<table>
<thead>
<tr>
<th>AQ5</th>
<th>Is AGENCY part of a chain? PRESS F1 FOR HELP SCREEN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td>RF</td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ5A</th>
<th>What is the name of the chain? Enter Chain Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ6</th>
<th>Is AGENCY a (home health/home care) agency, a hospice agency or does this agency serve both (home health/home care) and hospice patients?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HOME HEALTH/HOME CARE AGENCY ONLY</td>
</tr>
<tr>
<td>2</td>
<td>HOSPICE AGENCY ONLY</td>
</tr>
<tr>
<td>3</td>
<td>BOTH HOME HEALTH/HOME CARE AND HOSPICE AGENCY</td>
</tr>
<tr>
<td>91</td>
<td>NONE OF THE ABOVE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ6A</th>
<th>What type of service do you provide?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ6B</th>
<th>Does this agency provide its patients with ONLY homemaker services and durable medical equipment and supplies or are OTHER types of services to patients also provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>ONLY HOMEMAKER SERVICES AND/OR EQUIPMENT/SUPPLIES</td>
</tr>
<tr>
<td>1</td>
<td>OTHER SERVICES (ALSO) PROVIDED</td>
</tr>
<tr>
<td>2</td>
<td>REFUSED DON’T KNOW</td>
</tr>
</tbody>
</table>
AQ7
How many (home health/home care) admissions did AGENCY have during calendar year?

Only include this agency's home health patients for this location.
NUMBER OF ADMISSIONS.
______________________________

REFUSED
DON'T KNOW

AQ8
How many (home health/home care) discharges did AGENCY have during calendar Year?

Only include this agency's home health discharges for this location.
NUMBER OF DISCHARGES
______________________________

REFUSED
DON'T KNOW

AQ9
What is the number of (home health/home care) patients currently being served by {AGENCY} at this location?

ENTER NUMBER OF CURRENT PATIENTS
______________________________

REFUSED
DON'T KNOW

AQ10
How many hospice admissions did (AGENCY) have during calendar year?

Only include this agency's hospice admissions for this location.
ENTER NUMBER OF ADMISSIONS.
______________________________

REFUSED
DON'T KNOW
<table>
<thead>
<tr>
<th>AQ11</th>
<th>How many hospice discharges did {AGENCY} have during calendar year? Only include this agency's hospice discharges for this location.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ENTER NUMBER OF DISCHARGES</td>
</tr>
<tr>
<td></td>
<td>___________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>AQ11A</td>
<td>Did this agency have any hospice patients discharged in {BEGMONTH} through {ENDMONTH} of 2007?</td>
</tr>
<tr>
<td></td>
<td>1 YES</td>
</tr>
<tr>
<td></td>
<td>2 NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>AQ12</td>
<td>What is the number of hospice patients currently being served by {AGENCY} at this location?</td>
</tr>
<tr>
<td></td>
<td>ENTER NUMBER OF CURRENT PATIENTS</td>
</tr>
<tr>
<td></td>
<td>___________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>AQ13</td>
<td>In what year was this agency established to provide hospice care?</td>
</tr>
<tr>
<td></td>
<td>ENTER A 4-DIGIT YEAR.</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td>PRESS F1 FOR HELP SCREEN.</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>AQ14</td>
<td>In what year was this agency established to provide (home health/home care) services?</td>
</tr>
<tr>
<td></td>
<td>ENTER A 4-DIGIT YEAR.</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td>PRESS F1 FOR HELP SCREEN.</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
AQ15
Which one of these categories on this card best describes the ownership of this agency?

PRESS F1 FOR HELP SCREEN.

1 FOR PROFIT
2 PRIVATE NONPROFIT
3 CITY/COUNTY/STATE GOVERNMENT
4 DEPARTMENT OF VETERANS AFFAIRS
5 OTHER FEDERAL AGENCY
91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ15A
SPECIFY OWNERSHIP (91)
WRITE OTHER TYPE OF OWNERSHIP _______________________________

REFUSED
DON'T KNOW

Q16A
What are {AGENCY}’s patient referral sources for (home health/home/hospice) care?

SELECT ALL THAT APPLY.

1 HOSPITAL
2 NURSING HOME
3 ASSISTED LIVING FACILITY
4 PHYSICIAN’S OFFICE
5 OUTPATIENT MEDICAL/SURGICAL CENTER
6 REHABILITATION FACILITY
7 PATIENT/FAMILY/FRIEND
8 OTHER HOME HEALTH/HOSPICE AGENCY
9 INSURANCE PROVIDER/PAYER SOURCE
10 COMMUNITY ORGANIZATION
91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ16B
What other referral source was used for care that?

Enter other referral source(s)

____________________________________________
AQ16C
Which one of the referral sources you mentioned refers the greatest number of (home health/home care/hospice) patients to this agency?

***What would you say is the main source of this agency’s (home health/home care/hospice) patient referrals?

SELECT ONLY ONE

ENTER NUMBER OF MAIN REFERRAL SOURCE (AQ16A). __________

REFUSED
DON’T KNOW

AQ17
Is this agency currently certified by MEDICARE as a Home Health Agency?
PRESS F1 FOR HELP SCREEN.

1 YES
2 NO
3 PENDING

REFUSED
DON’T KNOW

AQ18
Is this agency currently certified by MEDICARE as a Hospice?
PRESS F1 FOR HELP SCREEN.

1 YES
2 NO
3 PENDING

REFUSED
DON’T KNOW

AQ19
What is the MEDICARE provider number for {AGENCY}?

ENTER MEDICARE PROVIDER NUMBER. ________________

REFUSED
DON’T KNOW
AQ19A
MEDICARE provider number verification
I have entered {AQ19/MEDICARE PROVIDER NUMBER}. Is this correct?

1 YES
2 NO

AQ20
Is this agency currently certified by MEDICAID as a Home Health Agency?
PRESS F1 FOR HELP SCREEN.

1 YES
2 NO
3 PENDING
REFUSED
DON’T KNOW

AQ21
Is this agency currently certified by MEDICAID as a Hospice?
PRESS F1 FOR HELP SCREEN.

1 YES
2 NO
3 PENDING
REFUSED
DON’T KNOW

AQ23a1
How much does MEDICAID pay this agency for ________________?

1 RESPONDENT PROVIDES A SINGLE RATE
2 RESPONDENT PROVIDES A RANGE
3 SERVICE NOT OFFERED
REFUSED
DON’T KNOW

AQ23a2
How much does MEDICAID pay this agency for ________________?

ENTER SINGLE RATE IN WHOLE DOLLARS. ____________
REFUSED
DON’T KNOW
### AQ23a2a

How much does MEDICAID pay this agency for ________________?

1. VISIT
2. HOUR
3. HALF HOUR
4. 15 MINUTES
91. OTHER (SPECIFY)

### AQ23a2b

MEDICAID SINGLE RATE UNIT – OTHER SPECIFY

What is the MEDICAID single rate unit for other specify (AQ23a2a-91) ?

SPECIFY UNIT. ______________

### AQ23a3

MEDICAID LOWEST RATE

How much does MEDICAID (lowest rate )pay this agency for ________________?

ENTER LOWEST RATE IN WHOLE DOLLARS._______________

REFUSED
DON'T KNOW

### AQ23a4

MEDICAID HIGHEST RATE

[How much does MEDICAID (highest rate) pay this agency for ________________?]

ENTER HIGHEST RATE IN WHOLE DOLLARS._______________

REFUSED
DON'T KNOW

### AQ23a4a

MEDICAID HIGH AND LOW RATE UNIT

How much does MEDICAID pay this agency for ________________?

1. VISIT
2. HOUR
3. HALF HOUR
2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>4</td>
<td>15 MINUTES</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

**AQ23a4b**

MEDICAID HIGH AND LOW RATE UNIT – OTHER SPECIFY

What is the MEDICAID high and low rate unit for other specify (AQ23a4a – 91)?

SPECIFY UNIT. ______________

**AQ23Aa1**

PRIVATE HOME HEALTH CARE RATE TYPE

How much does this agency charge SELF OR PRIVATE PAY home health patients for ________________ ?

1  RESPONDENT PROVIDES A SINGLE RATE
2  RESPONDENT PROVIDES A RANGE
3  SERVICE NOT OFFERED

REFUSED
DON'T KNOW

**AQ23Aa2**

PRIVATE HOME HEALTH CARE SINGLE RATE

How much does this agency charge SELF OR PRIVATE PAY home health patients for ________________ ?

ENTER SINGLE RATE IN WHOLE DOLLARS. ________________

**AQ23Aa2a**

PRIVATE PAY SINGLE RATE UNIT

How much does this agency charge SELF OR PRIVATE PAY home health patients for ________________ ?

1  VISIT
2  HOUR
3  HALF HOUR
4  15 MINUTES
91  OTHER (SPECIFY)
AQ23Aa2b

PRIVATE SINGLE RATE UNIT OTHER SPECIFY

ENTER OTHER SPECIFY (AQ23Aa2a – 91)

SPECIFY UNIT. ______________

AQ23Aa3

PRIVATE HOME HEALTH CARE LOWEST RATE

How much does this agency charge SELF OR PRIVATE PAY home health patients for ______________?

ENTER LOWEST RATE IN WHOLE DOLLARS. ______________

AQ23Aa4

PRIVATE HOME HEALTH CARE HIGHEST RATE

How much does this agency charge SELF OR PRIVATE PAY home health patients for ______________?

ENTER HIGHEST RATE IN WHOLE DOLLARS. __________

AQ23Aa4a

PRIVATE PAY HIGH AND LOW RATE UNIT – OTHER SPECIFY

How much does this agency charge self or private pay home health patients for ______________?

1 VISIT
2 HOUR
3 HALF HOUR
4 15 MINUTES
91 OTHER (SPECIFY)

AQ23Aa4b

PRIVATE HIGH AND LOW RATE UNIT OTHER SPECIFY

ENTER OTHER SPECIFY (AQ23Aa4a – 91)
### SPECIFY UNIT. ____________

**AQ25A1**

**HOSPICE SERVICES MIX MODE**

About how many of this agency’s HOSPICE patients are currently receiving _____________?

1. RESPONDENT PROVIDES NUMBER OF PATIENTS

2. RESPONDENT PROVIDES % OF PATIENTS

   REFUSED
   DON’T KNOW

**AQ25A2**

**HOSPICE SERVICE MIX NUMBER**

About how many of this agency’s HOSPICE patients are currently receiving _____________?

ENTER NUMBER OF PATIENTS. _______________

   REFUSED
   DON’T KNOW

**AQ25A3**

**HOSPICE SERVICE MIX PERCENTATE**

About how many of this agency’s hospice patients are currently receiving _____________?

ENTER PERCENTAGE OF PATIENTS. _______________

   REFUSED
   DON’T KNOW

**AQ25B**

Does this agency consider itself a Free Standing hospice agency, a Hospital Based agency, a Home Health Based agency or a Nursing Home Based agency?

This would be the same as this agency’s MEDICARE filing status for Agency

SELECT ONE

PRESS F1 FOR HELP SCREEN.

1. FREE STANDING AGENCY
2. HOSPITAL BASED AGENCY
3. HOME HEALTH BASED AGENCY
4. NURSING HOME BASED AGENCY
AQ25C

Does this hospice operate any dedicated hospice facilities or units?

***This is a facility or unit that has one or more beds that are owned or leased by the hospice and staffed by hospice, and whose major policies and procedures are set by the hospice.

1 YES
2 NO

REFUSED
DON'T KNOW

AQ25D

How many INPATIENT HOSPICE BEDS does this agency have in these dedicated facilities or units?

ENTER NUMBER OF BEDS __________________

REFUSED
DON'T KNOW

AQ28

SHOW CARD AQ28.

Is this agency owned or is it in operation with any of the following places or organizations?

SELECT ONLY ONE.

PRESS F1 FOR HELP SCREEN.

1 OUTPATIENT MEDICAL/SURGICAL CENTER
2 MANAGED CARE ORGANIZATION
3 HOSPITAL
4 SKILLED NURSING FACILITY
5 HEALTH CARE SYSTEM
6 NO, TOTALLY INDEPENDENT AGENCY
91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

AQ28A

AGENCY AFFILIATION – OTHER SPECIFY (AQ28 – 91)

SPECIFY PLACE/ORGANIZATION. _______________________
**AQ29**

SHOW CARD AQ29.

Does AGENCY have a FORMAL CONTRACT with any of these outside agencies or organizations where you provide services to their patients?

*** This refers to FORMAL CONTRACTS with other places besides the one this agency is owned or in operation with that you just mentioned.

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ASSISTED LIVING FACILITY/ BOARD AND CARE HOME / LIFE CARE/ CONTINUING CARE RETIREMENT COMMUNITY</td>
</tr>
<tr>
<td>2</td>
<td>HOSPITAL</td>
</tr>
<tr>
<td>3</td>
<td>SKILLED NURSING FACILITY</td>
</tr>
<tr>
<td>4</td>
<td>HOSPICE</td>
</tr>
<tr>
<td>5</td>
<td>MANAGED CARE/PRIVATE INSURANCE PROVIDER</td>
</tr>
<tr>
<td>6</td>
<td>NO FORMAL CONTRACT WITH OUTSIDE AGENCIES/ORGANIZATIONS</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY)</td>
</tr>
</tbody>
</table>

REFUSED
DON'T KNOW

**AQ29A**

FORMAL CONTRACT OTHER SPECIFY (AQ29 – 91)

SPECIFY TYPE OF AGENCY OR ORGANIZATION.

___________________________________________________

**AQ30**

SHOW CARD AQ30.

Please look at this card and tell me if your agency is ACCREDITED by any of these organizations.

SELECT ALL THAT APPLY.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ACCREDITATION COMMISSION FOR HEALTH CARE (ACHC)</td>
</tr>
<tr>
<td>2</td>
<td>COMMUNITY HEALTH ACCREDITATION PROGRAM (CHAP)</td>
</tr>
<tr>
<td>3</td>
<td>JOINT COMMISSION FOR ACCREDITATION OF HEALTHCARE ORGANIZATIONS (JCAHO)</td>
</tr>
<tr>
<td>4</td>
<td>OTHER ACCREDITATION (SPECIFY)</td>
</tr>
<tr>
<td>5</td>
<td>NOT ACCREDITED</td>
</tr>
</tbody>
</table>
### AQ30A

**AGENCY ACCREDITATION OTHER SPECIFY (AQ30 – 4)**

**SPECIFY TYPE OF ACCREDITATION**

_______________________________________________

### AQ31

Does this agency provide staff training to understand CULTURAL DIFFERENCES AND BELIEFS that may affect delivery of services?

1. **YES**
2. **NO**

**REFUSED**

**DON’T KNOW**

### AQ32

**CULTURAL TRAINING**

For which staff is training mandatory?

**SELECT ALL THAT APPLY.**

1. ADMINISTRATIVE/CLERICAL/MANAGEMENT STAFF – ALL
2. ADMINISTRATIVE/CLERICAL/MANAGEMENT STAFF – SOME
3. DIRECT SERVICE PROVIDERS – ALL
4. DIRECT SERVICE PROVIDERS – SOME
5. VOLUNTEERS – ALL
6. VOLUNTEERS – SOME
7. NO MANDATORY TRAINING FOR ANY STAFF
91. **OTHER STAFF (SPECIFY)**

**REFUSED**

**DON’T KNOW**

### AQ32A

**CULTURAL TRAINING – OTHER SPECIFY (AQ32 – 91)**

**SPECIFY TYPE OF STAFF, AND SPECIFY IF ALL OR SOME.**

_______________________________________________
AQ33
SHOW CARD AQ33.
Are any of these COMMUNICATION PRACTICES used with this agency’s patients?
SELECT ALL THAT APPLY.
1 PROVIDE INTERPRETER SERVICES
2 PATIENT-RELATED MATERIALS TRANSLATED INTO LANGUAGES OF COMMONLY REPRESENTED GROUPS IN SERVICE AREA
3 PROVIDE MULTI-LINGUAL STAFF
4 NONE OF THE ABOVE
91 OTHER (SPECIFY)

REFUSED
DON’T KNOW

AQ33A
COMMUNICATION PRACTICES - OTHER SPECIFY (AQ33 - 91)
SPECIFY TYPE COMMUNICATION PRACTICE.
____________________________________

AQ34
SHOW CARD AQ34
Which of these SERVICES does this agency offer?
Include services offered by this agency as a result of contractual arrangements.
PRESS F1 FOR HELP SCREEN
SELECT ALL THAT APPLY.
1 COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)
2 DIETARY AND NUTRITIONAL SERVICES
3 ENTEROSTOMAL THERAPY
4 IV THERAPY
5 PHYSICIAN SERVICES
6 PODIATRY SERVICES
7 SKILLED NURSING/NURSING SERVICES
8 WOUND CARE
9 NONE OF THESE SERVICES

REFUSED
DON’T KNOW
SHOW CARD AQ35.

Which of these COMPLEMENTARY AND ALTERNATIVE MEDICINE therapies does this agency use?

SELECT ALL THAT APPLY.

PRESS F1 FOR HELP SCREEN.

1 ACUPUNCTURE
2 AROMATHERAPY
3 ART THERAPY
4 GUIDED IMAGERY/RELAXATION
5 MASSAGE
6 MUSIC THERAPY
7 PET THERAPY
8 SUPPORTIVE GROUP THERAPY
9 THERAPEUTIC TOUCH
10 TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)
91 OTHER (SPECIFY)

REFUSED
DON'T KNOW

SHOW CARD AQ36.

Does AGENCY offer any of the SERVICES on this card?
Include services offered by this agency as a result of contractual arrangements.

PRESS F1 FOR HELP SCREEN

SELECT ALL THAT APPLY.

1 DURABLE MEDICAL EQUIPMENT
2 PHARMACY SERVICES
3 OCCUPATIONAL THERAPY
4 PHYSICAL THERAPY
5 RESPIRATORY THERAPY
6 SPEECH THERAPY/AUDIOLOGY
7 NONE OF THESE SERVICES
91 OTHER THERAPY (SPECIFY)

REFUSED
DON'T KNOW
### AQ36A

**OTHER SERVICES PROVIDED OTHER SPECIFY (AQ36 – 91)**  
**SPECIFY OTHER THERAPY.**  
______________________________

### AQ37

**SHOW CARD AQ37.**  

Does AGENCY offer any of the OTHER SERVICES on this card?  
Include services offered by this agency as a result of contractual arrangements.  

**PRESS F1 FOR HELP SCREEN**  

**SELECT ALL THAT APPLY.**  

1. COMPANION SERVICES  
2. CONTINUOUS HOME CARE  
3. HOMEMAKER SERVICES  
4. MEALS ON WHEELS SERVICES  
5. ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (ADLs)  
6. TRANSPORTATION SERVICES  
7. VOLUNTEER SERVICES  
8. PASTORAL SERVICES/SPiritual Counseling  
9. MENTAL HEALTH SERVICES  
10. REFERRAL SERVICES  
11. RESPITE CARE  
12. (MEDICAL) SOCIAL SERVICES  
13. ETHICAL ISSUES COUNSELING  
14. GRIEF/BEREAVEMENT COUNSELING  
15. NONE OF THESE SERVICES  

REFUSED  
DON'T KNOW

### AQ38

**SPECIAL PATIENT SERVICES**  

Does AGENCY provide services to any of the types of patients listed on this card?  

**SELECT ALL THAT APPLY.**  

1. DEVELOPMENTALLY DISABLED  
2. MATERNAL AND NEONATAL CARE PATIENTS  
3. PATIENTS WITH HIV/AIDS  
4. PATIENTS WITH ALZHEIMER'S DISEASE/DEMENTIA  
5. PATIENTS RECEIVING PERITONEAL OR HEMO DIALYSIS  
6. PEDIATRIC PATIENTS  
7. NONE OF THE ABOVE  

REFUSED  
DON'T KNOW
2007 National Home and Hospice Care Survey Agency Questionnaire

Agency Qualification (AQ) Module

<table>
<thead>
<tr>
<th>AQ39</th>
<th>NO ADMIT - LACK OF STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In the past month, was this agency unable to admit patients because of lack of staff?</td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ40</th>
<th>NO ADMIT - LACK OF CAPABILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In the past month, was this agency unable to admit patients because of lack of capabilities?</td>
</tr>
<tr>
<td></td>
<td>For example, patients with special or complex medical needs, ventilator patients, patients with IVs-peripheral lines, IVs-central lines.]</td>
</tr>
<tr>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ41</th>
<th>ADVANCE DIRECTIVES POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SHOW CARD AQ41.</td>
</tr>
<tr>
<td></td>
<td>Does this agency follow any of these procedures regarding Advance Directives?</td>
</tr>
<tr>
<td></td>
<td>PROBE: Any others?</td>
</tr>
<tr>
<td></td>
<td>SELECT ALL THAT APPLY.</td>
</tr>
<tr>
<td>1</td>
<td>ON ADMISSION, ASSESS WHETHER PATIENT HAS ANY ADVANCE DIRECTIVES</td>
</tr>
<tr>
<td>2</td>
<td>ON ADMISSION, PROVIDE WRITTEN INFORMATION ABOUT ADVANCE DIRECTIVES TO PATIENT</td>
</tr>
<tr>
<td>3</td>
<td>ON ADMISSION, PROVIDE ADVANCE DIRECTIVE FORM(S) TO PATIENT</td>
</tr>
<tr>
<td>4</td>
<td>EDUCATE PATIENT/FAMILY ABOUT ADVANCE DIRECTIVES</td>
</tr>
<tr>
<td>5</td>
<td>EDUCATE AGENCY STAFF ABOUT ADVANCE DIRECTIVES</td>
</tr>
<tr>
<td>6</td>
<td>ONLY IF REQUESTED, PROVIDE INFORMATION, FORMS, EDUCATION</td>
</tr>
<tr>
<td>7</td>
<td>NO PROCEDURES FOLLOWED</td>
</tr>
<tr>
<td>91</td>
<td>OTHER (SPECIFY)</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AQ41A</th>
<th>ADVANCE DIRECTIVES POLICY – OTHER SPECIFY (AQ41 – 91)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SPECIFY OTHER POLICY.</td>
</tr>
</tbody>
</table>
### AQ42
**ADVANCE DIRECTIVE STORAGE**
Where does this agency maintain a copy of its patients’ Advance Directives?

**SELECT ALL THAT APPLY.**

1. NO DESIGNATED PLACE
2. WITH PATIENT’S RECORDS AT AGENCY
3. WITH PATIENT’S RECORDS AT PATIENT’S RESIDENCE
4. IN SPECIAL ADVANCE DIRECTIVES FILE AT AGENCY LOCATION
91. OTHER (SPECIFY)
   - REFUSED
   - DON'T KNOW

### AQ42A
**ADVANCE DIRECTIVE STORAGE OTHER SPECIFY (AQ42 -91)**

DESCRIBE STORAGE OF ADVANCE DIRECTIVE(S).

_________________________________________________________________

### AQ43
**ADVANCE DIRECTIVE IMPLEMENTATION**
SHOW CARD AQ43.

What specific actions does this agency take to make sure that patients’ Advance Directives are implemented?

**SELECT ALL THAT APPLY.**

1. NOTIFY ATTENDING PHYSICIAN
2. INFORM AGENCY STAFF PROVIDING CARE TO PATIENT
3. INFORM FAMILY MEMBER/NEXT OF KIN
4. NO SPECIFIC ACTIONS TAKEN
91. OTHER (SPECIFY)
   - REFUSED
   - DON'T KNOW

### AQ43A
**ADVANCE DIRECTIVE IMPLEMENTATION OTHER SPECIFY (AQ43 -91)**

DESCRIBE IMPLEMENTATION OF ADVANCE DIRECTIVES.

_________________________________________________________________
### AQ44
ADVANCE DIRECTIVES RESTRICTIONS

Does this agency have any restrictions on implementing any kinds of Advance Directives?

For example, not providing palliative sedation, CPR, or artificial life support services?

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### AQ45
ADVANCE DIRECTIVES RESTRICTIONS

What restrictions does this agency have?

DESCRIBE ADVANCE DIRECTIVES RESTRICTIONS

_______________________________________

### AQ46
OPEN ACCESS POLICY FOR HOSPICE PATIENTS

Does this agency have an Open Access policy for hospice patients?

This is when an agency admits patients that are starting or in the middle of a course of Radiation or Chemotherapy.

PRESS F1 FOR HELP SCREEN.

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### AQ46A
OPEN ACCESS POLICY OTHER

About how many of this agency’s current hospice patients were admitted under Open Access?

IF AGENCY HAS NO CURRENT HOSPICE PATIENTS, ENTER 9996

ENTER NUMBER OF OPEN ACCESS ADMISSIONS. ______________

REFUSED
ENCOURAGE FLU VACCINATION
SHOW CARD AQ48.

Does AGENCY do any of the following to encourage employees’ influenza vaccinations?

SELECT ALL THAT APPLY.

1. VACCINATIONS OFFERED ON SITE
2. VACCINATIONS OFFERED FOR FREE
3. VACCINATIONS OFFERED AT REDUCED COST
4. EMPLOYEE INCENTIVES PROVIDED FOR VACCINATION
5. PROOF OF VACCINATION (OR CONTRAINDICATION) REQUIRED FOR WORK/EMPLOYMENT
6. NONE OF THE ABOVE
91. OTHER (SPECIFY)

REFUSED
DON’T KNOW

ENCOURAGE FLU VACCINATION OTHER SPECIFY (AQ48 – 91)

DESCRIBE OTHER WAYS TO ENCOURAGE VACCINATIONS.

____________________________________________

STAFF PERCENTAGE VACCINATED FOR FLU
SHOW CARD AQ49.

About what percentage of employees received a Flu shot last Flu season?

1. 0%
2. 1 TO 20%
3. 21 TO 40%
4. 41 TO 60%
5. 61 TO 80%
6. 81 TO 99%
7. 100%

REFUSED
DON’T KNOW
NOTICE – Public reporting burden of this collection of information is estimated to average 30 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: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0298).

Assurance of Confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

AQ5 - **A chain** is defined as having two or more agencies under one ownership or operation.

AQ13- The year recorded should reflect the year the sampled hospice agency, under its current ownership, began delivering services.

AQ14 - The year recorded should reflect the year the sampled home health care agency, under its current ownership, began delivering services.
AQ15- The agency is **for profit** if it is owned by an individual, a partnership, or a corporation.

The agency is **private nonprofit** if it is owned by a religious group or a nonprofit corporation, etc.

AQ17/18 - Pending refers to the fact that the paperwork for Medicare certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.

AQ25 B - The agency type according to the Medicare certification on file:
- 81=Hospice (non-hospital based)
- 82=Hospice (hospital-based) which includes 32X, 33X, 34X

AQ20/21 - Pending refers to the fact that the paperwork for Medicaid certification of the agency has been submitted to CMS but the final approval and certification number have not been sent or issued to the agency.

AQ28 - “**Hospital**” is a broad concept. It includes the following:
- acute care hospitals;
- private psychiatric hospitals;
- state or county hospitals for the mentally ill;
- Department of Veterans Affairs hospitals and medical centers;
- state hospitals for the mentally retarded;
- chronic disease, rehabilitation, geriatric, and other long-term hospitals; and,
- other places that are commonly called hospitals.

“**Health care system**” is an organized system that provides medical care, including inpatient, emergency, ambulatory care, and diagnostic procedures to a population. Many times, the system will have satellite facilities where some or all services may be offered.
### AQ29 - Formal contracts
The parties to an arrangement have attempted to spell out all terms in a legal contract or letter of agreement. A preferred provider agreement is considered a formal contract.

### AQ 34/35 - Complementary and Alternative Medicine (CAM)
Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Examples include acupuncture, dietary supplements, and homeopathic medicine.

### AQ36 - Pharmacy services
Pharmacy services (also referred to as Pharmaceutical Services) refer to the system of appropriate methods and procedures for the dispensing and administering of drugs and biologicals under the direction of a qualified pharmacist. The includes evaluation of patients’ responses to the medication therapy, identification of adverse drug reactions, and taking appropriate corrective action. Drugs and biologicals must be obtained from community or institutional pharmacists or stocked by the agency. The agency must furnish the drugs and biologicals for each patient, as specified in each patient’s care plan. The use of drugs and biologicals must be provided in accordance with accepted professional principles and appropriate Federal, State, and local laws.

### AQ37 - Ethical issues
Ethical issues - Regarding what is in accordance with law and accepted principles of right and wrong in the profession/industry.
Referral services - provide information about services available from public and private providers. They may also order or arrange services but they do not provide the services directly.

AQ46 - Open Access means the hospice accepts anyone who meets the eligibility requirements for hospice. (Eligibility requirement is that individual must have a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.) The patients may continue their current treatment or start new treatments.