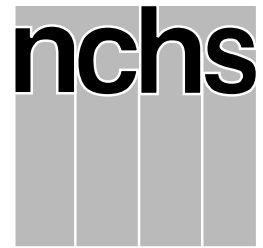


Series 13

No. 147



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# Vital and Health Statistics

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

## The National Nursing Home Survey: 1997 Summary

July 2000



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



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

Hyattsville, Maryland  
July 2000  
DHHS Publication No. (PHS) 2000-1718

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## Abstract

### Objectives

This report presents estimates of nursing home facilities, their current residents and discharges in the United States. Data are presented on facility characteristics, demographic characteristics, utilization measures, health and functional status of current residents, and discharges.

### Methods

Data used in this report are based on data collected from the 1997 National Nursing Home Survey. The survey collects information about providers and recipients of care from nursing home facilities.

**Keywords:** *National Nursing Home Survey • current residents • discharges • long-term care • ICD-9-CM*

# The National Nursing Home Survey: 1997 Summary

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

## Introduction

This report provides information on nursing home facilities in the United States by using data collected in the 1997 National Nursing Home Survey (NNHS). The 1997 NNHS is the fifth in a series of nationwide sample surveys of nursing homes that have been conducted by the National Center for Health Statistics (NCHS). The survey collects information on nursing homes, their residents, discharges, and staff.

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

Data about facilities and on elderly current residents and discharges from the 1997 NNHS have been published by NCHS in several reports (1–2). This report includes numbers and percentages of nursing home facilities, their current residents, and discharges for 1997. Data on nursing facilities are included in [tables 1–6](#). [Tables 7–34](#) show data on current nursing home residents, and data on nursing home discharges are in [tables 35–67](#).

## Methods

### Data Collection

Data collection for the 1997 NNHS was conducted between July and December 1997. The sampling frame for

the 1997 survey was derived from a frame that consisted of all nursing home facilities identified in the 1991 National Health Provider Inventory (NHPI) (3) and updated with current (1997) files of nursing homes. These updated files were obtained from the Health Care Finance Administration (HCFA) and other national organizations. A sample consisting of 1,488 nursing homes was selected.

Three questionnaires and two sampling lists were used to collect the data. The facility questionnaire was completed by interviewing the administrator of each facility. The interviewer then constructed a current resident and discharged resident sampling list. These lists were used to select the sample residents and discharges. The sample of current residents was obtained by randomly selecting up to six residents who were on the rolls as of midnight the day before the day the survey was conducted. The discharge sample consisted of residents who had been removed from the rolls of the facility (including those whose care ended because of death) during a designated month (from October 1996 to September 1997) that was randomly selected for each facility. A person who was discharged more than once from a nursing home during the discharge reference period was counted more than once.

The current-resident and discharged-resident questionnaires were then completed for each sampled resident by interviewing the staff member most familiar with the care provided to the resident. The respondent referred to the resident medical and other records as

necessary. No resident was directly interviewed.

## Interpretation and Qualifications of Data

The NNHS collected information from each participating facility on a number of facility characteristics including ownership, certification status, bed size, location, affiliation, and services provided. In addition, the survey also collected information for each current resident and discharge: Demographic characteristics (age, sex, race, and marital status), date of admission, date of discharge, primary and other diagnoses at admission and discharge and at the time of survey, source of payment, and functional status (activities of daily living and instrumental activities for daily living).

Data presented in this report summarize nursing home utilization from two perspectives: “Snapshot” and “duration.” The snapshot view summarizes utilization on any particular day in the data collection period (July through December 1997). Estimates of the number and characteristics of facilities and current residents are snapshot data. The duration data apply to discharged patients only and reflect the completed episode of care events over a period. Estimates on the number and characteristics of discharges and length of stay are duration data. Tables containing data on discharges will be labeled with a data year of October 1996 to September 1997 to represent this 1-year period.

Estimates in this report are based on the 1,406 responding facilities, 8,138 of their current residents, and 6,676 of their discharges. Additional information on survey procedures as well as definitions of terms and survey instruments are in [appendixes I–IV](#) of this report.

## Findings

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### Facilities

- An estimated 1,608,700 current residents and 2,369,000 discharges received care from 17,000 nursing home facilities.
- Ninety-six percent of surveyed facilities were certified by Medicare and/or Medicaid.
- Sixty-seven percent of the nursing home facilities were proprietary and 26 percent were voluntary nonprofit.
- Almost two-thirds of the facilities are in the Midwest and South.
- Slightly over one-half are part of a franchise.
- The average number of beds per nursing home was 107 with an occupancy rate of 88 percent and a discharge rate per 100 beds of 130.
- More than 1.4 million full-time equivalent (FTE) employees provided direct and indirect services to nursing home residents.
- The average per diem rate for private pay residents was \$136 for skilled care, \$107 for intermediate care, and \$97 for residential care.

### Current Residents

- In 1997 there were an estimated 1.6 million current residents.
- The majority (91 percent) of all nursing home residents were elderly (65 years and over).
- About 72 percent of current residents were females, with a rate of 84.1 residents per 10,000 population.
- More than 85 percent of all current residents were white and only 10 percent were black.
- Fifty-eight percent of current nursing home residents were widowed and 8 percent were single or never married.
- Immediately before entering the nursing home, 44 percent of the residents were admitted from a hospital, 32 percent came from a private residence, and 12 percent from another nursing home.

- More than 85 percent of the residents received assistance in bathing and dressing.
- Two-thirds of the residents needed help in three or four activities of daily living (ADL).
- Medicaid was the primary source of payment for most residents at the time of admission as well as at the time of the survey.
- The most frequent admission diagnostic category for current residents was diseases of the circulatory system followed by mental disorders.
- The average length of stay since admission was 899 days. However, residents with an admission diagnosis of mental retardation had a much longer average length of stay (3,107 days).
- Services frequently received by current residents included medical, nursing, personal, and prescribed or nonprescribed medicines.

### Discharges

- There were approximately 2.4 million discharges from nursing homes from October 1996 to September 1997.
- The largest proportion of discharges occurred from facilities that were proprietary and located in a metropolitan statistical area (MSA).
- The majority of the discharges were female (63 percent) and age 85 years and over (36 percent).
- Fifty-one percent of the discharges were widowed and 27 percent were married.
- The majority, 61 percent, were admitted from a hospital and 7 percent came from another nursing home.
- More than 80 percent of discharges received assistance with bathing and dressing, and two-thirds needed help in three or four ADL's.
- The average length of stay was 276 days.
- Discharges due to death had the longest average length of stay (566 days) compared with other reasons for discharge.

- Medicare was the primary source of payment at the time of discharge for most discharges.
  - The reasons for most discharges were admission to a hospital (29 percent) and death (25 percent).
  - Diseases of the circulatory system were the most frequent diagnosis at the time of admission and at the time of discharge.
  - Apart from diseases of the circulatory system, neoplasms were the most common admission diagnosis for discharges that resulted in death. Diseases of the respiratory system were the most common reasons for discharges that resulted in admission to the hospital.
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**Table 1. Number and percent distribution of nursing homes, number of beds, beds per nursing home, current residents, occupancy rate, and discharges and discharge rate per 100 beds, by selected facility characteristics: United States, 1997**

Facility characteristics	Nursing homes		Beds		Current residents		Discharged residents	
	Number	Percent distribution	Number	Beds per nursing home	Number	Occupancy rate <sup>1</sup>	Number	Discharge rate per 100 beds <sup>2</sup>
All facilities . . . . .	17,000	100.0	1,820,800	106.9	1,608,700	88.4	2,369,000	130.1
Ownership								
Proprietary . . . . .	11,400	67.1	1,213,900	106.2	1,054,200	86.8	1,569,500	129.3
Voluntary nonprofit . . . . .	4,400	26.1	465,400	104.7	422,700	90.8	681,900	146.5
Government and other . . . . .	1,200	6.8	141,500	122.5	131,700	93.1	117,600	83.1
Certification								
Certified—								
By Medicare and Medicaid . . . . .	13,300	77.7	1,526,000	115.0	1,365,500	89.5	2,043,100	133.9
By Medicare only . . . . .	*800	*4.7	61,000	76.3	47,400	77.6	197,100	322.6
By Medicaid only . . . . .	2,300	13.6	184,700	79.9	156,300	84.6	100,000	54.1
Not certified . . . . .	*700	*4.1	49,000	71.0	39,400	80.5	28,800	58.9
Beds								
Fewer than 50 beds . . . . .	2,200	12.9	74,200	33.7	62,000	83.7	263,200	354.9
50–99 beds . . . . .	6,300	37.2	451,000	71.2	397,200	88.1	525,500	116.5
100–199 beds . . . . .	7,200	42.2	941,500	131.1	835,200	88.7	1,206,600	128.2
200 beds or more . . . . .	1,300	7.7	354,100	270.1	314,300	88.7	373,800	105.6
Geographic region								
Northeast . . . . .	2,900	17.3	396,300	134.9	374,400	94.6	443,700	112.0
Midwest . . . . .	5,800	34.2	577,100	99.1	498,200	86.3	676,300	117.2
South . . . . .	5,400	31.8	600,300	111.0	525,000	87.5	697,100	116.1
West . . . . .	2,900	16.8	247,100	86.4	210,700	85.3	551,900	223.3
Location of facility								
Metropolitan statistical area . . . . .	10,500	61.5	1,259,900	120.4	1,116,100	88.6	1,814,300	144.0
Nonmetropolitan statistical area . . . . .	6,600	38.5	560,900	85.5	492,600	87.8	554,700	98.9
Affiliation <sup>3</sup>								
Chain . . . . .	9,600	56.3	1,035,700	108.0	909,400	87.8	1,444,800	139.5
Independent . . . . .	7,400	43.2	772,800	105.0	690,200	89.3	915,200	118.4

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

<sup>1</sup>Occupancy rate is calculated by dividing residents by available beds.

<sup>2</sup>Discharge rate is calculated by dividing discharged residents by available beds.

<sup>3</sup>Excludes unknown.

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

**Table 2. Number of nursing homes and beds, by selected facility characteristics, according to certification status: United States, 1997**

Facility characteristics	All nursing homes		Certified by Medicare and Medicaid		Certified by Medicare only		Certified by Medicaid only		Not certified	
	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds	Homes	Beds
All facilities . . . . .	17,000	1,820,800	13,200	1,526,000	*800	61,100	2,300	184,700	*700	49,000
Ownership										
Proprietary . . . . .	11,400	1,213,900	9,100	1,039,400	*	32,100	1,600	122,300	*	20,100
Voluntary nonprofit . . . . .	4,400	465,400	3,400	383,900	*	25,400	*	36,200	*	20,000
Government and other . . . . .	1,200	141,500	700	102,700	*	3,600	*	26,200	*	8,900
Beds										
Fewer than 50 beds . . . . .	2,200	74,200	1,100	40,700	*	6,500	*	16,000	*	11,000
50–99 beds . . . . .	6,300	451,000	4,500	331,200	*	23,700	1,200	82,700	*	13,300
100–199 beds . . . . .	7,200	941,500	6,400	834,600	*	17,200	*500	70,500	*	19,200
200 beds or more . . . . .	1,300	354,100	1,200	319,500	*	13,700	*	15,500	*	5,500
Geographic region										
Northeast . . . . .	2,900	396,300	2,600	368,900	*	9,100	*	9,800	*	8,400
Midwest . . . . .	5,800	577,100	4,300	455,700	*	22,900	1,000	78,400	*	20,200
South . . . . .	5,400	600,300	3,900	480,700	*	20,600	1,000	84,100	*	14,900
West . . . . .	2,900	247,100	2,400	220,700	*	8,500	*	12,400	*	5,500
Location of agency										
Metropolitan statistical area . . . . .	10,500	1,259,900	8,500	1,083,700	*600	54,100	900	87,500	*500	34,600
Nonmetropolitan statistical area . . . . .	6,600	560,900	4,700	442,300	*	7,000	1,400	97,200	*	14,400
Affiliation <sup>1</sup>										
Chain . . . . .	9,600	1,035,700	8,100	910,700	*	33,300	*900	76,200	*	15,500
Independent . . . . .	7,400	172,800	5,100	605,800	*	26,500	1,400	108,500	*	32,000

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

<sup>1</sup>Excludes unknown.

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

**Table 3. Number and percent distribution of nursing homes, by selected facility characteristics, according to bed size: United States, 1997**

Facility characteristics	All sizes		Fewer than 50 beds		50–99 beds		100–199 beds		200 beds or more	
	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution	Number	Percent distribution
All facilities . . . . .	17,000	100.0	2,200	100.0	6,300	100.0	7,200	100.0	1,300	100.0
Ownership										
Proprietary . . . . .	11,400	67.1	1,200	55.9	4,200	65.6	5,300	74.3	700	53.9
Voluntary nonprofit . . . . .	4,400	26.1	*800	35.4	1,700	27.6	1,500	20.6	*	*
Government and other . . . . .	1,200	6.8	*	*	*	*	*	*	*	*
Certification										
Certified—										
By Medicare and Medicaid . . . . .	13,200	77.7	*1,100	51.9	4,500	71.8	6,400	88.5	1,200	90.3
By Medicare only . . . . .	*800	*4.7	*	*	*	*	*	*	*	*
By Medicaid only . . . . .	2,300	13.6	*	*	1,200	19.4	*500	*7.6	*	*
Not certified . . . . .	*700	*4.1	*	*	*	*	*	*	*	*
Geographic region										
Northeast . . . . .	2,900	17.3	*	*	*600	9.4	1,600	22.1	500	36.8
Midwest . . . . .	5,800	34.2	*700	*31.3	2,600	41.4	2,100	28.7	*	*
South . . . . .	5,400	31.8	*	*	1,900	29.7	2,700	38.1	*	*
West . . . . .	2,900	16.8	*800	*34.1	1,200	19.4	800	11.1	*	*
Location of agency										
Metropolitan statistical area . . . . .	10,500	61.5	*1,100	*52.1	3,200	49.8	5,000	69.3	1,200	91.0
Nonmetropolitan statistical area . . . . .	6,600	38.5	*1,100	*48.0	3,200	50.2	2,200	30.7	*	*
Affiliation <sup>1</sup>										
Chain . . . . .	9,600	56.3	*800	*37.7	3,600	56.2	4,600	64.4	600	43.8
Independent . . . . .	7,400	43.2	*1,400	*62.3	2,800	43.6	2,500	34.7	700	55.7

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

<sup>1</sup>Excludes unknown.

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

**Table 4. Number and percent of nursing homes, by type of services provided, according to ownership: United States, 1997**

Type of service	All ownership		Proprietary		Voluntary nonprofit		Government	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All facilities <sup>1</sup>	17,000		11,400		4,400		1,200	
Dental services	14,000	82.3	9,400	81.9	3,800	85.1	900	75.5
Help with oral hygiene	16,100	94.7	10,700	93.9	4,300	97.0	1,100	93.2
Home health services	3,900	23.2	2,500	22.2	1,200	27.3	*	*
Hospice services	12,200	71.5	8,300	72.7	3,200	72.1	700	57.7
Medical services	16,500	96.9	11,100	97.0	4,300	97.6	1,100	93.1
Mental health services	13,800	81.3	9,300	81.4	3,600	81.3	900	80.1
Nursing services	17,000	99.6	11,400	99.5	4,400	99.9	1,200	100.0
Nutrition services	16,900	99.2	11,400	99.5	4,400	99.0	1,100	97.2
Occupational therapy	16,100	94.5	10,800	94.4	4,300	96.5	1,000	87.7
Personal care	16,500	96.7	11,100	97.2	4,300	96.2	1,100	93.1
Physical therapy	16,500	97.1	11,100	97.0	4,300	97.6	1,100	96.0
Podiatry services	15,400	90.9	10,500	91.9	4,000	90.8	900	81.5
Prescribed medicines or nonprescribed medicines	16,700	98.2	11,300	98.6	4,400	98.1	1,100	95.7
Sheltered employment	1,100	6.7	*600	*5.4	*400	*8.9	*	*
Social services	16,700	98.3	11,200	98.4	4,400	98.1	1,100	98.6
Special education	2,900	17.2	2,000	17.6	700	16.2	*	*
Speech and hearing therapy	15,900	93.6	10,600	93.1	4,200	95.2	1,100	92.2
Transportation	13,500	79.5	8,800	77.3	3,700	83.3	1,000	86.0
Vocational rehabilitation	2,600	15.1	1,800	16.1	*600	*14.5	*	*
Equipment or devices	16,200	95.2	10,800	94.4	4,300	97.1	1,100	95.8
Other	5,800	34.0	3,800	33.2	1,700	37.6	*	*

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

<sup>1</sup>Numbers will add to more than totals, because a facility may provide more than one type of service.

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

**Table 5. Number and rate per 100 beds of full-time equivalent employees, by occupational categories, according to selected nursing home characteristics: United States, 1997**

Facility characteristics	Occupational category <sup>1</sup>													
	All full-time equivalent employees		Administrative medical and therapeutic <sup>2</sup>		Nursing								All other staff	
	Number	Rate per 100 beds	Number	Rate per 100 beds	Total		Registered nurse		Licensed practical nurse		Nurse's aide and orderly		Number	Rate per 100 beds
All facilities . . . . .	1,434,100	78.8	99,700	5.5	950,200	52.2	141,300	7.8	192,100	10.6	616,800	33.9	384,100	21.1
Ownership														
Proprietary . . . . .	910,400	75.0	66,700	5.5	610,300	50.3	87,700	7.2	125,200	10.3	397,500	32.7	233,400	19.2
Voluntary nonprofit . . . . .	398,000	85.5	26,500	5.7	258,000	55.4	41,100	8.8	51,700	11.1	165,200	35.5	113,600	24.4
Government and other . . . . .	125,700	88.9	6,500	4.6	82,000	58.0	12,600	8.9	15,200	10.8	54,200	38.3	37,200	26.3
Certification														
Certified—														
By Medicare and Medicaid . . . . .	1,215,100	79.6	85,300	5.6	808,600	53.0	122,200	8.0	164,400	10.8	522,000	34.2	321,200	21.0
By Medicare only . . . . .	51,900	84.9	4,300	7.0	33,300	54.5	6,900	11.3	6,600	10.8	19,800	32.3	14,300	23.4
By Medicaid only . . . . .	129,800	70.3	7,500	4.1	86,600	46.9	9,200	5.0	16,700	9.1	60,700	32.9	35,700	19.3
Not certified . . . . .	37,300	76.2	2,500	5.1	21,800	44.5	3,000	6.1	4,400	9.0	14,400	29.4	13,000	26.5
Beds														
Fewer than 50 beds . . . . .	73,400	99.0	9,800	13.2	46,800	63.1	8,500	11.5	10,000	13.5	28,200	38.1	16,800	22.7
50–99 beds . . . . .	357,400	79.2	25,800	5.7	231,900	51.4	34,000	7.5	45,300	10.1	152,600	33.8	99,700	22.1
100–199 beds . . . . .	732,500	77.8	47,800	5.1	491,400	52.2	70,100	7.4	101,200	10.8	320,000	34.0	193,400	20.5
200 beds or more . . . . .	270,800	76.5	16,300	4.6	180,200	50.9	28,700	8.1	35,500	10.0	116,000	32.8	74,200	21.0
Geographic region														
Northeast . . . . .	345,600	87.2	21,300	5.4	230,700	58.2	39,100	9.9	41,300	10.4	150,300	37.9	93,600	23.6
Midwest . . . . .	428,700	74.3	29,000	5.0	281,400	48.8	46,600	8.1	57,000	9.9	177,900	30.8	118,200	20.5
South . . . . .	450,300	75.0	34,400	5.7	307,100	51.2	33,700	5.6	68,400	11.4	204,900	34.1	108,900	18.1
West . . . . .	209,500	84.8	14,900	6.0	131,100	53.1	21,900	8.9	25,500	10.3	83,700	33.9	63,500	25.7
Location of agency														
Metropolitan statistical area . . . . .	1,005,100	79.8	69,100	5.5	665,400	52.8	104,400	8.3	135,200	10.7	425,800	33.8	270,600	21.5
Nonmetropolitan statistical area . . . . .	429,000	76.5	30,600	5.5	284,900	50.8	37,000	6.6	56,900	10.1	191,000	34.1	113,500	20.2
Affiliation <sup>3</sup>														
Chain . . . . .	798,300	77.1	57,000	5.5	527,700	51.0	76,500	7.4	109,400	10.6	341,800	33.0	213,600	20.6
Independent . . . . .	626,300	81.0	42,100	5.5	416,200	53.9	63,900	8.3	81,300	10.5	271,000	35.1	167,900	21.7

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

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



**Table 6. Average per diem rates for private pay patients, by level of care of facility and for Medicare and Medicaid residents, by certification status of facility, according to selected facility characteristics: United States, 1997**

Facility characteristics	Level of care			Certification status	
	Skilled	Intermediate	Residential	Medicare	Medicaid
Total . . . . .	\$ 135.94	\$ 106.58	\$ 96.75	\$ 216.51	\$ 97.86
Ownership					
Proprietary . . . . .	132.25	103.49	100.87	228.14	91.04
Voluntary nonprofit . . . . .	147.47	118.01	80.91	201.45	116.49
Government and other . . . . .	129.01	99.21	*	150.52	99.71
Certification					
Certified—					
By Medicare and Medicaid . . . . .	138.66	110.97	105.62	215.68	101.95
By Medicare only . . . . .	*160.86	*	*	*229.31	...
By Medicaid only . . . . .	94.01	83.09	*72.36	...	76.07
Not certified . . . . .	*	*	*	...	...
Beds					
Fewer than 50 beds . . . . .	*150.53	*114.34	*	*232.85	*114.91
50–99 beds . . . . .	122.64	97.16	112.96	199.68	94.13
100–199 beds . . . . .	138.04	110.88	92.81	223.14	94.44
200 beds or more . . . . .	160.57	120.11	*97.64	229.78	112.75
Region					
Northeast . . . . .	176.25	153.49	*181.14	206.94	119.62
Midwest . . . . .	123.08	99.09	80.66	193.87	87.81
South . . . . .	115.57	93.67	81.81	220.88	89.27
West . . . . .	149.84	119.30	*94.32	259.52	111.27
Location of agency					
Metropolitan statistical area . . . . .	148.78	116.25	108.69	234.72	102.13
Nonmetropolitan statistical area . . . . .	113.41	93.29	80.61	183.19	91.38
Affiliation <sup>1</sup>					
Chain . . . . .	135.01	106.78	90.56	228.56	93.31
Independent . . . . .	137.57	106.44	103.48	197.05	104.33

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

... Category not applicable.

<sup>1</sup>Excludes unknown.

**Table 7. Number of nursing home residents by selected facility characteristics, according to age, sex, and race of resident: United States, 1997**

Facility characteristics	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
All facilities . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
Ownership												
Proprietary . . . . .	1,054,200	100,100	948,400	143,400	351,300	453,700	297,200	757,100	899,600	142,200	125,500	12,400
Voluntary nonprofit . . . . .	422,700	22,200	399,700	39,600	128,800	231,300	98,400	324,300	385,200	33,200	29,300	*
Government and other . . . . .	131,700	14,400	116,900	15,400	48,200	53,400	52,100	79,600	116,400	13,800	*12,500	*
Certification												
Certified—												
By Medicare and Medicaid . . . . .	1,365,500	113,500	1,246,800	171,000	452,300	623,400	373,200	992,300	1,188,600	159,900	143,800	17,000
By Medicare only . . . . .	47,400	*	46,200	*	15,100	28,500	12,000	35,500	46,800	*	*	*
By Medicaid only . . . . .	156,300	19,200	135,700	21,300	47,000	67,400	48,600	107,700	129,700	25,700	21,900	*
Not certified . . . . .	39,400	*	36,400	*	13,800	19,000	14,000	25,500	36,100	*	*	*
Beds												
Fewer than 50 beds . . . . .	62,000	*4,800	57,000	7,100	19,000	31,000	18,500	43,500	56,300	*4,900	*	*
50-99 beds . . . . .	397,200	30,600	364,600	47,500	126,500	190,500	111,700	285,500	358,100	37,100	31,700	*
100-199 beds . . . . .	835,200	65,600	766,700	104,000	278,300	384,400	218,900	616,200	731,800	93,700	84,600	*9,700
200 beds or more . . . . .	314,300	35,600	276,700	39,900	104,400	132,500	98,600	215,700	255,000	53,500	47,600	*
Geographic region												
Northeast . . . . .	374,700	27,200	346,500	45,300	128,500	172,800	99,200	275,500	336,300	34,000	29,700	*
Midwest . . . . .	498,200	42,400	452,100	54,900	154,900	242,300	138,400	359,900	455,000	38,900	35,700	*
South . . . . .	525,000	45,800	477,400	71,100	177,500	228,900	146,900	378,100	432,200	88,700	86,000	*
West . . . . .	210,700	21,200	189,000	27,200	67,400	94,300	63,200	147,500	177,600	27,500	15,900	*5,500
Location of agency												
Metropolitan statistical area . . . . .	1,116,100	104,300	1,006,500	139,500	363,400	503,600	303,200	812,900	952,600	147,700	131,800	15,700
Nonmetropolitan statistical area . . . . .	492,600	32,400	458,500	58,900	164,900	234,700	144,600	348,000	448,500	41,400	35,600	*
Affiliation <sup>1</sup>												
Chain . . . . .	909,400	83,100	821,500	122,400	299,400	399,700	255,500	653,900	789,600	110,300	97,700	*9,500
Independent . . . . .	690,200	53,200	635,000	75,400	226,100	333,500	190,100	500,100	603,400	77,900	68,900	*8,800

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

<sup>1</sup>Excludes unknown.

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

**Table 8. Percent distribution of nursing home residents by selected facility characteristics, according to age, sex, and race: United States, 1997**

Facility characteristics	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other			Unknown	
			Total	65-74 years	75-84 years			85 years and over	White	Total		Black
All facilities . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	*100.0
Ownership												
Proprietary . . . . .	65.5	73.2	64.7	72.3	66.5	61.5	66.4	65.2	64.2	75.2	75.0	67.9
Voluntary nonprofit . . . . .	26.3	16.2	27.3	20.0	24.4	31.3	22.0	27.9	27.5	17.6	17.5	*
Government and other . . . . .	8.2	10.6	8.0	7.7	9.1	7.2	11.6	6.9	8.3	7.3	*7.5	*
Certification												
Certified—												
By Medicare and Medicaid . . . . .	84.9	83.0	85.1	86.2	85.6	84.4	83.4	85.5	84.8	84.6	85.9	92.7
By Medicare only . . . . .	3.0	*	3.2	*	2.9	3.9	2.7	3.1	3.3	*	*	*
By Medicaid only . . . . .	9.7	14.1	9.3	10.7	8.9	9.1	10.9	9.3	9.3	13.6	13.1	*
Not certified . . . . .	2.5	*	2.5	*	2.6	2.6	3.1	2.2	2.6	*	*	*
Beds												
Fewer than 50 beds . . . . .	3.9	3.5	3.9	3.6	3.6	4.2	4.1	3.8	4.0	*2.6	*	*
50-99 beds . . . . .	24.7	22.4	24.9	23.9	24.0	25.8	25.0	24.6	25.6	19.6	18.9	*
100-199 beds . . . . .	51.9	48.0	52.3	52.4	52.7	52.1	48.9	53.1	52.2	49.5	50.6	*52.9
200 beds or more . . . . .	19.5	26.1	18.9	20.1	19.8	17.9	22.0	18.6	18.2	28.3	28.4	*
Geographic region												
Northeast . . . . .	23.3	19.9	23.7	22.8	24.3	23.4	22.2	23.7	24.0	18.0	17.8	*
Midwest . . . . .	31.0	31.0	30.9	27.7	29.3	32.8	30.9	31.0	32.5	20.6	21.3	*
South . . . . .	32.6	33.5	32.6	35.8	33.6	31.0	32.8	32.6	30.9	46.9	51.4	*
West . . . . .	13.1	15.5	12.9	13.7	12.8	12.8	14.1	12.7	12.7	14.6	9.5	*30.3
Location of agency												
Metropolitan statistical area . . . . .	69.4	76.3	68.7	70.3	68.8	68.2	67.7	70.0	68.0	78.1	78.7	85.6
Nonmetropolitan statistical area . . . . .	30.6	23.7	31.3	29.7	31.2	31.8	32.3	30.0	32.0	21.9	21.3	*
Affiliation <sup>1</sup>												
Chain . . . . .	56.5	60.8	56.1	61.7	56.7	54.1	57.1	56.3	56.4	58.3	58.4	*51.8
Independent . . . . .	42.9	38.9	43.4	38.0	42.8	45.2	42.5	43.1	43.1	41.2	41.2	*48.2

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

<sup>1</sup>Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

**Table 9. Number of nursing home residents by selected facility characteristics, according to primary source of payment at admission and at time of survey: United States, 1997**

Facility characteristics	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All facilities . . . . .	1,608,700	433,400	454,200	654,500	66,600	394,700	230,900	931,800	51,300
Ownership									
Proprietary . . . . .	1,054,200	244,500	316,900	455,100	37,800	220,700	158,000	648,900	26,600
Voluntary nonprofit . . . . .	422,700	157,800	112,500	136,200	16,200	147,500	63,200	198,300	*13,700
Government and other . . . . .	131,700	31,100	24,800	63,200	*12,600	26,400	*	84,700	*11,000
Certification									
Certified—									
By Medicare and Medicaid . . . . .	1,365,500	328,800	435,700	554,000	47,000	299,100	216,700	814,200	35,300
By Medicare only . . . . .	47,400	25,200	15,700	*	*	30,100	10,900	*	*
By Medicaid only . . . . .	156,300	47,300	*	97,800	10,000	34,800	*	114,800	*4,900
Not certified . . . . .	39,400	32,000	*	*	*	30,700	*	*	*5,600
Beds									
Fewer than 50 beds . . . . .	62,000	24,000	13,700	20,900	*	24,300	8,500	26,800	*2,400
50–99 beds . . . . .	397,200	134,700	89,100	160,800	12,500	116,800	51,300	220,900	*8,200
100–199 beds . . . . .	835,200	201,700	267,900	337,700	28,000	191,000	128,300	491,400	24,400
200 beds or more . . . . .	314,300	73,000	83,500	135,200	22,600	62,600	42,800	192,700	16,200
Geographic region									
Northeast . . . . .	374,700	83,500	124,100	149,700	17,500	73,500	59,800	224,600	16,800
Midwest . . . . .	498,200	184,000	117,900	173,800	22,500	163,600	59,400	263,000	12,200
South . . . . .	525,000	115,300	147,500	247,600	14,600	108,500	72,700	332,400	*11,400
West . . . . .	210,700	50,600	64,600	83,500	12,000	49,100	39,000	111,800	10,800
Location of agency									
Metropolitan statistical area . . . . .	1,116,100	300,800	339,200	424,300	51,800	277,300	177,500	619,600	41,700
Nonmetropolitan statistical area . . . . .	492,600	132,600	114,900	230,300	14,800	117,300	53,400	312,200	*9,600
Affiliation <sup>3</sup>									
Chain . . . . .	909,400	218,400	289,100	367,500	34,500	198,500	138,000	546,100	26,900
Independent . . . . .	690,200	211,900	163,100	283,300	31,900	192,700	92,500	380,800	24,200

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

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

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

<sup>3</sup>Excludes unknown.

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

**Table 10. Percent distribution of nursing home residents by selected facility characteristics, according to primary source of payment at admission and at time of survey: United States, 1997**

Facility characteristics	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All facilities . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ownership									
Proprietary . . . . .	65.5	56.4	69.8	69.5	56.7	55.9	68.4	69.6	51.9
Voluntary nonprofit . . . . .	26.3	36.4	24.8	20.8	24.3	37.4	27.4	21.3	26.7
Government and other . . . . .	8.2	7.2	5.5	9.7	*19.0	6.7	*4.2	9.1	*21.4
Certification									
Certified—									
By Medicare and Medicaid . . . . .	84.9	75.9	95.9	84.6	70.5	75.8	93.9	87.4	69.3
By Medicare only . . . . .	3.0	5.8	3.5	*	*	7.6	4.7	*	*
By Medicaid only . . . . .	9.7	10.9	*	15.0	15.0	8.8	*	12.3	*9.6
Not certified . . . . .	2.5	7.4	*	*	*	7.8	*	*	10.9
Beds									
Fewer than 50 beds . . . . .	3.9	5.5	3.0	3.2	*5.2	6.2	3.7	2.9	4.8
50–99 beds . . . . .	24.7	31.1	19.6	24.6	18.8	29.6	22.2	23.7	16.0
100–199 beds . . . . .	51.9	46.5	59.0	51.6	42.0	48.4	55.6	52.7	47.7
200 beds or more . . . . .	19.5	16.8	18.4	20.7	34.0	15.9	18.5	20.7	31.6
Geographic region									
Northeast . . . . .	23.3	19.3	27.3	22.9	26.2	18.6	25.9	24.1	32.8
Midwest . . . . .	31.0	42.5	26.0	26.6	33.8	41.5	25.7	28.2	23.8
South . . . . .	32.6	26.6	32.5	37.8	22.0	27.5	31.5	35.7	*22.3
West . . . . .	13.1	11.7	14.2	12.8	18.0	12.4	16.9	12.0	21.1
Location of agency									
Metropolitan statistical area . . . . .	69.4	69.4	74.7	64.8	77.7	70.3	76.9	66.5	81.3
Nonmetropolitan statistical area . . . . .	30.6	30.6	25.3	35.2	22.3	29.7	23.1	33.5	*18.8
Affiliation <sup>3</sup>									
Chain . . . . .	56.5	50.4	63.7	56.1	51.8	50.3	59.8	58.6	52.5
Independent . . . . .	42.9	48.9	35.9	43.3	47.9	48.8	40.1	40.9	47.1

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

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

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

<sup>3</sup>Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

**Table 11. Number and percent distribution of nursing home residents, by length of time since admission and average length of time since admission, according to selected facility characteristics: United States, 1997**

Facility characteristics	Number of residents	Length of time since admission <sup>1</sup>							Average length of time since admission in days
		Total	Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All facilities . . . . .	1,608,700	100.0	17.6	9.7	14.8	30.3	13.6	14.0	898.7
Ownership									
Proprietary . . . . .	1,054,200	100.0	18.5	10.2	15.1	30.4	12.9	13.0	857.9
Voluntary nonprofit . . . . .	422,700	100.0	17.6	8.8	14.6	29.8	14.0	15.3	924.5
Government and other . . . . .	131,700	100.0	11.0	*8.8	13.3	32.1	17.5	17.4	1,142.3
Certification									
Certified—									
By Medicare and Medicaid . . . . .	1,365,500	100.0	18.3	9.8	14.7	30.4	13.6	13.2	869.4
By Medicare only . . . . .	47,400	100.0	25.0	*	*17.6	29.4	*	*	608.7
By Medicaid only . . . . .	156,300	100.0	10.2	8.8	13.6	30.1	15.5	21.9	1,232.7
Not certified . . . . .	39,400	100.0	*14.8	*	*17.1	31.1	*	*16.5	936.8
Beds									
Fewer than 50 beds . . . . .	62,000	100.0	*24.2	10.1	14.5	26.3	*11.7	*13.2	811.0
50–99 beds . . . . .	397,200	100.0	17.4	7.9	15.6	31.4	14.5	13.3	892.7
100–199 beds . . . . .	835,200	100.0	18.1	10.8	14.2	30.8	12.8	13.5	889.3
200 beds or more . . . . .	314,300	100.0	15.5	9.2	15.4	28.6	15.1	16.4	948.4
Geographic region									
Northeast . . . . .	374,700	100.0	16.0	10.1	15.0	29.6	14.2	15.1	918.3
Midwest . . . . .	498,200	100.0	16.8	8.6	14.6	31.2	14.0	15.0	937.7
South . . . . .	525,000	100.0	17.6	9.9	15.2	30.2	13.3	13.8	906.8
West . . . . .	210,700	100.0	22.6	11.2	13.6	30.1	12.3	10.1	751.2
Location of agency									
Metropolitan statistical area . . . . .	1,116,100	100.0	19.1	10.1	14.9	30.3	12.8	12.7	831.8
Nonmetropolitan statistical area . . . . .	492,600	100.0	14.3	8.7	14.4	30.5	15.3	16.8	1,050.2
Affiliation <sup>1</sup>									
Chain . . . . .	909,400	100.0	18.0	9.5	15.3	31.3	12.9	13.0	870.4
Independent . . . . .	690,200	100.0	17.3	10.1	14.1	29.1	14.4	15.1	925.0

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

<sup>1</sup>Excludes unknown.

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

**Table 12. Average daily charge and number of nursing home residents, by primary source of payment in month before interview, according to selected facility characteristics: United States, 1997**

Facility characteristics	All sources		Private sources <sup>1</sup>		Medicare		Medicaid		All other sources <sup>2</sup>	
	Average daily charge <sup>3</sup>	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents
All facilities . . . . .	\$119.30	1,608,700	\$119.93	394,700	\$203.20	230,900	\$101.68	931,800	\$ 127.52	51,300
Ownership										
Proprietary . . . . .	115.81	1,054,200	124.71	220,700	201.33	158,000	95.12	648,900	137.54	26,600
Voluntary nonprofit . . . . .	128.85	422,700	119.22	147,500	216.12	63,200	114.80	198,300	102.86	13,700
Government and other . . . . .	115.78	131,700	87.10	26,400	*157.28	*9,700	118.99	84,700	*128.42	*11,000
Certification										
Certified—										
By Medicare and Medicaid . . . . .	124.33	1,365,500	127.31	299,100	204.40	216,700	104.90	814,200	140.10	35,500
By Medicare only . . . . .	147.56	47,400	135.60	30,100	231.38	10,900	*	*	*	*
By Medicaid only . . . . .	80.30	156,300	81.50	34,800	*	*	79.46	114,800	*93.42	*4,900
Not certified . . . . .	79.45	39,400	81.41	30,700	*	*	*	*	*68.56	*5,600
Beds										
Fewer than 50 beds . . . . .	116.31	62,000	98.03	24,300	342.68	8,500	97.97	26,800	*69.27	*2,400
50–99 beds . . . . .	105.11	397,200	106.88	116,800	199.85	51,300	88.75	220,900	*94.71	*8,200
100–199 beds . . . . .	118.57	835,200	124.83	191,000	195.88	128,300	98.13	491,400	137.47	24,400
200 beds or more . . . . .	139.59	314,300	136.89	62,600	210.52	42,800	126.47	192,700	139.61	16,200
Geographic region										
Northeast . . . . .	151.04	374,700	160.62	73,500	216.67	59,800	132.79	224,600	152.17	16,800
Midwest . . . . .	106.44	498,200	106.26	163,600	193.39	59,400	90.60	263,000	*119.09	*12,200
South . . . . .	106.33	525,000	109.35	108,500	206.30	72,700	87.05	332,400	*102.15	*11,400
West . . . . .	125.38	210,700	129.44	49,100	187.04	39,000	106.95	111,800	132.02	10,800
Location of agency										
Metropolitan statistical area . . . . .	129.59	1,116,100	132.05	277,300	207.53	177,500	109.79	619,600	137.56	41,700
Nonmetropolitan statistical area . . . . .	97.35	492,600	92.89	117,300	189.49	53,400	86.21	312,200	*87.73	*9,600
Affiliation <sup>4</sup>										
Chain . . . . .	118.33	909,400	124.27	198,500	215.90	138,000	95.35	546,100	132.23	26,900
Independent . . . . .	120.35	690,200	116.02	192,700	182.07	92,500	110.29	380,800	121.30	24,200

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

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

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

<sup>3</sup>Includes residents with unknown source of payment.

<sup>4</sup>Excludes unknown.

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

**Table 13. Nursing home residents, number, percent distribution, and rate per 10,000, by age at interview, according to sex, race, and region: United States, 1997**

Age at interview	All residents	Sex		Race			Region				
		Male	Female	White	Black and other		Northeast	Midwest	South	West	
					Total	Black					Unknown
All ages <sup>1</sup>	1,608,700	447,700	1,160,900	1,401,200	189,100	167,400	18,300	374,700	498,200	525,000	210,700
Under 65 years	136,700	73,200	63,500	100,100	33,500	29,900	*	27,200	42,400	45,800	21,200
65 years and over	1,465,000	372,100	1,092,900	1,294,900	155,400	137,400	14,700	346,500	452,100	477,400	189,000
65-74 years	198,400	80,800	117,700	160,800	35,400	31,400	*	45,300	54,900	71,100	27,200
75-84 years	528,300	159,300	368,900	464,400	59,200	51,900	*	128,500	154,900	177,500	67,400
85 years and over	738,300	132,000	606,300	669,700	60,900	54,100	*7,800	172,800	242,300	228,900	94,300
Percent distribution											
All ages <sup>1</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 65 years	8.5	16.4	5.5	7.1	17.7	17.9	*	7.3	8.5	8.7	10.1
65 years and over	91.1	83.1	94.1	92.4	82.2	82.1	80.3	92.5	90.8	90.9	89.7
65-74 years	12.3	18.0	10.1	11.5	18.7	18.7	*	12.1	11.0	13.5	12.9
75-84 years	32.8	35.6	31.8	33.1	31.3	31.0	*	34.3	31.1	33.8	32.0
85 years and over	45.9	29.5	52.2	47.8	32.2	32.3	*42.4	46.1	48.6	43.6	44.8
Rate per 10,000 population <sup>2</sup>											
All ages <sup>1</sup>	59.5	33.8	84.1	62.9	39.6	47.6	...	72.1	79.4	55.1	34.9
Under 65 years	5.8	6.2	5.4	5.2	7.6	9.2	...	6.1	7.8	5.5	2.5
65 years and over	433.8	267.0	550.9	429.7	426.9	493.7	...	481.0	561.6	402.9	283.1
65-74 years	108.3	98.3	116.4	99.6	163.0	191.9	...	118.1	128.5	108.3	74.4
75-84 years	455.1	345.6	527.3	442.2	535.2	606.1	...	510.7	553.9	443.9	293.7
85 years and over	1,920.3	1,190.2	2,216.3	1,924.4	1,668.2	1,859.8	...	2,023.9	2,463.2	1,781.2	1,306.0

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

... Category not applicable.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Rates based on the civilian resident population, including institutionalized persons, as of July 1, 1997.

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



**Table 14. Number of nursing home residents by marital status, residence and living arrangements before admission, according to age, sex, and race of resident: United States, 1997**

Resident characteristics	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
All residents . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
Current marital status												
Married . . . . .	272,500	22,300	248,800	49,200	123,700	75,900	151,900	120,600	241,400	28,200	23,000	*
Widowed . . . . .	939,300	10,600	924,400	69,800	293,700	560,900	133,300	806,000	838,800	92,000	82,700	8,500
Divorced or separated . . . . .	132,200	33,800	98,200	32,500	40,400	25,300	50,900	81,200	107,400	23,200	20,600	*
Single or never married . . . . .	241,600	67,200	173,800	43,200	62,800	67,800	104,400	137,200	197,600	39,500	35,300	*
Unknown . . . . .	23,100	*	19,800	*	*7,700	*8,400	7,100	16,000	16,100	*6,300	*5,800	*
Residence before admission												
Private or semiprivate residence . . . . .	510,400	36,600	472,100	52,600	170,900	248,600	133,700	376,700	453,000	52,600	47,000	*
Retirement home . . . . .	34,900	*	33,900	*	*8,200	24,000	*6,000	28,900	33,300	*	*	*
Board and care or residential care facility . . . . .	73,700	*6,100	67,300	*6,800	22,100	38,300	18,600	55,200	68,500	*	*	*
Nursing home . . . . .	198,600	18,600	179,000	28,100	63,000	87,900	57,200	141,400	179,800	17,400	14,000	*
Hospital . . . . .	717,800	63,800	651,300	92,600	240,300	318,400	209,300	508,400	609,100	99,700	88,600	*9,000
Mental health facility . . . . .	24,100	*	19,000	*8,000	*7,700	*	*7,800	16,300	18,000	*	*	*
Other or unknown . . . . .	49,100	*5,900	42,400	*8,500	15,900	18,000	15,100	34,100	39,400	*8,000	*7,100	*
Living arrangement before admission												
Alone . . . . .	207,300	*6,900	199,900	16,800	61,400	121,600	38,400	168,900	190,100	15,000	14,100	*
With family members . . . . .	289,100	28,800	259,100	33,900	103,200	122,000	91,300	197,800	252,600	34,200	29,700	*
With nonfamily members . . . . .	29,800	*	25,900	*	*9,700	13,600	*9,500	20,300	25,700	*	*	*
Other or unknown . . . . .	1,082,500	97,400	980,100	145,000	354,000	481,100	308,500	774,000	932,800	136,100	120,100	13,700

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

<sup>1</sup>Excludes unknown.

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

**Table 15. Percent distribution of nursing home residents by marital status, residence and living arrangements before admission, according to age, sex, and race of resident: United States, 1997**

Patient characteristics	All residents	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
All residents . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current marital status												
Married . . . . .	16.9	16.3	17.0	24.8	23.4	10.3	33.9	10.4	17.2	14.9	13.7	*
Widowed . . . . .	58.4	7.8	63.1	35.2	55.6	76.0	29.8	69.4	59.9	48.7	49.4	46.2
Divorced or separated . . . . .	8.2	24.7	6.7	16.4	7.6	3.4	11.4	7.0	7.7	12.3	12.3	*
Single or never married . . . . .	15.0	49.2	11.9	21.8	11.9	9.2	23.3	11.8	14.1	20.9	21.1	*
Unknown . . . . .	1.4	*	1.4	*	*1.5	*1.1	1.6	1.4	1.2	*3.3	*3.5	*
Residence before admission												
Private or semiprivate residence . . . . .	31.7	26.7	32.2	26.5	32.4	33.7	29.9	32.5	32.3	27.8	28.1	*
Retirement home . . . . .	2.2	*	2.3	*	*1.6	3.2	*1.4	2.5	2.4	*	*	*
Board and care or residential care facility . . . . .	4.6	*4.5	4.6	*3.5	4.2	5.2	4.2	4.8	4.9	*	*	*
Nursing home . . . . .	12.4	13.6	12.2	14.2	11.9	11.9	12.8	12.2	12.8	9.2	8.4	*
Hospital . . . . .	44.6	46.6	44.5	46.7	45.5	43.1	46.8	43.8	43.5	52.7	52.9	*48.8
Mental health facility . . . . .	1.5	*	1.3	*4.0	*1.5	*	*1.7	1.4	1.3	*	*	*
Other or unknown . . . . .	3.1	*4.3	2.9	*4.3	3.0	2.4	3.4	2.9	2.8	*4.2	*4.3	*
Living arrangement before admission												
Alone . . . . .	12.9	5.0	13.7	8.5	11.6	16.5	8.6	14.6	13.6	7.9	8.4	*
With family members . . . . .	18.0	21.1	17.7	17.1	19.5	16.5	20.4	17.0	18.0	18.1	17.7	*
With nonfamily members . . . . .	1.9	*	1.8	*	*1.8	1.8	*2.1	1.8	1.8	*	*	*
Other or unknown . . . . .	67.3	71.2	66.9	73.1	67.0	65.2	68.9	66.7	66.6	71.9	71.8	74.6

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

<sup>1</sup>Excludes unknown.

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

**Table 16. Average daily charge and number of nursing home residents, by primary source of payment in month before interview, according to selected resident characteristics: United States, 1997**

Resident characteristics	All sources		Private sources <sup>1</sup>		Medicare		Medicaid		All other sources <sup>2</sup>	
	Average daily charge <sup>3</sup>	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents	Average daily charge	Number of residents
All residents . . . . .	\$119.30	1,608,700	\$ 119.93	394,700	\$ 203.20	230,900	\$101.68	931,800	\$ 127.52	51,300
Age <sup>4</sup>										
Under 65 years . . . . .	125.61	136,700	210.75	12,400	*188.75	*9,300	111.81	105,900	*126.11	*9,100
65 years and over . . . . .	118.72	1,465,000	117.29	380,200	203.78	220,500	100.48	822,400	126.94	41,900
65–74 years . . . . .	128.38	198,400	139.29	26,600	225.54	30,600	106.76	135,000	*185.13	*6,400
75–84 years . . . . .	118.48	528,300	115.60	126,800	200.78	90,300	99.96	295,000	125.47	16,100
85 years and over . . . . .	116.37	738,300	115.75	226,800	199.99	99,700	98.73	392,400	108.90	19,400
Sex										
Male . . . . .	124.25	447,700	125.17	97,100	213.04	63,300	104.52	260,800	145.24	26,500
Female . . . . .	117.42	1,160,900	118.21	297,600	199.55	167,600	100.59	671,000	103.46	24,700
Race										
White . . . . .	118.09	1,401,200	119.59	379,900	196.55	197,900	100.78	781,200	128.07	42,200
Black and other . . . . .	126.20	189,100	*137.62	*10,700	231.68	28,700	106.93	141,600	*127.92	*8,100
Black . . . . .	126.23	167,400	*156.72	*8,400	237.30	26,900	104.85	126,000	*115.96	*6,100
Unknown . . . . .	145.44	18,300	*	*	*	*	*98.90	*9,000	*	*
Hispanic origin										
Hispanic . . . . .	139.00	41,900	*	*	*139.32	*7,200	121.56	29,100	*	*
Non-Hispanic . . . . .	118.66	1,462,700	118.48	370,100	206.50	201,300	101.12	845,900	130.64	45,400
Unknown . . . . .	120.81	104,100	119.48	20,300	194.63	22,500	100.16	56,900	*	*
Current marital status										
Married . . . . .	134.05	272,500	132.29	78,500	226.29	48,400	108.45	133,500	*173.22	*12,100
Widowed . . . . .	116.13	939,300	116.40	251,400	194.94	139,900	98.91	527,000	101.06	21,000
Divorced or separated . . . . .	116.29	132,200	115.44	16,200	257.66	14,800	98.61	94,100	*119.44	*7,000
Single or never married . . . . .	117.78	241,600	119.67	43,400	190.83	22,400	107.42	165,300	*138.59	*10,500
Unknown . . . . .	118.20	23,100	*	*	*	*	93.27	12,000	*	*
Current residence										
Private or semiprivate residence . . . . .	106.97	510,400	110.60	136,200	160.66	63,900	95.80	293,300	102.58	17,000
Retirement home . . . . .	111.77	34,900	114.95	20,700	*	*	*96.51	*10,200	*	*
Board and care or residential care facility . . . . .	107.86	73,700	117.00	24,800	*159.50	*8,500	91.85	38,900	*	*
Nursing home . . . . .	109.37	198,600	112.42	48,200	216.85	15,700	96.62	129,400	*	*
Hospital . . . . .	133.56	717,800	132.12	153,600	227.14	134,200	108.42	408,400	159.99	21,500
Mental health facility . . . . .	103.34	24,100	*	*	*	*	104.00	20,100	*	*
Other or unknown . . . . .	115.75	49,100	*120.11	*8,600	*	*	103.52	31,600	*	*
Living arrangement before admission										
Alone . . . . .	108.03	207,300	108.04	66,900	170.55	21,800	96.56	110,300	*114.54	*8,300
With family members . . . . .	107.90	289,100	113.49	76,600	162.54	37,500	95.31	167,300	*104.00	*7,700
With nonfamily members . . . . .	113.55	29,800	*110.50	*8,300	*	*	107.56	17,100	*	*
Other or unknown . . . . .	124.84	1,082,500	125.61	242,900	216.94	169,700	104.13	637,200	141.51	32,700

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

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

<sup>2</sup>Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans' Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other, and unknown sources.

<sup>3</sup>Includes residents with unknown source of payment.

<sup>4</sup>Excludes unknown.

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

**Table 17. Number of nursing home residents by type of aids used, according to age, sex, and race of resident: United States, 1997**

Aids used <sup>2</sup>	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
Eyeglasses . . . . .	1,032,100	53,500	973,400	110,100	344,800	518,500	257,100	775,000	948,700	76,500	68,700	*6,800
Hearing aid . . . . .	159,600	*	155,600	*6,700	37,300	111,700	41,600	118,000	152,000	*6,700	*	*
Transfer equipment . . . . .	213,600	27,800	185,000	27,600	68,000	89,500	66,600	147,000	188,300	23,300	20,500	*
Wheelchair . . . . .	993,300	76,700	913,300	116,500	317,000	479,800	268,600	724,700	878,000	107,300	93,900	*8,000
Cane . . . . .	101,200	*	95,400	12,000	36,800	46,600	37,800	63,400	88,200	11,400	*9,800	*
Walker . . . . .	382,300	11,600	369,100	38,500	118,800	211,800	89,000	293,400	352,900	23,800	20,600	*
Crutches . . . . .	*7,200	*	*6,500	*	*	*	*	*	*6,200	*	*	*
Brace (any type) . . . . .	57,100	*10,200	46,200	*10,500	21,000	14,700	17,900	39,100	51,000	*5,700	*	*
Oxygen . . . . .	96,500	11,900	84,500	15,000	34,000	35,500	33,800	62,700	85,100	*9,600	*9,100	*
Commode . . . . .	127,400	*5,400	121,600	17,700	41,200	62,700	27,800	99,500	115,300	12,000	*10,000	*
Other aids or devices . . . . .	277,200	32,100	244,600	37,200	94,300	113,000	85,500	191,700	233,800	38,700	34,600	*
None . . . . .	106,400	22,000	84,000	17,700	36,100	30,200	38,600	67,800	80,300	24,500	22,300	*

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Numbers may add to more than totals, because a resident may be included in more than one category.

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

**Table 18. Number and percent of nursing home residents, by type of aids used, according to age, sex, and race of resident: United States, 1997**

Aids used <sup>2</sup>	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
	Number											
Total residents . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
	Percent											
Eyeglasses . . . . .	64.2	39.1	66.4	55.5	65.3	70.2	57.4	66.8	67.7	40.5	41.0	*37.1
Hearing aid . . . . .	9.9	*	10.6	*3.4	7.1	15.1	9.3	10.2	10.9	*3.5	*	*
Transfer equipment . . . . .	13.3	20.3	12.6	13.9	12.9	12.1	14.9	12.7	13.4	12.3	12.3	*
Wheelchair . . . . .	61.8	56.1	62.3	58.7	60.0	65.0	60.0	62.4	62.7	56.7	56.1	*43.8
Cane . . . . .	6.3	*	6.5	6.0	7.0	6.3	8.4	5.5	6.3	6.0	*5.9	*
Walker . . . . .	23.8	8.5	25.2	19.4	22.5	28.7	19.9	25.3	25.2	12.6	12.3	*
Crutches . . . . .	*0.5	*	*	*	*0.4	*	*	*	*0.4	*	*	*
Brace (any type) . . . . .	3.6	*7.5	3.2	*5.3	4.0	2.0	4.0	3.4	3.6	*3.0	*	*
Oxygen . . . . .	6.0	8.7	5.8	7.6	6.4	4.8	7.6	5.4	6.1	*5.1	*5.4	*
Commode . . . . .	7.9	*3.9	8.3	8.9	7.8	8.5	6.2	8.6	8.2	6.4	*6.0	*
Other aids or devices . . . . .	17.2	23.5	16.7	18.8	17.9	15.3	19.1	16.5	16.7	20.5	20.7	*
None . . . . .	6.6	16.1	5.7	8.9	6.8	4.1	8.6	5.8	5.7	13.0	13.3	*

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Percents may add to more than totals, because a resident may be included in more than one category.

NOTE: Percents are based on the unrounded numbers.

**Table 19. Number of nursing home residents by selected functional status, according to age, sex, and race of resident: United States, 1997**

Functional status	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All residents . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
Vision <sup>2</sup>												
Not impaired . . . . .	1,064,900	101,100	959,200	141,200	370,100	447,900	310,500	754,400	931,400	123,100	108,400	*10,500
Impaired <sup>3</sup> . . . . .	420,300	22,900	396,700	40,400	121,200	235,100	104,500	315,900	366,400	48,700	44,000	*
Partially impaired . . . . .	261,500	12,100	249,100	27,700	77,400	144,000	67,100	194,400	227,200	32,500	28,400	*
Severely impaired . . . . .	98,700	*	93,400	*7,900	25,500	60,000	22,100	76,600	87,800	*9,100	*8,800	*
Completely lost . . . . .	39,400	*	35,300	*	*10,900	21,000	*10,600	28,700	33,000	*5,700	*5,600	*
Unknown or unable to determine . . . . .	12,900	*	*12,200	*	*	*	*	*10,300	*11,500	*	*	*
Hearing <sup>4</sup>												
Not impaired . . . . .	1,123,800	113,400	1,005,800	160,600	396,900	448,200	319,000	804,800	968,900	142,700	126,000	*12,300
Impaired <sup>3</sup> . . . . .	358,300	*9,100	347,600	19,600	91,700	236,400	95,000	263,300	325,200	29,700	25,500	*
Partially impaired . . . . .	263,700	*6,400	255,900	14,600	71,200	170,100	68,300	195,300	240,600	20,700	18,400	*
Severely impaired . . . . .	73,700	*	72,000	*	13,400	55,600	20,400	53,300	67,100	*6,200	*	*
Completely lost . . . . .	*6,500	*	*6,000	*	*	*	*	*	*5,800	*	*	*
Unknown or unable to determine . . . . .	*9,100	*	*8,900	*	*	*	*	*7,300	*7,300	*	*	*
Walking <sup>1</sup>												
Received help . . . . .	478,600	19,400	457,500	51,900	159,600	246,000	119,900	358,800	435,500	38,400	33,500	*
Received no help . . . . .	342,700	38,600	302,000	53,300	120,700	128,000	113,800	228,900	299,500	39,800	35,300	*
Contenance												
Difficulty controlling bowels <sup>5</sup> . . . . .	21,300	*	18,900	*	*7,200	*8,900	*8,300	13,000	18,800	*	*	*
Difficulty controlling bladder <sup>6</sup> . . . . .	200,600	*10,300	189,700	19,300	67,200	103,200	49,300	151,300	183,900	15,300	13,400	*
Difficulty controlling both bowels and bladder <sup>5,6</sup> . . . . .	699,700	49,100	647,200	79,300	229,200	338,700	182,400	517,300	605,700	86,800	76,500	*7,100
Has ostomy, indwelling catheter, or similar device . . . . .	145,400	23,700	121,600	24,000	43,300	54,300	54,100	91,300	113,400	29,700	26,800	*
Received help with ADL's <sup>7,8</sup>												
Bathing . . . . .	1,536,300	121,000	1,409,300	185,600	505,400	718,300	416,100	1,120,200	1,343,400	176,700	156,400	16,200
Dressing . . . . .	1,392,600	109,400	1,277,600	166,600	454,300	656,600	376,400	1,016,200	1,209,500	167,900	148,400	15,200
Eating . . . . .	725,900	64,600	658,800	83,300	236,100	339,300	193,900	532,000	624,900	92,700	83,200	*8,300
Transfer . . . . .	389,600	15,700	372,100	43,200	131,600	197,300	96,000	293,600	354,400	31,200	28,100	*
Using toilet room . . . . .	879,300	52,100	822,600	93,500	289,900	439,300	223,100	656,200	786,800	85,900	73,500	*6,600
Received help with IADL's <sup>7,8</sup>												
Care of personal possessions . . . . .	1,233,500	97,500	1,130,100	147,500	404,700	577,900	339,800	893,600	1,070,400	153,100	135,600	*10,000
Managing money . . . . .	1,163,700	99,600	1,057,900	141,600	379,400	537,000	321,400	842,200	1,005,600	148,400	131,700	*9,600
Securing personal items such as newspaper, toilet articles, and snack food . . . . .	1,216,800	95,600	1,115,800	143,000	397,000	575,800	328,300	888,600	1,060,700	145,500	128,800	*10,700
Using the telephone . . . . .	993,600	78,400	910,500	117,200	324,200	469,100	277,200	716,400	860,600	124,400	110,600	*8,600
Functional status in ADL's <sup>7</sup>												
Received no help . . . . .	59,100	14,100	44,000	*10,000	18,000	16,000	27,000	32,000	47,300	*10,300	*9,100	*
Received help with 1 ADL . . . . .	127,000	11,500	115,000	20,800	44,600	49,600	36,300	90,700	115,000	*10,400	*9,400	*
Received help with 2 ADL's . . . . .	234,500	23,600	210,400	30,100	77,800	102,500	72,200	162,300	200,600	31,000	27,000	*
Received help with 3 ADL's . . . . .	566,200	51,300	513,500	72,400	182,300	258,800	155,100	411,000	480,500	78,200	70,400	*7,500
Received help with 4 ADL's . . . . .	480,500	30,800	446,300	51,600	157,600	237,200	125,600	354,900	427,800	48,800	42,400	*
Received help with 5 ADL's . . . . .	141,500	*	135,800	13,500	48,000	74,200	31,400	110,100	130,100	*10,500	*9,100	*

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Status when using eyeglasses or contact lenses.

<sup>3</sup>Includes residents for whom the severity of impairment is unknown.

<sup>4</sup>Status when using a hearing aid if applicable.

<sup>5</sup>Excludes residents that had a colostomy.

<sup>6</sup>Excludes residents that had an indwelling catheter or ostomy.

<sup>7</sup>ADL is activities of daily living, and IADL is instrumental activities of daily living.

<sup>8</sup>Numbers may not add to totals, because a resident may be included in more than one category.

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

**Table 20. Percent distribution of nursing home residents by selected functional status, according to age, sex, and race of resident: United States, 1997**

Functional status	All residents	Age <sup>1</sup>					Race					
		Under 65 years	65 years and over			Sex		Black and other			Unknown	
			Total	65-74 years	75-84 years	85 years and over	Male	Female	White	Total		Black
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Vision <sup>2</sup>												
Not impaired	66.2	74.0	65.5	71.2	70.1	60.7	69.4	65.0	66.5	65.1	64.7	*57.3
Impaired <sup>3</sup>	26.1	16.7	27.1	20.4	22.9	31.8	23.3	27.2	26.2	25.8	26.3	*
Partially impaired	16.3	8.8	17.0	14.0	14.7	19.5	15.0	16.8	16.2	17.2	17.0	*
Severely impaired	6.1	*	6.4	*4.0	4.8	8.1	4.9	6.6	6.3	*4.8	*5.2	*
Completely lost	2.5	*	2.4	*	*2.1	2.8	*2.4	2.5	2.4	*3.0	*3.3	*
Unknown or unable to determine	*0.8	*	*0.8	*	*	*	*	*0.9	*0.8	*	*	*
Hearing <sup>4</sup>												
Not impaired	69.9	82.9	68.7	81.0	75.1	60.7	71.3	69.3	69.2	75.4	75.3	*67.0
Impaired <sup>3</sup>	22.3	*6.7	23.7	9.9	17.4	32.0	21.2	22.7	23.2	15.7	15.2	*
Partially impaired	16.4	*4.7	17.5	7.4	13.5	23.0	15.3	16.8	17.2	11.0	11.0	*
Severely impaired	4.6	*	4.9	*	*2.5	7.5	4.6	4.6	4.8	*3.3	*	*
Completely lost	*0.4	*	*0.4	*	*	*	*	*	*0.4	*	*	*
Unknown or unable to determine	*0.6	*	*0.6	*	*	*	*	*0.6	*0.5	*	*	*
Walking <sup>1</sup>												
Received help	29.8	14.2	31.2	26.2	30.2	33.3	26.8	30.9	31.1	20.3	20.0	*
Received no help	21.3	28.3	20.6	26.8	22.8	17.3	25.4	19.7	21.4	21.1	21.1	*
Continence												
Difficulty controlling bowels <sup>5</sup>	1.3	*	1.3	*	*1.4	*1.2	*1.9	1.1	1.3	1.1	*	*
Difficulty controlling bladder <sup>6</sup>	12.5	*7.5	13.0	9.7	12.7	14.0	11.0	13.0	13.1	8.1	8.0	*
Difficulty controlling both bowels and bladder <sup>5,6</sup>	43.5	35.9	44.2	40.0	43.4	45.9	40.7	44.6	43.2	45.9	45.7	*38.9
Has ostomy, indwelling catheter, or similar device	9.0	17.3	8.3	12.1	8.2	7.4	12.1	7.9	8.1	15.7	16.0	*
Received help with ADL's <sup>7,8</sup>												
Bathing	95.5	88.5	96.2	93.6	95.7	97.3	92.9	96.5	95.9	93.4	93.4	88.4
Dressing	86.6	80.1	87.2	84.0	86.0	88.9	84.1	87.5	86.3	88.8	88.6	82.9
Eating	45.1	47.3	45.0	42.0	44.7	46.0	43.3	45.8	44.6	49.0	49.7	*45.1
Transferring	24.2	11.5	25.4	21.8	24.9	26.7	21.4	25.3	25.3	16.5	16.8	*
Using toilet room	54.7	38.1	56.2	47.1	54.9	59.5	49.8	56.5	56.2	45.4	43.9	*35.9
Received help with IADL's <sup>7,8</sup>												
Care of personal possessions	76.7	71.3	77.1	74.3	76.6	78.3	75.9	77.0	76.4	81.0	81.0	*54.3
Managing money	72.3	72.9	72.2	71.4	71.8	72.7	71.8	72.6	71.8	78.5	78.7	*52.5
Securing personal items such as newspaper, toilet articles, and snack food	75.6	70.0	76.2	72.1	75.2	78.0	73.3	76.5	75.7	76.9	77.0	*58.1
Using the telephone	61.8	57.3	62.2	59.1	61.4	63.5	61.9	61.7	61.4	65.8	66.1	*46.9
Number of dependencies in activities of daily living <sup>7</sup>												
Received no help	3.7	10.3	3.0	*5.0	3.4	2.2	6.0	2.8	3.4	*5.5	*5.4	*
Received help with 1 ADL	7.9	8.4	7.9	10.5	8.4	6.7	8.1	7.8	8.2	*5.5	*5.6	*
Received help with 2 ADL's	14.6	17.3	14.4	15.2	14.7	13.9	16.1	14.0	14.3	16.4	16.1	*
Received help with 3 ADL's	35.2	37.5	35.1	36.5	34.5	35.1	34.7	35.4	34.3	41.3	42.1	*41.1
Received help with 4 ADL's	29.9	22.6	30.5	26.0	29.8	32.1	28.1	30.6	30.5	25.8	25.3	*
Received help with 5 ADL's	8.8	*	9.3	6.8	9.1	10.1	7.0	9.5	9.3	*5.5	*5.4	*

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Status when using eyeglasses or contact lenses.

<sup>3</sup>Includes residents for whom the severity of impairment is unknown.

<sup>4</sup>Status when using a hearing aid if applicable.

<sup>5</sup>Excludes residents that had a colostomy.

<sup>6</sup>Excludes residents that had an indwelling catheter or ostomy.

<sup>7</sup>ADL is activities of daily living, and IADL is instrumental activities of daily living.

<sup>8</sup>Percents may not add to totals, because a resident may be included in more than one category.

NOTE: Percents are based on the unrounded numbers.

**Table 21. Number of nursing home residents by services received during the last 30 days, according to age, sex, and race of resident: United States, 1997**

Services received <sup>2</sup>	Age <sup>1</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
Dental care . . . . .	305,600	35,900	267,200	36,400	94,200	136,600	94,200	211,400	260,700	41,700	36,200	*
Equipment or devices . . . . .	812,500	66,700	743,100	102,600	260,100	380,500	224,200	588,200	706,700	96,500	82,500	*9,200
Hospice services . . . . .	20,600	*	18,600	*	*6,500	*9,000	*7,100	13,400	17,400	*	*	*
Medical services . . . . .	1,466,800	126,700	1,334,400	181,200	482,600	670,600	410,400	1,056,500	1,275,600	174,900	154,000	16,400
Mental health services . . . . .	291,800	48,900	242,200	48,100	94,400	99,700	96,700	195,000	244,800	42,700	38,500	*
Nursing services . . . . .	1,565,400	132,800	1,425,600	193,200	511,800	720,700	436,700	1,128,800	1,363,100	184,400	162,800	17,900
Nutritional services . . . . .	1,193,900	106,000	1,084,700	147,600	390,400	546,800	336,200	857,700	1,029,500	152,200	134,500	12,200
Occupational therapy . . . . .	308,000	29,200	277,500	42,600	108,700	126,100	92,500	215,500	263,700	41,400	35,800	*
Personal care . . . . .	1,463,100	122,900	1,333,600	177,300	477,200	679,100	407,200	1,055,900	1,277,100	170,100	150,300	15,800
Physical therapy . . . . .	439,700	39,000	399,100	59,900	156,700	182,500	132,700	307,000	385,700	49,000	42,800	*
Prescribed medicines or nonprescribed medicines . . . . .	1,507,600	129,100	1,371,800	184,900	491,200	695,600	420,300	1,087,300	1,312,700	177,400	157,400	17,500
Social services . . . . .	1,133,200	100,800	1,029,200	145,100	366,000	518,100	313,900	819,300	979,900	140,000	121,900	13,400
Special education . . . . .	12,700	*	*7,500	*	*	*	*	*8,200	*10,800	*	*	*
Speech or hearing therapy . . . . .	133,100	13,900	118,700	18,200	43,200	57,200	45,000	88,100	115,200	17,300	14,200	*
Transportation . . . . .	328,000	44,500	282,400	45,500	104,300	132,700	105,700	222,300	278,600	46,100	39,600	*
Vocational rehabilitation . . . . .	*7,400	*	*	*	*	*	*	*	*5,600	*	*	-
Other . . . . .	193,000	16,500	175,400	25,500	64,400	85,500	50,600	142,400	162,000	26,200	20,600	*
None . . . . .	*	*	*	*	*	*	*	*	*	*	*	-

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

- Quantity zero.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Numbers may not add to totals, because a resident may be included in more than one category.

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



**Table 22. Percent of nursing home residents by services received during the last 30 days, according to age, sex, and race of resident: United States, 1997**

Services received <sup>2</sup>	Age <sup>1</sup>						Race					
	All residents	Under 65 years	65 years and over			Sex		Black and other			Unknown	
			Total	65-74 years	75-84 years	85 years and over	Male	Female	White	Total		Black
	Number											
Total residents . . . . .	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
	Percent											
Dental care . . . . .	19.0	26.3	18.2	18.4	17.8	18.5	21.0	18.2	18.6	22.0	21.6	*
Equipment or devices . . . . .	50.5	48.8	50.7	51.7	49.2	51.5	50.1	50.7	50.4	51.0	49.3	*50.4
Hospice services . . . . .	1.3	*	1.3	*	*1.2	*1.2	*1.6	1.2	1.2	*	*	*
Medical services . . . . .	91.2	92.7	91.1	91.3	91.4	90.8	91.7	91.0	91.0	92.5	92.0	89.4
Mental health services . . . . .	18.1	35.8	16.5	24.3	17.9	13.5	21.6	16.8	17.5	22.6	23.0	*
Nursing services . . . . .	97.3	97.2	97.3	97.4	96.9	97.6	97.5	97.2	97.3	97.5	97.3	97.7
Nutritional services . . . . .	74.2	77.6	74.0	74.4	73.9	74.1	75.1	73.9	73.5	80.5	80.4	66.4
Occupational therapy . . . . .	19.1	21.4	18.9	21.5	20.6	17.1	20.7	18.6	18.8	21.9	21.4	*
Personal care . . . . .	91.0	89.9	91.0	89.3	90.3	92.0	90.9	91.0	91.2	89.9	89.8	86.5
Physical therapy . . . . .	27.3	28.5	27.2	30.2	29.7	24.7	29.6	26.5	27.5	25.9	25.5	*
Prescribed medicines or nonprescribed medicines . . . . .	93.7	94.4	93.6	93.2	93.0	94.2	93.9	93.7	93.7	93.8	94.0	95.7
Social services . . . . .	70.4	73.7	70.3	73.1	69.3	70.2	70.1	70.6	69.9	74.0	72.9	72.9
Special education . . . . .	0.8	*	*0.5	*	*	*	*	*0.7	*0.8	*	*	*
Speech or hearing therapy . . . . .	8.3	10.2	8.1	9.2	8.2	7.8	10.1	7.6	8.2	9.1	8.5	*
Transportation . . . . .	20.4	32.6	19.3	23.0	19.7	18.0	23.6	19.1	19.9	24.4	23.7	*
Vocational rehabilitation . . . . .	*0.5	*	*	*	*	*	*	*	*0.4	*	*	-
Other . . . . .	12.0	12.1	12.0	12.9	12.2	11.6	11.3	12.3	11.6	13.9	12.3	*
None . . . . .	*	*	*	*	*	*	*	*	*	*	*	-

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

- Quantity zero.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Percents may not add to totals, because a resident may be included in more than one category.

NOTE: Percents are based on the unrounded numbers.

**Table 23. Number of nursing home residents by selected demographic characteristics, according to primary source of payment at admission and at time of survey: United States, 1997**

Facility characteristics	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All residents . . . . .	1,608,700	433,400	454,200	654,500	66,600	394,700	230,900	931,800	51,300
Age <sup>3</sup>									
Under 65 years . . . . .	136,700	17,900	16,500	92,000	10,300	12,400	*9,300	105,900	*9,100
65 years and over . . . . .	1,465,000	413,600	435,600	560,000	55,800	380,200	220,500	822,400	41,900
65–74 years . . . . .	198,400	32,500	56,800	100,400	*8,700	26,600	30,600	135,000	*6,400
75–84 years . . . . .	528,300	142,000	161,900	202,300	22,000	126,800	90,300	295,000	16,100
85 years and over . . . . .	738,300	239,000	216,900	257,400	25,000	226,800	99,700	392,400	19,400
Sex									
Male . . . . .	447,700	107,100	115,900	193,000	31,700	97,100	63,300	260,800	26,500
Female . . . . .	1,160,900	326,200	338,200	461,600	34,900	297,600	167,600	671,000	24,700
Race									
White . . . . .	1,401,200	415,300	393,200	536,000	56,600	379,900	197,900	781,200	42,200
Black and other . . . . .	189,100	14,800	53,500	112,200	*8,600	*10,700	28,700	141,600	*8,100
Black . . . . .	167,400	12,500	48,500	99,500	*6,800	*8,400	26,900	126,000	*6,000
Unknown . . . . .	18,300	*	*7,400	*6,300	*	*	*	*9,000	*
Hispanic origin									
Hispanic . . . . .	41,900	*	*10,200	24,200	*	*	*7,200	29,100	*
Non-Hispanic . . . . .	1,462,700	407,900	406,300	589,800	58,700	370,100	201,300	845,900	45,400
Unknown . . . . .	104,100	20,800	37,700	40,500	*	20,300	22,500	56,900	*
Current marital status									
Married . . . . .	272,500	84,700	82,500	91,300	14,000	78,500	48,400	133,500	*12,100
Widowed . . . . .	939,300	274,400	284,800	351,700	28,400	251,400	139,900	527,000	21,000
Divorced or separated . . . . .	132,200	20,000	32,600	71,100	*8,500	16,200	14,800	94,100	*7,000
Single or never married . . . . .	241,600	49,900	47,900	128,900	14,900	43,400	22,400	165,300	*10,500
Unknown . . . . .	23,100	*	*6,400	11,500	*	*	*	12,000	*
Residence before admission									
Private or semiprivate residence . . . . .	510,400	170,700	107,000	213,800	18,900	136,200	63,900	293,300	17,000
Retirement home . . . . .	34,900	20,500	*	*6,000	*	20,700	*	*10,200	*
Board and care or residential care facility . . . . .	73,700	30,000	13,500	28,400	*	24,800	*8,500	38,900	*
Nursing home . . . . .	198,600	55,900	28,300	108,200	*6,200	48,200	15,700	129,400	*
Hospital . . . . .	717,800	143,700	285,400	259,700	29,000	153,600	134,200	408,400	21,500
Mental health facility . . . . .	24,100	*	*	16,100	*	*	*	20,100	*
Other or unknown . . . . .	49,100	*10,100	*11,500	22,300	*	*8,600	*	31,600	*
Living arrangement before admission									
Alone . . . . .	207,300	83,200	43,000	73,400	*7,700	66,900	21,800	110,300	*8,300
With family members . . . . .	289,100	92,200	59,900	127,400	*9,600	76,600	37,500	167,300	*7,700
Only with nonfamily members . . . . .	29,800	*10,300	*	13,200	*	*8,300	*	17,100	*
Other or unknown . . . . .	1,082,500	247,600	348,100	440,500	46,300	242,900	169,700	637,200	32,700

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

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

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

<sup>3</sup>Excludes unknown.

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

**Table 24. Percent distribution of nursing home residents by selected demographic characteristics, according to primary source of payment at admission and at time of survey: United States, 1997**

Facility characteristics	Primary source of payment								
	At admission				At time of survey				
	All sources	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>	Private insurance <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All residents . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age <sup>3</sup>									
Under 65 years . . . . .	8.5	4.1	3.6	14.1	15.5	3.1	*4.0	11.4	*17.8
65 years and over . . . . .	91.1	95.4	95.9	85.6	83.7	96.3	95.5	88.3	81.7
65–74 years . . . . .	12.3	7.5	12.5	15.3	13.0	6.7	13.2	14.5	*12.4
75–84 years . . . . .	32.8	32.8	35.7	30.9	33.1	32.1	39.1	31.7	31.5
85 years and over . . . . .	45.9	55.2	47.8	39.3	37.6	57.5	43.2	42.1	37.9
Sex									
Male . . . . .	27.8	24.7	25.5	29.5	47.6	24.6	27.4	28.0	51.7
Female . . . . .	72.2	75.3	74.5	70.5	52.4	75.4	72.6	72.0	48.3
Race									
White . . . . .	87.1	95.8	86.6	81.9	85.0	96.3	85.7	83.8	82.2
Black and other . . . . .	11.8	3.4	11.8	17.1	*13.0	*2.7	12.4	15.2	*15.9
Black . . . . .	10.4	2.9	10.7	15.2	*10.3	*2.1	11.7	13.5	*11.8
Unknown . . . . .	1.1	*	*1.6	*	*	*	*	*1.0	*
Hispanic origin									
Hispanic . . . . .	2.6	*	*2.3	3.7	*	*	*3.1	3.1	*
Non-Hispanic . . . . .	90.9	94.1	89.5	90.1	88.1	93.8	87.2	90.8	88.6
Unknown . . . . .	6.5	4.8	8.3	6.2	*	5.2	9.7	6.1	*
Current marital status									
Married . . . . .	16.9	19.6	18.2	14.0	21.0	19.9	21.0	14.3	*12.1
Widowed . . . . .	58.4	63.3	62.7	53.7	42.6	63.7	60.6	56.6	40.9
Divorced or separated . . . . .	8.2	4.6	7.2	10.9	*12.5	4.1	6.4	10.1	*13.7
Single or never married . . . . .	15.0	11.5	10.5	19.7	22.4	11.0	9.7	17.7	*20.4
Unknown . . . . .	1.4	*	*1.4	1.8	*	*	*	1.3	*
Residence before admission									
Private or semiprivate residence . . . . .	31.7	39.4	23.6	32.7	28.4	34.5	27.7	31.5	33.2
Retirement home . . . . .	2.2	4.7	*	*0.9	*	5.3	*	*1.1	*
Board and care or residential care facility . . . . .	4.6	6.9	3.0	4.3	*	6.3	*3.7	4.2	*
Nursing home . . . . .	12.4	12.9	6.2	16.5	*9.3	12.2	6.8	13.9	*
Hospital . . . . .	44.6	33.2	62.8	39.7	43.6	38.9	58.1	43.8	42.0
Mental health facility . . . . .	1.5	*	*	2.5	*	*	*	2.2	*
Other or unknown . . . . .	3.1	*2.3	*2.5	3.4	*	*2.2	*	3.4	*
Living arrangement before admission									
Alone . . . . .	12.9	19.2	9.5	11.2	*11.5	17.0	9.4	11.8	*16.2
With family members . . . . .	18.0	21.3	13.2	19.5	*14.5	19.4	16.2	18.0	*15.1
Only with nonfamily members . . . . .	1.9	*2.4	*	2.0	*	*2.1	*	1.8	*
Other or unknown . . . . .	67.3	57.1	76.6	67.3	69.5	61.6	73.5	68.4	63.8

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

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

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

<sup>3</sup>Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

**Table 25. Number and percent distribution of nursing home residents, by length of time since admission and average length of time since admission, according to selected demographic characteristics: United States, 1997**

Demographic characteristics	All residents	Length of time since admission <sup>1</sup>							Average length of time since admission (days)
		Total	Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All residents . . . . .	1,608,700	100.0	17.6	9.7	14.8	30.3	13.6	14.0	898.7
Age <sup>1</sup>									
Under 65 years . . . . .	136,700	100.0	18.8	9.6	13.0	26.0	11.8	20.9	1,217.4
65 years and over . . . . .	1,465,000	100.0	17.5	9.7	15.0	30.6	13.8	13.4	870.2
65–74 years . . . . .	198,400	100.0	21.9	11.8	14.4	27.4	12.2	12.4	857.5
75–84 years . . . . .	528,300	100.0	21.0	10.4	15.8	30.0	12.1	10.6	788.6
85 years and over . . . . .	738,300	100.0	13.9	8.7	14.5	31.9	15.4	15.7	932.1
Sex									
Male . . . . .	447,700	100.0	20.9	10.6	15.0	30.5	12.4	10.7	819.7
Female . . . . .	1,160,900	100.0	16.4	9.4	14.7	30.3	14.0	15.3	929.1
Race									
White . . . . .	1,401,200	100.0	17.2	9.9	14.4	30.8	13.5	14.2	905.1
Black and other . . . . .	189,100	100.0	19.6	8.4	17.8	27.4	14.4	12.5	851.0
Black . . . . .	167,400	100.0	19.8	8.5	18.5	25.9	15.0	12.4	845.7
Unknown . . . . .	18,300	100.0	*	*	*	*	*	*	896.3
Hispanic origin									
Hispanic . . . . .	41,900	100.0	*21.2	*	*	34.7	*	*	781.5
Non-Hispanic . . . . .	1,462,700	100.0	17.2	9.6	14.9	30.3	13.9	14.2	905.9
Unknown . . . . .	104,100	100.0	21.6	*10.1	14.6	29.8	*10.4	13.5	844.5
Current marital status									
Married . . . . .	272,500	100.0	24.6	11.7	15.3	31.2	10.2	7.0	599.3
Widowed . . . . .	939,300	100.0	16.4	9.2	15.3	31.4	14.1	13.6	851.4
Divorced or separated . . . . .	132,200	100.0	18.4	10.3	13.8	29.0	12.6	15.8	971.5
Single or never married . . . . .	241,600	100.0	13.6	8.8	12.4	26.6	16.0	22.6	1,369.8
Unknown . . . . .	23,100	100.0	*	*	*	*23.1	*	*	1,007.7
Residence before admission									
Private or semiprivate residence . . . . .	510,400	100.0	15.7	9.0	14.4	30.6	13.9	16.4	970.6
Retirement home . . . . .	34,900	100.0	*	*	*	39.4	*	*	902.0
Board and care or residential care facility . . . . .	73,700	100.0	*12.1	*10.4	17.2	*30.5	*16.4	*13.3	1,015.1
Nursing home . . . . .	198,600	100.0	14.5	9.5	14.4	31.6	14.3	15.5	969.4
Hospital . . . . .	717,800	100.0	21.4	10.2	15.2	29.7	12.7	10.9	766.4
Mental health facility . . . . .	24,100	100.0	*	*	*	*	*	*33.6	1,889.5
Other or unknown . . . . .	49,100	100.0	*	*	*15.5	28.4	*16.3	*20.2	1,134.0
Living arrangement before admission									
Alone . . . . .	207,300	100.0	12.7	8.8	14.6	32.7	14.2	17.0	975.1
With family members . . . . .	289,100	100.0	17.8	9.3	13.9	30.7	12.9	15.4	949.6
Only with nonfamily members . . . . .	29,800	100.0	*	*	*	*28.4	*19.6	*	847.2
Unknown . . . . .	1,082,500	100.0	18.6	9.9	15.0	29.8	13.5	13.1	871.8

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

<sup>1</sup>Excludes unknown.

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

**Table 26. Number and percent distribution of nursing home residents, by primary diagnosis at admission and at time of survey: United States, 1997**

Primary diagnosis and ICD-9-CM code <sup>1</sup>	At admission		At time of survey	
	Number of residents	Percent distribution	Number of residents	Percent distribution
Total	1,608,700	100.0	1,608,700	100.0
Infectious and parasitic diseases . . . . . 001-139	15,200	0.9	*11,000	*0.7
Neoplasms . . . . . 140-239	33,200	2.1	34,300	2.1
Malignant neoplasms . . . . . 140-208,230-234	30,600	1.9	31,100	1.9
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	99,100	6.2	104,800	6.5
Diabetes mellitus . . . . . 250	61,900	3.8	73,300	4.6
Diseases of the blood and blood-forming organs . . . . . 280-289	14,800	0.9	15,700	1.0
Anemias . . . . . 280-285	13,300	0.8	13,600	0.8
Mental disorders . . . . . 290-319	259,800	16.2	293,700	18.3
Senile dementia or organic brain syndrome . . . . . 290, 310	65,100	4.0	71,500	4.4
Mental retardation . . . . . 317-319	14,900	0.9	15,200	0.9
Other mental disorders . . . . . 291-309, 311-316	179,800	11.2	207,000	12.9
Diseases of the nervous system and sense organs . . . . . 320-389	222,500	13.8	243,800	15.2
Alzheimer's disease . . . . . 331.0	125,800	7.8	139,100	8.6
Parkinson's disease . . . . . 332	31,500	2.0	35,400	2.2
Multiple sclerosis . . . . . 340	16,400	1.0	15,900	1.0
Paralytic syndromes . . . . . 342-344	19,000	1.2	19,400	1.2
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	29,900	1.9	34,000	2.1
Diseases of the circulatory system . . . . . 390-459	399,200	24.8	431,200	26.8
Essential hypertension . . . . . 401	55,200	3.4	66,300	4.1
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	154,400	9.6	170,800	10.6
Diseases of the respiratory system . . . . . 460-519	99,100	6.2	80,200	5.0
Pneumonia, all forms . . . . . 480-486	41,400	2.6	20,000	1.2
Other diseases of the respiratory system . . . . . 490-496	57,700	3.6	60,200	3.7
Diseases of the digestive system . . . . . 520-579	49,300	3.1	41,700	2.6
Diseases of the genitourinary system . . . . . 580-629	36,900	2.3	32,500	2.0
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	22,700	1.4	16,800	1.0
Diseases of the skin and subcutaneous tissue . . . . . 680-709	17,700	1.1	12,800	0.8
Decubitus ulcer . . . . . 707.0	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	*	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	71,500	4.4	75,100	4.7
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	22,500	1.4	28,000	1.7
Other arthropathies and related disorders . . . . . 710-714, 716-719	*10,500	*0.7	*10,600	*0.7
Osteoporosis . . . . . 733.0	*5,500	*0.3	*8,400	*0.5
Congenital anomalies . . . . . 740-759	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	76,300	4.7	75,400	4.7
Senility without mention of psychosis . . . . . 797	*	*	*	*
Injury and poisoning . . . . . 800-999	128,300	8.0	80,200	5.0
Fracture of neck of femur . . . . . 820	60,200	3.7	34,900	2.2
Other fractures . . . . . 800-819,821-829	42,600	2.6	26,100	1.6
Supplementary classification . . . . . V01-V82	79,800	5.0	70,300	4.4
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	38,500	2.4	34,200	2.1
Unknown or no diagnosis . . . . .	*	*	*	*

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 27. Number and percent distribution of nursing home residents, by all-listed diagnoses at admission and at time of survey: United States, 1997**

All-listed diagnoses and ICD-9-CM code <sup>1</sup>	At admission		At time of survey	
	Number of residents	Percent distribution	Number of residents	Percent distribution
Total	6,626,900	100.0	6,900,400	100.0
Infectious and parasitic diseases . . . . . 001-139	48,700	0.7	41,000	0.6
Neoplasms . . . . . 140-239	103,500	1.6	105,500	1.5
Malignant neoplasms . . . . . 140-208,230-234	91,100	1.4	93,400	1.4
Endocrine, nutritional, and metabolic and immunity disorders . . . . . 240-279	534,200	8.1	536,800	7.8
Diabetes mellitus . . . . . 250	255,600	3.9	265,100	3.8
Diseases of the blood and blood-forming organs . . . . . 280-289	148,200	2.2	167,400	2.4
Anemias . . . . . 280-285	136,600	2.1	154,800	2.2
Mental disorders . . . . . 290-319	962,800	14.5	1,084,300	15.7
Senile dementia or organic brain syndrome . . . . . 290, 310	166,000	2.5	175,200	2.5
Mental retardation . . . . . 317-319	35,400	0.5	34,600	0.5
Other mental disorders . . . . . 291-309, 311-316	761,500	11.5	874,500	12.7
Diseases of the nervous system and sense organs . . . . . 320-389	642,300	9.7	702,100	10.2
Alzheimer's disease . . . . . 331.0	203,500	3.1	219,400	3.2
Parkinson's disease . . . . . 332	79,000	1.2	86,900	1.3
Multiple sclerosis . . . . . 340	20,600	0.3	20,600	0.3
Paralytic syndromes . . . . . 342-344	94,400	1.4	91,000	1.3
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	244,700	3.7	284,100	4.1
Diseases of the circulatory system . . . . . 390-459	1,727,300	26.1	1,825,000	26.4
Essential hypertension . . . . . 401	460,900	7.0	481,100	7.0
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	743,100	11.2	795,000	11.5
Diseases of the respiratory system . . . . . 460-519	302,900	4.6	274,900	4.0
Pneumonia, all forms . . . . . 480-486	78,400	1.2	44,900	0.7
Other diseases of the respiratory system . . . . . 490-496	224,500	3.4	230,000	3.3
Diseases of the digestive system . . . . . 520-579	312,200	4.7	341,500	4.9
Diseases of the genitourinary system . . . . . 580-629	224,400	3.4	210,300	3.0
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	107,200	1.6	85,000	1.2
Diseases of the skin and subcutaneous tissue . . . . . 680-709	72,700	1.1	69,200	1.0
Decubitus ulcer . . . . . 707.0	21,700	0.3	18,800	0.3
Other chronic ulcer of the skin . . . . . 707.1-707.9	13,100	0.2	12,100	0.2
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	471,900	7.1	510,600	7.4
Rheumatoid arthritis, except spine . . . . . 714	15,700	0.2	15,700	0.2
Osteoarthritis and allied disorders, except spine . . . . . 715	177,000	2.7	196,700	2.9
Other arthropathies and related disorders . . . . . 710-714, 716-719	98,400	1.5	110,300	1.6
Osteoporosis . . . . . 733.0	78,800	1.2	90,700	1.3
Congenital anomalies . . . . . 740-759	12,500	0.2	*10,700	*0.2
Symptoms, signs, and ill-defined conditions . . . . . 780-799	429,600	6.5	456,800	6.6
Senility without mention of psychosis . . . . . 797	*7,200	*0.1	*6,800	*0.1
Injury and poisoning . . . . . 800-999	222,700	3.4	167,100	2.4
Fracture of neck of femur . . . . . 820	87,000	1.3	59,700	0.9
Other fractures . . . . . 800-819,821-829	79,100	1.2	59,500	0.9
Supplementary classification . . . . . V01-V82	411,200	6.2	397,200	5.8
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	196,700	3.0	187,500	2.7

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 28. Number of nursing home residents by primary diagnosis at admission, according to age, sex, and race of resident: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	Age at interview <sup>2</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	1,608,700	136,700	1,465,000	198,400	528,300	738,300	447,700	1,160,900	1,401,200	189,100	167,400	18,300
Infectious and parasitic diseases . . . . . 001-139	15,200	*	12,600	*	*	*	*6,000	*9,300	12,800	*	*	*
Neoplasms . . . . . 140-239	33,200	*	30,100	*5,300	12,400	12,400	15,000	18,200	28,900	*	*	-
Malignant neoplasms . . . . . 140-208,230-234	30,600	*	28,200	*	11,700	*11,400	13,700	16,900	26,700	*	*	-
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	99,100	*6,200	92,900	17,500	33,400	42,000	27,500	71,600	83,200	15,100	13,200	*
Diabetes mellitus . . . . . 250	61,900	*	56,400	13,200	21,600	21,600	17,900	44,000	51,100	*10,100	*9,300	*
Diseases of the blood and blood-forming organs . . . . . 280-289	14,800	*	14,300	*	*	*9,500	*	*11,400	13,000	*	*	*
Anemias . . . . . 280-285	13,300	*	13,000	*	*	*8,700	*	*10,300	*11,500	*	*	*
Mental disorders . . . . . 290-319	259,800	29,900	228,700	32,500	83,500	112,700	77,000	182,800	222,300	34,500	29,800	*
Senile dementia or organic brain syndrome . . . . . 290, 310	65,100	*	62,700	*6,100	20,400	36,300	16,000	49,200	55,200	*8,800	*7,500	*
Mental retardation . . . . . 317-319	14,900	*7,800	*7,100	*	*	*	*7,800	*7,100	13,500	*	*	*
Other mental disorders . . . . . 291-309, 311-316	179,800	19,900	158,800	23,400	59,800	75,600	53,200	126,600	153,600	24,600	21,300	*
Diseases of the nervous system and sense organs . . . . . 320-389	222,500	30,700	191,400	29,400	84,800	77,200	64,400	158,200	202,400	18,300	15,800	*
Alzheimer's disease . . . . . 331.0	125,800	*	123,400	14,800	56,300	52,200	26,400	99,300	114,400	*10,000	*9,100	*
Parkinson's disease . . . . . 332	31,500	*	30,900	*	16,000	*10,800	12,100	19,400	30,500	*	*	-
Multiple sclerosis . . . . . 340	16,400	*10,700	*	*	*	*	*	*39,100	15,400	*	*	-
Paralytic syndromes . . . . . 342-344	19,000	*9,800	*9,100	*	*	*	*9,600	*9,300	15,800	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	29,900	*7,600	22,300	*	*	12,400	*11,900	18,000	26,300	*	*	*
Diseases of the circulatory system . . . . . 390-459	399,200	20,300	377,500	48,400	131,600	197,500	106,900	292,300	340,600	54,000	48,300	*
Essential hypertension . . . . . 401	55,200	*	53,300	*6,100	16,400	30,800	*9,800	45,400	45,900	*8,900	*7,600	*
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	154,400	*	151,300	*10,000	46,700	94,500	36,300	118,100	138,200	13,800	13,600	*
Diseases of the respiratory system . . . . . 460-519	99,100	*6,100	92,400	13,100	35,500	43,900	36,100	62,900	85,000	12,800	*11,400	*
Pneumonia, all forms . . . . . 480-486	41,400	*	38,900	*	13,200	21,800	13,800	27,600	34,700	*6,000	*	*
Other diseases of the respiratory system . . . . . 490-496	57,700	*	53,500	*9,100	22,300	22,100	22,300	35,400	50,300	*6,800	*6,200	*
Diseases of the digestive system . . . . . 520-579	49,300	*	46,300	*	14,400	27,000	14,100	35,100	44,300	*	*	*
Diseases of the genitourinary system . . . . . 580-629	36,900	*	33,600	*6,600	*11,900	15,100	*11,600	25,200	30,600	*5,900	*5,600	*
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	22,700	*	21,200	*	*7,900	*9,600	*	17,600	19,600	*	*	*
Diseases of the skin and subcutaneous tissue . . . . . 680-709	17,700	*	15,800	*	*	*7,700	*	12,600	13,700	*	*	*
Decubitus ulcer . . . . . 707.0	*	*	*	*	*	*	*	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	-	*	*	*	*	*	*	*	*	*	-
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	71,500	*	69,100	*	21,600	43,500	*8,400	63,100	66,300	*	*	*
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*	*	*	*	*	-
Osteoarthritis and allied disorders, except spine . . . . . 715	22,500	*	22,300	*	*6,000	15,300	*	19,800	20,700	*	*	-
Other arthropathies and related disorders . . . . . 710-714, 716-719	*10,500	*	*9,900	*	*	*6,000	*	*8,700	*9,800	*	*	-
Osteoporosis . . . . . 733.0	*5,500	*	*	-	*	*	*	*	*	*	-	*
Congenital anomalies . . . . . 740-759	*	*	*	*	*	*	*	*	*	-	-	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	76,300	*9,000	67,300	*9,100	26,600	31,700	22,000	54,300	65,700	*9,600	*8,800	*
Senility without mention of psychosis . . . . . 797	*	-	*	-	*	*	*	*	*	*	*	-
Injury and poisoning . . . . . 800-999	128,300	11,700	116,500	*11,400	34,000	71,200	24,700	103,600	117,200	*9,600	*7,700	*
Fracture of neck of femur . . . . . 820	60,200	*	59,500	*	16,300	38,200	*9,000	51,200	56,500	*	*	*
Other fractures . . . . . 800-819,821-829	42,600	*	40,200	*	12,900	23,600	*6,800	35,800	39,200	*	*	*
Supplementary classification . . . . . V01-V82	79,800	*	74,400	*9,500	24,500	40,400	22,600	57,200	69,900	*9,200	*8,800	*
Posthospital aftercare . . . . . V24-V46, V52, V53.3-V53.7,V54-V58	38,500	*	36,200	*	12,300	19,300	*8,800	29,700	34,900	*	*	*
Unknown or no diagnosis . . . . .	*	-	*	-	-	*	*	*	*	-	-	*

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

- Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Excludes unknown.

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

**Table 29. Percent distribution of nursing home residents by primary diagnosis at admission, according to age, sex, and race of resident: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	Age at interview <sup>2</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001-139	0.9	*	0.9	*	*	*	*1.3	*0.8	0.9	*	*	*
Neoplasms . . . . . 140-239	2.1	*	2.1	*2.7	2.3	1.7	3.4	1.6	2.1	*	*	-
Malignant neoplasms . . . . . 140-208,230-234	1.9	*	1.9	*	2.2	*1.6	3.1	1.5	1.9	*	*	-
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	6.2	*4.5	6.3	8.8	6.3	5.7	6.2	6.2	5.9	8.0	7.9	*
Diabetes mellitus . . . . . 250	3.8	*	3.9	6.7	4.1	2.9	4.0	3.8	3.7	*5.3	*5.6	*
Diseases of the blood and blood-forming organs . . . . . 280-289	0.9	*	1.0	*	*	*1.3	*	*1.0	0.9	*	*	*
Anemias . . . . . 280-285	0.8	*	0.9	*	*	*1.2	*	*0.9	*0.8	*	*	*
Mental disorders . . . . . 290-319	16.2	21.9	15.6	16.4	15.8	15.3	17.2	15.8	15.9	18.3	17.8	*
Senile dementia or organic brain syndrome . . . . . 290, 310	4.0	*	4.3	*3.1	3.9	4.9	3.6	4.2	3.9	4.7	*4.5	*
Mental retardation . . . . . 317-319	0.9	*5.7	*0.5	*	*	*	*1.7	*0.6	1.0	*	*	*
Other mental disorders . . . . . 291-309, 311-316	11.2	14.5	10.8	11.8	11.3	10.2	11.9	10.9	11.0	13.0	12.7	*
Diseases of the nervous system and sense organs . . . . . 320-389	13.8	22.4	13.1	14.8	16.1	10.5	14.4	13.6	14.4	9.7	9.5	*
Alzheimer's disease . . . . . 331.0	7.8	*	8.4	7.5	10.7	7.1	5.9	8.6	8.2	*5.3	*5.4	*
Parkinson's disease . . . . . 332	2.0	*	2.1	*	3.0	*1.5	2.7	1.7	2.2	*	*	-
Multiple sclerosis . . . . . 340	1.0	*7.9	*	*	*	*	*	*1.0	1.1	*	*	-
Paralytic syndromes . . . . . 342-344	1.2	*7.2	*0.6	*	*	*	*2.2	*0.8	1.1	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	1.9	*5.6	1.5	*	*	1.7	*2.7	1.6	1.9	*	*	*
Diseases of the circulatory system . . . . . 390-459	24.8	14.9	25.8	24.4	24.9	26.8	23.9	25.2	24.3	28.5	28.9	*
Essential hypertension . . . . . 401	3.4	*	3.6	*3.1	3.1	4.2	*2.2	3.9	3.3	*4.7	*4.5	*
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	9.6	*	10.3	*5.1	8.8	12.8	8.1	10.2	9.9	7.3	8.1	*
Diseases of the respiratory system . . . . . 460-519	6.2	*4.5	6.3	6.6	6.7	5.9	8.1	5.4	6.1	6.8	*6.8	*
Pneumonia, all forms . . . . . 480-486	2.6	*	2.7	*	2.5	3.0	3.1	2.4	2.5	*3.2	*	*
Other diseases of the respiratory system . . . . . 490-496	3.6	*	3.7	*4.6	4.2	3.0	5.0	3.1	3.6	*3.6	*3.7	*
Diseases of the digestive system . . . . . 520-579	3.1	*	3.2	*	2.7	3.7	3.2	3.0	3.2	*	*	*
Diseases of the genitourinary system . . . . . 580-629	2.3	*	2.3	*3.3	*2.3	2.1	*2.6	2.2	2.2	*3.1	*3.4	*
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	1.4	*	1.5	*	*1.5	*1.3	*	1.5	1.4	*	*	*
Diseases of the skin and subcutaneous tissue . . . . . 680-709	1.1	*	1.1	*	*	*1.0	*	1.1	1.0	*	*	*
Decubitus ulcer . . . . . 707.0	*	*	*	*	*	*	*	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	-	*	*	*	*	*	*	*	*	*	-
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	4.4	*	4.7	*	4.1	5.9	*1.9	5.4	4.7	*	*	*
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*	*	*	*	*	-
Osteoarthritis and allied disorders, except spine . . . . . 715	1.4	*	1.5	*	*1.1	2.1	*	1.7	1.5	*	*	-
Other arthropathies and related disorders . . . . . 710-714, 716-719	*0.7	*	*0.7	*	*	*0.8	*	*0.8	*0.7	*	*	-
Osteoporosis . . . . . 733.0	*0.3	*	*	-	*	*	*	*	*	*	-	*
Congenital anomalies . . . . . 740-759	*	*	*	*	*	*	*	*	*	-	-	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	4.7	*6.6	4.6	*4.6	5.0	4.3	4.9	4.7	4.7	*5.0	5.3	*
Senility without mention of psychosis . . . . . 797	*	-	*	-	*	*	*	*	*	*	*	-
Injury and poisoning . . . . . 800-999	8.0	8.6	8.0	*5.7	6.4	9.6	5.5	8.9	8.4	*5.1	*4.6	*
Fracture of neck of femur . . . . . 820	3.7	*	4.1	*	3.1	5.2	*2.0	4.4	4.0	*	*	*
Other fractures . . . . . 800-819,821-829	5.0	*	2.7	*	2.4	3.2	*1.5	3.1	2.8	*	*	*
Supplementary classification . . . . . .V01-V82	2.6	*	5.1	*4.8	4.6	5.5	5.1	4.9	5.0	*4.9	*5.3	*
Posthospital aftercare . . . . . V42-V46,V52, V53.3-V53.7,V54-V58	2.4	*	2.5	*	2.3	2.6	*2.0	2.6	2.5	*	*	*
Unknown or no diagnosis . . . . .	*	-	*	-	-	*	*	*	*	-	-	*

<sup>1</sup>Figure does not meet standard of reliability or precision, because sample size is less than 30 and therefore, is not reported. If shown with a number, it should not be assumed reliable because the sample size is between 30 to 59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

<sup>2</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>3</sup>Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

- Quantity zero.





**Table 31. Percent distribution of nursing home residents by all-listed diagnoses at admission, according to age, sex, and race of resident: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	Age at interview <sup>2</sup>						Sex		Race			
	All residents	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001-139	0.7	*1.5	0.7	*0.7	0.6	0.7	0.9	0.7	0.7	*1.1	*1.2	*
Neoplasms . . . . . 140-239	1.6	*	1.6	1.8	1.7	1.5	2.5	1.2	1.5	1.9	1.9	*
Malignant neoplasms . . . . . 140-208,230-234	1.4	*	1.4	1.4	1.5	1.4	2.3	1.0	1.3	1.7	1.7	*
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	8.1	7.7	8.1	10.4	8.5	7.2	7.5	8.3	7.9	9.2	9.3	*
Diabetes mellitus . . . . . 250	3.9	4.5	3.8	6.5	4.3	2.7	4.3	3.7	3.6	5.7	5.9	*
Diseases of the blood and blood-forming organs . . . . . 280-289	2.2	*1.5	2.3	1.5	2.2	2.6	1.8	2.4	2.1	3.0	3.0	*
Anemias . . . . . 280-285	2.1	*1.5	2.1	*1.2	2.0	2.4	1.6	2.2	2.0	2.8	2.8	*
Mental disorders . . . . . 290-319	14.5	18.5	14.2	15.4	14.8	13.4	14.8	14.4	14.5	14.5	14.6	*14.9
Senile dementia or organic brain syndrome . . . . . 290, 310	2.5	*	2.6	1.9	2.4	2.9	2.4	2.5	2.5	2.7	2.7	*
Mental retardation . . . . . 317-319	0.5	3.3	0.3	*1.0	*0.4	*	1.0	0.3	0.5	*	*	*
Other mental disorders . . . . . 291-309, 311-316	11.5	14.0	11.3	12.5	12.0	10.4	11.4	11.5	11.5	11.4	11.4	*9.8
Diseases of the nervous system and sense organs . . . . . 320-389	9.7	13.6	9.4	11.0	10.1	8.4	9.7	9.7	9.9	8.1	8.0	*
Alzheimer's disease . . . . . 331.0	3.1	*	3.3	2.7	4.0	3.0	2.3	3.4	3.2	2.1	2.1	*
Parkinson's disease . . . . . 332	1.2	*	1.3	1.6	1.6	0.9	1.5	1.1	1.3	*	*	*
Multiple sclerosis . . . . . 340	0.3	2.5	*0.1	*	*	*	*	0.3	0.3	*	*	*
Paralytic syndromes . . . . . 342-344	1.4	4.9	1.1	2.6	1.3	0.6	2.1	1.2	1.4	1.9	1.7	*
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	3.7	5.3	3.6	3.6	3.1	3.9	3.5	3.8	3.8	3.3	3.5	*
Diseases of the circulatory system . . . . . 390-459	26.1	16.3	26.9	23.8	26.4	28.0	25.1	26.4	25.9	27.8	27.9	22.0
Essential hypertension . . . . . 401	7.0	5.5	7.1	7.4	7.1	7.0	5.6	7.5	6.8	8.4	8.5	*
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	11.2	3.6	11.8	7.3	10.8	13.8	10.6	11.4	11.5	8.8	8.9	*9.7
Diseases of the respiratory system . . . . . 460-519	4.6	4.1	4.6	5.2	5.0	4.2	6.1	4.0	4.6	4.4	4.3	*
Pneumonia, all forms . . . . . 480-486	1.2	*	1.2	*0.9	1.1	1.3	1.4	1.1	1.2	*1.3	*1.3	*
Other diseases of the respiratory system . . . . . 490-496	3.4	3.1	3.4	4.3	3.9	2.8	4.7	2.9	3.4	3.1	3.0	*
Diseases of the digestive system . . . . . 520-579	4.7	4.4	4.7	4.1	4.2	5.3	4.6	4.7	4.8	3.8	3.6	*
Diseases of the genitourinary system . . . . . 580-629	3.4	4.0	3.3	4.0	3.4	3.1	4.2	3.1	3.3	3.9	4.0	*
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	1.6	*1.7	1.6	1.8	1.5	1.6	1.3	1.8	1.6	1.7	1.8	*
Diseases of the skin and subcutaneous tissue . . . . . 680-709	1.1	*1.9	1.0	*1.1	1.1	1.0	1.3	1.0	1.0	1.6	*1.6	*
Decubitus ulcer . . . . . 707.0	0.3	*	0.3	*	*0.4	*0.2	*0.4	0.3	0.3	*0.8	*	*
Other chronic ulcer of the skin . . . . . 707.1-707.9	0.2	*	*0.2	*	*	*0.2	*	*0.2	*0.2	*	*	-
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	7.1	3.2	7.5	4.3	6.5	9.0	4.2	8.3	7.5	4.6	4.4	*
Rheumatoid arthritis, except spine . . . . . 714	0.2	*	0.3	*	*0.3	*0.2	*	0.3	0.3	*	*	-
Osteoarthritis and allied disorders, except spine . . . . . 715	2.7	*	2.9	1.4	2.3	3.6	1.6	3.1	2.8	1.8	1.7	*
Other arthropathies and related disorders . . . . . 710-714, 716-719	1.5	*	1.5	*1.1	1.4	1.8	1.1	1.6	1.5	*1.2	*1.3	*
Osteoporosis . . . . . 733.0	1.2	*	1.3	*	1.0	1.7	*	1.5	1.3	*	*	*
Congenital anomalies . . . . . 740-759	0.2	*	*0.1	*	*	*	*	*0.2	*0.2	*	*	*

**Table 31. Percent distribution of nursing home residents by all-listed diagnoses at admission, according to age, sex, and race of resident: United States, 1997—Con.**

Diagnosis and ICD-9-CM code <sup>1</sup>	All residents	Age at interview <sup>2</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Symptoms, signs, and ill-defined conditions . . . . . 780-799	6.5	10.6	6.2	7.7	6.2	5.7	7.1	6.2	6.3	7.3	7.3	*10.6
Senility without mention of psychosis . . . . . 797	*0.1	—	*0.1	*	*	*0.2	*	*	*0.1	*	*	*
Injury and poisoning . . . . . 800-999	3.4	4.1	3.3	2.5	2.9	3.8	2.9	3.6	3.5	2.3	2.1	*
Fracture of neck of femur . . . . . 820	1.3	*	1.4	*0.9	1.2	1.7	0.8	1.5	1.4	*	*	*
Other fractures . . . . . 800-819,821-829	1.2	*	1.2	*0.8	1.1	1.4	0.9	1.3	1.3	*	*	*
Supplementary classification . . . . . V01-V82	6.2	7.0	6.1	6.1	6.2	6.1	7.0	5.9	6.1	6.5	6.8	*
Posthospital aftercare . . . . . V42-V46, V52,V53.3-V53.7,V54-V58	3.0	3.7	2.9	2.8	3.0	2.9	3.2	2.9	3.0	3.1	3.1	*

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

— Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Excludes unknown.

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

**Table 32. Number of nursing home residents by primary diagnosis at admission, according to dependency in activities of daily living and walking: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	All residents	Received help from facility in <sup>2</sup> —					
		Bathing	Dressing	Eating	Transferring in or out of beds or chairs	Using the toilet room	Walking
Total . . . . .	1,608,700	1,536,300	1,392,600	725,900	389,600	879,300	478,600
Infectious and parasitic diseases . . . . . 001-139	15,200	14,000	13,000	*8,500	*	*7,000	*
Neoplasms . . . . . 140-239	33,200	31,400	28,600	13,400	*10,700	17,300	12,100
Malignant neoplasms . . . . . 140-208,230-234	30,600	29,200	26,800	12,000	*10,500	16,500	11,600
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	99,100	94,900	82,000	38,000	24,400	51,600	33,700
Diabetes mellitus . . . . . 250	61,900	59,300	51,200	22,200	14,600	31,100	20,000
Diseases of the blood and blood-forming organs . . . . . 280-289	14,800	14,200	12,200	*5,900	*	*8,300	*
Anemias . . . . . 280-285	13,300	12,900	*11,100	*	*	*7,700	*
Mental disorders . . . . . 290-319	259,800	242,000	217,700	114,600	56,400	135,200	67,800
Senile dementia or organic brain syndrome . . . . . 290, 310	65,100	63,900	58,400	33,800	15,600	36,200	16,600
Mental retardation . . . . . 317-319	14,900	13,800	12,400	*	*	*6,600	*
Other mental disorders . . . . . 291-309, 311-316	179,800	164,400	146,900	75,500	38,300	92,500	45,800
Diseases of the nervous system and sense organs . . . . . 320-389	222,500	216,700	203,100	135,800	47,400	125,900	55,100
Alzheimer's disease . . . . . 331.0	125,800	123,200	114,900	79,600	28,300	75,600	29,900
Parkinson's disease . . . . . 332	31,500	30,600	28,300	16,200	*9,800	17,900	11,900
Multiple sclerosis . . . . . 340	16,400	16,000	15,700	*9,400	*	*8,200	*
Paralytic syndromes . . . . . 342-344	19,000	18,100	17,500	12,900	*	*9,200	*
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	29,900	28,800	26,800	17,800	*	14,900	*8,200
Diseases of the circulatory system . . . . . 390-459	399,200	381,100	346,000	170,400	93,700	221,100	114,200
Essential hypertension . . . . . 401	55,200	49,800	43,500	21,200	12,000	28,000	16,500
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	154,400	147,200	129,300	56,900	38,900	84,600	50,400
Diseases of the respiratory system . . . . . 460-519	99,100	94,700	84,500	37,500	21,800	51,300	30,000
Pneumonia, all forms . . . . . 480-486	41,400	40,600	36,900	17,600	8,400	23,100	*11,000
Other diseases of the respiratory system . . . . . 490-496	57,700	54,100	47,600	19,900	13,400	28,300	19,000
Diseases of the digestive system . . . . . 520-579	49,300	47,400	42,300	24,000	12,400	25,300	16,200
Diseases of the genitourinary system . . . . . 580-629	36,900	35,700	32,400	18,100	*6,800	20,400	*7,800
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	22,700	22,200	20,500	13,200	*	12,700	*
Diseases of the skin and subcutaneous tissue . . . . . 680-709	17,700	17,300	16,000	*9,600	*	*9,600	*
Decubitus ulcer . . . . . 707.0	*	*	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	71,500	68,800	60,300	19,900	22,200	41,700	28,500
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	22,500	21,100	18,100	*	*6,700	*10,500	*9,000
Other arthropathies and related disorders . . . . . 710-714, 716-719	*10,500	*10,100	*9,000	*	*	*5,700	*
Osteoporosis . . . . . 733.0	*5,500	*5,500	*	*	*	*	*
Congenital anomalies . . . . . 740-759	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	76,300	72,800	65,000	34,300	19,300	40,600	23,000
Senility without mention of psychosis . . . . . 797	*	*	*	*	*	*	*
Injury and poisoning . . . . . 800-999	128,300	123,700	114,900	55,500	41,900	76,500	49,100
Fracture of neck of femur . . . . . 820	60,200	59,100	54,900	28,500	21,800	37,400	25,300
Other fractures . . . . . 800-819,821-829	42,600	40,900	37,900	15,400	13,800	26,800	15,800
Supplemental classification . . . . . V01-V82	79,800	76,000	69,700	37,400	20,600	44,800	26,900
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	38,500	37,100	33,600	18,700	*11,900	23,000	13,700
Unknown or no diagnosis . . . . .	*	*	*	*	*	*	*

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Figures may not add to totals, because a resident may receive help in more than one category.

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

**Table 33. Percent distribution of nursing home residents by primary diagnosis at admission, according to dependency in activities of daily living and walking: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	All residents	Received help from facility in <sup>2</sup> —					
		Bathing or showering	Dressing	Eating	Transferring in or out of beds or chairs	Using the toilet room	Walking
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001-139	0.9	0.9	0.9	*1.2	*	*0.8	*
Neoplasms . . . . . 140-239	2.1	2.0	2.1	1.9	*2.8	2.0	2.5
Malignant neoplasms . . . . . 140-208,230-234	1.9	1.9	1.9	1.7	*2.7	1.9	2.4
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	6.2	6.2	5.9	5.2	6.3	5.9	7.0
Diabetes mellitus . . . . . 250	3.8	3.9	3.7	3.1	3.8	3.5	4.2
Diseases of the blood and blood-forming organs . . . . . 280-289	0.9	0.9	0.9	*0.8	*	*1.0	*
Anemias . . . . . 280-285	0.8	0.8	*0.8	*	*	*0.9	*
Mental disorders . . . . . 290-319	16.2	15.8	15.6	15.8	14.5	15.4	14.2
Senile dementia or organic brain syndrome . . . . . 290, 310	4.1	4.2	4.2	4.7	4.0	4.1	3.5
Mental retardation . . . . . 317-319	0.9	0.9	0.9	0.7	*	*0.8	*
Other mental disorders . . . . . 291-309, 311-316	11.2	10.7	10.6	10.4	9.8	10.5	9.6
Diseases of the nervous system and sense organs . . . . . 320-389	13.8	14.1	14.6	18.7	12.2	14.3	11.5
Alzheimer's disease . . . . . 331.0	7.8	8.0	8.3	11.0	7.3	8.6	6.3
Parkinson's disease . . . . . 332	2.0	2.0	2.0	2.2	*2.5	2.0	2.5
Multiple sclerosis . . . . . 340	1.0	1.0	1.1	*1.3	*	*0.9	*
Paralytic syndromes . . . . . 342-344	1.2	1.2	1.3	1.8	*	*1.1	*
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	1.9	1.9	1.9	2.5	*	1.7	*1.7
Diseases of the circulatory system . . . . . 390-459	24.8	24.8	24.8	23.5	24.1	25.2	23.9
Essential hypertension . . . . . 401	3.4	3.2	3.1	2.9	3.1	3.2	3.5
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	9.6	9.6	9.3	7.8	10.0	9.6	10.5
Diseases of the respiratory system . . . . . 460-519	6.2	6.2	6.1	5.2	*5.6	5.8	6.3
Pneumonia, all forms . . . . . 480-486	2.6	2.6	2.7	2.4	2.2	2.6	*2.3
Other diseases of the respiratory system . . . . . 490-496	3.6	3.5	3.4	2.7	3.4	3.2	4.0
Diseases of the digestive system . . . . . 520-579	3.1	3.1	3.0	3.3	3.2	2.9	3.4
Diseases of the genitourinary system . . . . . 580-629	2.3	2.3	2.3	2.5	*1.7	2.3	*1.6
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	1.4	1.4	1.5	1.8	*	1.5	*
Diseases of the skin and subcutaneous tissue . . . . . 680-709	1.1	1.1	1.2	*1.3	*	*1.1	*
Decubitus ulcer . . . . . 707.0	*	*	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	*	*	*	*	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	4.4	4.5	4.3	2.8	5.7	4.8	6.0
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	1.4	1.4	1.3	*	*1.7	*1.2	*1.9
Other arthropathies and related disorders . . . . . 710-714, 716-719	*0.7	*0.7	*0.7	*	*	*0.6	*
Osteoporosis . . . . . 733.0	*0.3	*0.4	*	*	*	*	*
Congenital anomalies . . . . . 740-759	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	4.7	4.7	4.7	4.7	5.0	4.6	4.8
Senility without mention of psychosis . . . . . 797	*	*	*	*	*	*	*
Injury and poisoning . . . . . 800-999	8.0	8.1	8.3	7.7	10.8	8.7	10.3
Fracture of neck of femur . . . . . 820	3.7	3.9	3.9	3.9	5.6	4.3	5.3
Other fractures . . . . . 800-819,821-829	2.6	2.7	2.7	2.1	3.6	3.1	3.3
Supplementary classification . . . . . V01-V82	5.0	5.0	5.0	5.2	5.3	5.1	5.6
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	2.4	2.4	2.4	2.6	*3.1	2.6	2.9
Unknown or no diagnosis . . . . .	*	*	*	*	*	*	*

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Figures may not add to totals, because a resident may receive help in more than one category.

NOTE: Percents are based on the unrounded numbers.

**Table 34. Number and percent distribution of nursing home residents, by length of time since admission and average length of time since admission, according to primary diagnosis at admission: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	All residents	Length of time since admission							Average length of time since admission (days)
		Total	Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
Total	1,608,700	100.0	17.6	9.7	14.8	30.3	13.6	14.0	898.7
Infectious and parasitic diseases . . . . . 001-139	15,200	100.0	*	*	*	*	*	*	803.3
Neoplasms . . . . . 140-239	33,200	100.0	35.2	*	*	*25.2	*	*	526.7
Malignant neoplasms . . . . . 140-208,230-234	30,600	100.0	*36.3	*	*	*25.4	*	*	481.6
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	99,100	100.0	19.0	*9.8	16.8	30.6	12.1	*11.6	765.0
Diabetes mellitus . . . . . 250	61,900	100.0	*18.9	*8.7	*16.7	31.3	*13.4	*11.0	748.1
Diseases of the blood and blood-forming organs . . . . . 280-289	14,800	100.0	*	*	*	*	*	*	1,017.8
Anemias . . . . . 280-285	13,300	100.0	*	*	*	*	*	*	939.8
Mental disorders . . . . . 290-319	259,800	100.0	12.6	8.5	14.7	31.5	13.2	19.6	1,177.4
Senile dementia or organic brain syndrome . . . . . 290, 310	65,100	100.0	*10.1	*	*12.0	33.5	*14.6	22.7	1,144.5
Mental retardation . . . . . 317-319	14,900	100.0	*	*	*	*	*	*51.1	3,107.4
Other mental disorders . . . . . 291-309, 311-316	179,800	100.0	14.2	9.0	15.8	32.4	12.7	15.9	1,029.5
Diseases of the nervous system and sense organs . . . . . 320-389	222,500	100.0	9.8	8.7	12.7	33.7	17.8	17.3	1,119.2
Alzheimer's disease . . . . . 331.0	125,800	100.0	*8.9	10.6	13.1	34.9	19.5	13.0	902.1
Parkinson's disease . . . . . 332	31,500	100.0	*	*	*	41.9	*	*	901.7
Multiple sclerosis . . . . . 340	16,400	100.0	*	*	*	*	*	*	1,568.8
Paralytic syndromes . . . . . 342-344	19,000	100.0	*	*	*	*	*	*37.4	2,330.9
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9,333-337,341,345-389	29,900	100.0	*	*	*	*31.1	*	*20.3	1,246.4
Diseases of the circulatory system . . . . . 390-459	399,200	100.0	17.5	9.9	15.2	29.7	14.2	13.5	875.2
Essential hypertension . . . . . 401	55,200	100.0	*10.9	*11.0	*16.1	30.3	*17.3	*14.4	927.3
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	154,400	100.0	17.4	11.4	14.8	30.3	13.7	12.6	870.4
Diseases of the respiratory system . . . . . 460-519	99,100	100.0	24.2	14.6	17.0	28.2	*8.8	*7.2	587.0
Pneumonia, all forms . . . . . 480-486	41,400	100.0	*23.7	*16.4	*19.5	*23.9	*	*	550.6
Other diseases of the respiratory system . . . . . 490-496	57,700	100.0	24.6	*13.3	*15.2	31.3	*	*	613.1
Diseases of the digestive system . . . . . 520-579	49,300	100.0	*19.6	*	*14.2	32.1	*13.8	*	754.9
Diseases of the genitourinary system . . . . . 580-629	36,900	100.0	*24.2	*	*	*28.6	*	*	563.0
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	22,700	100.0	*	*	*	*34.0	*	*	534.6
Diseases of the skin and subcutaneous tissue . . . . . 680-709	17,700	100.0	*30.8	*	*	*	*	*	751.7
Decubitus ulcer . . . . . 707.0	*5,700	100.0	*	*	*	*	*	*	*520.0
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	100.0	*	*	*	*	-	*	*
Diseases of the musculoskeletal systems and connective tissue . . . . . 710-739	71,500	100.0	16.2	*9.1	*12.5	35.1	*12.2	*14.9	845.1
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	22,500	100.0	*	*	*	*32.5	*	*	888.3
Other arthropathies and related disorders . . . . . 710-714, 716-719	*10,500	100.0	*	*	*	*	*	*	*963.0
Osteoporosis . . . . . 733.0	*5,500	*	*	*	*	*	*	*	*811.6
Congenital anomalies . . . . . 740-759	*	*	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	76,300	100.0	20.4	*10.6	*14.5	25.3	*12.5	16.7	889.5
Senility without mention of psychosis . . . . . 797	*	*	*	*	-	*	*	*	*
Injury and poisoning . . . . . 800-999	128,300	100.0	22.0	*7.8	17.4	27.9	13.8	11.2	732.5
Fracture of neck of femur . . . . . 820	60,200	100.0	22.5	*	*16.0	29.3	*15.4	*10.2	710.5
Other fractures . . . . . 800-819,821-829	42,600	100.0	*23.4	*	*17.5	*27.7	*	*	670.6
Supplemental classification . . . . . V01-V82	79,800	100.0	23.8	*8.3	*13.9	30.2	*14.1	*9.7	754.2
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	38,500	100.0	*28.7	*	*	*25.6	*	*	628.6
Unknown or no diagnosis . . . . .	*	*	-	-	-	*	-	*	*

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

- Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 35. Number of nursing home discharges by selected facility characteristics, according to age, sex, and race of resident: United States, October 1996–September 1997**

Facility characteristics	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All facilities	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
Ownership												
Proprietary	1,569,500	163,500	1,390,900	281,100	540,000	569,800	599,800	969,800	1,336,100	196,500	152,100	37,000
Voluntary nonprofit	681,900	73,400	607,900	99,800	250,100	258,100	227,700	454,100	635,600	39,900	32,300	*
Government and other	117,600	14,800	102,000	25,100	46,100	30,700	46,200	71,400	96,800	*10,600	*10,200	*
Certification												
Certified—												
By Medicare and Medicaid	2,043,100	225,200	1,803,100	341,500	731,900	729,700	774,000	1,269,200	1,771,900	228,300	181,000	42,900
By Medicare only	197,100	*	181,900	*45,800	66,700	69,500	57,000	140,100	184,400	*	*	*
By Medicaid only	100,000	*9,900	89,000	16,100	24,300	48,600	33,400	66,600	85,000	14,400	*10,200	*
Not certified	28,800	*	26,800	*	*13,200	*10,900	*9,400	19,400	27,100	*	*	*
Beds												
Fewer than 50 beds	263,200	*	230,500	*66,400	83,400	80,700	75,500	187,600	219,600	*	*	*
50–99 beds	525,500	54,900	464,600	56,500	199,000	209,100	218,700	306,800	474,900	45,200	33,200	*
100–199 beds	1,206,600	105,000	1,094,500	223,300	431,400	439,800	435,700	770,900	1,062,800	118,700	104,700	*25,100
200 beds or more	373,800	59,300	311,200	59,800	122,300	129,000	143,800	230,000	311,100	55,600	51,700	*7,100
Geographic region												
Northeast	443,700	54,200	386,700	75,200	146,900	164,700	160,800	283,000	400,300	35,900	31,700	*7,500
Midwest	676,300	72,700	599,200	108,400	231,400	259,500	219,100	457,200	601,500	68,900	65,100	*
South	697,100	54,200	634,300	120,800	244,700	268,900	260,500	436,600	607,900	82,000	78,900	*
West	551,900	70,600	480,500	101,700	213,200	165,600	233,500	318,400	458,800	60,300	*19,000	*32,800
Location of agency												
Metropolitan statistical area	1,814,300	202,700	1,600,100	316,000	632,900	651,200	675,600	1,138,700	1,564,700	210,000	165,800	39,600
Nonmetropolitan statistical area	554,700	49,100	500,700	90,000	203,300	207,500	198,200	356,600	503,700	37,100	28,800	*
Affiliation <sup>1</sup>												
Chain	1,444,800	148,500	1,287,000	261,400	516,500	509,100	552,300	892,400	1,246,800	158,400	119,600	39,600
Independent	915,200	102,900	805,100	142,600	315,200	347,300	318,300	596,800	813,500	87,700	74,400	*14,000

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

<sup>1</sup>Excludes unknown.

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

**Table 36. Percent distribution of nursing home discharges by selected facility characteristics, according to age, sex, and race of resident: United States, October 1996–September 1997**

Facility characteristics	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All facilities . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Ownership												
Proprietary . . . . .	66.3	64.9	66.2	69.2	64.6	66.4	68.6	64.9	64.6	79.5	78.2	69.1
Voluntary nonprofit . . . . .	28.8	29.2	28.9	24.6	29.9	30.1	26.1	30.4	30.7	16.2	16.6	*
Government and other . . . . .	5.0	5.9	4.9	6.2	5.5	3.6	5.3	4.8	4.7	*4.3	*5.2	*
Certification												
Certified—												
By Medicare and Medicaid . . . . .	86.2	89.5	85.8	84.1	87.5	85.0	88.6	84.9	85.7	92.4	93.0	80.1
By Medicare only . . . . .	8.3	*	8.7	*11.3	8.0	8.1	6.5	9.4	8.9	*	*	*
By Medicaid only . . . . .	4.2	*3.9	4.2	4.0	2.9	5.7	3.8	4.5	4.1	5.8	*5.2	*
Not certified . . . . .	1.2	*	1.3	*	*1.6	*1.3	*1.1	1.3	1.3	*	*	*
Beds												
Fewer than 50 beds . . . . .	11.1	*	11.0	*16.4	10.0	9.4	8.7	12.6	10.6	*	*	*
50–99 beds . . . . .	22.2	21.8	22.1	13.9	23.8	24.4	25.0	20.5	23.0	18.3	17.0	*
100–199 beds . . . . .	50.9	41.7	52.1	55.0	51.6	51.2	49.9	51.6	51.4	48.0	53.8	*46.8
200 beds or more . . . . .	15.8	23.6	14.8	14.7	14.6	15.0	16.5	15.4	15.0	22.5	26.6	*13.3
Geographic region												
Northeast . . . . .	18.7	21.5	18.4	18.5	17.6	19.2	18.4	18.9	19.4	14.5	16.3	*14.1
Midwest . . . . .	28.6	28.9	28.5	26.7	27.7	30.2	25.1	30.6	29.1	27.9	33.4	*
South . . . . .	29.4	21.5	30.2	29.7	29.3	31.3	29.8	29.2	29.4	33.2	40.5	*
West . . . . .	23.3	28.1	22.9	25.1	25.5	19.3	26.7	21.3	22.2	24.4	*9.7	*61.3
Location of agency												
Metropolitan statistical area . . . . .	76.6	80.5	76.2	77.8	75.7	75.8	77.3	76.2	75.7	85.0	85.2	74.0
Nonmetropolitan statistical area . . . . .	23.4	19.5	23.8	22.2	24.3	24.2	22.7	23.9	24.4	15.0	14.8	*
Affiliation <sup>1</sup>												
Chain . . . . .	61.0	59.0	61.3	64.4	61.8	59.3	63.2	59.7	60.3	64.1	61.5	73.9
Independent . . . . .	38.6	40.9	38.3	35.1	37.7	40.5	36.4	39.9	39.3	35.5	38.2	*26.1

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

<sup>1</sup>Excludes unknown.

NOTE: Percents are based on unrounded numbers.



**Table 37. Number, percent distribution, and rate of nursing home discharges, by age at discharge, according to sex, race, and region: United States, October 1996–September 1997**

Age at discharge	All discharges	Race									
		Sex		Black and other				Region			
		Male	Female	White	Total	Black	Unknown	Northeast	Midwest	South	West
All ages <sup>1</sup>	2,369,000	873,700	1,495,300	2,068,400	247,100	194,600	53,500	443,700	676,300	697,100	551,900
Under 65 years	251,800	142,500	109,300	189,500	50,400	46,100	*	54,200	72,700	54,200	70,600
65 years and over	2,100,800	723,800	1,377,000	1,864,300	195,400	147,400	41,100	386,700	599,200	634,300	480,500
65–74 years	406,000	164,900	241,200	339,400	49,100	39,000	*	75,200	108,400	120,800	101,700
75–84 years	836,100	318,600	517,600	748,700	76,700	59,100	*10,700	146,900	231,400	244,700	213,200
85 years and over	858,600	240,300	618,300	776,200	69,600	49,300	*12,900	164,700	259,500	268,900	165,600
Percent distribution											
All ages <sup>1</sup>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 65 years	10.6	16.3	7.3	9.2	20.4	23.7	*	12.2	10.8	7.8	12.8
65 years and over	88.7	82.8	92.1	90.1	79.1	75.7	76.7	87.2	88.6	91.0	87.1
65–74 years	17.1	18.9	16.1	16.4	19.9	20.0	*	16.9	16.0	17.3	18.4
75–84 years	35.3	36.5	34.6	36.2	31.1	30.4	*20.0	33.1	34.2	35.1	38.6
85 years and over	36.2	27.5	41.4	37.5	28.2	25.3	*24.0	37.1	38.4	38.6	30.0
Rate per 10,000 population <sup>2</sup>											
All ages <sup>1</sup>	87.6	66.0	108.3	92.9	51.8	55.4	...	85.4	107.7	73.1	91.4
Under 65 years	10.6	12.0	9.2	9.8	11.4	14.2	...	12.1	13.3	6.5	8.5
65 years and over	622.0	519.3	694.2	618.7	536.9	529.7	...	536.9	744.4	535.4	720.0
65–74 years	221.6	200.6	238.6	210.1	226.5	238.3	...	196.1	253.9	184.0	278.3
75–84 years	720.4	691.0	739.8	713.0	693.8	690.1	...	583.9	827.3	612.1	928.4
85 years and over	2,233.2	2,166.9	2,260.1	2,230.5	1,907.2	1,695.3	...	1,929.2	2,637.1	2,092.2	2,293.3

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

... Category not applicable.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Rates based on the civilian resident population, including institutionalized persons, as of July 1, 1997.

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

**Table 38. Number of nursing home discharges by selected facility characteristics, according to primary source of payment at discharge: United States, October 1996–September 1997**

Facility characteristics	Primary source of payment at discharge				
	All discharges	Private sources <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All facilities . . . . .	2,369,000	528,700	1,104,900	640,000	95,400
Ownership					
Proprietary . . . . .	1,569,500	337,400	721,500	454,500	56,100
Voluntary nonprofit . . . . .	681,900	172,300	335,100	138,600	*35,900
Government and other . . . . .	117,600	19,000	48,300	46,900	*
Certification					
Certified—					
By Medicare and Medicaid . . . . .	2,043,100	433,000	948,400	578,700	83,000
By Medicare only . . . . .	197,100	40,100	152,600	*	*
By Medicaid only . . . . .	100,000	33,300	*	60,100	*
Not certified . . . . .	28,800	22,300	*	*	*
Beds					
Fewer than 50 beds . . . . .	263,200	39,600	179,000	*24,900	*
50–99 beds . . . . .	525,500	138,500	229,200	147,600	*10,200
100–199 beds . . . . .	1,206,600	275,000	548,200	333,800	49,600
200 beds or more . . . . .	373,800	75,500	148,500	133,600	16,100
Geographic region					
Northeast . . . . .	443,700	91,600	209,800	124,500	17,900
Midwest . . . . .	676,300	180,000	311,300	169,600	15,400
South . . . . .	697,100	149,700	290,000	235,800	21,700
West . . . . .	551,900	107,500	293,800	110,100	*40,500
Location of agency					
Metropolitan statistical area . . . . .	1,814,300	415,500	847,100	469,800	82,000
Nonmetropolitan statistical area . . . . .	554,700	113,200	257,800	170,200	*13,500
Affiliation <sup>3</sup>					
Chain . . . . .	1,444,800	295,800	719,200	379,300	50,500
Independent . . . . .	915,200	232,000	380,500	257,800	44,900

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

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

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

<sup>3</sup>Excludes unknown.

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

**Table 39. Percent distribution of nursing home discharges by selected facility characteristics, according to primary source of payment at discharge: United States, October 1996–September 1997**

Facility characteristics	Primary source of payment at discharge				
	All discharges	Private sources <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All facilities . . . . .	100.0	100.0	100.0	100.0	100.0
Ownership					
Proprietary . . . . .	66.3	63.8	65.3	71.0	58.8
Voluntary nonprofit . . . . .	28.8	32.6	30.3	21.7	*37.6
Government and other . . . . .	5.0	3.6	4.4	7.3	*
Certification					
Certified—					
By Medicare and Medicaid . . . . .	86.2	81.9	85.8	90.4	87.0
By Medicare only . . . . .	8.3	7.6	13.8	*	*
By Medicaid only . . . . .	4.2	6.3	*	9.4	*
Not certified . . . . .	1.2	4.2	*	*	*
Beds					
Fewer than 50 beds . . . . .	11.1	7.5	16.2	*3.9	*
50–99 beds . . . . .	22.2	26.2	20.7	23.1	*10.7
100–199 beds . . . . .	50.9	52.0	49.6	52.2	51.9
200 beds or more . . . . .	15.8	14.3	13.4	20.9	16.8
Geographic region					
Northeast . . . . .	18.7	17.3	19.0	19.5	18.7
Midwest . . . . .	28.6	34.0	28.2	26.5	16.1
South . . . . .	29.4	28.3	26.2	36.9	22.7
West . . . . .	23.3	20.3	26.6	17.2	*42.5
Location of agency					
Metropolitan statistical area . . . . .	76.6	78.6	76.7	73.4	85.9
Nonmetropolitan statistical area . . . . .	23.4	21.4	23.3	26.6	*14.1
Affiliation <sup>3</sup>					
Chain . . . . .	61.0	55.9	65.1	59.3	52.9
Independent . . . . .	38.6	43.9	34.4	40.3	47.1

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

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

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

<sup>3</sup>Excludes unknown.

NOTE: Percents are based on unrounded numbers.

**Table 40. Number and percent distribution of nursing home discharges, by length of stay and average length of stay, according to selected facility characteristics: United States, October 1996–September 1997**

Facility characteristics	All discharges	Length of stay <sup>1</sup>							Average length of stay in days
		Total	Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All facilities . . . . .	2,369,000	100.0	67.3	8.1	6.9	10.2	3.6	3.7	275.7
Ownership									
Proprietary . . . . .	1,569,500	100.0	66.1	8.9	7.5	10.6	3.6	3.2	264.9
Voluntary nonprofit . . . . .	681,900	100.0	71.6	6.7	5.4	8.8	3.3	4.2	269.7
Government and other . . . . .	117,600	100.0	59.7	*6.4	*7.8	12.5	*5.6	8.0	455.2
Certification									
Certified—									
By Medicare and Medicaid . . . . .	2,043,100	100.0	67.2	8.4	7.0	10.4	3.5	3.6	273.6
By Medicare only . . . . .	197,100	100.0	89.4	*	*	*	*	*	73.6
By Medicaid only . . . . .	100,000	100.0	35.3	*10.4	*13.2	21.7	*8.5	*10.9	639.3
Not certified . . . . .	28,800	100.0	*44.7	*	*	*	*	*	545.2
Beds									
Fewer than 50 beds . . . . .	263,200	100.0	88.5	*	*	*	*	*	100.9
50–99 beds . . . . .	525,500	100.0	64.1	8.9	6.7	11.4	4.6	4.4	316.3
100–199 beds . . . . .	1,206,600	100.0	64.9	8.3	7.9	11.2	3.7	4.1	295.4
200 beds or more . . . . .	373,800	100.0	65.3	9.9	7.6	9.8	3.9	3.6	278.1
Geographic region									
Northeast . . . . .	443,700	100.0	63.4	10.0	6.3	12.6	3.6	4.0	321.2
Midwest . . . . .	676,300	100.0	67.8	7.5	6.7	9.9	3.9	4.1	291.4
South . . . . .	697,100	100.0	60.5	9.1	9.5	12.3	3.9	4.7	322.4
West . . . . .	551,900	100.0	78.8	6.3	4.3	6.0	*2.8	*1.9	161.0
Location of agency									
Metropolitan statistical area . . . . .	1,814,300	100.0	68.6	8.1	6.9	9.9	3.4	3.3	255.5
Nonmetropolitan statistical area . . . . .	554,700	100.0	63.5	8.2	7.1	11.2	4.5	5.3	342.0
Affiliation <sup>1</sup>									
Chain . . . . .	1,444,800	100.0	69.4	8.1	6.8	9.2	3.5	3.1	246.2
Independent . . . . .	915,200	100.0	64.3	8.3	7.1	11.7	3.7	4.8	321.9

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

<sup>1</sup>Excludes unknown.

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

**Table 41. Number of nursing home discharges by marital status, residence, and living arrangements before admission, according to age, sex, and race of resident: United States, October 1996–September 1997**

Patient characteristics	All discharges	Age <sup>1</sup>					Race					
		Under 65 years	65 years and over			Sex		Black and other				
			Total	65–74 years	75–84 years	85 years and over	Male	Female	White	Total	Black	Unknown
All residents	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
Current marital status												
Married	639,100	84,200	550,300	142,200	261,200	146,900	393,600	245,400	566,100	58,700	41,900	*
Widowed	1,224,300	25,300	1,191,300	149,700	432,900	608,700	226,900	997,400	1,096,300	113,000	85,100	*15,000
Divorced or separated	178,800	55,300	122,400	51,700	46,800	24,000	78,200	100,600	144,000	25,000	24,200	*
Single or never married	269,900	74,300	194,900	50,200	75,800	69,000	148,200	121,700	217,700	44,400	37,800	*
Unknown	56,900	*	41,900	*	*19,500	*	*26,900	30,000	44,500	*	*	*
Residence before admission												
Private or semiprivate residence	579,300	62,800	512,700	80,700	206,900	225,100	220,300	359,100	506,200	52,800	45,900	*
Retirement home	40,900	*	40,300	*	*13,700	21,400	*	28,900	40,300	*	–	*
Board and care or residential care facility	60,700	*	55,800	*	19,700	28,800	21,300	39,500	58,000	*	*	*
Nursing home	153,900	*9,200	143,500	18,800	55,900	68,800	44,800	109,100	139,800	*12,700	11,100	*
Hospital	1,452,100	162,600	1,280,900	278,200	513,900	488,900	539,700	912,400	1,255,900	169,700	126,900	26,600
Mental health facility	*9,400	*	*7,600	*	*	*	*	*	*8,700	*	*	–
Other or unknown	72,600	*	60,000	*13,300	23,900	22,800	32,700	40,000	59,500	*	*	*
Living arrangement before admission												
Alone	214,600	*15,000	198,900	26,200	88,300	84,300	59,800	154,800	185,700	*13,800	*10,700	*
With family members	364,200	47,900	313,000	53,800	121,400	137,800	158,700	205,500	321,400	38,200	34,600	*
With nonfamily members	31,000	*	28,800	*	*	*11,800	*13,900	*17,100	28,100	*	*	*
Other or unknown	1,759,200	187,000	1,560,200	316,900	618,600	624,700	641,300	1,117,900	1,533,200	192,800	147,200	33,200

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

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

**Table 42. Percent distribution of nursing home discharges by marital status, residence, and living arrangements before admission, according to age, sex, and race of resident: United States, October 1996–September 1997**

Patient characteristics	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Current marital status												
Married	27.0	33.4	26.2	35.0	31.2	17.1	45.1	16.4	27.4	23.7	21.5	*
Widowed	51.7	10.1	56.7	36.9	51.8	70.9	26.0	66.7	53.0	45.8	43.7	*28.1
Divorced or separated	7.6	21.9	5.8	12.7	5.6	2.8	9.0	6.7	7.0	10.1	12.4	*
Single or never married	11.4	29.5	9.3	12.4	9.1	8.0	17.0	8.1	10.5	18.0	19.4	*
Unknown	2.4	*	2.0	*	*2.3	*	*3.1	2.0	2.2	*	*	*
Residence before admission												
Private or semiprivate residence	24.5	25.0	24.4	19.9	24.7	26.2	25.2	24.0	24.5	21.4	23.6	*
Retirement home	1.7	*	1.9	*	*1.6	2.5	*	1.9	2.0	*	–	*
Board and care or residential care facility	2.6	*	2.7	*	2.4	3.4	2.4	2.6	2.8	*	*	*
Nursing home	6.5	*3.7	6.8	4.6	6.7	8.0	5.1	7.3	6.8	*5.1	5.7	*
Hospital	61.3	64.6	61.0	68.5	61.5	56.9	61.8	61.0	60.7	68.7	65.2	49.6
Mental health facility	*0.4	*	*0.4	*	*	*	*	*	*0.4	*	*	–
Other or unknown	3.1	*	2.9	*3.3	2.9	2.7	3.7	2.7	2.9	*	*	*
Living arrangement before admission												
Alone	9.1	*6.0	9.5	6.5	10.6	9.8	6.9	10.4	9.0	*5.6	*5.5	*
With family members	15.4	19.0	14.9	13.3	14.5	16.1	18.2	13.7	15.5	15.5	17.8	*
With nonfamily members	1.3	*	1.4	*	*	*1.4	*1.6	*1.1	1.4	*	*	*
Other or unknown	74.3	74.3	74.3	78.0	74.0	72.8	73.4	74.8	74.1	78.1	75.7	62.0

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

NOTE: Percents are based on unrounded numbers.

**Table 43. Number of nursing home discharges by type of aids used, according to age, sex, and race of resident: United States, October 1996–September 1997**

Aids used <sup>2</sup>	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
Total . . . . .	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
Eyeglasses . . . . .	1,484,000	107,200	1,365,600	253,400	539,400	572,700	501,500	982,500	1,358,800	94,100	71,900	*31,200
Hearing aid . . . . .	240,300	*	235,200	*13,800	74,700	146,700	81,100	159,200	226,900	*	*	*
Dentures . . . . .	883,600	49,500	830,400	144,700	323,600	362,100	292,200	591,400	802,100	66,500	44,600	*
Transfer equipment . . . . .	241,700	26,500	213,100	39,700	85,300	88,100	94,700	147,000	206,300	28,800	25,400	*
Wheelchair . . . . .	1,248,500	103,600	1,137,000	193,500	448,000	495,500	456,100	792,400	1,090,700	131,300	112,300	26,500
Cane . . . . .	163,000	*17,300	144,100	38,400	53,000	52,700	63,100	99,900	145,600	*10,200	*8,500	*
Walker . . . . .	768,000	65,300	699,700	129,300	304,000	266,400	241,700	526,400	707,600	44,700	30,100	*
Crutches . . . . .	*19,400	*	*	*	*	*	*	*	*13,200	*	*	*
Brace (any type) . . . . .	75,000	*11,000	64,100	*15,000	29,800	*19,300	25,300	49,800	69,500	*	*	*
Oxygen . . . . .	410,900	35,200	373,400	75,900	148,100	149,400	168,800	242,100	376,500	26,100	21,600	*
Commode . . . . .	224,200	*19,200	204,500	41,400	90,700	72,400	63,300	161,000	203,200	*19,900	*10,700	*
Other aids or devices . . . . .	393,000	52,300	339,700	71,300	148,600	119,800	151,900	241,100	339,800	49,100	37,900	*
None . . . . .	117,100	28,100	88,300	*18,400	43,000	26,800	48,600	68,500	94,300	20,900	17,900	*

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Numbers may add to more than totals, because a resident may be included in more than one category.

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

**Table 44. Percent of nursing home discharges by type of aids used, according to age, sex, and race of resident: United States, October 1996–September 1997**

Aids used <sup>2</sup>	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	White	Black and other			
			Total	65–74 years	75–84 years				85 years and over	Total	Black	Unknown
Total	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
						Number						
						Percent						
Eyeglasses	62.6	42.6	65.0	62.4	64.5	66.7	57.4	65.7	65.7	38.1	36.9	*58.2
Hearing aid	10.1	*	11.2	*3.4	8.9	17.1	9.3	10.7	11.0	*	*	*
Dentures	37.3	19.7	39.5	35.6	38.7	42.2	33.4	39.6	38.8	26.9	22.9	*
Transfer equipment	10.2	10.5	10.1	9.8	10.2	10.3	10.8	9.8	10.0	11.7	13.0	*
Wheelchair	52.7	41.2	54.1	47.7	53.6	57.7	52.2	53.0	52.7	53.1	57.7	49.6
Cane	6.9	*6.9	6.9	9.5	6.3	6.1	7.2	6.7	7.0	*4.1	*4.4	*
Walker	32.4	26.0	33.3	31.9	36.4	31.0	27.7	35.2	34.2	18.1	15.5	*
Crutches	*0.8	*	*	*	*	*	*	0.7	*0.6	*	*	*
Brace (any type)	3.2	*4.4	3.1	*3.7	3.6	*2.3	2.9	3.3	3.4	*	*	*
Oxygen	17.3	14.0	17.8	18.7	17.7	17.4	19.3	16.2	18.2	10.6	11.1	*
Commode	9.5	*7.6	9.7	10.2	10.9	8.4	7.2	10.8	9.8	*8.1	*5.5	*
Other aids or devices	16.6	20.8	16.2	17.6	17.8	14.0	17.4	16.1	16.4	19.9	19.5	*
None	4.9	11.2	4.2	*4.5	5.2	3.1	5.6	4.6	4.6	8.5	9.2	*

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Percents may add to more than totals, because a resident may be included in more than one category.

NOTE: Percents are based on unrounded numbers.



**Table 45. Number of nursing home discharges by selected functional status, according to age, sex, and race of resident: United States, October 1996–September 1997**

Functional status	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All residents	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
Vision <sup>2</sup>												
Not impaired	1,591,300	183,100	1,398,800	295,800	578,400	524,600	600,700	990,600	1,385,600	167,500	126,100	38,300
Impaired <sup>3</sup>	521,900	39,200	479,200	69,700	165,100	244,400	172,200	349,700	467,200	50,100	41,800	*
Partially impaired	344,500	28,300	314,000	49,400	106,900	157,700	114,300	230,200	313,400	27,100	23,000	*
Severely impaired	119,600	*	112,800	*9,700	43,400	59,600	34,700	84,900	104,600	*14,800	*11,500	*
Completely lost	36,100	*	31,100	*	*10,400	*17,900	17,200	18,900	28,700	*	*	*
Unknown or unable to determine	277,500	*29,700	244,200	48,300	97,100	98,800	106,800	170,700	236,200	30,500	27,700	*
Hearing <sup>2</sup>												
Not impaired	1,652,400	205,000	1,436,600	317,700	596,700	522,200	593,300	1,059,100	1,429,100	187,600	144,400	35,700
Impaired <sup>3</sup>	431,000	*14,000	415,400	41,300	132,400	241,700	166,200	264,700	395,800	28,300	23,700	*
Partially impaired	324,900	*11,800	311,700	35,000	109,800	167,000	124,600	200,300	297,100	21,800	18,800	*
Severely impaired	83,400	*	81,800	*	19,100	58,500	34,900	48,500	77,300	*	*	*
Completely lost	8,700	*	*	*	*	*	*	*	*	*	*	–
Unknown or unable to determine	299,600	32,800	262,900	48,700	110,100	104,000	118,900	180,800	257,000	31,300	26,500	*
Walking <sup>1</sup>												
Received help	860,300	72,400	782,300	157,800	325,800	298,700	292,800	567,500	773,800	64,200	37,400	*22,300
Received no help	334,800	61,400	270,600	68,600	120,600	81,400	134,900	199,900	289,300	41,700	28,800	*
Continence												
Difficulty controlling bowels <sup>5</sup>	23,200	*	*17,400	*	*	*	*	*14,500	*19,400	*	*	–
Difficulty controlling bladder <sup>6</sup>	184,000	*	177,000	25,000	80,800	71,200	71,600	112,400	174,300	*8,500	*6,800	*
Difficulty controlling both bowels and bladder <sup>5,6</sup>	737,300	49,600	683,200	98,800	239,600	344,900	267,600	469,700	635,800	91,500	82,100	*10,000
Has ostomy, indwelling catheter, or similar device	406,500	54,000	350,500	63,300	148,100	139,100	184,500	222,000	336,600	56,600	50,300	*
Received help with ADL's <sup>7,8</sup>												
Bathing	2,142,500	183,000	1,944,000	352,100	776,700	815,200	778,200	1,364,300	1,879,000	223,200	178,600	40,300
Dressing	1,981,800	170,400	1,797,600	317,200	717,000	763,400	728,000	1,253,700	1,731,800	214,500	172,200	35,500
Eating	1,067,700	85,800	975,100	143,700	376,500	454,900	399,100	668,600	912,200	138,300	116,000	*17,200
Transfer	732,300	53,600	674,000	128,600	287,300	258,100	252,100	480,200	652,000	65,200	37,800	*15,100
Using toilet room	1,215,100	103,200	1,104,400	209,700	444,800	450,000	439,700	775,400	1,072,600	120,900	90,000	*21,600
Received help with IADL's <sup>7,8</sup>												
Care of personal possessions	1,527,500	128,300	1,387,300	230,900	531,600	624,700	546,900	980,600	1,320,700	184,800	149,900	*22,100
Managing money	1,369,200	114,900	1,242,800	213,600	472,400	556,900	477,100	892,000	1,191,400	156,600	138,200	*21,200
Securing personal items such as newspaper, toilet articles, and snack food	1,518,200	130,300	1,376,600	231,300	528,900	616,400	552,400	965,800	1,311,300	180,000	145,600	*26,800
Using the telephone	1,149,900	99,100	1,040,700	152,500	398,700	489,400	420,900	729,000	992,600	138,700	122,900	*18,600

**Table 45. Number of nursing home discharges by selected functional status, according to age, sex, and race of resident: United States, October 1996–September 1997—Con.**

Functional status	Age <sup>1</sup>						Race					
	All discharges	Under 65 years	65 years and over			Sex		Black and other				
			Total	65–74 years	75–84 years	85 years and over	Male	Female	White	Total	Black	Unknown
Functional status in ADL's <sup>7</sup>												
Received no help . . . . .	155,400	48,100	106,300	38,100	38,700	29,500	64,100	91,300	127,700	*20,100	*12,400	*
Received help with 1 ADL . . . . .	128,100	*20,100	107,100	31,500	43,500	32,100	45,900	82,300	116,800	*6,700	*	*
Received help with 2 ADL's . . . . .	327,200	39,600	284,100	57,900	119,800	106,400	120,100	207,100	289,600	24,800	23,200	*
Received help with 3 ADL's . . . . .	861,000	92,100	764,600	129,700	298,800	336,100	325,600	535,400	737,600	106,300	89,400	*17,000
Received help with 4 ADL's . . . . .	712,600	39,200	667,100	129,100	254,100	284,000	256,400	456,300	644,600	59,000	45,700	*
Received help with 5 ADL's . . . . .	184,600	*	171,500	19,700	81,400	70,500	61,700	122,900	152,100	*30,200	*18,300	*

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Status when using eyeglasses or contact lenses.

<sup>3</sup>Includes residents for whom the severity of impairment is unknown.

<sup>4</sup>Status when using a hearing aid if applicable.

<sup>5</sup>Excludes residents that had a colostomy.

<sup>6</sup>Excludes residents that had an indwelling catheter or ostomy.

<sup>7</sup>ADL is activities of daily living, and IADL is instrumental activities of daily living.

<sup>8</sup>Numbers may not add to totals, because a resident may be included in more than one category.

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

**Table 46. Percent distribution of nursing home discharges by selected functional status, according to age, sex, and race of resident: United States, October 1996–September 1997**

Functional status	All discharges	Age <sup>1</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
All residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Vision <sup>2</sup>												
Not impaired	67.2	72.7	66.6	72.9	69.2	61.1	68.8	66.3	67.0	67.8	64.8	71.5
Impaired <sup>3</sup>	22.0	15.6	22.8	17.2	19.7	28.5	19.7	23.4	22.6	20.3	21.5	*
Partially impaired	14.5	11.2	15.0	12.2	12.8	18.4	13.1	15.4	15.2	11.0	11.8	*
Severely impaired	5.1	*	5.4	*2.4	5.2	6.9	4.0	5.7	5.1	*6.0	*5.9	*
Completely lost	1.5	*	1.5	*	*1.2	*2.1	*2.0	1.3	1.4	*	*	*
Unknown or unable to determine	11.7	11.8	11.6	11.9	11.6	11.5	12.2	11.4	11.4	12.4	14.3	*
Hearing <sup>2</sup>												
Not impaired	69.8	81.4	68.4	78.2	71.4	60.8	67.9	70.8	69.1	75.9	74.2	66.6
Impaired <sup>3</sup>	18.2	*5.5	19.8	10.2	15.8	28.2	19.0	17.7	19.1	11.5	12.2	*
Partially impaired	13.7	*4.7	14.8	8.6	13.1	19.4	14.3	13.4	14.4	8.8	9.7	*
Severely impaired	3.5	*	3.9	*	2.3	6.8	4.0	3.2	3.7	*	*	*
Completely lost	0.4	*	*	*	*	*	*	*	*	*	*	–
Unknown or unable to determine	12.7	13.0	12.5	12.0	13.2	12.1	13.6	12.1	12.4	12.7	13.6	*
Walking <sup>1</sup>												
Received help	36.3	28.7	37.2	38.9	39.0	34.8	33.5	38.0	37.4	26.0	19.2	*41.7
Received no help	14.1	24.4	12.9	16.9	14.4	9.5	15.4	13.4	14.0	16.9	14.8	*
Continence												
Difficulty controlling bowels <sup>5</sup>	1.0	*	*0.8	*	*	*	*	*1.0	*0.9	*	*	–
Difficulty controlling bladder <sup>6</sup>	7.8	*	8.4	6.2	9.7	8.3	8.2	7.5	8.4	3.4	3.5	*
Difficulty controlling both bowels and bladder <sup>5,6</sup>	31.1	19.7	32.5	24.3	28.7	40.2	30.6	31.4	30.7	37.0	42.2	*18.7
Has ostomy, indwelling catheter, or similar device	17.2	21.4	16.7	15.6	17.7	16.2	21.1	14.9	16.3	22.9	25.9	*
Received help with ADL's <sup>7,8</sup>												
Bathing	90.4	72.7	92.5	86.7	92.9	94.9	89.1	91.2	90.8	90.3	91.8	75.3
Dressing	83.7	67.7	85.6	78.1	85.8	88.9	83.3	83.9	83.7	86.8	88.5	66.3
Eating	45.1	34.1	46.4	35.4	45.0	53.0	45.7	44.7	44.1	56.0	59.6	*32.1
Transfer	30.9	21.3	32.1	31.7	34.4	30.1	28.9	32.1	31.5	26.4	19.4	*28.3
Using toilet room	51.3	41.0	52.6	51.6	53.2	52.4	50.3	51.9	51.9	48.9	46.3	*40.3
Received help with IADL's <sup>7,8</sup>												
Care of personal possessions	64.5	51.0	66.0	56.9	63.6	72.8	62.6	65.6	63.9	74.8	77.1	*41.2
Managing money	57.8	45.7	59.2	52.6	56.5	64.9	54.6	59.7	57.6	63.4	71.0	*39.6
Securing personal items such as newspaper, toilet articles, and snack food	64.1	51.8	65.5	57.0	63.3	71.8	63.2	64.6	63.4	72.9	74.8	*50.1
Using the telephone	48.5	39.4	49.5	37.6	47.7	57.0	48.2	48.8	48.0	56.1	63.2	*34.8

**Table 46. Percent of nursing home discharges by selected functional status, according to age, sex, and race of resident: United States, October 1996–September 1997—Con.**

Functional status	All discharges	Age <sup>1</sup>					Sex						Race		
		Under 65 years	65 years and over			Male	Female	Black and other			White	Total	Black	Unknown	
			Total	65–74 years	75–84 years			85 years and over	White	Total					Black
Functional status in ADL's <sup>7</sup>															
Received no help . . . . .	6.6	19.1	5.1	9.4	4.6	3.4	7.3	6.1	6.2	*8.1	*6.4	*	*		
Received help with 1 ADL . . . . .	5.4	*8.0	5.1	7.8	5.2	3.7	5.3	5.5	5.7	*2.7	*	*	*		
Received help with 2 ADL's . . . . .	13.8	15.7	13.5	14.3	14.3	12.4	13.7	13.9	14.0	10.1	11.9	*	*		
Received help with 3 ADL's . . . . .	36.3	36.6	36.4	32.0	35.7	39.1	37.3	35.8	35.7	43.0	46.0	*31.8	*		
Received help with 4 ADL's . . . . .	30.1	15.6	31.8	31.8	30.4	33.1	29.3	30.5	31.2	23.9	23.5	*	*		
Received help with 5 ADL's . . . . .	7.8	*	8.2	4.9	9.7	8.2	7.1	8.2	7.4	*12.2	*9.4	*	*		

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Status when using eyeglasses or contact lenses.

<sup>3</sup>Includes residents for whom the severity of impairment is unknown.

<sup>4</sup>Status when using a hearing aid if applicable.

<sup>5</sup>Excludes residents that had a colostomy.

<sup>6</sup>Excludes residents that had an indwelling catheter or ostomy.

<sup>7</sup>ADL is activities of daily living, and IADL is instrumental activities of daily living.

<sup>8</sup>Numbers may not add to totals, because a resident may be included in more than one category.

NOTE: Percents are based on unrounded numbers.

**Table 47. Number of nursing home discharges by services received during the billing period that included the date of discharge, according to age, sex, and race of resident: United States, October 1996–September 1997**

Services received <sup>2</sup>	Age <sup>1</sup>						Sex						Race		
	All discharges	Under 65 years	65 years and over			Male	Female	Black and other			Unknown				
			Total	65–74 years	75–84 years			85 years and over	White	Total		Black			
Total	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500			
Dental care	215,300	23,700	190,200	42,900	71,700	75,500	77,900	137,400	187,000	26,000	23,000	*			
Equipment or devices	1,372,000	154,700	1,210,300	253,100	473,100	484,000	504,000	868,100	1,196,800	146,900	102,400	*28,300			
Hospice services	98,800	*13,100	84,600	*13,200	37,900	33,500	44,400	54,400	90,600	*7,700	*6,100	*			
Medical services	2,225,800	236,300	1,973,300	383,300	792,500	797,600	824,300	1,401,600	1,941,000	236,300	184,500	48,600			
Mental health services	296,200	54,700	241,500	51,100	103,400	86,900	116,400	179,900	255,200	36,700	32,900	*			
Nursing services	2,314,300	245,000	2,052,800	395,300	818,400	839,000	856,100	1,458,200	2,022,100	239,900	187,800	52,300			
Nutritional services	1,833,600	204,600	1,618,200	322,200	628,400	667,600	671,600	1,162,000	1,589,500	204,300	164,100	39,800			
Occupational therapy	930,700	93,800	832,000	189,900	345,200	297,000	349,700	581,000	814,100	97,000	64,300	*19,600			
Personal care	2,092,700	200,100	1,876,700	350,500	749,000	777,200	769,000	1,323,700	1,830,300	218,600	169,400	43,900			
Physical therapy	1,200,300	25,400	1,067,200	226,200	441,000	399,900	438,800	761,500	1,056,000	117,100	81,300	*27,200			
Prescribed medicines or nonprescribed medicines	2,194,500	237,900	1,940,700	374,000	775,700	791,100	809,100	1,385,500	1,918,900	227,200	176,000	48,300			
Sheltered employment	*	*	*	*	*	*	*	*	*	*	*	–			
Social services	1,763,600	191,400	1,558,900	297,100	623,100	638,600	637,500	1,126,100	1,564,500	169,300	142,100	29,700			
Special education	35,700	*	27,200	*	*16,100	*	*16,100	*19,600	31,900	*	*	*			
Speech or hearing therapy	266,600	25,400	240,000	59,000	92,800	88,200	124,300	142,300	217,100	46,600	31,700	*			
Transportation	415,200	54,000	358,800	81,500	150,400	126,900	165,200	250,000	346,700	61,200	53,600	*			
Vocational rehabilitation	*	*	*	*	*	*	*	*	*	*	–	*			
Other	289,900	32,800	256,400	40,200	110,500	105,800	103,500	186,500	238,600	43,000	24,300	8,300			
None	*	*	*	*	*	*	*	*	*	*	*	*			

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

<sup>2</sup>Numbers may not add to totals, because a resident may be included in more than one category.

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

**Table 48. Percent of nursing home discharges by services received during the billing period that included the date of discharge, according to age, sex, and race of resident: United States, October 1996–September 1997**

Services received <sup>2</sup>	Age <sup>1</sup>						Sex		Race			
	All discharges	Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
	Number											
Total . . . . .	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
	Percent											
Dental care . . . . .	9.1	9.4	9.1	10.6	8.6	8.8	8.9	9.2	9.0	10.5	11.8	*
Equipment or devices . . . . .	57.9	61.4	57.6	62.3	56.6	56.4	57.7	58.1	57.9	59.5	52.6	*52.9
Hospice services . . . . .	4.2	*5.2	4.0	*3.2	4.5	3.9	5.1	3.6	4.4	*3.1	*3.1	*
Medical services . . . . .	94.0	93.9	93.9	94.4	94.8	92.9	94.3	93.7	93.8	95.6	94.8	90.7
Mental health services . . . . .	12.5	21.7	11.5	12.6	12.4	10.1	13.3	12.0	12.3	14.9	16.9	*
Nursing services . . . . .	97.7	97.3	97.7	97.4	97.9	97.7	98.0	97.5	97.8	97.1	96.5	97.7
Nutritional services . . . . .	77.4	81.3	77.0	79.4	75.2	77.8	76.9	77.7	76.9	82.7	84.3	74.3
Occupational therapy . . . . .	39.3	37.3	39.6	46.8	41.3	34.6	40.0	38.9	39.4	39.3	33.1	*36.7
Personal care . . . . .	88.3	79.5	89.3	86.3	89.6	90.5	88.0	88.5	88.5	88.5	87.1	81.9
Physical therapy . . . . .	50.7	49.8	50.8	55.7	52.8	46.6	50.2	50.9	51.1	47.4	41.8	*50.8
Prescribed medicines or nonprescribed medicines . . . . .	92.6	94.5	92.4	92.1	92.8	92.1	92.6	92.7	92.8	92.0	90.5	90.3
Sheltered employment . . . . .	*	*	*	*	*	*	*	*	*	*	*	–
Social services . . . . .	74.4	76.0	74.2	73.2	74.5	74.4	73.0	75.3	75.6	68.5	73.0	55.4
Special education . . . . .	1.5	*	1.3	*	*1.9	*	*1.8	*1.3	1.5	*	*	*
Speech or hearing therapy . . . . .	11.3	10.1	11.4	14.5	11.1	10.3	14.2	9.5	10.5	18.9	16.3	*
Transportation . . . . .	17.5	21.4	17.1	20.1	18.0	14.8	18.9	16.7	16.8	24.8	27.6	*
Vocational rehabilitation . . . . .	*	*	*	*	*	*	*	*	*	*	–	*
Other . . . . .	12.2	13.0	12.2	9.9	13.2	12.3	11.8	12.5	11.5	17.4	12.5	15.6
None . . . . .	*	*	*	*	*	*	*	*	*	*	*	*

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

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

NOTE: Percents are based on unrounded numbers.

**Table 49. Number of nursing home discharges by selected resident demographic characteristics, according to primary source of payment at discharge: United States, October 1996–September 1997**

Resident characteristics	Primary source of payment at discharge				
	All sources	Private sources <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All discharges . . . . .	2,369,000	528,700	1,104,900	640,000	95,400
Age <sup>3</sup>					
Under 65 years . . . . .	251,800	82,900	44,600	108,700	*15,600
65 years and over . . . . .	2,100,800	441,600	1,053,700	526,000	79,500
65–74 years . . . . .	406,000	57,400	236,400	87,600	24,500
75–84 years . . . . .	836,100	172,900	438,900	193,500	30,900
85 years and over . . . . .	858,600	211,300	378,400	244,900	24,000
Sex					
Male . . . . .	873,700	198,600	406,600	216,400	52,100
Female . . . . .	1,495,300	330,100	698,300	423,500	43,400
Race					
White . . . . .	2,068,400	494,000	968,000	525,700	80,800
Black and other . . . . .	247,100	23,600	105,400	106,000	*12,100
Black . . . . .	194,600	22,000	70,000	92,900	*9,600
Unknown . . . . .	53,500	*	*31,600	*8,300	*
Hispanic origin					
Hispanic . . . . .	80,400	*	40,400	30,600	*
Non-Hispanic . . . . .	2,028,200	467,900	920,600	556,300	83,500
Unknown . . . . .	260,400	55,700	143,900	53,100	*7,800
Current marital status					
Married . . . . .	639,100	173,500	306,000	126,400	33,200
Widowed . . . . .	1,224,300	255,900	596,300	336,000	36,200
Divorced or separated . . . . .	178,800	25,000	71,300	72,100	*10,400
Single or never married . . . . .	269,900	56,900	103,800	95,400	*13,800
Unknown . . . . .	56,900	*	*27,500	*10,100	*
Residence before admission					
Private or semiprivate residence . . . . .	579,300	152,900	230,300	181,600	14,600
Retirement home . . . . .	40,900	19,400	*	*	*
Board and care or residential care facility . . . . .	60,700	20,000	*18,300	19,400	*
Nursing home . . . . .	153,900	41,400	40,900	68,000	*
Hospital . . . . .	1,452,100	276,500	778,300	332,700	64,600
Mental health facility . . . . .	*9,400	*	*	*	*
Other or unknown . . . . .	72,600	*17,000	23,900	26,600	*
Living arrangement before admission					
Alone . . . . .	214,600	52,100	96,600	60,800	*
With family members . . . . .	364,200	110,100	129,600	114,500	*10,000
With nonfamily members . . . . .	31,000	*	*	*8,700	*
Other or unknown . . . . .	1,759,200	359,800	869,400	455,900	74,200

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

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

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

<sup>3</sup>Excludes unknown.

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

**Table 50. Percent distribution of nursing home discharges by selected resident demographic characteristics, according to primary source of payment at discharge: United States, October 1996–September 1997**

Resident characteristics	Primary source of payment at discharge				
	All sources	Private sources <sup>1</sup>	Medicare	Medicaid	All other <sup>2</sup>
All discharges . . . . .	100.0	100.0	100.0	100.0	100.0
Age <sup>3</sup>					
Under 65 years . . . . .	10.6	15.7	4.0	17.0	*16.4
65 years and over . . . . .	88.7	83.5	95.4	82.2	83.3
65–74 years . . . . .	17.1	10.9	21.4	13.7	25.7
75–84 years . . . . .	35.3	32.7	39.7	30.2	32.4
85 years and over . . . . .	36.2	40.0	34.3	38.3	25.2
Sex					
Male . . . . .	36.9	37.6	36.8	33.8	54.6
Female . . . . .	63.1	62.4	63.2	66.2	45.4
Race					
White . . . . .	87.3	93.4	87.6	82.1	84.7
Black and other . . . . .	10.4	4.5	9.5	16.6	*12.7
Black . . . . .	8.2	4.2	6.3	14.5	*10.1
Unknown . . . . .	2.3	*	*2.9	*1.3	*
Hispanic origin					
Hispanic . . . . .	3.4	*	3.7	4.8	*
Non-Hispanic . . . . .	85.6	88.5	83.3	86.9	87.4
Unknown . . . . .	11.0	10.5	13.0	8.3	*8.1
Current marital status					
Married . . . . .	27.0	32.8	27.7	19.8	34.7
Widowed . . . . .	51.7	48.4	54.0	52.5	37.9
Divorced or separated . . . . .	7.6	4.7	6.5	11.3	*10.9
Single or never married . . . . .	11.4	10.8	9.4	14.9	*14.5
Unknown . . . . .	2.4	*	*2.5	*1.6	*
Residence before admission					
Private or semiprivate residence . . . . .	24.5	28.9	20.8	28.4	15.3
Retirement home . . . . .	1.7	3.7	*	*	*
Board and care or residential care facility . . . . .	2.6	3.8	*1.7	3.0	*
Nursing home . . . . .	6.5	7.8	3.7	10.6	*
Hospital . . . . .	61.3	52.3	70.5	52.0	67.7
Mental health facility . . . . .	*0.4	*	*	*	*
Other or unknown . . . . .	3.1	*3.2	2.2	4.2	*
Living arrangement before admission					
Alone . . . . .	9.1	9.9	8.8	9.5	*
With family members . . . . .	15.3	20.8	11.7	17.9	*10.4
With nonfamily members . . . . .	1.3	*	*	*1.4	*
Other or unknown . . . . .	74.3	68.1	78.7	71.2	77.7

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

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

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

<sup>3</sup>Excludes unknown.

NOTE: Percents are based on unrounded numbers.



**Table 51. Number and percent of nursing home discharges, by length of stay and average length of stay, according to selected resident demographic characteristics: United States, October 1996–September 1997**

Demographic characteristics	All discharges	Total	Length of stay <sup>1</sup>						Average length of stay
			Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All discharges . . . . .	2,369,000	100.0	67.4	8.1	6.9	10.2	3.6	3.7	275.7
Age <sup>1</sup>									
Under 65 years . . . . .	251,800	100.0	76.2	9.6	*4.7	6.7	*	*	156.1
65 years and over . . . . .	2,100,800	100.0	66.5	8.0	7.2	10.4	3.9	4.0	290.1
65–74 years . . . . .	406,000	100.0	77.9	6.6	6.2	6.6	*1.6	*	146.4
75–84 years . . . . .	836,100	100.0	69.9	7.6	7.2	9.5	3.4	2.4	233.2
85 years and over . . . . .	858,600	100.0	57.8	9.0	7.7	13.0	5.5	7.0	413.5
Sex									
Male . . . . .	873,700	100.0	71.3	8.8	6.4	8.6	2.6	2.3	201.0
Female . . . . .	1,495,300	100.0	65.1	7.8	7.2	11.2	4.2	4.6	319.4
Race									
White . . . . .	2,068,400	100.0	67.0	7.9	7.0	10.5	3.8	3.9	283.5
Black and other . . . . .	247,100	100.0	65.7	11.4	7.0	9.7	*3.2	*3.0	254.6
Black . . . . .	194,600	100.0	61.4	13.3	7.7	10.5	*3.5	*3.4	285.2
Unknown . . . . .	53,500	100.0	90.0	*	*	*	*	*	70.9
Hispanic origin									
Hispanic . . . . .	80,400	100.0	70.1	*	*	*	*	*	223.9
Non-Hispanic . . . . .	2,028,200	100.0	65.9	8.4	7.2	10.7	3.8	4.0	290.2
Unknown . . . . .	260,400	100.0	78.1	*5.4	*4.7	7.3	*	*	178.6
Current marital status									
Married . . . . .	639,100	100.0	74.5	7.2	6.2	8.8	*2.0	*1.3	159.2
Widowed . . . . .	1,224,300	100.0	63.1	8.6	7.6	11.5	*	*4.8	318.9
Divorced or separated . . . . .	178,800	100.0	67.9	8.4	*7.4	9.2	*	*3.2	291.0
Single or never married . . . . .	269,900	100.0	68.9	6.5	5.8	9.2	*3.7	5.8	370.2
Unknown . . . . .	56,900	100.0	70.2	*	*	*	*	*	160.5
Residence before admission									
Private or semiprivate residence . . . . .	579,300	100.0	63.6	7.9	6.7	11.3	4.8	5.8	364.0
Retirement home . . . . .	40,900	100.0	*51.6	*	*	*	*	*	398.6
Board and care or residential care facility . . . . .	60,700	100.0	48.0	*	*	*14.0	*	*	383.0
Nursing home . . . . .	153,900	100.0	41.1	10.2	11.1	24.3	*6.2	*7.2	537.3
Hospital . . . . .	1,452,100	100.0	73.5	7.7	6.3	7.7	2.3	2.4	194.5
Mental health facility . . . . .	*9,400	*100.0	*	*	*	*	*	*	*725.9
Other or unknown . . . . .	72,600	100.0	61.0	*	*	*13.7	*	*	424.4
Living arrangement before admission									
Alone . . . . .	214,600	100.0	61.6	*9.0	8.9	10.3	*3.8	6.3	375.6
With family members . . . . .	364,200	100.0	64.0	7.7	6.1	12.3	5.2	4.7	339.2
Only with nonfamily members . . . . .	31,000	100.0	*60.6	*	*	*	*	*	365.0
Unknown . . . . .	1,759,200	100.0	68.9	8.1	6.8	9.7	3.2	3.2	248.8

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

<sup>1</sup>Excludes unknown.

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

**Table 52. Number and percent distribution of nursing home discharges, by length of stay and average length of stay, according to source of payment and reason for discharge: United States, October 1996–September 1997**

Demographic characteristics	All discharges	Total	Length of stay <sup>1</sup>						Average length of stay
			Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 3	3 years to less than 5	5 years or more	
All discharges . . . . .	2,369,000	100.0	67.4	8.1	6.9	10.2	3.6	3.7	275.7
Source of payment									
Private insurance <sup>2</sup> . . . . .	528,700	100.0	64.1	10.4	8.0	11.3	3.2	*2.9	240.1
Medicare . . . . .	1,104,900	100.0	87.2	5.5	2.5	3.0	*1.2	*0.8	*95.4
Medicaid . . . . .	640,000	100.0	34.6	10.9	14.0	22.3	8.3	9.9	632.4
All other sources <sup>3</sup> . . . . .	95,400	100.0	76.7	*	*	*6.9	*	*	168.4
Reason for discharge									
Recovered . . . . .	246,100	100.0	90.8	*5.0	*	*	*	*	59.7
Stabilized . . . . .	462,300	100.0	91.8	4.5	*2.4	*	*	*	39.2
Deceased . . . . .	601,100	100.0	47.8	7.4	9.3	17.2	8.4	9.7	566.4
Admitted to hospital . . . . .	675,200	100.0	55.1	11.7	10.5	15.1	4.0	3.5	324.0
Admitted to nursing home . . . . .	181,000	100.0	69.4	*10.5	*5.9	9.2	*	*	231.6
All other . . . . .	203,300	100.0	80.3	*8.7	*3.9	*5.8	*	*	94.5

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

<sup>1</sup>Excludes unknown.

<sup>2</sup>Includes private insurance, own income, family support, Social Security benefits, and retirement fund.

<sup>3</sup>Includes Supplemental Security Income, other government assistance or welfare, religious organizations, foundations, agencies, Veterans' Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other, and unknown sources.

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

**Table 53. Number and percent distribution of elderly nursing home discharges, by selected demographic characteristics, according to reason for discharge: United States, October 1996–September 1997**

Demographic characteristics	Reason for discharge						
	All discharges	Recovered	Stabilized	Deceased	Admitted to hospital	Admitted to nursing home	All other
All residents . . . . .	2,369,000	246,100	462,300	601,100	675,200	181,000	203,300
Age <sup>1</sup>							
Under 65 years . . . . .	251,800	*29,800	59,700	29,000	75,900	*21,400	35,900
65 years and over . . . . .	2,100,800	214,200	399,900	568,200	595,000	158,300	165,200
65–74 years . . . . .	406,000	52,600	98,300	69,000	116,600	27,300	42,400
75–84 years . . . . .	836,100	92,600	166,000	193,400	243,800	73,600	66,700
85 years and over . . . . .	858,600	69,000	135,600	305,900	234,600	57,500	56,100
Sex							
Male . . . . .	873,700	82,800	155,600	221,900	257,700	72,200	83,600
Female . . . . .	1,495,300	163,400	306,800	379,100	417,500	108,700	119,800
Race							
White . . . . .	2,068,400	219,700	405,900	543,400	563,300	160,500	175,700
Black and other . . . . .	247,100	*14,900	40,500	47,100	101,400	*18,400	24,800
Black . . . . .	194,600	*	20,700	40,800	90,600	*11,800	19,800
Unknown . . . . .	53,500	*	*	*	*10,500	*	*
Hispanic origin							
Hispanic . . . . .	80,400	*	*	*21,300	30,000	*	*
Non-Hispanic . . . . .	2,028,200	216,500	362,000	528,900	580,700	161,700	178,400
Unknown . . . . .	260,400	*22,500	86,200	50,900	64,400	*15,900	*20,500
Current marital status							
Married . . . . .	639,100	74,300	146,000	152,100	158,700	54,300	53,700
Widowed . . . . .	1,224,300	122,500	235,200	350,000	341,500	83,500	91,700
Divorced or separated . . . . .	178,800	*22,000	30,000	36,300	54,400	*17,200	18,900
Single or never married . . . . .	269,900	23,500	39,500	54,400	95,500	*22,000	35,000
Unknown . . . . .	56,900	*	*	*8,200	*25,000	*	*
Residence before admission							
Private or semiprivate residence . . . . .	579,300	52,700	143,000	150,900	142,900	*40,400	49,400
Retirement home . . . . .	40,900	*	*	*12,800	*	*	*
Board and care or residential care facility . . . . .	60,700	*	*	24,200	*15,800	*	*
Nursing home . . . . .	153,900	*	*10,200	59,200	56,400	17,700	*
Hospital . . . . .	1,452,100	168,100	282,000	331,700	423,800	110,100	136,400
Mental health facility . . . . .	*9,400	–	*	*	*	*	*
Other or unknown . . . . .	72,600	*	*	19,600	23,800	*	*
Living arrangement before admission							
Alone . . . . .	214,600	34,600	*49,800	51,300	47,500	*	*16,300
With family members . . . . .	364,200	23,000	95,600	94,400	94,700	23,400	33,100
Only with nonfamily members . . . . .	31,000	*	*	*9,700	*	*	*
Other or unknown . . . . .	1,759,200	184,400	310,000	445,700	525,900	141,000	152,100

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

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

**Table 54. Percent distribution of nursing home discharges by selected resident demographic characteristics, according to reason for discharge: United States, October 1996–September 1997**

Demographic characteristics	Reason for discharge						
	All discharges	Recovered	Stabilized	Deceased	Admitted to hospital	Admitted to nursing home	All other
All residents . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Age <sup>1</sup>							
Under 65 years . . . . .	10.6	*12.0	12.9	4.8	11.2	*11.8	17.7
65 years and over . . . . .	88.7	87.0	86.5	94.5	88.1	87.5	81.3
65–74 years . . . . .	17.1	21.4	21.3	11.5	17.3	15.1	20.9
75–84 years . . . . .	35.3	37.6	35.9	32.2	36.1	40.7	32.8
85 years and over . . . . .	36.2	28.0	29.3	50.9	34.7	31.8	27.6
Sex							
Male . . . . .	36.9	33.6	33.7	36.9	38.2	39.9	41.1
Female . . . . .	63.1	66.4	66.4	63.1	61.8	60.1	58.9
Race							
White . . . . .	87.3	89.3	87.8	90.4	83.4	88.7	86.4
Black and other . . . . .	10.4	*6.0	8.8	7.8	15.0	*10.2	12.2
Black . . . . .	8.2	*	4.5	6.8	13.4	*6.5	9.8
Unknown . . . . .	2.3	*	*	*	*1.6	*	*
Hispanic origin							
Hispanic . . . . .	3.4	*	*	*3.5	4.5	*	*
Non-Hispanic . . . . .	85.6	88.0	78.3	88.0	86.0	89.4	87.7
Unknown . . . . .	11.0	*9.2	18.7	8.5	9.5	*8.8	*10.1
Current marital status							
Married . . . . .	27.0	30.2	31.6	25.3	23.5	30.0	26.4
Widowed . . . . .	51.7	49.8	50.9	58.2	50.6	46.1	45.1
Divorced or separated . . . . .	7.6	*8.9	6.5	6.0	8.1	*9.5	9.3
Single or never married . . . . .	11.4	9.6	8.5	9.1	14.1	*12.2	17.2
Unknown . . . . .	2.4	*	*	*1.4	*3.7	*	*
Residence before admission							
Private or semiprivate residence . . . . .	24.5	21.4	30.9	25.1	21.2	*22.3	24.3
Retirement home . . . . .	1.7	*	*	*2.1	*	*	*
Board and care or residential care facility . . . . .	2.6	*	*	4.0	*2.3	*	*
Nursing home . . . . .	6.5	*	*2.2	9.9	8.4	9.8	*
Hospital . . . . .	61.3	68.3	61.0	55.2	62.8	60.9	67.1
Mental health facility . . . . .	*0.4	–	*	*	*	*	*
Other or unknown . . . . .	3.1	*	*	3.3	3.5	*	*
Living arrangement before admission							
Alone . . . . .	9.1	14.0	*10.8	8.5	7.0	*	*8.0
With family members . . . . .	15.3	9.4	20.7	15.7	14.0	12.9	16.3
Only with nonfamily members . . . . .	1.3	*	*	*1.6	*	*	*
Other or unknown . . . . .	74.3	74.9	67.1	74.2	77.9	77.9	74.8

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

– Quantity zero.

<sup>1</sup>Excludes unknown.

NOTE: Percents are based on the unrounded figures.

**Table 55. Number of nursing home discharges by region, primary source of payment and length of stay, according to reason for discharge: United States, October 1996–September 1997**

Demographic characteristics	Reason for discharge						
	All discharges	Recovered	Stabilized	Deceased	Admitted to hospital	Admitted to nursing home	All other
All discharges . . . . .	2,369,000	246,100	462,300	601,100	675,200	181,000	203,300
Region							
Northeast . . . . .	443,700	33,900	74,500	118,400	143,300	23,100	50,500
Midwest . . . . .	676,300	89,400	95,100	177,100	193,600	54,200	66,900
South . . . . .	697,100	51,600	113,500	192,100	235,600	56,500	47,900
West . . . . .	551,900	71,200	179,200	113,600	102,600	*47,200	38,100
Source of payment							
Private sources <sup>1</sup> . . . . .	528,700	54,900	113,300	134,300	132,400	42,200	51,700
Medicare . . . . .	1,104,900	163,700	295,200	205,700	251,300	95,100	93,800
Medicaid . . . . .	640,000	*9,200	43,600	233,500	270,300	38,200	45,100
All other <sup>2</sup> . . . . .	95,400	*	*10,200	27,500	21,100	*	*12,800
Length of stay							
Less than 3 months . . . . .	1,596,300	223,400	424,300	287,500	372,100	125,700	163,300
3 months to less than 6 . . . . .	192,700	*12,300	20,800	44,300	78,800	*18,900	*17,600
6 months to less than 12 . . . . .	163,700	*	*10,900	56,100	71,100	*10,600	*7,900
1 year to less than 3 . . . . .	241,400	*	*	103,600	102,100	16,700	*11,800
3 years to less than 5 . . . . .	85,100	*	*	50,600	27,200	*	*
5 years or more . . . . .	88,700	*	*	58,100	23,700	*	*

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

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

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

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

**Table 56. Percent distribution of nursing home discharges by region, primary source of payment and length of stay, according to reason for discharge: United States, October 1996–September 1997**

Demographic characteristics	Reason for discharge						
	All discharges	Recovered	Stabilized	Deceased	Admitted to hospital	Admitted to nursing home	All other
All discharges . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Region							
Northeast . . . . .	18.7	13.8	16.1	19.7	21.2	12.8	24.8
Midwest . . . . .	28.6	36.3	20.6	29.5	28.7	29.9	32.9
South . . . . .	29.4	21.0	24.5	32.0	34.9	31.2	23.5
West . . . . .	23.3	28.9	38.8	18.9	15.2	*26.1	18.7
Source of payment							
Private sources <sup>1</sup> . . . . .	22.3	22.3	24.5	22.3	19.6	23.3	25.4
Medicare . . . . .	46.6	66.5	63.9	34.2	37.2	52.5	46.1
Medicaid . . . . .	27.0	*3.7	9.4	38.9	40.0	21.1	22.2
All other <sup>2</sup> . . . . .	4.0	*	*2.2	4.6	3.1	*	*6.3
Length of stay							
Less than 3 months . . . . .	67.4	90.8	91.8	47.8	55.1	69.4	80.3
3 months to less than 6 . . . . .	8.1	*5.0	4.5	7.4	11.7	*10.5	*8.9
6 months to less than 12 . . . . .	6.9	*	*2.4	9.3	10.5	*5.9	*3.9
1 year to less than 3 . . . . .	10.2	*	*	17.2	15.1	9.2	*5.8
3 years to less than 5 . . . . .	3.6	*	*	8.4	4.0	*	*
5 years or more . . . . .	3.7	*	*	9.7	3.5	*	*

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

<sup>1</sup>Includes private insurance, family support, Social Security benefits, and retirement fund.

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

NOTE: Percents are based on unrounded numbers.

**Table 57. Number and percent distribution of nursing home discharges, by primary and all-listed diagnoses at admission and at discharge: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	At admission		At discharge	
	Number of discharges	Percent distribution	Number of discharges	Percent distribution
Total	2,369,000	100.0	2,369,000	100.0
Infectious and parasitic diseases . . . . . 001–139	20,800	0.9	24,800	1.0
Neoplasms . . . . . 140–239	142,000	6.0	148,700	6.3
Malignant neoplasms . . . . . 140–208,230–234	129,800	5.5	136,700	5.8
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	130,800	5.5	128,300	5.4
Diabetes mellitus . . . . . 250	87,600	3.7	88,000	3.7
Diseases of the blood and blood-forming organs . . . . . 280–289	*18,800	*0.8	*18,800	*0.8
Anemias . . . . . 280–285	*17,500	*0.7	*17,600	*0.7
Mental disorders . . . . . 290–319	171,800	7.3	154,300	6.5
Senile dementia or organic brain syndrome . . . . . 290, 310	31,400	1.3	26,300	1.1
Mental retardation . . . . . 317–319	*	*	*	*
Other mental disorders . . . . . 291–309, 311–316	137,200	5.8	125,400	5.3
Diseases of the nervous system and sense organs . . . . . 320–389	183,500	7.7	173,500	7.3
Alzheimer's disease . . . . . 331.0	81,900	3.5	74,900	3.2
Parkinson's disease . . . . . 332	32,500	1.4	29,000	1.2
Multiple sclerosis . . . . . 340	*	*	*	*
Paralytic syndromes . . . . . 342–344	*24,100	*1.0	*21,400	*0.9
Other diseases of the nervous system and sense organs . . . . . 320–330,331.3–331.9,333–337,341,345–389	38,200	1.6	43,200	1.8
Diseases of the circulatory system . . . . . 390–459	578,800	24.4	601,100	25.4
Essential hypertension . . . . . 401	42,900	1.8	43,900	1.9
Heart disease . . . . . 391–392.0,393–398,402,404,410–416,420–429	240,000	10.1	282,200	11.9
Diseases of the respiratory system . . . . . 460–519	254,100	10.7	267,700	11.3
Pneumonia, all forms . . . . . 480–486	91,900	3.9	102,800	4.3
Other diseases of the respiratory system . . . . . 490–496	162,200	6.8	164,900	7.0
Diseases of the digestive system . . . . . 520–579	76,200	3.2	78,800	3.3
Diseases of the genitourinary system . . . . . 580–629	82,300	3.5	80,800	3.4
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	43,200	1.8	40,300	1.7
Diseases of the skin and subcutaneous tissue . . . . . 680–709	47,200	2.0	47,900	2.0
Decubitus ulcer . . . . . 707.0	*12,400	*0.5	*	*
Other chronic ulcer of the skin . . . . . 707.1–707.9	*	*	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	115,000	4.9	108,700	4.6
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	23,100	1.0	22,600	1.0
Other arthropathies and related disorders . . . . . 710–714, 716–719	*18,900	*0.8	*20,100	*0.8
Osteoporosis . . . . . 733.0	*	*	*	*
Congenital anomalies . . . . . 740–759	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780–799	126,900	5.4	149,500	6.3
Senility without mention of psychosis . . . . . 797	*	*	*	*
Injury and poisoning . . . . . 800–999	238,200	10.1	201,000	8.5
Fracture of neck of femur . . . . . 820	92,200	3.9	81,000	3.4
Other fractures . . . . . 800–819, 821–829	101,300	4.3	79,400	3.4
Injury and poisoning . . . . . 800–999	173,900	7.3	174,000	7.3
Posthospital aftercare . . . . . V42–V46,V52,V53.3–V53.7, V54–V58	127,800	5.4	121,100	5.1
Unknown or no diagnosis . . . . .	*	*	*	*

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 58. Number and percent distribution of nursing home discharges, by primary and all-listed diagnoses at admission and at discharge: United States, October 1996–September 1997**

Diagnoses and ICD–9–CM code <sup>1</sup>	At admission		At discharge	
	Number of discharges	Percent distribution	Number of discharges	Percent distribution
Total	9,342,400	100.0	8,905,000	100.0
Infectious and parasitic diseases . . . . . 001–139	89,100	1.0	83,900	0.9
Neoplasms . . . . . 140–239	339,600	3.6	340,500	3.8
Malignant neoplasms . . . . . 140–208,230–234	314,800	3.4	317,500	3.6
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	832,200	8.9	772,700	8.7
Diabetes mellitus . . . . . 250	419,800	4.5	393,800	4.4
Diseases of the blood and blood-forming organs . . . . . 280–289	217,100	2.3	208,700	2.3
Anemias . . . . . 280–285	199,200	2.1	192,300	2.2
Mental disorders . . . . . 290–319	830,600	8.9	791,200	8.9
Senile dementia or organic brain syndrome . . . . . 290, 310	129,900	1.4	114,900	1.3
Mental retardation . . . . . 317–319	*10,300	*0.1	*8,600	*0.1
Other mental disorders . . . . . 291–309, 311–316	690,400	7.4	667,600	7.5
Diseases of the nervous system and sense organs . . . . . 320–389	660,100	7.1	622,400	7.0
Alzheimer's disease . . . . . 331.0	151,300	1.6	141,500	1.6
Parkinson's disease . . . . . 332	105,400	1.1	95,400	1.1
Multiple sclerosis . . . . . 340	*10,500	*0.1	*9,700	*0.1
Paralytic syndromes . . . . . 342–344	108,200	1.2	101,800	1.1
Other diseases of the nervous system and sense organs . . . . . 320–330,331.3–331.9,333–337,341,345–389	284,700	3.0	274,100	3.1
Diseases of the circulatory system . . . . . 390–459	2,511,600	26.9	2,436,800	27.4
Essential hypertension . . . . . 401	589,800	6.3	559,700	6.3
Heart disease . . . . . 391–392.0,393–398,402,404,410–416,420–429	1,174,200	12.6	1,164,100	13.1
Diseases of the respiratory system . . . . . 460–519	687,400	7.4	669,800	7.5
Pneumonia, all forms . . . . . 480–486	171,400	1.8	175,200	2.0
Other diseases of the respiratory system . . . . . 490–496	516,100	5.5	494,600	5.6
Diseases of the digestive system . . . . . 520–579	370,900	4.0	367,400	4.1
Diseases of the genitourinary system . . . . . 580–629	343,100	3.7	322,500	3.6
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	138,400	1.5	127,100	1.4
Diseases of the skin and subcutaneous tissue . . . . . 680–709	169,900	1.8	151,900	1.7
Decubitus ulcer . . . . . 707.0	60,300	0.6	51,500	0.6
Other chronic ulcer of the skin . . . . . 707.1–707.9	*35,300	*0.4	*28,600	*0.3
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	565,600	6.1	535,600	6.0
Rheumatoid arthritis, except spine . . . . . 714	31,200	0.3	28,400	0.3
Osteoarthritis and allied disorders, except spine . . . . . 715	186,000	2.0	178,800	2.0
Other arthropathies and related disorders . . . . . 710–714, 716–719	111,800	1.2	107,300	1.2
Osteoporosis . . . . . 733.0	83,800	0.9	78,500	0.9
Congenital anomalies . . . . . 740–759	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780–799	646,500	6.9	642,600	7.2
Senility without mention of psychosis . . . . . 797	*	*	*	*
Injury and poisoning . . . . . 800–999	418,400	4.5	346,700	3.9
Fracture of neck of femur . . . . . 820	128,200	1.4	112,800	1.3
Other fractures . . . . . 800–819,821–829	162,100	1.7	129,500	1.5
Supplementary classification . . . . . V01–V82	654,200	7.0	606,500	6.8
Posthospital aftercare . . . . . V42–V46,V52,V53.3–V53.7,V54–V58	412,900	4.4	375,000	4.2

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 59. Number of nursing home discharges by primary diagnosis at admission, according to age, sex, and race of resident: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Age at discharge <sup>2</sup>					Race					
		Under 65 years	65 years and over			Sex		Black and other				
			Total	65–74 years	75–84 years	85 years and over	Male	Female	White	Total	Black	Unknown
Total	2,369,000	251,800	2,100,800	406,000	836,100	858,600	873,700	1,495,300	2,068,400	247,100	194,600	53,500
Infectious and parasitic diseases . . . . . 001–139	20,800	*	*15,100	*	*	*	*11,000	*9,800	16,100	*	*	*
Neoplasms . . . . . 140–239	142,000	*16,800	124,600	36,500	55,200	33,000	70,300	71,800	124,000	*10,200	*9,400	*
Malignant neoplasms . . . . . 140–208,230–234	129,800	*14,700	114,600	35,800	47,000	31,800	61,500	68,300	111,800	*10,200	*9,400	*
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	130,800	*21,700	109,000	30,900	40,300	37,900	54,400	76,400	105,200	20,300	18,800	*
Diabetes mellitus . . . . . 250	87,600	*17,900	69,700	24,700	27,800	17,200	35,300	52,300	70,500	*15,300	*14,300	*
Diseases of the blood and blood-forming organs . . . . . 280–289	*18,800	*	*17,800	*	*	*	*	*11,800	*15,700	*	*	–
Anemias . . . . . 280–285	*17,500	*	*16,500	*	*	*	*	*10,500	*14,700	*	*	–
Mental disorders . . . . . 290–319	171,800	22,200	147,800	19,900	53,400	74,500	65,100	106,700	151,700	17,900	*13,300	*
Senile dementia or organic brain syndrome . . . . . 290, 310	31,400	*	30,800	*	*9,500	18,600	*12,000	19,500	28,300	*	*	*
Mental retardation . . . . . 317–319	*	*	*	*	*	*	*	*	*	*	*	–
Other mental disorders . . . . . 291–309, 311–316	137,200	*19,900	115,800	17,000	43,100	55,700	52,300	84,900	120,900	14,800	*11,100	*
Diseases of the nervous system and sense organs . . . . . 320–389	183,500	27,500	155,200	26,800	61,000	67,300	77,400	106,100	158,700	18,800	*13,500	*
Alzheimer's disease . . . . . 331.0	81,900	*	79,500	*7,400	32,900	39,200	31,200	50,700	74,500	*7,200	*6,500	*
Parkinson's disease . . . . . 332	32,500	*	31,600	*	*13,100	*12,400	*13,100	19,400	31,100	*	*	*
Multiple sclerosis . . . . . 340	*	*	*	*	*	–	*	*	*	*	*	*
Paralytic syndromes . . . . . 342–344	*24,100	*	*	*	*	*	*	*	*	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320–330,331.3–331.9, 333–337,341,345–389	38,200	*	29,900	*	*	*11,500	*15,600	*22,600	31,600	*	*	*
Diseases of the circulatory system . . . . . 390–459	578,800	37,900	536,200	93,900	209,300	232,900	214,900	363,900	496,800	73,800	57,700	*
Essential hypertension . . . . . 401	42,900	*	41,200	*	*11,900	25,900	*10,300	32,600	38,100	*	*	*
Heart disease . . . . . 391–392.0,393–398,402,404, 410–416,420–429	240,000	*	229,200	33,200	82,000	114,000	73,500	166,400	210,100	27,000	*13,900	*
Diseases of the respiratory system . . . . . 460–519	254,100	*23,900	229,400	41,900	92,600	94,900	106,200	147,900	231,900	*18,100	*12,400	*
Pneumonia, all forms . . . . . 480–486	91,900	*	87,800	*	34,100	45,100	39,900	52,000	83,500	*	*	*
Other diseases of the respiratory system . . . . . 490–496	162,200	*20,200	141,600	33,300	58,500	49,700	66,300	95,900	148,300	*11,000	*	*
Diseases of the digestive system . . . . . 520–579	76,200	*	65,900	*	24,900	27,800	21,800	54,400	64,900	*10,900	*	*
Diseases of the genitourinary system . . . . . 580–629	82,300	*	67,900	*	30,200	28,800	35,200	47,100	68,500	*12,800	*11,700	*
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	43,200	*	41,600	*	*20,400	*16,500	*14,300	28,900	37,300	*	*	*
Diseases of the skin and subcutaneous tissue . . . . . 680–709	47,200	*	34,000	*	*	11,800	*25,300	*21,900	44,200	*	*	–
Decubitus ulcer . . . . . 707.0	*12,400	*	*	*	*	*	*	*	*	*	*	–
Other chronic ulcer of the skin . . . . . 707.1–707.9	*	–	*	*	*	*	*	*	*	*	*	–
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	115,000	*	104,500	*16,700	35,300	52,500	25,200	89,900	107,000	*	*	*
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*	*	*	*	*	–
Osteoarthritis and allied disorders, except spine . . . . . 715	23,100	*	22,800	*	*	*10,200	*	*17,900	21,800	*	*	*
Other arthropathies and related disorders . . . . . 710–714, 716–719	*18,900	*	*18,000	*	*	*	*	*12,000	*18,800	*	*	–
Osteoporosis . . . . . 733.0	*	*	*	–	*	*	*	*	*	–	–	*
Congenital anomalies . . . . . 740–759	*	*	*	*	–	–	*	*	*	–	–	–



**Table 59. Number of nursing home discharges by primary diagnosis at admission, according to age, sex, and race of resident: United States, October 1996–September 1997—Con.**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Age at discharge <sup>2</sup>					Race					
		Under 65 years	65 years and over			Sex		Black and other				
			Total	65–74 years	75–84 years	85 years and over	Male	Female	White	Total	Black	Unknown
Symptoms, signs, and ill-defined conditions . . . 780–799	126,900	*	115,800	*16,600	51,200	47,900	52,400	74,500	112,500	*13,200	*11,200	*
Senility without mention of psychosis . . . . . 797	*	*	*	–	–	*	*	*	*	–	–	–
Injury and poisoning . . . . . 800–999	238,200	*21,800	215,500	35,600	89,100	90,800	46,700	191,500	213,500	*18,000	*	*
Fracture of neck of femur . . . . . 820	92,200	*	89,300	*14,500	29,700	45,100	*15,000	77,200	87,000	*	*	*
Other fractures . . . . . 800–819,821–829	101,300	*	87,800	*	34,100	35,100	*16,800	84,500	90,900	*	*	*
Supplementary classification . . . . . V01–V82	173,900	*16,000	157,600	55,200	62,500	39,900	59,900	114,000	149,300	*15,400	*12,500	*
Posthospital aftercare . . . . . V24–V46, V52,V53.3–V53.7,V54–V58	127,800	*	118,100	*41,700	50,000	26,300	45,900	81,900	116,500	*	*	*
Unknown or no diagnosis . . . . .	*	–	*	*	*	*	*	*	*	*	*	–

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Excludes unknown.

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

**Table 60. Percent distribution of nursing home discharges by primary diagnosis at admission, according to age, sex, and race of resident: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Age at discharge <sup>2</sup>					Race					
		Under 65 years	65 years and over			Sex		Black and other				
			Total	65–74 years	75–84 years	85 years and over	Male	Female	White	Total	Black	Unknown
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001–139	0.9	*	*0.7	*	*	*	*1.3	*0.7	0.8	*	*	*
Neoplasms . . . . . 140–239	6.0	*6.7	5.9	9.0	6.6	3.8	8.0	4.8	6.0	*4.1	*4.8	*
Malignant neoplasms . . . . . 140–208,230–234	5.5	*5.8	5.5	8.8	5.6	3.7	7.0	4.6	5.4	*4.1	*4.8	*
Endocrine, nutritional, and metabolic diseases and immunity and immunity disorders . . . . . 240–279	5.5	*8.6	5.2	7.6	4.8	4.4	6.2	5.1	5.1	8.2	9.7	*
Diabetes mellitus . . . . . 250	3.8	*7.1	3.3	6.1	3.3	2.0	4.0	3.5	3.4	*6.2	*7.3	*
Diseases of the blood and blood-forming organs . . . 280–289	*0.8	*	*0.9	*	*	*	*	*0.8	*0.8	*	*	–
Anemias . . . . . 280–285	*0.7	*	*0.8	*	*	*	*	*0.7	*0.7	*	*	–
Mental disorders . . . . . 290–319	7.3	8.8	7.0	4.9	6.4	8.7	7.5	7.1	7.3	7.3	*6.8	*
Senile dementia or organic brain syndrome . . . . . 290, 310	1.3	*	1.5	*	*1.1	2.2	*1.4	1.3	1.4	*	*	*
Mental retardation . . . . . 317–319	*	*	*	*	*	*	*	*	*	*	*	–
Other mental disorders . . . . . 291–309, 311–316	5.8	*7.9	5.5	4.2	5.2	6.5	6.0	5.7	5.9	6.0	*5.7	*
Diseases of the nervous system and sense organs . . . . . 320–389	7.8	10.9	7.4	6.6	7.3	7.8	8.9	7.1	7.7	7.6	*6.9	*
Alzheimer's disease . . . . . 331.0	3.5	*	3.8	*1.8	3.9	4.6	3.6	3.4	3.6	*2.9	*3.3	*
Parkinson's disease . . . . . 332	1.4	*	1.5	*	*1.6	*1.4	*1.5	1.3	1.5	*	*	*
Multiple sclerosis . . . . . 340	*	*	*	*	*	–	*	*	*	*	*	*

**Table 60. Percent distribution of nursing home discharges by primary diagnosis at admission, according to age, sex, and race of resident: United States, October 1996–September 1997—Con.**

Diagnosis and ICD-9-CM code <sup>1</sup>	All discharges	Age at discharge <sup>2</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown
Paralytic syndromes . . . . . 342-344	*1.0	*	*	*	*	*	*	*	*	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9, 333-337,341,345-389	1.6	*	1.4	*	*	*1.3	*1.8	*1.5	1.5	*	*	*
Diseases of the circulatory system . . . . . 390-459	24.4	15.0	25.5	23.1	25.0	27.1	24.6	24.3	24.0	29.9	29.6	*
Essential hypertension . . . . . 401	1.8	*	2.0	*	*1.4	3.0	*1.2	2.2	1.8	*	*	*
Heart disease . . . . . 391-392.0,393-398,402,404, 410-416,420-429	10.1	*	10.9	8.2	9.8	13.3	8.4	11.1	10.2	10.9	*7.2	*
Diseases of the respiratory system . . . . . 460-519	10.7	*9.5	10.9	10.3	11.1	11.1	12.2	9.9	11.2	*7.3	*6.4	*
Pneumonia, all forms . . . . . 480-486	3.9	*	4.2	*	4.1	5.3	4.6	3.5	4.0	*	*	*
Other diseases of the respiratory system . . . . . 490-496	6.9	*8.0	6.7	8.2	7.0	5.8	7.6	6.4	7.2	*4.4	*	*
Diseases of the digestive system . . . . . 520-579	3.2	*	3.1	*	3.0	3.2	2.5	3.6	3.1	*4.4	*	*
Diseases of the genitourinary system . . . . . 580-629	3.5	*	3.2	*	3.6	3.4	4.0	3.2	3.3	*5.2	*6.0	*
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	1.8	*	2.0	*	*2.4	*1.9	*1.6	1.9	1.8	*	*	*
Diseases of the skin and subcutaneous tissue . . . . . 680-709	2.0	*	1.6	*	*	1.4	*2.9	*1.5	2.1	*	*	-
Decubitus ulcer . . . . . 707.0	*0.5	*	*	*	*	*	*	*	*	*	*	-
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	-	*	*	*	*	*	*	*	*	*	-
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	4.9	*	5.0	*4.1	4.2	6.1	2.9	6.0	5.2	*	*	*
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*	*	*	*	*	-
Osteoarthritis and allied disorders, except spine . . . . . 715	1.0	*	1.1	*	*	*1.2	*	*1.2	1.1	*	*	*
Other arthropathies and related disorders . . . . . 710-714, 716-719	*0.8	*	*0.9	*	*	*	*	*0.8	*0.9	*	*	-
Osteoporosis . . . . . 733.0	*	*	*	-	*	*	*	*	*	-	-	*
Congenital anomalies . . . . . 740-759	*	*	*	*	-	-	*	*	*	-	-	-
Symptoms, signs, and ill-defined conditions . . . . . 780-799	5.4	*	5.5	*4.1	6.1	5.6	6.0	5.0	5.4	*5.4	*5.8	*
Senility without mention of psychosis . . . . . 797	*	*	*	-	-	*	*	*	*	-	-	-
Injury and poisoning . . . . . 800-999	10.1	*8.7	10.3	8.8	10.7	10.6	5.3	12.8	10.3	*7.3	*	*
Fracture of neck of femur . . . . . 820	3.9	*	4.3	*3.6	3.6	5.3	*1.7	5.2	4.2	*	*	*
Other fractures . . . . . 800-819,821-829	4.3	*	4.2	*	4.1	4.1	*1.9	5.7	4.4	*	*	*
Supplementary classification . . . . . V01-V82	7.3	*6.4	7.5	13.6	7.5	4.7	6.9	7.6	7.2	*6.2	*6.4	*
Posthospital aftercare . . . . . V42-V46,V52, V53.3-V53.7,V54-V58	5.4	*	5.6	*10.3	6.0	3.1	5.3	5.5	5.6	*	*	*
Unknown or no diagnosis . . . . .	*	-	*	*	*	*	*	*	*	*	*	-

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

- Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

**Table 61. Number of nursing home discharges by all-listed diagnoses at admission, according to age, sex, and race of resident: United States, October 1996–September 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	Age at discharge <sup>2</sup>						Sex						Race		
	All discharges	Under 65 years	65 years and over			Male	Female	Black and other							
			Total	65-74 years	75-84 years			85 years and over	White	Total	Black	Unknown			
Total	9,342,400	953,300	8,352,700	1,576,600	3,352,400	3,423,700	3,467,900	5,874,600	8,157,500	971,600	766,300	213,300			
Infectious and parasitic diseases . . . . . 001-139	89,100	20,200	68,700	*12,000	31,800	24,900	47,800	41,300	74,200	*13,700	*12,700	*			
Neoplasms . . . . . 140-239	339,600	38,200	300,900	82,600	122,000	96,200	158,800	180,800	299,800	23,900	22,100	*15,900			
Malignant neoplasms . . . . . 140-208,230-234	314,800	34,100	280,100	78,200	110,500	91,500	144,300	170,500	275,400	23,500	21,700	*15,900			
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	832,200	101,100	726,300	174,500	305,700	246,100	283,800	548,400	697,100	106,700	79,700	*28,400			
Diabetes mellitus . . . . . 250	419,800	65,900	352,200	105,300	144,900	102,000	157,400	262,400	336,700	65,800	52,300	*			
Diseases of the blood and blood-forming organs . . . . . 280-289	217,100	*16,000	200,800	33,700	71,900	95,200	72,700	144,400	185,000	27,400	18,300	*			
Anemias . . . . . 280-285	199,200	*13,100	185,800	30,800	69,500	85,500	65,400	133,900	168,500	26,000	17,200	*			
Mental disorders . . . . . 290-319	830,600	91,100	736,600	123,000	279,700	333,900	319,500	511,100	729,300	82,500	68,100	*			
Senile dementia or organic brain syndrome . . . . . 290, 310	129,900	*	124,700	*10,600	41,800	72,300	48,500	81,400	118,700	*10,500	*8,400	*			
Mental retardation . . . . . 317-319	*10,300	*	*	*	*	*	*	*	*9,100	*	*	-			
Other mental disorders . . . . . 291-309, 311-316	690,400	80,800	607,100	111,000	235,100	260,900	265,900	424,600	601,500	70,700	58,500	*			
Diseases of the nervous system and sense organs . . . . . 320-389	660,100	76,800	581,200	98,400	235,600	247,200	258,000	402,100	583,700	64,100	50,700	*			
Alzheimer's disease . . . . . 331.0	151,300	*	147,600	15,600	64,200	67,800	55,100	96,300	137,000	13,900	*12,100	*			
Parkinson's disease . . . . . 332	105,400	*	102,200	*16,700	44,700	40,900	50,300	55,100	96,200	*	*	*			
Multiple sclerosis . . . . . 340	*10,500	*	*	*	*	*	*	*	*	*	*	*			
Paralytic syndromes . . . . . 342-344	108,200	28,100	79,700	*30,000	25,600	24,100	49,600	58,600	85,200	17,100	*16,100	*			
Other diseases of the nervous system and sense organs . . . . . 320-330,331.3-331.9, 333-337,341,345-389	284,700	36,200	247,600	33,800	99,600	114,200	98,800	185,900	257,400	23,600	15,700	*			
Diseases of the circulatory system . . . . . 390-459	2,511,600	162,500	2,338,000	400,100	953,600	984,300	916,700	1,595,000	2,189,900	271,800	222,900	50,000			
Essential hypertension . . . . . 401	589,800	34,400	553,700	104,100	228,100	221,500	180,500	409,300	508,100	71,600	57,200	*			
Heart disease . . . . . 391-392.0,393-398,402,404, 410-416,420-429	1,174,200	62,200	1,107,000	160,600	432,400	514,000	406,700	767,400	1,047,100	101,200	74,800	*25,800			
Diseases of the respiratory system . . . . . 460-519	687,400	58,800	625,300	121,300	263,100	240,900	304,400	383,100	623,100	53,300	38,200	*11,000			
Pneumonia, all forms . . . . . 480-486	171,400	*12,500	158,400	20,800	58,300	79,300	75,500	95,900	152,400	*16,200	*11,600	*			
Other diseases of the respiratory system . . . . . 490-496	516,100	46,300	466,900	100,500	204,800	161,600	228,900	287,200	470,700	37,200	26,700	*			
Diseases of the digestive system . . . . . 520-579	370,900	47,100	323,400	55,400	118,000	150,000	122,600	248,300	328,800	38,900	32,900	*			
Diseases of the genitourinary system . . . . . 580-629	343,100	41,200	301,100	49,900	117,600	133,500	162,400	180,700	287,300	41,700	38,200	*			
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	138,400	*12,000	126,400	*13,600	53,500	59,200	44,500	93,900	120,600	15,700	*13,800	*			
Diseases of the skin and subcutaneous tissue . . . . . 680-709	169,900	*52,100	117,200	24,300	47,700	45,200	87,700	82,100	150,200	*13,800	*12,200	*			
Decubitus ulcer . . . . . 707.0	60,300	*	42,500	*	*17,900	*18,200	37,600	22,700	47,200	*8,300	*	*			
Other chronic ulcer of the skin . . . . . 707.1-707.9	*35,300	*	*22,600	*	*	*	*	*18,300	*31,800	*	*	*			
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	565,600	36,800	527,100	83,600	180,000	263,500	125,000	440,600	507,800	52,000	28,100	*			
Rheumatoid arthritis, except spine . . . . . 714	31,200	*	29,800	*	*	*	*	28,600	28,800	*	*	*			
Osteoarthritis and allied disorders, except spine . . . . . 715	186,000	83,800	176,800	24,500	61,100	91,200	47,500	138,500	170,200	*14,200	*11,000	*			
Other arthropathies and related disorders . . . . . 710-714, 716-719	111,800	*	104,300	*18,900	31,000	54,400	26,300	85,400	91,400	*19,200	*8,200	*			
Osteoporosis . . . . . 733.0	83,800	*	80,800	*	28,300	43,000	*	77,600	81,000	*	*	*			
Congenital anomalies . . . . . 740-759	*	*	*	*	*	*	*	*	*	*	*	-			

**Table 61. Number of nursing home discharges by all-listed diagnoses at admission, according to age, sex, and race of resident: United States, October 1996–September 1997—Con.**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Age at discharge <sup>2</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
Symptoms, signs, and ill-defined conditions . . . . . 780–799	646,500	70,400	571,500	108,800	231,700	231,000	269,400	377,100	569,800	65,900	50,800	*10,800
Senility without mention of psychosis . . . . . 797	*	*	*	*	*	*	*	*	*	*	*	*
Injury and poisoning . . . . . 800–999	418,400	50,500	367,000	62,200	150,100	154,800	96,300	322,100	374,600	36,100	21,700	*
Fracture of neck of femur . . . . . 820	128,200	*	125,200	*22,500	40,100	62,600	18,500	109,600	121,200	*	*	*
Other fractures . . . . . 800–819,821–829	162,100	24,700	137,100	*21,200	57,200	58,800	29,400	132,700	147,500	*	*	*
Supplementary classification . . . . . V01–V82	654,200	88,500	563,600	144,900	242,300	176,400	240,100	414,100	551,200	79,600	69,700	*23,400
Posthospital aftercare . . . . . V42–V46, V52, V53.3–V53.7, V54–V58	412,900	55,500	357,000	94,000	156,800	106,200	154,300	258,700	352,600	47,600	39,600	*

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Excludes unknown.

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

**Table 62. Percent distribution of nursing home discharges by all-listed diagnoses at admission, according to age, sex, and race of resident: United States, October 1996–September 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	Age at discharge <sup>2</sup>						Sex		Race			
	All discharges	Under 65 years	65 years and over				Male	Female	Black and other			
			Total	65–74 years	75–84 years	85 years and over			White	Total	Black	Unknown
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001–139	1.0	2.1	0.8	*0.8	0.9	0.7	1.4	0.7	0.9	*1.4	*1.7	*
Neoplasms . . . . . 140–239	3.6	4.0	3.6	5.2	3.6	2.8	4.6	3.1	3.7	2.5	2.9	*7.5
Malignant neoplasms . . . . . 140–208,230–234	3.4	3.6	3.4	5.0	3.3	2.7	4.2	2.9	3.4	2.4	2.8	*7.5
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	8.9	10.6	8.7	11.1	9.1	7.2	8.2	9.3	8.5	11.0	10.4	*13.3
Diabetes mellitus . . . . . 250	4.5	6.9	4.2	6.7	4.3	3.0	4.5	4.5	4.1	6.8	6.8	*
Diseases of the blood and blood-forming organs . . . . . 280–289	2.3	*1.7	2.4	2.1	2.1	2.8	2.1	2.5	2.3	2.8	2.4	*
Anemias . . . . . 280–285	2.1	*1.4	2.2	2.0	2.1	2.5	1.9	2.3	2.1	2.7	2.2	*
Mental disorders . . . . . 290–319	8.9	9.6	8.8	7.8	8.3	9.8	9.2	8.7	8.9	8.5	8.9	*
Senile dementia or organic brain syndrome . . . . . 290, 310	1.4	*	1.5	*0.7	1.2	2.1	1.4	1.4	1.5	*1.1	*1.1	*
Mental retardation . . . . . 317–319	*0.1	*	*	*	*	*	*	*	*0.1	*	*	–
Other mental disorders . . . . . 291–309, 311–316	7.4	8.5	7.3	7.0	7.0	7.6	7.7	7.2	7.4	7.3	7.6	*
Diseases of the nervous system and sense organs . . . . . 320–389	7.1	8.1	7.0	6.2	7.0	7.2	7.4	6.8	7.2	6.6	6.6	*
Alzheimer's disease . . . . . 331.0	1.6	*	1.8	1.0	1.9	2.0	1.6	1.6	1.7	1.4	*1.6	*
Parkinson's disease . . . . . 332	1.1	*	1.2	*1.1	1.3	1.2	1.5	0.9	1.2	*	*	*
Multiple sclerosis . . . . . 340	*0.1	*	*	*	*	*	*	*	*	*	*	*
Paralytic syndromes . . . . . 342–344	1.2	3.0	1.0	1.9	0.8	0.7	1.4	1.0	1.0	1.8	*2.1	*
Other diseases of the nervous system and sense organs . . . . . 320–330,331.3–331.9, 333–337,341,345–389	3.0	3.8	3.0	2.1	3.0	3.3	2.8	3.2	3.2	2.4	2.1	*
Diseases of the circulatory system . . . . . 390–459	26.9	17.0	28.0	25.4	28.4	28.7	26.4	27.2	26.8	28.0	29.1	23.4
Essential hypertension . . . . . 401	6.3	3.6	6.6	6.6	6.8	6.5	5.2	7.0	6.2	7.4	7.5	*
Heart disease . . . . . 391–392.0,393–398,402,404, 410–416,420–429	12.6	6.5	13.3	10.2	12.9	15.0	11.7	13.1	12.8	10.4	9.8	*12.1
Diseases of the respiratory system . . . . . 460–519	7.4	6.2	7.5	7.7	7.8	7.0	8.8	6.5	7.6	5.5	5.0	*5.2
Pneumonia, all forms . . . . . 480–486	1.8	*1.3	1.9	1.3	1.7	2.3	2.2	1.6	1.9	*1.7	*1.5	*
Other diseases of the respiratory system . . . . . 490–496	5.5	4.9	5.6	6.4	6.1	4.7	6.6	4.9	5.8	3.8	3.5	*
Diseases of the digestive system . . . . . 520–579	4.0	4.9	3.9	3.5	3.5	4.4	3.5	4.2	4.0	4.0	4.3	*
Diseases of the genitourinary system . . . . . 580–629	3.7	4.3	3.6	3.2	3.5	3.9	4.7	3.1	3.5	4.3	5.0	*
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	1.5	*1.3	1.5	*0.9	1.6	1.7	1.3	1.6	1.5	1.6	*1.8	*
Diseases of the skin and subcutaneous tissue . . . . . 680–709	1.8	*5.5	1.4	1.5	1.4	1.3	2.5	1.4	1.8	*1.4	*1.6	*
Decubitus ulcer . . . . . 707.0	0.6	*	0.5	*	*0.5	*0.5	1.1	0.4	0.6	*0.8	*	*
Other chronic ulcer of the skin . . . . . 707.1–707.9	*0.4	*	*0.3	*	*	*	*	*0.3	*0.4	*	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	6.1	3.9	6.3	5.3	5.4	7.7	3.6	7.5	6.2	5.4	3.7	*
Rheumatoid arthritis, except spine . . . . . 714	0.3	*	0.4	*	*	*	*	0.5	0.4	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	2.0	8.8	2.1	1.6	1.8	2.7	1.4	2.4	2.1	*1.5	*1.4	*
Other arthropathies and related disorders . . . . . 710–714, 716–719	1.2	*	1.2	*1.2	0.9	1.6	0.8	1.5	1.1	*2.0	*1.1	*
Osteoporosis . . . . . 733.0	0.9	*	1.0	*	0.8	1.3	*	1.3	1.0	*	*	*
Congenital anomalies . . . . . 740–759	*	*	*	*	*	*	*	*	*	*	*	–

**Table 62. Percent distribution of nursing home discharges by all-listed diagnoses at admission, according to age, sex, and race of resident: United States, October 1996–September 1997—Con.**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Age at discharge <sup>2</sup>					Sex		Race			
		Under 65 years	65 years and over			Male	Female	Black and other				
			Total	65–74 years	75–84 years			85 years and over	White	Total	Black	Unknown
Symptoms, signs, and ill-defined conditions . . . . . 780–799	6.9	7.4	6.8	6.9	6.9	6.7	7.8	6.4	7.0	6.8	6.6	*5.1
Senility without mention of psychosis . . . . . 797	*	*	*	*	*	*	*	*	*	*	*	*
Injury and poisoning . . . . . 800–999	4.5	5.3	4.4	3.9	4.5	4.5	2.8	5.5	4.6	3.7	*2.8	*
Fracture of neck of femur . . . . . 820	1.4	*	1.5	*1.4	1.2	1.8	0.5	1.9	1.5	*	*	*
Other fractures . . . . . 800–819,821–829	1.7	2.6	1.6	*1.3	1.7	1.7	0.8	2.3	1.8	*	*	*
Supplementary classification . . . . . V01–V82	7.0	9.3	6.7	9.2	7.2	5.2	6.9	7.0	6.8	8.2	9.1	*11.0
Posthospital aftercare . . . . . V42–V46, V52, V53.3–V53.7, V54–V58	4.4	5.8	4.3	6.0	4.7	3.1	4.4	4.4	4.3	4.9	5.2	*

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Excludes unknown.

NOTE: Percents are based on the unrounded numbers.

**Table 63. Number of nursing home discharges by primary diagnosis at admission, according to dependency in activities of daily living and walking: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Bathing	Dressing	Eating	Transferring in or out of beds or chairs	Using the toilet room	Walking
Total . . . . .	2,369,000	2,142,500	1,981,800	1,067,700	732,300	1,215,100	860,300
Infectious and parasitic diseases . . . . . 001–139	20,800	18,800	18,700	*10,600	*	*11,300	*
Neoplasms . . . . . 140–239	142,000	126,800	118,100	80,900	25,100	68,200	29,600
Malignant neoplasms . . . . . 140–208,230–234	129,800	116,600	108,000	72,000	25,000	60,700	28,500
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	130,800	118,000	105,800	49,000	39,400	77,100	46,600
Diabetes mellitus . . . . . 250	87,600	78,500	72,200	31,200	*25,300	58,000	30,500
Diseases of the blood and blood-forming organs . . . . . 280–289	*18,800	*18,400	*17,200	*10,500	*	*	*
Anemias . . . . . 280–285	*17,500	*17,100	*16,000	*	*	*	*
Mental disorders . . . . . 290–319	171,800	149,100	136,200	87,000	36,700	77,500	42,200
Senile dementia or organic brain syndrome . . . . . 290, 310	31,400	30,100	28,400	22,000	*	15,500	*7,100
Mental retardation . . . . . 317–319	*	*	*	*	*	*	*
Other mental disorders . . . . . 291–309, 311–316	137,200	115,800	104,600	62,900	28,900	60,900	34,300
Diseases of the nervous system and sense organs . . . . . 320–389	183,500	172,100	169,300	117,900	43,900	93,300	41,400
Alzheimer's disease . . . . . 331.0	81,900	79,600	76,800	57,700	*11,800	39,300	*12,800
Parkinson's disease . . . . . 332	32,500	31,600	29,100	20,600	*	*15,900	*
Multiple sclerosis . . . . . 340	*	*	*	*	*	*	–
Paralytic syndromes . . . . . 342–344	*24,100	*18,500	*23,200	*	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320–330, 331.3–331.9,333–337,341,345–389	38,200	35,500	33,400	*20,400	*	*19,000	*14,200
Diseases of the circulatory system . . . . . 390–459	578,800	538,800	495,200	282,400	176,600	312,500	206,200
Essential hypertension . . . . . 401	42,900	38,700	35,600	21,300	*8,600	19,800	*10,300
Heart disease . . . . . 391–392.0,393–398,402,404,410–416,420–429	240,000	225,300	211,300	102,100	77,300	139,400	93,500
Diseases of the respiratory system . . . . . 460–519	254,100	241,800	224,700	128,300	85,300	126,200	87,500
Pneumonia, all forms . . . . . 480–486	91,900	87,900	84,400	60,300	*27,200	39,600	*26,600
Other diseases of the respiratory system . . . . . 490–496	162,200	153,900	140,400	68,100	58,200	86,600	61,000
Diseases of the digestive system . . . . . 520–579	76,200	69,000	63,800	33,500	27,400	37,700	32,700
Diseases of the genitourinary system . . . . . 580–629	82,300	70,300	66,900	42,700	*18,400	42,600	*22,400
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	43,200	40,900	39,300	27,400	*	24,500	*
Diseases of the skin and subcutaneous tissue . . . . . 680–709	47,200	39,700	38,600	*12,100	*	*14,400	*
Decubitus ulcer . . . . . 707.0	*12,400	*	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1–707.9	*	*	*	*	–	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	115,000	106,300	95,500	32,900	45,900	61,900	61,300
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	23,100	22,400	*20,000	*	*	*14,800	*13,000
Other arthropathies and related disorders . . . . . 710–714, 716–719	*18,900	*18,000	*16,100	*	*	*	*
Osteoporosis . . . . . 733.0	*	*	*	*	*	*	*
Congenital anomalies . . . . . 740–759	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780–799	126,900	113,900	105,300	57,000	46,000	56,800	54,100
Senility without mention of psychosis . . . . . 797	*	*	*	*	–	*	–
Injury and poisoning . . . . . 800–999	238,200	213,600	193,000	78,100	93,900	133,500	111,100
Fracture of neck of femur . . . . . 820	92,200	86,100	82,500	31,500	37,700	59,300	43,500
Other fractures . . . . . 800–819,821–829	101,300	87,500	76,200	31,400	45,900	57,400	54,200
Supplementary classification . . . . . V01–V82	173,900	138,600	126,200	40,300	70,200	88,800	97,600
Posthospital aftercare . . . . . V42–V46,V52,V53.3–V53.7, V54–V58	127,800	101,300	92,600	23,600	60,200	65,700	79,500
Unknown or no diagnosis . . . . .	*	*	*	*	*	*	*

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

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

**Table 64. Percent distribution of nursing home discharges by primary diagnosis at admission, according to dependency in activities of daily living and walking: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	Received help from facility in— <sup>2</sup>						
	All discharges	Bathing or showering	Dressing	Eating	Transferring in or out of beds or chairs	Using the toilet room	Walking
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001–139	0.9	0.9	1.0	*1.0	*	*0.9	*
Neoplasms . . . . . 140–239	6.0	5.9	6.0	7.6	3.4	5.6	3.4
Malignant neoplasms . . . . . 140–208,230–234	5.5	5.4	5.5	6.7	3.4	5.0	3.3
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	5.5	5.5	5.3	4.6	5.4	6.4	5.4
Diabetes mellitus . . . . . 250	3.8	3.7	3.6	2.9	*3.5	4.8	3.5
Diseases of the blood and blood-forming organs . . . . . 280–289	*0.8	*0.9	*0.9	*1.0	*	*	*
Anemias . . . . . 280–285	*0.7	*0.8	*0.8	*	*	*	*
Mental disorders . . . . . 290–319	7.3	7.0	6.9	8.2	5.0	6.4	4.9
Senile dementia or organic brain syndrome . . . . . 290, 310	1.3	1.4	1.4	2.1	*	1.3	*0.8
Mental retardation . . . . . 317–319	*	*	*	*	*	*	*
Other mental disorders . . . . . 291–309, 311–316	5.8	5.4	5.3	5.9	4.0	5.0	4.0
Diseases of the nervous system and sense organs . . . . . 320–389	7.8	8.0	8.5	11.0	6.0	7.7	4.8
Alzheimer's disease . . . . . 331.0	3.5	3.7	3.9	5.4	*1.6	3.2	*1.5
Parkinson's disease . . . . . 332	1.4	1.5	1.5	1.9	*	*1.3	*
Multiple sclerosis . . . . . 340	*	*	*	*	*	*	–
Paralytic syndromes . . . . . 342–344	*1.0	*0.9	*1.2	*	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320–330, 331.3–331.9,333–337,341,345–389	1.6	1.7	1.7	*1.9	*	*1.6	*1.7
Diseases of the circulatory system . . . . . 390–459	24.4	25.2	25.0	26.5	24.1	25.7	24.0
Essential hypertension . . . . . 401	1.8	1.8	1.8	2.0	*1.2	1.6	*1.2
Heart disease . . . . . 391–392.0,393–398,402,404,410–416,420–429	10.1	10.5	10.7	9.6	10.6	11.5	10.9
Diseases of the respiratory system . . . . . 460–519	10.7	11.3	11.3	12.0	11.7	10.4	10.2
Pneumonia, all forms . . . . . 480–486	3.9	4.1	4.3	5.6	*3.7	3.3	*3.1
Other diseases of the respiratory system . . . . . 490–496	6.9	7.2	7.1	6.4	8.0	7.1	7.1
Diseases of the digestive system . . . . . 520–579	3.2	3.2	3.2	3.1	3.8	3.1	3.8
Diseases of the genitourinary system . . . . . 580–629	3.5	3.3	3.4	4.0	*2.5	3.5	*2.6
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	1.8	1.9	2.0	2.6	*	2.0	*
Diseases of the skin and subcutaneous tissue . . . . . 680–709	2.0	1.9	2.0	*1.1	*	*1.2	*
Decubitus ulcer . . . . . 707.0	*0.5	*	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1–707.9	*	*	*	*	–	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	4.9	5.0	4.8	3.1	6.3	5.1	7.1
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	0.2
Osteoarthritis and allied disorders, except spine . . . . . 715	1.0	1.0	*1.0	*	*	*1.2	*1.5
Other arthropathies and related disorders . . . . . 710–714, 716–719	*0.8	*0.8	*0.8	*	*	*	*
Osteoporosis . . . . . 733.0	*	*	*	*	*	*	*
Congenital anomalies . . . . . 740–759	*	*	*	*	*	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780–799	5.4	5.3	5.3	5.3	6.3	4.7	6.3
Senility without mention of psychosis . . . . . 797	*	*	*	*	–	*	–
Injury and poisoning . . . . . 800–999	10.1	10.0	9.7	7.3	12.8	11.0	12.9
Fracture of neck of femur . . . . . 820	3.9	4.0	4.2	3.0	5.1	4.9	5.1
Other fractures . . . . . 800–819,821–829	4.3	4.1	3.9	2.9	6.3	4.7	6.3
Supplementary classification . . . . . V01–V82	7.3	6.5	6.4	3.8	9.6	7.3	11.4
Posthospital aftercare . . . . . V42–V46,V52,V53.3–V53.7,V54–V58	5.4	4.7	4.7	2.2	8.2	5.4	9.2
Unknown or no diagnosis . . . . .	*	*	*	*	*	*	*

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

<sup>2</sup>Figures may not add to totals, because a resident may receive help in more than one category.

NOTE: Percents are based on the unrounded numbers.



**Table 65. Number and percent distribution of nursing home discharges, by length of stay and average length of stay, according to primary diagnosis at admission: United States, October 1996–September 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	All discharges	Total	Length of stay						Average length of stay
			Less than 3 months	3 months to less than 6	6 months to less than 12	1 year to less than 5	3 years to less than 5	5 years or more	
Total . . . . .	2,369,000	100.0	67.4	8.1	6.9	10.2	3.6	3.7	275.7
Infectious and parasitic diseases . . . . . 001-139	20,800	100.0	*79.6	*	*	*	—	*	139.8
Neoplasms . . . . . 140-239	142,000	100.0	82.7	*	*	*	*	*	117.9
Malignant neoplasms . . . . . 140-208,230-234	129,800	100.0	82.5	*	*	*	*	*	119.4
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	130,800	100.0	64.5	*11.1	*9.6	*8.1	*	*	266.9
Diabetes mellitus . . . . . 250	87,600	100.0	63.6	*9.4	*10.5	*8.9	*	*	300.8
Diseases of the blood and blood-forming organs . . . . . 280-289	*18,800	*100.0	*	*	*	*	*	*	*309.3
Anemias . . . . . 280-285	*17,500	*100.0	*	*	*	*	*	*	*296.7
Mental disorders . . . . . 290-319	171,800	100.0	41.2	11.6	11.0	18.8	8.1	9.3	601.4
Senile dementia or organic brain syndrome . . . . . 290, 310	31,400	100.0	*28.0	*	*	*26.3	*	*	960.9
Mental retardation . . . . . 317-319	*	*	*	*	*	*	—	*	*
Other mental disorders . . . . . 291-309, 311-316	137,200	100.0	44.7	*13.0	*11.4	17.3	*7.6	*6.0	486.3
Diseases of the nervous system and sense organs . . . . . 320-389	183,500	100.0	51.1	*7.2	*6.8	20.3	*6.6	*7.9	522.4
Alzheimer's disease . . . . . 331.0	81,900	100.0	35.0	*	*9.5	26.6	*10.6	*	667.6
Parkinson's disease . . . . . 332	32,500	100.0	*51.2	*	*	*	*	*	496.8
Multiple sclerosis . . . . . 340	*	*	*	*	*	*	*	*	*
Paralytic syndromes . . . . . 342-344	*24,100	*100.0	*	*	—	*	*	*	*192.2
Other diseases of the nervous system and sense organs . . . . . 320-330, 331.3-331.9,333-337,341,345-389	38,200	100.0	*66.6	*	*	*	*	*	433.8
Diseases of the circulatory system . . . . . 390-459	578,800	100.0	65.8	8.4	7.9	10.5	3.6	3.8	280.9
Essential hypertension . . . . . 401	42,900	100.0	47.8	*	*	*	*	*	518.1
Heart disease . . . . . 391-392.0,393-398,402,404, 410-416,420-429	240,000	100.0	65.2	9.1	7.5	11.1	*	*4.2	299.1
Diseases of the respiratory system . . . . . 460-519	254,100	100.0	71.1	10.5	6.6	7.2	*	*	180.6
Pneumonia, all forms . . . . . 480-486	91,900	100.0	76.1	*	*	*	*	*	175.5
Other diseases of the respiratory system . . . . . 490-496	162,200	100.0	68.3	*13.4	*6.9	*7.4	*	*	183.5
Diseases of the digestive system . . . . . 520-579	76,200	100.0	72.8	*	*	*	*	*	248.5
Diseases of the genitourinary system . . . . . 580-629	82,300	100.0	68.2	*	*	*	*	*	229.0
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	43,200	100.0	63.1	*	*	*	*	*	206.9
Diseases of the skin and subcutaneous tissue . . . . . 680-709	47,200	100.0	*76.7	*	*	*	*	*	152.7
Decubitus ulcer . . . . . 707.0	*12,400	*100.0	*	*	*	*	—	*	*183.2
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	*	*	—	—	*	*	—	*
Diseases of the musculoskeletal systems and connective tissue . . . . . 710-739	115,000	100.0	69.7	*	*	*10.9	*	*	274.2
Rheumatoid arthritis, except spine . . . . . 714	*	100.0	*	*	*	*	—	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	23,100	100.0	*54.8	*	*	*	*	*	375.7
Other arthropathies and related disorders . . . . . 710-714, 716-719	*18,900	*100.0	*	*	*	*	*	*	*270.8
Osteoporosis . . . . . 733.0	*	*	*	*	*	*	*	*	*
Congenital anomalies . . . . . 740-759	*	*	*	*	—	*	—	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	126,900	100.0	66.1	*10.8	*6.9	*9.3	*	*	258.1
Senility without mention of psychosis . . . . . 797	*	100.0	*	*	—	—	*	—	*
Injury and poisoning . . . . . 800-999	238,200	100.0	76.5	*6.8	*4.4	*7.3	*	*	194.1
Fracture of neck of femur . . . . . 820	92,200	100.0	76.4	*	*	*	*	*	223.9
Other fractures . . . . . 800-819,821-829	101,300	100.0	74.1	*	*	*	*	*	196.2
Supplemental classification . . . . . V01-V82	173,900	100.0	82.2	*	*	*5.2	*	*	142.1
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	127,800	100.0	88.9	*	*	*3.1	*	*	87.9
Unknown or no diagnosis . . . . .	*	*	*	*	*	*	—	*	*

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

— Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 66. Number of nursing home discharges by primary diagnosis at admission, according to reason for discharge: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Recovered	Stabilized	Deceased	Admitted to hospital	Admitted to another nursing home	All other
Total . . . . .	2,369,000	246,100	462,300	601,100	675,200	181,000	203,300
Infectious and parasitic diseases . . . . . 001–139	20,800	*	*	*	*	*	*
Neoplasms . . . . . 140–239	142,000	*	*16,100	72,300	27,300	*	*
Malignant neoplasms . . . . . 140–208,230–234	129,800	*	*	70,500	26,100	*	*
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	130,800	*	*17,700	28,300	48,000	*	*12,700
Diabetes mellitus . . . . . 250	87,600	*	*12,900	18,400	31,000	*	*
Diseases of the blood and blood-forming organs . . . . . 280–289	*18,800	*	*	*	*	*	*
Anemias . . . . . 280–285	*17,500	*	*	*	*	*	*
Mental disorders . . . . . 290–319	171,800	*	14,300	51,700	64,000	16,800	20,100
Senile dementia or organic brain syndrome . . . . . 290, 310	31,400	*	*	15,800	*9,800	*	*
Mental retardation . . . . . 317–319	*	–	–	*	*	–	–
Other mental disorders . . . . . 291–309, 311–316	137,200	*	*12,900	35,200	51,700	*14,700	*18,700
Diseases of the nervous system and sense organs . . . . . 320–389	183,500	*	*26,500	62,000	49,300	*13,800	*21,400
Alzheimer's disease . . . . . 331.0	81,900	*	*	39,100	25,900	*	*
Parkinson's disease . . . . . 332	32,500	*	*	*10,400	*10,100	*	*
Multiple sclerosis . . . . . 340	*	–	*	*	*	*	*
Paralytic syndromes . . . . . 342–344	*24,100	*	*	*	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320–330, 331.3–331.9,333–337,341,345–389	38,200	*	*	*9,600	*7,500	*	*
Diseases of the circulatory system . . . . . 390–459	578,800	42,100	112,700	169,800	172,300	48,200	33,600
Essential hypertension . . . . . 401	42,900	*	*	*13,900	*13,100	*	*
Heart disease . . . . . 391–392.0,393–398,402,404, 410–416,420–429	240,000	*17,700	42,500	71,900	77,000	*17,100	*13,600
Diseases of the respiratory system . . . . . 460–519	254,100	*22,300	42,400	63,400	89,200	*15,400	*21,400
Pneumonia, all forms . . . . . 480–486	91,900	*	*	29,100	28,700	*	*
Other diseases of the respiratory system . . . . . 490–496	162,200	*	*24,800	34,400	60,500	*	*17,100
Diseases of the digestive system . . . . . 520–579	76,200	*	*13,100	*16,600	29,400	*	*
Diseases of the genitourinary system . . . . . 580–629	82,300	*	*	19,800	33,600	*	*
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	43,200	*	*	*12,400	*19,800	*	*
Diseases of the skin and subcutaneous tissue . . . . . 680–709	47,200	*	*	*	*	*	*
Decubitus ulcer . . . . . 707.0	*12,400	–	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1–707.9	*	–	–	*	*	*	–
Diseases of the musculoskeletal system and connective tissue . . . . . 710–739	115,000	*22,800	31,500	22,300	23,000	*	*
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	23,100	*	*	*	*	*	*
Other arthropathies and related disorders . . . . . 710–714, 716–719	*18,900	*	*	*	*	*	*
Osteoporosis . . . . . 733.0	*	*	*	*	*	*	*
Congenital anomalies . . . . . 740–759	*	–	*	*	*	–	*
Symptoms, signs, and ill-defined conditions . . . . . 780–799	126,900	*15,300	30,900	23,500	35,700	*	*14,200
Senility without mention of psychosis . . . . . 797	*	–	*	–	*	*	–
Injury and poisoning . . . . . 800–999	238,200	57,000	66,900	33,300	43,300	*19,200	*18,500
Fracture of neck of femur . . . . . 820	92,200	*21,200	*25,400	*15,000	*18,800	*	*
Other fractures . . . . . 800–819, 821–829	101,300	27,500	*23,600	*14,200	*16,800	*	*
Supplementary classification . . . . . V01–V82	173,900	36,600	50,400	16,500	32,200	*	*20,000
Posthospital aftercare . . . . . V42–V46,V52,V53.3–V53.7, V54–V58	127,800	*31,700	39,500	*9,900	*16,900	*	*
Unknown or no diagnosis . . . . .	*	–	*	*	*	–	*

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

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

**Table 67. Percent distribution of nursing home discharges by primary diagnosis at admission, according to reason for discharge: United States, October 1996–September 1997**

Diagnosis and ICD–9–CM code <sup>1</sup>	All discharges	Recovered	Stabilized	Deceased	Admitted to hospital	Admitted to another nursing home	All other
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Infectious and parasitic diseases . . . . . 001–139	0.9	*	*	*	*	*	*
Neoplasms . . . . . 140–239	6.0	*	*3.5	12.0	4.0	*	*
Malignant neoplasms . . . . . 140–208,230–234	5.5	*	*	11.7	3.9	*	*
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240–279	5.5	*	*3.8	4.7	7.1	*	*6.3
Diabetes mellitus . . . . . 250	3.8	*	*2.8	3.1	4.6	*	*
Diseases of the blood and blood-forming organs . . . . . 280–289	*0.8	*	*	*	*	*	*
Anemias . . . . . 280–285	*0.7	*	*	*	*	*	*
Mental disorders . . . . . 290–319	7.3	*	*3.1	8.6	9.5	9.2	9.9
Senile dementia or organic brain syndrome . . . . . 290, 310	1.3	*	*	2.6	*1.5	*	*
Mental retardation . . . . . 317–319	*	–	–	*	*	–	–
Other mental disorders . . . . . 291–309, 311–316	5.8	*	*2.8	5.9	7.7	*7.9	*9.2
Diseases of the nervous system and sense organs . . . . . 320–389	7.8	*	*5.7	10.3	7.3	*7.6	*10.5
Alzheimer's disease . . . . . 331.0	3.5	*	*	6.5	3.8	*	*
Parkinson's disease . . . . . 332	1.4	*	*	*1.7	*1.5	*	*
Multiple sclerosis . . . . . 340	*	–	*	*	*	*	*
Paralytic syndromes . . . . . 342–344	*1.0	*	*	*	*	*	*
Other diseases of the nervous system and sense organs . . . . . 320–330, 331.3–331.9,333–337,341,345–389	1.6	*	*	*1.6	*1.1	*	*
Diseases of the circulatory system . . . . . 390–459	24.4	17.1	24.4	28.3	25.5	26.6	16.5
Essential hypertension . . . . . 401	1.8	*	*	*2.3	*1.9	*	*
Heart disease . . . . . 391–392.0,393–398,402,404, 410–416,420–429	10.1	*7.2	9.2	12.0	11.4	*9.5	*6.7
Diseases of the respiratory system . . . . . 460–519	10.7	*9.1	9.2	10.6	13.2	*8.5	*10.5
Pneumonia, all forms . . . . . 480–486	3.9	*	*	4.8	4.2	*	*
Other diseases of the respiratory system . . . . . 490–496	6.9	*	*5.4	5.7	9.0	*	*8.4
Diseases of the digestive system . . . . . 520–579	3.2	*	*2.8	*2.8	4.4	*	*
Diseases of the genitourinary system . . . . . 580–629	3.5	1.6	*	3.3	5.0	*	*
Urinary tract infection . . . . . 580–583,590, 595,597,599.0	1.8	*	*	*2.1	*2.9	*	*
Diseases of the skin and subcutaneous tissue . . . . . 680–709	2.0	*	3.5	*	*	*	*
Decubitus ulcer . . . . . 707.0	*0.5	–	*	*	*	*	*
Other chronic ulcer of the skin . . . . . 707.1–707.9	*	–	*	*	*	*	–
Disease of the musculoskeletal system and connective tissue . . . . . 710–739	4.9	*9.3	6.8	3.7	3.4	*	*
Rheumatoid arthritis, except spine . . . . . 714	*	*	*	*	*	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	1.0	*	*	*	*	*	*
Other arthropathies and related disorders . . . . . 710–714, 716–719	*0.8	*	*	*	*	*	*
Osteoporosis . . . . . 733.0	*	*	*	*	*	*	*
Congenital anomalies . . . . . 740–759	*	–	*	*	*	–	*
Symptoms, signs, and ill-defined conditions . . . . . 780–799	5.4	*6.2	6.7	3.9	5.3	*	*7.0
Senility without mention of psychosis . . . . . 797	*	–	*	–	*	*	–
Injury and poisoning . . . . . 800–999	10.1	23.1	14.5	5.6	6.4	*10.6	*9.1
Fracture of neck of femur . . . . . 820	3.9	*8.6	*5.5	*2.5	*2.8	*	*
Other fractures . . . . . 800–819,821–829	4.3	11.2	*5.1	*2.4	*2.5	*	*
Supplemental classification . . . . . V01–V82	7.3	14.9	10.9	2.8	4.8	*	*9.8
Posthospital aftercare . . . . . V42–V46,V52, V53.3–V53.7,V54–V58	5.4	*12.9	8.5	*1.6	*2.5	*	*
Unknown or no diagnosis . . . . .	*	–	*	*	*	–	*

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

– Quantity zero.

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

NOTE: Percents are based on the unrounded numbers.

# Appendix I

## Technical Notes on Methods

### Statistical Design

From July through December 1996, the National Center for Health Statistics' (NCHS) Division of Health Care Statistics (DHCS), conducted the 1997 National Nursing Home Survey (NNHS). This survey is the fifth survey of nursing home facilities, their current residents, and discharges. The first NNHS was conducted between August 1973 and April 1974, the second from May through December 1977, the third survey was conducted from August 1985 through January 1986, and the fourth survey was conducted from July through December 1995.

### Scope of the Survey

The sample for the 1997 NNHS was taken from a frame that consisted of all nursing home facilities identified in the 1991 National Health Provider Inventory (NHPI) (3) and updated with current (1997) files of nursing homes. These updated files were obtained from the Health Care Finance Administration (HCFA) and other national organizations.

The universe for the 1997 NNHS consisted of about 17,900 nursing homes in the United States. Places that only provided room and board were excluded. Places were also excluded if they had fewer than three beds set up for use by persons not related to the owner. Facilities in the universe were freestanding or were nursing care units of hospitals, retirement centers, or similar institutions where the unit maintained financial and resident records separate from those of the larger institution. These facilities were also certified by Medicare or Medicaid, not certified but licensed by the State as a nursing home.

The sample consisted of 1,488 nursing homes. Of these facilities, 53 refused to participate and 29 were out-of-scope for one or more of the

following reasons: The nursing home had gone out of business, it failed to meet the definition of a nursing home as used in this survey, not yet in operation, or temporarily closed. A total of 1,406 nursing homes participated in the survey.

### Sample Design

The sample design for the 1997 NNHS was a stratified two-stage probability design (4). The first stage of selection is a probability sample of the nursing facilities in the sampling frame. The primary sampling strata of nursing facilities were defined by bed size and certification status. The bed size categories used were 3–14, 5–24, 25–49, 50–99, 100–199, 200–399, 400–599, and 600 beds or more. The strata of certified facilities consisted of facilities certified by either Medicare or Medicaid as a skilled nursing or intermediate care facility. Within primary strata, facilities were sorted by hospital based and nonhospital based, ownership, geographic region, metropolitan status, State, county and Zip code. Nursing homes were then selected using systematic sampling with probability proportional to their bed size.

The second stage of sample selection, sampling six current residents and six discharges within each facility, was done using a sample selection table to obtain systematic probability samples of current residents and discharges. The residents and discharges were selected from lists constructed for each facility at the time of the interview. Current residents were defined as those residents who were on the rolls of the facility as of midnight on the day before the date of the survey. Discharges referred to those residents who were discharged from the facility during a designated month between October 1996 and September 1997. Discharges that occurred because of death were included.

### Estimation Procedure

Estimates presented in this report were derived by a multistage estimation procedure (5) that produces essentially unbiased national estimates and has

three principal components. The first component, inflation by the reciprocals of the probabilities of sample selection, is the basic inflation weight. This component consists of the inverse of the probability of selecting the facility and resident or discharge within each facility. The second component, which consists of an adjustment for nonresponse, brings estimates based only on the responding cases up to the level that would have been achieved if all eligible cases had responded. The third component, ratio adjustment to fixed totals, adjusts for over- or undersampling of facilities reported in the sampling frame.

## Data Collection and Processing

### Data Collection

A letter was sent to the sampled nursing home informing the administrator of the authorizing legislation, the purpose, and the content of the survey. Within 7 to 10 days after the letter was mailed, the interviewer assigned to conduct the survey in a particular nursing home made telephone contacts to discuss the survey and to arrange an appointment with the administrator or person designated by the administrator.

Three questionnaires and two sampling lists were used to collect the data (see appendix III):

- Facility questionnaire
- Current resident questionnaire
- Discharged resident questionnaire
- Current resident sampling list
- Discharged resident sampling list

The Facility Questionnaire was completed with the administrator or the administrator-appointed designee. The interviewer then completed the Current resident sampling list and the Discharged resident sampling list. These lists were used to select the sample residents and discharges. Using a set of sampling tables, the interviewer selected a sample of up to six current resident and six discharges. After the samples were selected, the Current resident questionnaire and Discharged resident questionnaire were completed for each sampled resident by a staff member

familiar with the care received by the resident and with medical records of the resident. No resident was directly interviewed.

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

**Data Processing**

The data were then converted into machine-readable form by the National Center for Health Statistics (NCHS). Extensive editing was then conducted by computer to ensure that all responses were accurate, consistent, logical, and complete. The medical information recorded on the resident questionnaires was coded by NCHS staff according to the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

**Reliability of Estimates**

Because the statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures. The standard error (SE) is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The SE also reflects part of the measurement error, but it does not measure any systematic biases in the data nor other nonsampling error. The chances are about 95 in 100 that an estimate from the sample differs from the value that would be obtained from a complete census by less than twice the SE.

The SE's used in this report were approximated using SUDAAN software. SUDAAN computes SE's by using a first-order Taylor approximation of the deviation of estimates from their expected values. A description of the software and the approach it uses had been published (7). Although exact SE estimates were used in tests of significance in this report, SE's for aggregate estimates presented may be estimated using the general formula:

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

Type of estimate	Parameters	
	A	B
Facilities . . . . .	0.002888	8.364379
Admissions . . . . .	0.015809	850.354391
Beds . . . . .	-0.000519	1,096.816184
Full-time equivalent employees . . . . .	-0.000568	1,044.497366
Current residents . . . . .	0.001692	250.959236
Discharged residents . . . . .	0.028768	634.470897

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

where X is the estimate and relative standard error (RSE) RSE(X) is the RSE of the estimate. The (RSE(X)) may be estimated using the following general formula (8):

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

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

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

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

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

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

The SE of a percent is valid only when one of the following conditions is satisfied: The RSE of the denominator is 5 percent or less (9) or the RSE's of the numerator and the denominator are both 10 percent or less (10).

The SE's for the average daily charge and length of stay since admission are presented in [tables II–VIII](#). The SE's are presented by selected characteristics of the facility, current residents, and discharges.

**Presentation of Estimates**

Publication of estimates for the NNHS is based on the RSE of the estimate and the number of a sample record on which the estimate is based. Estimates are not presented in NCHS

reports unless a reasonable assumption regarding the probability distribution of the sampling error is possible.

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

- If the sample size is less than 30, the value of the estimate is not reported.
- If the sample size is 30–59, or if the sample size is 60 or more and the RSE is 30 percent or more, the estimate is reported but should not be assumed reliable. This is indicated by an asterisk in the tables.
- If the sample size is 60 or more and the RSE is less than 30 percent, the estimate is reported and is considered reliable.
- The actual RSE for each estimate, using SUDAAN software, was used for this procedure.

**Table II. Standard errors for average per diem rates for private pay patients, by level of care of facility and for Medicare and Medicaid patients by certification status of facility, according to selected facility characteristics: United States, 1997**

Facility characteristics	Level of care			Certification status	
	Skilled	Intermediate	Residential	Medicare	Medicaid
Total	2.3	1.7	8.6	3.6	2.6
Ownership					
Proprietary	2.6	1.6	12.5	3.8	1.4
Voluntary nonprofit	5.4	4.9	4.1	9.2	9.5
Government and other	6.3	4.2	*	7.4	3.3
Certification					
Certified—					
By Medicare and Medicaid	2.6	2.1	11.4	3.8	3.0
By Medicare only	*8.3	*	*	*11.8	...
By Medicaid only	3.7	2.1	*5.9	...	2.1
Not certified	*	*	*	...	...
Beds					
Fewer than 50 beds	*14.4	*13.6	*	*23.6	*11.6
50–99 beds	3.2	2.4	24.5	5.9	6.0
100–199 beds	2.4	1.6	3.0	3.8	0.9
200 beds or more	3.6	2.8	*6.8	5.5	2.3
Region					
Northeast	3.1	4.6	*57.7	4.6	1.8
Midwest	3.0	1.6	3.1	4.3	1.2
South	2.7	2.0	2.9	6.3	6.8
West	9.2	9.6	*4.6	13.1	6.4
Location of agency					
Metropolitan statistical area	3.2	1.9	14.7	4.9	1.8
Nonmetropolitan statistical area	2.8	3.0	3.0	4.3	5.8
Affiliation <sup>1</sup>					
Chain	3.2	2.3	2.4	4.2	1.9
Independent	3.4	2.6	17.6	6.6	5.6

\*Figure does not meet standard of reliability or precision, because sample size is less than 30 and therefore, is not reported. If shown with a number, it should not be assumed reliable because the sample size is between 50 to 59 or the sample size is greater than 59 but has a relative standard error over 30 percent.

... Category not applicable.

<sup>1</sup>Excludes unknown.

**Table III. Standard errors for average length of stay since admission of nursing home residents and discharges, by selected facility characteristics: United States, 1997**

Facility characteristics	Current resident	Discharges
All facilities . . . . .	15.4	14.3
Ownership		
Proprietary . . . . .	18.4	13.9
Voluntary nonprofit . . . . .	30.4	35.9
Government and other . . . . .	61.1	113.5
Certification		
Certified—		
By Medicare and Medicaid . . . . .	15.9	15.4
By Medicare only . . . . .	55.0	19.3
By Medicaid only . . . . .	64.4	50.8
Not certified . . . . .	88.6	87.1
Beds		
Fewer than 50 beds . . . . .	65.6	29.7
50–99 beds . . . . .	30.5	34.4
100–199 beds . . . . .	22.7	19.6
200 beds or more . . . . .	30.6	21.7
Geographic region		
Northeast . . . . .	30.3	26.4
Midwest . . . . .	27.7	24.9
South . . . . .	29.4	28.2
West . . . . .	35.1	24.8
Location of agency		
Metropolitan statistical area . . . . .	16.9	16.4
Nonmetropolitan statistical area . . . . .	31.7	31.1
Affiliation <sup>1</sup>		
Chain . . . . .	20.1	15.6
Independent . . . . .	23.4	28.2

<sup>1</sup>Excludes unknown.

**Table IV. Standard errors for average daily charge of nursing home residents by primary source of payment in month before interview, by selected facility characteristics: United States, 1997**

Facility characteristics	All sources	Private sources <sup>1</sup>	Medicare	Medicaid	All other sources <sup>2</sup>
Average daily charge					
All facilities . . . . .	1.9	2.6	10.4	1.6	11.6
Ownership					
Proprietary . . . . .	2.2	3.7	11.3	1.4	19.8
Voluntary nonprofit . . . . .	4.5	3.8	25.4	5.3	19.7
Government and other . . . . .	4.4	6.0	*13.2	4.6	*14.2
Certification					
Certified—					
By Medicare and Medicaid . . . . .	2.1	3.0	10.7	1.7	16.1
By Medicare only . . . . .	7.2	5.5	39.6	*	*
By Medicaid only . . . . .	2.1	3.0	*	2.4	*26.2
Not certified . . . . .	7.3	8.2	*	*	*17.6
Beds					
Fewer than 50 beds . . . . .	9.7	5.6	60.4	9.5	*26.9
50–99 beds . . . . .	4.1	3.9	31.2	4.2	*13.0
100–199 beds . . . . .	2.6	4.2	12.4	1.6	21.0
200 beds or more . . . . .	3.9	6.4	18.9	3.6	14.3
Geographic region					
Northeast . . . . .	4.0	6.8	20.8	3.0	14.1
Midwest . . . . .	2.6	3.6	17.2	1.6	*38.0
South . . . . .	3.4	4.6	20.7	1.9	*11.8
West . . . . .	6.1	7.8	20.9	8.5	24.2
Location of agency					
Metropolitan statistical area . . . . .	2.5	3.5	12.8	2.2	13.4
Nonmetropolitan statistical area . . . . .	2.2	2.1	15.3	1.6	*17.3
Affiliation <sup>3</sup>					
Chain . . . . .	2.7	3.9	16.1	1.6	17.4
Independent . . . . .	2.6	3.3	9.8	3.0	11.7

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

<sup>1</sup>Includes private insurance, family support, Social Security benefits, and retirement funds.

<sup>2</sup>Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans' Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other, and unknown sources.

<sup>3</sup>Excludes unknown.



**Table V. Standard errors for average daily charge of nursing home residents by primary source of payment in month before interview, by selected resident characteristics: United States, 1997**

Resident characteristics	All sources	Private sources <sup>1</sup>	Medicare	Medicaid	All other sources <sup>2</sup>
Average daily charge					
All residents . . . . .	1.9	2.6	10.4	1.6	11.6
Age <sup>3</sup>					
Under 65 years . . . . .	6.6	39.0	*40.8	5.8	*19.4
65 years and over . . . . .	1.9	2.3	10.7	1.4	13.1
65–74 years . . . . .	4.7	12.7	23.8	3.2	*74.8
75–84 years . . . . .	2.9	3.5	17.6	1.6	12.1
85 years and over . . . . .	2.1	2.4	12.6	1.6	10.1
Sex					
Male . . . . .	3.5	6.5	16.1	3.7	18.3
Female . . . . .	2.0	2.5	11.8	1.4	10.1
Race					
White . . . . .	1.8	2.6	9.7	1.4	13.2
Black and other . . . . .	7.3	*21.1	45.8	3.9	*21.0
Black . . . . .	7.9	*25.0	49.2	4.1	*13.2
Unknown . . . . .	17.1	*	*	*6.1	*
Hispanic origin					
Hispanic . . . . .	15.4	*	*20.9	14.9	*
Non-Hispanic . . . . .	1.9	2.4	11.4	1.4	12.6
Unknown . . . . .	5.7	7.5	19.2	3.7	*
Current marital status					
Married . . . . .	4.7	7.5	20.3	4.4	*39.7
Widowed . . . . .	1.9	2.6	10.2	1.6	8.4
Divorced or separated . . . . .	8.5	7.9	87.3	2.4	*24.2
Single or never married . . . . .	3.1	5.0	23.1	2.7	*20.5
Unknown . . . . .	9.4	*	*	7.9	*
Residence before admission					
Private or semiprivate residence . . . . .	2.0	4.2	9.3	1.7	11.2
Retirement home . . . . .	5.1	6.9	*	*4.8	*
Board and care or residential care facility . . . . .	4.1	6.7	*25.1	3.2	*
Nursing home . . . . .	5.6	4.6	72.7	2.2	*
Hospital . . . . .	3.2	4.2	13.6	2.8	22.0
Mental health facility . . . . .	5.8	*	*	6.3	*
Other or unknown . . . . .	7.9	*11.6	*	5.6	*
Living arrangement before admission					
Alone . . . . .	2.7	4.2	15.8	2.4	*11.5
With family members . . . . .	2.7	6.3	13.0	2.9	*16.8
Only with nonfamily members . . . . .	6.0	*7.0	*	5.1	*
Other or unknown . . . . .	2.5	3.1	13.4	2.0	16.5

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

<sup>1</sup>Includes private insurance, family support, Social Security benefits, and retirement funds.

<sup>2</sup>Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans' Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other, and unknown sources.

<sup>3</sup>Excludes unknown.

**Table VI. Standard errors for average length of stay since admission for nursing home residents, by demographic characteristics: United States, 1997**

Demographic characteristics	Current residents	Discharge
All residents . . . . .	15.4	14.3
Age <sup>1</sup>		
Under 65 years . . . . .	67.2	21.6
65 years and over . . . . .	15.1	15.3
65–74 years . . . . .	41.8	14.4
75–84 years . . . . .	24.2	17.2
85 years and over . . . . .	19.2	24.7
Sex		
Male . . . . .	28.6	13.6
Female . . . . .	17.2	18.4
Race		
White . . . . .	16.5	15.2
Black and other . . . . .	40.1	29.2
Black . . . . .	42.0	29.1
Unknown . . . . .	159.8	19.9
Hispanic origin		
Hispanic . . . . .	75.3	46.6
Non-Hispanic . . . . .	16.2	15.4
Unknown . . . . .	53.3	31.8
Current marital status		
Married . . . . .	21.3	12.1
Widowed . . . . .	15.4	19.1
Divorced or separated . . . . .	50.8	34.4
Single or never married . . . . .	56.6	42.2
Unknown . . . . .	245.9	37.4
Current residence		
Private or semiprivate residence . . . . .	25.8	39.3
Retirement home . . . . .	73.6	68.8
Board and care or residential care facility . . . . .	97.1	53.1
Nursing home . . . . .	42.7	65.6
Hospital . . . . .	18.9	11.9
Mental health facility . . . . .	213.6	*140.9
Other or unknown . . . . .	87.1	56.0
Living arrangement before admission		
Alone . . . . .	36.5	55.1
With family members . . . . .	34.7	38.9
Only with nonfamily members . . . . .	71.2	77.9
Unknown . . . . .	18.3	13.7

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

<sup>1</sup>Excludes unknown.

**Table VII. Standard errors for average length of stay since admission for nursing home residents and discharges, by primary diagnosis at admission: United States, 1997**

Diagnosis and ICD-9-CM code <sup>1</sup>	Current residents	Discharges
Total . . . . .	15.4	14.3
Infectious and parasitic diseases . . . . . 001-139	130.4	48.8
Neoplasms . . . . . 140-239	58.0	18.4
Malignant neoplasms . . . . . 140-208,230-234	54.9	18.2
Endocrine, nutritional, and metabolic diseases and immunity disorders . . . . . 240-279	41.7	35.2
Diabetes mellitus . . . . . 250	47.5	48.9
Diseases of the blood and blood-forming organs . . . . . 280-289	168.5	*92.9
Anemias . . . . . 280-285	147.7	*96.9
Mental disorders . . . . . 290-319	47.5	49.2
Senile dementia or organic brain syndrome . . . . . 290, 310	62.9	97.6
Mental retardation . . . . . 317-319	319.6	*
Other mental disorders . . . . . 291-309, 311-316	50.2	47.6
Diseases of the nervous system and sense organs . . . . . 320-389	45.8	69.6
Alzheimer's disease . . . . . 331.0	33.4	102.0
Parkinson's disease . . . . . 332	73.1	108.7
Multiple sclerosis . . . . . 340	214.2	*
Paralytic syndromes . . . . . 342-344	353.4	*78.1
Other diseases of the nervous system and sense organs . . . . . 320-330, 331.3-331.9,333-337,341,345-389	111.1	174.8
Diseases of the circulatory system . . . . . 390-459	26.6	21.0
Essential hypertension . . . . . 401	59.8	114.1
Heart disease . . . . . 391-392.0,393-398,402,404,410-416,420-429	45.9	31.7
Diseases of the respiratory system . . . . . 460-519	36.7	24.4
Pneumonia, all forms . . . . . 480-486	52.1	31.0
Other diseases of the respiratory system . . . . . 490-496	51.0	27.3
Diseases of the digestive system . . . . . 520-579	54.6	49.4
Diseases of the genitourinary system . . . . . 580-629	56.2	41.5
Urinary tract infection . . . . . 580-583,590, 595,597,599.0	71.8	35.8
Diseases of the skin and subcutaneous tissue . . . . . 680-709	101.0	46.8
Decubitus ulcer . . . . . 707.0	*133.7	*61.7
Other chronic ulcer of the skin . . . . . 707.1-707.9	*	*
Diseases of the musculoskeletal system and connective tissue . . . . . 710-739	48.3	35.7
Rheumatoid arthritis, except spine . . . . . 714	*	*
Osteoarthritis and allied disorders, except spine . . . . . 715	93.7	70.0
Other arthropathies and related disorders . . . . . 710-714,716-719	*121.5	*85.1
Osteoporosis . . . . . 733.0	*163.9	*
Congenital anomalies . . . . . 740-759	*	*
Symptoms, signs, and ill-defined conditions . . . . . 780-799	57.6	47.8
Senility without mention of psychosis . . . . . 797	*	*
Injury and poisoning . . . . . 800-999	34.1	24.7
Fracture of neck of femur . . . . . 820	43.3	48.5
Other fractures . . . . . 800-819,821-829	56.3	31.5
Supplementary classification . . . . . V01-V82	49.8	20.8
Posthospital aftercare . . . . . V42-V46,V52,V53.3-V53.7,V54-V58	58.7	17.1
Unknown or no diagnosis . . . . .	*	*

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

<sup>1</sup>Based on the *International Classification of Diseases, 9th Revision, Clinical Modification* (6).

**Table VIII. Standard errors for average length of stay since admission of nursing home discharges by source of payment and reason for discharge: United States, October 1996–September 1997**

Residential characteristics	Standard error for average length of stay
Total . . . . .	14.3
Source of payment	
Private sources <sup>1</sup> . . . . .	17.3
Medicare . . . . .	9.4
Medicaid . . . . .	30.3
All other sources <sup>2</sup> . . . . .	33.6
Reason for discharge	
Recovered . . . . .	16.6
Stabilized . . . . .	4.1
Deceased . . . . .	28.9
Admitted to hospital . . . . .	17.9
Admitted to another nursing home . . . . .	40.9
Other or unknown . . . . .	11.3

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

<sup>1</sup>Includes private insurance, family support, Social Security benefits, and retirement funds.

<sup>2</sup>Includes Supplemental Security Income, religious organizations, foundations, agencies, Veterans' Administration (VA) contracts, pensions, or other VA compensation, payment source not yet determined, other, and unknown sources.

## Appendix II

### Definitions of Certain Terms Used in This Report

#### Terms Relating to Facilities

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

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

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

*Certification*—Facility certification provided by Medicare and/or Medicaid.

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

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

*Not certified*—A facility not certified as a provider of care by either Medicare or Medicaid.

*Admissions*—The count of admissions to a nursing home for calendar year 1996.

*Occupancy rate*—A measure of bed utilization calculated by dividing residents by available beds.

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

<i>Region</i>	<i>States included</i>
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
Midwest	Michigan, Ohio, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, Nebraska
South	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Texas, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma
West	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California (Alaska and Hawaii are excluded.)

*Location*—Locale of the facility providing services is classified as inside a metropolitan statistical area (MSA) or outside an MSA.

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

*Not in MSA*—All other places in the country.

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

*Proprietary facility*—A facility operated under private commercial ownership.

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

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

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

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

#### Terms Relating to Occupational Categories

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

*Therapeutic staff*—Registered physical therapists, social workers, and speech pathologists or audiologists.

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

#### Terms Relating to Residents and Discharges

*Current resident*—A person on the roster of the nursing home as of the night before the survey. Included are all

residents for whom beds are maintained, even though they may be away on overnight leave or in a hospital.

*Discharge*—A person formally discharged from care by the facility during a designated month randomly selected for each facility before data collection. Both live and deceased discharges are included. Residents were counted more than once if the patient was discharged more than once during the reference period.

## Demographic Items

*Age*—The resident's age at the time of interview, calculated as the difference in years between the date of birth and the date of interview.

*Race*—The resident's racial background as reported by facility staff.

*Hispanic origin*—A person of Mexican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race, as reported by facility staff.

*Marital status*—The marital status at the time of the survey (for current residents) or the time of discharge (for discharges).

## Other Items

*Activities of daily living*—Activities that are classified into five categories (bathing, dressing, eating, transferring, and using toilet room) that reflect the resident's capacity for self-care. The resident's need for assistance with these activities refers to personal help received from agency staff at the time of the survey (current residents) or the last time care was provided (for discharges). Help that a resident may receive from persons who are not staff of the facility (for example, family members, friends, or individuals employed directly by the patient and not by the facility) is not included.

*Instrumental activities of daily living*—Activities referring to four daily tasks (care of personal possessions; handling money; securing personal items, such as newspaper, toilet articles, or snack food; and using the telephone) involving interaction with or adaptation to the resident's immediate environment. The resident's need for assistance or

supervision in performing these activities refers to personal help received from facility staff at the time of the survey (for current residents) or the last time care was provided (for discharges). Help that a resident may receive from persons who are not staff of the facility (for example, family members, friends, or individuals employed directly by the patient and not by the facility) is not included.

*Primary source of payment*—The one payment source expected to pay (for current residents) or that did pay (for discharges) the greatest amount of the resident's charge.

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

*Medicare*—Money received under the Medicare program.

*Medicaid*—Money received under the Medicaid program.

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

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

*Charge*—The total amount charged to the resident by the facility during a specific period.

*Length of stay since admission*—The period of stay from the date of the resident's most recent admission to the facility to the date of the survey interview (for current residents) or to the day of discharge (for discharges).

# Appendix III

## Survey Instruments Used in the 1997 National Nursing Home Survey

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

<p>FORM <b>NNHS-3</b> (2-26-97)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS</p> <p style="text-align: center;"><b>CURRENT RESIDENT QUESTIONNAIRE</b></p> <p><b>1997 NATIONAL NURSING HOME SURVEY</b></p>	<p><b>NOTICE</b> – Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0353) Rm. 531-H; H.H. Humphrey Bldg, 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).</p>						
<b>Section A – ADMINISTRATIVE INFORMATION</b>							
1. Field representative name	2. FR code						
3. Date of interview							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		Month	Day	Year			
Month	Day	Year					
<b>Section B – RESIDENT INFORMATION</b>							
1. Resident name or other identifier	2. Resident line number						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">First</td> <td style="width: 10%; text-align: center;">M.I.</td> <td style="width: 60%;">Last</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	First	M.I.	Last				
First	M.I.	Last					
<b>Section C – STATUS OF INTERVIEW</b>							
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;">                 01 <input type="checkbox"/> Complete                  02 <input type="checkbox"/> Partial                  03 <input type="checkbox"/> Resident included in sampling list in error                  04 <input type="checkbox"/> Incorrect sample line number selected                  05 <input type="checkbox"/> Refused                  06 <input type="checkbox"/> Unable to locate record             </td> <td style="width: 50%; vertical-align: top;">                 07 <input type="checkbox"/> Less than 6 residents selected                  08 <input type="checkbox"/> Other noninterview – <i>Specify</i> _____                   09 <input type="checkbox"/> No current residents             </td> </tr> </table>		01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial 03 <input type="checkbox"/> Resident included in sampling list in error 04 <input type="checkbox"/> Incorrect sample line number selected 05 <input type="checkbox"/> Refused 06 <input type="checkbox"/> Unable to locate record	07 <input type="checkbox"/> Less than 6 residents selected 08 <input type="checkbox"/> Other noninterview – <i>Specify</i> _____  09 <input type="checkbox"/> No current residents				
01 <input type="checkbox"/> Complete 02 <input type="checkbox"/> Partial 03 <input type="checkbox"/> Resident included in sampling list in error 04 <input type="checkbox"/> Incorrect sample line number selected 05 <input type="checkbox"/> Refused 06 <input type="checkbox"/> Unable to locate record	07 <input type="checkbox"/> Less than 6 residents selected 08 <input type="checkbox"/> Other noninterview – <i>Specify</i> _____  09 <input type="checkbox"/> No current residents						
Notes							

*Read to each new respondent.*

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

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

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

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

<p><b>1. What is . . . 's sex?</b></p>	<p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p>										
<p><b>2. What is . . . 's date of birth?</b></p>	<p style="text-align: right;">Current age</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> <td style="border: 1px solid black; width: 40px; text-align: center;">Year</td> <td style="width: 20px; text-align: center;">OR</td> <td style="width: 100px; text-align: center;">_____</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> <td style="text-align: center;">Years</td> </tr> </table>	Month	Day	Year	OR	_____					Years
Month	Day	Year	OR	_____							
				Years							
<p><i>HAND FLASHCARD 1.</i></p> <p><b>3a. Which of these best describes . . . 's race?</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> White 02 <input type="checkbox"/> Black 03 <input type="checkbox"/> American Indian, Eskimo, Aleut 04 <input type="checkbox"/> Asian, Pacific Islander 05 <input type="checkbox"/> Other – <i>Specify</i> _____ 06 <input type="checkbox"/> Don't know</p>										
<p><b>b. Is . . . of Hispanic origin?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>										
<p><b>4. What is . . . 's current marital status?</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Married 02 <input type="checkbox"/> Widowed 03 <input type="checkbox"/> Divorced 04 <input type="checkbox"/> Separated 05 <input type="checkbox"/> Never Married 06 <input type="checkbox"/> Single 07 <input type="checkbox"/> Don't know</p>										
<p><i>HAND FLASHCARD 2.</i></p> <p><b>5a. Where was . . . staying immediately before entering this facility?</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Private residence 02 <input type="checkbox"/> Rented room, boarding house 03 <input type="checkbox"/> Retirement home 04 <input type="checkbox"/> Board and care or residential care facility 05 <input type="checkbox"/> Nursing home 06 <input type="checkbox"/> Hospital 07 <input type="checkbox"/> Mental health facility 08 <input type="checkbox"/> Other – <i>Specify</i> _____ 09 <input type="checkbox"/> Don't Know</p> <div style="position: absolute; left: 650px; top: 50px; font-size: 2em;">} <i>SKIP to item 6 Introduction</i></div>										
<p><b>b. At that time, was . . . living with family members, nonfamily members, both family and nonfamily members, or alone?</b></p>	<p>01 <input type="checkbox"/> With family members 02 <input type="checkbox"/> With nonfamily members 03 <input type="checkbox"/> With both family members and nonfamily members 04 <input type="checkbox"/> Alone 05 <input type="checkbox"/> Don't know</p>										



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

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

**6. What is . . .'s Social Security Number?**

Social Security Number

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- 01  Refused  
 02  Don't know

**7. What was the date of . . .'s most recent admission with your facility, that is, the date on which . . . was admitted for the current episode of care?**

Month	Day	Year

**8. Has . . . previously been a resident in this facility?**

- 01  Yes  
 02  No

**9a. According to . . .'s medical record, what were the primary and other diagnoses at the time of admission on (date in item 7)?**

*PROBE: Any other diagnoses?*

Primary: 1 \_\_\_\_\_

Others: 2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**b. According to . . .'s medical record, what are . . .'s CURRENT primary and other diagnoses?**

*PROBE: Any other diagnoses?*

00  Same as 9a

Primary: 1 \_\_\_\_\_

Others: 2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

**10. What level of care is . . . currently receiving from your facility? Is it skilled care, intermediate care or residential care?**

- 01  Skilled care  
 02  Intermediate care  
 03  Residential care

Notes

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

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

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

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

<p><i>HAND FLASHCARD 8.</i></p> <p><b>30. (Last month/since admission) what was the PRIMARY source of payment for . . .'s care?</b></p> <p><i>Mark (X) only one source.</i></p>	<p>01 <input type="checkbox"/> Private insurance</p> <p>02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds</p> <p>03 <input type="checkbox"/> Supplemental Security Income (SSI)</p> <p>04 <input type="checkbox"/> Medicare</p> <p>05 <input type="checkbox"/> Medicaid</p> <p>06 <input type="checkbox"/> Other government assistance or welfare</p> <p>07 <input type="checkbox"/> Religious organizations, foundations, agencies</p> <p>08 <input type="checkbox"/> VA contract, pensions, or other VA compensation</p> <p>09 <input type="checkbox"/> Payment source not yet determined</p> <p>10 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 50px;" type="text"/></p>														
<p><i>HAND FLASHCARD 8.</i></p> <p><b>31. (Last month/since admission) what were all the secondary sources of payment for . . .'s care?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p>00 <input type="checkbox"/> None</p> <p>01 <input type="checkbox"/> Private insurance</p> <p>02 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds</p> <p>03 <input type="checkbox"/> Supplemental Security Income (SSI)</p> <p>04 <input type="checkbox"/> Medicare</p> <p>05 <input type="checkbox"/> Medicaid</p> <p>06 <input type="checkbox"/> Other government assistance or welfare</p> <p>07 <input type="checkbox"/> Religious organizations, foundations, agencies</p> <p>08 <input type="checkbox"/> VA contract, pensions, or other VA compensation</p> <p>09 <input type="checkbox"/> Payment source not yet determined</p> <p>10 <input type="checkbox"/> Other – <i>Specify</i> <input style="width: 50px;" type="text"/></p>														
<p><b>32. (Last month/since admission) what were the total charges billed for . . .'s care, including all charges for services, drugs and special medical supplies?</b></p>	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/>00 per <input style="width: 20px;" type="text"/></p> <p>01 <input type="checkbox"/> Month</p> <p>02 <input type="checkbox"/> Day</p> <p>03 <input type="checkbox"/> Week</p> <p>04 <input type="checkbox"/> Other period – <i>Specify</i> <input style="width: 50px;" type="text"/></p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="border: 1px solid black; padding: 2px;">Month</td> <td style="border: 1px solid black; padding: 2px;">Day</td> <td style="border: 1px solid black; padding: 2px;">Year</td> <td style="padding: 0 10px;">TO</td> <td style="border: 1px solid black; padding: 2px;">Month</td> <td style="border: 1px solid black; padding: 2px;">Day</td> <td style="border: 1px solid black; padding: 2px;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>05 <input type="checkbox"/> Not billed yet</p> <p>00 <input type="checkbox"/> No charge was made</p>	Month	Day	Year	TO	Month	Day	Year							
Month	Day	Year	TO	Month	Day	Year									
<p><i>HAND FLASHCARD 9.</i></p> <p><b>33. (Last month/since admission) what was the primary source of payment for . . .'s dental care?</b></p> <p><i>Mark (X) only one source.</i></p>	<p>01 <input type="checkbox"/> Own income, family support, Social Security benefits, retirement funds</p> <p>02 <input type="checkbox"/> Medicaid</p> <p>03 <input type="checkbox"/> VA contract, pension, or other VA compensation</p> <p>04 <input type="checkbox"/> Other government assistance or welfare</p> <p>05 <input type="checkbox"/> Covered in basic patient charges</p> <p>06 <input type="checkbox"/> Payment source not yet determined</p> <p>07 <input type="checkbox"/> No dental services received last month/since admission</p>														

**FILL SECTION C ON THE COVER OF THIS FORM**

Notes

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

FORM **NNHS-5**  
(3-12-97)

U S DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**DISCHARGED RESIDENT  
QUESTIONNAIRE**

**1997 NATIONAL NURSING HOME SURVEY**

**NOTICE** – Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0353) Rm. 531-H; H.H. Humphrey Bldg., 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

**Section A – ADMINISTRATIVE INFORMATION**

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

**Section B – RESIDENT INFORMATION**

1. Resident name or other identifier First   M.I.   Last	2. Resident line number	3. Date of discharge		
		Month	Day	Year

**Section C – STATUS OF INTERVIEW**

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

Notes

*Read to each new respondent.*

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

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

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

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

<p><b>1. What was . . . 's sex?</b></p>	<p>01 <input type="checkbox"/> Male 02 <input type="checkbox"/> Female</p>										
<p><b>2. What was . . . 's date of birth?</b></p>	<p style="text-align: right;">Current age</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px;">Month</td> <td style="width: 20px;">Day</td> <td style="width: 40px;">Year</td> <td style="width: 20px;">OR</td> <td style="width: 100px;">_____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">Years</td> </tr> </table>	Month	Day	Year	OR	_____					Years
Month	Day	Year	OR	_____							
				Years							
<p><i>HAND FLASHCARD 1.</i></p> <p><b>3a. Which of these best described . . . 's race?</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> White 02 <input type="checkbox"/> Black 03 <input type="checkbox"/> American Indian, Eskimo, Aleut 04 <input type="checkbox"/> Asian, Pacific Islander 05 <input type="checkbox"/> Other – <i>Specify</i> _____ 06 <input type="checkbox"/> Don't know</p>										
<p><b>b. Was . . . of Hispanic origin?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 03 <input type="checkbox"/> Don't know</p>										
<p><b>4. What was . . . 's marital status at the time of discharge?</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Married 02 <input type="checkbox"/> Widowed 03 <input type="checkbox"/> Divorced 04 <input type="checkbox"/> Separated 05 <input type="checkbox"/> Never Married 06 <input type="checkbox"/> Single 07 <input type="checkbox"/> Don't know</p>										
<p><i>HAND FLASHCARD 2.</i></p> <p><b>5a. Where was . . . staying immediately before entering this facility?</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Private residence 02 <input type="checkbox"/> Rented room, boarding house 03 <input type="checkbox"/> Retirement home 04 <input type="checkbox"/> Board and care or residential care facility 05 <input type="checkbox"/> Nursing home 06 <input type="checkbox"/> Hospital 07 <input type="checkbox"/> Mental health facility 08 <input type="checkbox"/> Other – <i>Specify</i> _____ 09 <input type="checkbox"/> Don't Know</p> <p style="margin-left: 200px;">} <b>SKIP to item 6 Introduction</b></p>										
<p><b>b. At that time, was . . . living with family members, nonfamily members, both family and nonfamily members, or alone?</b></p>	<p>01 <input type="checkbox"/> With family members 02 <input type="checkbox"/> With nonfamily members 03 <input type="checkbox"/> With both family members and nonfamily members 04 <input type="checkbox"/> Alone 05 <input type="checkbox"/> Don't know</p>										



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

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

<p><b>6. What was . . . 's Social Security Number?</b></p>	<p>Social Security Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table> <p>01 <input type="checkbox"/> Refused 02 <input type="checkbox"/> Don't know</p>												
<p><b>7. What was the date of . . . 's admission for the period of care which ended on (Date of discharge)?</b></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 25%;">Day</td> <td style="width: 50%;">Year</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 50px; height: 25px;"></td> </tr> </table>	Month	Day	Year									
Month	Day	Year											
<p><b>8. Why was . . . discharged.</b></p> <p><i>Mark (X) only one box.</i></p>	<p>01 <input type="checkbox"/> Recovered 02 <input type="checkbox"/> Stabilized 03 <input type="checkbox"/> Deceased 04 <input type="checkbox"/> Admitted to hospital 05 <input type="checkbox"/> Admitted to another nursing home 06 <input type="checkbox"/> Other - <i>Specify</i> <input checked="" type="checkbox"/></p> <p>_____</p>												
<p><b>9a. According to . . . 's medical record, what were the primary and other diagnoses at the time of admission on (date in item 7)?</b></p> <p><i>PROBE: Any other diagnoses?</i></p>	<p>Primary: 1 _____</p> <p>Others: 2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p>												
<p><b>b. According to . . . 's medical record, what were . . . 's primary and other diagnoses at the time of discharge on (Date of discharge)?</b></p> <p><i>PROBE: Any other diagnoses?</i></p>	<p>00 <input type="checkbox"/> Same as 9a</p> <p>Primary: 1 _____</p> <p>Others: 2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p>												
<p><b>10. What level of care was . . . receiving from your facility? Was it skilled care, intermediate care or residential care?</b></p>	<p>01 <input type="checkbox"/> Skilled care 02 <input type="checkbox"/> Intermediate care 03 <input type="checkbox"/> Residential care</p>												

<b>INSTRUCTION BOX</b>	For items 11 through 22, use the phrase " <b>AT THE TIME OF DISCHARGE</b> " if the resident was discharged alive. Use the phrase " <b>IMMEDIATELY PRIOR TO DISCHARGE</b> " if the resident was discharged dead.									
<p><i>HAND FLASHCARD 3D.</i></p> <p><b>11. The following questions refer to the resident's status at the (time of discharge/immediately prior to discharge) on (Date of discharge).</b></p> <p><b>(At the time of discharge/immediately prior to discharge), which of these aids did . . . regularly use?</b></p> <p><i>Mark (X) all that apply.</i></p> <p><b>PROBE: Any other aids?</b></p>	<p>00 <input type="checkbox"/> No aids used</p> <p>01 <input type="checkbox"/> Eye glasses (including contact lenses)</p> <p>02 <input type="checkbox"/> Hearing aid</p> <p>03 <input type="checkbox"/> Dentures</p> <p>04 <input type="checkbox"/> Transfer equipment</p> <p>05 <input type="checkbox"/> Wheelchair</p> <p>06 <input type="checkbox"/> Cane</p> <p>07 <input type="checkbox"/> Walker</p> <p>08 <input type="checkbox"/> Crutches</p> <p>09 <input type="checkbox"/> Brace (any type)</p> <p>10 <input type="checkbox"/> Oxygen</p> <p>11 <input type="checkbox"/> Commode</p> <p>12 <input type="checkbox"/> Other aids or devices – <i>Specify</i> <input style="width: 50px;" type="text"/></p> <p>13 <input type="checkbox"/> Don't know</p>									
<p><i>For items 12a-13b, refer to item 11.</i></p> <p><b>12a. (At the time of discharge/immediately prior to discharge), did . . . have any difficulty in seeing (when wearing glasses)?</b></p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No . . . . .</p> <p>03 <input type="checkbox"/> Not applicable (e.g., comatose) . . . . .</p> <p>04 <input type="checkbox"/> Don't know . . . . .</p> <p style="text-align: right;">} <i>SKIP to item 13a</i></p>									
<p><i>HAND FLASHCARD 4.</i></p> <p><b>b. Was . . .'s sight (when wearing glasses) partially, severely, or completely impaired as defined on this card?</b></p>	<p>01 <input type="checkbox"/> Partially impaired</p> <p>02 <input type="checkbox"/> Severely impaired</p> <p>03 <input type="checkbox"/> Completely lost, blind</p>									
<p><b>13a. (At the time of discharge/immediately prior to discharge), did . . . have any difficulty in hearing (when wearing a hearing aid)?</b></p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No . . . . .</p> <p>03 <input type="checkbox"/> Not applicable (e.g., comatose) . . . . .</p> <p>04 <input type="checkbox"/> Don't know . . . . .</p> <p style="text-align: right;">} <i>SKIP to item 14a</i></p>									
<p><i>HAND FLASHCARD 5.</i></p> <p><b>b. Was . . .'s hearing (when wearing a hearing aid) partially, severely, or completely impaired, as defined on this card?</b></p>	<p>01 <input type="checkbox"/> Partially impaired</p> <p>02 <input type="checkbox"/> Severely impaired</p> <p>03 <input type="checkbox"/> Completely lost, deaf</p>									
<p><b>14a. (At the time of discharge/immediately prior to discharge), did . . . receive any assistance in bathing or showering?</b></p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No – <i>SKIP to item 15a</i></p>									
<p><b>b. Did . . . bathe or shower with the help of:</b></p> <p><b>(1) Special equipment? . . . . .</b></p> <p><b>(2) Another person? . . . . .</b></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>(1) Special equipment? . . . . .</td> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> <tr> <td>(2) Another person? . . . . .</td> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> </table>		Yes	No	(1) Special equipment? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>	(2) Another person? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>
	Yes	No								
(1) Special equipment? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
(2) Another person? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
<p><b>15a. (At the time of discharge/immediately prior to discharge), did . . . receive any assistance in dressing?</b></p>	<p>01 <input type="checkbox"/> Yes</p> <p>02 <input type="checkbox"/> No – <i>SKIP to item 16a</i></p>									
<p><b>b. Did . . . dress with the help of:</b></p> <p><b>(1) Special equipment? . . . . .</b></p> <p><b>(2) Another person? . . . . .</b></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>(1) Special equipment? . . . . .</td> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> <tr> <td>(2) Another person? . . . . .</td> <td style="text-align: center;">01 <input type="checkbox"/></td> <td style="text-align: center;">02 <input type="checkbox"/></td> </tr> </table>		Yes	No	(1) Special equipment? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>	(2) Another person? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>
	Yes	No								
(1) Special equipment? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>								
(2) Another person? . . . . .	01 <input type="checkbox"/>	02 <input type="checkbox"/>								

<p><b>16a. (At the time of discharge/immediately prior to discharge), did . . . receive any assistance in eating?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 17a</i></p>
<p><b>b. Did . . . eat with the help of:</b></p> <p>(1) Special equipment? .....</p> <p>(2) Another person? .....</p>	<p>Yes      No</p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p>
<p><b>17a. During the last 7 days before discharge, from (Date 7 days prior to discharge) to (Date of discharge), was . . . bedfast?</b></p>	<p>01 <input type="checkbox"/> Yes – <i>SKIP to item 21a</i> 02 <input type="checkbox"/> No</p>
<p><b>b. Was . . . chairfast?</b></p>	<p>01 <input type="checkbox"/> Yes – <i>SKIP to item 21a</i> 02 <input type="checkbox"/> No</p>
<p><b>18a. (At the time of discharge/immediately prior to discharge), did . . . receive any assistance in transferring in and out of bed or a chair?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No . . . . . } <i>SKIP to item 19a</i> 03 <input type="checkbox"/> Don't know }</p>
<p><b>b. Did . . . require the help of:</b></p> <p>(1) Special equipment? .....</p> <p>(2) Another person? .....</p>	<p>Yes      No</p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p>
<p><b>19a. (At the time of discharge/immediately prior to discharge), did . . . receive any assistance in walking?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 20a</i></p>
<p><b>b. Did . . . walk with the help of:</b></p> <p>(1) Special equipment? .....</p> <p>(2) Another person? .....</p>	<p>Yes      No</p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p>
<p><b>20a. (At the time of discharge/immediately prior to discharge), did . . . go outside the grounds of this facility?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 21a</i></p>
<p><b>b. When . . . went outside the grounds, did . . . require the help of:</b></p> <p>(1) Special equipment? .....</p> <p>(2) Another person? .....</p>	<p>Yes      No</p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p>
<p><b>21a. (At the time of discharge/immediately prior to discharge), did . . . have an ostomy, an indwelling catheter or similar device?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 21c</i></p>
<p><b>b. Did . . . receive personal help from another person in caring for this device?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No</p>
<p><b>c. Did . . . receive any assistance using the toilet room?</b></p>	<p>01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No – <i>SKIP to item 22</i> 03 <input type="checkbox"/> Does not use toilet room (ostomy patient, chairfast, etc.) – <i>SKIP to item 22</i></p>
<p><b>d. Did . . . require the help of:</b></p> <p>(1) Special equipment? .....</p> <p>(2) Another person? .....</p>	<p>Yes      No</p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p> <p>01 <input type="checkbox"/>    02 <input type="checkbox"/></p>

<p><b>22. (At the time of discharge/immediately prior to discharge), did . . . have any difficulty in controlling (his/her) bowels?</b></p>	<p>01 <input type="checkbox"/> Yes                  02 <input type="checkbox"/> No                  03 <input type="checkbox"/> Not applicable (e.g., infant, had a colostomy)</p>															
<p><b>23. Did . . . have any difficulty in controlling (his/her) bladder?</b></p>	<p>01 <input type="checkbox"/> Yes                  02 <input type="checkbox"/> No                  03 <input type="checkbox"/> Not applicable (e.g., infant, has an indwelling catheter, had an ostomy)</p>															
<p><i>HAND FLASHCARD 6.</i></p>																
<p><b>24. (At the time of discharge/immediately prior to discharge), did . . . receive personal help or supervision in any of the following activities:</b></p> <p>a. Care of personal possessions? . . . . .</p> <p>b. Managing money? . . . . .</p> <p>c. Securing personal items such as newspapers, toilet articles, snack food? . . . . .</p> <p>d. Using the telephone (dialing or receiving calls)? . . . . .</p>	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>a.</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> <tr> <td>b.</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> <tr> <td>c.</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> <tr> <td>d.</td> <td>01 <input type="checkbox"/></td> <td>02 <input type="checkbox"/></td> </tr> </table>		Yes	No	a.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	b.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	c.	01 <input type="checkbox"/>	02 <input type="checkbox"/>	d.	01 <input type="checkbox"/>	02 <input type="checkbox"/>
	Yes	No														
a.	01 <input type="checkbox"/>	02 <input type="checkbox"/>														
b.	01 <input type="checkbox"/>	02 <input type="checkbox"/>														
c.	01 <input type="checkbox"/>	02 <input type="checkbox"/>														
d.	01 <input type="checkbox"/>	02 <input type="checkbox"/>														
<p><b>25. During the 12 months prior to discharge on (Date of discharge) did . . . have a flu shot at this facility or any other location?</b></p>	<p>01 <input type="checkbox"/> Yes                  02 <input type="checkbox"/> No                  03 <input type="checkbox"/> Don't know</p>															
<p><b>26. Prior to discharge, did . . . EVER have a pneumococcal vaccine, that is, pneumonia vaccination?</b></p>	<p>01 <input type="checkbox"/> Yes                  02 <input type="checkbox"/> No                  03 <input type="checkbox"/> Don't know</p>															
<p><i>HAND FLASHCARD 7.</i></p>																
<p><b>27. During the billing period that included (Date of discharge) which of these services were received by . . . either inside or outside this facility?</b></p> <p><i>Mark (X) all that apply.</i></p> <p><b>PROBE: Any other services?</b></p>	<p>00 <input type="checkbox"/> None                  01 <input type="checkbox"/> Dental care                  02 <input type="checkbox"/> Equipment or devices                  03 <input type="checkbox"/> Hospice services                  04 <input type="checkbox"/> Medical services                  05 <input type="checkbox"/> Mental health services                  06 <input type="checkbox"/> Nursing services                  07 <input type="checkbox"/> Nutritional services                  08 <input type="checkbox"/> Occupational therapy                  09 <input type="checkbox"/> Personal care                  10 <input type="checkbox"/> Physical therapy                  11 <input type="checkbox"/> Prescribed medicines or nonprescribed medicines                  12 <input type="checkbox"/> Sheltered employment                  13 <input type="checkbox"/> Social services                  14 <input type="checkbox"/> Special education                  15 <input type="checkbox"/> Speech or hearing therapy                  16 <input type="checkbox"/> Transportation                  17 <input type="checkbox"/> Vocational rehabilitation                  18 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/></p>															
<p>Notes</p>																

*HAND FLASHCARD 8.*

**28. What was the PRIMARY source of payment for . . . 's care for the month of (Month and year of discharge)?**

*Refer to item B3 on the cover.*

*Mark (X) only one source.*

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

---

11  Don't know

*HAND FLASHCARD 8.*

**29. What were all the secondary sources of payment for . . . 's care for the month of (Month and year of discharge)?**

*Mark (X) all that apply.*

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

---

11  Don't know

**30. For the month of (Last calendar month before discharge), what were the total charges billed for . . . 's care, including all charges for services, drugs and special medical supplies?**

\$ \_\_\_\_\_ .  per

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

Month	Day	Year	TO	Month	Day	Year

- 05  Not billed yet
- 00  No charge was made

**FILL SECTION C ON THE COVER OF THIS FORM**

Notes

FORM **NNHS-1**  
(3-19-97)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**FACILITY QUESTIONNAIRE**  
**1997 NATIONAL NURSING HOME SURVEY**

**NOTICE** - Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0353) Rm. 531-H; H.H. Humphrey Bldg., 200 Independence Ave., SW; Washington, DC 20201 Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

**Section A - FACILITY INFORMATION**

<b>1a.</b> Facility telephone number	<b>b.</b> Alternate telephone number	<b>c.</b> Alternate telephone number
<b>2a.</b> Administrator name		<b>b.</b> Respondent name

**Section B - RECORD OF CONTACTS**

Day (a)	Date (b)	Time (c)	Notes (d)
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	
		a.m. p.m.	

**Section C - RECORD OF INTERVIEW**

**1. STATUS OF INTERVIEW - Mark (X) appropriate box.**

01 <input type="checkbox"/> Complete interview	05 <input type="checkbox"/> Not a nursing home	09 <input type="checkbox"/> Merged with (Control No.) _____
02 <input type="checkbox"/> Partial interview	06 <input type="checkbox"/> Temporarily closed	10 <input type="checkbox"/> Duplicate (Control No. of duplicate) _____
03 <input type="checkbox"/> Refusal	07 <input type="checkbox"/> Not yet in operation	11 <input type="checkbox"/> Other noninterview - <i>Specify</i> _____
04 <input type="checkbox"/> Unable to locate	08 <input type="checkbox"/> No longer operating	

**2.** Date of interview  
 Month | Day | Year

**3.** Field Representative name | FR Code

Notes	Facility FAX number
-------	---------------------

<b>Section D – ARRANGING THE ADMINISTRATOR APPOINTMENT</b>										
<p><b>1. INTRODUCTION</b></p> <p><b>Good morning (afternoon). My name is (Name). I'm from the Bureau of the Census. We are currently conducting the National Nursing Home Survey for the National Center for Health Statistics of the Centers for Disease Control and Prevention. We are studying nursing homes and their patients. You should have received a letter from the Acting Director of the National Center for Health Statistics, which describes this project. Have you received this letter?</b></p> <p><input type="checkbox"/> Yes – Skip to Item 3 , NAME VERIFICATION.  <input type="checkbox"/> No – Continue with Item 2, SURVEY EXPLANATION.</p>	<p><b>4. ADDRESS VERIFICATION</b></p> <p><b>Is (Address of facility on label) the correct address?</b></p> <p><input type="checkbox"/> Yes – Go to Item 5 – SET APPOINTMENT  <input type="checkbox"/> No – Enter correct facility address below. ↴</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Number</td> <td style="width: 40%;">Street</td> <td style="width: 35%;">P.O. Box, Route, etc</td> </tr> <tr> <td colspan="3">City or town</td> </tr> <tr> <td>State</td> <td colspan="2">ZIP code</td> </tr> </table>	Number	Street	P.O. Box, Route, etc	City or town			State	ZIP code	
Number	Street	P.O. Box, Route, etc								
City or town										
State	ZIP code									
<p><b>2. SURVEY EXPLANATION</b></p> <p><i>If administrator wants a copy of the letter, explain that you will bring a copy when you visit the facility.</i></p> <p><b>I'm sorry that you did not receive the letter. Let me briefly outline its contents.</b></p> <p><b>The National Nursing Home Survey is authorized under Section 306 of the Public Health Service Act to collect baseline information about nursing care facilities, their services, and patients. The statistics compiled from the data are used to support research for effective treatment of long-term health problems and to study utilization of nursing facilities and the efficient use of the Nation's health care resources.</b></p> <p><b>All information which would permit identification of the individual or individual facility will be held in strict confidence, will be used ONLY by persons involved in the survey, and will not be disclosed or released to others for any purpose.</b></p> <p><b>The survey includes a small sample of nursing homes. Although your participation is voluntary and there are no penalties for refusing to answer any questions, it is essential that we obtain data from all sample facilities.</b></p> <p><i>Continue with Item 3, NAME VERIFICATION</i></p>	<p><b>5. SET APPOINTMENT</b></p> <p><b>I would like to arrange a morning appointment at your convenience to conduct the survey. What would be a convenient date and time to visit your facility?</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Day</td> <td style="width: 25%;">Date</td> <td style="width: 25%;">Time</td> <td style="width: 25%;">a.m. p.m.</td> </tr> <tr> <td>Day</td> <td>Date</td> <td>Time</td> <td>a.m. p.m.</td> </tr> </table>	Day	Date	Time	a.m. p.m.	Day	Date	Time	a.m. p.m.	
Day	Date	Time	a.m. p.m.							
Day	Date	Time	a.m. p.m.							
<p><b>3. NAME VERIFICATION</b></p> <p><b>I would like to verify some information from my records. Is (Name of facility on label) the correct name of your facility?</b></p> <p><input type="checkbox"/> Yes – Go to Item 4, ADDRESS VERIFICATION  <input type="checkbox"/> No – Enter correct facility name below. ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p><b>6. Could you give me directions to your facility from some easy to identify starting point? (Record directions in number 7 below.)</b></p> <p><b>Thank you very much for your time. I will see you at (Time) on (Date). Good-bye.</b></p>									
<p><b>7. DIRECTIONS TO FACILITY</b></p>										
<b>Section E – QUESTIONS ABOUT THE FACILITY</b>										
<p><b>Before I begin the interview, I'd like to take a moment to explain the purpose of the survey. I believe you (received/did not receive) the letter from the National Center for Health Statistics.</b></p> <p><i>If administrator did not receive the letter, hand him/her a copy. Allow him/her to briefly read it through.</i></p> <p><b>As it says in the letter, the purpose of this survey is to collect baseline information about nursing homes such as yours. The information you provide is strictly confidential and will be used only by persons involved in the survey and only for the purposes of the survey.</b></p>										
<p><b>1. Are any personal care or nursing care services routinely provided to residents in addition to room and board?</b></p>	<p>01 <input type="checkbox"/> Yes – GO to item 2a                  02 <input type="checkbox"/> No – THIS FACILITY IS OUT-OF-SCOPE FOR THE SURVEY. PLEASE TERMINATE THE INTERVIEW BY SAYING TO THE RESPONDENT:</p> <p><b>It would appear that your facility was incorrectly selected for inclusion in this survey. At this time, I will terminate this interview. I will report the situation to my immediate supervisor who will call you in a few days to verify this information.</b></p>									

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



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

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

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

**Section E – QUESTIONS ABOUT THE FACILITY – Continued**

**INTRODUCTION 3 – READ TO RESPONDENT**

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

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

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

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

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

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



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

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

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

Notes

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

FORM **NNHS-2**  
(1-23-97)

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**CURRENT RESIDENT SAMPLING LIST  
1997 NATIONAL NURSING HOME SURVEY**

**NOTICE** - Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; ATTN: Paperwork Reduction Project (0920-0353), Rm. 531-H; Hubert H. Humphrey Bldg., 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

**Section A - ADMINISTRATIVE INFORMATION**

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

**Section B - SAMPLING LIST FINAL STATUS**

- 01  Listing as of night before survey \_\_\_\_\_ →
- 02  Refused listing information
- 03  Listing records not available
- 04  No current residents
- 05  Other - Specify \_\_\_\_\_

*If you marked box 01, CIRCLE the number that indicates the number of residents you selected.*

1	2	3	4	5	6
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**Section C - INTRODUCTION**

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

NOTES

**Section D – LISTING PROCEDURES**

*FOLLOW THE STEPS BELOW TO LIST CURRENT RESIDENTS –*

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

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

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

**CHECK  
ITEM A**

Answer the questions below before continuing with STEP 3.

- a. Does this list include all residents of this facility as of midnight yesterday?  Yes – GO to item b.  No – Add the resident name(s) to the list.
- b. Has everyone who died or was discharged from this facility as of midnight yesterday been removed from the list?  Yes – GO to item c.  No – Delete the resident name(s) from the list.
- c. Is there anyone else who is a resident of this facility who should be included on this list?  Yes – Add the resident name(s) to the list.  No – GO to STEP 3.

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

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

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

**STEP 6.** Enter the amount of circled line numbers on the listing sheets. . . . . \_\_\_\_\_  
Number

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

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

**NOTES**

**CURRENT RESIDENT SAMPLING LIST**

Line number (a)	Resident name (or other identifier) (b)
01	
02	
03	
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08	
09	
10	
11	
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13	
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FORM NNHS-2 (1-23-97)

**CURRENT RESIDENT SAMPLING LIST - Continued**

Line number (a)	Resident name (or other identifier) (b)
51	
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54	
55	
56	
57	
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59	
60	
61	
62	
63	
64	
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100	

**NOTE** - If you are listing more than 100 residents, continue listing on form NNHS-6 and mark (X) this box. →



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

FORM **NNHS-4**  
(2-26-97)

U S DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR HEALTH STATISTICS

**DISCHARGED RESIDENT  
SAMPLING LIST  
1997 NATIONAL NURSING HOME SURVEY**

**NOTICE** – Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer; Paperwork Reduction Project (0920-0353) Rm. 531-H; H.H. Humphrey Bldg., 200 Independence Ave., SW; Washington, DC 20201. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

**Section A – ADMINISTRATIVE INFORMATION**

1. Field representative name		Code
2. Designated month for discharged sample Month / Day / Year to Month / Day / Year		
3. Respondent name	4. Respondent title	5. Date of listing

**Section B – SAMPLING LIST FINAL STATUS**

01 <input type="checkbox"/> Listing for complete month	} →	If you marked box 01 or 02, CIRCLE the number that indicates the number of residents you selected.
02 <input type="checkbox"/> Partial listing (from designated month only) ___ / ___ / ___ to ___ / ___ / ___		
03 <input type="checkbox"/> Refused listing information		
04 <input type="checkbox"/> Listing records not available		
05 <input type="checkbox"/> No discharges		
06 <input type="checkbox"/> Other – Specify _____		

1	2	3	4	5	6
---	---	---	---	---	---

**Section C – INTRODUCTION**

**READ** – In order to obtain national level data about discharged patients of nursing homes such as this one, we are collecting information about a sample of discharges. This information and the list of names you provide will be held in strict confidence and will be used ONLY by persons involved in the survey and only for the purposes of the survey. Please give me the names of all residents discharged alive or deceased from (See item 2 for designated month for discharge sample) and their specific dates of discharge. If any resident was discharged more than once during this time period, give me their name and the discharge date for EACH time they were discharged. Be sure to include the name and discharge date for residents currently being served by your facility who were also discharged from (First and last day of designated month), so that I may select the sample.

Notes

**Section D – LISTING PROCEDURES**

FOLLOW THE STEPS BELOW TO LIST DISCHARGES –

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

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

STEP 2. Review the list. Verify that all eligible discharges have been listed. Delete any duplicate discharges and any discharge that does not fall into the designated month. If both the resident name and date of discharge are the same, probe to determine if it is a duplicate entry. Renumber the lines if you add or delete any names.

**CHECK ITEM A**

Answer the questions below before continuing with STEP 3.

- a. Does this list include all discharges from this facility that occurred between (First and last day of designated month) including those who died?
  - Yes – GO to item b.
  - No – Add the resident name(s) to the list.
  
- b. Is there anyone else who was a resident of this facility who was discharged or died between (First and last day of designated month) who should be included on this list?
  - Yes – Add the resident name(s) to the list.
  - No – GO to STEP 3.

STEP 3. Enter the total number of discharges listed. . . . . \_\_\_\_\_  
**IMPORTANT – This number is vital for estimation purposes.** Number

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

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

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

STEP 7. The discharges to be sampled are those listed on lines with a circled line number. Enter the line number, name or other identifier, and discharge date of each sampled discharge below. Use this information to complete Section B of a NNHS-5, Discharged Resident Questionnaire, for each sampled discharge.

Line number	Discharged resident identifier	Discharge date (Month/Day/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes

**DISCHARGED RESIDENT SAMPLING LIST**

Line number (a)	Resident name (or other identifier) (b)	Discharge date (Month/Day/Year) (c)
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
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**DISCHARGED RESIDENT SAMPLING LIST - Continued**

Line number (a)	Resident name (or other identifier) (b)	Discharge date (Month/Day/Year) (c)
51		
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54		
55		
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# Appendix IV

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## Letters to Facility Administrators and Endorsement Letters



DEPARTMENT OF HEALTH & HUMAN SERVICES

HHCS-10(L)  
(4-98)

Public Health Service  
Centers for Disease Control and Prevention

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

Dear Administrator:

The National Center for Health Statistics (NCHS), of the Centers for Disease Control and Prevention, collects and provides information on the health of the Nation and the utilization of its health resources. As part of this continuing program, the NCHS is conducting the National Home and Hospice Care Survey. This survey is authorized under section 306 (42 USC 242k) of the Public Health Service Act. In addition, the survey is endorsed by the National Association for Home Care and the National Hospice Organization.

The purpose of the survey is to provide a more complete information base on available long-term care services and utilization of those services. The survey includes a small, randomly selected, nationwide sample of hospices and home health agencies, each of which represents a number of similar agencies. We will be collecting information on the agency as well as information on a sample of patients. Hence, we are asking participants for a list of current patients and a list of patients discharged during a designated one-month period. Information is collected primarily by an interview with you and/or your staff. No patients will be contacted at any time.

Your participation is voluntary and there are no penalties for refusing to participate or refusing to answer any question. We may need to contact you in about a year to update the information you provide during this survey.

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

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

Sincerely,

EDWARD J. SONDIK, PH.D.  
Director, National Center for Health Statistics

Enclosures



*Defining Excellence in Administration*

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Dear Administrator,

I am writing to encourage you to participate in the 1997 National Nursing Home Survey conducted by the National Center for Health Statistics of the Department of Health and Human Services. The survey is designed to collect baseline and trend information about long-term care facilities, their services, residents, staff and some basic financial information.

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

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

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

Sincerely,

A handwritten signature in black ink, which appears to read 'Karen S. Tucker', is positioned below the word 'Sincerely,'.

Karen S. Tucker, CAE  
Executive Vice-President

**ahca**  
**American Health Care Association**

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

FAX: 202-842-3860

Writer's Telephone: 202/898-2805

Writer's E-Mail:

Dear Administrator:

I am writing to urge your participation in the 1997 National Nursing Home Survey to be conducted this summer by the National Center for Health Statistics. The survey, the fifth in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, staff and some basic financial characteristics.

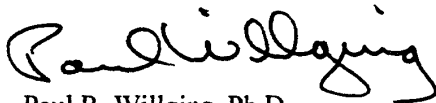
The support of our association and of all nursing home administrators is indispensable to the successful inauguration of this research which will provide invaluable data for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain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



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

NNHS-17 (L)  
g:\admin\mdavis\admin doc



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

Dear Administrator

I am writing to urge your participation in the 1997 National Nursing Home survey to be conducted this summer by the National Center for Health Statistics. The survey, the fifth in a series, is designed to collect baseline and trend information about nursing facilities, their services, residents, discharges, and staff.

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

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

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

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

Sincerely,

Sheldon L. Goldberg  
President

NNHS-16 (L)

*Representing not-for-profit organizations dedicated to providing quality  
health care, housing and services to the nation's elderly*  
JAMES E. DEWHIRST, CHAIR SHELDON L. GOLDBERG, PRESIDENT  
*Regional Offices in Albany • Chicago • Denver • Orlando*





DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Centers for Disease Control

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

*Thank You*

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

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Edward J. Sondik".

EDWARD J. SONDIK, PH.D.  
Director, National Center for Health Statistics

# Vital and Health Statistics series descriptions

- SERIES 1. **Programs and Collection Procedures**—These reports describe the data collection programs of the National Center for Health Statistics. They include descriptions of the methods used to collect and process the data, definitions, and other material necessary for understanding the data.
- SERIES 2. **Data Evaluation and Methods Research**—These reports are studies of new statistical methods and include analytical techniques, objective evaluations of reliability of collected data, and contributions to statistical theory. These studies also include experimental tests of new survey methods and comparisons of U.S. methodology with those of other countries.
- SERIES 3. **Analytical and Epidemiological Studies**—These reports present analytical or interpretive studies based on vital and health statistics. These reports carry the analyses further than the expository types of reports in the other series.
- SERIES 4. **Documents and Committee Reports**—These are final reports of major committees concerned with vital and health statistics and documents such as recommended model vital registration laws and revised birth and death certificates.
- SERIES 5. **International Vital and Health Statistics Reports**—These reports are analytical or descriptive reports that compare U.S. vital and health statistics with those of other countries or present other international data of relevance to the health statistics system of the United States.
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For answers to questions about this report or for a list of reports published in these series, contact:

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