup>—Con.</b>															
<b>Diseases of the respiratory system:</b>															
Total.....	31,000	24,000	15,800	12,300	18,400	10,700	6,800	5,200	6,000	*	*	*	*	*	*
<u>Diagnosis unknown<sup>a</sup></u>															
Total.....	90,500	67,900	50,400	37,700	50,700	30,400	23,700	18,200	14,600	9,700	6,800	6,800	12,300	15,400	6,800
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>a</sup></b>															
<b>Diseases of the circulatory system</b>															
Arteriosclerosis.....	620,200	560,000	470,600	360,400	446,500	318,300	230,100	39,400	59,800	71,100	57,400	63,000	101,500	173,600	54,400
Hypertension.....	272,900	232,400	190,100	137,200	183,900	121,800	80,600	26,800	33,300	32,900	25,300	25,100	44,200	59,000	26,300
Stroke.....	214,000	204,700	187,100	159,700	187,100	134,800	102,900	*	10,300	13,600	17,200	21,000	49,900	82,600	15,200
Paralysis or palsy, other than arthritis, related to stroke.....	80,800	78,900	74,700	66,700	75,300	53,900	43,200	*	*	*	*	10,000	18,600	36,300	*
Heart trouble.....	449,000	397,600	317,000	236,000	317,100	207,600	140,600	32,500	55,400	53,900	41,100	46,600	71,200	104,300	44,000
<b>Mental disorders and senility without psychosis</b>															
Mental illness.....	148,300	106,000	74,700	43,600	50,100	43,300	30,500	36,400	30,000	23,900	11,600	6,700	10,700	19,900	9,100
Chronic brain syndrome.....	324,700	300,500	268,400	217,300	230,100	200,300	157,700	16,900	25,900	25,600	27,300	27,000	52,100	120,900	29,000
Senility.....	416,400	390,400	345,900	273,900	304,800	257,800	190,700	15,700	31,400	41,400	33,500	36,800	75,000	146,700	35,900
Mental retardation.....	79,800	64,600	48,000	29,600	31,400	29,500	19,700	13,000	14,600	13,400	6,800	5,600	8,600	12,400	5,300
Alcoholism.....	36,900	25,000	15,400	9,400	16,000	9,200	5,700	10,000	5,900	7,200	*	*	*	*	*
Drug addiction.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Insomnia.....	125,500	108,100	92,000	70,300	87,000	58,100	42,400	11,200	13,000	13,700	11,600	13,700	21,800	29,000	11,400
<b>Other chronic conditions and impairments</b>															
<b>Diseases of the musculo-skeletal system and connective tissues:</b>															
Arthritis and rheumatism.....	320,500	285,600	228,000	170,500	240,800	136,500	97,000	19,600	35,900	40,300	29,500	39,900	52,200	66,400	36,700
Chronic back, spine problems, excluding stiffness and deformity.....	60,500	56,400	45,800	36,600	48,700	31,300	21,500	*	*	7,200	*	5,600	13,100	15,200	7,700
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	181,500	172,700	156,800	134,100	161,900	111,100	93,300	*	9,000	11,600	12,700	21,100	34,300	74,600	14,200
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	32,400	30,600	23,700	21,300	29,700	14,700	10,100	*	*	5,200	*	*	8,000	6,400	*

See footnotes at end of table.

Table 24. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected health statuses: United States, 1977—Con.

Health status <sup>a</sup>	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>b</sup>						
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities
Number														
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>a</sup>—Con.</b>														
<u>Other chronic conditions and impairments—Con</u>														
Diseases of the nervous system and sense organs														
Blindness.....	72,200	66,900	61,500	49,700	61,900	39,800	44,100	*	*	*	5,300	*	12,800	30,100
Glaucoma.....	34,000	29,400	22,000	14,600	21,200	11,800	10,300	*	*	*	*	*	*	5,100
Cataracts.....	80,000	69,100	52,100	37,000	54,400	36,600	26,100	7,200	11,900	8,300	6,900	5,900	11,200	17,000
Deafness.....	90,400	80,100	65,100	49,700	66,600	46,200	35,500	6,000	10,700	9,200	8,500	5,500	15,900	26,000
Parkinson's disease.....	58,000	54,200	44,900	36,400	42,700	30,500	26,500	*	6,200	5,600	*	5,200	10,500	18,900
Paralysis or palsy, other than arthritis, unrelated to stroke.....	46,500	45,100	42,100	38,200	41,400	28,100	24,200	*	*	*	*	5,400	13,200	17,900
Accidents, poisonings, and violence:														
Hip fracture.....	108,800	101,900	92,400	78,200	100,500	60,000	39,200	*	5,300	5,800	8,700	16,900	27,400	30,000
Other bone fracture.....	46,300	43,000	36,800	30,500	37,600	20,900	16,500	*	*	*	*	8,000	10,300	10,900
Endocrine, nutritional, and metabolic diseases:														
Diabetes.....	189,600	165,300	129,200	100,200	132,000	84,300	55,800	15,100	26,100	22,700	14,800	19,600	32,800	40,500
Neoplasms:														
Cancer.....	63,600	55,000	42,900	32,600	44,700	30,600	21,100	5,400	7,900	7,900	*	5,200	10,000	15,100
Diseases of the respiratory system:														
Chronic respiratory disease.....	86,500	71,600	53,800	40,100	57,100	36,200	24,300	10,800	12,400	9,600	6,100	6,500	13,800	16,000
Diseases of the digestive system:														
Constipation.....	313,200	287,500	245,400	200,400	240,400	174,300	129,600	15,800	26,800	30,900	23,900	31,400	56,900	99,600
Diseases of the blood and blood-forming organs:														
Anemia.....	70,600	66,100	54,400	42,500	52,500	32,800	24,500	*	6,700	10,100	5,200	10,000	12,400	16,100
Diseases of the skin and subcutaneous tissue:														
Bedsore.....	35,100	33,400	32,700	31,400	33,400	25,600	23,800	*	*	*	*	*	7,300	19,600
Conditions other than above:														
Edema.....	233,500	217,200	178,000	135,600	174,100	121,300	79,200	10,500	24,500	27,500	19,400	24,000	47,200	59,000
Kidney trouble.....	131,700	123,900	108,000	88,800	104,700	88,500	55,800	*	8,900	12,000	9,800	10,700	26,300	47,100
<u>None of these conditions</u>														
Total.....	13,000	6,700	*	*	*	*	*	*	*	*	*	*	*	*

See footnotes at end of table.

Table 24. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected health statuses: United States, 1977—Con.

Health status <sup>a</sup>	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>b</sup>							
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other
Total .....	100.0	86.3	69.4	52.5	66.1	45.3	32.6	9.8	12.4	12.2	8.5	9.8	15.6	23.3	8.9
Percent distribution															
<b>PRIMARY REASON FOR CARE</b>															
Poor physical health <sup>c</sup> .....	100.0	90.2	74.8	59.1	75.0	49.6	36.2	5.8	9.9	11.1	8.7	10.7	17.9	28.4	9.4
Mental illness .....	100.0	70.8	48.9	26.5	34.5	27.7	20.5	26.2	22.2	17.7	6.6	•	•	12.4	•
Mental retardation .....	100.0	79.1	55.9	29.4	31.6	32.3	18.0	17.2	21.2	19.9	•	•	•	•	•
Behavioral problem .....	100.0	87.6	75.6	48.9	43.9	51.2	36.4	•	•	•	•	•	•	20.3	•
Social reason .....	100.0	69.5	45.4	24.0	42.9	25.3	15.6	22.8	22.7	17.4	•	•	9.2	9.2	8.3
Economic or other reason .....	100.0	63.1	38.3	26.5	34.2	24.7	15.2	32.3	22.2	12.1	•	•	•	12.0	•
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>															
<b>Diseases of the circulatory system</b>															
Total .....	100.0	90.2	75.6	58.0	72.3	51.1	36.0	8.0	10.1	11.6	9.0	10.0	18.9	27.7	8.6
Congestive heart failure .....	100.0	89.9	72.5	52.6	69.8	47.8	25.6	•	11.8	14.2	•	10.3	17.8	20.4	10.3
Arteriosclerosis .....	100.0	91.1	76.1	56.8	69.8	51.9	36.9	5.5	10.1	12.6	9.7	9.7	15.6	28.1	8.7
Hypertension .....	100.0	76.7	58.6	33.8	53.5	31.2	19.6	15.8	17.0	18.9	•	•	•	12.7	•
Stroke .....	100.0	95.8	87.8	79.3	90.2	64.3	50.4	•	5.1	•	6.4	10.1	24.8	40.8	6.8
Heart attack, ischemic heart disease .....	100.0	91.2	67.4	48.2	65.4	38.5	28.6	•	•	•	•	•	•	•	•
Other .....	100.0	83.3	66.0	50.6	73.3	45.5	27.4	•	•	•	•	•	•	20.8	•
<b>Mental disorders and senility without psychosis</b>															
Total .....	100.0	81.6	64.8	44.8	47.1	43.1	32.4	15.5	15.3	14.3	8.3	6.1	10.6	23.1	6.8
Senile psychosis .....	100.0	88.5	81.5	59.0	59.7	65.1	47.4	•	•	•	•	•	•	34.5	•
Other psychosis .....	100.0	61.4	39.6	15.5	20.2	17.6	10.0	34.9	22.1	17.6	•	•	•	•	•
Chronic brain syndrome .....	100.0	92.7	81.6	65.8	65.3	57.9	48.8	5.9	8.4	9.5	9.8	8.8	14.4	35.7	7.6
Senility without psychosis .....	100.0	95.0	75.8	55.1	63.6	58.6	37.8	•	•	•	•	•	•	32.5	•
Mental retardation .....	100.0	79.7	55.7	34.4	31.6	33.7	22.7	17.9	21.3	18.7	•	•	•	14.1	•
Alcoholism and other mental disorders .....	100.0	65.9	44.4	•	35.3	23.1	•	25.5	23.1	•	•	•	•	•	•
<b>Other diagnoses<sup>d</sup></b>															
Total .....	100.0	86.9	67.9	53.0	72.6	42.0	29.9	7.9	12.4	11.9	8.2	11.7	17.6	19.4	11.0
<b>Diseases of the musculo-skeletal system and connective tissues</b>															
Arthritis and rheumatism .....	100.0	88.8	70.0	53.2	83.2	28.4	26.2	•	•	13.1	10.4	18.0	17.7	12.7	13.6
<b>Diseases of the nervous system and sense organs:</b>															
Parkinson's disease .....	100.0	95.4	78.1	66.8	83.0	53.8	47.9	•	•	•	•	•	•	33.9	•
<b>Accidents, poisonings, and violence</b>															
Hip fracture .....	100.0	89.7	81.9	73.7	93.9	46.3	29.4	•	•	•	•	•	18.1	27.6	20.4
Other bone fracture .....	100.0	94.2	77.4	59.9	77.7	•	•	•	•	•	•	•	•	•	•
<b>Endocrine, nutritional, and metabolic diseases:</b>															
Diabetes .....	100.0	86.0	62.7	44.3	66.1	38.4	25.5	8.9	17.6	13.6	7.4	10.0	15.8	15.6	11.2
<b>Neoplasms:</b>															
Cancer .....	100.0	87.2	68.4	51.3	68.9	45.8	33.1	•	•	•	•	•	•	23.6	•

See footnotes at end of table.

Table 24. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected health statuses: United States, 1977—Con.

Health status <sup>a</sup>	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>b</sup>							Other <sup>c</sup>
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	
Percent distribution															
<u>PRIMARY DIAGNOSIS AT LAST EXAMINATION—Con</u>															
<u>Other diagnoses<sup>a</sup>—Con</u>															
Diseases of the respiratory system															
Total . . . . .	100 0	77.5	50 9	39 5	59 2	34 5	22.0	16.8	19 2	*	*	*	*	*	
<u>Diagnosis unknown<sup>a</sup></u>															
Total . . . . .	100 0	75 1	55 7	41.7	56 1	33 6	26 2	20 1	16 1	10 7	7.5	7.5	13 6	17 0 7 5	
<u>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>a</sup></u>															
<u>Diseases of the circulatory system</u>															
Arteriosclerosis . . . . .	100 0	90 3	75 9	58 1	72.0	51 3	37.1	6 4	9 6	11 5	9 3	10.2	16 4	28 0 8 8	
Hypertension . . . . .	100 0	85 1	68 6	50 3	67.4	44 6	29 5	9 8	12 2	12 1	9 3	9 2	16 2	21 6 9 6	
Stroke . . . . .	100 0	95 7	87 4	74 6	87.5	63 0	48.1	*	4 8	6 3	8 0	9 8	23 3	38 6 7.1	
Paralysis or palsy, other than arthritis, related to stroke . . .	100 0	97 6	92 5	82.5	93 2	66 7	53 5	*	*	*	*	12.4	23 0	44.9 *	
Heart trouble . . . . .	100 0	88 6	70 6	53 0	70 6	46 2	31 3	7 2	12 3	12 0	9 2	10 4	15 8	23 2 9 8	
<u>Mental disorders and senility without psychosis</u>															
Mental illness . . . . .	100 0	71.5	50 4	29 4	33 8	29 2	20.6	24.6	20 2	18 1	7 9	4 5	7 2	13 4 6 1	
Chronic brain syndrome . . . . .	100 0	92.6	82 7	66 9	70 9	61.7	48 6	5 2	8 0	7 9	8 4	8 3	16 1	37 2 8 9	
Senility . . . . .	100 0	93.8	83 1	65 8	73 2	61 9	45.8	3 8	7 5	9 9	8 1	8 8	18 0	35 2 8 6	
Mental retardation . . . . .	100 0	80 9	60 2	37 1	39 3	37 0	24 7	16 3	18 3	18 8	8 6	7 1	10 8	15 5 6 7	
Alcoholism . . . . .	100 0	67.7	41 8	25 5	43 3	25 0	15 3	27 2	16 1	19 5	*	*	*	* *	
Drug addiction . . . . .	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Insomnia . . . . .	100 0	86 1	73 3	56.0	69 3	46 3	33 8	8 9	10 3	10 9	9 3	10 9	17 4	23 1 9 1	
<u>Other chronic conditions and impairments</u>															
Diseases of the musculo-skeletal system and connective tissues															
Arthritis and rheumatism . . . . .	100 0	89.1	71.1	53 2	75 1	42 6	30 3	6 1	11 2	12 6	9 2	12 5	16 3	20 7 11 5	
Chronic back, spine problems, excluding stiffness and deformity . . . . .	100 0	93.2	75.4	60 4	80 4	51 8	35 5	*	*	11 9	*	9 2	21 6	25 1 12 8	
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers . . . . .	100 0	85.1	66.4	73 9	89 2	61 2	51 4	*	5 0	6 4	7 0	11 6	18 9	41 1 7 8	
Missing arms, legs, or extremities, including feet, toes, hands, or fingers . . . . .	100 0	84.3	73 2	65 7	91 6	46 2	31 2	*	*	15 9	*	*	24 6	19 7 *	

See footnotes at end of table

Table 24. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected health statuses: United States, 1977—Con.

Health status <sup>1</sup>	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>2</sup>						Other <sup>3</sup>
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Continence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	
Percent distribution														
<b>CHRONIC CONDITIONS AND IMPAIRMENTS—Con.</b>														
<u>Other chronic conditions and impairments—Con.</u>														
Diseases of the nervous system and sense organs:														
Blindness.....	100.0	92.7	85.2	68.8	85.6	55.1	61.0	*	*	*	7.4	*	17.8	41.7
Glaucoma.....	100.0	86.4	84.6	42.9	62.4	34.5	30.4	*	*	*	*	*	17.8	*
Cataracts.....	100.0	86.4	85.1	46.3	67.9	45.7	32.7	9.0	14.8	10.4	8.6	7.4	14.0	21.2
Deafness.....	100.0	88.6	72.0	55.0	73.6	51.1	39.3	6.6	11.9	10.2	9.4	6.0	17.6	28.7
Parkinson's disease.....	100.0	93.4	77.3	62.6	73.6	52.6	45.8	*	10.7	9.6	*	9.0	18.0	32.5
Paralysis or palsy, other than arthritis, unrelated to stroke.....	100.0	97.0	90.7	82.3	88.1	60.5	62.0	*	*	*	*	11.6	28.3	38.6
Accidents, poisonings, and violence:														
Hip fracture.....	100.0	83.7	85.0	71.9	92.4	55.2	36.0	*	4.9	5.4	8.0	15.5	25.2	27.6
Other bone fracture.....	100.0	82.9	79.5	66.0	81.2	45.3	35.6	*	*	*	*	17.3	22.4	23.5
Endocrine, nutritional, and metabolic diseases:														
Diabetes.....	100.0	87.2	68.2	52.9	69.6	44.5	29.4	7.9	13.8	12.0	7.8	10.3	17.3	21.4
Neoplasms:														
Cancer.....	100.0	86.4	67.5	51.3	70.2	48.1	33.2	8.5	12.4	12.4	*	8.1	15.8	23.8
Diseases of the respiratory system:														
Chronic respiratory disease.....	100.0	82.8	62.2	46.4	66.0	41.9	28.1	12.5	14.4	11.1	7.1	7.5	16.0	18.5
Diseases of the digestive system:														
Constipation.....	100.0	91.8	78.3	64.0	76.8	55.6	41.4	5.1	8.6	9.9	7.6	10.0	18.2	31.8
Diseases of the blood and blood-forming organs:														
Anemia.....	100.0	93.6	77.0	60.2	74.3	46.1	34.7	*	9.4	14.3	7.4	14.2	17.6	22.8
Diseases of the skin and subcutaneous tissue:														
Bedsores.....	100.0	95.1	93.2	89.5	95.2	72.9	67.8	*	*	*	*	*	20.8	55.9
Conditions other than above:														
Edema.....	100.0	83.0	76.3	58.1	74.6	52.0	33.8	4.5	10.5	11.8	8.3	10.3	20.2	25.3
Kidney trouble.....	100.0	84.1	82.1	67.5	79.5	67.2	42.4	*	6.7	9.1	7.5	8.1	19.9	35.7
None of these conditions														
Total.....	100.0	51.9	*	*	*	*	*	*	*	*	*	*	*	*

<sup>1</sup>Disease group categories based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)

<sup>2</sup>Unknowns were considered not dependent for the purpose of this index.

<sup>3</sup>Includes residents who were dependent in at least 2 functions but not classifiable into any of these categories.

<sup>4</sup>Includes small number of unknowns.

<sup>5</sup>Only diagnoses of sufficient magnitude are noted.

<sup>6</sup>Includes those who received no physician visits while in facility.

<sup>7</sup>Figures may not add to total because resident may have had more than 1 reported condition or impairment.



Table 25. Number and percent distribution of nursing home residents by selected health services received, according to median length of stay since admission, level of care, and index of dependency in activities of daily living: United States, 1977

Resident health service	All residents	Median length of stay since admission in days	Level of care during last 7 days				Index of dependency in activities of daily living <sup>a</sup>							
			Nursing care		Personal care	Neither nursing nor personal care	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other <sup>a</sup>
			Intensive	Other										
All health services .....	1,303,100	597	571,400	530,200	187,800	13,800	124,500	161,000	158,900	110,400	125,000	203,600	303,300	116,400
<b>Physician service</b>														
Time since last physician visit														
Less than 1 week .....	268,500	503	131,000	111,000	25,900	*	21,100	31,600	31,500	22,500	28,700	44,900	62,200	24,900
1 week to less than 2 .....	219,000	522	100,400	91,800	25,800	*	15,600	26,100	25,600	19,000	22,100	29,900	61,000	19,700
2 weeks to less than 1 month .....	370,000	618	169,900	147,700	50,400	*	27,300	39,500	44,300	30,600	35,200	64,000	93,700	35,400
1 month to less than 3 .....	291,100	729	120,000	121,800	46,300	*	29,400	39,800	38,100	26,100	24,500	43,000	65,100	25,100
3 months to less than 6 .....	58,200	819	17,800	24,100	14,000	*	10,300	11,600	7,200	*	*	8,400	6,900	*
6 months to less than 12 .....	22,300	1,005	6,200	8,900	5,600	*	*	*	*	*	*	*	*	*
1 year or more .....	17,500	981	6,500	7,200	5,600	*	*	*	*	*	*	*	*	*
No physician visits since entering facility <sup>b</sup> .....	56,700	132	19,600	17,600	16,700	*	14,200	7,500	6,700	*	*	8,000	8,400	*
Median time since last physician visit in days .....	18	...	16	18	23	31	19	21	18	18	15	18	16	18
Time between last 2 physician visits														
Less than 1 week .....	83,000	319	43,200	31,800	7,600	*	5,300	8,500	8,600	7,300	9,400	10,900	24,800	8,200
1 week to less than 2 .....	89,000	472	46,400	34,500	8,100	*	7,500	8,900	9,700	6,100	9,300	17,200	22,600	7,800
2 weeks to less than 1 month .....	367,400	646	169,500	150,800	45,300	*	25,400	39,400	41,000	30,700	35,000	61,600	95,800	38,500
1 month to less than 3 .....	470,000	707	212,500	194,100	59,500	*	38,900	58,400	60,600	40,300	46,200	71,200	114,300	40,100
3 months to less than 6 .....	61,200	802	17,000	30,300	12,500	*	8,900	9,500	10,400	5,400	*	8,500	10,600	*
6 months to less than 12 .....	23,200	1,085	6,800	8,600	6,800	*	*	*	*	*	*	*	*	*
1 year or more .....	23,900	1,060	9,800	10,400	10,400	*	*	6,400	*	*	*	*	*	*
Not received 2 physician visits since entering facility <sup>b</sup> .....	128,800	135	46,400	51,900	27,900	*	17,600	19,900	16,100	11,700	12,400	18,600	22,100	10,300
Services given at last physician visit <sup>c,d</sup>														
Examination .....	1,101,700	610	496,300	452,500	144,300	8,600	92,500	134,400	130,900	96,100	105,700	175,300	265,500	101,200
Treatment .....	188,600	573	95,500	73,300	18,400	*	14,700	18,900	20,100	17,600	21,100	29,400	49,100	17,700
Prescription .....	792,900	609	369,400	321,000	98,300	*	62,500	89,400	93,200	68,800	76,800	126,200	198,700	77,300
Orders for laboratory tests .....	243,700	573	114,400	101,600	26,300	*	19,400	27,900	29,800	21,700	23,200	39,100	59,900	22,700
Other services .....	72,600	484	32,500	26,700	12,600	*	6,800	8,300	8,300	7,900	8,100	12,700	15,100	5,300
Location of last physician visit <sup>e</sup>														
Outside facility .....	169,300	570	46,100	79,200	40,000	*	29,500	36,300	27,100	16,700	11,900	17,900	16,300	14,500
Inside facility <sup>b</sup> .....	1,077,100	625	505,700	433,300	131,100	6,900	80,800	117,300	125,200	90,900	108,600	177,700	278,600	98,100
Arrangement for physician services <sup>f</sup>														
Physician on call .....	169,000	745	61,700	67,900	35,300	*	24,300	25,900	24,200	14,200	15,800	21,300	29,900	13,300
Regularly scheduled physician visits .....	1,057,500	598	484,400	435,800	131,200	8,000	83,500	124,300	125,600	81,400	103,200	171,000	261,300	97,200
Other arrangements <sup>g</sup> .....	19,900	417	5,700	8,800	8,800	*	*	*	*	*	*	*	*	*
Employment status of physician <sup>h</sup>														
Private physician .....	827,000	600	375,200	338,700	108,300	*	59,800	99,300	102,900	71,300	81,100	135,600	203,400	73,500
Physician assigned by or works for facility .....	386,700	680	164,800	159,100	58,400	*	43,500	46,600	47,500	32,800	36,600	55,000	86,100	38,500
Other statuses <sup>i</sup> .....	32,700	503	11,900	14,700	14,700	*	7,000	5,700	*	*	*	5,300	*	*

See footnotes at end of table

Table 25. Number and percent distribution of nursing home residents by selected health services received, according to median length of stay since admission, level of care, and index of dependency in activities of daily living: United States, 1977—Con.

Resident health service	All residents	Median length of stay since admission in days	Level of care during last 7 days				Index of dependency in activities of daily living <sup>a</sup>							
			Nursing care		Personal care	Neither nursing nor personal care	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other <sup>b</sup>
			Intensive	Other										
<b>Therapy service</b>														
No therapy service during last month <sup>a</sup> .....	847,100	640	357,800	380,000	119,500	9,800	91,500	109,100	108,200	71,000	68,800	122,600	201,100	74,800
Therapy service during last month <sup>a</sup> .....	456,000	531	213,800	170,200	68,300	*	33,000	51,900	50,700	39,400	56,200	81,000	102,200	41,600
Physical therapy.....	178,900	357	96,400	85,000	17,300	*	*	12,200	11,200	14,200	30,600	40,900	51,300	15,600
Recreational therapy.....	261,300	601	118,700	98,800	41,800	*	20,600	32,400	32,500	24,700	29,700	43,700	53,700	24,100
Occupational therapy.....	76,700	541	36,400	29,400	10,400	*	6,000	9,000	8,700	*	8,700	15,200	15,500	8,900
Speech or hearing therapy.....	12,200	259	6,500	*	*	*	*	*	*	*	*	*	*	*
Counseling by social worker.....	91,400	524	42,300	37,000	11,400	*	7,200	12,800	10,700	7,700	9,300	15,000	20,400	8,300
Counseling by mental health worker.....	17,800	454	6,000	6,000	6,100	*	6,200	*	*	*	*	*	*	*
Reality orientation.....	86,500	616	48,800	32,800	5,400	*	*	7,200	11,700	6,600	10,400	13,800	26,200	7,700
Other.....	22,200	479	9,400	8,900	*	*	*	*	*	*	*	*	5,200	*
<b>Other health services</b>														
Flu shot within last 12 months <sup>a</sup> .....	545,900	1,098	232,500	230,000	79,000	*	50,700	71,200	65,200	50,500	48,000	79,400	138,000	43,000
Received.....	282,700	998	119,700	115,400	43,000	*	32,900	32,100	37,400	21,000	24,300	42,100	63,600	29,200
Did not receive <sup>b</sup> .....	23,900	929	9,400	10,800	*	*	*	*	*	*	*	*	5,800	*
Caught flu within last 9 months.....														
Special diet within last 7 days:														
No special diet <sup>b</sup> .....	735,800	606	287,100	298,900	135,800	13,800	93,600	105,500	99,300	65,600	74,900	104,000	133,600	59,100
Special diet <sup>b</sup> .....	567,500	584	284,300	231,300	62,000	*	30,900	55,500	59,700	44,800	50,100	89,600	169,600	57,300
Low sodium.....	185,100	469	86,700	83,500	14,900	*	8,500	17,700	26,000	20,200	16,200	33,200	42,200	21,100
Diabetic.....	163,200	599	70,000	76,400	16,900	*	11,900	22,700	19,700	13,500	15,700	28,900	34,600	16,300
Soft.....	103,600	595	63,000	33,400	7,200	*	*	*	5,500	*	9,100	20,600	49,800	7,500
Weight loss.....	40,400	865	16,100	18,200	6,100	*	*	5,300	5,600	*	*	6,900	8,100	*
Bland.....	44,400	608	22,300	16,200	5,900	*	*	5,800	*	*	*	9,400	12,500	*
Other.....	101,500	627	61,000	32,800	7,700	*	*	5,800	7,400	5,100	7,600	16,600	44,800	9,600

See footnotes at end of table.

Table 25. Number and percent distribution of nursing home residents by selected health services received, according to median length of stay since admission, level of care, and index of dependency in activities of daily living: United States, 1977—Con.

Resident health service	All residents	Median length of stay since admission in days	Level of care during last 7 days					Index of dependency in activities of daily living <sup>1</sup>							
			Nursing care		Personal care	Neither nursing nor personal care	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other	
			Intensive	Other											
All health services	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Percent distribution															
<u>Physician service</u>															
Time since last physician visit															
Less than 1 week	20.6	...	22.9	20.9	13.8	*	17.0	19.6	19.8	20.4	23.7	22.1	20.5	21.4	
1 week to less than 2	16.8	...	17.6	17.3	13.7	*	12.5	16.2	16.1	17.2	17.6	14.7	20.1	18.9	
2 weeks to less than 1 month	28.4	...	29.7	27.9	26.8	*	21.9	24.5	27.8	27.7	28.1	31.5	30.9	30.5	
1 month to less than 3	22.3	...	21.0	23.0	24.6	*	23.6	24.7	24.0	23.6	19.6	21.1	21.5	21.6	
3 months to less than 6	4.5	...	3.1	4.5	7.5	*	8.3	7.2	4.5	*	*	4.1	2.3	*	
6 months to less than 12	1.7	...	1.1	1.7	3.0	*	*	*	*	*	*	*	*	*	
1 year or more	1.3	...	1.1	1.4	*	*	*	*	*	*	*	*	*	*	
No physician visits since entering facility <sup>2</sup>	4.4	...	3.4	3.3	8.9	*	11.4	4.7	4.1	*	*	3.9	2.8	*	
Median time since last physician visit in days															
Time between last 2 physician visits <sup>3</sup>															
Less than 1 week	6.4	...	7.6	6.0	4.1	*	4.3	5.9	5.4	6.6	7.5	5.4	8.2	7.0	
1 week to less than 2	6.8	...	8.1	6.5	4.3	*	6.0	5.6	6.1	5.5	7.4	8.4	7.5	6.7	
2 weeks to less than 1 month	28.2	...	29.7	28.5	24.1	*	20.4	24.5	25.8	27.8	28.0	30.2	31.6	33.1	
1 month to less than 3	36.1	...	37.2	36.6	31.7	*	31.3	36.3	38.1	36.5	38.9	35.0	37.7	34.5	
3 months to less than 6	4.7	...	3.0	5.7	6.6	*	7.1	5.9	6.6	*	*	4.2	3.5	*	
6 months to less than 12	1.6	...	1.2	1.6	3.6	*	*	4.0	*	*	*	*	*	*	
1 year or more	1.8	...	1.7	2.0	*	*	*	*	*	*	*	*	*	*	
Not received 2 physician visits since entering facility <sup>4</sup>	9.9	...	8.1	9.8	14.8	*	14.2	12.4	10.1	10.6	10.0	9.1	7.3	8.9	
Services given at last physician visit <sup>4,5</sup>															
Examination	84.5	...	86.9	85.3	76.8	*	74.4	83.4	82.3	87.1	84.5	86.1	87.5	87.0	
Treatment	14.5	...	16.7	13.8	9.8	*	11.9	11.7	12.6	16.0	16.8	14.5	16.2	15.2	
Prescription	60.8	...	64.6	60.5	52.4	*	50.2	55.5	58.7	62.3	61.4	62.0	65.5	66.4	
Orders for laboratory tests	18.7	...	20.0	18.2	14.0	*	15.6	17.3	18.7	19.7	18.6	19.2	19.5	19.5	
Other services	5.6	...	5.7	5.0	6.7	*	5.5	5.2	5.2	7.2	6.5	6.2	5.0	4.5	
Location of last physician visit <sup>6</sup>															
Outside facility	13.0	...	8.1	14.9	21.3	*	23.7	22.5	17.1	14.2	9.6	8.8	5.4	12.5	
Inside facility <sup>7</sup>	82.7	...	88.5	81.7	69.8	*	64.9	72.8	78.8	82.3	86.9	87.3	91.9	84.3	
Arrangement for physician services <sup>8</sup>															
Physician on call	13.0	...	10.8	12.8	18.8	*	19.6	16.1	15.2	12.9	12.6	10.5	9.9	11.4	
Regularly scheduled physician visits	81.1	...	84.8	82.2	69.9	*	67.1	77.2	79.0	82.7	82.5	84.0	86.2	83.5	
Other arrangements <sup>9</sup>	1.5	...	1.0	1.7	*	*	*	*	*	*	*	*	*	*	
Employment status of physician <sup>9</sup>															
Private physician	83.5	...	65.7	63.9	57.7	*	48.1	61.7	64.8	64.6	64.8	66.6	67.1	63.1	
Physician assigned by or works for facility	29.7	...	28.8	30.0	31.1	*	34.9	30.2	29.9	29.7	29.3	27.0	28.4	31.4	
Other statuses <sup>9</sup>	2.5	...	2.1	2.8	*	*	5.6	3.5	*	*	*	1.8	*	*	

See footnotes at end of table

Table 25. Number and percent distribution of nursing home residents by selected health services received, according to median length of stay since admission, level of care, and index of dependency in activities of daily living: United States, 1977—Con.

Resident health service	All residents	Median length of stay since admission in days	Level of care during last 7 days				Index of dependency in activities of daily living <sup>1</sup>							Other <sup>2</sup>
			Nursing care		Personal care	Neither nursing nor personal care	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	
			Intensive	Other										
Percent distribution														
<u>Therapy service</u>														
No therapy service during last month <sup>3</sup> .....	65.0	...	82.8	67.9	63.6	71.2	73.5	67.8	68.1	64.3	55.1	60.2	66.3	64.3
Therapy service during last month <sup>4</sup> .....	35.0	...	37.4	32.1	36.4	*	26.5	32.2	31.9	35.7	44.8	39.8	33.7	35.7
Physical therapy.....	13.7	...	16.9	12.3	9.2	*	7.6	7.1	12.9	24.4	20.1	16.9	13.4	
Recreational therapy.....	20.0	...	20.8	18.6	22.3	*	16.5	20.1	20.5	22.3	23.7	21.5	17.7	20.7
Occupational therapy.....	5.9	...	6.4	5.5	5.6	*	4.8	5.6	5.5	6.9	7.5	5.1	7.7	
Speech or hearing therapy.....	.9	...	1.1	...	...	*	...	...	...	...	...	...	...	...
Counseling by social worker.....	7.0	...	7.4	7.0	6.1	*	5.8	7.9	6.7	6.9	7.4	7.4	6.7	7.1
Counseling by mental health worker.....	1.4	...	...	1.1	3.3	*	5.0	...	...	...	...	...	...	...
Reality orientation.....	6.6	...	8.5	6.1	2.9	*	...	4.5	7.4	6.0	8.4	6.8	8.6	6.7
Other.....	1.7	...	1.7	1.7	...	*	...	...	...	...	...	...	1.7	...
<u>Other health services</u>														
Flu shot within last 12 months: <sup>5</sup>														
Received.....	41.9	...	40.7	43.4	42.1	*	40.7	44.2	41.0	45.7	38.4	39.0	45.5	36.9
Did not receive <sup>6</sup> .....	21.7	...	21.0	21.8	22.9	*	26.4	19.9	23.5	19.1	19.4	20.7	21.0	25.1
Caught flu within last 9 months.....	1.8	...	1.6	2.0	...	*	...	...	...	...	...	...	1.9	...
Special diet within last 7 days:														
No special diet <sup>7</sup> .....	56.4	...	50.2	56.4	72.3	100.0	75.2	65.5	62.4	59.4	59.9	51.1	44.1	50.8
Special diet <sup>8</sup> .....	43.6	...	49.8	43.6	27.7	*	24.8	34.5	37.6	40.6	40.1	48.9	55.9	49.2
Low sodium.....	14.2	...	15.2	15.7	7.9	*	6.8	11.0	16.4	18.3	13.0	16.3	13.9	18.2
Diabetic.....	12.5	...	12.2	14.4	9.0	*	9.5	14.1	12.4	12.2	12.6	14.2	11.4	14.0
Soft.....	7.9	...	11.0	6.3	3.8	*	...	...	3.5	...	7.2	10.1	16.4	6.4
Weight loss.....	3.1	...	2.8	3.4	3.2	*	...	3.3	3.5	...	...	3.4	2.7	...
Bland.....	3.4	...	3.9	3.1	3.1	*	...	3.6	...	...	...	4.6	4.1	...
Other.....	7.8	...	10.7	6.2	4.1	*	...	3.6	4.6	4.6	6.1	8.1	14.8	8.2

<sup>1</sup>Unknowns were considered not dependent for the purpose of this index.

<sup>2</sup>Includes residents who were dependent in at least 2 functions but not classifiable into any of these categories.

<sup>3</sup>Includes a small number of unknowns.

<sup>4</sup>Numbers do not add to totals because multiple responses were permitted.

<sup>5</sup>Excludes residents who received no physician visits after entering facility.

<sup>6</sup>Excludes residents who were in the facility less than 12 months.

Table 26. Number and percent distribution of nursing home residents by social contacts and activities, according to age, race or ethnicity, marital status, and median length of stay since admission: United States, 1977

Social contact and activity	All residents	Age					Median	Race or ethnicity			Marital status			Median length of stay since admission in days
		Under 65 years	65-74 years	75-84 years	85 years and over	White (not Hispanic) <sup>1</sup>		Black (not Hispanic)	Hispanic and other	Married	Widowed, divorced, or separated <sup>4</sup>	Never married		
<b>Total</b> .....	<b>1,303,100</b>	<b>177,100</b>	<b>211,400</b>	<b>464,700</b>	<b>449,900</b>	<b>81</b>	<b>1,200,900</b>	<b>81,400</b>	<b>20,800</b>	<b>155,400</b>	<b>898,200</b>	<b>249,500</b>	<b>597</b>	
<b>Number</b>														
<b>VISITORS RECEIVED</b>														
<b>Frequency</b>														
None <sup>1</sup> .....	162,300	38,100	36,700	50,100	37,300	76	140,200	17,900	*	8,100	96,500	57,700	802	
Daily or weekly .....	810,300	78,600	117,000	304,600	310,000	82	759,300	39,300	11,800	125,100	582,600	102,600	488	
Other .....	330,600	60,400	57,700	110,000	102,600	79	301,400	24,300	*	22,200	219,200	89,200	820	
<b>Type<sup>2</sup></b>														
Spouse .....	91,200	13,900	29,200	35,000	13,100	78	84,000	6,100	*	87,200	*	*	283	
Children .....	655,200	37,400	82,400	260,500	275,000	83	620,200	25,100	9,900	93,200	558,100	*	510	
Other relatives .....	664,800	98,700	99,600	230,400	236,300	81	619,800	35,700	9,300	67,400	449,900	147,500	621	
Other persons .....	547,000	64,100	84,100	201,300	197,500	81	507,900	32,100	7,000	64,400	382,400	100,100	602	
<b>PARTICIPATION IN RECREATIONAL ACTIVITIES DURING LAST MONTH</b>														
<b>Inside facility<sup>3</sup></b>														
Participated .....	853,200	128,400	138,900	298,200	287,700	80	787,900	52,500	12,800	90,600	584,500	178,100	619	
Did not participate <sup>1</sup> .....	449,900	48,700	72,500	166,500	162,200	81	413,000	29,000	8,000	64,800	313,800	71,400	556	
<b>Outside facility</b>														
Participated <sup>2</sup> .....	408,100	89,800	71,900	133,200	113,200	78	380,300	20,800	7,000	44,400	265,700	98,000	594	
Visited or went out with family or friends .....	276,400	51,300	46,300	93,300	85,500	79	262,500	10,000	*	33,700	192,200	50,500	548	
Went shopping .....	123,300	30,700	27,100	40,100	25,300	76	117,300	*	*	10,300	79,900	33,000	648	
Attended religious services .....	68,500	17,900	10,700	23,100	16,800	77	63,000	*	*	5,900	41,200	21,400	751	
Visited beauty or barber shop .....	45,700	10,400	7,900	15,800	11,600	77	44,500	*	*	*	29,600	12,600	854	
Visited community clubs .....	33,400	8,000	6,500	9,600	9,200	76	31,500	*	*	*	20,800	9,900	807	
Attended plays, movies, concerts .....	34,800	12,100	7,000	8,600	7,200	73	32,500	*	*	*	18,600	13,300	892	
Attended arts and crafts classes .....	11,600	*	*	*	*	71	10,200	*	*	*	5,700	*	813	
Went to library .....	7,700	*	*	*	*	70	7,000	*	*	*	*	*	673	
Visited museums, parks, fairs .....	50,100	18,200	7,500	14,200	10,300	74	44,600	*	*	*	26,000	19,500	801	
Went for a walk .....	106,400	29,300	21,800	32,000	23,200	75	99,900	*	*	10,600	62,700	33,100	673	
Other activities <sup>1</sup> .....	80,100	21,100	14,600	24,600	19,700	76	74,700	*	*	7,200	47,300	25,700	644	
Did not participate <sup>1,2</sup> .....	895,000	87,300	139,400	331,500	336,800	82	820,600	60,600	13,800	111,000	632,500	151,500	597	
Illness or disability .....	469,000	41,100	65,500	173,400	186,000	82	432,300	29,200	7,500	64,500	336,600	67,900	625	
Participated in activities inside facility .....	161,800	20,200	21,200	59,000	61,400	81	148,700	10,500	*	20,600	112,500	28,600	666	
Refused, not interested .....	203,900	19,600	32,200	74,500	77,600	82	186,000	14,100	*	19,200	145,800	38,900	773	
Confused, disoriented, frightened .....	150,200	10,100	18,100	56,700	65,300	83	138,000	10,600	*	17,800	109,900	22,400	763	
Behavior problem .....	84,800	11,100	13,000	26,600	34,000	82	75,300	7,600	*	11,400	59,300	14,200	737	
Cannot afford the activities .....	*	*	*	*	*	*	*	*	*	*	*	*	*	
No one available to accompany .....	110,600	11,400	21,400	38,600	39,200	81	97,500	10,800	*	8,400	81,900	20,400	616	
Lack of transportation .....	25,600	*	*	10,300	6,700	79	22,300	*	*	*	16,300	6,900	627	
Recent admission .....	40,600	5,400	6,100	18,000	11,200	80	35,500	*	*	7,700	27,600	5,300	16	
Other reasons <sup>1</sup> .....	52,000	*	9,700	18,500	19,200	82	45,800	*	*	*	34,900	12,600	637	

See footnotes at end of table.

Table 26. Number and percent distribution of nursing home residents by social contacts and activities, according to age, race or ethnicity, marital status, and median length of stay since admission: United States, 1977—Con.

Social contact and activity	All residents	Age					Race or ethnicity			Marital status			Median length of stay since admission in days
		Under 65 years	65-74 years	75-84 years	85 years and over	Median	White (not Hispanic) <sup>1</sup>	Black (not Hispanic)	Hispanic and other	Married	Widowed, divorced, or separated <sup>1</sup>	Never married	
		Number						Number					
<b>OVERNIGHT LEAVE DURING LAST 12 MONTHS</b>													
Took leave .....	138,700	33,500	25,400	46,100	33,700	77	127,900	8,500	*	14,800	92,400	31,500	657
Place:													
Own home .....	12,000	*	*	*	*	73	10,400	*	*	*	*	*	322
Home of family or relatives ..	111,100	24,300	18,900	37,400	30,500	78	103,200	6,000	*	9,500	79,000	22,600	686
Home of unrelated friends....		*	*	*	*		*	*	*	*	*	*	
Other places <sup>1</sup> .....	10,600	*	*	*	*	71	10,200	*	*	*	5,800	*	982
Duration of leave:													
Overnight <sup>1</sup> .....	64,200	13,500	12,100	21,300	17,400	77	58,200	*	*	6,000	43,900	14,300	608
2 days, a weekend .....	36,800	10,800	7,000	10,500	8,500	75	33,800	*	*	5,200	23,700	7,800	640
3-6 days .....	20,900	5,300	*	7,900	*	77	20,000	*	*	*	13,800	5,600	703
7-13 days .....	9,900	*	*	*	*	72	9,000	*	*	*	6,900	*	684
2 weeks or more .....	6,900	*	*	*	*	80	6,900	*	*	*	*	*	1,200
Month of leave:													
January .....	*	*	*	*	*	*	*	*	*	*	*	*	*
February .....	*	*	*	*	*	*	*	*	*	*	*	*	*
March .....	5,300	*	*	*	*	76	*	*	*	*	*	*	712
April .....	15,000	*	*	5,700	*	80	14,000	*	*	*	11,000	*	565
May .....	17,100	*	*	6,000	*	78	15,700	*	*	*	12,900	*	488
June <sup>1</sup> .....	35,900	9,800	6,500	11,600	8,000	76	32,500	*	*	*	24,300	8,200	574
July .....	23,800	8,400	*	6,500	*	73	21,900	*	*	*	13,500	7,100	703
August .....	9,500	*	*	*	*	72	8,200	*	*	*	5,500	*	802
September .....	*	*	*	*	*	*	*	*	*	*	*	*	*
October .....	*	*	*	*	*	*	*	*	*	*	*	*	*
November .....	*	*	*	*	*	*	*	*	*	*	*	*	*
December .....	18,000	*	*	7,600	*	79	17,300	*	*	*	12,900	*	806
Did not take leave <sup>1,2</sup> .....	1,164,400	143,700	185,900	418,600	416,200	81	1,073,000	73,000	18,500	140,500	805,900	218,000	588
Reason:													
Illness or disability .....	573,800	56,800	80,000	208,200	228,800	82	534,300	31,400	8,000	84,800	404,500	84,400	602
Refused, not interested.....	190,500	19,200	30,300	68,300	72,700	82	177,500	10,500	*	19,800	133,700	37,000	789
Confused, disoriented, frightened .....	163,700	11,200	21,300	61,900	69,300	83	151,000	11,300	*	18,400	122,300	23,100	744
Behavior problem .....	113,800	19,000	16,600	35,900	42,300	81	101,800	9,100	*	13,900	77,700	22,200	665
No place to go or no people to visit .....	331,100	58,400	62,100	106,500	104,100	79	295,000	28,800	7,300	21,300	211,100	98,600	784
Lack of transportation .....	27,700	5,400	*	11,300	7,200	79	24,200	*	*	*	19,300	6,600	769
Overnight leave forbidden by laws, regulations, or payment policy .....	20,000	*	*	8,500	5,800	78	17,800	*	*	*	14,300	*	455
Overnight leave discouraged by laws, regulations, or payment policy .....	16,400	*	*	6,000	6,200	81	15,500	*	*	*	12,100	*	689
Recent admission.....	64,600	7,300	10,800	29,700	16,800	80	59,000	*	*	12,700	44,000	7,900	23
Other reasons <sup>1</sup> .....	84,800	10,300	13,400	31,900	29,200	81	76,400	7,400	*	10,900	60,900	13,000	479

See footnotes at end of table.

Table 26. Number and percent distribution of nursing home residents by social contacts and activities, according to age, race or ethnicity, marital status, and median length of stay since admission: United States, 1977—Con.

Social contact and activity	All residents	Age					Race or ethnicity			Marital status			Median length of stay since admission in days
		Under 65 years	65-74 years	75-84 years	85 years and over	Median	White (not Hispanic) <sup>1</sup>	Black (not Hispanic)	Hispanic and other	Married	Widowed, divorced, or separated <sup>1</sup>	Never married	
Total .....	100.0	100.0	100.0	100.0	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0	...
Percent distribution													
<b>VISITORS RECEIVED</b>													
<u>Frequency</u>													
None <sup>1</sup> .....	12.5	21.5	17.4	10.8	8.3	...	11.7	22.0	*	5.2	10.7	23.1	...
Daily or weekly .....	62.2	44.4	55.4	65.6	68.9	...	63.2	48.2	56.8	80.5	64.9	41.1	...
Other .....	25.4	34.1	27.3	23.7	22.8	...	25.1	29.8	*	14.3	24.4	35.7	...
<u>Type<sup>2</sup></u>													
Spouse .....	7.0	7.8	13.8	7.5	2.9	...	7.0	7.5	*	56.1	*	*	...
Children .....	50.3	21.1	39.0	56.1	61.1	...	51.6	30.8	47.8	60.0	62.1	*	...
Other relatives .....	51.0	55.7	47.1	49.6	52.5	...	51.6	43.8	44.7	43.4	50.1	59.1	...
Other persons .....	42.0	36.2	39.8	43.3	43.9	...	42.3	39.4	33.7	41.5	42.6	40.1	...
<b>PARTICIPATION IN RECREATIONAL ACTIVITIES DURING LAST MONTH</b>													
<u>Inside facility<sup>3</sup></u>													
Participated .....	65.5	72.5	65.7	64.2	63.9	...	65.6	64.4	61.6	58.3	65.1	71.4	...
Did not participate <sup>1</sup> .....	34.5	27.5	34.3	35.8	36.1	...	34.4	35.6	38.4	41.7	34.9	28.6	...
<u>Outside facility</u>													
Participated <sup>2</sup> .....	31.3	50.7	34.0	28.7	25.2	...	31.7	25.6	33.7	28.6	29.6	39.3	...
Visited or went out with family or friends .....	21.2	29.0	21.9	20.1	19.0	...	21.9	12.2	*	21.7	21.4	20.2	...
Went shopping .....	9.5	17.3	12.8	8.6	5.6	...	9.8	*	*	6.6	8.9	13.2	...
Attended religious services .....	5.3	10.1	5.1	5.0	3.7	...	5.2	*	*	3.8	4.6	8.6	...
Visited beauty or barber shop .....	3.5	5.9	3.8	3.4	2.6	...	3.7	*	*	*	3.3	4.8	...
Visited community clubs .....	2.6	4.5	3.1	2.1	2.0	...	2.6	*	*	*	2.3	4.0	...
Attended plays, movies, concerts .....	2.7	6.8	3.3	1.8	1.6	...	2.7	*	*	*	2.1	5.3	...
Attended arts and crafts classes .....	.9	*	*	*	*	...	.8	*	*	*	.6	*	...
Went to library .....	.6	*	*	*	*	...	.6	*	*	*	*	*	...
Visited museums, parks, fairs .....	3.8	10.3	3.5	3.1	2.3	...	3.7	*	*	*	2.9	7.8	...
Went for a walk .....	8.2	16.6	10.3	6.9	5.2	...	8.3	*	*	6.8	7.0	13.3	...
Other activities <sup>3</sup> .....	6.1	11.9	6.9	5.3	4.4	...	6.2	*	*	4.6	5.3	10.3	...
Did not participate <sup>1,2</sup> .....	68.7	49.3	66.0	71.3	74.8	...	68.3	74.4	66.3	71.4	70.4	60.7	...
Illness or disability .....	36.0	23.2	31.5	37.3	41.8	...	36.0	35.8	36.2	41.5	37.5	27.2	...
Participated in activities inside facility .....	12.4	11.4	10.0	12.7	13.6	...	12.4	13.1	*	13.3	12.5	11.5	...
Refused, not interested .....	15.6	11.1	15.2	16.0	17.3	...	15.5	17.4	*	12.3	16.2	15.6	...
Confused, disoriented, frightened .....	11.5	5.7	8.6	12.2	14.5	...	11.5	13.0	*	11.5	12.2	9.0	...
Behavior problem .....	6.5	6.3	6.2	5.7	7.8	...	6.3	9.3	*	7.3	6.6	5.7	...
Cannot afford the activities .....	*	*	*	*	*	...	*	*	*	*	*	*	...
No one available to accompany .....	8.5	6.4	10.1	8.3	8.7	...	8.1	13.3	*	5.4	9.1	8.2	...
Lack of transportation .....	2.0	*	*	2.2	1.5	...	1.9	*	*	*	1.8	2.8	...
Recent admission .....	3.1	3.0	2.9	3.9	2.5	...	3.0	*	*	5.0	3.1	2.1	...
Other reasons <sup>1</sup> .....	4.0	*	4.6	4.0	4.3	...	3.8	*	*	*	3.9	5.0	...

See footnotes at end of table

Table 26. Number and percent distribution of nursing home residents by social contacts and activities, according to age, race or ethnicity, marital status, and median length of stay since admission: United States, 1977—Con.

Social contact and activity	All residents	Age					Median	Race or ethnicity			Marital status			Median length of stay since admission in days
		Under 65 years	65-74 years	75-84 years	85 years and over	White (not Hispanic) <sup>1</sup>		Black (not Hispanic)	Hispanic and other	Married	Widowed, divorced, or separated <sup>1</sup>	Never married		
		Percent distribution						Percent distribution						
<b>OVERNIGHT LEAVE DURING LAST 12 MONTHS</b>														
Took leave .....	10.6	18.9	12.0	9.9	7.5	...	10.7	10.4	*	9.5	10.3	12.6	...	
Place:														
Own home .....	.9	*	*	*	*	...	.9	*	*	*	*	*	...	
Home of family or relatives ..	8.5	13.7	8.9	8.0	6.8	...	8.6	7.4	*	6.1	8.8	9.0	...	
Home of unrelated friends....	*	*	*	*	*	...	*	*	*	*	*	*	...	
Other places <sup>1</sup> .....	.8	*	*	*	*	...	.9	*	*	*	.6	*	...	
Duration of leave:														
Overnight <sup>1</sup> .....	4.9	7.6	5.7	4.6	3.9	...	4.8	*	*	3.9	4.9	5.7	...	
2 days, a weekend .....	2.8	6.1	3.3	2.3	1.9	...	2.8	*	*	3.4	2.6	3.1	...	
3-6 days .....	1.6	3.0	*	1.7	*	...	1.7	*	*	*	1.5	2.2	...	
7-13 days .....	.8	*	*	*	*	...	.8	*	*	*	.8	*	...	
2 weeks or more .....	.5	*	*	*	*	...	.6	*	*	*	*	*	...	
Month of leave:														
January .....	*	*	*	*	*	...	*	*	*	*	*	*	...	
February .....	*	*	*	*	*	...	*	*	*	*	*	*	...	
March .....	.4	*	*	*	*	...	*	*	*	*	*	*	...	
April .....	1.2	*	*	1.2	*	...	1.2	*	*	*	1.2	*	...	
May .....	1.3	*	*	1.3	*	...	1.3	*	*	*	1.4	*	...	
June <sup>1</sup> .....	2.8	5.5	3.1	2.5	1.8	...	2.7	*	*	*	2.7	3.3	...	
July .....	1.8	4.7	*	1.4	*	...	1.8	*	*	*	1.5	2.9	...	
August .....	.7	*	*	*	*	...	.6	*	*	*	.6	*	...	
September .....	*	*	*	*	*	...	*	*	*	*	*	*	...	
October .....	*	*	*	*	*	...	*	*	*	*	*	*	...	
November .....	*	*	*	*	*	...	*	*	*	*	*	*	...	
December .....	1.4	*	*	1.6	*	...	1.4	*	*	*	1.4	*	...	
Did not take leave <sup>1,2</sup> .....	89.4	81.1	88.0	90.1	92.5	...	89.3	89.6	88.9	90.5	89.7	87.4	...	
Reason:														
Illness or disability .....	44.0	32.1	37.8	44.8	50.8	...	44.5	38.5	38.7	54.6	45.0	33.8	...	
Refused, not interested .....	14.6	10.8	14.3	14.7	16.2	...	14.8	12.9	*	12.8	14.9	14.8	...	
Confused, disoriented, frightened .....	12.6	6.3	10.1	13.3	15.4	...	12.6	13.9	*	11.8	13.6	9.2	...	
Behavior problem .....	8.7	10.7	7.9	7.7	9.4	...	8.5	11.2	*	8.9	8.7	8.9	...	
No place to go or no people to visit .....	25.4	33.0	29.4	22.9	23.1	...	24.6	35.4	35.1	13.7	23.5	39.5	...	
Lack of transportation .....	2.1	3.1	*	2.4	1.6	...	2.0	*	*	*	2.2	2.7	...	
Overnight leave forbidden by laws, regulations, or payment policy .....	1.5	*	*	1.8	1.3	...	1.5	*	*	*	1.6	*	...	
Overnight leave discouraged by laws, regulations, or payment policy .....	1.3	*	*	1.3	1.4	...	1.3	*	*	*	1.3	*	...	
Recent admission .....	5.0	4.1	5.1	6.4	3.7	...	4.9	*	*	8.2	4.9	3.2	...	
Other reasons <sup>3</sup> .....	6.5	5.8	6.4	6.9	6.5	...	6.4	9.1	*	7.0	6.8	5.2	...	

<sup>1</sup>Includes a small number of unknowns.

<sup>2</sup>Numbers do not add to totals because multiple responses were permitted.

<sup>3</sup>Refers only to organized recreational activities



Table 27. Nursing home residents by selected nursing home characteristics and median age, race or ethnicity, median length of stay since admission, primary reason for care, independence in all 6 activities of daily living, and median time since last physician visit: United States, 1977

Nursing home characteristic	Number of residents	Median age	Race or ethnicity				Median length of stay since admission in days	Primary reason for care			Independence in all 6 activities of daily living <sup>2</sup>	Median time since last physician visit
			White (not Hispanic) <sup>1</sup>	Black (not Hispanic)	Hispanic	Other		Poor physical health <sup>2</sup>	Mental retardation, mental illness, or behavioral problem	Social, economic, or other		
			Percent				Percent					
All nursing homes.....	1,303,100	81	92.2	6.2	1.1	.5	597	78.5	12.4	9.1	9.6	18
<b>Ownership</b>												
Proprietary.....	888,800	80	91.2	7.1	1.3	*	545	78.1	13.8	8.1	9.0	18
Voluntary nonprofit.....	281,800	83	95.1	3.4	*	*	741	79.9	6.6	13.5	10.2	18
Government.....	132,500	79	92.4	6.7	*	*	698	78.0	15.4	6.6	12.1	17
<b>Certification</b>												
Skilled nursing facility only.....	269,600	81	93.4	4.4	2.0	*	497	83.7	11.1	5.1	5.5	14
Medicare and Medicaid.....	190,300	82	94.0	4.1	*	*	456	87.3	8.0	4.8	4.0	13
Medicare.....	17,800	79	92.1	*	*	*	579	63.7	*	*	*	20
Medicaid.....	61,500	80	92.1	*	*	*	640	78.5	18.0	*	*	13
Skilled nursing facility and intermediate care facility.....	527,800	81	91.2	7.5	*	*	533	82.4	9.3	8.3	7.4	16
Medicare SNF and Medicaid SNF and ICF.....	303,700	81	90.9	7.6	*	*	464	84.7	8.0	7.4	6.4	15
Medicaid SNF and ICF.....	213,800	81	91.6	7.3	*	*	661	79.4	11.0	9.6	8.1	17
Medicare SNF and Medicaid ICF.....	10,300	77	92.4	*	*	*	617	76.6	*	*	*	16
Intermediate care facility only.....	368,200	80	91.3	7.3	*	*	744	75.7	15.6	8.7	9.2	26
Not certified.....	137,500	80	95.6	*	*	*	771	60.3	18.3	21.3	26.6	18
<b>Bed size</b>												
Less than 50 beds.....	167,900	80	95.4	3.8	*	*	745	68.6	16.5	14.9	15.7	23
50-99 beds.....	397,000	81	92.0	5.4	1.7	*	616	80.0	13.4	6.6	7.4	19
100-199 beds.....	505,200	81	91.3	7.3	*	*	546	81.1	10.2	8.7	8.6	16
200 beds or more.....	233,000	80	91.9	7.1	*	*	636	77.2	12.6	10.2	10.8	15
<b>Location</b>												
Geographic region:												
Northeast.....	292,100	82	96.6	3.2	*	*	592	78.7	9.7	11.6	10.0	14
North Central.....	449,400	81	95.6	4.0	*	*	671	77.8	14.2	8.0	7.4	21
South.....	354,700	80	85.0	13.5	*	*	599	79.1	10.6	10.4	10.7	18
West.....	207,000	81	90.6	3.0	4.4	*	479	78.5	15.5	5.9	11.8	15
Standard Federal administrative region:												
Region I.....	85,600	81	99.0	*	*	*	696	75.7	13.9	10.4	11.8	17
Region II.....	138,300	82	94.6	5.2	*	*	558	81.1	8.7	10.2	8.7	13
Region III.....	107,800	81	90.7	9.1	*	*	631	76.9	6.7	16.3	12.2	15
Region IV.....	175,300	79	86.8	12.8	*	*	534	76.9	11.9	11.3	10.3	17
Region V.....	318,200	81	95.3	4.4	*	*	624	77.5	13.8	8.7	7.3	20
Region VI.....	142,700	80	84.6	11.8	*	*	623	82.7	10.0	7.3	9.7	20
Region VII.....	115,800	81	96.5	*	*	*	795	77.7	15.7	6.6	7.2	26
Region VIII.....	50,900	79	94.3	*	*	*	802	71.1	22.0	*	10.4	14
Region IX.....	124,000	81	88.1	*	5.4	*	462	80.6	13.2	6.2	11.1	14
Region X.....	44,600	81	96.1	*	*	*	427	83.4	12.9	*	14.9	20
<b>Type of facility</b>												
Nursing care.....	1,113,300	81	91.9	6.6	1.0	.6	587	81.1	11.5	7.4	6.7	17
All other.....	189,800	78	93.9	4.3	*	*	671	63.0	18.0	19.0	26.3	18

<sup>1</sup>Includes a small number of unknowns.

<sup>2</sup>Bathing, dressing, using toilet room, mobility, continence, and eating. Unknowns were considered not dependent for the purpose of this index.

Table 28. Number and percent distribution of nursing home discharges by duration of stay, according to selected other discharge characteristics and discharge status: United States, 1976

Discharge characteristic and status	All stays	Duration of stay							
		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	Median number of days
All discharges <sup>1</sup> .....	1,117,500	375,200	224,200	134,900	111,700	156,900	68,400	46,200	75
<b>DEMOGRAPHIC CHARACTERISTIC</b>									
<b>Age</b>									
Under 45 years .....	33,900	16,400	*	*	*	*	*	*	37
45-54 years.....	33,500	11,700	7,400	*	*	*	*	*	56
55-64 years.....	68,800	21,900	16,900	10,500	*	7,600	*	*	70
65-69 years.....	81,300	28,900	19,300	11,000	*	12,400	*	*	62
70-74 years.....	122,300	49,700	28,100	12,600	12,400	14,000	*	*	47
75-79 years.....	204,600	75,600	45,300	25,400	20,300	23,100	*	7,900	56
80-84 years.....	241,200	81,300	44,700	32,400	23,900	32,800	17,900	8,200	83
85-89 years.....	210,200	63,400	38,800	19,300	22,700	37,200	17,200	11,800	99
90-94 years.....	90,500	20,000	13,600	13,900	9,400	17,300	9,500	*	169
95 years and over.....	31,100	*	*	*	*	7,300	*	*	379
Median age in years.....	80	78	78	80	80	82	84	84	...
<b>Sex</b>									
Male .....	407,700	149,200	89,400	47,200	42,000	48,100	20,300	11,400	60
Female.....	709,800	225,900	134,700	87,700	69,800	108,800	48,000	34,800	88
<b>Marital status at discharge</b>									
Married.....	255,900	110,900	61,200	31,200	21,400	21,800	7,500	*	40
Widowed.....	628,400	196,800	112,800	73,800	65,400	104,700	45,000	29,900	96
Divorced or separated.....	75,200	23,200	20,300	7,400	*	8,900	*	*	68
Never married.....	127,200	33,100	24,600	18,300	14,800	17,700	8,200	10,500	113
Unknown.....	30,800	11,100	*	*	*	*	*	*	76
Live discharges .....	825,500	299,400	171,800	103,500	82,800	106,600	41,300	20,200	63
<b>DEMOGRAPHIC CHARACTERISTIC</b>									
<b>Age</b>									
Under 45 years .....	32,400	15,500	*	*	*	*	*	*	37
45-54 years.....	29,600	10,300	*	*	*	*	*	*	56
55-64 years.....	55,000	16,100	14,600	7,300	*	*	*	*	73
65-69 years.....	66,400	22,800	15,800	9,700	*	10,800	*	*	62
70-74 years.....	95,500	42,000	22,100	9,700	7,900	10,200	*	*	42
75-79 years.....	159,700	63,200	36,800	19,400	14,500	16,400	*	*	48
80-84 years.....	171,300	61,200	32,200	24,900	18,600	19,300	11,600	*	65
85-89 years.....	145,200	49,800	27,000	14,700	17,200	23,900	9,500	*	74
90-94 years.....	55,500	14,500	8,100	9,500	*	11,100	*	*	140
95 years and over.....	14,900	*	*	*	*	*	*	*	169
Median age in years.....	79	78	78	79	80	81	83	79	...
<b>Sex</b>									
Male .....	307,600	118,200	68,600	36,000	32,700	34,500	12,100	*	65
Female.....	517,900	181,100	103,000	67,500	50,100	72,100	29,200	14,900	65
<b>Marital status at discharge</b>									
Married.....	197,900	89,900	48,600	22,700	15,300	15,800	*	*	38
Widowed.....	445,600	154,300	81,800	55,600	46,800	69,600	26,100	11,800	73
Divorced or separated.....	62,600	20,400	17,000	*	*	*	*	*	63
Never married.....	98,000	26,500	20,600	15,700	12,300	12,700	*	*	99
Unknown.....	21,300	8,300	*	*	*	*	*	*	71

See footnote at end of table.

Table 28. Number and percent distribution of nursing home discharges by duration of stay, according to selected other discharge characteristics and discharge status: United States, 1976—Con.

Discharge characteristic and status	All stays	Duration of stay							Median number of days
		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	
<b>OUTSIDE LIVING ARRANGEMENT</b>									
<u>Living arrangement after discharge</u>									
Private or semiprivate residence .....	306,700	155,700	83,000	29,700	21,600	12,300	*	*	30
Another health facility.....	484,200	127,300	81,800	69,700	59,200	91,300	36,900	18,000	124
Another nursing home.....	108,600	35,300	15,300	15,100	11,800	15,700	11,300	*	103
General or short-stay hospital .....	339,500	80,800	59,900	47,800	44,100	69,800	24,500	12,600	139
Mental hospital .....	12,000	*	*	*	*	*	*	*	160
Other health facility or unknown.....	24,000	9,700	*	*	*	*	*	*	60
Number who died in other health facility .....	91,100	16,800	14,200	12,500	15,100	19,600	7,400	*	215
Unknown or other arrangement .....	34,700	16,300	*	*	*	*	*	*	41
Dead discharges .....	289,800	75,400	52,000	31,100	28,800	49,700	26,900	26,000	130
<b>DEMOGRAPHIC CHARACTERISTIC</b>									
<u>Age</u>									
Under 45 years .....	*	*	*	*	-	-	-	*	*
45-54 years.....	*	*	*	*	*	*	*	*	*
55-64 years.....	13,600	*	*	*	*	*	*	*	37
65-69 years.....	14,900	*	*	*	*	*	*	*	40
70-74 years.....	26,600	7,700	*	*	*	*	*	*	91
75-79 years.....	44,900	12,400	8,500	*	*	*	*	*	110
80-84 years.....	69,600	20,100	12,300	7,500	*	13,500	*	*	119
85-89 years.....	64,600	13,700	11,600	*	*	13,200	7,500	8,600	283
90-94 years.....	35,000	*	*	*	*	*	*	*	302
95 years and over .....	15,900	*	*	*	*	*	*	*	791
Median age in years.....	83	80	82	81	81	84	86	87	
<u>Sex</u>									
Male .....	99,400	30,800	20,200	11,200	9,300	13,600	8,200	*	84
Female.....	190,400	44,600	31,700	19,800	19,500	36,100	18,700	20,000	175
<u>Marital status at discharge</u>									
Married.....	57,700	21,100	12,400	8,300	*	*	*	*	58
Widowed.....	181,700	42,400	30,800	18,000	18,600	34,900	18,700	18,300	177
Divorced or separated .....	12,600	*	*	*	*	*	*	*	112
Never married .....	28,700	*	*	*	*	*	*	*	309
Unknown.....	9,100	*	*	*	*	*	*	*	135

See footnote at end of table

Table 28. Number and percent distribution of nursing home discharges by duration of stay, according to selected other discharge characteristics and discharge status: United States, 1976—Con.

Discharge characteristic and status	All stays	Duration of stay							Median number of days
		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	
Percent distribution									
All discharges <sup>1</sup> .....	100.0	33.6	20.1	12.1	10.0	14.0	6.1	4.1	...
<b>DEMOGRAPHIC CHARACTERISTIC</b>									
<b>Age</b>									
Under 45 years.....	100.0	48.3	*	*	*	*	*	*	...
45-54 years.....	100.0	35.0	22.2	*	*	*	*	*	...
55-64 years.....	100.0	31.8	24.6	15.3	*	11.0	*	*	...
65-69 years.....	100.0	35.5	23.7	13.5	*	15.2	*	*	...
70-74 years.....	100.0	40.6	23.0	10.3	10.2	11.4	*	*	...
75-79 years.....	100.0	36.9	22.1	12.4	9.9	11.3	*	3.9	...
80-84 years.....	100.0	33.7	18.5	13.5	9.9	13.6	7.4	3.4	...
85-89 years.....	100.0	30.2	18.4	9.2	10.8	17.7	8.2	5.6	...
90-94 years.....	100.0	22.1	15.0	15.3	10.4	19.1	10.5	*	...
95 years and over.....	100.0	*	*	*	*	23.6	*	*	...
Median age in years.....	...	...	...	...	...	...	...	...	...
<b>Sex</b>									
Male.....	100.0	36.6	21.9	11.6	10.3	11.8	5.0	2.8	...
Female.....	100.0	31.8	19.0	12.4	9.8	15.3	6.8	4.9	...
<b>Marital status at discharge</b>									
Married.....	100.0	43.3	23.9	12.2	8.4	8.5	2.9	*	...
Widowed.....	100.0	31.3	17.9	11.7	10.4	16.7	7.2	4.8	...
Divorced or separated.....	100.0	30.8	27.0	9.8	*	11.8	*	*	...
Never married.....	100.0	26.0	19.3	14.4	11.6	13.9	6.4	8.3	...
Unknown.....	100.0	36.1	*	*	*	*	*	*	...
Live discharges.....	100.0	36.3	20.8	12.5	10.0	12.9	5.0	2.4	...
<b>DEMOGRAPHIC CHARACTERISTIC</b>									
<b>Age</b>									
Under 45 years.....	100.0	47.9	*	*	*	*	*	*	...
45-54 years.....	100.0	34.9	*	*	*	*	*	*	...
55-64 years.....	100.0	29.3	26.5	13.3	*	*	*	*	...
65-69 years.....	100.0	34.4	23.8	14.6	*	16.3	*	*	...
70-74 years.....	100.0	43.9	23.1	10.2	8.2	10.7	*	*	...
75-79 years.....	100.0	39.6	23.0	12.2	9.1	10.3	*	*	...
80-84 years.....	100.0	35.7	18.8	14.5	10.9	11.3	6.8	*	...
85-89 years.....	100.0	34.3	18.6	10.1	11.9	16.4	6.5	*	...
90-94 years.....	100.0	26.1	14.7	17.0	*	20.0	*	*	...
95 years and over.....	100.0	*	*	*	*	*	*	*	...
Median age in years.....	...	...	...	...	...	...	...	...	...
<b>Sex</b>									
Male.....	100.0	38.4	22.4	11.7	10.6	11.2	3.9	*	...
Female.....	100.0	35.0	19.9	13.0	9.7	13.9	5.6	2.9	...
<b>Marital status at discharge</b>									
Married.....	100.0	45.4	24.6	11.5	7.7	8.0	*	*	...
Widowed.....	100.0	34.6	18.4	12.5	10.5	15.6	5.8	2.6	...
Divorced or separated.....	100.0	32.6	27.1	*	*	*	*	*	...
Never married.....	100.0	27.1	21.0	16.0	12.6	12.9	*	*	...
Unknown.....	100.0	38.7	*	*	*	*	*	*	...

See footnote at end of table.

Table 28. Number and percent distribution of nursing home discharges by duration of stay, according to selected other discharge characteristics and discharge status: United States, 1976—Con.

Discharge characteristic and status	All stays	Duration of stay							Median number of days
		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	
Percent distribution									
<b>OUTSIDE LIVING ARRANGEMENT</b>									
<u>Living arrangement after discharge</u>									
Private or semiprivate residence .....	100.0	50.8	27.1	9.7	7.1	4.0	*	*	...
Another health facility.....	100.0	28.3	16.9	14.4	12.2	18.9	7.6	3.7	...
Another nursing home.....	100.0	32.5	14.1	13.9	10.9	14.5	10.4	*	...
General or short-stay hospital .....	100.0	23.8	17.6	14.1	13.0	20.6	7.2	3.7	...
Mental hospital .....	100.0	*	*	*	*	*	*	*	...
Other health facility or unknown.....	100.0	40.4	*	*	*	*	*	*	...
Number who died in other health facility .....	100.0	18.5	15.5	13.7	16.6	21.5	8.1	*	...
Unknown or other arrangement .....	100.0	47.1	*	*	*	*	*	*	...
Dead discharges .....	100.0	26.0	17.9	10.7	9.9	17.1	9.3	9.0	...
<b>DEMOGRAPHIC CHARACTERISTIC</b>									
<u>Age</u>									
Under 45 years .....	*	*	*	*	-	-	-	*	...
45-54 years.....	*	*	*	*	*	*	*	*	...
55-64 years.....	100.0	*	*	*	*	*	*	*	...
65-69 years.....	100.0	*	*	*	*	*	*	*	...
70-74 years.....	100.0	29.1	*	*	*	*	*	*	...
75-79 years.....	100.0	27.6	18.9	*	*	*	*	*	...
80-84 years.....	100.0	28.8	17.6	10.8	*	19.3	*	*	...
85-89 years.....	100.0	21.1	18.0	*	*	20.4	11.6	13.4	...
90-94 years.....	100.0	*	*	*	*	*	*	*	...
95 years and over .....	100.0	*	*	*	*	*	*	*	...
Median age in years .....	...	...	...	...	...	...	...	...	...
<u>Sex</u>									
Male .....	100.0	31.0	20.4	11.3	9.3	13.7	8.3	6.1	...
Female.....	100.0	23.4	16.7	10.4	10.3	18.9	9.8	10.5	...
<u>Marital status at discharge</u>									
Married.....	100.0	36.5	21.5	14.3	*	*	*	*	...
Widowed.....	100.0	23.3	17.0	9.9	10.2	19.2	10.3	10.1	...
Divorced or separated .....	100.0	*	*	*	*	*	*	*	...
Never married .....	100.0	*	*	*	*	*	*	*	...
Unknown.....	100.0	*	*	*	*	*	*	*	...

\*Includes unknown discharge status.

Table 29. Number of nursing home discharges and percent discharged alive, by selected health statuses:  
United States, 1976

Health status <sup>1</sup>	Discharges	
	Number	Percent discharged alive
Total .....	1,117,500	73.9
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>		
<u>Diseases of the circulatory system</u>		
Total .....	486,200	69.8
Congestive heart failure.....	59,300	81.9
Arteriosclerosis .....	197,200	69.2
Hypertension.....	23,100	77.1
Stroke.....	139,400	70.1
Heart attack, ischemic heart disease .....	40,400	70.0
Other.....	26,800	82.5
<u>Mental disorders and senility without psychosis</u>		
Total .....	125,700	75.5
Senile psychosis.....	10,800	60.9
Other psychosis .....	23,100	89.8
Chronic brain syndrome .....	52,700	65.3
Senility without psychosis.....	9,400	73.3
Mental retardation.....	7,500	80.2
Alcoholism .....	10,200	93.4
Other mental disorders .....	12,000	89.6
<u>Other diagnoses<sup>2</sup></u>		
Total .....	480,400	77.5
Diseases of the musculoskeletal system and connective tissues:		
Arthritis and rheumatism .....	28,500	87.6
Diseases of the nervous system and sense organs:		
Blindness.....	*	*
Multiple sclerosis .....	*	*
Epilepsy.....	*	*
Parkinson's disease .....	10,900	80.6
Accidents, poisonings, and violence:		
Hip fracture .....	82,700	83.1
Other bone fracture .....	26,500	91.9
Endocrine, nutritional, and metabolic diseases:		
Diabetes.....	45,200	81.3
Neoplasms:		
Cancer .....	91,600	51.2
Diseases of the respiratory system:		
Emphysema.....	10,000	79.1
Pneumonia .....	13,200	68.5
Other respiratory.....	18,200	84.1
Diseases of the digestive system:		
Ulcers .....	*	*
Diseases of the blood and blood-forming organs:		
Anemia.....	8,400	91.9
<u>Diagnosis unknown</u>		
Total .....	25,100	75.6

See footnotes at end of table.

Table 29. Number of nursing home discharges and percent discharged alive, by selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	Discharges	
	Number	Percent discharged alive
<b>CHRONIC CONDITIONS OR IMPAIRMENTS<sup>2</sup></b>		
<u>Diseases of the circulatory system</u>		
Arteriosclerosis .....	455,500	67.9
Hypertension.....	168,000	75.0
Stroke.....	228,700	68.1
Paralysis or palsy, other than arthritis, related to stroke .....	54,000	70.2
Heart trouble .....	390,400	70.6
<u>Mental disorders and senility without psychosis</u>		
Mental illness.....	64,600	85.4
Chronic brain syndrome.....	206,300	67.8
Senility.....	226,600	63.5
Mental retardation.....	18,600	83.8
Alcoholism .....	35,700	87.4
Drug addiction.....	*	*
Insomnia.....	16,500	82.4
<u>Other chronic conditions or impairments</u>		
Diseases of the musculoskeletal system and connective tissues		
Arthritis and rheumatism .....	163,100	76.4
Chronic back, spine problems, excluding stiffness and deformity.....	30,800	78.3
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	69,400	69.9
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	31,300	80.4
Diseases of the nervous system and sense organs:		
Blindness.....	45,400	70.1
Glaucoma .....	20,200	69.9
Cataracts.....	50,100	74.8
Deafness.....	50,800	68.9
Parkinson's disease .....	29,900	74.3
Paralysis or palsy, other than arthritis, unrelated to stroke .....	21,900	83.3
Accidents, poisonings, and violence:		
Hip fracture .....	127,200	76.9
Other bone fracture .....	66,400	84.6
Endocrine, nutritional, and metabolic diseases:		
Diabetes.....	156,800	74.4
Neoplasms:		
Cancer .....	125,200	53.9
Diseases of the respiratory system:		
Chronic respiratory disease .....	99,600	73.3
Diseases of the digestive system:		
Constipation.....	50,800	66.6
Diseases of the blood and blood-forming organs:		
Anemia.....	65,100	73.9
Diseases of the skin and subcutaneous tissue:		
Bedsore.....	36,000	52.2
Conditions other than above:		
Edema .....	102,200	67.6
Kidney trouble .....	120,900	73.0
<u>None of these conditions</u>		
Total.....	37,500	86.8
<u>Condition unknown</u>		
Total.....	11,800	71.1

<sup>1</sup>Disease group categories based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.

<sup>2</sup>Only diagnoses of sufficient magnitude are noted

\*Figures may not add to total because resident may have had more than 1 reported condition or impairment

Table 30. Number and percent distribution of nursing home discharges by discharge status and duration of stay, according to selected health statuses: United States, 1976

Health status*	All discharges <sup>2</sup>	Discharge status		Duration of stay				Median duration of stay in days
		Live	Dead	Less than 1 month	1 month to less than 3	3 months to less than 6	6 months or more	
Total .....	1,117,500	825,500	289,800	375,200	224,200	134,900	383,200	75
Number								
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>								
<b>Diseases of the circulatory system</b>								
Total .....	486,200	339,200	146,500	151,600	89,100	56,900	188,700	94
Congestive heart failure.....	59,300	36,700	22,600	19,900	10,300	*	22,700	87
Arteriosclerosis .....	197,200	136,500	60,700	48,300	31,100	27,700	90,100	146
Hypertension.....	23,100	17,800	*	7,900	*	*	10,400	109
Stroke.....	139,400	97,800	41,500	47,300	32,500	12,700	46,900	70
Heart attack, ischemic heart disease.....	40,400	28,300	11,900	18,500	*	*	12,600	38
Other.....	26,800	22,100	*	9,700	*	*	*	58
<b>Mental disorders and senility without psychosis</b>								
Total .....	125,700	94,900	30,400	25,600	21,200	16,700	62,200	168
Senile psychosis.....	10,800	*	*	*	*	*	*	400
Other psychosis .....	23,100	20,800	*	*	*	*	11,700	200
Chronic brain syndrome.....	52,700	34,400	18,300	10,200	7,500	*	27,900	210
Senility without psychosis.....	9,400	*	*	*	*	*	*	112
Mental retardation.....	7,500	*	*	*	*	*	*	601
Alcoholism and other mental disorders.....	22,200	20,300	*	7,300	*	*	*	58
<b>Other diagnoses<sup>2</sup></b>								
Total .....	480,400	372,500	107,000	187,800	109,200	60,100	123,300	49
<b>Diseases of the musculoskeletal system and connective tissues:</b>								
Arthritis and rheumatism .....	28,500	25,000	*	12,400	*	*	9,600	67
<b>Diseases of the nervous system and sense organs:</b>								
Parkinson's disease .....	10,900	8,800	*	*	*	*	*	120
<b>Accidents, poisonings, and violence:</b>								
Hip fracture.....	82,700	68,700	14,000	27,600	22,900	11,400	20,800	53
Other bone fracture .....	26,500	24,300	*	9,700	10,300	*	*	48
<b>Endocrine, nutritional, and metabolic diseases:</b>								
Diabetes.....	45,200	36,700	8,500	13,100	7,200	*	17,800	117
<b>Neoplasms:</b>								
Cancer .....	91,600	46,900	44,700	48,100	18,200	11,000	14,300	27
<b>Diseases of the respiratory system:</b>								
Total .....	41,500	32,300	9,200	15,900	10,600	*	11,000	44
<b>Diagnosis unknown</b>								
Total.....	25,100	19,000	*	10,100	*	*	9,100	47
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>2</sup></b>								
<b>Diseases of the circulatory system</b>								
Arteriosclerosis .....	455,500	309,100	146,200	123,500	79,100	53,600	199,300	124
Hypertension.....	168,000	126,000	41,700	49,500	32,900	18,600	67,000	95
Stroke.....	228,700	155,700	72,800	73,000	50,700	22,300	82,600	76
Paralysis or palsy, other than arthritis, related to stroke.....	54,000	37,900	18,100	13,500	12,800	7,300	20,400	96
Heart trouble.....	390,400	275,600	114,100	131,700	72,400	47,400	138,900	82
<b>Mental disorders and senility without psychosis</b>								
Mental illness.....	64,600	55,200	9,000	17,200	10,500	7,900	28,900	136
Chronic brain syndrome.....	206,300	139,800	66,500	47,900	33,400	23,100	101,900	171
Senility.....	226,600	143,900	82,800	48,200	34,900	29,500	114,100	187
Mental retardation.....	18,600	15,600	*	*	*	*	10,500	277
Alcoholism.....	35,700	31,200	*	10,600	12,800	*	8,200	59
Drug addiction.....	*	*	*	*	*	*	*	*
Insomnia.....	16,500	13,600	*	*	*	*	8,600	250

See footnotes at end of table



Table 30. Number and percent distribution of nursing home discharges by discharge status and duration of stay, according to selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	All discharges <sup>2</sup>	Discharge status		Duration of stay				Median duration of stay in days
		Live	Dead	Less than 1 month	1 month to less than 3	3 months to less than 6	6 months or more	
Number								
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>3</sup>—Con</b>								
<u>Other chronic conditions and impairments</u>								
Diseases of the musculoskeletal system and connective tissues:								
Arthritis and rheumatism .....	163,100	124,500	38,500	46,700	29,700	17,200	69,500	114
Chronic back, spine problems, excluding stiffness and deformity.....	30,800	24,100	*	7,700	*	*	13,700	119
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	69,400	48,500	20,900	13,900	16,400	8,600	30,500	124
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	31,300	25,200	*	*	*	*	15,600	182
Diseases of the nervous system and sense organs:								
Blindness.....	45,400	31,800	13,400	10,100	*	*	22,600	177
Glaucoma .....	20,200	14,100	*	*	*	*	7,700	79
Cataracts.....	50,100	37,500	12,600	13,500	*	7,500	22,500	143
Deafness.....	50,800	35,000	15,700	14,900	7,800	*	24,300	143
Parkinson's disease .....	29,900	22,300	7,700	8,000	*	*	12,600	118
Paralysis or palsy, other than arthritis, unrelated to stroke .....	21,900	18,200	*	*	*	*	*	62
Accidents, poisonings, and violence:								
Hip fracture .....	127,200	97,800	29,500	34,600	30,900	19,000	42,700	85
Other bone fracture .....	66,400	56,200	9,900	25,900	19,000	8,300	13,200	48
Endocrine, nutritional, and metabolic diseases:								
Diabetes.....	156,800	116,600	39,800	47,900	32,000	18,100	58,700	85
Neoplasms:								
Cancer .....	125,200	67,400	57,800	59,400	23,900	14,500	27,400	35
Diseases of the respiratory system:								
Chronic respiratory disease .....	99,600	73,000	26,600	34,800	22,200	10,900	31,700	65
Diseases of the digestive system:								
Constipation.....	50,800	33,800	17,000	10,600	7,800	*	27,300	209
Diseases of the blood and blood-forming organs:								
Anemia.....	65,100	48,200	17,000	23,000	16,700	7,500	17,900	56
Diseases of the skin and subcutaneous tissue:								
Bedsores.....	36,000	18,800	17,200	11,200	10,100	*	9,000	57
Conditions other than above:								
Edema .....	102,200	69,100	32,900	24,800	16,000	14,400	47,000	149
Kidney trouble .....	120,800	88,300	32,400	39,400	26,000	16,800	38,700	66
<u>None of these conditions</u>								
Total.....	37,500	32,600	*	17,900	8,500	*	8,200	34
<u>Condition unknown</u>								
Total.....	11,800	8,400	*	*	*	*	*	37

See footnotes at end of table.

Table 30. Number and percent distribution of nursing home discharges by discharge status and duration of stay, according to selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	All discharges <sup>2</sup>	Discharge status		Duration of stay				Median duration of stay in days
		Live	Dead	Less than 1 month	1 month to less than 3	3 months to less than 6	6 months or more	
Percent distribution								
Total .....	100.0	73.9	25.9	33.6	20.1	12.1	34.3	...
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>								
<u>Diseases of the circulatory system</u>								
Total .....	100.0	69.8	30.1	31.2	18.3	11.7	38.8	...
Congestive heart failure.....	100.0	61.9	38.1	33.5	17.4	*	38.3	...
Arteriosclerosis .....	100.0	69.2	30.8	24.5	15.8	14.1	45.7	...
Hypertension.....	100.0	77.1	*	34.2	*	*	45.1	...
Stroke.....	100.0	70.1	29.8	33.9	23.3	9.1	33.7	...
Heart attack, ischemic heart disease.....	100.0	70.0	29.5	45.7	*	*	31.2	...
Other.....	100.0	82.5	*	36.4	*	*	*	...
<u>Mental disorders and senility without psychosis</u>								
Total .....	100.0	75.5	24.2	20.4	16.8	13.3	49.5	...
Senile psychosis .....	100.0	*	*	*	*	*	*	...
Other psychosis .....	100.0	89.8	*	*	*	*	50.7	...
Chronic brain syndrome.....	100.0	85.3	34.7	19.4	14.2	*	53.0	...
Senility without psychosis.....	100.0	*	*	*	*	*	*	...
Mental retardation.....	100.0	*	*	*	*	*	*	...
Alcoholism and other mental disorders.....	100.0	91.4	*	33.1	*	*	*	...
<u>Other diagnoses<sup>3</sup></u>								
Total .....	100.0	77.5	22.3	39.1	22.7	12.5	25.7	...
<u>Diseases of the musculoskeletal system and connective tissues:</u>								
Arthritis and rheumatism .....	100.0	87.6	*	43.4	*	*	33.8	...
<u>Diseases of the nervous system and sense organs:</u>								
Parkinson's disease .....	100.0	80.6	*	*	*	*	*	...
<u>Accidents, poisonings, and violence:</u>								
Hip fracture .....	100.0	83.1	16.9	33.4	27.7	13.7	25.1	...
Other bone fracture .....	100.0	91.9	*	36.8	38.8	*	*	...
<u>Endocrine, nutritional, and metabolic diseases:</u>								
Diabetes.....	100.0	81.3	18.7	29.0	16.0	*	39.3	...
<u>Neoplasms:</u>								
Cancer .....	100.0	51.2	48.8	52.5	19.9	12.0	15.6	...
<u>Diseases of the respiratory system:</u>								
Total.....	100.0	77.9	22.1	38.3	25.5	*	26.5	...
<u>Diagnosis unknown</u>								
Total.....	100.0	75.6	*	40.3	*	*	36.1	...
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>4</sup></b>								
<u>Diseases of the circulatory system</u>								
Arteriosclerosis .....	100.0	67.9	32.1	27.1	17.4	11.8	43.8	...
Hypertension.....	100.0	75.0	24.8	29.5	19.6	11.1	39.9	...
Stroke.....	100.0	68.1	31.9	31.9	22.2	9.8	36.1	...
Paralysis or palsy, other than arthritis, related to stroke.....	100.0	70.2	29.8	24.9	23.7	13.6	37.7	...
Heart trouble .....	100.0	70.6	29.2	33.7	18.5	12.1	35.6	...
<u>Mental disorders and senility without psychosis</u>								
Mental illness.....	100.0	85.4	14.0	26.7	16.3	12.3	44.7	...
Chronic brain syndrome.....	100.0	67.8	32.2	23.2	16.2	11.2	49.4	...
Senility .....	100.0	83.5	36.5	21.3	15.4	13.0	50.3	...
Mental retardation.....	100.0	83.8	*	*	*	*	56.1	...
Alcoholism .....	100.0	87.4	*	29.8	35.8	*	22.9	...
Drug addiction.....	*	*	*	*	*	*	*	...
Insomnia .....	100.0	82.4	*	*	*	*	52.1	...

See footnotes at end of table

Table 30. Number and percent distribution of nursing home discharges by discharge status and duration of stay, according to selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	All discharges <sup>2</sup>	Discharge status		Duration of stay				Median duration of stay in days
		Live	Dead	Less than 1 month	1 month to less than 3	3 months to less than 6	6 months or more	
Percent distribution								
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>3</sup>—Con.</b>								
<b>Other chronic conditions and impairments</b>								
Diseases of the musculoskeletal system and connective tissues:								
Arthritis and rheumatism .....	100.0	76.4	23.6	28.7	18.2	10.5	42.6	..
Chronic back, spine problems, excluding stiffness and deformity .....	100.0	78.3	*	25.0	*	*	44.4	...
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers .....	100.0	69.9	30.1	20.0	23.6	12.5	43.9	...
Missing arms, legs, or extremities, including feet, toes, hands, or fingers .....	100.0	80.4	*	*	*	*	49.7	...
Diseases of the nervous system and sense organs:								
Blindness .....	100.0	70.1	29.6	22.3	*	*	49.8	...
Glaucoma .....	100.0	69.9	*	*	*	*	38.3	...
Cataracts .....	100.0	74.8	25.2	27.0	*	14.9	44.9	...
Deafness .....	100.0	68.9	30.9	29.4	15.3	*	47.9	...
Parkinson's disease .....	100.0	74.3	25.7	26.9	*	*	42.2	...
Paralysis or palsy, other than arthritis, unrelated to stroke .....	100.0	83.3	*	*	*	*	*	...
Accidents, poisonings, and violence:								
Hip fracture .....	100.0	76.9	23.1	27.2	24.3	14.9	33.5	..
Other bone fracture .....	100.0	84.6	14.9	39.0	28.6	12.5	19.9	...
Endocrine, nutritional, and metabolic diseases:								
Diabetes .....	100.0	74.4	25.4	30.6	20.4	11.6	37.5	...
Neoplasms:								
Cancer .....	100.0	53.9	46.1	47.4	19.1	11.6	21.8	...
Diseases of the respiratory system:								
Chronic respiratory disease .....	100.0	73.3	26.7	34.9	22.3	11.0	31.8	...
Diseases of the digestive system:								
Constipation .....	100.0	66.6	33.4	20.8	15.4	*	53.7	...
Diseases of the blood and blood-forming organs:								
Anemia .....	100.0	73.9	26.1	35.3	25.6	11.6	27.5	...
Diseases of the skin and subcutaneous tissue:								
Bedsore .....	100.0	52.2	47.8	31.0	28.0	*	24.9	...
Conditions other than above:								
Edema .....	100.0	67.6	32.1	24.3	15.6	14.1	46.0	...
Kidney trouble .....	100.0	73.0	26.8	32.6	21.5	13.9	32.0	...
<b>None of these conditions</b>								
Total .....	100.0	86.8	*	47.7	22.6	*	21.8	...
<b>Condition unknown</b>								
Total .....	100.0	71.1	*	*	*	*	*	...

<sup>1</sup>Disease categories based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA).

<sup>2</sup>Includes discharges with unknown discharge status.

<sup>3</sup>Only diagnoses of sufficient magnitude are noted.

\*Figures may not add to total because discharge may have had more than 1 reported condition or impairment.

Table 31. Number and percent distribution of nursing home discharges by discharge status, median duration of stay, and use of special aids or devices, according to selected functional statuses: United States, 1976

Functional status	All discharges <sup>1</sup>	Discharge status		Median duration of stay in days	Special aids or devices used <sup>2</sup>								
		Live	Dead		Eyeglasses	Hearing aid	Wheelchair	Cane	Walker	Crutches or braces	Mechanical feeding device	Geriatric chair, cuffs, posey bell, or similar devices	Other aids or devices
Total .....	1,117,500	825,500	289,800	75	587,900	62,600	421,200	101,900	180,500	30,600	18,100	234,000	77,100
		Number			Number								
<b>Mobility</b>													
Walks with or without assistance .....	533,400	477,100	55,000	62	303,500	31,800	122,000	82,400	135,800	20,300	*	52,900	30,900
Chairfast .....	297,100	210,500	86,700	107	162,200	18,500	222,300	7,700	25,800	7,900	*	112,700	26,900
Bedfast .....	229,700	92,200	137,200	74	102,200	9,100	70,700	7,200	13,000	*	11,700	66,700	17,800
Unknown .....	57,200	45,800	10,900	62	20,000	*	*	*	*	*	*	*	*
<b>Continence</b>													
No difficulty controlling bowels or bladder .....	551,000	491,900	58,200	60	315,000	28,700	162,400	73,100	113,600	21,300	*	42,800	33,400
Difficulty controlling bowels .....	26,500	20,400	*	34	16,600	*	11,800	*	*	*	*	*	*
Difficulty controlling bladder .....	75,400	54,100	21,200	108	49,100	*	33,900	8,200	17,800	*	*	15,900	*
Difficulty controlling both bowels and bladder .....	304,000	164,200	139,500	132	150,200	15,700	152,400	14,000	29,300	*	8,600	126,600	20,900
Ostomy in either bowels or bladder <sup>3</sup> .....	121,800	68,700	52,900	45	50,500	7,300	55,700	*	12,300	*	*	41,900	15,400
Unknown as to both bowels and bladder .....	38,800	26,200	12,100	64	*	*	*	*	*	*	*	*	*
<b>Partial index of dependency in activities of daily living<sup>4</sup></b>													
Not dependent in mobility or continence <sup>5</sup> .....	448,600	408,600	38,600	60	241,100	22,900	77,600	69,800	101,200	16,600	*	18,800	23,500
Dependent in mobility only .....	141,200	109,500	31,700	65	80,400	*	89,800	*	14,900	*	*	24,500	10,300
Dependent in continence only .....	142,000	114,200	27,300	66	82,400	12,000	50,700	17,200	40,400	*	*	35,800	9,000
Dependent in both mobility and continence .....	385,600	193,200	192,200	104	184,000	21,600	203,200	9,500	23,900	*	15,400	154,800	34,300

See footnotes at end of table.

Table 31. Number and percent distribution of nursing home discharges by discharge status, median duration of stay, and use of special aids or devices, according to selected functional statuses: United States, 1976—Con.

Functional status	All discharges <sup>1</sup>	Discharge status		Median duration of stay in days	Special aids or devices used <sup>2</sup>								
		Live	Dead		Eyeglasses	Hearing aid	Wheelchair	Cane	Walker	Crutches or braces	Mechanical feeding device	Geriatric chair, cuffs, posey belt, or similar devices	Other aids or devices
Total .....	100.0	73.9	25.9	...	52.8	5.6	37.7	9.1	16.2	2.7	1.6	20.9	6.9
		Percent distribution			Percent distribution								
<b>Mobility</b>													
Walks with or without assistance .....	100.0	89.4	10.3	...	56.9	6.0	22.9	15.4	25.5	3.8	*	9.9	5.8
Chairfast .....	100.0	70.8	29.2	...	54.6	6.2	74.8	2.6	8.7	2.6	*	37.9	9.0
Bedfast .....	100.0	40.2	59.7	...	44.5	4.0	30.8	3.1	5.7	*	5.1	29.0	7.7
Unknown .....	100.0	80.1	19.1	...	34.9	*	*	*	*	*	*	*	*
<b>Continence</b>													
No difficulty controlling bowels or bladder .....	100.0	89.3	10.6	...	57.2	5.2	29.5	13.3	20.6	3.9	*	7.8	6.1
Difficulty controlling bowels .....	100.0	77.0	*	...	62.5	*	44.5	*	*	*	*	*	*
Difficulty controlling bladder .....	100.0	71.7	28.1	...	65.2	*	45.0	10.8	23.6	*	*	21.1	*
Difficulty controlling both bowels and bladder .....	100.0	54.0	45.9	...	49.4	5.2	50.1	4.6	9.6	*	2.8	41.6	6.9
Ostomy in either bowels or bladder <sup>3</sup> .....	100.0	56.4	43.4	...	41.5	6.0	45.8	*	10.1	*	*	34.4	12.7
Unknown as to both bowels and bladder .....	100.0	67.7	31.1	...	*	*	*	*	*	*	*	*	*
<b>Partial index of dependency in activities of daily living<sup>4</sup></b>													
Not dependent in mobility or continence <sup>5</sup> .....	100.0	91.1	8.6	...	53.8	5.1	17.3	15.6	22.6	3.7	*	4.2	5.2
Dependent in mobility only .....	100.0	77.6	22.4	...	56.9	*	63.6	*	10.6	*	*	17.4	7.3
Dependent in continence only .....	100.0	80.4	19.2	...	58.0	8.5	35.7	12.1	28.4	*	*	25.2	6.3
Dependent in both mobility and continence .....	100.0	50.1	49.8	...	47.7	5.6	52.7	2.5	6.2	*	4.0	40.1	8.9

<sup>1</sup>Includes unknown discharge status.

<sup>2</sup>Patients may have used more than 1 special aid or device, so the sum of the aids and devices exceeds the discharge totals.

<sup>3</sup>87.4 percent of these persons had had an ostomy which affected only the bladder.

<sup>4</sup>Unknowns were considered not dependent for the purpose of this index.

<sup>5</sup>Includes discharges who walked with assistance.

Table 32. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected other discharge characteristics and discharge statuses: United States, 1976

Discharge characteristic and status	Total	Type of dependency		Partial index of dependency in activities of daily living <sup>1</sup>			
		Mobility <sup>1</sup>	Continen <sup>2</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
All discharges <sup>4</sup> .....	1,117,500	526,800	527,700	448,600	141,200	142,000	385,600
Number							
<b>DEMOGRAPHIC CHARACTERISTIC</b>							
<u>Age at discharge</u>							
Under 65 years .....	136,900	51,500	46,400	71,500	18,400	13,300	33,100
65-74 years.....	203,600	88,200	92,000	87,900	23,600	27,400	64,800
75-84 years.....	445,800	203,200	206,800	182,200	56,800	60,400	146,500
85 years and over .....	331,800	183,800	182,400	107,000	42,400	41,000	141,400
<u>Sex</u>							
Male .....	407,700	185,100	201,000	158,400	48,300	64,200	136,700
Female.....	709,800	341,800	326,700	290,200	92,800	77,800	248,900
<u>Marital status at discharge</u>							
Married.....	255,900	131,100	131,400	90,600	34,000	34,200	97,100
Widowed.....	628,400	309,400	303,900	242,100	82,300	76,800	227,100
Divorced or separated .....	75,200	28,500	27,600	37,600	10,000	9,100	18,500
Never married .....	127,200	48,000	53,200	61,000	13,000	18,100	35,100
Unknown.....	30,800	9,800	11,600	17,200	*	*	7,900
Live discharges .....	825,500	302,700	307,400	408,600	109,500	114,200	193,200
<b>DEMOGRAPHIC CHARACTERISTIC</b>							
<u>Age at discharge</u>							
Under 65 years .....	117,000	37,300	31,700	68,200	17,200	11,500	20,200
65-74 years.....	161,900	55,600	61,200	82,400	18,200	23,900	37,300
75-84 years.....	331,000	116,800	121,200	165,800	44,000	48,600	72,600
85 years and over .....	215,600	93,200	93,300	92,200	30,100	30,200	63,100
<u>Sex</u>							
Male .....	307,600	112,000	126,700	143,300	37,600	52,400	74,400
Female.....	517,900	190,700	180,700	265,300	71,900	61,900	118,800
<u>Marital status at discharge</u>							
Married.....	197,900	82,700	85,200	85,000	27,700	30,100	55,100
Widowed.....	445,800	168,400	166,800	218,300	60,700	59,100	107,700
Divorced or separated .....	62,600	19,500	18,000	35,600	9,000	7,500	10,600
Never married .....	88,000	27,100	31,000	55,900	11,100	15,000	16,000
Unknown.....	21,300	*	*	13,800	*	*	*

See footnotes at end of table.

Table 32. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected other discharge characteristics and discharge statuses: United States, 1976—Con.

Discharge characteristic and status	Total	Type of dependency		Partial index of dependency in activities of daily living <sup>a</sup>			
		Mobility <sup>a</sup>	Continence <sup>a</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
<b>OUTSIDE LIVING ARRANGEMENT</b>							
<u>Living arrangement after discharge</u>							
Private or semiprivate residence .....	306,700	56,500	58,500	212,900	35,300	37,300	21,200
Another health facility.....	484,200	239,400	239,000	172,800	72,400	72,000	166,900
Another nursing home.....	108,600	50,100	45,600	44,800	18,200	13,800	31,800
General or short-stay hospital .....	339,500	181,100	182,400	104,800	52,300	53,700	128,800
Mental hospital .....	12,000	*	*	9,700	*	*	*
Other health facility or unknown.....	24,000	7,200	8,700	13,500	*	*	*
Number who died in other health facility .....	91,100	55,000	52,100	24,600	14,400	11,500	40,600
Unknown or other arrangements.....	34,700	*	10,000	23,000	*	*	*
Dead discharges .....	289,800	223,900	219,500	38,600	31,700	27,300	192,200
<b>DEMOGRAPHIC CHARACTERISTIC</b>							
<u>Age at discharge</u>							
Under 65 years .....	18,400	14,200	14,700	*	*	*	13,000
65-74 years.....	41,500	32,700	30,600	*	*	*	27,300
75-84 years.....	114,400	86,500	85,500	16,200	12,800	11,700	73,700
85 years and over .....	115,500	90,500	88,700	14,500	12,300	10,400	78,300
<u>Sex</u>							
Male .....	99,400	73,100	74,100	14,500	10,700	11,800	62,400
Female.....	190,400	150,800	145,400	24,100	20,900	15,500	129,800
<u>Marital status at discharge</u>							
Married.....	57,700	48,400	46,200	*	*	*	42,000
Widowed.....	181,700	140,900	136,500	23,600	21,700	17,200	119,200
Divorced or separated .....	12,600	9,000	9,600	*	*	*	8,000
Never married .....	28,700	20,900	22,100	*	*	*	19,000
Unknown.....	9,100	*	*	*	*	*	*

See footnotes at end of table.

Table 32. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected other discharge characteristics and discharge statuses: United States, 1976—Con.

Discharge characteristic and status	Total	Type of dependency		Partial index of dependency in activities of daily living <sup>a</sup>			
		Mobility <sup>b</sup>	Continence <sup>c</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
Percent distribution							
All discharges <sup>d</sup> .....	100.0	47.1	47.2	40.1	12.6	12.7	34.5
<b>DEMOGRAPHIC CHARACTERISTIC</b>							
<u>Age at discharge</u>							
Under 65 years .....	100.0	37.8	34.0	52.4	13.5	9.7	24.3
65-74 years.....	100.0	43.9	45.2	43.2	11.6	13.5	31.7
75-84 years.....	100.0	45.6	46.4	40.9	12.7	13.5	32.9
85 years and over.....	100.0	55.4	55.0	32.3	12.8	12.3	42.6
<u>Sex</u>							
Male .....	100.0	45.4	49.3	38.8	11.9	15.8	33.5
Female.....	100.0	48.2	46.0	40.9	13.1	11.0	35.1
<u>Marital status at discharge</u>							
Married.....	100.0	51.2	51.3	35.4	13.3	13.4	37.9
Widowed.....	100.0	49.2	48.4	38.5	13.1	12.2	36.1
Divorced or separated.....	100.0	37.9	36.7	50.0	13.3	12.1	24.6
Never married.....	100.0	37.8	41.8	48.0	10.2	14.3	27.6
Unknown.....	100.0	31.8	37.7	56.0	*	*	25.6
Live discharges .....	100.0	36.7	37.2	49.5	13.3	13.8	23.4
<b>DEMOGRAPHIC CHARACTERISTIC</b>							
<u>Age at discharge</u>							
Under 65 years .....	100.0	31.9	27.1	58.3	14.7	9.8	17.2
65-74 years.....	100.0	34.3	37.8	50.9	11.3	14.8	23.1
75-84 years.....	100.0	35.2	36.6	50.1	13.3	14.7	21.9
85 years and over.....	100.0	43.2	43.3	42.8	14.0	14.0	29.2
<u>Sex</u>							
Male .....	100.0	36.4	41.2	46.6	12.2	17.0	24.2
Female.....	100.0	36.8	34.9	51.2	13.9	11.9	22.9
<u>Marital status at discharge</u>							
Married .....	100.0	41.8	43.1	43.0	14.0	15.2	27.8
Widowed.....	100.0	37.8	37.4	49.0	13.6	13.3	24.2
Divorced or separated.....	100.0	31.2	28.8	56.9	14.3	12.0	16.9
Never married.....	100.0	27.6	31.6	57.1	11.3	15.3	16.3
Unknown.....	100.0	*	*	64.8	*	*	*

See footnotes at end of table.



Table 32. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected other discharge characteristics and discharge statuses: United States, 1976—Con.

Discharge characteristic and status	Total	Type of dependency		Partial index of dependency in activities of daily living <sup>a</sup>			
		Mobility <sup>b</sup>	Continen <sup>c</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
Percent distribution							
<b>OUTSIDE LIVING ARRANGEMENT</b>							
<u>Living arrangement after discharge</u>							
Private or semiprivate residence .....	100.0	18.4	19.1	69.4	11.5	12.2	6.9
Another health facility .....	100.0	49.4	49.4	35.7	15.0	14.9	34.5
Another nursing home .....	100.0	46.1	42.0	41.2	16.8	12.7	29.3
General or short-stay hospital .....	100.0	53.3	53.7	30.9	15.4	15.8	37.9
Mental hospital .....	100.0	*	*	81.1	*	*	*
Other health facility or unknown .....	100.0	30.0	36.4	56.2	*	*	*
Number who died in other health facility .....	100.0	60.3	57.2	27.0	15.8	12.7	44.5
Unknown or other arrangements .....	100.0	*	28.7	66.2	*	*	*
Dead discharges .....	100.0	77.3	75.8	13.3	10.9	9.4	66.3
<b>DEMOGRAPHIC CHARACTERISTIC</b>							
<u>Age at discharge</u>							
Under 65 years .....	100.0	77.3	80.3	*	*	*	70.6
65-74 years .....	100.0	78.7	73.8	*	*	*	65.7
75-84 years .....	100.0	75.6	74.7	14.1	11.2	10.3	64.4
85 years and over .....	100.0	78.4	76.8	12.6	10.6	9.0	67.7
<u>Sex</u>							
Male .....	100.0	73.5	74.6	14.6	10.8	11.8	62.7
Female .....	100.0	79.2	76.4	12.6	11.0	8.2	68.2
<u>Marital status at discharge</u>							
Married .....	100.0	83.8	80.0	*	*	*	72.8
Widowed .....	100.0	77.6	75.1	13.0	11.9	9.5	65.6
Divorced or separated .....	100.0	71.3	75.9	*	*	*	63.1
Never married .....	100.0	72.7	76.9	*	*	*	66.0
Unknown .....	100.0	*	*	*	*	*	*

<sup>a</sup>Refers to discharge who was chairfast or bedfast.

<sup>b</sup>Refers to discharge who had difficulty controlling either bowels, bladder, or both, or who had an ostomy.

<sup>c</sup>Unknowns were considered not dependent for the purpose of this index.

\*Includes discharges with unknown discharge status.

Table 33. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected health statuses: United States, 1976

Health status <sup>1</sup>	All discharges	Type of dependency		Partial index of dependency in activities of daily living <sup>1</sup>			
		Mobility <sup>2</sup>	Continence <sup>3</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
				Number			
Total .....	1,117,500	526,800	527,700	448,600	141,200	142,000	385,600
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>							
<u>Diseases of the circulatory system</u>							
Total .....	486,200	245,200	252,500	172,300	61,400	68,700	183,800
Congestive heart failure.....	59,300	29,100	30,000	21,100	8,200	9,100	20,900
Arteriosclerosis .....	197,200	95,800	101,800	73,400	21,900	28,000	73,900
Hypertension.....	23,100	8,300	10,800	9,200	*	*	*
Stroke.....	139,400	84,300	84,700	38,300	16,400	16,800	67,900
Heart attack, ischemic heart disease .....	40,400	17,100	15,900	17,500	*	*	10,000
Other.....	26,800	10,700	9,200	12,800	*	*	*
<u>Mental disorders and senility without psychosis</u>							
Total .....	125,700	45,100	55,800	64,900	*	15,800	40,000
Senile psychosis.....	10,800	*	*	*	*	*	*
Other psychosis.....	23,100	*	*	17,700	*	*	*
Chronic brain syndrome.....	52,700	25,500	32,000	19,100	*	8,100	23,800
Senility without psychosis.....	9,400	*	*	*	*	*	*
Mental retardation.....	7,500	*	*	*	*	*	*
Alcoholism and other mental disorders .....	22,200	*	*	15,400	*	*	*
<u>Other diagnoses<sup>5</sup></u>							
Total .....	480,400	229,900	214,100	193,700	72,600	56,800	157,300
<u>Diseases of the musculoskeletal system and connective tissues:</u>							
Arthritis and rheumatism .....	28,500	10,200	10,800	15,200	*	*	7,700
<u>Diseases of the nervous system and sense organs:</u>							
Parkinson's disease .....	10,900	*	*	*	*	*	*
<u>Accidents, poisonings, and violence</u>							
Hip fracture .....	82,700	39,100	30,100	35,800	16,800	7,900	22,300
Other bone fracture .....	26,500	8,000	*	15,300	*	*	*
<u>Endocrine, nutritional, and metabolic diseases:</u>							
Diabetes.....	45,200	22,400	20,400	15,900	8,900	*	13,500
<u>Neoplasms:</u>							
Cancer .....	91,600	59,600	55,800	20,000	15,800	12,000	43,900
<u>Diseases of the respiratory system:</u>							
Total.....	41,500	15,900	17,100	20,300	*	*	11,700
<u>Diagnosis unknown</u>							
Total .....	25,100	*	*	17,700	*	*	*
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>4</sup></b>							
<u>Diseases of the circulatory system</u>							
Arteriosclerosis .....	455,500	246,700	249,700	146,300	59,500	62,500	187,200
Hypertension.....	168,000	83,900	87,200	57,800	23,000	26,400	60,800
Stroke.....	228,700	140,900	141,800	58,400	28,500	29,400	112,400
Paralysis or palsy, other than arthritis, related to stroke.....	54,000	42,100	35,900	8,200	10,000	*	32,000
Heart trouble .....	390,400	197,900	200,300	134,500	55,600	58,000	142,300
<u>Mental disorders and senility without psychosis</u>							
Mental illness.....	64,600	18,200	22,200	39,800	*	*	15,600
Chronic brain syndrome.....	206,300	110,700	131,900	61,700	12,600	33,800	98,100
Senility .....	226,600	131,700	145,100	63,200	18,400	31,700	113,300
Mental retardation.....	18,600	*	9,500	8,000	*	*	*
Alcoholism.....	35,700	*	10,900	23,000	*	*	*
Drug addiction.....	*	*	*	*	*	*	*
Insomnia.....	16,500	9,300	8,600	*	*	*	7,600

See footnotes at end of table.

Table 33. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	All discharges	Type of dependency		Partial index of dependency in activities of daily living <sup>4</sup>			
		Mobility <sup>2</sup>	Continence <sup>3</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
Number							
<b>CHRONIC CONDITIONS AND IMPAIRMENTS*—Con.</b>							
<u>Other chronic conditions and impairments</u>							
Diseases of the musculoskeletal system and connective tissues:							
Arthritis and rheumatism .....	163,100	74,000	71,900	69,000	22,100	20,100	51,800
Chronic back, spine problems, excluding stiffness and deformity .....	30,800	14,100	13,000	12,500	*	*	8,700
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers .....	69,400	42,300	41,900	19,500	8,000	7,600	34,300
Missing arms, legs, or extremities, including feet, toes, hands, or fingers .....	31,300	25,100	15,900	*	10,100	*	15,100
Diseases of the nervous system and sense organs:							
Blindness .....	45,400	24,100	24,800	16,600	*	*	20,100
Glaucoma .....	20,200	8,100	8,500	10,200	*	*	*
Cataracts .....	50,100	19,100	19,300	24,000	*	*	12,200
Deafness .....	50,800	24,500	26,600	17,000	*	9,300	19,300
Parkinson's disease .....	29,900	14,800	16,900	9,500	*	*	11,200
Paralysis or palsy, other than arthritis, unrelated to stroke .....	21,900	14,500	16,500	*	*	*	12,300
Accidents, poisonings, and violence:							
Hip fracture .....	127,200	64,200	56,500	48,900	21,800	14,100	42,400
Other bone fracture .....	66,400	27,800	25,700	30,200	10,500	8,400	17,300
Endocrine, nutritional, and metabolic diseases:							
Diabetes .....	156,800	79,600	78,800	67,700	20,300	19,500	59,300
Neoplasms:							
Cancer .....	125,200	78,700	75,700	30,000	19,600	16,600	59,100
Diseases of the respiratory system:							
Chronic respiratory disease .....	99,600	46,400	49,100	37,800	12,700	15,400	33,700
Diseases of the digestive system:							
Constipation .....	50,800	29,700	32,700	15,200	*	*	26,700
Diseases of the blood and blood-forming organs:							
Anemia .....	65,100	32,700	32,600	23,400	9,100	9,100	23,600
Diseases of the skin and subcutaneous tissue:							
Bedsore .....	36,000	29,500	29,500	*	*	*	27,800
Conditions other than above:							
Edema .....	102,200	59,800	58,900	29,100	14,200	13,300	45,700
Kidney trouble .....	120,900	67,500	88,700	23,900	8,400	29,600	59,000
<u>None of these conditions</u>							
Total .....	37,500	7,900	*	27,100	*	*	*
<u>Condition unknown</u>							
Total .....	11,800	*	*	8,700	*	*	*

See footnotes at end of table.

Table 33. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	All discharges	Type of dependency		Partial index of dependency in activities of daily living <sup>2</sup>			
		Mobility <sup>2</sup>	Continnence <sup>3</sup>	Not dependent in either mobility or continnence	Dependent in mobility only	Dependent in continnence only	Dependent in both mobility and continnence
Percent distribution							
Total .....	100.0	47.1	47.2	40.1	12.6	12.7	34.5
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>							
<b>Diseases of the circulatory system</b>							
Total .....	100.0	50.4	51.9	35.4	12.6	14.1	37.8
Congestive heart failure.....	100.0	49.0	50.6	35.6	13.8	15.4	35.3
Arteriosclerosis .....	100.0	48.6	51.7	37.2	11.1	14.2	37.5
Hypertension.....	100.0	35.9	46.6	39.9	*	*	*
Stroke.....	100.0	60.4	60.8	27.5	11.7	12.1	48.7
Heart attack, ischemic heart disease.....	100.0	42.3	39.2	43.3	*	*	24.8
Other.....	100.0	39.9	34.2	47.7	*	*	*
<b>Mental disorders and senility without psychosis</b>							
Total .....	100.0	35.8	44.4	51.6	*	12.6	31.8
Senile psychosis.....	100.0	*	*	*	*	*	*
Other psychosis.....	100.0	*	*	76.8	*	*	*
Chronic brain syndrome.....	100.0	48.4	60.6	36.2	*	15.4	45.2
Senility without psychosis.....	100.0	*	*	*	*	*	*
Mental retardation.....	100.0	*	*	*	*	*	*
Alcoholism and other mental disorders.....	100.0	*	*	69.4	*	*	*
<b>Other diagnoses<sup>5</sup></b>							
Total .....	100.0	47.9	44.6	40.3	15.1	11.8	32.7
<b>Diseases of the musculoskeletal system and connective tissues:</b>							
Arthritis and rheumatism.....	100.0	35.8	37.9	53.4	*	*	27.1
<b>Diseases of the nervous system and sense organs:</b>							
Parkinson's disease.....	100.0	*	*	*	*	*	*
<b>Accidents, poisonings, and violence:</b>							
Hip fracture.....	100.0	47.3	36.4	43.2	20.4	9.5	26.9
Other bone fracture.....	100.0	30.3	*	57.9	*	*	*
<b>Endocrine, nutritional, and metabolic diseases:</b>							
Diabetes.....	100.0	49.6	45.1	35.2	19.6	*	30.0
<b>Neoplasms:</b>							
Cancer.....	100.0	65.1	60.9	21.9	17.2	13.1	47.9
<b>Diseases of the respiratory system:</b>							
Total.....	100.0	38.2	41.2	48.9	*	*	28.3
<b>Diagnosis unknown</b>							
Total.....	100.0	*	*	70.5	*	*	*
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>6</sup></b>							
<b>Diseases of the circulatory system</b>							
Arteriosclerosis.....	100.0	54.2	54.8	32.1	13.1	13.7	41.1
Hypertension.....	100.0	49.9	51.9	34.4	13.7	15.7	36.2
Stroke.....	100.0	61.6	62.0	25.5	12.5	12.9	49.1
Paralysis or palsy, other than arthritis, related to stroke.....	100.0	77.8	66.4	15.1	18.5	*	59.3
Heart trouble.....	100.0	50.7	51.3	34.5	14.2	14.9	36.4
<b>Mental disorders and senility without psychosis</b>							
Mental illness.....	100.0	28.2	34.3	61.6	*	*	24.1
Chronic brain syndrome.....	100.0	53.7	63.9	29.9	6.1	16.4	47.5
Senility.....	100.0	58.1	64.0	27.9	8.1	14.0	50.0
Mental retardation.....	100.0	*	51.1	43.2	*	*	*
Alcoholism.....	100.0	*	30.4	64.5	*	*	*
Drug addiction.....	*	*	*	*	*	*	*
Insomnia.....	100.0	56.0	52.1	*	*	*	46.0

See footnotes at end of table.

Table 33. Number and percent distribution of nursing home discharges by type of dependency and partial index of dependency in activities of daily living, according to selected health statuses: United States, 1976—Con.

Health status <sup>1</sup>	All discharges	Type of dependency		Partial index of dependency in activities of daily living <sup>2</sup>			
		Mobility <sup>3</sup>	Continence <sup>3</sup>	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
Percent distribution							
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>4</sup>—Con.</b>							
<b>Other chronic conditions and impairments</b>							
Diseases of the musculoskeletal system and connective tissues:							
Arthritis and rheumatism .....	100.0	45.4	44.1	42.3	13.6	12.3	31.8
Chronic back, spine problems, excluding stiffness and deformity .....	100.0	45.7	42.1	40.4	*	*	28.1
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers .....	100.0	61.0	60.4	28.1	11.6	10.9	49.4
Missing arms, legs, or extremities, including feet, toes, hands, or fingers .....	100.0	80.2	50.8	*	32.1	*	48.1
Diseases of the nervous system and sense organs:							
Blindness .....	100.0	53.2	54.7	36.5	*	*	44.4
Glaucoma .....	100.0	40.0	42.1	50.8	*	*	*
Cataracts .....	100.0	38.0	38.4	47.8	*	*	24.3
Deafness .....	100.0	48.2	56.4	33.5	*	18.3	38.0
Parkinson's disease .....	100.0	49.4	56.4	31.8	*	*	37.6
Paralysis or palsy, other than arthritis, unrelated to stroke ....	100.0	65.0	75.2	*	*	*	56.3
Accidents, poisonings, and violence:							
Hip fracture .....	100.0	50.5	44.4	38.4	17.2	11.1	33.3
Other bone fracture .....	100.0	41.9	38.7	45.5	15.8	12.6	26.1
Endocrine, nutritional, and metabolic diseases:							
Diabetes .....	100.0	50.8	50.3	36.8	12.9	12.4	37.8
Neoplasms:							
Cancer .....	100.0	62.9	60.5	23.9	15.6	13.2	47.2
Diseases of the respiratory system:							
Chronic respiratory disease .....	100.0	46.6	49.3	37.9	12.8	15.5	33.8
Diseases of the digestive system:							
Constipation .....	100.0	58.4	64.4	29.8	*	*	52.7
Diseases of the blood and blood-forming organs:							
Anemia .....	100.0	50.2	50.1	35.9	14.0	13.9	36.2
Diseases of the skin and subcutaneous tissue:							
Bedsore .....	100.0	81.9	81.9	*	*	*	77.1
Conditions other than above:							
Edema .....	100.0	58.5	57.7	28.5	13.9	13.0	44.7
Kidney trouble .....	100.0	55.8	73.3	19.7	7.0	24.5	48.8
<b>None of these conditions</b>							
Total .....	100.0	21.0	*	72.3	*	*	*
<b>Condition unknown</b>							
Total .....	100.0	*	*	73.9	*	*	*

<sup>1</sup>Disease group categories based on *Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)*.

<sup>2</sup>Refers to discharge who was chairfast or bedfast.

<sup>3</sup>Refers to discharge who had difficulty controlling either bowels, bladder, or both, or who had an ostomy.

<sup>4</sup>Unknowns were considered not dependent for the purpose of this index.

\*Only diagnoses of sufficient magnitude are noted.

\*Figures may not add to total because discharge may have had more than 1 reported condition or impairment.

Table 34. Number and percent distribution of nursing home discharges by selected health services received, according to discharge status, median duration of stay, level of care, and partial index of dependency in activities of daily living: United States, 1976

Discharge health service	All discharges <sup>1</sup>	Discharge status		Median duration of stay in days	Level of care during last 7 days			Partial index of dependency in activities of daily living <sup>2</sup>			
		Live	Dead		Nursing care		Personal care or none	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence
					Intensive	Other					
All health services.....	1,117,500	825,500	289,800	75	627,600	371,800	118,000	448,600	141,200	142,000	385,600
<u>Physician service</u>											
Time since last physician visit:											
Less than 1 week.....	531,500	379,300	151,800	43	327,800	174,200	29,500	201,700	64,300	66,900	198,500
1 week to less than 2.....	144,700	107,100	37,400	87	87,800	44,300	12,700	54,200	16,000	24,800	49,700
2 weeks to less than 1 month.....	158,600	121,300	37,200	135	87,900	53,800	16,900	55,000	24,300	21,000	58,300
1 month to less than 3.....	93,400	73,700	19,500	203	49,200	36,300	14,900	45,600	11,700	13,100	23,000
3 months to less than 6.....	16,700	13,400	*	208	9,300	*	*	7,400	*	*	*
6 months to less than 12.....	8,400	*	*	865	*	*	*	*	*	*	*
1 year or more.....	*	*	*	*	*	*	*	*	*	*	*
No physician visits while in facility.....	63,100	52,500	10,600	13	30,000	23,300	9,700	29,000	10,100	*	18,100
Unknown if any physician visits.....	97,200	69,100	26,800	132	38,200	26,700	32,300	50,600	11,500	7,800	27,300
Median time since last physician visit in days.....	3	3	3	...	3	4	1	2	3	4	3
Services given at last physician visit: <sup>3,4</sup>											
Examination.....	867,800	634,800	232,100	85	511,700	293,300	62,800	324,400	112,700	117,300	313,400
Treatment.....	164,700	104,200	60,500	90	118,400	36,100	10,200	42,900	17,900	21,500	82,400
Prescription.....	525,100	383,200	141,600	82	321,800	166,300	37,000	191,400	65,400	73,600	194,600
Orders for laboratory test.....	178,200	132,800	45,400	90	116,000	52,900	9,400	49,900	26,600	29,800	72,000
Other services.....	81,600	63,700	18,000	97	48,600	27,800	*	25,400	12,500	13,200	30,500
<u>Therapy service</u>											
No therapy service during last month.....	644,900	443,200	201,000	94	382,700	208,000	54,100	223,700	85,800	74,900	260,500
Unknown if any therapy service.....	70,600	53,700	16,400	22	20,100	23,300	27,100	48,100	*	*	11,800
Therapy service during last month <sup>5</sup> .....	402,000	328,700	72,500	63	224,800	140,500	36,800	176,700	48,700	63,200	113,300
Physical therapy.....	231,300	194,100	36,800	47	133,000	81,100	17,200	99,200	31,600	33,600	67,000
Recreational therapy.....	144,200	116,200	27,500	118	73,800	53,000	17,400	66,300	21,200	23,300	33,500
Occupational therapy.....	65,900	54,100	11,700	62	37,700	25,000	*	28,300	*	14,300	17,900
Speech or hearing therapy.....	16,800	14,700	*	29	10,300	*	*	*	*	*	*
Counseling by social worker.....	88,200	73,900	14,200	59	52,600	29,900	*	37,000	11,700	14,900	24,600
Counseling by mental health worker.....	21,200	19,400	*	83	*	10,400	*	14,600	*	*	*
Reality orientation.....	46,600	34,900	11,700	90	33,300	12,100	*	17,600	*	7,600	17,400
Other.....	24,300	18,800	*	23	17,900	*	*	11,100	*	*	*
<u>Other health services</u>											
Flu shot within last 12 months: <sup>6</sup>											
Received.....	119,400	71,500	47,800	931	74,800	34,700	9,900	35,000	13,900	14,300	58,100
Did not receive or unknown.....	152,100	96,600	54,900	956	88,200	45,500	18,500	55,400	22,300	16,200	58,200
Caught flu within last 9 months.....	9,000	*	*	930	*	*	*	*	*	*	*
Special diet within last 7 days:											
No special diet.....	650,900	495,700	153,800	82	331,500	222,200	97,200	297,800	84,700	78,200	180,200
Special diet <sup>7</sup> .....	466,600	329,600	136,000	65	296,100	149,600	20,800	150,800	56,500	63,800	195,400
Low sodium.....	141,500	110,200	31,200	54	78,900	53,400	9,100	55,400	20,500	21,800	43,800
Diabetic.....	114,700	88,700	25,700	104	67,300	42,000	*	42,300	17,300	13,300	41,800
Soft.....	91,600	55,900	35,300	71	64,300	26,000	*	21,800	7,900	12,400	49,600
Weight loss.....	11,400	9,700	*	57	*	*	*	*	*	*	*
Bland.....	39,500	31,800	7,800	77	23,300	14,200	*	17,000	*	*	10,800
Other.....	120,200	69,000	51,100	52	91,500	23,600	*	25,700	10,400	16,200	67,900

See footnotes at end of table.

Table 34. Number and percent distribution of nursing home discharges by selected health services received, according to discharge status, median duration of stay, level of care, and partial index of dependency in activities of daily living: United States, 1976—Con.

Discharge health service	All discharges <sup>1</sup>	Discharge status		Median duration of stay in days	Level of care during last 7 days			Partial index of dependency in activities of daily living <sup>2</sup>				
		Live	Dead		Nursing care		Personal care or none	Not dependent in either mobility or continence	Dependent in mobility only	Dependent in continence only	Dependent in both mobility and continence	
					Intensive	Other						
Percent distribution					Percent distribution							
	100.0	100.0	100.0	...	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>All health services.....</b>												
<u>Physician service</u>												
Time since last physician visit.....				...								
Less than 1 week.....	47.6	46.0	52.4	...	52.2	46.8	25.0	45.0	45.6	47.1	51.5	
1 week to less than 2.....	13.0	13.0	12.9	...	14.0	11.9	10.7	12.1	11.3	17.5	12.9	
2 weeks to less than 1 month.....	14.2	14.7	12.8	...	14.0	14.5	14.3	12.3	17.2	14.8	15.1	
1 month to less than 3.....	8.4	8.9	6.7	...	6.4	10.3	12.7	10.2	8.3	9.2	6.0	
3 months to less than 6.....	1.5	1.6	*	...	1.5	*	*	1.7	*	*	*	
6 months to less than 12.....	.8	*	*	...	*	*	*	*	*	*	*	
1 year or more.....	*	*	*	...	*	*	*	*	*	*	*	
No physician visits while in facility.....	5.6	6.4	3.7	...	4.8	6.3	8.2	6.5	7.1	*	4.7	
Unknown if any physician visits.....	8.7	8.4	9.3	...	6.1	7.2	27.4	11.3	8.2	5.5	7.1	
Median time since last physician visit in days.....	...	...	...	...	...	...	...	...	...	...	...	...
Services given at last physician visit: <sup>3,4</sup>				...								
Examination.....	77.7	76.9	80.1	...	81.5	78.9	53.2	72.3	79.8	82.6	81.3	
Treatment.....	14.7	12.6	20.9	...	18.9	9.7	8.7	9.6	12.7	15.1	21.4	
Prescription.....	47.0	46.4	48.9	...	51.3	44.7	31.3	42.7	46.3	51.8	50.5	
Orders for laboratory tests.....	16.0	16.1	15.7	...	18.5	14.2	7.9	11.1	18.8	21.0	18.7	
Other services.....	7.3	7.7	6.2	...	7.7	7.4	*	5.7	8.9	9.3	7.9	
<u>Therapy service</u>												
No therapy service during last month.....	57.7	53.7	69.4	...	61.0	55.9	45.9	49.9	60.7	52.8	67.5	
Unknown if any therapy service.....	6.3	6.5	5.6	...	3.2	6.3	23.0	10.7	*	*	3.1	
Therapy service during last month <sup>5</sup> .....	36.0	39.8	25.0	...	35.8	37.8	31.2	39.4	34.5	44.5	29.4	
Physical therapy.....	20.7	23.5	12.7	...	21.2	21.8	14.6	22.1	22.4	23.6	17.4	
Recreational therapy.....	12.9	14.1	9.5	...	11.8	14.3	14.8	14.8	15.0	16.4	8.7	
Occupational therapy.....	5.9	6.6	4.0	...	6.0	6.7	*	6.3	*	10.1	4.6	
Speech or hearing therapy.....	1.5	1.8	*	...	1.6	*	*	*	*	*	*	
Counseling by social worker.....	7.9	8.9	4.9	...	8.4	8.0	*	8.2	8.3	10.5	6.4	
Counseling by mental health worker.....	1.9	2.4	*	...	*	2.8	*	3.3	*	*	*	
Reality orientation.....	4.2	4.2	4.0	...	5.3	3.2	*	3.9	*	5.4	4.5	
Other.....	2.2	2.3	*	...	2.8	*	*	2.5	*	*	*	
<u>Other health services</u>												
Flu shot within last 12 months: <sup>5</sup>				...								
Received.....	10.7	8.7	16.5	...	11.9	9.3	8.4	7.8	9.9	10.1	14.6	
Did not receive or unknown.....	13.6	11.7	18.9	...	14.0	12.2	15.7	12.3	15.8	11.4	15.1	
Caught flu within last 9 months.....	.8	*	*	...	*	*	*	*	*	*	*	
Special diet within last 7 days.....				...								
No special diet.....	58.2	60.0	53.1	...	52.8	59.8	82.4	66.4	60.0	55.1	49.3	
Special diet <sup>6</sup> .....	41.8	40.0	46.9	...	47.2	40.2	17.6	33.6	40.0	44.9	50.7	
Low sodium.....	12.7	13.3	10.8	...	12.6	14.4	7.7	12.4	14.5	15.3	11.4	
Diabetic.....	10.3	10.7	8.9	...	10.7	11.3	*	9.4	12.3	9.4	10.8	
Soft.....	8.2	6.8	12.2	...	10.2	7.0	*	4.8	5.6	8.7	12.9	
Weight loss.....	1.0	1.2	*	...	*	*	*	*	*	*	*	
Bland.....	3.5	3.8	2.7	...	3.7	3.8	*	3.8	*	*	2.8	
Other.....	10.6	8.4	17.6	...	14.6	6.4	*	5.7	7.3	11.4	17.6	

<sup>1</sup>Includes discharges with unknown discharge status.

<sup>2</sup>Unknowns were considered not dependent for the purpose of this index.

<sup>3</sup>Numbers do not add to totals because multiple responses were permitted.

<sup>4</sup>Excludes discharges who received no physician visits while in facility.

<sup>5</sup>Excludes discharges who were in the facility less than 12 months.

Table 35. Nursing home discharges by selected nursing home characteristics and selected discharge characteristics:  
United States, 1976

Nursing home characteristic	Number of discharges	Discharge characteristic				
		Median age in years	Median duration of stay in days	Median time since last physician visit in days	Percent independent in both mobility and continence	Percent discharged alive
All nursing homes.....	1,117,500	80	75	3	40.1	73.9
<u>Ownership</u>						
Proprietary.....	803,100	80	80	4	37.8	74.8
Voluntary nonprofit.....	225,100	80	50	1	47.4	71.1
Government.....	89,200	78	84	1	43.0	72.4
<u>Certification</u>						
Skilled nursing facility only.....	379,000	79	38	2	40.1	77.5
Medicare and Medicaid.....	301,700	79	35	1	41.3	77.6
Medicare.....	29,400	76	35	2	39.8	88.5
Medicaid.....	47,900	81	97	3	32.9	70.4
Skilled nursing facility and intermediate care facility.....	448,400	80	82	3	36.6	71.6
Medicare SNF and Medicaid SNF and ICF.....	304,500	80	57	3	37.0	73.9
Medicaid SNF and ICF.....	137,600	81	158	4	35.2	67.2
Medicare SNF and Medicaid ICF.....	*	*	*	*	*	*
Intermediate care facility only.....	210,400	80	176	7	41.3	70.2
Not certified.....	79,600	79	111	3	56.9	79.2
<u>Bed size</u>						
Less than 50 beds.....	150,000	80	47	1	48.2	79.1
50-99 beds.....	323,800	80	81	4	39.3	71.2
100-199 beds.....	479,500	80	66	4	38.5	74.2
200 beds or more.....	164,200	79	103	2	39.4	73.4
<u>Location</u>						
Geographic region:						
Northeast.....	247,100	80	78	2	44.0	71.1
North Central.....	336,600	80	99	5	35.4	71.8
South.....	270,900	80	95	4	37.0	73.0
West.....	262,800	78	39	2	45.8	80.0
Standard Federal administrative region:						
Region I.....	54,200	81	107	4	39.7	67.6
Region II.....	113,900	81	123	1	39.2	74.1
Region III.....	102,600	79	36	2	50.0	68.3
Region IV.....	131,000	79	96	4	36.1	70.3
Region V.....	273,600	80	91	5	35.5	73.1
Region VI.....	119,800	80	102	4	38.4	78.2
Region VII.....	58,200	81	144	6	34.6	65.8
Region VIII.....	31,800	81	68	3	43.8	73.6
Region IX.....	168,300	78	35	2	45.2	82.3
Region X.....	44,200	77	58	3	48.6	72.5
<u>Type of facility</u>						
Nursing care.....	991,900	80	74	3	38.7	73.2
All other.....	125,500	79	78	2	51.4	79.3



Table 36. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected characteristics: United States

Resident characteristic	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>1</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
All residents.....	\$689	\$801	\$690	\$655	\$1,167	\$992	\$873	\$732	\$810	\$500	\$508	\$442	\$440	\$286
<b>DEMOGRAPHIC CHARACTERISTIC</b>														
<b>Age</b>														
Under 45 years.....	584	508	*	*	*	*	*	*	*	*	*	*	*	*
45-54 years.....	575	506	*	*	*	*	*	*	*	*	*	*	*	*
55-64 years.....	586	514	557	504	*	*	799	883	582	483	*	*	*	*
65-69 years.....	656	559	626	564	*	*	782	851	572	502	*	*	*	*
70-74 years.....	677	594	669	633	*	*	855	747	596	505	*	*	*	*
75-79 years.....	718	625	717	683	*	*	911	751	619	498	*	*	*	*
80-84 years.....	704	610	708	675	*	*	893	727	623	496	526	442	428	*
85-89 years.....	715	624	700	668	*	*	905	753	632	501	549	*	*	*
90-94 years.....	713	628	747	727	*	*	873	729	616	514	*	*	*	*
95 years and over.....	755	677	748	714	*	*	904	784	623	529	*	*	*	*
<b>Sex</b>														
Male.....	652	562	642	604	1,242	*	832	688	594	487	519	435	482	336
Female.....	705	616	710	676	1,195	958	887	747	616	504	502	445	407	248
<b>Race or ethnicity</b>														
White (not Hispanic) <sup>2</sup> .....	694	605	684	660	1,214	1,029	880	735	611	497	501	434	444	285
Black (not Hispanic).....	649	560	*	*	*	*	834	729	607	517	*	*	*	*
Hispanic.....	601	522	*	*	*	*	*	*	*	*	*	*	*	*
American Indian or Alaska native.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<b>Marital status</b>														
Married.....	707	628	712	686	*	*	883	735	616	498	*	*	*	*
Widowed <sup>3</sup> .....	713	618	710	674	1,147	978	886	735	620	495	528	455	457	292
Divorced or separated.....	593	508	564	519	*	*	756	639	603	498	*	*	*	*
Never married.....	636	561	623	587	*	*	872	761	586	512	493	452	426	258
<b>LENGTH OF STAY SINCE ADMISSION</b>														
Less than 3 months.....	749	648	737	710	1,183	1,017	860	757	603	499	562	478	552	259
3 months to less than 6.....	717	626	780	756	*	*	830	686	602	483	*	*	*	*
6 months to less than 12.....	718	626	739	699	*	*	887	729	629	502	*	*	*	*
1 year to less than 3.....	684	609	689	653	*	*	874	733	623	506	523	464	*	*
3 years to less than 5.....	654	565	612	572	*	*	874	735	613	493	523	*	*	*
5 years or more.....	619	533	582	537	*	*	895	744	582	494	449	391	322	*
<b>OUTSIDE LIVING ARRANGEMENT</b>														
<b>Living arrangement prior to admission</b>														
Private or semiprivate residence.....	651	570	651	621	*	*	859	709	607	494	495	431	398	257
Alone.....	640	561	638	609	*	*	853	692	604	485	*	*	*	*
Unknown if with others.....	671	575	654	627	*	*	*	*	831	496	*	*	*	*
With others.....	656	574	659	626	*	*	863	719	606	497	497	437	384	*
Spouse.....	658	580	667	630	*	*	*	*	600	484	*	*	*	*
Children.....	676	585	684	648	*	*	880	725	614	492	*	*	*	*
Other relatives.....	642	570	657	630	*	*	867	757	599	512	*	*	*	*
Unrelated persons.....	613	528	593	533	*	*	*	*	*	*	*	*	*	*
Another health facility <sup>4</sup> .....	726	631	733	692	1,213	1,033	883	745	614	505	518	450	501	327
Another nursing home.....	665	577	659	620	*	*	834	704	599	485	*	*	*	*
General or short-stay hospital.....	784	679	787	747	1,211	1,044	898	753	640	513	611	519	506	301
Mental hospital.....	563	498	541	482	*	*	839	*	568	502	*	*	*	*
Other health facility or unknown.....	885	806	676	645	*	*	925	841	618	526	*	*	*	*
Unknown or other arrangements.....	608	533	640	612	*	*	829	688	601	487	*	*	*	*

See footnotes at end of table

Table 36. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected characteristics: United States—Con.

Resident characteristic	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>1</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
<u>OUTSIDE LIVING ARRANGEMENT—Con.</u>														
<u>Person who arranged for admission</u>														
Self.....	557	494	553	533	"	"	"	"	605	482	"	"	"	"
Spouse.....	739	645	720	686	"	"	818	733	635	"	"	"	"	"
Children.....	683	602	687	655	1,152	1,008	857	702	611	487	530	461	467	"
Other relatives.....	676	594	686	654	"	"	835	699	598	492	505	454	"	"
Social worker.....	727	627	704	639	"	"	951	814	623	523	467	408	"	"
Staff of previous institution.....	704	609	742	674	"	"	886	761	616	523	476	408	"	"
Other.....	711	621	753	715	1,241	1,027	827	699	615	510	540	467	478	365
<u>Temporary resident</u>														
Yes.....	778	701	751	713	"	"	"	"	"	"	"	"	"	"
No or unknown.....	687	598	689	653	1,138	948	674	732	610	500	509	443	432	280
<u>Discharge plans</u>														
Within 6 months.....	860	753	834	793	1,295	1,156	"	"	"	"	"	"	"	"
Not planned or unknown.....	683	585	685	650	1,088	891	873	732	610	499	506	441	417	273

See footnotes at end of table

Table 36. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected characteristics: United States—Con.

Discharge characteristic	Primary source of payment for discharges in 1976													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>1</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
All discharges .....	\$789	\$720	\$747	\$716	\$1,300	\$1,197	\$767	\$666	\$579	\$484	\$524	\$448	\$462	\$425
<b>DEMOGRAPHIC CHARACTERISTIC</b>														
<b>Age</b>														
Under 45 years.....	719	670	"	"	1,273	1,255	"	"	"	"	"	"	"	"
45-54 years.....	676	596	"	"	842	842	"	"	"	"	"	"	"	"
55-64 years.....	709	653	734	703	1,538	1,428	806	713	579	514	"	"	"	"
65-69 years.....	857	783	670	611	1,603	1,529	801	713	"	"	"	"	"	"
70-74 years.....	875	799	747	709	1,462	1,386	739	612	584	470	"	"	"	"
75-79 years.....	826	767	759	733	1,324	1,203	778	678	578	484	"	"	"	"
80-84 years.....	760	691	710	684	1,208	1,099	728	624	585	471	"	"	"	"
85-89 years.....	791	726	752	727	1,163	1,069	801	696	578	485	"	"	"	"
90-94 years.....	749	678	724	697	1,246	1,137	743	630	621	528	"	"	"	"
95 years and over.....	724	645	"	"	1,007	778	"	"	"	"	"	"	"	"
<b>Sex</b>														
Male.....	801	736	741	712	1,379	1,277	788	686	569	473	"	"	467	440
Female.....	782	711	751	719	1,246	1,142	757	657	584	489	543	459	454	400
<b>Marital status at discharge</b>														
Married.....	874	810	787	766	1,412	1,298	718	641	577	481	"	"	530	507
Widowed.....	781	709	737	711	1,251	1,154	769	654	589	486	547	461	455	397
Divorced or separated.....	699	629	686	643	1,380	1,253	789	716	566	479	"	"	"	"
Never married.....	736	672	739	699	1,304	1,210	823	733	548	473	"	"	"	"
Unknown.....	681	616	"	"	"	"	"	"	"	"	"	"	"	"
<b>DURATION OF STAY</b>														
Less than 1 month.....	924	872	944	814	1,333	1,261	712	653	587	531	"	"	410	372
1 month to less than 3.....	806	728	711	675	1,312	1,151	743	652	569	493	"	"	577	532
3 months to less than 6.....	728	647	752	719	1,163	978	764	639	600	463	"	"	"	"
6 months to less than 12.....	692	617	710	678	"	"	814	700	587	486	"	"	"	"
1 year to less than 3.....	658	583	659	635	"	"	793	668	558	457	"	"	"	"
3 years to less than 5.....	689	590	687	650	"	"	746	644	621	502	"	"	"	"
5 years or more.....	636	562	"	"	"	"	674	748	563	"	"	"	"	"
<b>LIVING ARRANGEMENT AFTER DISCHARGE FOR LIVE DISCHARGE</b>														
Private or semiprivate residence.....	923	883	766	730	1,471	1,380	765	680	561	478	"	"	558	546
Another health facility.....	728	652	724	694	1,129	1,011	772	664	585	493	521	438	473	432
Another nursing home.....	744	678	726	701	1,381	1,275	"	"	583	466	"	"	"	"
General or short-stay hospital.....	721	640	719	666	1,040	909	774	662	588	489	"	"	"	"
Mental hospital.....	"	"	"	"	"	"	"	"	"	"	"	"	"	"
Other health facility or unknown.....	812	761	"	"	"	"	"	"	"	"	"	"	"	"
Number who died in other health facility.....	671	601	658	633	927	844	785	669	564	475	"	"	"	"
Unknown or other arrangements.....	751	695	969	930	1,724	1,629	"	"	"	"	"	"	"	"
<b>DISCHARGE STATUS</b>														
Live.....	801	732	751	718	1,345	1,244	763	663	582	485	508	436	"	"
Dead.....	753	685	739	713	1,141	1,032	769	666	571	480	"	"	"	"
Unknown.....	"	"	"	"	"	"	"	"	"	"	"	"	"	"

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

<sup>2</sup>Includes a small number of unknowns

<sup>3</sup>49 percent of these residents admitted from another health facility had gone to that facility from a private or semiprivate residence

<sup>4</sup>Includes friend, guardian or attorney, physician, minister, other, and unknown

Table 37. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected health statuses: United States

Resident health status <sup>1</sup>	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>2</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
All residents.....	\$689	\$601	\$690	\$655	\$1,167	\$992	\$873	\$732	\$610	\$500	\$508	\$442	\$440	\$286
<b>PRIMARY REASON FOR CARE</b>														
Poor physical health <sup>3</sup> .....	719	624	718	682	1,167	1,016	877	733	620	499	546	465	480	305
Mental illness.....	581	515	606	560	.	.	792	701	563	498	.	.	.	.
Mental retardation.....	538	479	.	.	.	.	.	.	571	510	.	.	.	.
Behavioral problem.....	674	594	672	653	.	.	.	.	.	.	.	.	.	.
Social reason.....	586	520	577	546	.	.	.	.	604	506	.	.	.	.
Economic or other reason.....	572	508	573	552	.	.	.	.	593	491	.	.	.	.
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>														
<b>Diseases of the circulatory system</b>														
Total.....	712	617	705	669	1,190	996	868	718	620	495	536	445	518	401
Congestive heart failure.....	697	603	711	676	.	.	869	741	593	472	.	.	.	.
Arteriosclerosis.....	716	618	708	677	.	.	872	723	621	490	.	.	.	.
Hypertension.....	619	531	618	576	.	.	.	.	620	497	.	.	.	.
Stroke.....	769	670	757	712	.	.	866	719	640	523	.	.	.	.
Heart attack, ischemic heart disease.....	663	578	.	.	.	.	.	.	.	.	.	.	.	.
Other.....	691	610	.	.	.	.	.	.	.	.	.	.	.	.
<b>Mental disorders and senility without psychosis</b>														
Total.....	652	576	655	615	.	.	877	770	595	511	472	424	511	344
Senile psychosis.....	699	612	693	657	.	.	.	.	.	.	.	.	.	.
Other psychosis.....	571	496	563	488	.	.	.	.	576	501	.	.	.	.
Chronic brain syndrome.....	758	674	763	733	.	.	.	.	640	536	.	.	.	.
Senility without psychosis.....	626	549	635	597	.	.	971	850	.	.	.	.	.	.
Mental retardation.....	544	494	.	.	.	.	.	.	.	.	.	.	.	.
Alcoholism and other mental disorders.....	587	513	.	.	.	.	.	.	573	514	.	.	.	.
<b>Other diagnoses<sup>4</sup></b>														
Total.....	706	616	715	680	1,211	1,042	891	741	613	499	511	445	375	244
<b>Diseases of the musculoskeletal system and connective tissues, Arthritis and rheumatism.....</b>	681	596	706	681	.	.	858	688	595	494	.	.	.	.
<b>Diseases of the nervous system and sense organs:</b>														
Parkinson's disease.....	747	649	786	762	.	.	.	.	.	.	.	.	.	.
<b>Accidents, poisonings, and violence:</b>														
Hip fracture.....	830	748	792	769	.	.	.	.	.	.	.	.	.	.
Other bone fracture.....	780	668	.	.	.	.	.	.	.	.	.	.	.	.
<b>Endocrine, nutritional, and metabolic diseases:</b>														
Diabetes.....	695	604	707	661	.	.	910	766	604	500	.	.	.	.
<b>Neoplasms:</b>														
Cancer.....	727	627	716	673	.	.	.	.	.	.	.	.	.	.
<b>Diseases of the respiratory system:</b>														
Total.....	633	533	602	560	.	.	.	.	.	.	.	.	.	.
<b>Diagnosis unknown<sup>5</sup></b>														
Total.....	588	509	591	567	.	.	768	652	573	486	.	.	.	.

See footnotes at end of table.

Table 37. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected health statuses: United States—Con.

Resident health status <sup>a</sup>	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>b</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
<b>CHRONIC CONDITIONS AND IMPAIRMENTS</b>														
<b>Diseases of the circulatory system</b>														
Arteriosclerosis.....	712	618	705	671	1,181	973	889	737	623	503	535	445	431	301
Hypertension.....	695	589	695	654	*	*	880	730	614	498	508	431	459	*
Stroke.....	726	628	730	689	1,123	972	851	699	624	502	540	*	*	*
Paralysis or palsy, other than arthritis, related to stroke.....	750	638	743	686	*	*	893	721	634	510	*	*	*	*
Heart trouble.....	711	619	709	674	1,280	*	891	744	618	500	549	463	396	270
<b>Mental disorders and senility without psychosis</b>														
Mental illness.....	597	522	589	531	*	*	803	703	576	499	420	373	*	*
Chronic brain syndrome.....	738	645	758	721	*	*	907	764	626	509	542	474	463	338
Senility.....	685	598	703	668	*	*	839	687	602	493	537	466	424	270
Mental retardation.....	570	507	474	431	*	*	785	722	570	588	*	*	*	*
Alcoholism.....	609	511	550	494	*	*	*	*	581	*	*	*	*	*
Drug addiction.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Insomnia.....	714	624	728	698	*	*	903	753	600	477	*	*	*	*
<b>Other chronic conditions or impairments</b>														
<b>Diseases of the musculoskeletal system and connective tissues:</b>														
Arthritis and rheumatism.....	690	601	702	666	*	*	886	733	607	496	528	462	401	269
Chronic back, spine problems, excluding stiffness and deformity.....	692	598	719	680	*	*	818	670	616	514	*	*	*	*
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	728	630	744	688	*	*	896	748	624	510	570	499	*	*
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	769	684	727	673	*	*	935	770	*	*	*	*	*	*
<b>Diseases of the nervous system and sense organs:</b>														
Blindness.....	894	604	692	648	*	*	883	741	619	533	*	*	*	*
Glaucoma.....	882	590	652	603	*	*	*	*	663	*	*	*	*	*
Cataracts.....	704	612	656	615	*	*	948	789	698	520	*	*	*	*
Deafness.....	697	604	677	646	*	*	924	754	619	502	*	*	*	*
Parkinson's disease.....	737	640	769	733	*	*	861	708	623	498	*	*	*	*
Paralysis or palsy, other than arthritis, unrelated to stroke.....	663	577	711	656	*	*	749	650	615	*	*	*	*	*
<b>Accidents, poisonings, and violence:</b>														
Hip fracture.....	772	682	779	748	*	*	907	762	611	489	*	*	*	*
Other bone fracture.....	785	660	828	786	*	*	873	700	653	*	*	*	*	*
<b>Endocrine, nutritional, and metabolic diseases:</b>														
Diabetes.....	729	630	722	680	*	*	916	766	634	520	*	*	*	*
<b>Neoplasms:</b>														
Cancer.....	741	643	733	685	*	*	905	738	621	508	*	*	*	*
<b>Diseases of the respiratory system:</b>														
Chronic respiratory disease.....	667	568	685	643	*	*	826	686	599	483	*	*	*	*
<b>Diseases of the digestive system:</b>														
Constipation.....	711	622	721	683	*	*	838	703	629	506	534	472	439	*

See footnotes at end of table

Table 37. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected health statuses: United States—Con.

Resident health status <sup>1</sup>	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>2</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
<b>CHRONIC CONDITIONS AND IMPAIRMENTS—Con.</b>														
<u>Other chronic conditions or impairments—Con.</u>														
Diseases of the blood and blood-forming organs:														
Anemia.....	724	831	743	699	*	*	902	753	634	537	*	*	*	*
Diseases of the skin and subcutaneous tissue:														
Bedsore.....	790	668	779	711	*	*	910	758	*	*	*	*	*	*
Conditions other than above:														
Edema.....	701	606	698	655	*	*	878	724	607	489	538	460	494	*
Kidney trouble.....	687	593	714	673	*	*	819	678	584	475	*	*	*	*
<u>None of these conditions</u>														
Total.....	564	501	*	*	*	*	*	*	*	*	*	*	*	*
<u>Index of dependency in activities of daily living<sup>3</sup></u>														
Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating ...	507	445	484	451	*	*	*	*	578	492	446	388	*	*
Dependent in only 1 activity.....	577	504	568	538	*	*	778	669	593	484	*	*	*	*
Dependent in bathing and 1 additional activity.....	627	544	638	601	*	*	775	651	598	496	*	*	*	*
Dependent in bathing, dressing, and 1 additional activity.....	699	609	704	665	*	*	912	777	604	493	*	*	*	*
Dependent in bathing, dressing, using toilet room, and 1 additional activity.....	747	648	730	700	*	*	915	766	653	535	*	*	*	*
Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity.....	746	653	774	731	*	*	846	708	622	501	*	*	*	*
Dependent in all 6 activities.....	770	668	792	759	1,080	896	896	744	629	510	563	482	524	*
Other <sup>4</sup> .....	744	652	725	688	*	*	944	797	606	489	*	*	*	*

See footnotes at end of table.

Table 37. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected health statuses: United States—Con.

Discharge health status <sup>1</sup>	Primary source of payment for discharges in 1976													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>2</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
All discharges .....	\$789	\$720	\$747	\$716	\$1,300	\$1,197	\$767	\$868	\$579	\$464	\$524	\$448	\$462	\$425
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>														
<b>Diseases of the circulatory system</b>														
Total .....	770	702	712	607	1,275	1,176	742	641	579	480	542	479	642	573
Congestive heart failure .....	747	678	774	752	*	*	*	*	*	*	*	*	*	*
Arteriosclerosis .....	730	667	696	675	1,192	1,106	778	670	600	493	*	*	*	*
Hypertension .....	629	565	*	*	*	*	*	*	*	*	*	*	*	*
Stroke .....	789	722	728	686	1,206	1,075	727	644	564	470	*	*	*	*
Heart attack, ischemic heart disease .....	896	836	*	*	1,619	1,567	*	*	*	*	*	*	*	*
Other .....	887	820	*	*	*	*	*	*	*	*	*	*	*	*
<b>Mental disorders and senility without psychosis</b>														
Total .....	637	570	630	601	*	*	747	639	548	472	*	*	*	*
Senile psychosis .....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Other psychosis .....	495	432	*	*	*	*	*	*	*	*	*	*	*	*
Chronic brain syndrome .....	748	670	663	628	*	*	*	*	*	*	*	*	*	*
Senility without psychosis .....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mental retardation .....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Alcoholism and other mental disorders .....	545	484	*	*	*	*	*	*	*	*	*	*	*	*
<b>Other diagnoses<sup>3</sup></b>														
Total .....	846	774	799	759	1,312	1,213	803	706	593	495	570	475	403	391
<b>Diseases of the musculoskeletal system and connective tissues</b>														
Arthritis and rheumatism .....	667	616	710	693	*	*	*	*	*	*	*	*	*	*
<b>Diseases of the nervous system and sense organs</b>														
Total .....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<b>Accidents, poisonings, and violence</b>														
Hip fracture .....	938	848	898	814	1,270	1,158	830	*	*	*	*	*	*	*
Other bone fracture .....	861	800	831	805	*	*	*	*	*	*	*	*	*	*
<b>Endocrine, nutritional, and metabolic diseases<sup>4</sup></b>														
Diabetes .....	713	632	680	645	*	*	*	*	*	*	*	*	*	*
<b>Neoplasms:</b>														
Cancer .....	917	851	862	820	1,326	1,263	776	699	*	*	*	*	*	*
<b>Diseases of the respiratory system</b>														
Total .....	767	705	761	739	*	*	*	*	*	*	*	*	*	*
<b>Diagnosis unknown</b>														
Total .....	822	779	978	972	*	*	*	*	*	*	*	*	*	*

See footnotes at end of table.

Table 37. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected health statuses: United States—Con.

Discharge health status <sup>a</sup>	Primary source of payment for discharges in 1976													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid Intermediate		Other government assistance or welfare		All other sources <sup>b</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
<b>CHRONIC CONDITIONS AND IMPAIRMENTS</b>														
<b>Diseases of the circulatory system</b>														
Arteriosclerosis.....	751	681	728	700	1,233	1,120	755	649	587	483	"	"	484	449
Hypertension.....	738	664	710	675	1,121	998	787	682	558	469	"	"	"	"
Stroke.....	768	698	727	699	1,161	1,039	699	617	575	483	"	"	656	"
Paralysis or palsy, other than arthritis, related to stroke.....	772	689	778	733	"	"	"	"	"	"	"	"	"	"
Heart trouble.....	789	718	744	716	1,303	1,198	761	658	581	484	"	"	543	500
<b>Mental disorders and senility without psychosis</b>														
Mental illness.....	591	525	618	579	"	"	750	"	"	"	"	"	"	"
Chronic brain syndrome.....	735	664	722	696	1,259	1,132	739	643	575	470	"	"	"	"
Senility.....	688	613	686	657	1,063	930	708	591	560	461	"	"	"	"
Mental retardation.....	555	492	"	"	"	"	"	"	"	"	"	"	"	"
Alcoholism.....	574	504	"	"	"	"	"	"	"	"	"	"	"	"
Drug addiction.....	"	"	"	"	"	"	"	"	"	"	"	"	"	"
Insomnia.....	683	627	"	"	"	"	"	"	"	"	"	"	"	"
<b>Other chronic conditions or impairments</b>														
<b>Diseases of the musculoskeletal system and connective tissues:</b>														
Arthritis and rheumatism.....	723	658	716	682	1,109	1,046	754	649	574	479	"	"	"	"
Chronic back, spine problems, excluding stiffness and deformity.....	759	697	"	"	"	"	"	"	"	"	"	"	"	"
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	724	664	713	682	"	"	750	"	"	"	"	"	"	"
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	758	673	"	"	"	"	"	"	"	"	"	"	"	"
<b>Diseases of the nervous system and sense organs:</b>														
Blindness.....	712	639	"	"	"	"	905	"	546	461	"	"	"	"
Glaucoma.....	789	703	"	"	"	"	"	"	"	"	"	"	"	"
Cataracts.....	754	677	740	697	"	"	825	811	"	"	"	"	"	"
Deafness.....	750	664	740	697	"	"	"	"	"	"	"	"	"	"
Parkinson's disease.....	767	708	829	823	"	"	"	"	"	"	"	"	"	"
Paralysis or palsy, other than arthritis, unrelated to stroke.....	762	713	"	"	"	"	"	"	"	"	"	"	"	"
<b>Accidents, poisonings, and violence:</b>														
Hip fracture.....	870	781	818	753	1,272	1,141	807	720	623	523	"	"	"	"
Other bone fracture.....	940	850	896	837	1,515	1,398	"	"	"	"	"	"	"	"
<b>Endocrine, nutritional, and metabolic diseases:</b>														
Diabetes.....	820	744	749	720	1,338	1,235	795	690	599	494	"	"	"	"
<b>Neoplasms:</b>														
Cancer.....	875	806	835	795	1,312	1,235	784	698	582	471	"	"	"	"
<b>Diseases of the respiratory system:</b>														
Chronic respiratory disease.....	757	678	736	692	1,108	1,028	782	686	574	469	"	"	"	"
<b>Diseases of the digestive system:</b>														
Constipation.....	726	663	691	659	"	"	"	"	"	"	"	"	"	"

See footnotes at end of table.



Table 37. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected health statuses: United States—Con.

Discharge health status <sup>1</sup>	Primary source of payment for discharges in 1976													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>2</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
<b>CHRONIC CONDITIONS AND IMPAIRMENTS—Con</b>														
<i>Other chronic conditions or impairments—Con</i>														
Diseases of the blood and blood-forming organs.														
Anemia.....	784	713	710	682	1,222	1,121	*	*	*	*	*	*	*	*
Diseases of the skin and subcutaneous tissue														
Bedsore.....	788	694	823	*	*	*	*	*	*	*	*	*	*	*
Conditions other than above														
Edema.....	702	619	676	632	*	*	751	671	592	470	*	*	*	*
Kidney trouble.....	744	670	741	701	1,154	1,052	756	656	598	506	*	*	*	*
<i>None of these conditions</i>														
Total.....	1,097	1,052	958	945	1,929	1,849	*	*	*	*	*	*	*	*
<i>Condition unknown</i>														
Total.....	841	789	*	*	*	*	*	*	*	*	*	*	*	*
<i>Partial index of dependency in activities of daily living<sup>3</sup></i>														
Not dependent in mobility or continence <sup>4</sup> .....	816	754	745	710	1,471	1,397	807	708	575	484	471	404	408	378
Dependent in mobility only.....	798	732	748	725	1,199	1,119	832	727	605	501	*	*	*	*
Dependent in continence only.....	764	680	759	724	1,088	926	735	635	596	492	*	*	*	*
Dependent in both mobility and continence.....	763	690	745	718	1,195	1,066	731	630	565	471	582	*	400	371

<sup>1</sup>Disease group categories based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA)

<sup>2</sup>Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment-life care funds, and other sources or no charge

<sup>3</sup>Includes a small number of unknowns

<sup>4</sup>Only diagnoses of sufficient magnitude are noted

<sup>5</sup>Includes those who received no physician visits while in facility

<sup>6</sup>Unknowns were considered not dependent for the purpose of this index

<sup>7</sup>Includes residents who were dependent in at least 2 functions but not classifiable into any of these categories

<sup>8</sup>Includes discharges who walked with assistance.

Table 38. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges during 1976, by primary source of payment and selected health services received: United States

Resident health service	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>a</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
All residents.....	\$689	\$601	\$690	\$655	\$1,167	\$992	\$873	\$732	\$610	\$500	\$508	\$442	\$440	\$286
<u>Physician service</u>														
Time since last physician visit:														
Less than 1 week.....	760	662	766	725	1282	1086	932	793	628	509	517	446	440	.
1 week to less than 2.....	725	634	728	691	.	.	874	734	631	524	.	.	441	308
2 weeks to less than 1 month.....	714	619	726	686	.	.	853	715	619	496	545	466	531	378
1 month to less than 3.....	637	557	652	622	.	.	829	671	597	494	494	434	419	.
3 months to less than 6.....	563	500	582	558	.	.	.	.	539	460	.	.	.	.
6 months to less than 12.....	493	447	.	.	.	.	.	.	.	.	.	.	.	.
1 year or more.....	548	478	.	.	.	.	.	.	.	.	.	.	.	.
No physician visits since entering facility <sup>a</sup> .....	583	496	587	562	.	.	.	.	.	.	.	.	.	.
Time between last 2 physician visits:														
Less than 1 week.....	871	759	873	842	.	.	1,089	825	685	531	.	.	.	.
1 week to less than 2.....	765	668	791	748	.	.	951	808	641	517	.	.	.	.
2 weeks to less than 1 month.....	742	647	750	715	.	.	876	736	635	519	562	481	474	342
1 month to less than 3.....	677	587	698	656	.	.	828	689	607	496	523	458	507	371
3 months to less than 6.....	563	494	575	536	.	.	.	.	581	479	.	.	.	.
6 months to less than 12.....	478	426	.	.	.	.	.	.	.	.	.	.	.	.
1 year or more.....	579	516	.	.	.	.	.	.	.	.	.	.	.	.
Not received 2 physician visits since entering facility <sup>a</sup> .....	580	516	570	549	.	.	.	.	555	476	.	.	.	.
Services given at last physician visit: <sup>3</sup>														
Examination.....	693	605	692	656	1,182	1,007	878	737	608	495	508	441	448	321
Treatment.....	703	613	701	670	.	.	858	720	627	518	524	458	540	.
Prescription.....	706	614	709	671	1,179	998	877	732	616	504	508	439	480	337
Orders for laboratory tests.....	720	627	717	685	.	.	903	753	608	498	513	446	497	.
Other service.....	747	665	719	676	.	.	993	873	618	525	.	.	.	.
Location of last physician visit: <sup>2</sup>														
Inside facility.....	720	627	736	698	1,212	1,007	878	737	620	507	540	466	473	327
Outside facility.....	528	470	512	488	.	.	832	669	549	447	385	349	.	.
Arrangement for physician services: <sup>2</sup>														
Physician on call.....	552	488	566	544	.	.	.	.	579	482	416	375	.	.
Regularly scheduled physician visits.....	718	624	731	692	1,216	1,028	875	734	616	503	532	459	480	328
Other arrangements.....	627	550	.	.	.	.	.	.	.	.	.	.	.	.
Employment status of physician: <sup>3</sup>														
Private physician.....	682	599	692	663	1,197	1,007	810	668	600	491	499	433	556	380
Physician assigned by or works for facility.....	726	638	725	669	.	.	982	841	634	519	522	458	291	210
Other statuses.....	616	516	539	484	.	.	.	.	.	.	.	.	.	.
<u>Level of care received</u>														
Nursing care.														
Intensive.....	758	662	777	742	1,187	1,003	895	752	627	509	553	482	511	320
Other.....	659	570	658	619	.	.	844	700	597	489	517	447	467	297
Personal care.....	586	520	568	541	.	.	853	735	612	510	427	370	322	.
Neither nursing nor personal care.....	388	.	.	.	.	.	.	.	.	.	.	.	.	.

See footnotes at end of table

Table 38. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges during 1976, by primary source of payment and selected health services received: United States—Con.

Resident health service	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>a</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
<u>Therapy services</u>														
No therapy service during last month <sup>a</sup> .....	651	567	651	621	1,115	1,018	830	690	598	487	504	438	440	270
Therapy service during last month .....	761	664	767	721	1,206	973	933	791	636	525	520	453	438	323
Physical therapy .....	821	710	838	783	1,251	1,016	955	805	635	520	539	453	438	323
Recreational therapy .....	777	684	768	720	"	"	957	825	645	533	"	"	"	"
Occupational therapy .....	826	710	824	764	"	"	1,044	864	670	547	"	"	"	"
Speech or hearing therapy .....	890	803	"	"	"	"	"	"	"	"	"	"	"	"
Counseling by social worker .....	782	687	784	741	"	"	1,013	866	652	542	"	"	"	"
Counseling by mental health worker .....	635	549	"	"	"	"	"	"	"	"	"	"	"	"
Reality orientation .....	756	663	782	736	"	"	867	745	605	510	"	"	"	"
Other .....	705	614	"	"	"	"	"	"	"	"	"	"	"	"
<u>Other health services</u>														
Flu shot within last 12 months <sup>a</sup> .....														
Received .....	654	588	656	617	"	"	846	693	607	498	486	429	355	289
Did not receive .....	688	602	643	604	"	"	928	801	613	507	530	463	"	"
Caught flu within last 9 months .....	620	548	"	"	"	"	"	"	"	"	"	"	"	"
Special diet within last 7 days .....														
No special diet .....	651	570	652	621	1,149	961	831	700	598	490	478	419	453	307
Special diet .....	739	640	749	708	1,190	1,029	998	759	626	512	559	450	416	251
Low sodium .....	784	683	788	749	"	"	991	832	691	511	"	"	"	"
Diabetic .....	731	635	710	670	"	"	927	781	636	525	"	"	"	"
Soft .....	726	629	741	711	"	"	876	733	619	502	"	"	"	"
Weight loss .....	706	603	676	613	"	"	849	709	657	547	"	"	"	"
Bland .....	740	636	773	727	"	"	881	727	616	496	"	"	"	"
Other .....	773	668	804	758	"	"	906	743	608	499	"	"	"	"

See footnotes at end of table

Table 38. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges during 1976, by primary source of payment and selected health services received: United States—Con.

Discharge health service	Primary source of payment for discharges in 1976													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>1</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
All discharges .....	\$789	\$720	\$747	\$716	\$1,300	\$1,197	\$767	\$866	\$579	\$484	\$524	\$448	\$462	\$425
<u>Physician service</u>														
Time since last physician visit:														
Less than 1 week.....	878	807	788	749	1,416	1,324	774	669	597	509	562	*	491	453
1 week to less than 2.....	731	687	710	684	1,181	1,076	692	610	583	479	*	*	*	*
2 weeks to less than 1 month.....	702	624	724	698	1,024	868	721	612	595	473	*	*	*	*
1 month to less than 3.....	641	577	678	650	*	*	735	*	550	473	*	*	*	*
3 months to less than 6.....	714	657	*	*	*	*	*	*	*	*	*	*	*	*
6 months to less than 12.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
1 year or more .....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
No physician visits while in facility <sup>2</sup> .....	738	676	743	722	1,039	912	880	776	554	466	*	*	*	*
<u>Service given at last physician visit,<sup>3</sup></u>														
Examination.....	793	723	747	712	1,333	1,232	744	648	582	487	547	467	430	453
Treatment.....	764	684	759	722	1,176	1,035	781	682	609	499	*	*	*	*
Prescription.....	765	696	755	725	1,195	1,103	732	637	601	499	504	420	534	495
Orders for laboratory tests.....	753	684	740	712	1,144	1,045	725	629	578	486	*	*	*	*
Other service.....	787	704	830	789	*	*	925	782	580	494	*	*	*	*
<u>Level of care received</u>														
<u>Nursing care:</u>														
Intensive.....	793	720	751	722	1,245	1,126	759	658	583	485	558	468	528	489
Other.....	820	755	728	692	1,433	1,352	813	718	582	486	529	*	477	447
Personal care or none.....	671	611	789	762	997	915	688	567	555	470	*	*	*	*
<u>Therapy service</u>														
No therapy service during last month <sup>4</sup> .....	753	690	724	698	1,330	1,244	724	629	570	473	533	454	461	415
Therapy service during last month.....	853	773	800	757	1,270	1,148	831	721	607	513	*	*	463	438
Physical therapy.....	955	866	842	782	1,316	1,183	834	736	588	521	*	*	616	586
Recreational therapy.....	774	701	780	751	1,007	932	882	741	613	509	*	*	*	*
Occupational therapy.....	983	879	813	770	1,452	1,293	858	736	*	*	*	*	*	*
Speech or hearing therapy.....	995	888	*	*	*	*	*	*	*	*	*	*	*	*
Counseling by social worker.....	861	771	829	784	1,457	1,315	914	787	585	491	*	*	*	*
Counseling by mental health worker.....	693	623	*	*	*	*	*	*	*	*	*	*	*	*
Health orientation.....	754	679	744	726	*	*	*	*	*	*	*	*	*	*
Other.....	725	658	*	*	*	*	*	*	*	*	*	*	*	*
<u>Other health services</u>														
<u>Flu shot within last 12 months:<sup>4</sup></u>														
Received.....	633	564	647	626	*	*	737	619	546	454	*	*	*	*
Did not receive.....	676	595	661	629	*	*	840	720	595	485	*	*	*	*
Caught flu within last 9 months.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<u>Special diet within last 7 days</u>														
No special diet.....	835	764	742	713	1,369	1,274	783	679	595	494	551	475	520	471
Special diet.....	796	688	751	719	1,233	1,122	752	654	570	476	506	431	427	398
Low sodium.....	910	834	765	728	1,515	1,419	830	715	628	526	*	*	*	*
Diabetic.....	781	705	755	720	1,136	1,023	777	669	607	507	*	*	*	*
Soft.....	854	790	737	712	1,500	1,443	735	616	*	*	*	*	*	*
Weight loss.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Bland.....	771	704	646	626	*	*	*	*	*	*	*	*	*	*
Other.....	809	734	793	768	1,250	1,131	787	689	586	481	*	*	*	*

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

<sup>2</sup>Includes a small number of unknowns.

<sup>3</sup>Excludes those who had received no physician visits since entering facility.

<sup>4</sup>Excludes those who were in the facility less than 12 months.

Table 39. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected nursing home characteristics: United States

Nursing home characteristic	Primary source of payment for residents in 1977													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>1</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
	Average amount													
All residents.....	\$689	\$601	\$690	\$655	\$1,167	\$992	\$873	\$732	\$610	\$500	\$508	\$442	\$440	\$286
<u>Ownership</u>														
Proprietary.....	670	582	686	651	1,048	889	798	666	596	485	501	436	562	369
Voluntary nonprofit.....	747	656	721	692	*	*	1,023	847	645	516	*	*	373	256
Government.....	700	607	619	562	*	*	1,061	928	655	570	*	*	*	*
<u>Certification</u>														
Skilled nursing facility only.....	880	780	866	828	1,136	958	955	812	...	...	575	513	606	*
Skilled nursing facility and intermediate care facility.....	762	656	800	758	1,195	1,022	812	673	671	546	623	533	630	420
Intermediate care facility only.....	556	484	567	537	...	...	...	...	563	463	479	435	*	*
Not certified.....	390	351	447	422	...	...	...	...	...	...	401	331	*	*
<u>Bed size</u>														
Less than 50 beds.....	546	478	516	490	*	*	909	757	579	472	394	399	*	*
50-99 beds.....	643	567	689	662	*	*	738	619	566	468	493	424	468	306
100-199 beds.....	706	611	721	680	1,242	1,062	800	653	618	502	573	504	551	378
200 beds or more.....	837	725	823	772	*	*	1,110	957	697	574	602	*	370	233
<u>Location</u>														
Geographic region:														
Northeast.....	918	806	909	865	1,369	1,160	1,162	993	725	591	*	*	395	*
North Central.....	640	558	652	620	*	*	770	627	581	472	537	460	524	346
South.....	585	504	585	548	*	*	706	584	587	486	452	402	342	221
West.....	653	570	683	633	*	*	697	582	582	475	564	474	*	*
Standard Federal administrative region:														
Region I.....	705	600	761	705	*	*	834	677	656	528	*	*	*	*
Region II.....	1,084	957	1,052	1,001	*	*	1,375	1,202	798	649	*	*	*	*
Region III.....	786	698	805	782	*	*	890	715	751	636	*	*	*	*
Region IV.....	603	525	583	558	*	*	702	586	609	507	*	*	*	*
Region V.....	688	596	711	675	*	*	781	637	617	498	589	520	542	329
Region VI.....	537	454	560	505	*	*	*	*	536	437	499	449	*	*
Region VII.....	519	462	527	500	*	*	*	*	510	419	*	*	*	*
Region VIII.....	595	526	621	594	*	*	599	512	544	460	*	*	*	*
Region IX.....	685	601	685	663	*	*	736	613	*	*	*	*	*	*
Region X.....	600	508	618	567	*	*	*	*	586	473	*	*	*	*
<u>Type of facility</u>														
Nursing care.....	719	626	736	699	1,191	1,006	875	734	614	501	540	469	522	342
All other.....	514	454	478	453	*	*	849	713	579	483	432	376	*	*

See footnotes at end of table.

Table 39. Average total monthly charge and average amount paid by primary source for residents of nursing homes in 1977 and discharges in 1976, by primary source of payment and selected nursing home characteristics: United States—Con.

Nursing home characteristic	Primary source of payment for discharges in 1976													
	All sources		Own income or family support		Medicare		Medicaid skilled		Medicaid intermediate		Other government assistance or welfare		All other sources <sup>1</sup>	
	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source	Monthly charge	Paid by primary source
All discharges.....	\$789	\$720	\$747	\$716	\$1,300	\$1,197	\$767	\$666	\$579	\$484	\$524	\$448	\$462	\$425
	Average amount													
<u>Ownership</u>														
Proprietary.....	732	664	731	705	1,083	949	728	630	569	474	524	446	511	480
Voluntary nonprofit.....	992	926	781	748	1,811	1,728	873	756	619	520	*	*	508	472
Government.....	790	704	853	760	1,336	1,246	912	816	593	505	*	*	*	*
<u>Certification</u>														
Skilled nursing facility only.....	962	891	902	859	1,349	1,270	853	754	582	476	585	520	558	514
Skilled nursing facility and intermediate care facility.....	811	729	794	759	1,258	1,126	704	600	636	532	*	*	585	550
Intermediate care facility only.....	565	511	586	569	*	*	*	*	537	449	*	*	*	*
Not certified.....	430	405	507	493	*	*	*	*	*	*	*	*	*	*
<u>Bed size</u>														
Less than 50 beds.....	807	743	730	685	1,680	1,582	581	495	554	483	*	*	548	498
50-99 beds.....	705	647	696	673	1,106	1,013	689	601	542	453	514	450	447	406
100-199 beds.....	809	739	764	737	1,321	1,224	716	616	591	486	*	*	480	446
200 beds or more.....	878	786	855	807	1,227	1,087	1,012	889	639	538	*	*	*	*
<u>Location</u>														
Geographic region:														
Northeast.....	1,098	1,012	983	944	1,681	1,575	1,086	964	702	583	*	*	*	*
North Central.....	743	682	690	667	1,259	1,162	682	588	576	471	*	*	557	516
South.....	654	590	629	605	1,191	1,080	663	564	529	444	*	*	*	*
West.....	695	628	757	714	931	831	633	544	540	471	*	*	409	364
Standard Federal administrative region:														
Region I.....	789	716	920	896	*	*	*	*	*	*	*	*	*	*
Region II.....	1,088	973	1,094	1,037	1,316	1,124	1,289	1,158	778	641	*	*	*	*
Region III.....	1,194	1,136	843	814	1,900	1,831	762	674	*	*	*	*	*	*
Region IV.....	628	563	622	599	910	798	669	568	562	470	*	*	*	*
Region V.....	790	724	725	700	1,293	1,194	687	590	611	504	*	*	610	*
Region VI.....	660	599	598	574	1,436	1,334	*	*	504	425	*	*	*	*
Region VII.....	548	505	568	553	*	*	*	*	*	*	*	*	*	*
Region VIII.....	623	561	*	*	*	*	*	*	*	*	*	*	*	*
Region IX.....	713	647	812	762	934	833	641	563	*	*	*	*	412	375
Region X.....	652	580	658	623	*	*	*	*	*	*	*	*	*	*
<u>Type of facility</u>														
Nursing care.....	803	731	769	736	1,294	1,189	772	671	584	487	557	472	509	465
All other.....	677	628	574	558	1,346	1,253	*	*	532	449	*	*	*	*

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

NOTES: Figures may not add to totals due to rounding.  
Nursing home characteristics for 1977.

Table 40. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976, by primary source of payment, according to selected characteristics: United States

Resident characteristic	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
All residents.....	1,303,100	500,900	26,200	260,700	362,600	83,400	69,200	100.0	38.4	2.0	20.0	27.8	6.4	5.3
<b>DEMOGRAPHIC CHARACTERISTIC</b>														
<u>Age</u>														
Under 45 years.....	32,900	5,600	*	8,900	9,400	5,400	*	100.0	17.1	*	27.1	28.8	16.3	*
45-54 years.....	43,500	10,200	*	6,600	14,700	7,300	*	100.0	23.5	*	15.3	33.7	16.8	*
55-64 years.....	100,800	30,600	*	17,200	35,600	9,800	7,200	100.0	30.4	*	17.1	35.4	9.7	7.2
65-69 years.....	81,700	22,500	*	16,800	29,100	*	6,300	100.0	27.6	*	20.6	36.6	*	7.7
70-74 years.....	129,700	48,300	*	23,200	38,800	10,100	5,200	100.0	37.3	*	17.9	29.9	7.8	4.0
75-79 years.....	199,200	80,400	5,900	41,200	53,200	10,700	7,900	100.0	40.4	2.9	20.7	26.7	5.4	4.0
80-84 years.....	265,600	121,500	6,000	47,100	62,600	12,900	16,000	100.0	45.7	2.3	17.7	23.6	4.6	6.0
85-89 years.....	263,700	115,100	*	53,900	68,000	11,700	10,000	100.0	43.7	*	20.4	25.8	4.4	3.8
90-94 years.....	141,300	50,000	*	32,300	39,600	9,800	8,100	100.0	35.3	*	22.8	28.0	6.9	5.7
95 years and over.....	44,900	16,600	*	13,500	11,400	*	*	100.0	37.0	*	30.0	25.5	*	*
<u>Sex</u>														
Male.....	375,300	145,800	7,900	83,400	98,100	30,000	30,900	100.0	38.8	2.1	16.9	26.1	8.0	8.0
Female.....	927,800	355,200	18,300	197,300	264,500	53,500	39,100	100.0	38.3	2.0	21.3	28.5	5.8	4.2
<u>Race or ethnicity</u>														
White (not Hispanic) <sup>2</sup> .....	1,200,900	486,600	24,200	233,500	320,000	73,200	63,300	100.0	40.5	2.0	19.4	26.7	6.1	5.9
Black (not Hispanic).....	81,400	10,700	*	21,000	38,200	5,800	*	100.0	13.1	*	25.8	46.9	7.1	*
Hispanic.....	14,400	*	*	*	*	*	*	100.0	*	*	*	*	*	*
American Indian or Alaska native.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*
<u>Marital status</u>														
Married.....	155,400	77,200	*	23,100	30,100	10,000	10,500	100.0	49.7	*	14.9	19.4	6.5	6.8
Widowed <sup>3</sup> .....	810,700	325,500	18,600	171,300	219,000	42,900	33,400	100.0	40.1	2.3	21.1	27.0	5.3	4.1
Divorced or separated.....	87,500	24,200	*	19,200	27,500	8,700	7,100	100.0	27.6	*	22.0	31.4	10.0	8.1
Never married.....	249,500	74,100	*	47,900	88,000	21,700	18,200	100.0	29.7	*	18.8	34.5	8.7	7.3
<u>LENGTH OF STAY SINCE ADMISSION</u>														
Less than 3 months.....	189,300	76,200	22,400	24,000	31,200	13,100	22,400	100.0	40.2	11.8	12.7	16.5	8.9	11.8
3 months to less than 6.....	122,100	52,800	*	25,000	28,700	7,500	7,400	100.0	43.1	*	20.5	23.5	6.1	6.0
6 months to less than 12.....	163,100	71,800	*	33,900	42,300	9,300	5,900	100.0	43.9	*	20.8	25.9	5.7	3.6
1 year to less than 3.....	427,800	178,200	*	90,400	124,200	26,100	10,000	100.0	41.2	*	21.1	29.0	6.1	2.3
3 years to less than 5.....	192,800	67,100	*	45,500	59,700	11,500	8,200	100.0	34.8	*	23.6	31.0	6.0	4.3
5 years or more.....	207,900	57,200	*	41,900	76,500	15,900	15,400	100.0	27.5	*	20.1	38.8	7.6	7.4
<u>OUTSIDE LIVING ARRANGEMENT</u>														
<u>Living arrangement prior to admission</u>														
Private or semiprivate residence.....	525,000	231,000	5,200	79,400	151,600	29,300	28,000	100.0	44.0	1.0	15.1	28.9	5.7	5.3
Alone.....	179,300	90,700	*	21,400	45,200	8,000	11,100	100.0	50.9	*	12.0	25.4	4.5	6.2
Unknown if with others.....	36,900	13,000	*	7,700	11,500	*	*	100.0	35.3	*	20.8	31.2	*	*
With others <sup>4</sup> .....	309,700	127,200	*	50,300	94,800	19,900	15,000	100.0	41.1	*	16.2	30.6	6.4	4.8
Spouse.....	72,500	42,700	*	7,100	15,200	*	*	100.0	58.9	*	9.9	20.9	*	*
Children.....	136,100	51,100	*	25,200	45,800	8,700	*	100.0	37.5	*	18.6	33.7	6.4	*
Other relatives.....	84,500	26,700	*	14,200	30,000	7,900	5,200	100.0	31.5	*	16.8	35.5	9.4	6.2
Unrelated persons.....	35,500	14,600	*	7,100	8,800	*	*	100.0	41.1	*	20.1	24.8	*	*
Another health facility <sup>5</sup> .....	706,700	245,700	20,800	170,900	188,300	45,000	36,200	100.0	34.8	2.9	24.2	26.6	6.4	5.1
Another nursing home.....	163,000	61,500	*	37,100	47,500	10,200	6,300	100.0	37.7	*	22.7	29.1	6.2	3.9
General or short stay hospital.....	420,600	155,700	19,800	115,200	88,400	19,100	22,500	100.0	37.0	4.7	27.4	21.0	4.5	5.3
Mental hospital.....	76,900	17,200	*	9,000	37,700	10,300	*	100.0	22.3	*	11.8	49.1	13.4	*
Other health facility or unknown.....	46,200	11,400	*	9,600	14,700	5,400	*	100.0	20.8	*	20.8	31.7	11.7	*
Unknown or other arrangement.....	71,400	24,300	*	10,400	22,700	8,500	5,100	100.0	34.0	*	14.6	31.8	12.0	7.1

See footnotes at end of table.

Table 40. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976, by primary source of payment, according to selected characteristics: United States—Con.

Resident characteristic	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
<u>Person who arranged for admission<sup>2</sup></u>														
Self.....	77,300	40,100	*	6,400	12,900	5,700	11,000	100.0	51.8	*	8.3	16.7	7.4	14.2
Spouse.....	75,800	42,400	*	11,700	11,000	*	*	100.0	55.9	*	15.5	14.5	*	*
Children.....	509,800	219,300	9,300	100,300	139,500	25,400	16,100	100.0	43.0	1.8	19.7	27.4	5.0	3.2
Other relatives.....	258,500	106,500	*	50,000	75,600	14,600	9,600	100.0	41.2	*	19.3	29.3	5.6	3.7
Social worker.....	184,300	43,400	5,400	48,500	59,600	18,100	9,300	100.0	23.5	2.9	26.3	32.3	9.8	5.1
Staff of previous institution.....	141,100	36,400	*	35,000	44,700	12,600	9,800	100.0	25.8	*	24.8	31.6	8.9	7.0
Other.....	344,700	129,400	9,200	80,100	79,500	21,600	24,800	100.0	37.5	2.7	23.2	23.1	6.3	7.2
<u>Temporary resident</u>														
Yes.....	30,600	14,400	*	*	*	*	*	100.0	47.2	*	*	*	*	*
No or unknown.....	1,272,500	486,500	22,100	258,300	359,100	79,500	67,000	100.0	38.2	1.7	20.3	29.2	6.3	5.3
<u>Discharge plans</u>														
Within 6 months.....	49,000	17,100	10,000	5,800	*	*	7,200	100.0	34.8	20.5	11.8	*	*	14.6
Not planned or unknown.....	1,254,100	483,900	16,200	254,900	357,700	79,400	62,100	100.0	38.6	1.3	20.9	28.5	6.3	4.9

See footnotes at end of table.



Table 40. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976, by primary source of payment, according to selected characteristics: United States—Con.

Discharge characteristic	Primary source of payment for discharges in 1976													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number							Percent distribution						
All discharges .....	1,117,500	419,500	189,600	201,600	191,000	42,400	73,300	100.0	37.5	17.0	18.0	17.1	3.8	6.6
<b>DEMOGRAPHIC CHARACTERISTIC</b>														
<b>Age</b>														
Under 45 years.....	33,900	8,700	*	10,300	*	*	*	100.0	25.7	*	30.5	*	*	*
45-54 years.....	33,500	9,000	*	*	10,100	*	*	100.0	27.0	*	*	30.0	*	*
55-64 years.....	68,800	21,400	*	14,400	17,400	*	10,000	100.0	31.0	*	*	23.9	*	*
65-69 years.....	81,300	20,200	17,800	17,400	14,300	*	9,100	100.0	24.9	21.9	20.9	21.4	17.6	14.5
70-74 years.....	122,300	44,000	28,000	19,100	20,500	*	*	100.0	35.9	*	23.7	15.6	16.8	11.2
75-79 years.....	204,600	82,500	40,200	33,300	29,500	8,700	10,500	100.0	40.4	*	19.6	16.3	14.4	5.1
80-84 years.....	241,200	105,800	39,800	37,500	34,400	*	16,800	100.0	43.9	*	16.5	15.5	14.3	7.0
85-89 years.....	210,200	79,800	42,500	37,800	35,000	8,800	*	100.0	37.9	*	20.2	18.0	16.6	4.2
90-94 years.....	90,500	35,800	10,400	18,800	20,000	*	*	100.0	39.5	11.5	20.8	22.1	*	*
95 years and over.....	31,100	12,300	*	*	*	*	*	100.0	39.6	*	*	*	*	*
<b>Sex</b>														
Male.....	407,700	142,200	77,300	62,100	64,200	15,400	46,500	100.0	34.9	19.0	15.2	15.8	3.8	11.4
Female.....	709,800	277,400	112,300	139,500	126,800	27,000	26,800	100.0	39.1	15.8	19.7	17.9	3.8	3.8
<b>Mental status at discharge</b>														
Married.....	255,800	100,000	61,700	34,700	28,900	*	25,800	100.0	39.1	24.1	13.6	10.5	*	10.0
Widowed.....	628,400	247,200	99,900	121,700	111,000	23,800	24,800	100.0	39.3	15.9	19.4	17.7	3.8	3.9
Divorced or separated.....	75,200	22,200	*	14,300	17,500	*	11,500	100.0	29.5	*	19.0	23.2	*	15.3
Never married.....	127,200	43,400	14,700	25,200	28,100	7,600	8,300	100.0	34.1	11.6	19.8	22.1	5.9	6.5
Unknown.....	30,800	*	*	7,600	7,600	*	*	100.0	*	*	24.6	*	*	*
<b>DURATION OF STAY</b>														
Less than 1 month.....	375,200	138,900	121,600	46,500	31,800	8,700	29,700	100.0	36.5	32.4	12.4	8.5	2.3	7.9
1 month to less than 3.....	224,200	86,700	47,600	31,900	30,000	7,400	20,500	100.0	38.7	21.2	14.2	13.4	3.3	9.2
3 months to less than 6.....	134,800	57,000	10,400	25,300	28,900	*	8,500	100.0	42.2	7.7	18.8	21.4	*	6.3
6 months to less than 12.....	111,700	47,500	*	28,800	21,300	*	*	100.0	42.5	*	25.7	19.1	*	*
1 year to less than 3.....	156,900	53,200	*	39,600	44,700	7,800	*	100.0	33.9	*	25.3	28.5	5.0	*
3 years to less than 5.....	68,400	25,500	*	17,500	18,600	*	*	100.0	37.4	*	25.6	27.2	*	*
5 years or more.....	46,200	12,700	*	12,100	15,700	*	*	100.0	27.5	*	26.1	33.9	*	*
<b>LIVING ARRANGEMENT AFTER DISCHARGE FOR LIVE DISCHARGE</b>														
Private or semiprivate residence.....	306,700	126,500	87,800	28,700	30,400	11,100	22,200	100.0	41.3	28.6	9.3	9.9	3.6	7.2
Another health facility.....	484,200	167,200	56,700	105,200	104,600	18,400	32,000	100.0	34.5	11.7	21.7	21.6	3.8	6.6
Another nursing home.....	108,500	40,700	16,600	12,900	22,800	*	9,400	100.0	37.5	15.3	11.9	21.0	*	8.7
General or short-stay hospital.....	339,500	115,300	35,700	86,500	75,300	10,500	16,200	100.0	34.0	10.5	25.5	22.2	3.1	4.8
Mental hospital.....	12,000	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Other health facility or unknown.....	24,000	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Number who died in other health facility.....	91,100	34,800	*	20,000	20,800	*	*	100.0	38.2	*	21.9	22.8	*	*
Unknown or other arrangement.....	34,700	11,300	*	*	*	*	*	100.0	32.5	*	*	*	*	*
<b>Discharge status</b>														
Live.....	825,500	305,000	147,700	140,800	141,700	31,000	59,900	100.0	36.9	17.9	17.1	17.1	3.7	7.3
Dead.....	289,800	114,200	41,900	59,800	49,300	11,300	13,300	100.0	39.4	14.4	20.6	17.0	3.9	4.6
Unknown.....	*	*	*	*	*	*	*	*	*	*	*	*	*	*

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

<sup>2</sup>Includes a small number of unknowns

<sup>3</sup>Residents may have lived with more than 1 category of person, so the sum of the subparts exceeds the total

<sup>4</sup>49% of these residents admitted from another health facility had gone to that facility from a private or semiprivate residence

<sup>5</sup>Admission may have been arranged by more than 1 category of person, so the sum of the subparts exceeds the total

<sup>6</sup>Includes friend, guardian or attorney, physician, minister, other, and unknown

Table 41. Number and percent distribution of residents in 1977 and discharges in 1976 by primary source of payment, according to selected health statuses: United States

Resident health status <sup>1</sup>	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
All residents.....	1,303,100	500,900	26,200	260,700	362,600	83,400	69,200	100.0	38.4	2.0	20.0	27.8	6.4	5.3
<b>PRIMARY REASON FOR CARE</b>														
Poor physical health <sup>3</sup> .....	1,022,400	398,900	24,100	229,500	268,800	53,200	48,200	100.0	39.0	2.4	22.4	26.3	5.2	4.7
Mental illness.....	87,100	27,600	-	11,100	30,700	11,000	8,800	100.0	31.7	-	12.7	35.2	12.6	7.8
Mental retardation.....	48,400	8,700	-	5,900	22,800	7,500	-	100.0	18.1	-	12.2	47.1	15.5	-
Behavioral problem.....	26,200	12,800	-	-	6,700	-	-	100.0	48.8	-	-	25.6	-	-
Social reason.....	70,000	32,100	-	5,300	21,800	5,600	-	100.0	45.8	-	7.6	31.2	7.9	-
Economic or other reason.....	49,000	20,800	-	-	12,100	5,500	-	100.0	42.5	-	-	24.6	11.2	-
<b>PRIMARY DIAGNOSIS AT LAST EXAMINATION</b>														
<b>Diseases of the circulatory system</b>														
Total.....	516,600	203,800	11,300	110,300	152,000	23,200	16,200	100.0	39.4	2.2	21.3	29.4	4.5	3.1
Congestive heart failure.....	52,500	19,100	-	10,400	17,800	-	-	100.0	36.2	-	19.6	33.7	-	-
Arteriosclerosis.....	264,400	104,300	-	61,400	76,200	9,600	8,300	100.0	39.5	-	23.2	29.6	3.6	3.1
Hypertension.....	47,700	20,300	-	-	16,300	-	-	100.0	42.6	-	-	38.4	-	-
Stroke.....	103,500	42,300	5,500	23,900	24,000	-	-	100.0	40.9	5.3	23.0	23.2	-	-
Heart attack, ischemic heart disease.....	22,500	7,900	-	-	6,800	-	-	100.0	35.1	-	-	30.0	-	-
Other.....	25,800	9,600	-	5,400	6,900	-	-	100.0	38.0	-	21.0	26.6	-	-
<b>Mental disorders and senility without psychosis</b>														
Total.....	266,100	90,400	-	47,200	87,400	25,300	14,300	100.0	34.0	-	17.7	32.9	9.5	5.4
Senile psychosis.....	21,200	11,500	-	-	-	-	-	100.0	54.1	-	-	-	-	-
Other psychosis.....	57,400	14,800	-	9,100	22,800	7,200	-	100.0	25.7	-	15.9	39.8	12.5	-
Chronic brain syndrome.....	96,400	36,300	-	22,100	25,600	6,800	-	100.0	37.7	-	23.0	26.6	7.0	-
Senility without psychosis.....	26,600	12,000	-	-	7,300	-	-	100.0	45.2	-	-	27.4	-	-
Mental retardation.....	42,400	7,600	-	5,900	19,700	6,000	-	100.0	18.0	-	13.8	46.5	14.2	-
Alcoholism and other mental disorders.....	22,100	8,200	-	-	7,500	-	-	100.0	37.0	-	-	33.7	-	-
<b>Other diagnoses<sup>4</sup></b>														
Total.....	429,700	167,600	11,000	91,500	108,300	24,100	27,200	100.0	39.0	2.6	21.3	25.2	5.6	6.3
<b>Diseases of the musculoskeletal system and connective tissues<sup>5</sup></b>														
Arthritis and rheumatism.....	56,200	23,300	-	10,000	16,000	-	-	100.0	41.4	-	17.8	28.4	-	-
<b>Diseases of the nervous system and sense organs</b>														
Parkinson's disease.....	23,300	10,300	-	5,400	5,200	-	-	100.0	44.1	-	23.2	22.1	-	-
<b>Accidents, poisonings, and violence</b>														
Hip fracture.....	29,300	14,100	-	5,500	-	-	-	100.0	48.2	-	18.7	-	-	-
Other bone fracture.....	10,600	5,200	-	-	-	-	-	100.0	49.2	-	-	-	-	-
<b>Endocrine, nutritional, and metabolic diseases<sup>6</sup></b>														
Diabetes.....	71,700	23,600	-	17,500	24,700	-	-	100.0	33.2	-	24.4	34.4	-	-
<b>Neoplasms:</b>														
Cancer.....	28,900	12,100	-	-	6,400	-	-	100.0	42.1	-	-	22.0	-	-
<b>Diseases of the respiratory system</b>														
Total.....	31,000	11,500	-	6,600	7,700	-	-	100.0	37.0	-	21.2	24.8	-	-
<b>Diagnosis unknown<sup>7</sup></b>														
Total.....	90,500	33,100	-	11,700	14,900	10,800	11,500	100.0	43.2	-	12.9	16.4	11.9	12.7

See footnotes at end of table.

Table 41. Number and percent distribution of residents in 1977 and discharges in 1976 by primary source of payment, according to selected health statuses: United States—Con.

Resident health status <sup>1</sup>	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>3</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>4</sup></b>														
<b>Diseases of the circulatory system</b>														
Arteriosclerosis . . . . .	820,200	246,800	10,900	137,100	170,400	27,300	27,700	100.0	39.8	1.8	22.1	27.5	4.4	4.5
Hypertension . . . . .	272,900	103,400	*	55,900	80,400	15,500	12,900	100.0	37.9	*	20.8	29.5	5.7	4.7
Stroke . . . . .	214,000	64,000	8,500	49,900	52,000	11,100	8,500	100.0	39.3	4.0	23.3	24.3	5.2	4.0
Paralysis or palsy, other than arthritis, related to stroke . . . . .	80,800	30,300	*	22,800	18,800	*	*	100.0	37.5	*	27.8	23.3	*	*
Heart trouble . . . . .	449,000	174,200	6,000	97,900	123,400	25,500	20,000	100.0	38.8	1.8	21.8	27.5	5.7	4.5
<b>Mental disorders and senility without psychosis</b>														
Mental illness . . . . .	148,300	46,500	*	23,100	53,600	16,000	8,500	100.0	31.3	*	15.6	36.1	10.8	5.8
Chronic brain syndrome . . . . .	324,700	120,800	*	76,800	88,500	18,200	15,600	100.0	37.2	*	23.6	27.3	5.6	4.8
Senility . . . . .	416,400	171,000	5,200	84,700	112,200	28,400	16,900	100.0	41.1	1.3	20.4	26.8	6.3	4.1
Mental retardation . . . . .	79,800	13,900	*	12,600	37,400	10,200	*	100.0	17.5	*	15.8	46.9	12.8	*
Alcoholism . . . . .	36,900	11,800	*	6,700	10,900	*	5,300	100.0	31.4	*	18.1	28.6	*	14.2
Drug addiction . . . . .	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Insomnia . . . . .	125,500	49,500	*	26,000	31,100	10,000	7,100	100.0	39.5	*	20.7	24.8	8.0	5.7
<b>Other chronic conditions or impairments</b>														
<b>Diseases of the musculoskeletal system and connective tissues:</b>														
Arthritis and rheumatism . . . . .	320,500	125,900	*	63,700	90,000	18,600	17,700	100.0	39.3	*	19.9	28.1	5.8	5.5
Chronic back, spine problems, excluding stiffness and deformity . . . . .	60,500	23,500	*	12,000	15,400	*	*	100.0	38.8	*	19.8	25.5	*	*
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers . . . . .	181,500	64,000	*	47,200	43,300	11,500	12,300	100.0	35.3	*	26.0	23.9	6.3	6.8
Missing arms, legs, or extremities, including feet, toes, hands, or fingers . . . . .	32,400	10,600	*	10,200	7,100	*	*	100.0	32.8	*	31.5	21.8	*	*
<b>Diseases of the nervous system and sense organs:</b>														
Blindness . . . . .	72,200	21,200	*	19,200	22,400	*	*	100.0	29.3	*	26.6	31.0	*	*
Glaucoma . . . . .	34,000	12,200	*	7,200	10,600	*	*	100.0	35.8	*	21.3	31.2	*	*
Cataracts . . . . .	80,000	29,700	*	20,100	19,400	*	5,300	100.0	37.1	*	25.1	24.2	*	6.6
Deafness . . . . .	90,400	35,000	*	17,200	25,800	*	6,100	100.0	38.7	*	19.0	28.5	*	6.7
Parkinson's disease . . . . .	58,000	24,500	*	13,800	13,700	*	*	100.0	42.2	*	23.8	23.6	*	*
Paralysis or palsy, other than arthritis, unrelated to stroke . . . . .	46,500	12,000	*	15,200	11,400	*	*	100.0	25.8	*	32.8	24.5	*	*
<b>Accidents, poisonings, and violence:</b>														
Hip fracture . . . . .	108,800	46,600	5,300	25,800	23,500	*	*	100.0	42.8	4.9	29.7	21.6	*	*
Other bone fracture . . . . .	46,300	16,600	*	11,400	11,200	*	*	100.0	36.2	*	24.6	24.1	*	*
<b>Endocrine, nutritional, and metabolic diseases:</b>														
Diabetes . . . . .	189,600	62,600	*	48,300	57,000	9,700	9,100	100.0	33.1	*	25.5	30.1	5.1	4.8

See footnotes at end of table

Table 41. Number and percent distribution of residents in 1977 and discharges in 1976 by primary source of payment, according to selected health statuses: United States—Con.

Resident health status <sup>1</sup>	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
<b>CHRONIC CONDITIONS AND IMPAIRMENTS—Con.</b>														
<i>Other chronic conditions or impairments—Con.</i>														
Neoplasms:														
Cancer.....	63,600	26,500	*	12,300	15,500	*	*	100.0	41.7	*	19.3	24.3	*	*
Diseases of the respiratory system:														
Chronic respiratory disease.....	86,500	26,800	*	20,700	26,200	6,400	5,400	100.0	30.9	*	23.9	30.3	7.4	6.2
Diseases of the digestive system:														
Constipation.....	313,200	122,200	5,300	71,200	84,400	16,100	13,800	100.0	39.0	1.7	22.7	26.9	5.2	4.4
Diseases of the blood and blood-forming organs:														
Anemia.....	70,600	25,900	*	17,600	19,900	*	*	100.0	36.6	*	24.9	28.2	*	*
Diseases of the skin and subcutaneous tissue:														
Bedsore.....	35,100	10,600	*	10,700	6,100	*	*	100.0	30.3	*	30.4	17.3	*	*
Conditions other than above:														
Edema.....	233,500	91,300	*	46,500	65,800	12,700	12,300	100.0	39.1	*	19.9	28.2	5.4	5.9
Kidney trouble.....	131,700	47,800	*	34,100	30,700	8,000	8,800	100.0	36.3	*	25.9	23.3	6.8	5.2
None of these conditions														
Total.....	13,000	5,700	*	*	*	*	*	100.0	43.8	*	*	*	*	*
<b>INDEX OF DEPENDENCY IN ACTIVITIES OF DAILY LIVING<sup>2</sup></b>														
Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating ...	124,500	50,700	*	8,400	35,000	16,300	13,600	100.0	40.8	*	6.7	28.1	13.1	10.9
Dependent in only 1 activity.....	161,000	66,200	*	14,800	58,200	11,800	9,200	100.0	41.1	*	9.2	36.2	7.3	5.7
Dependent in bathing and 1 additional activity.....	158,900	58,800	*	23,300	58,000	10,200	6,900	100.0	37.8	*	14.7	36.5	6.4	4.3
Dependent in bathing, dressing, and 1 additional activity.....	110,400	40,300	*	20,400	37,400	7,100	*	100.0	36.5	*	18.4	33.9	6.5	*
Dependent in bathing, dressing, using toilet room, and 1 additional activity.....	125,000	48,600	5,100	27,100	31,100	*	8,100	100.0	38.9	4.1	21.7	24.9	*	6.4
Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity.....	203,600	80,000	*	52,400	49,000	10,800	6,800	100.0	39.3	*	25.8	24.1	5.9	3.9
Dependent in all 6 activities.....	303,300	108,100	10,900	85,600	65,900	17,400	14,300	100.0	35.6	3.6	28.2	22.1	5.7	4.7
Other <sup>3</sup> .....	116,400	47,200	*	28,600	25,900	*	6,700	100.0	40.6	*	24.5	23.1	*	5.8

See footnotes at end of table.

Table 41. Number and percent distribution of residents in 1977 and discharges in 1976 by primary source of payment, according to selected health statuses: United States—Con.

Discharge health status <sup>1</sup>	Primary source of payment for discharges in 1976													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number							Percent distribution						
All discharges .....	1,117,500	419,500	189,600	201,600	191,000	42,400	73,300	100.0	37.5	17.0	18.0	17.1	3.8	6.6
<b>PRIMARY DIAGNOSIS AT ADMISSION</b>														
<u>Diseases of the circulatory system</u>														
Total .....	486,200	190,500	72,500	96,700	84,800	15,700	26,100	100.0	39.2	14.9	19.9	17.4	3.2	5.4
Congestive heart failure .....	59,300	23,500	*	13,000	10,100	*	*	100.0	39.5	*	21.9	17.1	*	*
Arteriosclerosis .....	197,200	87,500	19,600	38,000	38,600	*	8,000	100.0	44.4	9.9	19.3	19.6	*	4.0
Hypertension .....	23,100	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Stroke .....	139,400	49,100	28,700	27,100	20,200	*	10,200	100.0	35.2	20.6	19.4	14.5	*	7.3
Heart attack, ischemic heart disease .....	40,400	12,500	10,100	9,000	*	*	*	100.0	30.9	24.9	22.3	*	*	*
Other .....	28,800	11,100	*	*	*	*	*	100.0	41.3	*	*	*	*	*
<u>Mental disorders and senility without psychosis</u>														
Total .....	125,700	44,400	8,200	25,300	28,100	7,900	11,800	100.0	35.3	6.6	20.1	22.4	6.3	9.4
Senile psychosis .....	10,800	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Other psychosis .....	23,100	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Chronic brain syndrome .....	52,700	20,600	*	12,000	9,900	*	*	100.0	39.1	*	22.8	18.7	*	*
Senility without psychosis .....	9,400	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Mental retardation .....	7,500	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Alcoholism and other mental disorders .....	22,200	*	*	*	*	*	*	100.0	*	*	*	*	*	*
<u>Other diagnoses<sup>4</sup></u>														
Total .....	480,400	170,700	106,500	78,000	75,200	17,300	32,800	100.0	35.5	22.2	16.2	15.6	3.6	6.8
<u>Diseases of the musculoskeletal system and connective tissues:</u>														
Arthritis and rheumatism .....	28,500	14,300	*	*	*	*	*	100.0	50.2	*	*	*	*	*
<u>Diseases of the nervous system and sense organs</u>														
Total .....	10,900	*	*	*	*	*	*	100.0	*	*	*	*	*	*
<u>Accidents, poisonings, and violence:</u>														
Hip fracture .....	82,700	31,100	24,900	10,100	12,600	*	*	100.0	37.5	30.0	12.2	15.2	*	*
Other bone fracture .....	26,500	10,400	*	*	*	*	*	100.0	39.2	*	*	*	*	*
<u>Endocrine, nutritional, and metabolic diseases:</u>														
Diabetes .....	45,200	17,600	*	8,400	11,600	*	*	100.0	39.0	*	18.5	25.6	*	*
<u>Neoplasms:</u>														
Cancer .....	91,600	32,280	24,700	15,400	11,700	*	*	100.0	35.1	27.0	16.8	12.7	*	*
<u>Diseases of the respiratory system:</u>														
Total .....	41,500	13,300	8,100	*	7,300	*	*	100.0	32.1	19.6	*	17.6	*	*
<u>Diagnosis unknown</u>														
Total .....	25,100	14,000	*	*	*	*	*	100.0	55.7	*	*	*	*	*

See footnotes at end of table

Table 41. Number and percent distribution of residents in 1977 and discharges in 1976 by primary source of payment, according to selected health statuses: United States—Con.

Discharge health status <sup>1</sup>	Primary source of payment for discharges in 1976													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
<b>CHRONIC CONDITIONS AND IMPAIRMENTS<sup>2</sup></b>														
<b><u>Diseases of the circulatory system</u></b>														
Arteriosclerosis.....	455,500	187,500	55,400	92,600	87,000	14,900	10,200	100.0	41.2	12.2	20.3	19.1	3.3	4.0
Hypertension.....	168,000	61,600	24,100	35,100	32,500	*	8,300	100.0	36.6	14.3	20.9	19.6	*	4.9
Stroke.....	228,700	83,800	48,000	45,600	33,600	8,100	14,400	100.0	36.6	16.8	19.9	14.8	3.5	6.3
Paralysis or palsy, other than arthritis, related to stroke.....	54,000	18,800	9,600	12,900	7,300	*	*	100.0	34.7	17.8	23.8	13.8	*	*
Heart trouble.....	390,400	142,900	61,700	81,400	61,700	14,700	27,900	100.0	36.6	15.8	20.9	15.6	3.8	7.1
<b><u>Mental disorders and senility without psychosis</u></b>														
Mental illness.....	64,600	22,500	*	11,700	14,600	*	*	100.0	34.8	*	18.1	22.6	*	*
Chronic brain syndrome.....	206,300	76,900	23,500	47,800	39,300	*	12,200	100.0	37.3	11.4	23.2	19.0	*	5.9
Senility.....	226,600	85,200	23,600	42,700	45,000	7,800	11,400	100.0	42.0	10.4	18.9	20.3	3.4	5.0
Mental retardation.....	18,600	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Alcoholism.....	35,700	9,400	*	*	*	*	8,700	100.0	26.4	*	*	*	*	24.2
Drug addiction.....	*	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Insomnia.....	16,500	*	*	*	*	*	*	100.0	*	*	*	*	*	*
<b><u>Other chronic conditions or impairments</u></b>														
<b><u>Diseases of the musculoskeletal system and connective tissues:</u></b>														
Arthritis and rheumatism.....	163,100	64,700	18,600	31,500	34,500	7,500	*	100.0	39.7	11.4	19.3	21.1	4.6	*
Chronic back, spine problems, excluding stiffness and deformity.....	30,800	12,600	*	*	*	*	*	100.0	40.9	*	*	*	*	*
Permanent stiffness or deformity of back, arms, legs, or extremities, including feet, toes, hands, or fingers.....	69,400	26,800	7,300	13,100	13,100	*	*	100.0	38.6	10.6	18.8	18.9	*	*
Missing arms, legs, or extremities, including feet, toes, hands, or fingers.....	31,300	9,600	*	8,700	*	*	*	100.0	30.6	*	27.9	*	*	*
<b><u>Diseases of the nervous system and sense organs:</u></b>														
Blindness.....	45,400	11,100	*	12,400	13,200	*	*	100.0	24.5	*	27.4	29.1	*	*
Glaucoma.....	20,200	9,900	*	*	*	*	*	100.0	49.0	*	*	*	*	*
Cataracts.....	50,100	18,200	*	10,800	12,000	*	*	100.0	36.3	*	21.6	23.9	*	*
Deafness.....	50,800	17,800	8,100	9,800	10,100	*	*	100.0	35.0	16.0	19.3	19.8	*	*
Parkinson's disease.....	29,900	14,000	*	*	*	*	*	100.0	46.8	*	*	*	*	*
Paralysis or palsy, other than arthritis, unrelated to stroke.....	21,900	8,200	*	*	*	*	*	100.0	37.4	*	*	*	*	*
<b><u>Accidents, poisonings, and violence:</u></b>														
Hip fracture.....	127,200	46,300	30,700	20,500	21,400	*	*	100.0	36.4	24.2	16.1	16.8	*	*
Other bone fracture.....	86,400	21,800	16,000	9,700	8,700	*	9,000	100.0	32.8	24.1	14.6	13.1	*	13.5
<b><u>Endocrine, nutritional, and metabolic diseases:</u></b>														
Diabetes.....	156,800	53,400	29,600	34,500	29,000	*	*	100.0	34.1	18.9	22.0	18.5	*	*

See footnotes at end of table.

Table 41. Number and percent distribution of residents in 1977 and discharges in 1976 by primary source of payment, according to selected health statuses: United States—Con.

Discharge health status <sup>1</sup>	Primary source of payment for discharges in 1976													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>2</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
<b>CHRONIC CONDITIONS AND IMPAIRMENTS—Con.</b>														
<u>Other chronic conditions or impairments—Con.</u>														
Neoplasms														
Cancer . . . . .	125,200	43,400	28,900	22,100	17,200	*	8,800	100.0	34.7	23.1	17.7	13.8	*	7.0
Diseases of the respiratory system.														
Chronic respiratory disease. . . . .	99,600	27,400	19,600	23,700	20,300	*	*	100.0	27.5	19.7	23.8	20.3	*	*
Diseases of the digestive system.														
Constipation . . . . .	50,800	19,500	*	11,200	9,900	*	*	100.0	38.5	*	22.0	19.6	*	*
Diseases of the blood and blood-forming organs:														
Anemia . . . . .	65,100	22,500	15,300	11,200	11,900	*	*	100.0	34.5	23.4	17.2	18.3	*	*
Diseases of the skin and subcutaneous tissue.														
Bedsore . . . . .	36,000	11,800	9,500	8,100	*	*	*	100.0	32.9	28.3	22.6	*	*	*
Conditions other than above:														
Edema . . . . .	102,200	36,400	9,100	24,800	21,300	*	*	100.0	35.6	8.9	24.3	20.9	*	*
Kidney trouble . . . . .	120,900	44,100	15,300	28,500	19,600	*	8,100	100.0	38.4	12.6	23.5	16.2	*	6.7
None of these conditions														
Total . . . . .	37,500	15,600	9,800	*	*	*	*	100.0	41.6	26.1	*	*	*	*
Condition unknown														
Total . . . . .	11,800	*	*	*	*	*	*	100.0	*	*	*	*	*	*
<u>Partial index of dependency in activities of daily living<sup>3</sup></u>														
Not dependent in mobility or continence . . . . .	448,600	173,300	80,600	61,200	79,300	18,400	35,800	100.0	38.6	18.0	13.6	17.7	4.1	8.0
Dependent in mobility only . . . . .	141,200	49,200	25,200	24,200	28,700	*	9,400	100.0	34.8	17.1	17.1	20.3	*	6.7
Dependent in continence only . . . . .	142,000	52,300	22,500	28,600	25,300	*	8,700	100.0	36.8	15.8	20.1	17.8	*	6.1
Dependent in both mobility and continence . . . . .	385,600	144,800	61,300	87,600	57,800	14,700	19,400	100.0	37.5	15.9	22.7	15.0	3.8	5.0

<sup>1</sup>Disease group categories based on Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA).  
<sup>2</sup>Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment life care funds, and other sources or no charge.  
<sup>3</sup>Includes a small number of unknowns.  
<sup>4</sup>Only diagnoses of sufficient magnitude are noted.  
<sup>5</sup>Includes those who received no physician visits while in facility.  
<sup>6</sup>Figures may not add to total because resident or discharge may have had more than one reported condition or impairment.  
<sup>7</sup>Unknowns were considered not dependent for the purpose of this index.  
<sup>8</sup>Includes residents who were dependent in at least 2 functions but not classifiable into any of these categories.

Table 42. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976 by primary source of payment, according to selected health services received: United States

Resident health service	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number							Percent distribution						
All residents.....	1,303,100	500,900	26,200	260,700	382,500	63,400	69,200	100.0	38.4	2.0	20.0	27.8	6.4	5.3
<b>Physician service</b>														
Time since last physician visit:														
Less than 1 week.....	268,500	94,000	10,300	65,500	69,300	16,000	13,400	100.0	35.0	3.8	24.4	25.8	6.0	5.0
1 week to less than 2.....	219,000	76,800	5,800	58,200	57,000	10,800	12,300	100.0	35.1	2.7	25.7	26.0	4.9	5.6
2 weeks to less than 1 month.....	370,000	138,000	6,400	85,800	104,800	22,100	14,500	100.0	35.7	1.7	23.2	28.3	6.0	4.0
1 month to less than 3.....	291,100	117,700	-	40,100	101,100	18,000	12,900	100.0	40.4	-	13.8	34.7	6.2	4.4
3 months to less than 6.....	58,200	31,300	-	-	14,700	-	-	100.0	53.8	-	-	25.3	-	-
6 months to less than 12.....	22,300	11,400	-	-	-	-	-	100.0	51.3	-	-	-	-	-
1 year or more.....	17,500	8,800	-	-	-	-	-	100.0	50.7	-	-	-	-	-
No physician visits since entering facility <sup>2</sup> .....	56,700	24,800	-	6,500	7,100	7,600	8,400	100.0	44.0	-	11.5	12.6	13.4	14.9
Time between last 2 physician visits:														
Less than 1 week.....	83,000	27,800	6,300	19,600	18,900	-	6,500	100.0	33.6	7.6	23.6	22.7	-	7.8
1 week to less than 2.....	89,000	33,200	-	21,100	19,900	-	6,600	100.0	37.4	-	23.7	22.3	-	7.4
2 weeks to less than 1 month.....	367,400	129,500	-	107,300	92,300	18,700	14,500	100.0	38.2	-	29.2	25.1	5.1	4.0
1 month to less than 3.....	470,000	171,600	-	86,200	164,500	26,900	16,400	100.0	38.5	-	18.8	35.0	5.7	3.5
3 months to less than 6.....	61,200	32,500	-	-	17,600	-	-	100.0	53.1	-	-	28.8	-	-
6 months to less than 12.....	23,200	11,300	-	-	6,300	-	-	100.0	48.7	-	-	27.2	-	-
1 year or more.....	23,800	10,800	-	-	-	-	-	100.0	45.3	-	-	-	-	-
Not received 2 physician visits since entering facility <sup>2</sup> .....	128,800	59,200	6,700	9,100	32,000	11,700	10,200	100.0	46.0	5.2	7.0	24.6	9.1	7.9
Service given at last physician visit: <sup>3,4</sup>														
Examination.....	1,101,700	429,980	20,000	225,700	309,500	64,000	52,600	100.0	39.0	1.8	20.5	28.1	5.8	4.8
Treatment.....	188,600	68,800	-	40,500	48,700	12,600	13,100	100.0	38.5	-	21.5	25.8	6.7	6.9
Prescription.....	792,900	292,800	15,800	172,500	229,400	46,800	35,600	100.0	38.9	2.0	21.8	28.9	5.9	4.5
Orders for laboratory tests.....	243,700	84,000	6,800	55,000	70,400	14,500	13,000	100.0	34.5	2.8	22.6	28.9	6.0	5.3
Other services.....	72,600	24,600	-	17,900	18,700	-	-	100.0	33.9	-	24.7	25.7	-	-
Location of last physician visit: <sup>4</sup>														
Inside facility.....	1,077,100	390,500	20,600	243,300	312,400	58,600	51,800	100.0	36.3	1.9	22.6	29.0	5.4	4.8
Outside facility.....	169,300	85,500	-	10,800	43,100	17,300	9,000	100.0	50.5	-	6.4	25.5	10.2	5.3
Arrangement for physician services: <sup>4</sup>														
Physician on call.....	169,900	92,400	-	6,500	41,600	16,600	10,200	100.0	54.7	-	3.9	24.6	9.8	6.1
Regularly scheduled physician visits.....	1,057,500	374,800	22,400	244,300	309,400	57,400	49,200	100.0	35.4	2.1	23.1	29.3	5.4	4.7
Other arrangements.....	19,900	8,800	-	-	-	-	-	100.0	44.3	-	-	-	-	-
Employment status of physician: <sup>4</sup>														
Private physician.....	827,000	347,400	17,000	152,600	228,900	47,000	34,000	100.0	42.0	2.1	18.5	27.7	5.7	4.1
Physician assigned by or works for facility.....	386,700	116,400	6,800	94,200	119,100	25,200	25,000	100.0	30.1	1.8	24.4	30.8	6.5	6.5
Other statuses.....	32,700	12,200	-	7,200	7,500	-	-	100.0	37.3	-	22.0	22.6	-	-
Level of care received														
Nursing care:														
Intensive.....	571,400	212,300	17,700	144,300	138,700	32,800	25,700	100.0	37.1	3.1	25.2	24.3	5.7	4.5
Other.....	530,200	203,000	6,000	89,500	177,300	28,400	24,900	100.0	38.3	1.1	16.9	33.4	5.6	4.7
Personal care.....	187,800	79,100	-	26,100	44,900	18,100	16,000	100.0	42.2	-	13.9	23.9	10.2	8.5
Neither nursing nor personal care.....	13,800	6,500	-	-	-	-	-	100.0	47.2	-	-	-	-	-

See footnotes at end of table.



Table 42. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976 by primary source of payment, according to selected health services received: United States—Con.

Resident health service	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
<u>Therapy service</u>														
No therapy service during last month <sup>2</sup> .....	847,100	329,800	11,100	151,100	245,700	61,000	48,300	100.0	38.9	1.3	17.8	29.0	7.2	5.7
Therapy service during last month <sup>2</sup> .....	456,000	171,100	15,100	109,600	116,900	22,400	20,900	100.0	37.5	3.3	24.0	25.6	4.9	4.6
Physical therapy .....	178,900	62,300	12,800	48,700	37,000	8,100	10,000	100.0	34.8	7.1	27.2	20.7	4.5	5.6
Recreational therapy .....	261,300	99,300	5,800	66,100	70,700	11,400	7,900	100.0	38.0	2.2	25.3	27.1	4.4	3.0
Occupational therapy .....	76,700	28,100	"	17,700	19,000	5,500	"	100.0	36.7	"	23.1	24.8	7.1	"
Speech or hearing therapy .....	12,200	"	"	"	"	"	"	100.0	"	"	"	"	"	"
Counseling by social worker .....	91,400	30,400	"	21,400	28,000	"	"	100.0	33.3	"	23.4	30.7	"	"
Counseling by mental health worker .....	17,800	"	"	"	5,600	"	"	100.0	"	"	"	31.7	"	"
Reality orientation .....	86,500	34,500	"	21,200	21,700	"	"	100.0	39.9	"	24.5	25.1	"	"
Other therapy services .....	22,200	9,200	"	"	"	"	"	100.0	41.5	"	"	"	"	"
<u>Other health services</u>														
Flu shot within last 12 months <sup>3</sup> .....														
Received .....	545,900	202,700	"	106,900	176,000	36,600	23,500	100.0	37.1	"	19.6	32.2	6.5	4.3
Did not receive .....	282,700	97,800	"	70,900	84,400	17,900	10,100	100.0	34.6	"	25.1	29.9	6.3	3.6
Caught flu within last 9 months .....	23,900	9,300	"	"	8,000	"	"	100.0	38.9	"	"	33.5	"	"
Special diet within last 7 days														
No special diet .....	735,600	303,100	14,400	115,800	206,600	52,200	43,600	100.0	41.2	2.0	15.7	28.1	7.1	5.9
Special diet <sup>4</sup> .....	567,500	197,600	11,800	144,900	156,000	31,300	25,700	100.0	34.9	2.1	25.5	27.5	5.5	4.5
Low sodium .....	185,100	69,200	"	46,400	47,800	8,600	8,300	100.0	37.4	"	25.0	25.7	4.6	4.5
Diabetic .....	163,200	54,400	"	42,600	50,600	6,600	6,900	100.0	33.4	"	26.1	31.0	4.0	4.2
Soft .....	103,600	35,900	"	27,400	22,700	9,100	6,300	100.0	34.7	"	26.4	21.9	8.8	6.0
Weight loss .....	40,400	11,500	"	10,300	14,500	"	"	100.0	28.4	"	25.5	35.8	"	"
Bland .....	44,400	15,400	"	12,400	11,300	"	"	100.0	34.8	"	27.9	25.4	"	"
Other .....	101,500	36,400	"	30,300	23,000	"	"	100.0	35.9	"	29.8	22.7	"	"

See footnotes at end of table.

Table 42. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1978 by primary source of payment, according to selected health services received: United States—Con.

Discharge health service	Primary source of payment for discharges in 1978													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number							Percent distribution						
All discharges.....	1,117,500	419,500	189,600	201,600	191,000	42,400	73,900	100.0	37.5	17.0	18.0	17.1	3.8	6.6
<u>Physician service</u>														
Time since last physician visit:														
Less than 1 week.....	531,500	181,800	124,200	98,800	73,200	15,500	38,000	100.0	34.2	23.4	18.6	13.8	2.9	7.2
1 week to less than 2.....	144,700	56,200	21,700	28,600	23,900	*	7,500	100.0	38.8	15.0	19.8	16.5	*	5.2
2 weeks to less than 1 month.....	158,600	59,100	13,800	31,300	37,300	*	11,000	100.0	37.3	8.7	18.8	23.5	*	7.0
1 month to less than 3.....	93,400	37,400	*	13,500	26,700	*	*	100.0	40.1	*	14.4	28.6	*	*
3 months to less than 6.....	16,700	*	*	*	*	*	*	100.0	*	*	*	*	*	*
6 months to less than 12.....	8,400	*	*	*	*	*	*	100.0	*	*	*	*	*	*
1 year or more.....	*	*	*	*	*	*	*	100.0	*	*	*	*	*	*
No physician visits while in facility <sup>2</sup> .....	160,300	74,300	21,200	24,300	22,700	7,900	9,600	100.0	48.3	13.2	15.2	14.2	4.9	6.1
<u>Service given at last physician visit:<sup>3,4</sup></u>														
Examination.....	867,800	314,600	148,500	163,100	155,600	29,600	56,400	100.0	38.3	17.1	18.8	17.9	3.4	6.5
Treatment.....	164,700	59,800	24,100	33,200	25,300	8,300	14,000	100.0	38.3	14.6	20.2	15.4	5.0	8.5
Prescription.....	525,100	191,300	79,400	102,100	98,900	18,200	35,100	100.0	36.4	15.1	19.4	18.8	3.5	6.7
Orders for laboratory tests.....	178,200	59,200	31,600	39,900	30,100	*	11,400	100.0	33.2	17.7	22.4	16.9	*	8.4
Other service.....	81,600	25,100	9,600	21,200	16,100	*	*	100.0	30.8	11.7	26.0	19.7	*	*
<u>Level of care received</u>														
<u>Nursing care:</u>														
Intensive.....	627,600	233,100	108,300	131,500	102,400	19,600	32,700	100.0	37.1	17.3	20.9	16.3	3.1	5.2
Other.....	371,800	138,800	70,200	52,400	68,000	15,400	27,200	100.0	37.3	18.9	14.1	18.3	4.1	7.3
Personal care or none.....	118,000	47,700	11,100	17,800	20,600	7,400	13,400	100.0	40.4	9.4	15.1	17.5	6.2	11.4
<u>Therapy service</u>														
No therapy service during last month <sup>5</sup> .....	715,500	289,700	96,200	120,800	140,700	29,200	39,800	100.0	40.4	13.4	16.9	19.7	4.1	5.6
Therapy service during last month <sup>5</sup> .....	402,000	130,800	93,400	80,800	50,300	13,200	33,500	100.0	32.5	23.2	20.1	12.5	3.3	8.3
Physical therapy.....	231,300	71,300	79,300	36,100	21,500	*	18,800	100.0	30.8	34.3	15.6	9.2	*	8.1
Recreational therapy.....	144,200	52,200	20,300	32,500	22,500	*	9,700	100.0	36.2	14.1	22.6	15.6	*	6.7
Occupational therapy.....	65,900	16,000	22,100	13,000	*	*	*	100.0	24.3	33.5	19.7	*	*	*
Speech or hearing therapy.....	16,800	*	7,300	*	*	*	*	100.0	43.6	*	*	*	*	*
Counseling by social worker.....	88,200	23,900	15,400	18,900	16,900	*	10,100	100.0	27.0	17.4	21.5	19.2	*	11.4
Counseling by mental health worker.....	21,200	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Reality orientation.....	46,600	16,900	*	11,200	7,800	*	*	100.0	36.0	*	24.0	16.7	*	*
Other.....	24,300	8,900	*	*	*	*	*	100.0	36.7	*	*	*	*	*
<u>Other health services</u>														
<u>Flu shot within last 12 months:<sup>6</sup></u>														
Received.....	119,400	42,900	*	30,000	34,800	*	*	100.0	35.9	*	25.1	28.5	*	*
Did not receive.....	152,100	48,600	*	39,200	45,000	8,700	*	100.0	31.9	*	23.8	29.6	5.7	*
Caught flu within last 9 months.....	9,000	*	*	*	*	*	*	100.0	*	*	*	*	*	*
<u>Special diet within last 7 days:</u>														
No special diet.....	466,600	165,800	93,900	93,700	69,200	16,600	27,300	100.0	35.5	20.1	20.1	14.8	3.6	5.9
Special diet.....	650,800	253,800	95,800	107,900	121,800	25,700	45,000	100.0	39.0	14.7	16.6	18.7	4.0	7.1
Low sodium.....	141,500	47,800	31,400	25,900	19,900	*	11,100	100.0	33.8	22.2	18.3	14.0	*	7.9
Diabetic.....	114,700	43,400	20,000	24,900	18,700	*	*	100.0	37.8	17.5	21.7	16.3	*	*
Soft.....	91,600	31,900	19,000	18,800	12,000	*	*	100.0	34.8	20.7	20.5	13.1	*	*
Weight loss.....	11,400	*	*	*	*	*	*	100.0	*	*	*	*	*	*
Bland.....	39,500	18,700	*	*	7,300	*	*	100.0	47.2	*	*	18.5	*	*
Other.....	120,200	40,600	23,200	26,300	17,700	*	6,200	100.0	33.8	19.3	21.9	14.7	*	6.8

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

<sup>2</sup>Includes a small number of unknowns.

<sup>3</sup>Figures do not add to totals because multiple responses were permitted.

<sup>4</sup>Excludes those who had received no physician visits after entering facility.

<sup>5</sup>Excludes those who were in the facility less than 12 months.

Table 43. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976 by primary source of payment, according to selected nursing home characteristics: United States

Nursing home characteristic	Primary source of payment for residents in 1977													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number							Percent distribution						
All residents .....	1,303,100	500,900	26,200	260,700	362,600	83,400	69,200	100.0	38.4	2.0	20.0	27.8	6.4	5.3
<b>Ownership</b>														
Proprietary.....	888,800	333,400	14,900	178,400	263,300	65,200	33,600	100.0	37.5	1.7	20.1	29.6	7.3	3.8
Voluntary nonprofit .....	281,800	130,200	7,300	52,100	60,300	10,400	21,600	100.0	46.2	2.6	18.5	21.4	3.7	7.7
Government .....	132,500	37,300	*	30,200	39,100	7,900	14,100	100.0	28.1	*	22.8	29.5	6.0	10.6
<b>Certification</b>														
Skilled nursing facility only.....	269,600	111,800	12,300	111,700	...	20,800	13,100	100.0	41.5	4.6	41.4	...	7.7	4.8
Skilled nursing facility and intermediate care facility.....	527,800	187,000	13,900	149,000	158,900	17,200	21,900	100.0	31.6	2.6	28.2	30.1	3.2	4.1
Intermediate care facility only .....	368,200	133,800	...	...	203,800	19,400	11,300	100.0	36.3	...	...	55.3	5.3	3.1
Not certified.....	137,500	88,400	...	...	...	26,200	23,000	100.0	64.2	...	...	...	19.0	16.7
<b>Bed size</b>														
Less than 50 beds.....	167,900	83,300	*	14,000	41,000	17,600	9,100	100.0	49.6	*	8.3	24.4	10.5	5.4
50-99 beds.....	397,000	156,800	*	73,000	111,400	32,200	18,700	100.0	39.5	*	18.4	28.1	8.1	4.7
100-199 beds.....	505,200	194,200	13,000	102,300	152,500	23,000	20,200	100.0	38.4	2.6	20.2	30.2	4.6	4.0
200 beds or more.....	233,000	66,700	5,400	71,500	57,700	10,700	21,200	100.0	28.6	2.3	30.7	24.8	4.6	9.1
<b>Location</b>														
<b>Geographic region:</b>														
Northeast.....	292,100	101,100	9,500	88,800	66,800	11,000	14,800	100.0	34.6	3.3	30.4	22.9	3.8	5.1
North Central.....	449,400	200,100	6,800	57,800	131,200	29,300	24,200	100.0	44.5	1.5	12.9	29.2	6.5	5.4
South .....	354,700	114,300	*	48,800	137,300	29,200	20,300	100.0	32.2	*	13.3	38.7	8.2	5.7
West.....	207,000	85,500	5,100	65,200	27,400	13,900	10,000	100.0	41.3	2.5	31.5	13.2	6.7	4.8
<b>Standard Federal administrative region:</b>														
Region I.....	85,600	30,700	*	17,300	28,200	*	5,500	100.0	35.9	*	20.2	33.0	*	6.5
Region II.....	138,300	40,800	5,600	51,300	28,500	6,700	5,400	100.0	29.5	4.1	37.1	20.6	4.9	3.9
Region III.....	107,800	43,300	*	25,700	23,300	*	7,500	100.0	40.2	*	23.9	21.6	*	6.9
Region IV.....	175,300	57,900	*	37,400	56,600	11,800	8,700	100.0	33.0	*	21.3	32.3	6.7	5.0
Region V.....	318,200	133,600	6,100	53,500	89,000	18,800	17,200	100.0	42.0	1.9	16.8	28.0	5.9	5.4
Region VI.....	142,700	43,400	*	6,100	69,100	14,200	8,400	100.0	30.4	*	4.3	48.4	10.0	5.9
Region VII.....	115,800	60,700	*	*	38,300	8,900	6,400	100.0	52.4	*	*	33.0	7.7	5.5
Region VIII.....	60,900	19,500	*	14,700	13,100	*	*	100.0	38.2	*	28.8	25.8	*	*
Region IX.....	124,000	54,100	*	45,700	*	8,100	7,500	100.0	43.6	*	36.8	*	6.5	6.1
Region X.....	44,600	17,000	*	8,200	12,400	*	*	100.0	38.1	*	18.3	27.8	*	*
<b>Type of facility</b>														
Nursing care.....	1,113,300	412,600	21,400	243,900	324,600	59,000	51,900	100.0	37.1	1.9	21.9	29.2	5.3	4.7
All other.....	189,800	88,400	*	16,700	38,100	24,400	17,400	100.0	46.5	*	8.8	20.0	12.9	9.2

See footnotes at end of table.

Table 43. Number and percent distribution of residents of nursing homes in 1977 and discharges in 1976 by primary source of payment, according to selected nursing home characteristics: United States—Con.

Nursing home characteristic	Primary source of payment for discharges in 1976													
	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>	All sources	Own income or family support	Medicare	Medicaid		Other government assistance or welfare	All other sources <sup>1</sup>
				Skilled	Inter-mediate						Skilled	Inter-mediate		
	Number						Percent distribution							
All discharges .....	1,117,500	419,500	189,600	201,600	191,000	42,400	73,300	100.0	37.5	17.0	18.0	17.1	3.8	6.6
<b>Ownership</b>														
Proprietary.....	803,100	313,200	120,100	152,500	143,900	35,200	36,200	100.0	39.0	15.0	19.0	17.9	4.4	4.8
Voluntary nonprofit.....	225,100	84,500	54,800	30,600	29,500	*	21,200	100.0	37.5	24.3	13.6	13.1	*	9.4
Government.....	89,200	21,800	14,700	18,500	17,700	*	13,900	100.0	24.4	16.4	20.7	19.8	*	15.6
<b>Certification</b>														
Skilled nursing facility only.....	379,000	127,900	103,500	88,000	21,600	15,500	22,400	100.0	33.8	27.3	23.2	5.7	4.1	5.9
Skilled nursing facility and intermediate care facility.....	448,400	149,800	79,900	107,200	75,200	9,900	26,400	100.0	33.4	17.8	23.9	16.8	2.2	5.9
Intermediate care facility only.....	210,400	93,300	*	*	89,700	7,900	9,500	100.0	44.3	*	*	42.6	3.7	4.5
Not certified.....	79,600	48,500	*	*	*	9,200	15,000	100.0	60.9	*	*	*	11.5	18.8
<b>Bed size</b>														
Less than 50 beds.....	150,000	65,100	23,900	15,700	23,100	*	15,900	100.0	43.4	16.0	10.5	15.4	*	10.6
50-99 beds.....	323,800	133,200	47,500	54,300	51,900	16,400	20,400	100.0	41.1	14.7	16.8	16.0	5.1	6.3
100-199 beds.....	479,500	174,300	91,400	84,900	91,100	13,800	24,000	100.0	36.3	19.1	17.7	19.0	2.9	5.0
200 beds or more.....	164,200	47,000	26,700	46,600	24,900	*	13,100	100.0	28.7	16.2	28.4	15.1	*	8.0
<b>Location</b>														
<b>Geographic region:</b>														
Northeast.....	247,100	80,100	59,200	51,900	38,600	*	10,600	100.0	32.4	24.0	21.0	15.6	*	4.3
North Central.....	336,600	151,800	51,700	44,000	58,500	12,000	18,700	100.0	45.1	15.4	13.1	17.4	3.6	5.5
South.....	270,900	94,100	33,100	42,700	71,200	12,100	17,700	100.0	34.7	12.2	15.8	26.3	4.5	6.5
West.....	262,800	93,700	45,500	63,100	22,700	11,600	26,300	100.0	35.6	17.3	24.0	8.6	4.4	10.0
<b>Standard Federal administrative region:</b>														
Region I.....	54,200	22,300	*	10,400	12,900	*	*	100.0	41.1	*	19.2	23.8	*	*
Region II.....	113,900	34,800	18,200	32,400	20,800	*	*	100.0	30.6	16.0	28.4	18.2	*	*
Region III.....	102,600	33,300	38,400	12,100	10,100	*	*	100.0	32.5	37.4	11.8	9.8	*	*
Region IV.....	131,000	46,900	13,400	32,400	22,500	*	*	100.0	35.8	10.2	24.7	17.2	*	7.1
Region V.....	273,600	119,100	47,700	40,300	43,400	8,600	14,400	100.0	43.5	17.4	14.7	15.9	3.1	5.3
Region VI.....	119,800	38,400	17,200	7,300	45,400	*	*	100.0	32.0	14.3	6.1	37.9	*	*
Region VII.....	58,200	29,700	*	*	14,300	*	*	100.0	51.1	*	*	24.6	*	*
Region VIII.....	31,800	13,000	*	*	*	*	*	100.0	41.0	*	*	*	*	*
Region IX.....	188,300	64,300	33,700	46,800	10,100	10,200	23,100	100.0	34.2	17.9	24.9	5.4	5.4	12.3
Region X.....	44,200	17,700	*	10,800	*	*	*	100.0	40.0	*	24.4	*	*	*
<b>Type of facility</b>														
Nursing care.....	991,900	373,500	165,800	189,000	172,500	34,400	56,700	100.0	37.7	16.7	19.0	17.4	3.5	5.7
All other.....	125,500	46,000	23,800	12,700	18,500	7,900	16,600	100.0	36.7	19.0	10.1	14.7	6.3	13.2

<sup>1</sup> Includes religious organizations, foundations, volunteer agencies, Veterans Administration contract, initial payment-life care funds, and other sources or no charge.  
 NOTES: Figures may not add to total due to rounding.  
 Nursing home characteristics for 1977.

# APPENDIXES

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## APPENDIX I

### TECHNICAL NOTES ON METHODS

#### SURVEY DESIGN

From May 1977 through December 1977, the Division of Health Resources Utilization Statistics (DHRUS) conducted the 1977 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 DHRUS in conjunction with a group of experts in various fields encompassing the broad area of long-term care. The NNHS was the second of a series of surveys designed to satisfy the diverse data needs of those who establish standards for, plan, provide, and assess long-term care services. The first survey was conducted from August 1973 through April 1974.

#### Sampling Frame

The 1977 NNHS covered all types of nursing homes including nursing care homes, personal care homes with nursing, personal care homes, and domiciliary care homes. Places that provided room and board only were excluded. Facilities were either freestanding establishments or nursing care units of hospitals, retirement centers, or similar institutions where the unit maintained financial and resident records separate from those of the larger institutions. Detailed criteria for classifying facilities included in the survey are presented in appendix IV.

The universe for the 1977 NNHS consisted of two groups of homes: those classified as nursing homes in the 1973 Master Facility Inventory (MFI)<sup>11</sup> and nursing homes opening for business since 1973. The major group (92 percent) was

composed of all nursing homes as classified in the 1973 MFI. The MFI is a census of all inpatient health facilities conducted every 2-3 years by mail by the National Center for Health Statistics. A detailed description of how the MFI was developed, its contents, and procedures for updating and assessing its coverage has been published.<sup>12-14</sup>

In order for data collection to begin in May of 1977, the sampling frame was "frozen" in December of 1976 so that the sample would be selected in ample time to permit the scheduling of nationwide data collection. To obtain as current a sample frame as possible, all nursing homes that opened for business after the 1973 MFI was conducted were also included in the universe. (Nursing homes that opened after December 1976 could not be included since data about them were not yet available.) The nursing homes that opened after the 1973 MFI but before December 1976 comprised the second and smaller (8 percent) group of facilities in the universe. Information about this second group of facilities was limited compared with the first group which was listed in the 1973 MFI.

Estimates from the 1977 NNHS will not correspond precisely to figures from the 1976 MFI census for several reasons. In addition to the differences in time period, the surveys used different data collection mechanisms. The MFI is a mail survey but the NNHS is conducted by personal interview. Thus the NNHS methodology permitted more detailed identification and exclusion of facilities that were out of scope. Because the NNHS is a sample survey, its data are subject to sampling variability; because the MFI is a census, its data are not. In general, however, the data from the two sources are compatible.

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NOTE: A list of references follows the text.

## Sampling Design

The sampling was basically a stratified two-stage probability design. The first stage was a selection of facilities and the second stage was a selection of each of the following: residents, persons discharged in 1976, and employees from the sample facilities. In preparation of the first-stage sample selection, two different procedures were used: one for facilities listed in the MFI with known bed size and another for newly opened facilities whose bed size and service type were unknown. The procedure for facilities in the MFI with known bed size consisted of sorting these facilities into two types of service strata: (1) nursing care homes and (2) facilities providing all other types of service (including personal care homes with nursing, personal care homes, domiciliary care homes, and facilities with unknown service type). Nursing homes in each of these two service strata were then sorted into bed-size groups, producing the first 16 primary strata shown in table I. Within each primary stratum, nursing homes were ordered by type of ownership, geographic region, State, and county. The sample within the first 16 strata was then selected systematically after a random start within each primary stratum. The procedure for newly opened facilities whose size and service type were unknown was a double-sampling scheme. In the first step, a random subset of one-third of these facilities (587 nursing homes) was selected, and bed-size information was determined for them by telephone contact. Using the newly gathered information on bed size, this subset of facilities was then sorted into bed-size groups producing the last 8 strata shown in table I. Within each of these bed-size strata, nursing homes were ordered by geographic region, State, and ZIP code. (Although the first group of facilities from the MFI was ordered by type of ownership and county, this subset was not arranged the same way because information on these variables was not available.) In the second step, the final sample within the last 8 strata was then selected systematically after a random start within each primary stratum. Table I shows the entire distribution of facilities in the sampling frame and the final disposition of the sample with regard to response and in-scope status.

The number of nursing homes estimated by the survey (18,900) is less than the universe figure (23,105), as well as the number of nursing homes in the 1976 MFI (20,185), 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 (e.g., facilities providing only room and board) or if it were a nursing care unit or wing of a hospital, retirement center, or similar institution without separate financial and resident records for that unit. The NNHS methodology included a thorough procedure for identifying out-of-scope facilities. For these same reasons, the 1973-74 NNHS estimate differed from the universe figure by 1,900.<sup>9</sup> In addition, the large number of newly opened facilities in the sampling frame, for which limited information on services provided was available, resulted in a larger proportion of facilities (10 percent) later identified as out of scope in comparison with the 1973-74 NNHS (7 percent).

The second-stage sampling of residents, discharges in 1976, and employees was carried out by the interviewers at the time of their visits to the facilities in accordance with specific instructions given for each sample facility. 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 had a bed maintained for them at the facility were included in the sample frame. An average of five residents per facility were in the sample.

The sample frame for discharges was the total number of persons discharged alive or dead during calendar year 1976. Persons who were discharged more than once during 1976 were listed for each discharge. It is possible that a current resident was included in the discharge sampling frame if he or she were discharged during 1976. An average of four discharges per facility were in the sample.

The sampling frame for employees was the Staff Sampling List (see appendix III) on which the interviewer listed the names of all staff providing direct or health-related services (including



Table I. Number of facilities in the 1977 National Nursing Home Survey universe and sample, by disposition and sampling strata: Conterminous United States, 1977

Sampling strata	Universe (sampling frame) <sup>1</sup>	Sample			
		All facilities	Out of scope or out of business	In scope and in business	
				Non-responding	Responding
		Number of facilities			
All types of service .....	23,105	1,698	166	81	1,451
Nursing care .....	13,230	1,292	95	68	1,129
Less than 15 beds .....	676	11	3	0	8
15-24 beds .....	1,195	30	8	1	21
25-49 beds .....	3,168	158	25	6	127
50-99 beds .....	4,775	398	17	17	364
100-199 beds .....	2,864	477	18	32	427
200-299 beds .....	402	134	6	6	122
300-599 beds .....	133	67	12	6	49
600 beds or more .....	17	17	6	0	11
All other types of service <sup>2</sup> .....	8,116	318	57	8	253
Less than 15 beds .....	3,431	35	13	0	22
15-24 beds .....	1,166	17	5	0	12
25-49 beds .....	1,108	34	11	0	23
50-99 beds .....	1,202	60	5	1	54
100-199 beds .....	913	91	11	3	77
200-299 beds .....	173	34	4	2	28
300-599 beds .....	92	31	4	1	26
600 beds or more .....	31	16	4	1	11
Unknown type of service .....	1,759	...	...	...	...
Bed size known <sup>3</sup> .....	587	88	14	5	69
Less than 15 beds .....	107	3	1	0	2
15-24 beds .....	96	4	3	1	0
25-49 beds .....	128	12	6	0	6
50-99 beds .....	113	16	1	1	14
100-199 beds .....	122	40	2	2	36
200-299 beds .....	16	8	0	1	7
300-599 beds .....	5	5	1	0	4
600 beds .....	0	0	0	0	0
Bed size unknown .....	1,172	...	...	...	...

<sup>1</sup>The universe consisted of the nursing homes as classified in the 1973 Master Facility Inventory and facilities opened for business from 1973 to 1976.

<sup>2</sup>Includes personal care homes (with or without nursing), domiciliary care homes, and facilities with unknown service type.

<sup>3</sup>In order to improve estimates of the 1,759 facilities for which both service type and bed size were unknown, bed sizes were determined for a one-third sample (587 facilities). These facilities were then stratified by bed size before sample selection.

contract personnel employed last month) and sampled contract, administrative, medical, therapeutic, and nursing staff. Those generally *not* involved in direct patient care, such as office staff, food service, housekeeping, and maintenance personnel were excluded from the sample. The interviewer used predesignated sampling instructions that appeared at the head of each

column of this form. An average of 10 staff per facility were in the sample.

In order to reduce respondent burden, restrictions were placed on the number of residents, discharges, and staff sampled in each facility. Sampling rates were predesignated by the size classification of the facility but sampling rates were altered when necessary to assure that

the samples did not exceed the specified maximum of 8 for residents, 8 for discharges, and 23 for employees.

### **Data Collection Procedures for the 1977 National Nursing Home Survey**

The 1977 NNHS utilized eight questionnaires (see appendix III for facsimiles of questionnaires):

Facility Questionnaire

Expense Questionnaire and Definition Booklet

Staff Sampling List

Staff Questionnaire

Current Resident Sampling List

Current Resident Questionnaire

Discharged Resident Sampling List

Discharged Resident Questionnaire

Data were collected according to the following procedures:

1. A letter was sent to the administrator of sample facilities informing him of the survey and 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 Nursing Home Administrators, the American Health Care Association, and the National Council of Health Care Services urging the administrator to participate in the survey. A summary report from the previous survey in 1973-74 was also enclosed to illustrate the kind and use of data obtained from the survey.
2. Several days to 1 week after the letters had been mailed, the interviewer telephoned the sample facility and made an appointment with the administrator.
3. At the time of the appointment the Facility Questionnaire was completed by

the interviewer who questioned the administrator or owner of the nursing home. After completing this form, the interviewer secured the administrator's authorization for completion of the Expense Questionnaire. Possible respondents to the Expense Questionnaire include accountants, administrators of the facilities, and other knowledgeable staff members. Results from the survey indicate that the respondents were evenly divided into two groups: (1) accountants located outside the facility and (2) administrators and other staff members, such as bookkeepers, based in the facility. Where data in prepared financial statements were comparable to data requested in the Expense Questionnaire, the respondent provided the facility's financial statement to a specially trained NNHS accountant who abstracted data to complete the Expense Questionnaire. This occurred in one-third of the cases. The interviewer completed the Staff Sampling List (a list of all currently employed staff who provided direct or health-related services), selected the sample of staff from it, and prepared Staff Questionnaires. These were left for each sample staff person to complete, seal in an addressed and franked envelope, and return either to the interviewer or by mail. The interviewer completed the Current Resident Sampling List (a list of all residents currently in the facility), selected the sample of residents from it, and completed a 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 in 1976), selected a sample of discharges from it, and completed a Discharged Resident Questionnaire for each sample person by interviewing a member of the nursing staff who re-

ferred to medical records. In larger facilities, a team of two or three interviewers conducted the survey in order to reduce the length of time required in the facility.

Followup on the Staff Questionnaire was initiated 2 weeks after the date of interview. Followup on the Expense Questionnaire was initiated 3 weeks after the date of interview.

Table II presents a summary of the data collection procedures.

## GENERAL QUALIFICATIONS

### Nonresponse and Imputation of Missing Data

Response rates differed for each type of questionnaire:

<i>Questionnaire</i>	<i>Response rate (percent)</i>
Facility	95
Expense	85
Current Resident	99
Discharged Resident	97
Staff	81

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

### Rounding of Numbers

Estimates of facilities, residents, discharges, and employees have been rounded to the nearest hundred. Estimates of total costs and revenues were rounded to the nearest million. 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.

Table II. Summary of data collection procedures

Questionnaire	Respondent	Interview situation
Facility Questionnaire .....	Interviewer with administrator	Interview
Expense Questionnaire .....	Administrator, owner, accountant or bookkeeper	Self-enumerated
Staff Sampling List .....	Interviewer with staff members	Informal interview or copied from records
Staff Questionnaire.....	Sampled staff members	Self-enumerated
Current Resident Sampling List.....	Interviewer with staff member who refers to Current Resident Census	Informal interview or copied from records
Current Resident Questionnaire.....	Interviewer with nurse who refers to medical record	Interview
Discharged Resident Sampling List.....	Interviewer with staff member who refers to discharge records from 1976	Informal interview or copied from records
Discharged Resident Questionnaire.....	Interviewer with nurse who refers to medical record	Interview

## Data Processing

A series of checks were performed during the course of the survey. This included field followups for missing and inconsistent data, some manual editing of the questionnaires, and extensive editing as 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 estimation of number of facilities and facility data not related to size are inflated by the reciprocal of the probability of selecting the sample facilities and adjusted for the nonresponding facilities within primary type of service-size 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 staff data for all primary types of service-size strata.<sup>a</sup> The numerator was the total beds according to the MFI data for all facilities in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the MFI 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 staff data. It is the product of two fractions: the first is the inverse of the sampling fraction for residents (discharges or staff) upon which the selection is based; the second is the

ratio of the number of sample residents (discharges or staff) in the facility to the number of residents (discharges or staff) for whom questionnaires were completed within the facility.

## RELIABILITY OF ESTIMATES

As in any survey, the results are subject to both sampling and nonsampling errors. Nonsampling errors include errors due to response bias, questionnaire and item nonresponse, 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 and field followups for missing and inconsistent data, manual and computer editing, 100-percent verification of all 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 statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and 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. Provisional estimates of the standard errors are presented in this report because final estimates are not yet available.

The chances are about 68 out of 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than 2½ times as large.

The relative standard error of an estimate is the standard error of the estimate divided by the estimate itself and is expressed as a percent of the estimate. Provisional relative standard errors of estimated number of admissions; discharges;

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<sup>a</sup>For nursing homes with unknown bed size and service type, the first-stage ratio adjustment was not included in the estimation of facility, resident, discharge, and staff data.

beds; residents; total staff and nurse's aides; administrative, medical, and therapeutic staff, registered nurses, and licensed practical nurses; facilities; and resident days of care are shown in figures I and II. In this report, estimates that have a relative standard error more than 30 percent of the estimate itself are considered "unreliable." For example, curve D of figure I shows the provisional relative standard errors of estimated number of residents. For a relative standard error of 30 percent or less, the minimum number of residents is 5,100. Thus resident estimates smaller than 5,100 are considered "unreliable" and are replaced 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 B of figure I, an estimate of 7,200 discharges has a relative standard error of 30 percent. Its standard error is  $0.30 \times 7,200 = 2,160$ .

The particular figure or table to which one refers to obtain a standard error is contingent on the type of estimate (e.g., residents) and whether the estimate is a level or a percent. Tables III-XIII show the provisional standard errors for *percent* estimates used in this report for facilities (table III); residents (table IV); discharges (table V); total staff and nurse's aides (table VI); administrative, medical, and therapeutic staff, registered nurses, and licensed practical nurses (table VII); beds (table VIII); admissions (table IX); total costs (table X); labor costs (table XI); operating, fixed, and miscellaneous costs (table XII); and resident days of care (table XIII). Tables XIV-XVI show the provisional standard errors for average total costs; average labor costs; and average operating, fixed, and miscellaneous costs per resident day estimates, respectively. Tables XVII-XIX show the provisional standard errors for occupancy rate, average monthly charge for residents, and average monthly charge for discharges, respectively.

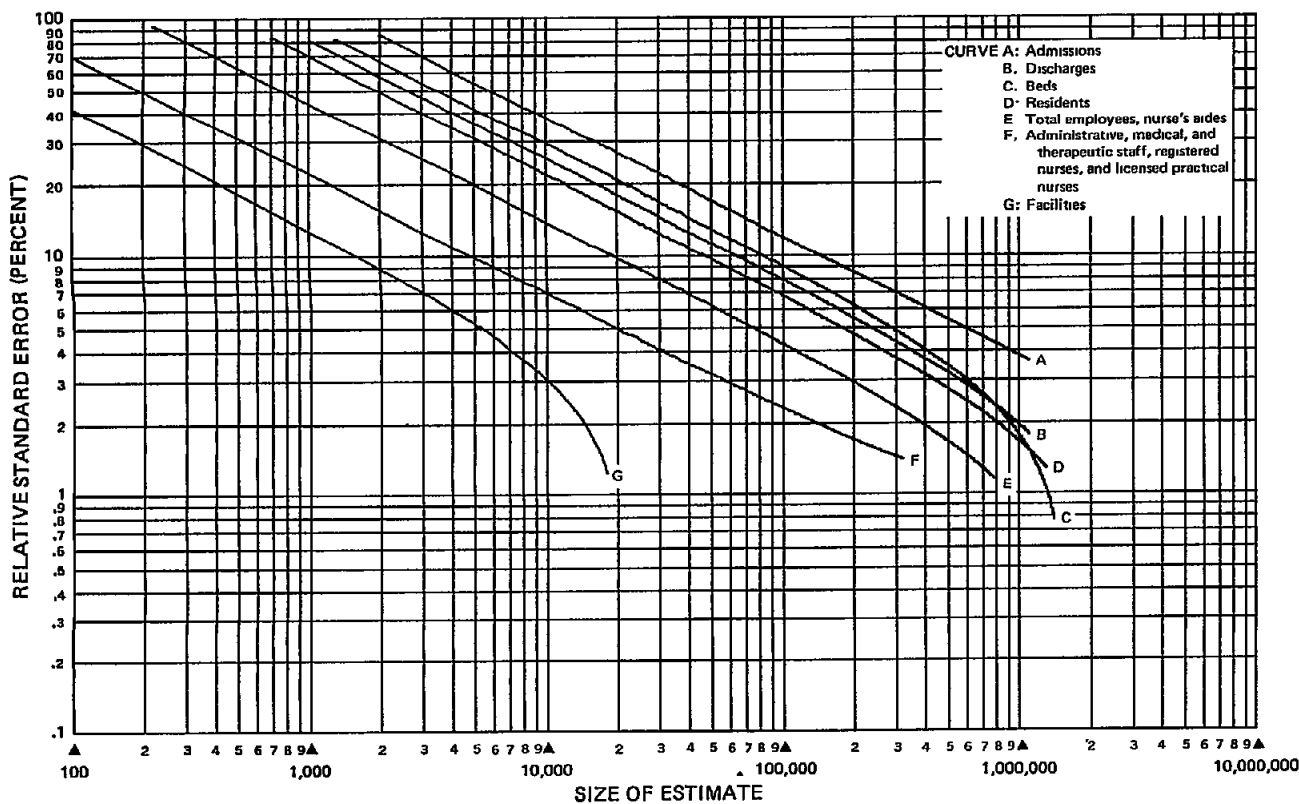


Figure I. Provisional relative standard errors for estimated numbers of admissions, discharges, beds, residents, employees, and facilities

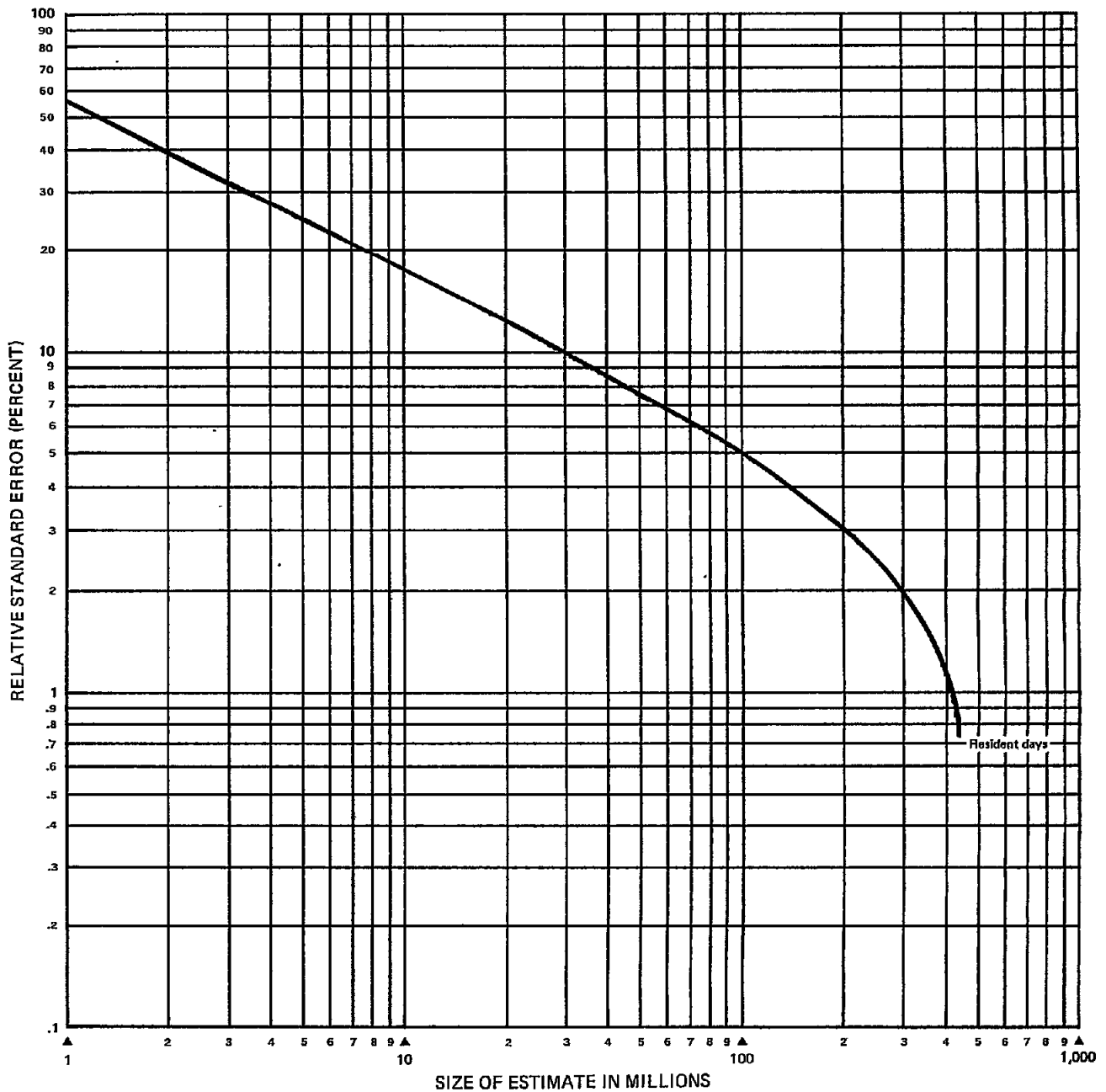


Figure II. Provisional relative standard errors for estimated number of resident days of care

The illustrations that follow show how to use the tables to find the standard error of an estimate.

*Illustration of use of tables III-XIII to find approximate standard errors of percentages of estimates:* Table 43 shows that 41.5 percent of the 269,600 residents in nursing

homes certified only as skilled nursing facilities received care primarily financed by their own income or family support. Linear interpolation between values shown in table IV yields an approximate standard error of 2.1 percent for 41.5 percent with a base of 269,600.

Table III. Provisional standard errors of percentages for facilities

Base of percent (facilities)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
300.....	2.38	7.18	9.58	11.73	11.97
500.....	1.85	5.56	7.42	9.09	9.27
1,000.....	1.31	3.93	5.25	6.43	6.56
2,000.....	0.92	2.78	3.71	4.54	4.64
4,000.....	0.65	1.97	2.62	3.21	3.28
6,000.....	0.53	1.61	2.14	2.62	2.68
8,000.....	0.46	1.39	1.85	2.27	2.32
10,000.....	0.41	1.24	1.66	2.03	2.07
20,000.....	0.29	0.88	1.17	1.44	1.47

Table IV. Provisional standard errors of percentages for residents

Base of percent (residents)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
8,000.....	2.42	7.31	9.74	11.93	12.18
10,000.....	2.17	6.54	8.71	10.67	10.89
20,000.....	1.53	4.62	6.16	7.55	7.70
40,000.....	1.08	3.27	4.36	5.34	5.45
80,000.....	0.77	2.31	3.08	3.77	3.85
100,000.....	0.69	2.07	2.76	3.38	3.44
200,000.....	0.48	1.46	1.95	2.39	2.44
400,000.....	0.34	1.03	1.38	1.69	1.72
600,000.....	0.28	0.84	1.13	1.38	1.41
800,000.....	0.24	0.73	0.97	1.19	1.22
1,000,000.....	0.22	0.65	0.87	1.07	1.09
1,300,000.....	0.19	0.57	0.76	0.94	0.96

Table V. Provisional standard errors of percentages for discharges

Base of percent (discharges)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
10,000.....	2.53	7.64	10.18	12.47	12.73
20,000.....	1.79	5.40	7.20	8.82	9.00
40,000.....	1.27	3.82	5.09	6.23	6.36
60,000.....	1.03	3.12	4.16	5.09	5.20
80,000.....	0.90	2.70	3.60	4.41	4.50
100,000.....	0.80	2.41	3.22	3.94	4.02
200,000.....	0.57	1.71	2.28	2.79	2.85
400,000.....	0.40	1.21	1.61	1.97	2.01
600,000.....	0.33	0.99	1.31	1.61	1.64
800,000.....	0.28	0.85	1.14	1.39	1.42
1,000,000.....	0.25	0.76	1.02	1.25	1.27

Table VI. Provisional standard errors of percentages for total employees and nurse's aides

Base of percent (total employees and nurse's aides)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
3,000.....	2.53	7.62	10.16	12.44	12.70
5,000.....	1.96	5.90	7.87	9.64	9.84
8,000.....	1.55	4.67	6.22	7.62	7.78
10,000.....	1.38	4.17	5.56	6.81	6.95
20,000.....	0.98	2.95	3.93	4.82	4.92
40,000.....	0.69	2.09	2.78	3.41	3.48
60,000.....	0.57	1.70	2.27	2.78	2.84
80,000.....	0.49	1.48	1.97	2.41	2.46
100,000.....	0.44	1.32	1.76	2.15	2.20
200,000.....	0.31	0.93	1.24	1.52	1.56
400,000.....	0.22	0.66	0.88	1.08	1.10
600,000.....	0.18	0.54	0.72	0.88	0.90
900,000.....	0.15	0.44	0.59	0.72	0.73

Table VII. Provisional standard errors of percentages for administrative, medical, and therapeutic staff; registered nurses; and licensed practical nurses

Base of percent (professional employees and nurses)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
800.....	2.44	7.35	9.80	12.00	12.25
1,000.....	2.18	6.57	8.77	10.74	10.96
2,000.....	1.54	4.65	6.20	7.59	7.75
4,000.....	1.09	3.29	4.38	5.37	5.48
6,000.....	0.89	2.68	3.58	4.38	4.47
8,000.....	0.77	2.32	3.10	3.80	3.87
10,000.....	0.69	2.08	2.77	3.39	3.46
20,000.....	0.49	1.47	1.96	2.40	2.45
40,000.....	0.34	1.04	1.39	1.70	1.73
60,000.....	0.28	0.85	1.13	1.39	1.41
100,000.....	0.22	0.66	0.88	1.07	1.10
300,000.....	0.13	0.38	0.51	0.62	0.63

Table VIII. Provisional standard errors of percentages for beds

Base of percent (beds)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
10,000.....	2.93	8.82	11.77	14.41	14.71
20,000.....	2.07	6.24	8.32	10.19	10.40
40,000.....	1.46	4.41	5.88	7.21	7.35
60,000.....	1.19	3.60	4.80	5.88	6.00
80,000.....	1.03	3.12	4.16	5.09	5.20
100,000.....	0.93	2.79	3.72	4.56	4.65
200,000.....	0.65	1.97	2.63	3.22	3.29
400,000.....	0.46	1.40	1.86	2.28	2.33
600,000.....	0.30	1.14	1.52	1.86	1.90
1,000,000.....	0.29	0.88	1.18	1.44	1.47
1,500,000.....	0.24	0.72	0.95	1.18	1.20



Table IX. Provisional standard errors of percentages for admissions

Base of percent (admissions)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
Standard error in percentage points					
20,000 .....	2.66	8.03	10.71	13.11	13.38
40,000 .....	1.88	5.68	7.57	9.27	9.46
60,000 .....	1.54	4.64	6.18	7.57	7.73
80,000 .....	1.33	4.02	5.35	6.56	6.69
100,000 .....	1.19	3.59	4.79	5.86	5.99
200,000 .....	0.84	2.54	3.39	4.15	4.23
300,000 .....	0.69	2.07	2.76	3.39	3.46
600,000 .....	0.49	1.47	1.95	2.39	2.44
800,000 .....	0.42	1.27	1.69	2.07	2.12
1,000,000 .....	0.38	1.14	1.51	1.85	1.89

Table X. Provisional standard errors of percentages for total costs

Base of percent (total cost in dollars)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
Standard error in percentage points					
100,000,000 .....	2.85	8.59	11.46	14.03	14.32
200,000,000 .....	2.01	6.08	8.10	9.92	10.13
300,000,000 .....	1.65	4.96	6.61	8.10	8.27
400,000,000 .....	1.42	4.30	5.73	7.01	7.16
600,000,000 .....	1.16	3.51	4.68	5.73	5.85
800,000,000 .....	1.01	3.04	4.05	4.96	5.06
1,000,000,000 .....	0.90	2.72	3.62	4.44	4.53
2,000,000,000 .....	0.64	1.92	2.56	3.14	3.20
4,000,000,000 .....	0.45	1.36	1.81	2.22	2.26
6,000,000,000 .....	0.37	1.11	1.48	1.81	1.85
10,000,000,000 .....	0.28	0.86	1.15	1.40	1.43

Table XI. Provisional standard errors of percentages for labor costs

Base of percent (labor cost in dollars)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
Standard error in percentage points					
40,000,000 .....	2.70	8.14	10.85	13.29	13.57
60,000,000 .....	2.20	6.65	8.86	10.85	11.08
80,000,000 .....	1.91	5.76	7.68	9.40	9.59
100,000,000 .....	1.71	5.15	6.87	8.41	8.58
200,000,000 .....	1.21	3.64	4.85	5.95	6.07
400,000,000 .....	0.85	2.57	3.43	4.20	4.29
600,000,000 .....	0.70	2.10	2.80	3.43	3.50
800,000,000 .....	0.60	1.82	2.43	2.97	3.03
1,000,000,000 .....	0.54	1.63	2.17	2.66	2.71
2,000,000,000 .....	0.38	1.15	1.54	1.88	1.92
4,000,000,000 .....	0.27	0.81	1.09	1.33	1.36
6,000,000,000 .....	0.22	0.66	0.89	1.09	1.11

Table XII. Provisional standard errors of percentages for operating, fixed, and miscellaneous costs

Base of percent (operating, fixed, and miscellaneous costs in dollars)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
7,000,000 .....	2.89	8.73	11.63	14.25	14.54
10,000,000 .....	2.42	7.30	9.73	11.92	12.17
20,000,000 .....	1.71	5.16	6.88	8.43	8.60
40,000,000 .....	1.21	3.65	4.87	5.96	6.08
80,000,000 .....	0.86	2.58	3.44	4.21	4.30
100,000,000 .....	0.77	2.31	3.08	3.77	3.85
200,000,000 .....	0.54	1.63	2.18	2.67	2.72
400,000,000 .....	0.38	1.15	1.54	1.88	1.92
600,000,000 .....	0.31	0.94	1.26	1.54	1.57
1,000,000,000 .....	0.24	0.73	0.97	1.19	1.22
2,000,000,000 .....	0.17	0.52	0.69	0.84	0.86

Table XIII. Provisional standard errors of percentages for resident days of care

Base of percent (resident days of care)	Estimated percent				
	1 or 99	10 or 90	20 or 80	40 or 60	50
	Standard error in percentage points				
5,000,000 .....	2.48	7.48	9.97	12.21	12.46
6,000,000 .....	2.26	6.82	9.10	11.14	11.37
8,000,000 .....	1.96	5.91	7.88	9.65	9.85
10,000,000 .....	1.75	5.29	7.05	8.63	8.81
20,000,000 .....	1.24	3.74	4.98	6.10	6.23
40,000,000 .....	0.88	2.64	3.52	4.32	4.40
60,000,000 .....	0.72	2.16	2.88	3.52	3.60
80,000,000 .....	0.62	1.87	2.49	3.05	3.11
100,000,000 .....	0.55	1.67	2.23	2.73	2.79
200,000,000 .....	0.39	1.18	1.58	1.93	1.97
440,000,000 .....	0.26	0.80	1.06	1.30	1.33

Table XIV. Provisional standard errors for average total cost per resident day of care

Base of ratio (resident days of care)	Average cost per resident day of care					
	\$6.00	\$10.00	\$16.00	\$20.00	\$30.00	\$40.00
	Standard error in dollars					
5,000,000 .....	*	*	4.64	5.37	7.22	9.13
6,000,000 .....	*	*	4.24	4.90	6.58	8.32
8,000,000 .....	*	2.79	3.66	4.24	5.69	7.19
10,000,000 .....	*	2.49	3.27	3.78	5.08	6.42
20,000,000 .....	1.35	1.76	2.30	2.65	3.55	4.49
40,000,000 .....	0.95	1.23	1.60	1.85	2.46	3.10
60,000,000 .....	0.78	1.00	1.29	1.48	1.96	2.47
100,000,000 .....	0.60	0.76	0.97	1.11	1.45	1.81
200,000,000 .....	0.42	0.52	0.64	0.71	0.89	1.08
440,000,000 .....	0.29	0.34	0.36	0.36	---	---

Table XV. Provisional standard errors for average labor cost per resident day of care

Base of ratio (resident days of care)	Average cost per resident day of care					
	\$0.15	\$1.00	\$3.00	\$5.00	\$10.00	\$16.00
	Standard error in dollars					
5,000,000 .....	0.28	0.68	1.15	1.53	2.45	3.60
6,000,000 .....	0.26	0.62	1.05	1.40	2.24	3.28
8,000,000 .....	0.22	0.54	0.91	1.21	1.93	2.84
10,000,000 .....	0.20	0.48	0.82	1.08	1.73	2.54
20,000,000 .....	0.14	0.34	0.58	0.76	1.21	1.78
30,000,000 .....	0.11	0.28	0.47	0.62	0.99	1.44
80,000,000 .....	0.07	0.17	0.29	0.38	0.58	0.84
100,000,000 .....	0.06	0.15	0.26	0.33	0.52	0.74
200,000,000 .....	0.04	0.11	0.18	0.23	0.34	0.47
440,000,000 .....	0.03	0.08	0.13	0.16	0.21	0.25

Table XVI. Provisional standard errors for average operating, fixed, and miscellaneous costs per resident day of care

Base of ratio (resident days of care)	Average cost per resident day of care				
	\$0.25	\$1.00	\$3.00	\$6.00	\$10.00
	Standard error in dollars				
5,000,000.....	*	*	0.68	1.29	2.15
6,000,000.....	*	0.28	0.62	1.18	1.96
10,000,000.....	*	0.22	0.48	0.91	1.51
20,000,000.....	*	0.15	0.34	0.64	1.06
40,000,000.....	0.05	0.11	0.24	0.44	0.73
60,000,000.....	0.04	0.09	0.19	0.36	0.58
80,000,000.....	0.04	0.08	0.16	0.30	0.49
100,000,000.....	0.03	0.07	0.15	0.27	0.43
200,000,000.....	0.02	0.05	0.10	0.18	0.28
440,000,000.....	0.02	0.04	0.07	0.12	0.19

Table XVII. Provisional standard errors for occupancy rate

Base of ratio (beds)	Occupancy rate				
	30	50	80	90	100
	Standard error in percentage points				
10,000 .....	*	*	*	26.98	29.17
20,000 .....	9.76	12.93	17.49	19.01	20.55
40,000 .....	6.89	9.11	12.29	13.35	14.43
60,000 .....	5.61	7.40	9.97	10.83	11.69
80,000 .....	4.85	6.38	8.57	9.31	10.05
100,000 .....	4.32	5.68	7.62	8.27	8.92
200,000 .....	3.02	3.93	5.20	5.63	6.07
400,000 .....	2.08	2.64	3.41	3.66	3.92
600,000 .....	1.66	2.04	2.54	2.70	2.87
1,000,000 .....	1.22	1.40	1.52	1.55	1.60
1,500,000 .....	1.00	1.01	0.51	---	---

*Illustration of use of tables XIV-XIX to find approximate standard errors of rates:* Table 39 shows that the average monthly charge for residents in nursing homes certified only as skilled nursing facilities in 1977 was \$880 with a base number of 269,600 residents (table 43). Linear interpolation between values shown in table XVIII yields an approximate standard error of \$48.20 for the estimate of \$880 with a base of 269,600 residents.

Approximate standard errors of ratios such as full-time equivalent employees per 100 beds can be calculated as in the following example: Suppose the standard error ( $\sigma_{R'}$ ) for the ratio of

Table XVIII. Provisional standard errors for average monthly charge for residents

Base of ratio (residents)	Average monthly charge					
	\$100	\$200	\$400	\$600	\$800	\$1,000
	Standard error in dollars					
10,000 .....	*	*	*	*	229	274
20,000 .....	*	*	97	130	162	194
40,000 .....	29	43	68	92	115	137
60,000 .....	23	35	56	75	94	112
80,000 .....	20	31	48	65	81	97
100,000 .....	18	27	43	58	72	87
200,000 .....	13	19	31	41	51	61
400,000 .....	9	14	22	29	36	43
600,000 .....	7	11	18	24	29	35
1,000,000 .....	6	9	14	18	23	27
1,300,000 .....	5	8	12	16	20	24

Table XIX. Provisional standard errors for average monthly charge for discharges

Base of ratio (discharges)	Average monthly charge					
	\$100	\$200	\$400	\$600	\$800	\$1,000
	Standard error in dollars					
20,000 .....	*	*	113	152	189	227
30,000 .....	*	58	92	124	155	185
40,000 .....	*	50	80	107	134	160
60,000 .....	27	41	65	88	109	131
80,000 .....	24	36	56	76	95	113
100,000 .....	21	32	50	68	85	101
200,000 .....	15	23	36	48	60	71
400,000 .....	11	16	25	34	42	50
600,000 .....	9	13	21	28	34	41
1,000,000 .....	7	10	16	21	27	32
1,100,000 .....	6	10	15	20	25	30

total full-time equivalent (FTE) employees per 100 beds is desired for nursing homes with less than 50 beds. In table 8, the total FTE employees per 100 beds for facilities with less than 50 beds is 45.6 which is equal to a total of 83,400 FTE employees divided by 182,900 beds (table 1) times 100. The relative standard error of 83,400 total FTE employees is (from figure I, curve E) approximately 4.8 percent, and the relative standard error of 182,900 beds (from figure I, curve C) is approximately 6.8 percent. The square root of the sum of the squares of these two relative standard errors minus their covariance provides an approximation for the relative standard error of the ratio. In other

words, letting  $V_{X'}$  be the relative standard error of the number of total FTE employees,  $V_{Y'}$  be the relative standard error of number of beds,  $r$  be the sample correlation coefficient between total FTE employees and beds (conservatively estimated to be 0.5), and  $V_{R'}$  be the relative standard error of the ratio  $R' = X'/Y'$ :

$$\begin{aligned}
 V_{R'}^2 &= V_{X'}^2 + V_{Y'}^2 - 2rV_{X'}V_{Y'} \\
 &= (.048)^2 + (.068)^2 - 1.00(.048 \times .068) \\
 &= .0023 + .0046 - .0033 = .0036 \\
 V_{R'} &= \sqrt{.0036} = .06
 \end{aligned}$$

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:

$$\begin{aligned} \sigma_{R'} &= R' \times V_{R'} \\ &= 45.6 \times .06 \\ &= 2.74 \end{aligned}$$

The sample correlation coefficient ( $r$ ) for calculating the standard error estimates of the ratios presented in this report is assumed to be zero except in the case of full-time equivalent employees per 100 beds, occupancy rate, and cost per resident day ratio estimates where the correlation coefficient used was 0.5.

### HYPOTHESIS TESTING

To test the difference between two statistics (mean, percent, etc.), the standard normal test should be performed to determine whether or

not 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  $H_A: \bar{X}_1 \neq \bar{X}_2$ ). 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 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

$$\frac{Z = \bar{X}_1 - \bar{X}_2}{\sqrt{SE^2(\bar{X}_1) + SE^2(\bar{X}_2)}} > 1.96$$



## APPENDIX II

### DEFINITION OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to Facilities

*Facility.*—Nursing homes included in the 1977 National Nursing Home Survey were those classified by the 1973 Master Facility Inventory (MFI) as nursing care homes, personal care homes with nursing, personal care homes, and domiciliary homes. Also included are nursing homes opened for business between the time the 1973 MFI was conducted and December 1976. A nursing home must have three beds or more and may be either free standing or a distinct unit of a larger facility. (See appendix IV for details.)

*Bed.*—A bed is one that is set up and staffed for use whether or not it was in use by a resident at the time of the survey. Not included are beds used by staff or owners, or beds used exclusively for emergency purposes, solely day care, or solely night care.

*Certified bed.*—A certified bed is one that is certified: (a) as skilled under the Medicare program, under the Medicaid program, or both; or (b) as intermediate under the Medicaid program. (See definition under "Certification" for details.)

*Certification.*—Certification refers to the facility certification by the Medicare and/or Medicaid program(s).

*Medicare.*—Medicare refers to 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.*—Medicaid refers to 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.*—Skilled nursing facility refers to certification as a skilled nursing facility under Medicare, under Medicaid, or under both programs.

*Intermediate care facility.*—Intermediate care facility refers to certification as an intermediate care facility under Medicaid.

*Not certified.*—Not certified refers to facilities that are not certified as providers of care either by Medicare or Medicaid.

*Facility type.*—The criteria for classifying nursing homes are based on the following factors: the percentage of residents receiving nursing care in the week prior to the day of the survey, the availability of registered professional or licensed practical nurses, the administration of medications and treatments in accordance with physician's orders, the supervision over medications that may be self-administered, and the provision of assistance with certain personal services.

*Nursing care.* (See appendix IV for detailed criteria.)

*All other.*—Other types of facilities include those providing personal care with nursing, personal care, or domiciliary care. (See appendix IV for detailed criteria.)

*Financial Variables.*—(See Expense Questionnaire Definition Booklet in appendix III for greater detail concerning terms in this section.)

*Cost, total.*—The total cost of providing care for residents for the facility's most recently completed fiscal year. For about half the facilities, this corresponded to calendar year 1976. For those not reporting for the calendar year, July and October were the most prevalent starting dates. Excluded from total costs are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses not related to the current cost of providing care.

*Labor costs.*—Labor costs consist of wages and salaries, payroll taxes, and fringe benefits.

*Operating costs.*—Operating costs consist of expenses for food and other dietary items; drugs; supplies and equipment; purchased maintenance of buildings, grounds, and equipment; laundry and linen; health care and other services purchased from outside sources; and utilities.

*Fixed costs.*—Fixed costs consist of equipment rental, insurance, taxes and licenses, interest and finance charges, rent on building and land, and amortization of leasehold improvement.

*Miscellaneous costs.*—Miscellaneous costs are for dues, subscriptions, travel, automobile, advertising, other services not included elsewhere, medical and nonmedical fees, and unclassified expenses.

#### *Revenues*

*Patient care.*—Patient care revenues include payments from Medicare, Medicaid, other public assistance or welfare programs, and private sources, as well as other patient revenues for routine or ancillary health care services.

*Nonpatient.*—Nonpatient revenues include financial contributions, grants and subsidies received from churches, foundations, voluntary agencies, government agencies, and similar groups for general operating purposes. They also include all other sources of revenue not directly related to patient health care (such as beauty/barber services and vending machines) as well as any revenues received in the form of interest, dividend, and capital gains.

*Net income.*—Net income refers to revenues minus costs.

*Capital returns.*—Capital returns refer to the net income (i.e., revenues minus costs) plus interest.

*Cash flow.*—Cash flow refers to the net income (i.e., revenues minus costs) plus depreciation.

#### *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:

<i>Region</i>	<i>States included</i>
Northeast .....	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central..	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

Territory of Pacific Islands,  
and American Samoa are  
excluded.)

West ..... Montana, Idaho, Wy-  
oming, Colorado, New  
Mexico, Arizona, Utah,  
Nevada, Washington,  
Oregon, California.  
(Alaska and Hawaii are  
excluded).

Region X..... Idaho, Oregon, Washing-  
ton. (Alaska is excluded.)

*Ownership.*—Type of ownership refers to the  
type of organization that controls and oper-  
ates the nursing home.

*Proprietary facility.*—A proprietary facil-  
ity is operated under private commercial  
ownership.

*Nonprofit facility.*—A nonprofit facility  
is operated under voluntary or non-  
profit auspices, including both church-  
related facilities and those not church-  
related.

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

*Standard Federal Administrative Re-  
gions.*—Facilities are classified by Stand-  
ard Federal Administrative Regions by  
grouping the conterminous States into  
10 regions. These regions correspond to  
those used throughout the Federal Gov-  
ernment:

<i>Region</i>	<i>States included</i>
Region I.....	Connecticut, Maine, Mass- achusetts, New Hampshire, Rhode Island, Vermont
Region II.....	New York, New Jersey. (Puerto Rico and Virgin Islands are excluded.)
Region III.....	Delaware, Maryland, Penn- sylvania, Virginia, West Virginia, District of Co- lumbia
Region IV.....	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Region V.....	Illinois, Indiana, Michigan, Minnesota, Ohio, Wiscon- sin
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, Ne- vada. (Hawaii, Guam, Trust

*Service.*—Type of service refers to classes of  
services offered by a nursing home to either  
residents or nonresidents. These services fall  
into five major categories: health care,  
therapy services provided by professionals  
at the nursing home, homemaking services,  
social services, and other types of services.  
Some of the individual categories are:

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

*Friendly visiting.*—Friendly visiting is a  
service program in which staff of the  
facility regularly visits persons in their  
own homes to maintain personal con-  
tact.

*Homemaker or chore service.*—Home-  
maker or chore service is a program  
under which a staff member of the  
facility periodically visits the house of  
a nonresident to perform basic house-  
keeping services, for example, dusting,  
washing dishes, grocery shopping, etc.

*Telephone check.*—A telephone check  
consists of a daily phone call from the



facility's staff to a nonresident at a pre-arranged time to check on his/her condition.

*Type of Facility.*—(See “Facility type.”)

*Type of Service.*—(See “Service.”)

## Terms Relating to Staff

*Employee.*—An employee is an individual providing direct or health-related services to the residents of the nursing home. Included under this definition are full-time employees, part-time employees, personnel employed under contract who worked in the facility in the month preceding the survey, and members of religious orders who donated their services. Excluded are volunteers who provided enrichment or extra services, contract personnel who did not work in the facility in the last month, and attending physicians who have only private patients in the facility. Also excluded are staff in certain facilities that were units of larger institutions when staff could not specifically be designated as working in the unit.

### *Employment Status*

*Full-time.*—A “full-time” employee worked 35 hours or more in the week prior to the survey.

*Part-time.*—A “part-time” employee worked less than 35 hours in the week prior to the survey.

*Full-time equivalent (FTE).*—Thirty-five hours of part-time employees' work per week is considered equivalent to that of one full-time employee.

*Race/Ethnic Origin.*—Race/ethnic origin refers to the primary racial or ethnic origin as reported by the staff member personally.

*White (not Hispanic).*—White (not Hispanic) refers to a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

*Black (not Hispanic).*—Black (not Hispanic) refers to a person having origins

in any of the black racial groups of Africa.

*Hispanic.*—Hispanic refers to a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

*Other.*—Other refers to a person having origins in the American Indian, Alaska native, or Asian or Pacific Islander groups described as follows:

*American Indian or Alaska native.*—An American Indian or Alaska native is a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

*Asian or Pacific Islander.*—An Asian or Pacific Islander is a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Phillipine Islands, and Samoa.

### *Occupational Categories*

*Administrative and medical staff.*—The administrative and medical staff are those staff members who are administrators, assistant administrators, physicians (M.D. and D.O.), dentists, pharmacists, dietitians or nutritionists, registered medical records administrators, other medical record administrators and technicians, and members of other professional occupations.

*Medical director.*—The medical director is the professional person or group who coordinates the medical activities of the facility, both internally and with respect to Federal and State rules and regulations.

*Other professional occupations.*—Other professional occupations include the categories of psychologist, X-ray technician, and those professional occupations

not included in the administrative and medical staff category.

*Therapeutic staff.*—The therapeutic staff is those staff members who are registered occupational therapists, registered physical therapists, activities directors, social workers, speech pathologists or audiologists, occupational therapist assistants, physical therapist assistants, or social worker technicians and assistants.

*Vacant staff positions.*—Vacant staff positions are unfilled staff positions in the budget of the nursing home.

## Terms Relating to Residents

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

### *Charges and Primary Source of Payment*

*Charge, monthly.*—The monthly charge is the total amount charged to the resident by the facility in the last completed calendar month prior to the survey. It includes all basic charges plus all charges for private duty nursing, drugs, and special medical supplies.

*Primary source of payment.*—The primary source of payment refers to the one payment source that paid the greatest amount of the resident's charge in the last completed calendar month prior to the survey.

*Own income or family support.*—Own income or family support includes health insurance, retirement funds, and social security.

*Medicare.*—Medicare refers to money received under the Medicare program. (See "Facility Certification" for details.)

*Medicaid - skilled.*—Medicaid - skilled refers to money received under the Medicaid program for skilled nursing

care. (See "Facility Certification" for details.)

*Medicaid - intermediate.*—Medicaid - intermediate refers to money received under the Medicaid program for intermediate nursing care. (See "Facility Certification" for details.)

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

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

### *Demographic Items and Outside Living Arrangements*

*Age.*—The age of the resident is age at the date the survey was conducted, calculated from information on date of birth.

*Discharge plans.*—Discharge plans refer to the existence of formal plans for those residents who will be formally discharged within the next 6 months from the time of the survey interview.

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

*Marital status.*—Marital status is that of a resident at the time of the survey.

*Race or ethnicity.*—Race or ethnicity refers to the resident's primary racial or ethnic heritage as perceived by the staff informant. (See definitions under "Race/Ethnic Origin" of staff for the following individual categories.)

*White (not Hispanic)*

*Black (not Hispanic)*

*Hispanic*

*Other*

*American Indian or Alaska native*

*Asian or Pacific Islander*

*Temporary resident.*—A temporary resident is a person who is staying at the facility on a temporary basis, generally for a short time because his usual caretaker is not available.

### *Health Services*

*Level of care received.*—These levels of care are defined in terms of the nursing services actually received by the resident during the 7 days prior to the survey date. Based on the services listed in item 18 and responses to items 13b, 14, 27a, 28a, and 29a of the Resident Questionnaire, the following classifications were made. Each succeeding level is exclusive of the previous levels:

*Intensive nursing care.*—Intensive nursing care includes receiving at least one of the following services:

Bowel/bladder retraining

Catheterization

Full bed bath

Intravenous injections

Oxygen therapy

Tube or intravenous feeding

*Other nursing care.*—Other nursing care includes receiving at least one of the following services:

Application of sterile dressing or bandages

Blood pressure reading

Enema

Hypodermic injections

Irrigation

Temperature - pulse - respiration check

*Personal care.*—Personal care includes receiving at least one of the following services:

Administration of treatment or medications

Help with bathing, dressing, or eating

Rub or massage

Special diet

*Neither nursing nor personal care.*—Neither nursing nor personal care denotes that none of the preceding services were received.

### *Medications during last 7 days*

*Any medication for condition.*—Any medication for condition refers to any medication, prescription or non-prescription, that a resident received within 7 days prior to the survey date for any of the reported conditions or impairments listed in question 13 of the Resident Questionnaire. This does not include physical treatment or apparatus.

*Tranquilizer.*—Tranquilizer refers to whether a resident received a tranquilizer within 7 days prior to the survey date.

*Vitamin or mineral.*—Vitamin or mineral refers to whether a resident received a vitamin or mineral supplement within 7 days prior to the survey date.

### *Physician services*

*Time since last physician visit.*—This is the length of time between the survey date and the last time the resident saw a physician (doctor of medicine or osteopathy) while a resident of the facility for treatment, medication, or examination. Physician visits include those occurring both inside and outside the facility.

*Time between last two physician visits.*—This is the time between the

last physician visit and the visit immediately prior to this, both of which took place while the person was a resident of the facility.

*Special diet within last 7 days.*—The “other” category includes low cholesterol and weight gain diets, as well as others not specifically mentioned in item 18 of the Resident Questionnaire.

*Therapy service.*—Therapy service refers to whether the resident has received any therapy services provided by a licensed, registered, or professionally trained therapist during the calendar month prior to the survey. These services may have been provided either inside or outside the facility.

### Health Status

*Activities of daily living.*—The activities of daily living are six everyday activities (Bathing, Continence, Dressing, Eating, Mobility, and Using Toilet Room) for which the nursing staff respondent reported the resident’s current performance in terms of his need for the help of special equipment or another person.

#### *Bathing*

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

*Requires assistance.*—The resident bathes with the help of special equipment and/or another person.

#### *Continence*

*No difficulty controlling bowels or bladder.*—The resident does not currently have any difficulty in controlling either bowels or bladder.

*Difficulty controlling bowels.*—The resident currently has difficulty in controlling his bowels.

*Difficulty controlling bladder.*—The resident currently has difficulty in controlling his bladder.

*Ostomy in either bowels or bladder.*—The resident has undergone a surgical procedure that results in the creation of an artificial opening for the elimination of waste.

#### *Dressing*

*Independent.*—The resident 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.*—The resident 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.*—The resident 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.*—The resident 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.

#### *Mobility*

*Walks independently.*—The resident does not currently require any assistance in walking. This category also includes those cases in which the information is unknown.

*Walks with assistance.*—The resident currently walks with the help of special equipment and/or another person.

*Chairfast.*—The resident is currently confined to a chair.

*Bedfast.*—The resident is currently confined to a bed.

#### *Using toilet room*

*Independent.*—The resident 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.*—The resident currently uses the toilet room with the help of special equipment and/or another person.

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

*Index of dependency in activities of daily living.*—The index of dependency in activities of daily living, based on the work of Dr. Sidney Katz,<sup>15,16</sup> is a measure that permits the overall classification of individuals according to a “hierarchy” based on dependency in performing the six activities of daily living just described. The index has seven levels of dependence with each successive level indicating greater dependency. The index category, “other,” includes residents who were dependent in at least two functions but not classifiable into any of the categories of the “hierarchy.” The following list of activities is ordered in “hierarchy” sequence and presents the criterion for classifying a resident as *dependent*:

*Bathing.*—This refers to those residents who require assistance.

*Dressing.*—This refers to those residents who require assistance, including those who do not dress.

*Using toilet room.*—This refers to those residents who require assistance or do not use toilet room.

*Mobility.*—This refers to those residents who walk with assistance, are chairfast, or are bedfast.

*Continence.*—This refers to those residents who have difficulty controlling bowels, bladder, or both; or have an ostomy.

*Eating.*—This refers to those residents who require assistance, including those who are tube or intravenously fed.

*Chronic conditions and impairments.*—Chronic conditions and impairments include those long-term physical and mental problems of the resident selected by the nursing staff respondent from a list of 37 conditions and impairments (see item 13a of the Resident Questionnaire). The respondent based the selection upon knowledge of the resident’s health and a check of the resident’s medical record. More than one condition or impairment could be reported.

*Primary diagnosis at last examination.*—The primary diagnosis at last examination was the one condition reported by the nursing staff respondent as the major diagnosis noted at the resident’s latest medical examination. The list of conditions corresponds to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*.<sup>17</sup> The respondent reported the information based on the resident’s medical record.

#### *Sensory impairments*

*Hearing.*—Hearing is the resident’s ability to hear, when wearing a hearing aid, if applicable.

*Partially impaired.*—A resident’s hearing is partially impaired if he

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NOTE: A list of references follows the text.

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.*—A resident's hearing is severely impaired if he can hear only a few words a persons says or loud noises.

*Completely lost.*—A resident's hearing is completely lost if he is deaf.

*Speech.*—Speech is the resident's ability to talk.

*Partially impaired.*—A resident's speech is partially impaired if he can usually be understood but has difficulty with some words. This includes a small number of residents whose speech is impaired but whose level of impairment is unknown.

*Severely impaired.*—A resident's speech is severely impaired if he can be understood only with difficulty and cannot carry on a normal conversation.

*Completely lost.*—A resident's speech is completely lost if it is unintelligible or if the resident cannot speak.

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

*Partially impaired.*—A resident's vision is partially impaired if he 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.*—A resident's vision is severely impaired if he cannot watch television 8-12 feet away, but can recognize the features of familiar persons if they are within 2-3 feet.

*Completely lost.*—A resident's vision is completely lost if he is blind.

*Primary Source of Payment.*—(See "Charges and Primary Source of Payment.")

*Special Aids or Devices Used.*—This includes only those special aids or devices used on a regular basis (see list in item 20 of the Resident Questionnaire). Definitions for selected special aids and devices are presented:

*Cuffs.*—Cuffs are hand or foot devices consisting of a fabric cuff that goes around waist or ankle, with a second strap attaching cuff to side rail or belt. It is used to protect the resident from injuring himself.

*Geriatric chair.*—A geriatric chair is a padded chair or a combination chair/table with small wheels and with a high back. It is designed to support the resident.

*Mechanical feeding device.*—A mechanical feeding device is any adaptive equipment that helps the resident to feed himself.

*Posey belt or similar device.*—A posey belt or similar device is a device that may be used either in a bed or a wheelchair to secure chest, waist, or legs.

*Walker.*—A walker is a device that the resident uses on his own to support himself while walking.

*Other.*—Other special aids or devices include slings, artificial limbs, orthopedic shoes, shower chairs, page turners, and devices other than those listed in the tables.

### Terms Relating to Discharges

*Discharge.*—A discharge is a person who was formally discharged from a nursing home during 1976. Both live and dead discharges are included. Theoretically, the same person can be counted more than once if he was discharged more than once from a nursing home during 1976.

### *Charges and Primary Source of Payment*

*Charge, monthly.*—The monthly charge is the total amount charged to the person during his last full calendar month prior to discharge from the facility. It includes all basic charges plus all charges for private duty nursing, drugs, and special medical supplies.

*Primary source of payment.*—The primary source of payment refers to the one payment source that paid the greatest amount of the patient's charge during the last full calendar month in the facility prior to discharge. (See "Terms Relating to Residents" for specific categories and definitions.)

### *Demographic Items and Outside Living Arrangements*

*Age.*—The age of a discharge is his age at the time of discharge.

*Discharge status.*—The discharge status is whether the person was discharged from the nursing home alive or dead.

*Duration of stay.*—The duration of stay is the period of time between the date of admission and the date of discharge.

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

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

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

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

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

### *Health Services*

*Level of care received.*—These levels of care are defined in terms of the nursing services actually received by the discharge during the 7 days prior to the discharge date. Based on the services listed in item 11 and responses to item 10b of the Discharged Resident Questionnaire, the following classifications were made. Each succeeding level is exclusive of the previous levels:

*Intensive nursing care.*—Intensive nursing care includes receiving at least one of the following services:

- Bowel/bladder retraining
- Catheterization
- Full bed bath
- Intravenous injections
- Oxygen therapy

Note that tube or intravenous feeding, included in the comparable definition for residents, is not included in this definition.

*Other nursing care.*—Other nursing care includes receiving at least one of the following services:

- Application of sterile dressings or bandages
- Blood pressure reading
- Enema
- Hypodermic injections
- Irrigation
- Temperature - pulse - respiration check

*Personal care or none.*—Personal care includes receiving at least one of the following services:

- Medication prescribed at last physician visit

Rub or massage

Special diet

None includes those discharges who received none of the preceding services.

Note that the medication service in this definition is not identical to that for residents (administration of treatment or medications). Further, the service of help with bathing, dressing, or eating (included in the comparable definition for residents) is not included in this definition.

*Therapy service.*—Therapy service refers to whether the discharge received any therapy services provided by a licensed, registered, or professionally trained therapist during the calendar month prior to the discharge. These services may have been provided either inside or outside the facility.

*Time since last physician visit.*—This is the length of time between the date of discharge and the last time the person saw a physician (M.D. or D.O.) while still a resident of the facility for treatment, medication, or examination.

### 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 on performance at the time of discharge.

#### Continence

*No difficulty controlling bowels or bladder.*—The discharge did not have any difficulty in controlling either his bowels or bladder at the time of discharge.

*Difficulty controlling bowels.*—The discharge had difficulty controlling his bowels at the time of discharge.

*Difficulty controlling bladder.*—The discharge had difficulty con-

trolling his bladder at the time of discharge.

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

#### Mobility

*Walks with or without assistance.*—The discharge was able to walk at the time of discharge, either with or without assistance of special equipment or another person. This excludes those discharges who were chairfast, bedfast, or whose status was unknown.

*Chairfast.*—The discharge was confined to a chair at the time of discharge.

*Bedfast.*—The discharge was confined to a bed 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.<sup>15,16</sup> (See “Terms Relating to Residents” for details.) The partial 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 6 activities, the partial index covers only 2 because information on the others was not available in the medical records of discharges. The partial index has 4 categories with categories 2 and 3 approximating the category “dependent in only 1 activity” in the resident index. Two activities, ordered in “hierarchy” sequence, present

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NOTE: A list of references follows the text.



the criterion for classifying a discharge as *dependent*:

*Mobility*.—Mobility dependency refers to those discharges who were chairfast or bedfast.

*Continence*.—Continence dependency refers to those discharges who had difficulty controlling bowels, bladder, or both; or had an ostomy.

*Chronic conditions and impairments*.—Chronic conditions and impairments include those long-term physical and mental problems of the discharge selected by the nursing staff respondent from a list of 37 conditions and impairments (see item 8 of the Discharged Resident Questionnaire). The respondent based the selection upon a check of the medical record and more than one condition or impairment could be reported.

*Primary diagnosis at admission*.—The primary diagnosis at admission was the one condition reported by the nursing staff respondent as the major diagnosis noted at the time of admission. The list of conditions corresponds to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*.<sup>17</sup> The respondent reported the information based on the discharge's medical record.

*Primary Source of Payment*.—(See "Charges and Primary Source of Payment.")

*Special Aids and Devices Used*.—(See "Terms Relating to Residents" for definitions.)

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NOTE: A list of references follows the text.

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**APPENDIX III**

**SURVEY INSTRUMENTS USED IN THE  
1977 NATIONAL NURSING HOME SURVEY**

**Letter to Administrator**



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
ROCKVILLE, MARYLAND 20857

NATIONAL CENTER FOR  
HEALTH STATISTICS

**Dear Administrator:**

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 (part of the U. S. Public Health Service) is conducting a nationwide survey of nursing homes and similar facilities. The survey, the second 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, staff and financial characteristics. 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. Thus, the individual resident is the ultimate beneficiary.

Enclosed is a summary report from the previous survey, which is illustrative of the kinds of data to be obtained from this survey. Because the National Center for Health Statistics is committed to providing a factual basis for the planning of programs for improving the health of the American people, basic information about your facility (name, address, size, type of ownership, admission policies, certification, and statistics on admissions and discharges) will be made available upon request. In addition, some of this information is published in a national directory of nursing home facilities.

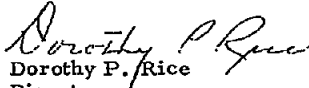
I want to emphasize that, except for the information specifically mentioned in the above paragraph, the information you supply will be used solely for statistical research and reporting purposes. No information collected under the authority of Section 306 (42 USC 242K) of the Public Health Service Act may be used for any purpose other than the purpose for which it was supplied, and such information may not be published or released in other 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, each of which represents a number of similar 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.

The survey will require about 30 minutes of your time to conduct an interview about the facility. Some additional time involving some of your staff will be required to complete documents for a small sample of your employees and current and discharged residents. No resident will be contacted or interviewed at any time.

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

Sincerely yours,

  
Dorothy P. Rice  
Director

Enclosures



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Suite 770  
1050 17th Street, N.W.  
Washington, D.C. 20036  
(202) 296-5960

Monsignor Charles J. Fahey  
President  
David C. Crowley  
Executive Vice President

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Dear Administrator:

I am writing to urge your participation in the 1977 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the second in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, staff and some basic financial characteristics.

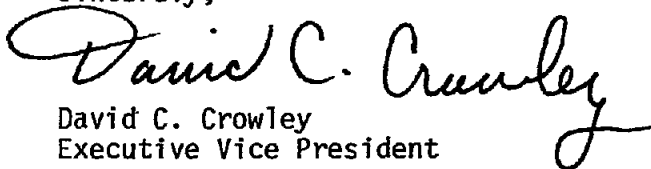
The support of our association members and of all facilities selected to be included in this sample is indispensable to the successful development of invaluable data for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain 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 in an effort to improve long term care. Furthermore, it is only through your cooperation that we can be sure the information on which public policy will be based has the benefit of our input.

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

Sincerely,

  
David C. Crowley  
Executive Vice President

# AMERICAN COLLEGE OF NURSING HOME ADMINISTRATORS

4650 EAST-WEST HIGHWAY  
WASHINGTON, D.C. 20014  
(301) 652-8384



J. ALBIN YOKIE  
*Executive Vice President*

Dear Administrator:

I wish to encourage you to participate in the 1977 National Nursing Home Survey conducted by the National Center for Health Statistics of DHEW. The survey, the second in a series, is designed to collect baseline and trend information about long-term care facilities, their services, residents, staff and some basic financial characteristics.

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

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

The value of the information derived is well worth the investment of your time and effort. It is only through such cooperation that the information, upon which public policy will be based, has the benefit of your input.

I urge your cooperation in this survey.

Sincerely,

J. Albin Yokie  
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 1977 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the second in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, staff and some basic financial characteristics.

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

I believe you will find the survey design maximizes the utility of the data collected while it attempts to minimize the amount of staff involvement. In addition, strict confidentiality provisions are to be maintained. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

I am confident that the information derived will be worth the investment of your time and effort as it will ultimately be used in an effort to improve long term care. Furthermore, it is only through your cooperation that we can be sure the information on which public policy will be based has the benefit of our input.

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

Sincerely,

Theodore Carcich, Jr.  
President

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



## NATIONAL COUNCIL OF HEALTH CARE SERVICES

March 29, 1977

Dear Administrator:

I am writing to urge your participation in the 1977 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the second in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, staff and some basic financial characteristics.

The support of our association and of all nursing home administrators is indispensable to the successful inauguration of this research. It has in the past provided invaluable data for the industry, as well as for those drafting health legislation, and setting national policies and priorities.

I believe you will find the survey to be extremely comprehensive, while designed to maximize the utility of the data collected. In addition, strict confidentiality provisions are to be maintained, with only summary data being published and made available to health planners, researchers, health professionals, and the public.

I am confident that the information derived will be worth the investment of your time and effort, as it will ultimately be used in an effort to improve long term care. Furthermore, it is only through your cooperation that we can be sure the information on which public policy will be based has the benefit of our input.

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

Sincerely,

Jack M. MacDonald  
Executive Vice President

Suite 402 ■ 1200 Fifteenth Street, N W ■ Washington, D C 20005 ■ Tel (202) 785-4754

# Facility Questionnaire

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 PUBLIC HEALTH SERVICE  
 Health Resources Administration  
 National Center for Health Statistics  
 1977 National Nursing Home Survey

OMB # 68-S75025	APPROVAL EXPIRES 12-31-77

A. Telephone Number	<input type="text"/>	-	<input type="text"/>	B. Interviewer Name	<input type="text"/>
	Area Code		Number		
C. Date of Interview	<input type="text"/>	<input type="text"/>	<input type="text"/>	D. Start Time	1 <input type="checkbox"/> am
	Mo.	Day	Year		2 <input type="checkbox"/> pm

**INTERVIEWER NOTE:** Please read the Facility Questionnaire Prompt Card BEFORE you begin the interview.

**1. ACCORDING TO OUR RECORDS, THE NAME OF THIS FACILITY IS:** *(Read name of facility on label.)*

a. IS THERE AN ERROR IN THIS NAME?

1  Yes      2  No *(Skip to Q.2)*

b. WHAT IS THE CORRECT NAME OF THIS FACILITY?

**2. ACCORDING TO OUR RECORDS, THE MAILING ADDRESS OF THIS FACILITY IS:** *(Read address on label.)*

a. IS THERE AN ERROR IN THIS ADDRESS?

1  Yes      2  No *(Skip to Q.3)*

b. WHAT IS THE CORRECT MAILING ADDRESS OF THIS FACILITY?

Number	Street	P.O. Box, Route, etc.
City or Town		County
State		Zip Code

**3. HAS THIS NURSING HOME BEEN IN BUSINESS AT THIS ADDRESS FOR TWO YEARS OR LONGER? COUNT FROM THE TIME IT FIRST OPENED AT THIS ADDRESS AS A NURSING HOME, EVEN THOUGH THE OWNERSHIP OR THE SERVICES OFFERED MAY HAVE CHANGED.**

1  Yes      2  No



4. ARE ANY OF THE FOLLOWING SERVICES ROUTINELY PROVIDED TO RESIDENTS IN ADDITION TO ROOM AND BOARD:

- a. SUPERVISION OVER MEDICATIONS WHICH MAY BE SELF-ADMINISTERED? . . . . . 1  Yes 2  No
- b. MEDICATIONS AND TREATMENTS ADMINISTERED IN ACCORDANCE WITH PHYSICIAN'S ORDERS? . . . . . 1  Yes 2  No
- c. RUB AND MASSAGE? . . . . . 1  Yes 2  No
- d. HELP WITH TUB BATH OR SHOWER? . . . . . 1  Yes 2  No
- e. HELP WITH DRESSING? . . . . . 1  Yes 2  No
- f. HELP WITH CORRESPONDENCE OR SHOPPING? . . . . . 1  Yes 2  No
- g. HELP WITH WALKING OR GETTING ABOUT? . . . . . 1  Yes 2  No
- h. HELP WITH EATING? . . . . . 1  Yes 2  No

OR

- i. NONE OF ABOVE SERVICES ROUTINELY PROVIDED, ONLY ROOM AND BOARD PROVIDED? . 1  Yes

INTERVIEWER: This facility is out-of-scope of the survey. Please terminate interview. ←

5a. IS THIS FACILITY A DISTINCT NURSING HOME UNIT OF A HOSPITAL, ANOTHER HEALTH INSTITUTION, OR A RETIREMENT CENTER?

- 1  Yes 2  No (Skip to Q.6a)

b. HOW MANY BEDS ARE IN THE ENTIRE FACILITY INCLUDING THE NURSING HOME UNIT?

\_\_\_\_\_

READ: FOR THE REMAINDER OF THE INTERVIEW, THE QUESTIONS REFER ONLY TO THE NURSING HOME UNIT.

6a. **Show Flashcard #1**

**WHAT IS THE TYPE OF OWNERSHIP WHICH OPERATES 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, Specify \_\_\_\_\_

For profit

**b. IS THIS FACILITY A MEMBER OF A GROUP OF FACILITIES OPERATING UNDER ONE GENERAL AUTHORITY OR GENERAL OWNERSHIP?**

- 1  Yes      2  No

**7a. DOES YOUR FACILITY ACCEPT BOTH MALES AND FEMALES?**

- 1  Yes (Skip to Q.8a)      2  No

**b. DOES IT ACCEPT ONLY MALES OR ONLY FEMALES?**

- 1  Only males  
2  Only females

**8a. HAS YOUR FACILITY SET A MINIMUM AGE BELOW WHICH NO ONE IS ACCEPTED?**

- 1  Yes      2  No (Skip to Q.8c)

**b. WHAT IS THAT MINIMUM AGE?**

Years

**c. HAS YOUR FACILITY SET A MAXIMUM AGE ABOVE WHICH NO ONE IS ACCEPTED?**

- 1  Yes      2  No (Skip to Q.9)

**d. WHAT IS THAT MAXIMUM AGE?**

Years

**9. DOES YOUR FACILITY ACCEPT PERSONS WHO ARE PRIMARYLY DIAGNOSED AS:**

- a. MENTALLY ILL OR EMOTIONALLY DISTURBED? . . . . . 1  Yes 2  No
- b. MENTALLY RETARDED? . . . . . 1  Yes 2  No
- c. ALCOHOLICS? . . . . . 1  Yes 2  No
- d. DRUG ADDICTS? . . . . . 1  Yes 2  No
- e. SENILE? . . . . . 1  Yes 2  No

**10. WHAT IS THE TOTAL NUMBER OF BEDS REGULARLY MAINTAINED 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 beds

**11. WHAT IS THE NUMBER OF BEDS IN THIS FACILITY THAT ARE LICENSED BY THE HEALTH DEPARTMENT OR OTHER RESPONSIBLE AGENCY?**

Total licensed beds

**12a. WAS THERE A CHANGE IN THE TOTAL NUMBER OF BEDS REGULARLY MAINTAINED DURING 1976?**

- 1  Yes 2  No (Skip to Q.13)

- b. IN WHICH MONTHS WAS THE NUMBER OF BEDS CHANGED?
- c. (Ask for each change:) IN (month), WAS THAT AN INCREASE OR DECREASE?
- d. (Ask for each change:) HOW MANY BEDS?

Month	Increase (Number added)	Decrease (Number eliminated)
<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

**13. IS THIS FACILITY CERTIFIED BY BOTH MEDICARE AND MEDICAID, MEDICARE ONLY, MEDICAID ONLY, OR NEITHER?**

- 1  Both Medicare and Medicaid
- 2  Medicare only
- 3  Medicaid only (Skip to Q.16)
- 4  Neither (Skip to Q.24)

14a. HOW MANY BEDS ARE CERTIFIED UNDER MEDICARE?  beds

b. ARE THESE BEDS A PHYSICALLY DISTINCT UNIT FROM THE REST OF THE FACILITY? 1  Yes 2  No

15. **Show Flashcard #2** WHICH OF THE REIMBURSEMENT METHODS AUTHORIZED BY MEDICARE IS USED BY THIS FACILITY?

1  RCCAC Method (Departmental-Relationship of Charges to Charges Applied to Cost Method; i.e., costs are apportioned by applying a percentage representing the beneficiaries' share of total charges, on departmental basis, to total costs for the respective departments.)

2  Combination Method (For routine services such as room, board, and nursing services the providers total allowable costs are apportioned on the basis of the relative number of patient days for beneficiaries and for other patients. For non-routine or ancillary services, the providers allowable costs are apportioned on the basis of a percentage representing the beneficiaries' share of the total charges to all patients for these services.)

3  Other, Specify \_\_\_\_\_

9  Don't Know

INTERVIEWER NOTE: Skip to Q.23a if "Medicare only" in Q.13.

16. IS THIS FACILITY CERTIFIED AS AN SNF, THAT IS A SKILLED NURSING FACILITY, BY THE MEDICAID PROGRAM?

1  Yes 2  No (Skip to Q.19)

17a. HOW MANY BEDS ARE CERTIFIED UNDER MEDICAID AS SNF BEDS?  beds

b. ARE THESE BEDS A PHYSICALLY DISTINCT UNIT FROM THE REST OF THE FACILITY?

1  Yes 2  No

18a. **Show Flashcard #3** WHICH OF THE FOLLOWING REIMBURSEMENT METHODS FOR SNF-MEDICAID PATIENTS IS USED BY THE FACILITY?

1  Flat Rate Only → b. WHAT IS THE FLAT RATE? \$  c. per 1  day  
per 2  week  
per 3  month  
per 4  other, specify \_\_\_\_\_

2  Flat Rate Plus Point System for Ancillary Services → d. WHAT IS THE FLAT RATE PORTION?

3  Cost Plus Allowable Profit \$  e. per 1  day  
per 2  week  
per 3  month  
per 4  other, specify \_\_\_\_\_

9  Don't Know

19. IS THIS FACILITY CERTIFIED AS AN ICF, THAT IS AN INTERMEDIATE CARE FACILITY, BY THE MEDICAID PROGRAM?

1  Yes 2  No (Skip to Note above Q.22)

20a. HOW MANY BEDS ARE CERTIFIED UNDER MEDICAID AS ICF BEDS? [ ] beds

b. ARE THESE BEDS A PHYSICALLY DISTINCT UNIT FROM THE REST OF THE FACILITY? 1  Yes 2  No

21a. [Show Flashcard #3] WHICH OF THE FOLLOWING REIMBURSEMENT METHODS FOR ICF-MEDICAID PATIENTS IS USED BY THE FACILITY?

1  Flat Rate Only → b. WHAT IS THE FLAT RATE? \$ [ ] c. per 1  day per 2  week per 3  month per 4  other, specify \_\_\_\_\_

2  Flat Rate Plus Point System for Ancillary Services → d. WHAT IS THE FLAT RATE PORTION? 3  Cost Plus Allowable Profit \$ [ ] e. per 1  day per 2  week per 3  month per 4  other, specify \_\_\_\_\_ 4  Other, Specify \_\_\_\_\_ 9  Don't Know

INTERVIEWER NOTE: Skip to Q.23a if the facility is certified by only one program and at only one level of care.

22. SOMETIMES THE SAME BED IS CERTIFIED BY MORE THAN ONE PROGRAM. WITH REGARD TO THESE SO CALLED "SWING BEDS", HOW MANY BEDS IN YOUR FACILITY ARE CERTIFIED:

- a. AS SNF BEDS UNDER BOTH MEDICARE AND MEDICAID? [ ]
b. AS BOTH ICF AND SNF BEDS UNDER MEDICAID? [ ]
c. AS MEDICAID-ICF AND MEDICARE-SNF BEDS? [ ]
d. UNDER ALL THREE PROGRAMS THAT IS, MEDICARE-SNF, MEDICAID-SNF, AND MEDICAID-ICF? [ ]

23a. DO YOU HAVE ANY BEDS NOT CERTIFIED BY EITHER MEDICAID OR MEDICARE?

1  Yes 2  No (Skip to Q.24)

b. HOW MANY OF THESE BEDS DOES YOUR FACILITY HAVE?

[ ] Beds

24. HOW MANY PERSONS WERE ADMITTED TO THIS FACILITY DURING 1976?

[ ] admissions none

25a. DOES THIS FACILITY ACCEPT TEMPORARY ADMISSIONS OF PERSONS WHOSE USUAL CARETAKERS ARE ILL, ON VACATION, OR OTHERWISE UNAVAILABLE?

1  Yes    2  No (Skip to Q.26)

b. HOW MANY TEMPORARY RESIDENTS WERE ADMITTED TO THIS FACILITY DURING 1976?

temporary admissions    none

26a. WE WOULD LIKE TO OBTAIN INFORMATION ON DAYS OF CARE PROVIDED BY THE FACILITY FOR YOUR MOST RECENTLY COMPLETED FISCAL YEAR, THAT IS, THE TWELVE MONTH PERIOD ON WHICH YOU COMPUTE THE FACILITY'S EXPENSES. IS THIS INFORMATION AVAILABLE FOR A FISCAL YEAR?

1  Yes    2  No (Skip to Q.26c)

b. WHAT WAS THIS TIME PERIOD?

Mo.    Year                      Mo.    Year  
from     through

(If this is less than a twelve month period, please record the number of months in this box.)

Skip to Q.26d

c. FOR WHAT TIME PERIOD IS THIS INFORMATION AVAILABLE?

Mo.    Year                      Mo.    Year  
from     through

(If this is less than a twelve month period, please record the number of months in this box.)

d. FOR THIS PERIOD, WHAT WERE THE TOTAL INPATIENT DAYS OF CARE PROVIDED, THAT IS THE SUM OF THE DAILY PATIENT CENSUS COUNT BY TYPE OF CERTIFICATION? DO NOT INCLUDE CASES THAT ARE DAY CARE ONLY.

(1) Total Days:           days     Mark (X) if estimated

(2) SNF-Medicare           days     Mark (X) if estimated     not applicable

(3) SNF-Medicaid           days     Mark (X) if estimated     not applicable

(4) ICF-Medicaid           days     Mark (X) if estimated     not applicable

(5) All Other Days           days     Mark (X) if estimated     not applicable

**Confidential Information**

*Interviewer, Read:* 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).

**27a. COUNTING FROM THE TIME IT WAS ORIGINALLY CONSTRUCTED, HOW OLD IS THIS BUILDING?** *(Interviewer: Round fractions to nearest whole year. If interval is given, record mid-point and mark "if estimated" box.)*

Years (Mark (X) box  if estimated)  Don't Know

**b. WAS THIS BUILDING ORIGINALLY CONSTRUCTED SPECIFICALLY FOR USE AS A NURSING HOME?** *(Interviewer: Other terms for nursing homes are rest home, home for the aged, mentally ill, or mentally retarded.)*

1  Yes *(Skip to Q.27d)* 2  No 9  Don't know *(Skip to Q.27d)*

**c. WHAT WAS THE ORIGINAL PURPOSE OR USE OF THIS BUILDING?**

- 1  Private home, apartment, hotel/motel
- 2  Hospital, sanitarium, or other health related building
- 3  Other, Specify \_\_\_\_\_

**d. NOT COUNTING PAINTING OR PAPERING, HAS THE STRUCTURE OF THIS BUILDING EVER BEEN RENOVATED OR REMODELED?**

1  Yes 2  No *(Skip to Q.28)* 9  Don't know *(Skip to Q.28)*

**e. Show Flashcard #4 WHICH OF THE FOLLOWING CHANGES WERE MADE?** *(Mark (X) all that apply; then ask 27f for each change.)*

**f. IN WHAT YEAR WAS THE MOST RECENT (change)?**

	Year	In Process	Don't Know
(1) Addition to the building constructed . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Fire safety equipment/construction added or changed . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Interior remodeling . . . . .	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Other, Specify _____	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**28. HOW MANY ROOMS FOR RESIDENTS DOES THIS FACILITY HAVE THAT CONTAIN:**

- a. 1 BED ONLY?  rooms None
- b. 2 BEDS?  rooms None
- c. 3 BEDS?  rooms None
- d. 4 OR MORE BEDS?  rooms None

---

29a. FOR THE DAY SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE FOR THE ENTIRE FACILITY ON CALL OR ON DUTY, THAT IS AWAKE, DRESSED, AND SERVING THE RESIDENTS?

1  On Call (Skip to Q.30a)

2  On Duty

b. WHAT IS THE LEVEL OF SKILL OF THIS PERSON?

1  Registered Nurse

2  Licensed Practical Nurse

3  Nurse's Aide or Orderly

4  Other (Specify Occupation) \_\_\_\_\_

c. WHAT HOURS DID THIS PERSON ACTUALLY WORK YESTERDAY? (Mark (X) am or pm)

from  :  1  am to  :  1  am  
2  pm 2  pm

---

30a. FOR THE EVENING SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE FOR THE ENTIRE FACILITY ON CALL OR ON DUTY?

1  On Call (Skip to Q.31a)

2  On Duty

3  No Such Shift (Skip to Q.31a)

b. WHAT IS THE LEVEL OF SKILL OF THIS PERSON?

1  Registered Nurse

2  Licensed Practical Nurse

3  Nurse's Aide or Orderly

4  Other (Specify Occupation) \_\_\_\_\_

c. WHAT HOURS DID THIS PERSON ACTUALLY WORK YESTERDAY? (Mark (X) am or pm)

from  :  1  am to  :  1  am  
2  pm 2  pm

---



**31a. FOR THE NIGHT SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE FOR THE ENTIRE FACILITY ON CALL OR ON DUTY?**

- 1  On Call (Skip to Q.32)
- 2  On Duty
- 3  No Such Shift (Skip to Q.32)

**b. WHAT IS THE LEVEL OF SKILL OF THIS PERSON?**

- 1  Registered Nurse
- 2  Licensed Practical Nurse
- 3  Nurse's Aide or Orderly
- 4  Other (Specify Occupation) \_\_\_\_\_

**c. WHAT HOURS DID THIS PERSON ACTUALLY WORK YESTERDAY? (Mark (X) am or pm)**

from  :  1  am to  :  1  am  
2  pm 2  pm

**32. HOW MANY DIFFERENT PHYSICIANS CURRENTLY ATTEND THEIR OWN PRIVATE PATIENTS IN THIS FACILITY? (Do not count physicians who are on the staff of the facility or are employed under contract.)**

Physicians or  none

**33a. DOES THE FACILITY HAVE A MEDICAL DIRECTOR?**

- 1  Yes
- 2  No (Skip to Q.34)

**b. Show Flashcard #5 UNDER WHICH OF THESE TYPES OF ARRANGEMENTS IS THE MEDICAL DIRECTION OF THIS FACILITY PROVIDED?**

- 1  An individual physician
- 2  A physician partnership or group practice
- 3  Several individual physicians
- 4  An H.M.O., medical school, or medical society
- 5  Hospital Staff
- 6  Other, Specify \_\_\_\_\_

**34. DOES THIS FACILITY ROUTINELY PROVIDE ON THE PREMISES ANY OF THE FOLLOWING THERAPIES BY A LICENSED, REGISTERED, OR PROFESSIONALLY TRAINED THERAPIST:**

- a. PHYSICAL THERAPY? . . . . . 1  Yes 2  No
- b. OCCUPATIONAL THERAPY? . . . . . 1  Yes 2  No
- c. RECREATIONAL THERAPY? . . . . . 1  Yes 2  No
- d. SPEECH AND HEARING THERAPY? . . . . . 1  Yes 2  No
- e. COUNSELING/THERAPY BY PSYCHIATRIST, PSYCHOLOGIST, OR MENTAL HEALTH WORKER? 1  Yes 2  No
- f. COUNSELING BY SOCIAL WORKER? . . . . . 1  Yes 2  No
- g. OTHER REHABILITATION THERAPIES? Specify \_\_\_\_\_ 1  Yes 2  No

**35a. DOES THIS FACILITY KEEP A WAITING LIST OF PERSONS TO BE ADMITTED WHEN A BED BECOMES AVAILABLE?**

1  Yes    2  No (Skip to Q.36a)

**b. HOW MANY PEOPLE ARE PRESENTLY ON THIS WAITING LIST?**

people or  None

**36a. DOES THIS FACILITY PROVIDE ANY SERVICES TO PERSONS WHO ARE NOT RESIDENTS OF THE FACILITY?**

1  Yes    2  No (Skip to Q.38)

**b. FOR WHICH OF THE FOLLOWING CATEGORIES OF NON-RESIDENTS DO YOU PROVIDE SERVICES:**

(1) (If appropriate) PERSONS ON THE WAITING LIST? . . . . . 1  Yes    2  No

(2) DISCHARGED RESIDENTS? . . . . . 1  Yes    2  No

(3) ANY PERSON WHO APPLIES? . . . . . 1  Yes    2  No

(4) ANY OTHER TYPE OF NON-RESIDENT? Specify \_\_\_\_\_ 1  Yes    2  No

**37. Show Flashcard #6 WHICH OF THE FOLLOWING SERVICES DO YOU PROVIDE TO NON-RESIDENTS? (Mark (X) all that apply.)**

- a.  Day care (services provided during the day to persons who do not sleep in the facility overnight.)
- b.  Physical therapy
- c.  Occupational, recreational, or speech and hearing therapy
- d.  Psychiatric care
- e.  Home health care services
- f.  Meals either home delivered or in a group setting
- g.  Transportation and/or escort services
- h.  Homemaker or chore services
- i.  Information and/or referral for health needs
- j.  Friendly visiting
- k.  Daily telephone checking service
- l.  Arrangement or provision of recreational activities
- m.  Laundry service
- n.  Other, Specify \_\_\_\_\_

**38. DOES THIS FACILITY HAVE ANY VACANT STAFF POSITIONS IN ITS BUDGET THAT IT IS CURRENTLY TRYING TO FILL?**

1  Yes    2  No (Skip to Note below Q.39)

39. **Show Flashcard #7** HOW MANY VACANT FULL TIME AND PART TIME STAFF POSITIONS ARE IN THE BUDGET FOR THE FOLLOWING OCCUPATIONS? FULL TIME IS DEFINED AS 35 HOURS OR MORE PER WEEK.

	Full Time	Part Time	
a. Administrator/Asst. Administrator . . . . .			<input type="checkbox"/> None
b. Physician (M.D. or D.O.), Residents and Interns . . . . .			<input type="checkbox"/> None
c. Dentists . . . . .			<input type="checkbox"/> None
d. Pharmacists . . . . .			<input type="checkbox"/> None
e. Registered Occupational Therapists . . . . .			<input type="checkbox"/> None
f. Registered Physical Therapists . . . . .			<input type="checkbox"/> None
g. Speech Pathologist and/or Audiologists . . . . .			<input type="checkbox"/> None
h. Activities Directors . . . . .			<input type="checkbox"/> None
i. Dieticians or Nutritionists . . . . .			<input type="checkbox"/> None
j. Registered Medical Records Administrators . . . . .			<input type="checkbox"/> None
k. Social Workers . . . . .			<input type="checkbox"/> None
l. Other Professional Occupations . . . . .			<input type="checkbox"/> None
m. Registered Nurses (R.N.) . . . . .			<input type="checkbox"/> None
n. Licensed Practical Nurses (L.P.N.) or Licensed Vocational Nurses (L.V.N.) . . . . .			<input type="checkbox"/> None
o. Nurses Aides/Orderlies . . . . .			<input type="checkbox"/> None
p. Office Staff . . . . .			<input type="checkbox"/> None
q. Food Service Personnel . . . . .			<input type="checkbox"/> None
r. Housekeeping/Maintenance Personnel . . . . .			<input type="checkbox"/> None
s. Other, Specify _____			<input type="checkbox"/> None

Name of the Respondent \_\_\_\_\_ Title \_\_\_\_\_

E. End Time _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm	F. Time Elapsed         Minutes
--	---------------------------------

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.

Facility Worksheet

FACILITY WORKSHEET

Facility Name \_\_\_\_\_

Respondent \_\_\_\_\_

Title \_\_\_\_\_

TOTAL NUMBER OF INPATIENT DAYS OF CARE PROVIDED  
BY TYPE OF PROGRAM.

SNF MEDICARE DAYS: \_\_\_\_\_

SNF MEDICAID DAYS: + \_\_\_\_\_

ICF MEDICAID DAYS: + \_\_\_\_\_

ALL OTHER DAYS: + \_\_\_\_\_

= \_\_\_\_\_

- Total number of  
inpatient days of  
care at this facility  
for 1976.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
ROCKVILLE, MARYLAND 20857

NATIONAL CENTER FOR  
HEALTH STATISTICS

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 (part of the U.S. Public Health Service) 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 in order to learn more about the amount and type of resources being devoted to this rapidly expanding segment of the health care delivery system. From this information, statistical reports will present the financial and operating characteristics of the Nation's nursing facilities. These reports will be useful in promoting effective long-term health care planning and efficient use of the Nation's health resources.

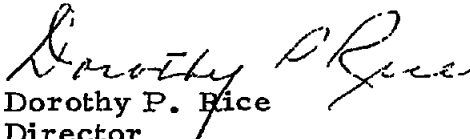
The information you supply will be used solely for statistical research and reporting purposes. No information collected under the authority of Section 306 (42 USC 242K) of the Public Health Service Act may be used for any purpose other than the purpose for which it was supplied, and such information may not be published or released in other 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, each of which represents a number of similar 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 1 of the questionnaire, authorization is given for you to release the requested information. Please read the instructions on Page 1 and complete the Expense Questionnaire by using the enclosed definition booklet, which provides account descriptions of the categories in the questionnaire. There is an accountant whose services are available free of charge (telephone 301/770-2048 collect and ask for the National Nursing Home Survey accountant) to answer those questions which are not answered by the instructions or the definition booklet.

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

Sincerely yours,

  
Dorothy P. Rice  
Director

Enclosures

# Expense Questionnaire

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
Health Resources Administration  
National Center for Health Statistics  
1977 National Nursing Home Survey

## EXPENSE QUESTIONNAIRE

OMB # 68-S75025  
APPROVAL EXPIRES 12-31-77

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).

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 the 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 expenses 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, you may elect to 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, Informatics, Inc., 6000 Executive Blvd., Rockville, Maryland 20852, in the postage paid envelope provided.

**AFFILIATED FACILITIES:** If a home is an affiliate of another facility, such as a hospital, the records of only the nursing home unit 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.

TO    
 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 INFORMATICS, INC. AT 301-770-2048 AND ASK FOR THE NATIONAL NURSING HOME SURVEY ACCOUNTANT. ROUND AMOUNTS TO THE NEAREST WHOLE DOLLAR.

**EXPENSES**

(Please refer to Definition Booklet)

**DOLLAR AMOUNTS**

(If none, Please enter "0".)

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, practical nurses, 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 not 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 Expense (add line 1a(4) and 1b) \$ \_\_\_\_\_
2. Health Care Services purchased from outside sources:
  - a. Nursing Services \$ \_\_\_\_\_
  - b. Other Health Care Services (Physicians, Therapists, Laboratory services, and other services that provide health care) \$ \_\_\_\_\_
  - c. Total expense of Health Care Services purchased from Outside Sources (add lines 2a and 2b) \$ \_\_\_\_\_
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) \$ \_\_\_\_\_

(CONTINUE)



- 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.) \$ \_\_\_\_\_
  - 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.

<u>Description</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____

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 AND MAIL IT TO:

NATIONAL NURSING HOME SURVEY  
INFORMATICS, INC.  
6000 EXECUTIVE BLVD.  
ROCKVILLE, MARYLAND 20852

# Definition Booklet for Completing the Expense Questionnaire

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
Health Resources Administration  
National Center for Health Statistics  
1977 National Nursing Home Survey

## DEFINITION BOOKLET FOR COMPLETING THE EXPENSE QUESTIONNAIRE

OMB # 68-575025  
APPROVAL EXPIRES 12-31-77

### 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, practical nurses, nurses' 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, bookkeeping, 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, practical 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.

### **b. Other Health Care Services**

This category includes the cost of those services provided by medical professionals and semi-professionals (definition 1.a.(2)) 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 house-keeping 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

This group includes payments from Medicare, Medicaid, other public assistance or welfare programs and private sources, as well as 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.

# Current Resident Sampling List

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 PUBLIC HEALTH SERVICE  
 Health Resources Administration  
 National Center for Health Statistics  
 1977 National Nursing Home Survey

Sheet \_\_\_ of \_\_\_ Sheets

OMB # 68-S75025  
 APPROVAL EXPIRES 12-31-77

## 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. Start Time _____	1 <input type="checkbox"/> am	B. Type of Identifier used:	1 <input type="checkbox"/> Name    2 <input type="checkbox"/> Other, Specify _____
	2 <input type="checkbox"/> pm		
C. Sample Designation:    SW [ ] [ ] [ ]	TE [ ] [ ] [ ]	D. Current Residents: Facility Total [ ] [ ] [ ] [ ] [ ] [ ]	
E. New SW and TE Numbers:	1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No	F. Total in Sample [ ] [ ] [ ]	
G. End Time _____	1 <input type="checkbox"/> am	H. Time Elapsed [ ] [ ] [ ] Minutes	
	2 <input type="checkbox"/> pm		

Circle Line Nos. of Residents in Sample

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	

If more lines are needed CONTINUE ON THE BACK

**CURRENT RESIDENT SAMPLING LIST—CONTINUED**

Circle Line Nos. of Residents in Sample

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.



# Current Resident Questionnaire

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 PUBLIC HEALTH SERVICE  
 Health Resources Administration  
 National Center for Health Statistics  
 1977 National Nursing Home Survey

## CURRENT RESIDENT QUESTIONNAIRE

OMB # 68-575025  
 APPROVAL EXPIRES 12-31-77

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).

<b>A. Resident Line No.</b> <input type="text"/>	<b>B. Date of Interview</b> <input type="text"/> <input type="text"/> <input type="text"/> mo. day year	<b>C.</b> Start Time _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm
<b>D. Interviewer Name</b> _____		

1. WHAT IS THE SEX OF THIS RESIDENT? 1  Male 2  Female

2. WHAT IS DATE OF BIRTH?    or    
 mo. day year age

3. **Show Flashcard #1** WHAT IS ETHNIC BACKGROUND?

- |   |  |
|---|--|
| 1 <input type="checkbox"/> White (Not of Hispanic Origin)   | 4 <input type="checkbox"/> Asian or Pacific Islander |
| 2 <input type="checkbox"/> Black (Not of Hispanic Origin)   | 5 <input type="checkbox"/> Hispanic                  |
| 3 <input type="checkbox"/> American Indian or Alaska Native | 9 <input type="checkbox"/> Don't Know                |

4. WHAT IS CURRENT MARITAL STATUS?

- 1  Married 2  Widowed 3  Divorced 4  Separated 5  Never Married 9  Don't know

5. IS A TEMPORARY RESIDENT WHOSE USUAL CARETAKER IS ILL, ON VACATION, OR OTHERWISE UNAVAILABLE?

- 1  Yes 2  No 9  Don't know

6. WHAT WAS THE DATE OF CURRENT ADMISSION TO THIS FACILITY?     
 mo. day year

7. WHO ARRANGED FOR ADMISSION? (Mark (X) all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> a. The resident himself | <input type="checkbox"/> h. Friend                                    |
| <input type="checkbox"/> b. Spouse               | <input type="checkbox"/> i. Attending physician or psychiatrist       |
| <input type="checkbox"/> c. Children             | <input type="checkbox"/> j. Social service worker or agency           |
| <input type="checkbox"/> d. Parents              | <input type="checkbox"/> k. Staff of previous institution             |
| <input type="checkbox"/> e. Brother or sister    | <input type="checkbox"/> l. Minister or church-related social service |
| <input type="checkbox"/> f. Other relatives      | <input type="checkbox"/> m. Other, Specify _____                      |
| <input type="checkbox"/> g. Guardian, attorney   | <input type="checkbox"/> Don't know                                   |

---

**8a. WHERE WAS \_\_\_\_\_ STAYING IMMEDIATELY BEFORE ENTERING THIS FACILITY?**

- 1  Private residence (house or apartment)
- 2  Rented room, boarding house
- 3  Retirement home
- 4  Another health facility (Skip to Q. 8d)
- 5  Other arrangement, Specify \_\_\_\_\_ (Skip to Q. 9)
- 9  Don't know (Skip to Q. 9)

**b. AT THAT TIME, WAS \_\_\_\_\_ LIVING WITH OTHERS OR ALONE?**

- 1  With others
- 2  Alone (Skip to Q. 9)
- 9  Don't know (Skip to Q. 9)

**c. WHO DID \_\_\_\_\_ LIVE WITH THEN? (Mark (X) all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> (1) Spouse            | <input type="checkbox"/> (5) Grandchildren     |
| <input type="checkbox"/> (2) Children          | <input type="checkbox"/> (6) Other relatives   |
| <input type="checkbox"/> (3) Parents           | <input type="checkbox"/> (7) Unrelated persons |
| <input type="checkbox"/> (4) Brother or sister | <input type="checkbox"/> Don't know            |

Skip to Q. 9

**d. Show Flashcard #2 WHAT TYPE OF FACILITY WAS IT?**

- 1  Domiciliary or personal care facility
- 2  Intermediate Care Facility (ICF)
- 3  Skilled Nursing Facility (SNF)
- 4  Facility for mentally retarded
- 5  General or short term hospital
- 6  Mental hospital
- 7  Chronic disease, rehabilitation, geriatric or other long-term care hospital
- 8  Other, Specify \_\_\_\_\_
- 9  Don't know

**e. WHERE WAS \_\_\_\_\_ STAYING IMMEDIATELY BEFORE ENTERING THAT FACILITY?**

- 1  Private residence (house or apartment)
- 2  Rented room, boarding house
- 3  Retirement home
- 4  Another health facility
- 5  Other arrangement, Specify \_\_\_\_\_
- 9  Don't know

---

**9. WILL \_\_\_\_\_ BE DISCHARGED WITHIN THE NEXT SIX MONTHS?**

- 1  Yes
- 2  No (Skip to Q.12)
- 9  Don't know (Skip to Q.12)

---

**10. IN HOW MANY MONTHS WILL \_\_\_\_\_ BE DISCHARGED?**

- 1  Within the month
  - 2  Between one and three months
  - 3  Between four and six months
  - 9  Don't know
-

---

**11a. WHERE WILL \_\_\_\_\_ STAY IMMEDIATELY AFTER DISCHARGE FROM THIS FACILITY?**

- 1  Private residence (house or apartment)
- 2  Rented room, boarding house
- 3  Retirement home
- 4  Another health facility *(Skip to Q.11.d)*
- 5  Other arrangement, Specify \_\_\_\_\_ *(Skip to Q.12)*
- 9  Don't know *(Skip to Q.12)*

**b. WHEN \_\_\_\_\_ IS RELEASED, WILL \_\_\_\_\_ LIVE WITH OTHERS OR ALONE?**

- 1  With others
- 2  Alone *(Skip to Q.12)*
- 9  Don't know *(Skip to Q.12)*

**c. WHO WILL \_\_\_\_\_ LIVE WITH? (Mark (X) all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> (1) Spouse            | <input type="checkbox"/> (5) Grandchildren     |
| <input type="checkbox"/> (2) Children          | <input type="checkbox"/> (6) Other relatives   |
| <input type="checkbox"/> (3) Parents           | <input type="checkbox"/> (7) Unrelated persons |
| <input type="checkbox"/> (4) Brother or sister | <input type="checkbox"/> Don't know            |

**Skip to Q.12**

**d. **Show Flashcard #2** WHAT TYPE OF FACILITY IS IT?**

- 1  Domiciliary or personal care facility
- 2  Intermediate Care Facility (ICF)
- 3  Skilled Nursing Facility (SNF)
- 4  Facility for mentally retarded
- 5  General or short term hospital
- 6  Mental hospital
- 7  Chronic disease, rehabilitation, geriatric or other long-term care hospital
- 8  Other, Specify \_\_\_\_\_
- 9  Don't know

---

**12. **Show Flashcard #3** WHAT IS THE PRIMARY REASON THAT \_\_\_\_\_ IS CURRENTLY A RESIDENT IN THIS FACILITY?**

- 1  Limited social resources (no family or guardian available or willing)
  - 2  Limited economic resources (little or no money, no place to live)
  - 3  Mentally ill
  - 4  Mentally retarded
  - 5  Disruptive behavior
  - 6  Poor physical health (requires nursing services, personal care or rehabilitation)
  - 7  Other reason, Specify \_\_\_\_\_
  - 9  Don't know
-



**14. IN ADDITION TO ANY MEDICATIONS MENTIONED IN THE PREVIOUS QUESTION, DID \_\_\_\_\_ RECEIVE:**

- |   | <u>Yes</u>                 | <u>No</u>                  | <u>Don't know</u>          |
|---|----------------------------|----------------------------|----------------------------|
| a. ANY TRANQUILIZERS IN THE LAST 7 DAYS?        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| b. ANY VITAMINS OR MINERALS IN THE LAST 7 DAYS? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| c. ANY OTHER MEDICATIONS?                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> |

(1) FOR WHAT CONDITIONS? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**15a. DURING THIS RESIDENT'S STAY HERE, WHEN DID \_\_\_\_\_ LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR AN EXAMINATION?**

Mo.     Day     Year    or     Has never seen a doctor while here (*Skip to Note above Q.17*)     Don't Know (*Skip to Note above Q.17*)

**b. AT THAT TIME DID \_\_\_\_\_ SEE THE PHYSICIAN INSIDE OR OUTSIDE OF THIS FACILITY?**

1  Inside this facility    2  Outside this facility    9  Don't Know

**c. AT THAT TIME DID \_\_\_\_\_ RECEIVE:**

**AN EXAMINATION?**  
**A PRESCRIPTION (INCLUDING REFILLS)?**  
**TREATMENT?**  
**ORDERS FOR LABORATORY TESTS?**  
**ANY OTHER SERVICES?**

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

Specify \_\_\_\_\_

**d. DID THE PHYSICIAN ATTEND THE RESIDENT AS A PRIVATE PHYSICIAN, FOR THE FACILITY, OR UNDER SOME OTHER ARRANGEMENT?**

- 1  As the resident's private physician
- 2  For the facility itself which furnishes medical care
- 3  Under some other arrangement, Specify \_\_\_\_\_
- 9  Don't Know

**e. DOES A PHYSICIAN EXAMINE THIS RESIDENT ONLY WHEN CALLED, ON A REGULAR SCHEDULE, OR ON SOME OTHER BASIS?**

1  Only When Called    2  On a Regular Schedule    3  Other, Specify \_\_\_\_\_    9  Don't Know

**f. PRIOR TO THE LAST VISIT REPORTED ABOVE WHEN DID \_\_\_\_\_ SEE A PHYSICIAN IN THIS FACILITY?**

Mo.     Day     Year    or     Did not see a physician prior to the visit reported in 15a.     Don't Know

16. **Show Flashcard #5** ACCORDING TO \_\_\_\_\_ MEDICAL RECORD, WHAT WAS THE PRIMARY DIAGNOSIS AT THE TIME OF \_\_\_\_\_ LAST MEDICAL EXAMINATION, THAT IS, ON (Specify date given in Q. 15a)?

**A. Heart and Other Circulatory Problems**

- 01  Congestive Heart Failure (C.H.F.)
- 02  Hardening of the Arteries (Arteriosclerosis, A.S.H.D.)
- 03  Heart Attack, Ischemic Heart Disease (Acute Myocardial Infarction-M.I.)
- 04  High Blood Pressure (Hypertension)
- 05  Phlebitis
- 06  Pulmonary Embolism
- 07  Rheumatic Heart Disease
- 08  Stroke (Cerebrovascular Disease-C.V.A.)
- 09  Other Circulatory Problems, Specify \_\_\_\_\_

**B. Mental Disorders**

- 10  Chronic Brain Syndrome
- 11  Mental Retardation
- 12  Neurosis
- 13  Psychosis (Schizophrenia, Paranoia, Manic Depression, etc.)
- 14  Senile Psychosis (Senile Dementia)
- 15  Senile, Not Psychotic
- 16  Other Mental Disorders, Specify \_\_\_\_\_

**C. Other Diagnoses**

- 17  Alcoholism
- 18  Anemia
- 19  Arthritis/Rheumatism
- 20  Asthma
- 21  Blindness
- 22  Bone Fracture, other than Hip
- 23  Bronchitis
- 24  Cancer (Malignant Neoplasm)
- 25  Cataracts
- 26  Cirrhosis of the Liver
- 27  Deafness
- 28  Diabetes
- 29  Drug Addiction
- 30  Emphysema
- 31  Epilepsy
- 32  Glaucoma
- 33  Gout
- 34  Hip Fracture
- 35  Multiple Sclerosis
- 36  Parkinson's Disease
- 37  Pneumonia
- 38  Polio
- 39  Respiratory, other than Pneumonia
- 40  Syphilis
- 41  Ulcers
- 42  Other, Specify \_\_\_\_\_
- 99  Don't Know

**INTERVIEWER NOTE:** If this resident has been in this facility less than twelve months prior to the interview date, mark this box  and skip to Q.18. Otherwise, continue with Q.17a.

**17a. DID** \_\_\_\_\_ **RECEIVE A FLU SHOT WITHIN THE LAST TWELVE MONTHS, THAT IS, SINCE** (month) **OF LAST YEAR?**

- 1  Yes    2  No (Skip to Q.17c)    9  Don't Know-No Record (Skip to Q.17c)

**b. WHEN DID** \_\_\_\_\_ **RECEIVE THE FLU SHOT?**

- Don't Know  
mo.          yr.

**c. DID** \_\_\_\_\_ **CATCH THE FLU DURING THE LAST NINE MONTHS, THAT IS, SINCE** (month) **OF LAST YEAR?**

- 1  Yes    2  No (Skip to Q.18)    9  Don't Know-No Record (Skip to Q.18)

**d. WHEN DID** \_\_\_\_\_ **CATCH THE FLU?**

- Don't Know  
mo.          yr.

**18. Show Flashcard #6** **DURING THE LAST SEVEN DAYS, THAT IS, FROM LAST** (day) **THE** (date), **THROUGH YESTERDAY, WHICH OF THESE SERVICES DID** \_\_\_\_\_ **RECEIVE?** (Mark (X) all that apply)

- a. Blood pressure reading
- b. Temperature-pulse-respiration
- c. Application of sterile dressings or bandages
- d. Full bed-bath
- e. Rub or massage
- f. Enema
- g. Catheterization
- h. Bowel retraining
- i. Bladder retraining
- j. Irrigation
- k. Oxygen therapy
- l. Intravenous injection
- m. Hypodermic injection
- n. Administration of other medical treatment by staff
- o. Special diet

**(1) WHAT TYPE OF DIET IS IT?** (Mark (X) all that apply)

- a. Diabetic     b. low sodium     c. bland     d. soft     e. low cholesterol  
 f. weight loss     g. weight gain     h. other, Specify \_\_\_\_\_

- None of the above services received

**19a. DURING (last month), DID——RECEIVE ANY THERAPY SERVICES EITHER INSIDE OR OUTSIDE OF THIS FACILITY FROM A LICENSED, REGISTERED, OR PROFESSIONALLY TRAINED THERAPIST?**

- 1  Yes    2  No (Skip to Q.20)    9  Don't Know (Skip to Q.20)

b. **Show Flashcard #7** WHICH TYPES OF THERAPY DID——  
RECEIVE DURING (last month)? (Mark (X) all that apply; Complete all of part b; Then ask c for each therapy service reported.)

c. WHAT WERE THE TOTAL HOURS OF  
(therapy name) THAT——RECEIVED  
DURING (last month)? (Note: If less than one  
hour, record 01.)

		Hours	Don't know
(1) Physical therapy	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(2) Occupational therapy	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(3) Recreational therapy	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(4) Speech and hearing therapy	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(5) Counseling/therapy by a psychiatrist, psychologist, or other mental health worker	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(6) Counseling by social worker	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(7) Reality orientation	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(8) Other therapy services	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Specify _____	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

**20. Show Flashcard #8** DOES——REGULARLY USE ANY OF THESE AIDS? (Mark (X) all that apply)

- a. Eye glasses
- b. Hearing aid
- c. Wheelchair
- d. Cane
- e. Walker
- f. Crutches
- g. Braces
- h. Slings
- i. Artificial limb
- j. Mechanical feeding device
- k. Orthopedic shoe
- l. Geriatric chair
- m. Posey, belt or similar devices
- n. Cuffs
- o. Other aids or devices, Specify \_\_\_\_\_
- No aids used



**INTERVIEWER NOTE:** Read phrase about "wearing glasses" and "hearing aid", where appropriate, based on responses to Q.20.

**21a. DOES**——**HAVE ANY DIFFICULTY IN SEEING (WHEN WEARING GLASSES)?**

- 1  Yes    2  No (Skip to Q.22)    9  Don't know (Skip to Q.22)

b. **Show Flashcard #9** IS——**SIGHT (WITH GLASSES) PARTIALLY, SEVERELY, OR COMPLETELY IMPAIRED, AS DEFINED ON THIS FLASHCARD?**

- 1  Partially impaired—cannot read newspaper print but can watch television 8 to 12 feet away.  
2  Severely impaired—cannot watch TV 8 to 12 feet away, but can recognize the features of familiar persons if they are within 2-3 feet  
3  Completely lost—blind  
9  Don't know

**22a. DOES**——**HAVE ANY DIFFICULTY IN HEARING (WHEN WEARING A HEARING AID)?**

- 1  Yes    2  No (Skip to Q.23)    9  Don't know (Skip to Q.23)

b. **Show Flashcard #10** IS——**HEARING (WITH HEARING AID) PARTIALLY, SEVERELY, OR COMPLETELY IMPAIRED AS DEFINED ON THIS FLASHCARD?**

- 1  Partially impaired—can hear most of the things a person says  
2  Severely impaired—can hear only a few words a person says or loud noises  
3  Completely lost—deaf  
9  Don't know

**23a. DOES**——**HAVE ANY DIFFICULTY IN SPEAKING?**

- 1  Yes    2  No (Skip to Q.24)    9  Don't Know (Skip to Q.24)

b. **Show Flashcard #11** IS——**SPEECH PARTIALLY, SEVERELY, OR COMPLETELY IMPAIRED, AS DEFINED ON THIS FLASHCARD?**

- 1  Partially impaired—can usually be understood but has difficulty with some words  
2  Severely impaired—can be understood only with difficulty and cannot carry on a normal conversation  
3  Completely impaired—speech is unintelligible or cannot speak  
9  Don't Know

**24a. DOES**——**CURRENTLY COMMUNICATE PHYSICAL NEEDS VERBALLY OR NON-VERBALLY?**

- 1  Verbally (Skip to Q.25)    2  Nonverbally    3  Does not communicate (Skip to Q.25)

b. **IS THE COMMUNICATION NONVERBAL BECAUSE**——**DOES NOT SPEAK ENGLISH, CAN'T TALK, IS TOO ILL, OR SOME OTHER REASON?**

- 1  Does not speak English  
2  Cannot talk  
3  Is too ill  
4  Mental or emotional problem  
5  Other, Specify \_\_\_\_\_  
9  Don't Know

**25a. DOES—HAVE DENTURES?**

- 1  Yes    2  No (Skip to Q.26)    9  Don't Know (Skip to Q.26)

**b. DOES—USE THE DENTURES REGULARLY?**

- 1  Yes    2  No    9  Don't Know

**26a. Show Flashcard #12 DOES—HAVE ANY OF THESE BEHAVIOR PROBLEMS? (Mark (X) all that apply. Complete part a; then ask part b of each reported behavior problem in a.)**

**b. IS EXTRA NURSING TIME REQUIRED BECAUSE—IS (behavior problem)?**

- |                                     |   |                                |                               |
|-------------------------------------|---|--------------------------------|-------------------------------|
| (1) Depressed or withdrawn          | <input type="checkbox"/>                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| (2) Agitated, nervous, hyperactive  | <input type="checkbox"/>                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| (3) Abusive, aggressive, disruptive | <input type="checkbox"/>                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| (4) Wandering                       | <input type="checkbox"/>                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| (5) Having other behavior problems  | <input type="checkbox"/>                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| No behavior problems                | <input type="checkbox"/> (Skip to Q.27) |                                |                               |

**27a. DOES—CURRENTLY REQUIRE ANY ASSISTANCE IN BATHING?**

- 1  Yes    2  No (Skip to Q.28)    9  Don't know (Skip to Q.28)

**b. DOES—BATHE WITH THE HELP OF:**

- (1) SPECIAL EQUIPMENT? . . . . . 1  Yes    2  No
- (2) ANOTHER PERSON? . . . . . 1  Yes    2  No

**28a. DOES—CURRENTLY REQUIRE ANY ASSISTANCE IN DRESSING?**

- 1  Yes  
2  No (Skip to Q.29)  
3  Remains partially or completely undressed (Skip to Q.29)  
9  Don't know (Skip to Q.29)

**b. DOES—DRESS WITH THE HELP OF:**

- (1) SPECIAL EQUIPMENT? . . . . . 1  Yes    2  No
- (2) ANOTHER PERSON? . . . . . 1  Yes    2  No

**29a. DOES—CURRENTLY REQUIRE ANY ASSISTANCE IN EATING? (Consider cutting of meat and buttering of bread as assistance.)**

- 1  Yes  
2  No (Skip to Q.30)  
3  Requires tube or intravenous feeding (Skip to Q.30)  
9  Don't Know (Skip to Q.30)

**b. DOES—EAT WITH THE HELP OF:**

- (1) SPECIAL EQUIPMENT? . . . . . 1  Yes    2  No
- (2) ANOTHER PERSON? . . . . . 1  Yes    2  No

**30a. IS ~~\_\_\_\_\_~~ BEDFAST?**

1  Yes (*Skip to Q.33*)      2  No

**b. IS ~~\_\_\_\_\_~~ CHAIRFAST?**

1  Yes (*Skip to Q.31*)      2  No

**c. DOES ~~\_\_\_\_\_~~ CURRENTLY REQUIRE ANY ASSISTANCE IN WALKING?**

1  Yes      2  No (*Skip to Q.31*)      9  Don't know (*Skip to Q.31*)

**d. DOES ~~\_\_\_\_\_~~ WALK WITH THE HELP OF:**

(1) SPECIAL EQUIPMENT? . . . . . 1  Yes      2  No

(2) ANOTHER PERSON? . . . . . 1  Yes      2  No

**31a. DOES ~~\_\_\_\_\_~~ GO OUTSIDE THE GROUNDS OF THIS FACILITY?**

1  Yes      2  No (*Skip to Q.32*)      9  Don't know (*Skip to Q.32*)

**b. WHEN ~~\_\_\_\_\_~~ GOES OUTSIDE THE GROUNDS, DOES ~~\_\_\_\_\_~~ REQUIRE THE HELP OF**

(1) SPECIAL EQUIPMENT? . . . . . 1  Yes      2  No

(2) ANOTHER PERSON? . . . . . 1  Yes      2  No

**32a. DOES ~~\_\_\_\_\_~~ CURRENTLY REQUIRE ANY ASSISTANCE USING THE TOILET ROOM?**

- 1  Yes
- 2  No (*Skip to Q.33*)
- 3  Does not use toilet room (Ostomy patient, chairfast, etc.) (*Skip to Q.33*)
- 9  Don't Know (*Skip to Q.33*)

**b. DOES ~~\_\_\_\_\_~~ REQUIRE THE HELP OF:**

(1) SPECIAL EQUIPMENT? . . . . . 1  Yes      2  No

(2) ANOTHER PERSON? . . . . . 1  Yes      2  No

**33a. DOES ~~\_\_\_\_\_~~ CURRENTLY HAVE ANY DIFFICULTY IN CONTROLLING ~~\_\_\_\_\_~~ BOWELS?**

- 1  Yes
- 2  No (*Skip to Q.34*)
- 3  Not applicable-has had an ostomy (*Skip to Q.34*)
- 9  Don't Know (*Skip to Q.34*)

**b. HOW FREQUENTLY DOES ~~\_\_\_\_\_~~ HAVE THIS DIFFICULTY?**

- 1  Daily
- 2  Several times a week
- 3  Once a week
- 4  Less than once a week
- 9  Don't Know

---

**34a. DOES CURRENTLY HAVE ANY DIFFICULTY IN CONTROLLING BLADDER?**

- 1  Yes  
2  No (Skip to Q.35)  
3  Not applicable-has indwelling catheter, ostomy, or external device (Skip to Q.35)  
9  Don't Know (Skip to Q.35)

**b. HOW FREQUENTLY DOES HAVE THIS DIFFICULTY?**

- 1  Daily  
2  Several times a week  
3  Once a week  
4  Less than once a week  
9  Don't Know

**c. DOES THIS OCCUR ONLY AT NIGHT?**

- 1  Yes    2  No    9  Don't know
- 

**35. DURING (last month) DID PARTICIPATE IN ANY ORGANIZED RECREATION ACTIVITIES IN THIS FACILITY?**

- 1  Yes    2  No    9  Don't know
- 

**36a. DURING (last month), DID LEAVE THE FACILITY FOR ANY RECREATIONAL OR LEISURE ACTIVITIES?**

- 1  Yes    2  No (Skip to Q.37)    9  Don't Know (Skip to Q.38)

**b. Show Flashcard #13 FOR WHICH OF THE FOLLOWING ACTIVITIES DID LEAVE THE FACILITY? (Mark (X) all that apply)**

- (1) Go on shopping trips  
 (2) Go to visit family or friends  
 (3) Attend religious services or other religious activities  
 (4) Visit a beauty shop or barber shop  
 (5) Visit community clubs (civic clubs, service clubs, bridge clubs, unions, etc.)  
 (6) Attend movies, plays, concerts, etc.  
 (7) Attend arts and crafts classes  
 (8) Go to library  
 (9) Visit museums, parks, fairs, etc.  
 (10) Go for a walk  
 (11) Leave facility with family or friends (activity unknown)  
 (12) Other, Specify \_\_\_\_\_  
 Don't Know

Skip to Q.38

---

37. **Show Flashcard #14** **WHAT WERE THE REASONS THAT \_\_\_\_\_ DIDN'T LEAVE THE HOME TO PARTICIPATE IN ANY ACTIVITIES DURING (last month)? (Mark (X) all that apply)**

- a. Participated in activities inside the facility
- b. Not able due to illness/disability
- c. Refused, not interested
- d. Confused, disoriented, frightened
- e. Behavior problem
- f. Cannot afford the activities
- g. No one available to accompany the resident
- h. Lack of transportation
- i. Recent admission
- j. Other, Specify \_\_\_\_\_
- Don't Know

38a. **DURING THE PAST 12 MONTHS, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS?**

- 1  Yes    2  No (Skip to Q.39)    9  Don't know (Skip to Q.40)

**b. WHERE DID \_\_\_\_\_ GO WHEN ON THE MOST RECENT LEAVE?**

- 1  To own home or apartment
- 2  To home of family or relatives
- 3  To home of unrelated friends
- 4  To boardinghouse or foster home
- 5  To another place, Specify \_\_\_\_\_
- 9  Don't know

**c. IN WHAT MONTH WAS THAT LAST LEAVE?**

Month

**d. ABOUT HOW LONG WAS THAT LEAVE?**

- 1  Overnight
- 2  Two days/a weekend
- 3  3-6 days
- 4  7 to 13 days
- 5  Two weeks or more
- 9  Don't know

**Skip to Q.40**

39. **Show Flashcard #15**

**WHY DIDN'T GO ON OVERNIGHT LEAVE? (Mark (X) all that apply)**

- a. Not able due to illness/disability
- b. Refused, not interested
- c. Confused, disoriented, frightened
- d. Behavior problem
- e. No place to go/no people to visit
- f. Lack of transportation
- g. Laws/regulations, payment policy forbid overnight leave
- h. Laws/regulations, payment policy discourage overnight leave
- i. Recent admission
- j. Other, Specify \_\_\_\_\_
- Don't know

**40a. DOES HAVE ANY VISITORS FROM OUTSIDE THE FACILITY?**

- 1  Yes    2  No (Skip to Q.41)    9  Don't Know (Skip to Q.41)

**b. WHO ARE THESE VISITORS? (Mark (X) all that apply)**

- (1) Spouse     (3) Grandchildren     (5) Brother or sister     (7) Friends, minister, co-workers  
 (2) Children     (4) Parents     (6) Other relatives     (8) Volunteers from religious, civic, or other charitable organizations     Don't know

**c. HOW FREQUENTLY DOES HAVE VISITORS?**

- 01  Daily    06  About once every two months  
02  At least once a week    07  Several times a year  
03  Nearly every week    08  About once a year  
04  About every two weeks    09  Other, Specify \_\_\_\_\_  
05  About once a month    99  Don't know

**41. HOW MANY BEDS ARE IN ROOM?**

- 1  One bed (i.e., the resident's own bed)  
2  Two beds  
3  Three beds  
4  Four beds  
5  Five or more beds

**42. HOW LONG HAVE YOU PROVIDED CARE FOR?**

- 1  less than 1 month  
2  1-3 months  
3  4-6 months  
4  7-11 months  
5  12 months or more  
6  I do not provide care

Interviewer, Read: THE REMAINING FEW QUESTIONS DEAL WITH CHARGES AND PAYMENT SOURCES. DO YOU HAVE THIS INFORMATION?

1  Yes (Go to note above Q.43)

2  No (Determine who has information and when you have completed all the Current Resident Questionnaires, interview that person for the information, using Prompt Card #11.)  
Fill in elapsed time since start of interview.

E. End Time _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm	F. Time elapsed <input type="text"/> <input type="text"/> Minutes
--	---

G. Start Time _____ 1 <input type="checkbox"/> am 1 <input type="checkbox"/> pm
--

INTERVIEWER NOTE: Before proceeding, refer to the admission date in Q.6. If the resident was admitted after the first day of last month, mark this box  and skip to Q.44. Otherwise, continue with Q.43.

43. FOR THE MONTH OF (last month), WHAT WAS THE TOTAL CHARGE BILLED FOR CARE, INCLUDING ALL CHARGES FOR PRIVATE DUTY NURSING, DRUGS, AND SPECIAL MEDICAL SUPPLIES?

\$       .00 per

2 Day  
 3 Week  
 4 Month  
 5 Other period, Specify \_\_\_\_\_

No charge is made for care, explain:

- 1  Facility assumes cost  
2  Initial payment/life care arrangement  
3  Other, Specify \_\_\_\_\_

Don't Know (Not billed yet, etc.)

Skip to Q.45

44. 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?

\$       .00 per

1 Entire Reporting Period  
 2 Day  
 3 Week  
 4 Month  
 5 Other period, Specify \_\_\_\_\_

No charge is made for care, explain:

- 1  Facility assumes cost  
2  Initial payment/life care arrangement  
3  Other, Specify \_\_\_\_\_

Don't Know (Not billed yet, etc.)

45. **Show Flashcard #16** **WHAT WERE ALL THE SOURCES OF PAYMENT FOR——CARE DURING THIS TIME? (Mark (X) all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> a. Own income, family support, health insurance, retirement funds, social security, etc. | <input type="checkbox"/> g. VA contract  |
| <input type="checkbox"/> b. Medicare  | <input type="checkbox"/> h. Initial payment-life care funds                              |
| <input type="checkbox"/> c. Medicaid-skilled nursing  | <input type="checkbox"/> i. No charge made for care (Facility assumes cost)              |
| <input type="checkbox"/> d. Medicaid-intermediate care  | <input type="checkbox"/> j. Payment source not yet determined. (Skip to Note below Q.47) |
| <input type="checkbox"/> e. Other government assistance or welfare  | <input type="checkbox"/> k. Other, Specify _____   |
| <input type="checkbox"/> f. Religious organizations, foundations, volunteer agencies                              |  |

46. **Show Flashcard #16** **WHAT WAS THE PRIMARY SOURCE OF PAYMENT FOR——CARE DURING THIS TIME?**

- |  |  |
|--|--|
| 01 <input type="checkbox"/> a. Own income, family support, health insurance, retirement funds, social security, etc. | 07 <input type="checkbox"/> g. VA contract   |
| 02 <input type="checkbox"/> b. Medicare  | 08 <input type="checkbox"/> h. Initial payment-life care funds                             |
| 03 <input type="checkbox"/> c. Medicaid-skilled nursing  | 09 <input type="checkbox"/> i. No charge made for care (Facility assumes cost)             |
| 04 <input type="checkbox"/> d. Medicaid-intermediate care  | 10 <input type="checkbox"/> j. Payment source not yet determined (Skip to Note below Q.47) |
| 05 <input type="checkbox"/> e. Other government assistance or welfare  | <input type="checkbox"/> k. Other, Specify _____   |
| 06 <input type="checkbox"/> f. Religious organizations, foundations, volunteer agencies                              |  |

47. **WHAT WAS THE AMOUNT PAID BY THE PRIMARY SOURCE OF PAYMENT DURING THIS TIME?**

\$     .00

**INTERVIEWER NOTE: Be sure to fill in the items below and continue to the next Current Resident Questionnaire.**

<b>H. End Time</b> _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm	<b>I. Time elapsed</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>Minutes</b>
---	------------------------	--



# Discharged Resident Sampling List

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 PUBLIC HEALTH SERVICE  
 Health Resources Administration  
 National Center for Health Statistics  
 1977 National Nursing Home Survey

Sheet \_\_\_ of \_\_\_ Sheets

OMB # 68-575025  
 APPROVAL EXPIRES 12-31-77

## 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. Start Time _____	1 <input type="checkbox"/> am	B. Type of identifier used: 1 <input type="checkbox"/> Name	2 <input type="checkbox"/> Other, Specify _____
	2 <input type="checkbox"/> pm		
C. Sample Designation: SW [ ] [ ] [ ] [ ] TE [ ] [ ] [ ] [ ]			
D. Residents Discharged During 1976:		Facility Total [ ] [ ] [ ] [ ]	E. New SW and TE Numbers: 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
F. Total in Sample [ ] [ ] [ ]	G. End Time _____	1 <input type="checkbox"/> am	H. Time Elapsed [ ] [ ] [ ] [ ] Minutes
		2 <input type="checkbox"/> pm	

Circle Line Nos. of Residents in Sample

DISCHARGED RESIDENTS			
LINE NO.	Resident Identifier	Date of Discharge	
		Mo.	Day
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 RESIDENTS			
LINE NO.	Resident Identifier	Date of Discharge	
		Mo.	Day
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
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41			
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44			
45			
46			
47			
48			
49			
50			

If more lines are needed CONTINUE ON THE BACK

**DISCHARGED RESIDENT SAMPLING LIST—CONTINUED**

Circle Line Nos. of Residents in Sample

DISCHARGED RESIDENTS			
LINE NO.		Date of Discharge	
		Mo.	Day
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			

DISCHARGED RESIDENTS			
LINE NO.		Date of Discharge	
		Mo.	Day
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
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96			
97			
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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.*

# Discharged Resident Questionnaire

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
 PUBLIC HEALTH SERVICE  
 Health Resources Administration  
 National Center for Health Statistics  
 1977 National Nursing Home Survey

## DISCHARGED RESIDENT QUESTIONNAIRE

OMB # 68-S75025  
 APPROVAL EXPIRES 12-31-77

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).

<b>A. Resident Line No.</b> <input type="text"/>	<b>B. Date of Interview</b> <input type="text"/> Mo. <input type="text"/> Day <input type="text"/> Year	<b>C. Date of Discharge</b> <input type="text"/> Mo. <input type="text"/> Day <input type="text"/> Year
<b>D. Interviewer Name</b> _____		<b>E. Start Time</b> _____ 1 <input type="checkbox"/> am _____ 2 <input type="checkbox"/> pm

1. WHAT WAS THE DATE OF ADMISSION PRIOR TO THE DISCHARGE DATE OF (Date of Discharge)?

Mo.     Day     Year

2. WHAT WAS THE SEX OF THIS RESIDENT?

1  Male    2  Female

3. WHAT WAS \_\_\_\_\_ DATE OF BIRTH?

Mo.     Day     Year    or     Age

4. WHAT WAS \_\_\_\_\_ MARITAL STATUS AT DISCHARGE?

1  Married    2  Widowed    3  Divorced    4  Separated    5  Never Married    9  Don't know

5. WAS \_\_\_\_\_ DISCHARGED ALIVE?

1  Yes  
 2  No (Skip to instruction above Q.7)  
 9  Don't know (Skip to instruction above Q.7)

**6a. WHERE DID \_\_\_\_\_ STAY IMMEDIATELY AFTER DISCHARGE FROM THIS FACILITY?**

- 1  Private residence (house or apartment) *(Skip to instruction above Q.7)*
- 2  Rented room, boarding house *(Skip to instruction above Q.7)*
- 3  Retirement home *(Skip to instruction above Q.7)*
- 4  Another health care facility
- 5  Other arrangements, Specify \_\_\_\_\_ *(Skip to instruction above Q.7)*
- 9  Don't know *(Skip to instruction above Q.7)*

**b. Show Flashcard #1 WHAT TYPE OF FACILITY WAS IT?**

- 1  Domiciliary or personal care facility
- 2  Intermediate Care Facility (ICF)
- 3  Skilled Nursing Facility (SNF)
- 4  Facility for mentally retarded
- 5  General or short term hospital
- 6  Mental hospital
- 7  Chronic disease, rehabilitation, geriatric or other long-term care hospital
- 8  Other, Specify \_\_\_\_\_ *(Skip to instruction above Q.7)*
- 9  Don't know *(Skip to instruction above Q.7)*

**c. DID \_\_\_\_\_ DIE IN THIS OTHER HEALTH CARE FACILITY?**

- 1  Yes      2  No      9  Don't know

---

*Interviewer, Read: "SINCE THIS RESIDENT HAS BEEN DISCHARGED, THE REMAINING QUESTIONS REFER TO HEALTH STATUS AT THE TIME OF DISCHARGE, THAT IS, ON (Date of Discharge in item C)."*

---

*INTERVIEWER NOTE: If the resident was in the home less than twelve months prior to discharge, mark this box  and skip to Q.8. Otherwise, continue with Q.7a.*

---

**7a. DID \_\_\_\_\_ RECEIVE A FLU SHOT WITHIN THE TWELVE MONTHS PRIOR TO (Date of Discharge)?**

- 1  Yes      2  No *(Skip to Q.7c)*      9  Don't Know - No Record *(Skip to Q.7c.)*

**b. WHEN DID \_\_\_\_\_ RECEIVE THE FLU SHOT?**

- Don't know  
mo.      yr.

**c. DID \_\_\_\_\_ CATCH THE FLU DURING THE NINE MONTHS PRIOR TO (Date of Discharge)?**

- 1  Yes      2  No *(Skip to Q.8)*      9  Don't Know - No Record *(Skip to Q.8.)*

**d. WHEN DID \_\_\_\_\_ CATCH THE FLU?**

- Don't know  
mo.      yr.
-

B. **Show Flashcard #2** DID \_\_\_\_\_ HAVE ANY OF THE FOLLOWING CONDITIONS OR IMPAIRMENTS? (Mark (X) all that apply).

None of these conditions

A. Mental Conditions/Impairments

- (1) Senility
- (2) Mental Retardation
- (3) Mental Illness
- (4) Chronic Brain Syndrome

**INTERVIEWER NOTE:** If the respondent reports that the resident was both mentally retarded and mentally ill, mark this box  and read: **HAVE I RECORDED CORRECTLY THAT \_\_\_\_\_ WAS MENTALLY ILL AND MENTALLY RETARDED?** If necessary, correct.

B. Physical Conditions/Impairments

- (5) Hardening of the Arteries
- (6) Stroke
- (7) Hypertension
- (8) Heart Trouble
- (9) Edema (Fluid Retention)
- (10) Arthritis/Rheumatism
- (11) Paralysis or Palsy other than arthritis - stroke related
- (12) Paralysis or Palsy other than arthritis - unrelated to stroke
- (13) Parkinson's Disease
- (14) Kidney Trouble/Chronic Urinary Tract Infections
- (15) Constipation
- (16) Insomnia
- (17) Diabetes
- (18) Cancer
- (19) Deafness
- (20) Blindness
- (21) Glaucoma
- (22) Cataracts
- (23) Chronic Respiratory Disease
- (24) Anemia
- (25) Bedsores
- (26) Hip Fractures
- (27) Other Fractures
- (28) Alcoholism
- (29) Drug Addiction
- (30) Chronic Back/Spine Problems (excluding Stiffness and Deformity)

Permanent Stiffness or Deformity of:

- (31) back
- (32) arms
- (33) legs
- (34) extremities (feet, toes, hands or fingers)

Missing Limbs or Extremities:

- (35) arms
- (36) legs
- (37) extremities (feet, toes, hands or fingers)

Don't know

---

9. **Show Flashcard #3** ACCORDING TO \_\_\_\_\_ MEDICAL RECORD, WHAT WAS THE PRIMARY DIAGNOSIS AT THE TIME OF ADMISSION, THAT IS, ON (Date of Admission in Q.1)?

**A. Heart and Other Circulatory Problems**

- 01  Congestive Heart Failure (C.H.F.)
- 02  Hardening of the Arteries (Arteriosclerosis, A.S.H.D.)
- 03  Heart Attack, Ischemic Heart Disease (Acute Myocardial Infarction-M.I.)
- 04  High Blood Pressure (Hypertension)
- 05  Phlebitis
- 06  Pulmonary Embolism
- 07  Rheumatic Heart Disease
- 08  Stroke (Cerebrovascular Disease-C.V.A.)
- 09  Other Circulatory Problems, Specify \_\_\_\_\_

**B. Mental Disorders**

- 10  Chronic Brain Syndrome
- 11  Mental Retardation
- 12  Neurosis
- 13  Psychosis (Schizophrenia, Paranoia, Manic Depression, etc.)
- 14  Senile Psychosis (Senile Dementia)
- 15  Senile, Not Psychotic
- 16  Other Mental Disorders, Specify \_\_\_\_\_

**C. Other Diagnoses**

- 17  Alcoholism
  - 18  Anemia
  - 19  Arthritis/Rheumatism
  - 20  Asthma
  - 21  Blindness
  - 22  Bone Fracture, other than Hip
  - 23  Bronchitis
  - 24  Cancer (Malignant Neoplasm)
  - 25  Cataracts
  - 26  Cirrhosis of the Liver
  - 27  Deafness
  - 28  Diabetes
  - 29  Drug Addiction
  - 30  Emphysema
  - 31  Epilepsy
  - 32  Glaucoma
  - 33  Gout
  - 34  Hip Fracture
  - 35  Multiple Sclerosis
  - 36  Parkinson's Disease
  - 37  Pneumonia
  - 38  Polio
  - 39  Respiratory, other than Pneumonia
  - 40  Syphilis
  - 41  Ulcers
  - 42  Other, Specify \_\_\_\_\_
  - 99  Don't know
-

**10a. DURING THIS PARTICULAR STAY, WHEN DID \_\_\_\_\_ LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR AN EXAMINATION?**

or  Never saw a doctor during this stay (*Skip to Q.11*)  Don't know (*Skip to Q.11*)  
 Mo. Day Year

**b. AT THAT TIME DID \_\_\_\_\_ RECEIVE:**

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
(1) AN EXAMINATION?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
(2) A PRESCRIPTION (INCLUDING REFILLS)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
(3) TREATMENT?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
(4) ORDERS FOR LABORATORY TESTS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
(5) ANY OTHER SERVICES?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

Specify \_\_\_\_\_

**11. Show Flashcard #4 DURING THE LAST 7 DAYS BEFORE DISCHARGE, THAT IS, FROM (Date 7 days prior to discharge date) TO (Date of Discharge), WHICH OF THESE SERVICES DID \_\_\_\_\_ RECEIVE? (Mark (X) all that apply)**

- a. Blood pressure reading
- b. Temperature-pulse-respiration
- c. Application of sterile dressings or bandages
- d. Full bed-bath
- e. Rub or massage
- f. Enema
- g. Catheterization
- h. Bowel retraining
- i. Bladder retraining
- j. Irrigation
- k. Oxygen therapy
- l. Intravenous injection
- m. Hypodermic injection
- n. Administration of other medical treatment by staff
- o. Special diet

**(1) WHAT TYPE OF DIET WAS IT? (Mark (X) all that apply)**

- a. diabetic
- b. low sodium
- c. bland
- d. soft
- e. low cholesterol
- f. weight loss
- g. weight gain
- h. Other, Specify \_\_\_\_\_

- None of the above services received
- Don't know

**12a. DURING (Last calendar month before discharge) OF 1976, DID——RECEIVE ANY THERAPY SERVICES EITHER INSIDE OR OUTSIDE OF THIS FACILITY FROM A LICENSED, REGISTERED, OR PROFESSIONALLY TRAINED THERAPIST?**

- 1  Yes    2  No (Skip to Q.13)    9  Don't know (Skip to Q.13)

**b. Show Flashcard #5 WHICH TYPES OF THERAPY DID——RECEIVE DURING THAT MONTH? (Mark (X) all that apply)**

- (1) Physical therapy
- (2) Occupational therapy
- (3) Recreational therapy
- (4) Speech and hearing therapy
- (5) Counseling/therapy by a psychiatrist, psychologist, or other mental health worker
- (6) Counseling by social worker
- (7) Reality orientation
- (8) Other therapy services, Specify \_\_\_\_\_

**13. Show Flashcard #6 DID——REGULARLY USE ANY OF THESE AIDS? (Mark (X) all that apply)**

- a. Eye glasses
- b. Hearing aid
- c. Wheelchair
- d. Cane
- e. Walker
- f. Crutches
- g. Braces
- h. Slings
- i. Artificial limb
- j. Mechanical feeding device
- k. Orthopedic shoe
- l. Geriatric chair
- m. Posey belt or similar devices
- n. Cuffs
- o. Other aids or devices, Specify \_\_\_\_\_

No aids used

Don't know



14a. WAS — BEDFAST?

- 1  Yes (Skip to Q.15)    2  No    9  Don't know

b. WAS — CHAIRFAST?

- 1  Yes    2  No    9  Don't know

15. DID — HAVE ANY DIFFICULTY IN CONTROLLING — BOWELS?

- 1  Yes  
2  No  
3  Not applicable, had an ostomy  
9  Don't know

16. DID — HAVE ANY DIFFICULTY IN CONTROLLING — BLADDER?

- 1  Yes  
2  No  
3  Not applicable, had ostomy, indwelling catheter, or external device  
9  Don't know

Interviewer, Read: THE REMAINING QUESTIONS DEAL WITH CHARGES AND PAYMENT SOURCES. DO YOU HAVE THIS INFORMATION?

- 1  Yes (Go to note above Q.17)  
2  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.)

F. End Time _____	1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm	G. Time elapsed	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Minutes
-------------------	--	-----------------	---	---------

H. Start Time _____	1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm
---------------------	--

INTERVIEWER NOTE: Before proceeding, refer to the admission date in Q.1. If resident was admitted after the first day of the calendar month preceding the date of discharge, mark this box  and skip to Q.18. Otherwise, continue with Q.17.

17. FOR THE MONTH OF (last calendar month before discharge), WHAT WAS THE TOTAL CHARGE BILLED FOR — CARE, INCLUDING ALL CHARGES FOR PRIVATE DUTY NURSING, DRUGS, AND SPECIAL MEDICAL SUPPLIES?

\$     .00 per

- 2  Day
- 3  Week
- 4  Month
- 5  Other period, Specify \_\_\_\_\_

No charge made for care, Explain:

- 1  Facility assumed cost  
2  Initial payment/life care arrangement  
3  Other, Specify \_\_\_\_\_

Don't know (Not billed yet, etc.)

Skip to Q.19

**18. FROM (Date of Admission) THROUGH (Date of Discharge), WHAT WAS THE TOTAL CHARGE BILLED FOR CARE, INCLUDING ALL CHARGES FOR PRIVATE DUTY NURSING, DRUGS, AND SPECIAL MEDICAL SUPPLIES?**

\$      .00

per

- 1  Entire reporting period
- 2  Day
- 3  Week
- 4  Month
- 5  Other period, Specify \_\_\_\_\_

No charge made for care, explain:

- 1  Facility assumed cost
- 2  Initial payment/life care arrangement
- 3  Other, Specify \_\_\_\_\_

Don't know (Not billed yet, etc.)

**19. Show Flashcard #7 WHAT WERE ALL THE SOURCES OF PAYMENT FOR CARE DURING THIS TIME? (Mark (X) all that apply)**

- a. Own income, family support, health insurance, retirement funds, social security, etc.
- b. Medicare
- c. Medicaid-skilled nursing
- d. Medicaid-intermediate care
- e. Other government assistance or welfare
- f. Religious organizations, foundations, volunteer agencies
- g. VA contract
- h. Initial payment-life care funds
- i. No charge made for care (Facility assumed cost)
- j. Payment source not determined (Skip to note below Q.21)
- k. Other, Specify \_\_\_\_\_
- Don't know

**20. Show Flashcard #7 WHAT WAS THE PRIMARY SOURCE OF PAYMENT FOR CARE DURING THIS TIME?**

- 01  a. Own income, family support, health insurance, retirement funds, social security, etc.
- 02  b. Medicare
- 03  c. Medicaid-skilled nursing
- 04  d. Medicaid-intermediate care
- 05  e. Other government assistance or welfare
- 06  f. Religious organizations, foundations, volunteer agencies
- 07  g. VA contract
- 08  h. Initial payment-life care funds
- 09  i. No charge made for care (Facility assumed cost)
- 10  j. Payment source not determined (Skip to note below Q.21)
- 11  k. Other, Specify \_\_\_\_\_
- 12  Don't know

**21. WHAT WAS THE AMOUNT PAID BY THE PRIMARY SOURCE OF PAYMENT DURING THIS TIME?**

\$      .00

Don't know

*INTERVIEWER NOTE: Be sure to fill in the items below and continue to next Discharged Resident Questionnaire.*

I. End Time _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm	J. Time Elapsed <input type="text"/> <input type="text"/> <input type="text"/> Minutes
--	--

## Staff Classification Card

### STAFF CLASSIFICATION CARD

**WHICH OF THE FOLLOWING JOB CATEGORIES BEST FITS THE JOB WHICH THIS EMPLOYEE DOES IN THIS FACILITY? (If the employee performs more than one job, select the job for which the employee spends the most time.)**

01. Administrator, Assistant Administrator
02. Physician (M.D. or D.O.)
03. Residents and Interns
04. Dentist
05. Pharmacist
06. Registered Occupational Therapist
07. Other Occupational Therapist or Assistant
08. Registered Physical Therapist
09. Other Physical Therapist or Assistant
10. Activities Director (Recreational Therapist)
11. Dietician or Nutritionist
12. Social Worker
13. Social Work Technician/Assistant
14. Speech Pathologist and/or Audiologist
15. Registered Medical Records Administrator
16. Other Medical Records Administrator or Technician
17. Registered Nurse (R.N.)
18. Licensed Practical Nurse (L.P.N.) or Licensed Vocational Nurse (L.V.N.)
19. Nurse's Aide/Orderly
20. Other Professional Occupations (Including Psychologist, X-Ray Technicians, etc.)

# Staff Sampling List

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE Health Resources Administration National Center for Health Statistics 1977 National Nursing Home Survey		Sheet _____ of _____	OMB # 68-S75025 APPROVAL EXPIRES 12-31-77			
<b>STAFF SAMPLING LIST</b>		Control No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>				
<b>Confidential Information</b>						
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. Start Time _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm	B. What is the total number of employees working in this facility, including contract personnel, the administrator, office and kitchen workers and maintenance staff? <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>					
C. If this facility is a unit of a larger institution, and respondent is unable to report employees who work only in this unit of the facility, check here. <input type="checkbox"/>		D. Total in Sample <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>				
E. Please indicate in which Occupational Code Groups you have chosen new SW and TE numbers. Group A <input type="checkbox"/> Group C <input type="checkbox"/> Group E <input type="checkbox"/> Group B <input type="checkbox"/> Group D <input type="checkbox"/>		F. End Time _____ 1 <input type="checkbox"/> am 2 <input type="checkbox"/> pm G. Elapsed Time <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> Minutes				
LINE NO.	STAFF NAMES		STAFF OCCUPATION CODES			
			Group B 01-16 and 20	Group C 17	Group D 18	Group E 19
		SW <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	SW <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	SW <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	SW <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	SW <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>
		TE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	TE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	TE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	TE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	TE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>
		Number Selected	Number Selected	Number Selected	Number Selected	Number Selected
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

**STAFF SAMPLING LIST—CONTINUED**

LINE NO.	STAFF NAMES	STAFF OCCUPATION CODES				
		Group A (contract) 01-16 and 20	Group B 01-16 and 20	Group C 17	Group D 18	Group E 19
11						
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**STAFF SAMPLING LIST-CONTINUED**

LINE NO.	STAFF NAMES	STAFF OCCUPATION CODES				
		Group A (Contract) 01-16 and 20	Group B 01-16 and 20	Group C 17	Group D 18	Group E 19
41						
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**STAFF SAMPLING LIST-CONTINUED**

LINE NO.	STAFF NAMES	STAFF OCCUPATION CODES			
		Group B 01-16 and 20	Group C 17	Group D 18	Group E 19
71					
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99					

**TOTAL LISTED IN GROUPS:**    A = \_\_\_\_\_    B = \_\_\_\_\_    C = \_\_\_\_\_    D = \_\_\_\_\_    E = \_\_\_\_\_

Letter to Staff Member



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
ROCKVILLE, MARYLAND 20857

NATIONAL CENTER FOR  
HEALTH STATISTICS

Dear Staff Member:

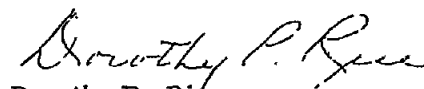
You were recently asked to complete a questionnaire for the National Nursing Home Survey being conducted by the National Center for Health Statistics of the U.S. Public Health Service in the Department of Health, Education, and Welfare.

I want to emphasize that the information you supply will be used solely for statistical research and reporting purposes. No information collected under the authority of Section 306 (42 USC 242K) of the Public Health Service Act may be used for any purpose other than the purpose for which it was supplied, and such information may not be published or released in other form if the individual or establishment is identifiable unless the individual or establishment has consented to such release.

The published statistics based on this survey will show the background and training of nursing home employees at the national and regional levels. These data will be used to develop private and public health manpower training programs. Because you were randomly selected in the sample for a particular occupational group, your responses represent others in that group. Although your participation is voluntary, it is essential that all staff members respond so that the data are accurate and complete.

Since we have not received your completed questionnaire, another copy of the questionnaire and a postage-paid business reply envelope are enclosed. We would greatly appreciate your cooperation in completing and returning your questionnaire within five working days. The questionnaire takes only a few minutes to complete, and your answers are totally confidential. If you have any questions, you may call 301/770-2048 collect for answers.

Sincerely yours,

  
Dorothy P. Rice  
Director

Enclosures



# Staff Questionnaire

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
Health Resources Administration  
National Center for Health Statistics  
1977 National Nursing Home Survey

## STAFF QUESTIONNAIRE

OMB # 68-S75025  
APPROVAL EXPIRES 12-31-77

CONTROL NO.

A. LINE NO. <input type="text"/>	B. OCCUPATION CODE <input type="text"/>	C. _____ (Occupational Title)
----------------------------------	---	----------------------------------

### 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 THESE INSTRUCTIONS BEFORE YOU BEGIN TO ANSWER THE STAFF 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.

The occupation for which you were sampled is cited in Item C above. All questions about your work refer to that occupation and you should keep that in mind as you complete this instrument.

Most of the questions have detailed instructions printed in italics after them. The instructions were put there to help you to give the most accurate answer possible to the questions. If you have any questions regarding items on the questionnaire or how you should complete it, please call COLLECT 301-770-2048 and a National Nursing Home Survey employee 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 is still in the facility or drop it in the mail to the address cited on the bottom of page 4.

**1. HOW LONG HAVE YOU WORKED IN THE OCCUPATION SPECIFIED IN ITEM C ON THE FRONT OF THIS QUESTIONNAIRE:**

*(Please be sure that both years and months are filled in. If less than one year, enter "00" in Yrs. box; if less than one month, enter "00" in Mos. box.)*

a. **IN THIS FACILITY?**

Yrs. Mos.

b. **IN OTHER NURSING HOMES, HOMES FOR THE AGED, HOSPITALS, OR SIMILAR FACILITIES?** (Only count work experience before your employment in this facility.)

OR Mark this box if you have never worked in any other nursing or hospital facility.

**2. ARE YOU A MEMBER OF THE STAFF OF THIS FACILITY OR EMPLOYED UNDER CONTRACT?**

*(Mark only one box)*

- 1  Staff member (Part Time or Full Time)      2  Under contract (Part Time or Full Time)  
3  Other arrangement, Specify \_\_\_\_\_

**3. DO YOU USUALLY PERFORM ANY OF THE FOLLOWING SERVICES IN THIS FACILITY?**

*(Mark the Yes or No box for each line)*

- |  |                                |                               |
|--|--------------------------------|-------------------------------|
| a. Administration of the facility                      | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| b. Screening persons for admission                     | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| c. Nursing care  | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| d. Medical and dental care                             | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| e. Physical therapy                                    | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| f. Occupational therapy                                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| g. Recreational therapy                                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| h. Speech and hearing therapy                          | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| i. Social work, counseling (religious, etc.)           | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| j. Training of staff                                   | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| k. Supervision of staff                                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| l. Clerical work, medical and social record keeping    | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| m. Kitchen/dietary work, grocery shopping              | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| n. Housekeeping services, maintenance, care of grounds | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |
| o. Other, Specify _____                                | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No |

**4. HOW MANY HOURS PER WEEK DO YOU USUALLY WORK IN THIS FACILITY?**

hours per 1  week  
2  other time period, Specify \_\_\_\_\_

**5a. DO YOU USUALLY WORK ANY ADDITIONAL HOURS IN YOUR PROFESSION BESIDES THE HOURS WORKED IN THIS FACILITY?**

2  No *(Skip to Question 6.)*

1  Yes → **b. HOW MANY?**   hours per 1  week  
2  other time period, Specify \_\_\_\_\_

**6a. WHAT IS THE HIGHEST YEAR OF EDUCATION YOU HAVE COMPLETED?**

*(Please circle only the highest completed year; include whatever professional training you have had.)*

0 1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 <sup>+</sup>
Elementary	High School	College and/or Other Training	More Than Four Years of College and/or Other Training

*If your highest year of completed education is less than 14 years, skip to Question 7.*

**b. DO YOU HAVE AN ASSOCIATE, BACHELOR'S, MASTER'S, OR DOCTORATE DEGREE?**

1  Yes      2  No *(Skip to Question 7)*

**c. WHICH OF THE FOLLOWING DO YOU HOLD?**

(1) Associate   
 (2) Bachelor's   
 (3) Master's   
 (4) Doctorate

**d. SPECIFY MAJOR FIELD OF STUDY FOR EACH DEGREE.**

(1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_  
 (4) \_\_\_\_\_

**e. SPECIFY YEAR COMPLETED**

19\_\_\_\_  
 19\_\_\_\_  
 19\_\_\_\_  
 19\_\_\_\_

**7. DURING THE LAST TWELVE MONTHS, HAVE YOU TAKEN A NON-DEGREE TRAINING COURSE IN ANY OF THE FOLLOWING AREAS?**

*(Training courses include class sessions and seminars. Do not include any courses you have taken for a degree. Mark the Yes or No box for each line.)*

a. Nursing care of the aged or chronically ill . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
b. Medical or dental care of the aged or chronically ill . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
c. Mental or social problems of the aged or chronically ill . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
d. Physical therapy or rehabilitation . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
e. Occupational therapy . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
f. Nutrition or food services . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
g. Nursing home administration or management . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
h. Inservice education . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
i. Medical records . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
j. Activity programs for the aged or chronically ill . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
k. Social services for the aged or chronically ill . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
l. Pharmacology and care of drugs . . . . .	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____
m. Other courses related to your work, Specify _____	2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	→ How many courses? _____

**8. ARE YOU**    2  Female?    OR    1  Male?

**9. WHAT IS YOUR DATE OF BIRTH?**   

Mo.                      Day                      Yr.

**10. WHICH ONE OF THESE GROUPS BEST DESCRIBES YOUR ETHNIC ORIGIN OR ANCESTRY?**

1 <input type="checkbox"/> White (Not of Hispanic Origin)	4 <input type="checkbox"/> Asian or Pacific Islander
2 <input type="checkbox"/> Black (Not of Hispanic Origin)	5 <input type="checkbox"/> Hispanic
3 <input type="checkbox"/> American Indian or Alaska Native	

**11. BEFORE DEDUCTIONS WHAT IS YOUR SALARY FOR THE WORK YOU PERFORM IN THIS FACILITY ONLY?**

(Mark only one box)

Dollars  \$  Cents  per
 

- 1  hour
- 2  day
- 3  week
- 4  two weeks
- 5  one month
- 6  year
- 7  other time period, specify \_\_\_\_\_

OR

I donate my services (Skip to Question 13)

**12. IN ADDITION TO THIS SALARY, DO YOU RECEIVE:**

(Mark the Yes or No box for each line)

- a. Paid vacation, and/or paid holidays, and/or paid sick leave? . . . . . 1  Yes 2  No
- b. Pension plan in addition to Social Security? . . . . . 1  Yes 2  No
- c. Health insurance? . . . . . 1  Yes 2  No
- d. Life insurance? . . . . . 1  Yes 2  No
- e. Direct medical benefits? . . . . . 1  Yes 2  No
- f. Release time for attending training institutes? . . . . . 1  Yes 2  No
- g. Civic or personal leave (such as leave for jury duty, military reserves, voting, funerals)? . . . . . 1  Yes 2  No
- h. Room? . . . . . 1  Yes 2  No
- i. Meals? . . . . . 1  Yes 2  No
- j. Other? Specify \_\_\_\_\_ 1  Yes 2  No

**13. ARE YOU A PHYSICIAN?**

- 2  No (Skip to the message after Question 20.)
- 1  Yes (Go to Question 14. Questions 14 through 20 apply only to physicians.)

**14a. DO YOU ATTEND YOUR OWN PRIVATE PATIENTS IN THIS HOME?**

- 1  Yes
- 2  No (Skip to Question 15)

**b. HOW MANY OF YOUR OWN PRIVATE PATIENTS DO YOU CURRENTLY ATTEND IN THIS FACILITY?**  patients

**15. ARE YOU TEMPORARILY ATTENDING PATIENTS IN THIS FACILITY TO COVER FOR THE PATIENT'S OWN PHYSICIAN?**

- 1  Yes
- 2  No

**16. DO YOU TAKE EMERGENCY CALLS FOR ALL PATIENTS IN THIS HOME?**

- 1  Yes
- 2  No

**17. DO YOU PROVIDE OTHER DIRECT PATIENT SERVICE IN BEHALF OF THE FACILITY'S RESPONSIBILITY FOR SECURING SUCH COVERAGES (e.g., Admission exams, pronouncing deaths, securing medication and diet orders, etc.)?**

- 1  Yes
- 2  No

**18. DO YOU PROVIDE FORMAL INSERVICE TRAINING TO THE FACILITY'S PERSONNEL?**

- 1  Yes
- 2  No

**19. ARE YOU THE MEDICAL DIRECTOR FOR THIS FACILITY?**

- 1  Yes
- 2  No

**20. FOR HOW MANY RESIDENTS IN THIS HOME DO YOU PROVIDE MEDICAL CARE?**

residents

**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  
 INFORMATICS, INC.  
 6000 EXECUTIVE BLVD.  
 ROCKVILLE, MD. 20852

GPO 914-878

## APPENDIX IV

### CRITERIA FOR CLASSIFYING NURSING HOMES ACCORDING TO LEVEL OF NURSING CARE

The criteria for classifying facilities are based on several factors: (1) the number of persons receiving nursing care during the week prior to the day of the survey; (2) administration of medications and treatments in accordance with physician's orders; (3) supervision over medications that may be self-administered; (4) the routine provision of the following criterion personal services: rub and massage, help with tub bath or shower, help with dressing, correspondence, shopping, walking or getting about, and help with eating; and (5) the employment of registered professional or licensed practical nurses. On the basis of these factors, four types of facilities were distinguished and are defined as follows:

*Nursing care home.*—A facility is a nursing care home if nursing care is its primary and predominant function. Those meeting the following criteria are classified as nursing care homes in this report:

1. One or more registered nurses or licensed practical nurses were employed.
2. 50 percent or more of the residents received nursing care during the week prior to the survey. (Nursing care is defined as the provision of one or more of the following services: nasal feeding, catheterization, irrigation, oxygen therapy, full bed bath, enema, hypodermic injection, intravenous injection, temperature-pulse-respiration check, blood pressure reading, application of dressings or bandages, and bowel and bladder retraining.)

*Personal care home with nursing.*—A facility is a personal care home with nursing if personal

care is its primary and predominant function, but some nursing care is also provided. If a facility met either of the following criteria, it was classified as a personal care home with nursing:

1. Some but less than 50 percent of the residents received nursing care during the week prior to the survey, and there was one registered professional or licensed practical nurse or more on the staff.
2. Some of the residents received nursing care during the week prior to the survey, no registered nurses or licensed practical nurses were on the staff, but one or more of the following conditions were met:
  - a. Medications and treatments were administered in accordance with physician's orders.
  - b. Supervision over self-administered medications was provided.
  - c. Three or more personal services were routinely provided.

*Personal care home.*—A facility is a personal care home if its primary and predominant function is personal care and no residents received nursing care during the week prior to the survey. Places in which one or both of the following criteria were met are classified as personal care homes in this report whether or not they employed registered nurses or licensed practical nurses:

1. Medications and treatments were administered in accordance with physician's orders, or supervision over medications

that may be self-administered was provided.

2. Three or more of the criterion personal services were routinely provided.

*Domiciliary care home.*—A facility is a domiciliary care home if its primary and predominant function is domiciliary care but the facility has a responsibility for providing some personal care. If the criteria for a nursing care home or personal care home are not met but one or two of the criterion personal services are routinely provided, the facility is classified as a domiciliary care home in this report.

In the classification process, a criterion was considered as not having been met if the necessary information for that criterion was unknown. For instance, if the type of nursing staff was unknown for a particular place, it was considered as not having met the criteria of having one or more registered nurses or licensed practical nurses on the staff. Establishments indicating that some nursing care was provided but not giving the number of persons to whom this care was provided were considered as facilities providing nursing care to some but less than 50 percent of their patients or residents. Table XX shows in detail the classification of the facilities.

Table XX. Classification of facilities by type of service

Classification variable	Classification criteria												
	50 percent or more				Some but less than 50 percent				None				
Percent of total residents who received nursing care during the week prior to the day of survey .....	50 percent or more				Some but less than 50 percent				None				
Number of registered or licensed practical nurses .....	1+	None			1+	None			None				
Does the facility provide: (a) Administration of medicine or treatments according to doctor's orders .....	...	Yes	No		...	Yes	No		Yes	No			
or (b) Supervision over self-administered medicine?...													
Does the facility offer assistance with three activities or more for daily living? .....	...	...	Yes	No	...	...	Yes	No	...	Yes	No		
Does the facility offer assistance with one or two activities for daily living? .....	...	...	...	Yes	...	...	...	Yes	No	...	...	Yes	No
Does the facility offer room and/or board as its only service? .....	...	...	...	...	...	...	...	...	Yes	...	...	...	Yes
Facility <sup>1</sup> .....	Nc	Pcn	Pcn	Pc	Pcn	Pcn	Pcn	Pc	D	Pc	Pc	D	B

<sup>1</sup>Nc=Nursing care home.  
Pcn=Personal care with nursing home.  
Pc=Personal care home.  
D=Domiciliary care home.  
B=Boarding or rooming house (out of scope).



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Labor cost . . . . .	16		
		Wage, average hourly of staff . . . . .	9
		Waiting list maintained . . . . .	6

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Table 23. Number and percent distribution of nursing home residents by dependency in activities of daily living and index of dependency in activities of daily living, according to selected other resident characteristics: United States, 1977—Con.

Resident characteristic	All residents	Dependency in activities of daily living						Index of dependency in activities of daily living <sup>1</sup>							
		Requires assistance in bathing	Requires assistance in dressing	Requires assistance in using toilet room	Mobility—walks only with assistance or is chairfast or bedfast	Conti-nence—difficulty with bowel and/or bladder control	Requires assistance in eating	Not dependent in bathing, dressing, using toilet room, mobility, continence, or eating	Dependent in only 1 activity	Dependent in bathing and 1 additional activity	Dependent in bathing, dressing, and 1 additional activity	Dependent in bathing, dressing, using toilet room, and 1 additional activity	Dependent in bathing, dressing, using toilet room, mobility, and 1 additional activity	Dependent in all 6 activities	Other <sup>2</sup>
Number															
<b>OUTSIDE LIVING ARRANGEMENT—Con.</b>															
<i>Person who arranged for admission<sup>3</sup></i>															
Self .....	77,300	48,400	28,700	20,000	37,700	15,900	9,800	22,500	15,800	8,300	*	7,000	7,600	*	8,500
Spouse .....	75,800	71,300	65,800	58,600	63,200	50,600	39,700	*	*	*	*	6,700	17,700	29,300	8,400
Children .....	509,800	466,900	386,600	293,700	369,700	250,200	184,700	25,000	55,300	59,400	50,100	54,100	85,600	134,100	46,300
Other relatives .....	258,500	225,100	182,100	138,800	171,900	114,300	83,900	22,900	32,200	32,600	20,200	27,900	43,800	58,200	20,700
Social worker .....	184,300	152,900	116,300	89,700	108,400	77,800	54,600	23,100	28,900	21,700	13,900	15,200	26,300	39,200	15,900
Staff of previous institution .....	141,100	113,600	90,100	65,400	79,700	56,800	41,100	21,800	18,900	18,100	9,600	12,500	17,800	28,600	13,700
Other <sup>4</sup> .....	344,700	301,700	240,200	181,700	234,800	162,300	114,000	29,500	39,700	43,800	30,900	31,700	53,000	83,000	33,200
<b>Temporary resident</b>															
Yes .....	30,600	23,200	16,700	12,100	18,400	7,700	5,700	5,500	*	*	*	*	*	*	*
No or unknown .....	1,272,500	1,101,500	888,300	672,500	843,200	582,000	419,200	118,900	156,600	155,000	107,400	121,800	200,100	299,900	112,800
<b>Discharge plans</b>															
Within 6 months .....	49,000	39,700	30,200	24,100	33,400	12,900	9,500	6,300	6,700	6,000	*	8,800	5,700	6,700	*
Not planned .....	1,254,100	1,085,000	874,700	660,600	829,300	576,900	415,400	118,100	154,300	152,900	105,500	116,300	197,900	296,600	112,500

See footnotes at end of table

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