

## 2025 National Post-acute and Long-term Care Study (NPALS) Data Dictionary: Adult Day Services Center (ADSC) Provider File

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range  | Notes/Comments        |
|-----------------|---------------|--|--------|--------|--|-----------------------|
|                 | CASEID        | Case (respondent/facility) ID  | C      | 8      |  | Unique case (ADSC) ID |
|                 | MODE          |  | C      | 4      | Mail<br>Web  |                       |
| 1               | OWNERSHP      | <p>What is the type of ownership of this adult day services center? MARK ONLY ONE ANSWER</p> <ul style="list-style-type: none"> <li><input type="radio"/> Private-nonprofit</li> <li><input type="radio"/> Private-for profit</li> <li><input type="radio"/> Publicly traded company or limited liability company (LLC)</li> <li><input type="radio"/> Government-federal, state, county, or local</li> </ul>  | N      | 8      | 1 = Private – nonprofit<br>2 = Private - for profit<br>3 = Publicly traded company or limited liability company (LLC)<br>4 = Government - federal, state, county, or local |                       |
| 2a              | LICENSED      | <p>Is this adult day service center...<br/>MARK YES OR NO IN EACH ROW</p> <p>a. licensed or certified by your State specifically to provide adult day services, or accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>→ If you answered “No” to both 2a and 2b, skip to question 37</p>                         | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No  |                       |
| 2b              | MEDICAID      | <p>Is this adult day service center...<br/>MARK YES OR NO IN EACH ROW</p> <p>b. authorized or otherwise set up to participate in Medicaid (Medicaid state plan, Medicaid waiver, or Medicaid managed care) or part of a Program of All-inclusive Care for the Elderly (PACE)?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>→ If you answered “No” to both 2a and 2b, skip to question 37</p> | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No  |                       |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

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|-----------------|---------------|---|--------|--------|--|----------------|
| 3               | TOTPARTrc     | <p>What is the total number of participants <u>currently enrolled</u> at this adult day services center? <i>Include all participants on this center's roster, no matter how frequently they attend, if they are receiving services at their residence or virtually (on-line or by telephone), if they share an enrollment spot, or if the center has temporarily closed or suspended services due to COVID-19. If none, enter "0."</i></p> <p>___ Number of participants<br/>→ If you answered "0", skip to question 37</p> | N      | 8      | 1-738  |                |
| 4               | AVGPART       | <p>Based on a typical week, what is the approximate average number of participants this adult day services center serves daily, either at this physical location, at the participant's residence, or virtually (on-line or by telephone)? If none, enter "0."</p> <p>___ Average daily attendance of participants</p>   | N      | 8      | -9 = Not ascertained<br>1-920  |                |
| 5               | MAXPART       | <p>What is the <u>maximum</u> number of participants allowed at this adult day services center at this location? <i>This may be called the allowable daily capacity and is usually determined by law or by fire code, but may also be a program decision. If none, enter "0."</i></p> <p>___ Maximum number of participants allowed</p>   | N      | 8      | -9 = Not ascertained<br>0-800  |                |
| 6               | CHAIN         | <p>Is this center owned by a person, group, or organization that owns or manages <u>two or more adult day services centers</u>? <i>This may include a corporate chain.</i></p> <p><input type="radio"/> Yes<br/><input type="radio"/> No</p>  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No  |                |
| 7               | MODEL         | <p>Which <u>one</u> of the following best describes the participant needs that the <u>services of this center</u> are designed to meet? MARK ONLY ONE ANSWER</p>  | N      | 8      | -9 = Not ascertained<br>1 = ONLY social/recreational needs - no health/medical needs |                |

Note: \*Range rounded to 2 decimal places, where applicable.

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|-----------------|-----------------|--|--------|--------|--|--|
|                 |                 | <ul style="list-style-type: none"> <li>o ONLY social/recreational needs—NO health/medical needs</li> <li>o PRIMARILY social/recreational needs and SOME health/medical needs</li> <li>o EQUALLY social/recreational and health/medical needs</li> <li>o PRIMARILY health/medical needs and SOME social/recreational needs</li> <li>o ONLY health/medical needs—NO social/recreational needs</li> </ul> |        |        | 2 = PRIMARILY social/recreational needs and some health/medical needs<br>3 = EQUALLY social/recreational and health/medical needs<br>4 = PRIMARILY health/medical needs and some social/recreational needs<br>5 = ONLY health/medical needs - no social/recreational needs |  |
| 8a Imputed      | REVMCAIDrc      | <p>Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i>. Enter "0" for any sources that do not apply.</p> <p>a. Medicaid (include revenue from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center) _____%</p>                                      | N      | 8      | 0-100  | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |
| 8a Imputed      | REVMCAID2rc     | <p>Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i>. Enter "0" for any sources that do not apply.</p> <p>a. Medicaid (include revenue from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center) _____%</p>                                      | N      | 8      | 0-100  | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVMCAID_IMPFLG | Imputation flag for REVMCAID   | N      | 8      | 0 = Not imputed<br>1 = Imputed   |  |
| 8b Imputed      | REVMCARErc      | <p>Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i>. Enter "0" for any sources that do not apply.</p>  | N      | 8      | 0-100  | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |

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| Question Number | Variable Name   | Survey Question Text  | C or N | Length | Code Categories/Range          | Notes/Comments   |
|-----------------|-----------------|---|--------|--------|--------------------------------|--|
|                 |                 | b. Medicare (include Medicare Advantage and Traditional or Original Medicare)<br>_____ %  |        |        |                                |  |
| 8b<br>Imputed   | REVMCARE2rc     | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>b. Medicare (include Medicare Advantage and Traditional or Original Medicare)<br>_____ % | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVMCARE_IMPFLG | Imputation flag for REVMCARE  | N      | 8      | 0 = Not imputed<br>1 = Imputed |  |
| 8c<br>Imputed   | REVOAArc        | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>c. Older Americans Act/Title III<br>_____ %  | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |
| 8c<br>Imputed   | REVOAA2rc       | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>c. Older Americans Act/Title III<br>_____ %  | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVOAA_IMPFLG   | Imputation flag for REVOAA  | N      | 8      | 0 = Not imputed<br>1 = Imputed |  |
| 8d<br>Imputed   | REVVETrc        | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.   | N      | 8      | 0-95                           | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |

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|-----------------|---------------|---|--------|--------|--------------------------------|--|
|                 |               | d. Veteran's Administration<br>_____ %  |        |        |                                |  |
| 8d<br>Imputed   | REVVET2rc     | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>d. Veteran's Administration<br>_____ %                           | N      | 8      | 0-95                           | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVVET_IMPFLG | Imputation flag for REVVET  | N      | 8      | 0 = Not imputed<br>1 = Imputed |  |
| 8e<br>Imputed   | REVG0Vrc      | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>e. Other Federal, State, or Local Government<br>_____ %          | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |
| 8e<br>Imputed   | REVG0V2rc     | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>e. Other Federal, State, or Local Government<br>_____ %          | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVG0V_IMPFLG | Imputation flag for REVG0V  | N      | 8      | 0 = Not imputed<br>1 = Imputed |  |
| 8f<br>Imputed   | REVSELFrc     | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>f. Out-of-pocket payment by the participant or family<br>_____ % | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |

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| Question Number | Variable Name   | Survey Question Text  | C or N | Length | Code Categories/Range          | Notes/Comments   |
|-----------------|-----------------|---|--------|--------|--------------------------------|--|
| 8f<br>Imputed   | REVSELF2rc      | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>f. Out-of-pocket payment by the participant or family _____% | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVSELF_IMPFLG  | Imputation flag for REVSELF   | N      | 8      | 0 = Not imputed<br>1 = Imputed |  |
| 8g<br>Imputed   | REVINSURrc      | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>g. Private insurance _____%                                  | N      | 8      | 0-95                           | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |
| 8g<br>Imputed   | REVINSUR2rc     | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>g. Private insurance _____%                                  | N      | 8      | 0-95                           | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVINSUR_IMPFLG | Imputation flag for REVINSUR  | N      | 8      | 0 = Not imputed<br>1 = Imputed |  |
| 8h<br>Imputed   | REVOTHSOrc      | Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? <i>Your entries should add up to 100%</i> . Enter "0" for any sources that do not apply.<br><br>h. Other source _____%                                       | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDPAID, and MSA  |
| 8h<br>Imputed   | REVOTHSO2rc     | Of this center's revenue from paid participant fees, about what percentage comes from each  | N      | 8      | 0-100                          | Used multiple imputations for missing data. Variables  |

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| Question Number | Variable Name   | Survey Question Text  | C or N | Length | Code Categories/Range  | Notes/Comments   |
|-----------------|-----------------|---|--------|--------|--|--|
|                 |                 | of the following sources? <i>Your entries should add up to 100%. Enter "0" for any sources that do not apply.</i><br><br>h. Other source _____%   |        |        |  | used in imputation: MAXPART, OWNERSHIP, CHAIN, MEDICAID, and MSA |
|                 | REVOTHSO_IMPFLG | Imputation flag for REVOTHSO  | N      | 8      | 0 = Not imputed<br>1 = Imputed                                 |  |
| 9               | EHR             | An Electronic Health Record (EHR) is a computerized version of the participant's health and personal information used in the management of the participant's health care. Other than for accounting or billing purposes, does this adult day services center use Electronic Health Records?<br><br><input type="radio"/> Yes<br><input type="radio"/> No →Skip to question 14 | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No                      |  |
| 10a             | ITMDrc          | Does this adult day services center's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing.</i> MARK YES OR NO IN EACH ROW<br><br>a. Physician<br><input type="radio"/> Yes<br><input type="radio"/> No  | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |  |
| 10b             | ITPHARMrc       | Does this adult day services center's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing.</i> MARK YES OR NO IN EACH ROW<br><br>b. Pharmacy<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |  |
| 10c             | ITHOSPrc        | Does this adult day services center's Electronic Health Records system support <u>electronic health information exchange</u> with each of the   | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes           |  |

Note: \*Range rounded to 2 decimal places, where applicable.

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| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range  | Notes/Comments   |
|--|---------------|--|--------|--------|--|--|
|  |               | <p>following providers? <i>Do not include faxing.</i><br/>MARK YES OR NO IN EACH ROW</p> <p>c. Hospital<br/> <input type="radio"/> Yes<br/> <input type="radio"/> No</p>   |        |        | 2 = No   |  |
| 10d  | ITNHrc        | <p>Does this adult day services center's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing.</i><br/>MARK YES OR NO IN EACH ROW</p> <p>d. Skilled nursing facility, nursing home, or inpatient rehabilitation facility<br/> <input type="radio"/> Yes<br/> <input type="radio"/> No</p>   | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No                                 |  |
| 10e  | ITLTCOTHrc    | <p>Does this adult day services center's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing.</i><br/>MARK YES OR NO IN EACH ROW</p> <p>e. Other long-term care provider<br/> <input type="radio"/> Yes<br/> <input type="radio"/> No</p>  | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No                                 |  |
| Derived from 10a-e (ITMDrc, ITPHARMrc, ITHOSPrc, ITNHrc, and ITLTCOTHrc) | ANYEX         | <p>Does this adult day services center's Electronic Health Records system support <u>electronic health information exchange</u> with each of the following providers? <i>Do not include faxing.</i><br/>MARK YES OR NO IN EACH ROW</p> <p>a. Physician<br/> b. Pharmacy<br/> c. Hospital<br/> d. Skilled nursing facility, nursing home, or inpatient rehabilitation facility<br/> e. Other long-term care provider<br/> <input type="radio"/> Yes<br/> <input type="radio"/> No</p> | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Exchange with at least one provider<br>2 = No | Derived variable to indicate ADSC EHR system supports electronic health information exchange with any of the listed providers. |

Note: \*Range rounded to 2 decimal places, where applicable.

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| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range  | Notes/Comments |
|-----------------|---------------|--|--------|--------|--|----------------|
| 11              | SPECIALIZED   | Is this a <u>specialized</u> center that serves <u>only</u> participants with particular diagnoses, conditions, or disabilities?<br><br><input type="radio"/> Yes<br><input type="radio"/> No →Skip to question 13                     | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No                      |                |
| 12a             | CONDALZ       | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>a. Alzheimer's disease or other dementias<br><input type="radio"/> Yes<br><input type="radio"/> No     | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |                |
| 12b             | CONDIDDD      | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>b. Intellectual or developmental disabilities<br><input type="radio"/> Yes<br><input type="radio"/> No | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |                |
| 12c             | CONDMS        | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>c. Multiple sclerosis<br><input type="radio"/> Yes<br><input type="radio"/> No                         | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |                |
| 12d             | CONDPARK      | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>d. Parkinson's disease<br><input type="radio"/> Yes<br><input type="radio"/> No                        | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |                |
| 12e             | CONDSMI       | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW   | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |                |

Note: \*Range rounded to 2 decimal places, where applicable.

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| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range  | Notes/Comments  |
|-----------------|---------------|--|--------|--------|--|---|
|                 |               | e. Severe mental illness<br><input type="radio"/> Yes<br><input type="radio"/> No  |        |        |  |   |
| 12f             | CONDTBI       | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>f. Traumatic brain injury<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |   |
| 12g             | CONDOTH       | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>g. Other (please specify)<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Yes<br>2 = No |   |
| 12g             | OTHERCOND     | In which of the following diagnoses, conditions, or disabilities does this center specialize? MARK YES OR NO IN EACH ROW<br><br>g. Other (please specify) _____  | C      | 150    | -9 = Not ascertained<br>-1 = Inapplicable<br>Text              | 'Text' is the text respondents entered apart from -9, -1. |
| 13a             | THPHONE       | In the <u>last 12 months</u> , did this center use any of the following types of <u>telehealth tools</u> to assess, diagnose, monitor, or treat participants? MARK YES, NO, OR DON'T KNOW IN EACH ROW<br><br>a. Telephone audio<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Don't Know | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No<br>3 = Don't know    |   |
| 13b             | THVIDEO       | In the <u>last 12 months</u> , did this center use any of the following types of <u>telehealth tools</u> to assess, diagnose, monitor, or treat participants? MARK YES, NO, OR DON'T KNOW IN EACH ROW<br><br>b. Videoconference software with audio (e.g.,   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No<br>3 = Don't know    |   |

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| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                     | Notes/Comments |
|-----------------|---------------|---|--------|--------|---|----------------|
|                 |               | Zoom, Webex, FaceTime)<br><input type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> Don't Know   |        |        |   |                |
| 14a             | ICPEOP        | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>a. Have a written Emergency Operations Plan that is specific to or includes pandemic response<br><input type="radio"/> Yes<br><input type="radio"/> No              | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14b             | ICPCOORD      | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>b. Have a designated staff member or consultant responsible for coordinating the infection control program<br><input type="radio"/> Yes<br><input type="radio"/> No | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14c             | ICPFLUPART    | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>c. Offer annual influenza vaccination to participants<br><input type="radio"/> Yes<br><input type="radio"/> No  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14d             | ICPFLUSTAFF   | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>d. Offer annual influenza vaccination to all employees or contract staff<br><input type="radio"/> Yes<br><input type="radio"/> No                                   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |

Note: \*Range rounded to 2 decimal places, where applicable.

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| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                     | Notes/Comments |
|-----------------|---------------|--|--------|--------|---|----------------|
| 14e             | ICPCVDPART    | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>e. Offer COVID-19 vaccination to participants<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14f             | ICPCVDSTAFF   | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>f. Offer COVID-19 vaccination to all employees or contract staff<br><input type="radio"/> Yes<br><input type="radio"/> No  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14g             | ICPSCRN       | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>g. Screen participants daily for infection (e.g., screen for fever or respiratory symptoms) if an outbreak occurs<br><input type="radio"/> Yes<br><input type="radio"/> No | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14h             | ICPHRS        | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>h. Limit hours or temporarily close this center if an outbreak occurs<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 14i             | ICPRESTRICT   | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>i. Impose restrictions on family, relatives, visitors, volunteers, or non-essential consultant   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                                | Notes/Comments |
|-----------------|---------------|--|--------|--------|--|----------------|
|                 |               | personnel (e.g., barbers, delivery personnel) entering the building if an outbreak occurs<br><input type="radio"/> Yes<br><input type="radio"/> No   |        |        |  |                |
| 14j             | ICPMASK       | Does this center have the following infection control policies and practices? MARK YES OR NO IN EACH ROW<br><br>j. Masking if an outbreak occurs<br><input type="radio"/> Yes<br><input type="radio"/> No  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No            |                |
| 15a             | SERVHOSP1     | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW<br><br>a. Hospice services<br>This adult day services center ...<br><br><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15a             | SERVHOSP3     | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW<br><br>a. Hospice services<br>This adult day services center ...<br><br><input type="radio"/> Refers participants or family to outside service providers  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15a             | SERVHOSP4     | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
|                  |               | <p>virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>a. Hospice services<br/>This adult day services center ...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>   |        |        |   |   |
| Derived from 15a | SERVHOSPR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>a. Hospice services<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/><input type="radio"/> Refers participants or family to outside service providers<br/><input type="radio"/> Does not provide, arrange, or refer for this service</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15b              | SERVSOCW1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>b. Social work services - provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                                | Notes/Comments |
|-----------------|---------------|--|--------|--------|--|----------------|
|                 |               | <p>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>   |        |        |  |                |
| 15b             | SERVSOCW3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>b. Social work services - provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services<br/>This adult day services center ...</p> <p><input type="radio"/> Refers participant or family to outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15b             | SERVSOCW4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>b. Social work services - provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services<br/>This adult day services center ...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>      | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
| Derived from 15b | SERVSOCWR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>b. Social work services - provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, and referral services<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/><input type="radio"/> Refers participants or family to outside service providers<br/><input type="radio"/> Does not provide, arrange, or refer for this service</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15c              | SERVMH1       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental or behavioral health services - target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|---|--------|--------|---|---|
| 15c              | SERVMH3       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental health or behavioral services - target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions<br/>This adult day services center ...</p> <p><input type="radio"/> Refers participant or family to outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| 15c              | SERVMH4       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>c. Mental health or behavioral services - target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions<br/>This adult day services center ...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>      | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| Derived from 15c | SERVMHR       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p>   | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                                | Notes/Comments |
|-----------------|---------------|---|--------|--------|--|----------------|
|                 |               | <p>c. Mental health or behavioral services - target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/>o Refers participants or family to outside service providers<br/>o Does not provide, arrange, or refer for this service</p> |        |        |  |                |
| 15d             | SERVTX1       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>d. Therapy services - Physical, occupational, or speech therapies<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>                          | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15d             | SERVTX3       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>d. Therapy services - Physical, occupational, or speech therapies<br/>This adult day services center ...</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
|                  |               | o Refers participant or family to outside service providers  |        |        |   |   |
| 15d              | SERVTX4       | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW<br><br>d. Therapy services - Physical, occupational, or speech therapies<br>This adult day services center ...<br><br>o Does not provide, arrange, or refer for this service  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| Derived from 15d | SERVTR        | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW<br><br>d. Therapy services - Physical, occupational, or speech therapies<br>This adult day services center ...<br><br>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br>o Refers participants or family to outside service providers<br>o Does not provide, arrange, or refer for this service | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15e              | SERVX1        | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                                     | Notes/Comments  |
|------------------|---------------|---|--------|--------|---|---|
|                  |               | <p>IN EACH ROW</p> <p>e. Pharmacy services - including filling of or delivery of prescriptions<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>  |        |        |   |   |
| 15e              | SERVRX3       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. Pharmacy services - including filling of or delivery of prescriptions<br/>This adult day services center ...</p> <p>o Refers participant or family to outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked      |   |
| 15e              | SERVRX4       | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. Pharmacy services - including filling of or delivery of prescriptions<br/>This adult day services center ...</p> <p>o Does not provide, arrange, or refer for this service</p>      | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked      |   |
| Derived from 15e | SERVXR        | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each</p>   | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only | "Provides" means the center provides the service by paid center employees or arranges for the service to be |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                                    | Notes/Comments                        |
|-----------------|---------------|--|--------|--------|--|---------------------------------------|
|                 |               | <p>service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>e. Pharmacy services - including filling of or delivery of prescriptions<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/><input type="radio"/> Refers participants or family to outside service providers<br/><input type="radio"/> Does not provide, arrange, or refer for this service</p>             |        |        | 3 = Does not provide, arrange, or refer for this service | provided by outside service providers |
| 15f             | SERVDIET1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services - including meal pickup or delivery<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked     |                                       |
| 15f             | SERVDIET3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services - including meal pickup or delivery<br/>This adult day services center ...</p>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked     |                                       |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|---|--------|--------|---|---|
|                  |               | <ul style="list-style-type: none"> <li>o Refers participant or family to outside service providers</li> </ul>   |        |        |   |   |
| 15f              | SERVDIET4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services - including meal pickup or delivery<br/>This adult day services center ...</p> <ul style="list-style-type: none"> <li>o Does not provide, arrange, or refer for this service</li> </ul>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| Derived from 15f | SERVDIETR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>f. Dietary and nutritional services - including meal pickup or delivery<br/>This adult day services center ...</p> <ul style="list-style-type: none"> <li>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</li> <li>o Refers participants or family to outside service providers</li> <li>o Does not provide, arrange, or refer for this service</li> </ul> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15g              | SERVNURS1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                                | Notes/Comments |
|-----------------|---------------|--|--------|--------|--|----------------|
|                 |               | <p>IN EACH ROW</p> <p>g. Skilled nursing services - must be performed by an RN, LPN, or LVN and are medical in nature<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>  |        |        |  |                |
| 15g             | SERVNURS3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>g. Skilled nursing services - must be performed by an RN, LPN, or LVN and are medical in nature<br/>This adult day services center ...</p> <p>o Refers participant or family to outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15g             | SERVNURS4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>g. Skilled nursing services - must be performed by an RN, LPN, or LVN and are medical in nature<br/>This adult day services center ...</p> <p>o Does not provide, arrange, or refer for this service</p>      | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
| Derived from 15g | SERVNURSR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>g. Skilled nursing services - must be performed by an RN, LPN, or LVN and are medical in nature<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/><input type="radio"/> Refers participants or family to outside service providers<br/><input type="radio"/> Does not provide, arrange, or refer for this service</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15h              | SERVAPPT1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>h. Transportation services for medical or dental appointments<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| 15h              | SERVAPPT3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
|                  |               | <p>h. Transportation services for medical or dental appointments<br/>This adult day services center ...</p> <p><input type="radio"/> Refers participant or family to outside service providers</p>   |        |        |   |   |
| 15h              | SERVAPPT4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>h. Transportation services for medical or dental appointments<br/>This adult day services center ...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| Derived from 15h | SERVAPPTR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>h. Transportation services for medical or dental appointments<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/><input type="radio"/> Refers participants or family to outside service providers<br/><input type="radio"/> Does not provide, arrange, or refer for this service</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                                | Notes/Comments |
|-----------------|---------------|---|--------|--------|--|----------------|
| 15i             | SERVTRAN1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. Daily round trip transportation services to or from this center<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15i             | SERVTRAN3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. Daily round trip transportation services to or from this center<br/>This adult day services center ...</p> <p>o Refers participant or family to outside service providers</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15i             | SERVTRAN4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. Daily round trip transportation services to or from this center<br/>This adult day services center ...</p>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|---|--------|--------|---|---|
|                  |               | <p>o Does not provide, arrange, or refer for this service</p>   |        |        |   |   |
| Derived from 15i | SERVTRANR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>i. Daily round trip transportation services to or from this center<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/>o Refers participants or family to outside service providers<br/>o Does not provide, arrange, or refer for this service</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15j              | SERVDENT1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Routine and emergency dental services by a licensed dentist<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| 15j              | SERVDENT3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
|                  |               | <p>service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Routine and emergency dental services by a licensed dentist<br/>This adult day services center ...</p> <p><input type="radio"/> Refers participant or family to outside service providers</p>   |        |        |   |   |
| 15j              | SERVDENT4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Routine and emergency dental services by a licensed dentist<br/>This adult day services center ...</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| Derived from 15j | SERVDENTR     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>j. Routine and emergency dental services by a licensed dentist<br/>This adult day services center ...</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/><input type="radio"/> Refers participants or family to outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                                | Notes/Comments |
|-----------------|---------------|---|--------|--------|--|----------------|
|                 |               | o Does not provide, arrange, or refer for this service  |        |        |  |                |
| 15k             | SERVHLTHCR1   | <p>Services currently offered by this center can include services offered at this physical location, at a participant’s residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>k. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15k             | SERVHLTHCR3   | <p>Services currently offered by this center can include services offered at this physical location, at a participant’s residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>k. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses<br/>This adult day services center ...</p> <p>o Refers participant or family to outside service providers</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |
| 15k             | SERVHLTHCR4   | <p>Services currently offered by this center can include services offered at this physical location, at a participant’s residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>This adult day services center ...</p>   | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|--|--------|--------|---|---|
|                  |               | <p>k. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p>  |        |        |   |   |
| Derived from 15k | SERVHLTHCRR   | <p>Services currently offered by this center can include services offered at this physical location, at a participant’s residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>This adult day services center ...</p> <p>k. Home health care—medical, therapeutic, and other health care services to help with post-acute and chronic illnesses</p> <p><input type="radio"/> Provides the service by paid center employees or Arranges for the service to be provided by outside service providers</p> <p><input type="radio"/> Refers participants or family to outside service providers</p> <p><input type="radio"/> Does not provide, arrange, or refer for this service</p> | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be provided by outside service providers |
| 15l              | SERVHOME1     | <p>Services currently offered by this center can include services offered at this physical location, at a participant’s residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>l. Home care—assistance with completing self-care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments</p> <p>This adult day services center ...</p>  | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number  | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range   | Notes/Comments  |
|------------------|---------------|---|--------|--------|---|---|
|                  |               | o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers   |        |        |   |   |
| 15I              | SERVHOME3     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>I. Home care—assistance with completing self-care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments<br/>This adult day services center ...</p> <p>o Refers participant or family to outside service providers</p> | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| 15I              | SERVHOME4     | <p>Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY IN EACH ROW</p> <p>I. Home care—assistance with completing self-care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments<br/>This adult day services center ...</p> <p>o Does not provide, arrange, or refer for this service</p>      | N      | 8      | -9 = Not ascertained<br>1 = Marked<br>2 = Not marked  |   |
| Derived from 15I | SERVHOMER     | Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... MARK ALL THAT APPLY  | N      | 8      | -9 = Not ascertained<br>1 = Provides<br>2 = Referral only<br>3 = Does not provide, arrange, or refer for this service | "Provides" means the center provides the service by paid center employees or arranges for the service to be |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name   | Survey Question Text   | C or N | Length | Code Categories/Range          | Notes/Comments                                   |
|-----------------|-----------------|--|--------|--------|--------------------------------|--|
|                 |                 | <p>IN EACH ROW</p> <p>I. Home care—assistance with completing self-care, activities of daily living, and instrumental activities of daily living such as housekeeping, errands, and appointments<br/>This adult day services center ...</p> <p>o Provides the service by paid center employees or Arranges for the service to be provided by outside service providers<br/>o Refers participants or family to outside service providers<br/>o Does not provide, arrange, or refer for this service</p> |        |        |                                | provided by outside service providers            |
| 16a             | AG64LESSrc      | <p>Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants.</p> <p>a. Under 65 years<br/>____ Number of participants</p>   | N      | 8      | 0-365                          | Multiple imputations used to impute missing data |
|                 | AG64LESS_IMPFLG | Imputation flag for AG64LESSrc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 16b             | AG65TO74rc      | <p>Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants.</p> <p>b. Under 65-74 years<br/>____ Number of participants</p>  | N      | 8      | 0-250                          | Multiple imputations used to impute missing data |
|                 | AG65TO74_IMPFLG | Imputation flag for AG65TO74rc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 16c             | AG75TO84rc      | <p>Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants.</p> <p>c. Under 75 - 84 years<br/>____ Number of participants</p>  | N      | 8      | 0-360                          | Multiple imputations used to impute missing data |
|                 | AG75TO84_IMPFLG | Imputation flag for AG75TO84rc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                               | Variable Name    | Survey Question Text   | C or N | Length | Code Categories/Range          | Notes/Comments                                   |
|---|------------------|--|--------|--------|--------------------------------|--|
| 16d   | AG85UPrc         | Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants.<br><br>d. 85 years and older<br>____ Number of participants   | N      | 8      | 0-198                          | Multiple imputations used to impute missing data |
|   | AG85UP_IMPFLG    | Imputation flag for AG85UPrc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| Derived from AG65TO74rc, AG75TO84rc, AG85UPrc | AG65OVER         | Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants.   | N      | 8      | 0-629                          | Derived from imputed age categories              |
| 17a   | HISPANICrc       | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the "Two or more races" category. Enter "0" for any categories with no participants.<br><br>a. Hispanic or Latino, of any race<br>____ Number of participants           | N      | 8      | 0-353                          | Multiple imputations used to impute missing data |
|   | HISPANIC_IMPFLG  | Imputation flag for HISPANICrc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 17b   | MULTIRACerc      | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the "Two or more races" category. Enter "0" for any categories with no participants.<br><br>b. Two or more races, not Hispanic or Latino<br>____ Number of participants | N      | 8      | 0-50                           | Multiple imputations used to impute missing data |
|   | MULTIRACE_IMPFLG | Imputation flag for MULTIRACerc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range          | Notes/Comments                                   |
|-----------------|---------------|---|--------|--------|--------------------------------|--|
| 17c             | MENArc        | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>c. Middle Eastern or North African, not Hispanic or Latino<br>____ Number of participants  | N      | 8      | 0-149                          | Multiple imputations used to impute missing data |
|                 | MENA_IMPFLG   | Imputation flag for MENArc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 17d             | AIANrc        | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>d. American Indian or Alaska Native, not Hispanic or Latino<br>____ Number of participants | N      | 8      | 0-100                          | Multiple imputations used to impute missing data |
|                 | AIAN_IMPFLG   | Imputation flag for AIANrc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 17e             | ASIANrc       | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>e. Asian, not Hispanic or Latino<br>____ Number of participants                            | N      | 8      | 0-406                          | Multiple imputations used to impute missing data |
|                 | ASIAN_IMPFLG  | Imputation flag for ASIANrc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range          | Notes/Comments                                   |
|-----------------|---------------|--|--------|--------|--------------------------------|--|
| 17f             | BLACKrc       | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>f. Black, not Hispanic or Latino<br>____ Number of participants                                     | N      | 8      | 0-734                          | Multiple imputations used to impute missing data |
|                 | BLACK_IMPFLG  | Imputation flag for BLACKrc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 17g             | NHOPIrc       | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>g. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino<br>____ Number of participants | N      | 8      | 0-190                          | Multiple imputations used to impute missing data |
|                 | NHOPI_IMPFLG  | Imputation flag for NHOPIrc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 17h             | WHITErc       | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>h. White, not Hispanic or Latino<br>____ Number of participants                                     | N      | 8      | 0-391                          | Multiple imputations used to impute missing data |
|                 | WHITE_IMPFLG  | Imputation flag for WHITErc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number   | Variable Name    | Survey Question Text   | C or N | Length | Code Categories/Range          | Notes/Comments  |
|---|------------------|--|--------|--------|--------------------------------|---|
| 17i   | OTHERRACErc      | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>i. Some other category reported in this center’s system<br>____ Number of participants  | N      | 8      | 0-167                          | Multiple imputations used to impute missing data              |
|   | OTHERRACE_IMPFLG | Imputation flag for OTHERRACErc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |   |
| Derived from MENArc, AIANrc, NHOPrc, MULTIRACErc, OTHERRACErc | RACE_OTHER       | Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the “Two or more races” category. Enter “0” for any categories with no participants.<br><br>b. Two or more races, not Hispanic or Latino<br>c. Middle eastern or North African, not Hispanic or Latino<br>d. American Indian or Alaska Native, not Hispanic or Latino<br>g. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino<br>i. Some other category reported in this residential care community’s system<br>____ Number of participants | N      | 8      | 0-235                          | Derived from imputed race/ethnicity categories (17 b,c,d,g,i) |
| 18a   | MALErc           | Of the participants currently enrolled at this center, what is the sex breakdown? Enter “0” for any categories with no participants.<br><br>a. Male<br>____ Number of participants   | N      | 8      | 0-253                          | Multiple imputations used to impute missing data              |
|   | MALE_IMPFLG      | Imputation flag for MALErc   | N      | 8      | 1 = Imputed<br>0 = Not imputed |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range          | Notes/Comments                                   |
|-----------------|---------------|---|--------|--------|--------------------------------|--|
| 18b             | FEMALErc      | Of the participants currently enrolled at this center, what is the sex breakdown? Enter "0" for any categories with no participants.<br><br>b. Female<br>____ Number of participants  | N      | 8      | 0-532                          | Multiple imputations used to impute missing data |
|                 | FEMALE_IMPFLG | Imputation flag for FEMALErc  | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 19a             | DXALZrc       | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>a. Alzheimer disease or other dementias<br>____ Number of participants | N      | 8      | -9 = Not ascertained<br>0-440  |  |
| 19b             | DXARTH        | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>b. Arthritis<br>____ Number of participants                            | N      | 8      | -9 = Not ascertained<br>0-427  |  |
| 19c             | DXASTH        | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>c. Asthma<br>____ Number of participants                               | N      | 8      | -9 = Not ascertained<br>0-150  |  |
| 19d             | DXKIDNY       | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>d. Chronic kidney disease<br>____ Number of participants               | N      | 8      | -9 = Not ascertained<br>0-308  |  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range         | Notes/Comments |
|-----------------|---------------|--|--------|--------|-------------------------------|----------------|
| 19e             | DXCOPD        | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>e. COPD (chronic bronchitis or emphysema)<br>____ Number of participants  | N      | 8      | -9 = Not ascertained<br>0-409 |                |
| 19f             | DXDEP         | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>f. Depression<br>____ Number of participants  | N      | 8      | -9 = Not ascertained<br>0-367 |                |
| 19g             | DXDIABrc      | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>g. Diabetes<br>____ Number of participants  | N      | 8      | -9 = Not ascertained<br>0-312 |                |
| 19h             | DXCADIO       | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>h. Heart disease (for example, congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)<br>____ Number of participants | N      | 8      | -9 = Not ascertained<br>0-532 |                |
| 19i             | DXHBP         | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>i. High blood pressure or hypertension<br>____ Number of participants   | N      | 8      | -9 = Not ascertained<br>0-497 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range         | Notes/Comments |
|-----------------|---------------|---|--------|--------|-------------------------------|----------------|
| 19j             | DXDDrc        | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>j. Intellectual or developmental disability<br>____ Number of participants   | N      | 8      | -9 = Not ascertained<br>0-380 |                |
| 19k             | DXOSTEO       | Of the participants currently enrolled at this center, about how many have been diagnosed with each of the following conditions? Enter "0" for any categories with no participants.<br><br>k. Osteoporosis<br>____ Number of participants   | N      | 8      | -9 = Not ascertained<br>0-264 |                |
| 20              | EMERNUM       | As best you know, of the participants currently enrolled at this center, about how many were treated in a hospital emergency department in the last 90 days? If none, enter "0."<br><br>____ Number of participants   | N      | 8      | -9 = Not ascertained<br>0-120 |                |
| 21              | OVRNITE       | As best you know, of the participants currently enrolled at this center, about how many were discharged from an overnight hospital stay in the last 90 days? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. If none, enter "0."<br><br>____ Number of participants   | N      | 8      | -9 = Not ascertained<br>0-79  |                |
| 22              | MEDPAID       | During the <u>last 30 days</u> , for how many of the participants <u>currently enrolled at</u> this adult day services center did Medicaid pay for some or all of their services received at this center? <i>Include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center.</i> If none, enter "0."<br><br>____ Number of participants | N      | 8      | -9 = Not ascertained<br>0-623 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name   | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments |
|-----------------|-----------------|--|--------|--------|---|----------------|
| 23              | CVDCASESPART    | In the <u>last 12 months</u> , how many coronavirus disease (COVID-19) cases did this center have among participants? If none, enter "0".<br><br>____ Number of COVID-19 cases<br>→ If you answered "0", skip to question 25                         | N      | 8      | -9 = Not ascertained<br>0-70  |                |
| 24a<br>Recorded | CVDHOSPPARTrc   | Of the COVID-19 cases among participants, how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number.<br><br>a. ____ Number of COVID-19 Cases that resulted in a hospitalization         | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>0-12                             |                |
| 24a             | CVDHOSPPART_DK  | Of the COVID-19 cases among participants, how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number.<br><br>a. Number of COVID-19 Cases that resulted in a hospitalization - Don't know | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Selected<br>2 = Not selected |                |
| 24b<br>Recorded | CVDDEATHPARTrc  | Of the COVID-19 cases among participants, how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number.<br><br>b. ____ Number of COVID-19 Cases that resulted in death                     | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>0-30                             |                |
| 24b             | CVDDEATHPART_DK | Of the COVID-19 cases among participants, how many cases resulted in each of the following? Enter "0" if none or select don't know if you do not know the number.<br><br>b. Number of COVID-19 Cases that resulted in death - Don't know             | N      | 8      | -9 = Not ascertained<br>-1 = Inapplicable<br>1 = Selected<br>2 = Not selected |                |
| 25a             | TRANSHELP       | Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or                     | N      | 8      | -9 = Not ascertained<br>0-500   |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name   | Survey Question Text  | C or N | Length | Code Categories/Range          | Notes/Comments                                   |
|-----------------|-----------------|---|--------|--------|--------------------------------|--|
|                 |                 | <p>this center in each of the following activities?<br/>Enter "0" for any categories with no participants.</p> <p>a. With transferring in and out of a chair<br/>____ Number of participants</p>  |        |        |                                |  |
| 25b             | EATHELPrC       | <p>Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities?<br/>Enter "0" for any categories with no participants.</p> <p>b. With eating, like cutting up food<br/>____ Number of participants</p> | N      | 8      | 0-350                          | Multiple imputations used to impute missing data |
|                 | EATINGrc_IMPFLG | Imputation flag for EATHELPrC   | N      | 8      | 1 = Imputed<br>0 = Not imputed |  |
| 25c             | DRESHELP        | <p>Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities?<br/>Enter "0" for any categories with no participants.</p> <p>c. With dressing<br/>____ Number of participants</p>                     | N      | 8      | -9 = Not ascertained<br>0-600  |  |
| 25d             | BATHHELPrC      | <p>Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities?<br/>Enter "0" for any categories with no participants.</p>   | N      | 8      | 0-600                          | Multiple imputations used to impute missing data |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name    | Survey Question Text   | C or N | Length | Code Categories/Range          | Notes/Comments |
|-----------------|------------------|--|--------|--------|--------------------------------|----------------|
|                 |                  | d. With bathing or showering<br>____ Number of participants  |        |        |                                |                |
|                 | BATHINGrc_IMPFLG | Imputation flag for BATHHELPrC   | N      |        | 1 = Imputed<br>0 = Not imputed |                |
| 25e             | TOILHELP         | Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? Enter "0" for any categories with no participants.<br><br>e. With using the bathroom (toileting)<br>____ Number of participants  | N      | 8      | -9 = Not ascertained<br>0-550  |                |
| 25f             | WALKHELP         | Assistance refers to needing any help or supervision from another person, or use of assistive devices. Of the participants currently enrolled at this center, about how many now need any assistance at their usual residence or this center in each of the following activities? Enter "0" for any categories with no participants.<br><br>f. With locomotion or walking—this includes using a cane, walker, or wheelchair and/or help from another person<br>____ Number of participants | N      | 8      | -9 = Not ascertained<br>0-600  |                |
| 26              | FALLNUM          | As best you know, of the participants currently enrolled at this center, about how many had a fall in the last 90 days? Include falls that occurred in your center or off-site, whether or not the participant was injured, and whether or not anyone saw the participant fall or caught them. Please just count one fall per participant who fell, even if the participant fell more than one time. If one of your participants fell during the last 90 days, but is currently in         | N      | 8      | -9 = Not ascertained<br>0-455  |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range        | Notes/Comments |
|-----------------|---------------|---|--------|--------|------------------------------|----------------|
|                 |               | the hospital or rehabilitation facility, please include that person in your count. If no participants had a fall, enter "0."<br><br>____ Number of participants   |        |        |                              |                |
| 27a             | RNFT1         | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>a. Employee RN full-time<br>____ Number of Full-Time Employees | N      | 8      | -9 = Not ascertained<br>0-43 |                |
| 27a             | RNPT1         | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>a. Employee RN part-time<br>____ Number of Part-Time Employees | N      | 8      | -9 = Not ascertained<br>0-49 |                |
| 27b             | LPNFT1        | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.   | N      | 8      | -9 = Not ascertained<br>0-35 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range         | Notes/Comments |
|-----------------|---------------|---|--------|--------|-------------------------------|----------------|
|                 |               | b. Employee LPN full-time<br>_____ Number of Full-Time Employees  |        |        |                               |                |
| 27b             | LPNPT1        | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>b. Employee LPN part-time<br>_____ Number of Part-Time Employees         | N      | 8      | -9 = Not ascertained<br>0-11  |                |
| 27c             | AIDEFT1       | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>c. Employee nurses aide full-time<br>_____ Number of Full-Time Employees | N      | 8      | -9 = Not ascertained<br>0-100 |                |
| 27c             | AIDEPT1       | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>c. Employee nurses aide part-time<br>_____ Number of Part-Time Employees | N      | 8      | -9 = Not ascertained<br>0-122 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range        | Notes/Comments |
|-----------------|---------------|--|--------|--------|------------------------------|----------------|
| 27d             | SOCWFT1       | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Employee social worker full-time<br/> _____ Number of Full-Time Employees</p>    | N      | 8      | -9 = Not ascertained<br>0-23 |                |
| 27d             | SOCWPT1       | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Employee social worker part-time<br/> _____ Number of Part-Time Employees</p>    | N      | 8      | -9 = Not ascertained<br>0-7  |                |
| 27e             | ACTFT1        | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>e. Employee activities staff full-time<br/> _____ Number of Full-Time Employees</p> | N      | 8      | -9 = Not ascertained<br>0-52 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number              | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range        | Notes/Comments   |
|------------------------------|---------------|--|--------|--------|------------------------------|--|
| 27e                          | ACTPT1        | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>e. Employee activities staff part-time<br>____ Number of Part-Time Employees | N      | 8      | -9 = Not ascertained<br>0-26 |  |
| 27a<br>Derived from<br>RNFT1 | RNFT1rc       | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>a. Employee RN full-time<br>____ Number of Full-Time Employees               | N      | 8      | -9 = Not ascertained<br>0-20 | Outlier adjusted number of RN full-time employees.<br>Outlier replaced with size-specific mean |
| 27a<br>Derived from<br>RNPT1 | RNPT1rc       | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>a. Employee RN part-time<br>____ Number of Part-Time Employees               | N      | 8      | -9 = Not ascertained<br>0-13 | Outlier adjusted number of RN part-time employees.<br>Outlier replaced with size-specific mean |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range        | Notes/Comments   |
|--------------------------------|---------------|---|--------|--------|------------------------------|--|
| 27b<br>Derived from<br>LPNFT1  | LPNFT1rc      | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>b. Employee LPN full-time<br>____ Number of Full-Time Employees         | N      | 8      | -9 = Not ascertained<br>0-7  | Outlier adjusted number of LPN full-time employees.<br>Outlier replaced with size-specific mean  |
| 27b<br>Derived from<br>LPNPT1  | LPNPT1rc      | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>b. Employee LPN part-time<br>____ Number of Part-Time Employees         | N      | 8      | -9 = Not ascertained<br>0-3  | Outlier adjusted number of LPN part-time employees.<br>Outlier replaced with size-specific mean  |
| 27c<br>Derived from<br>AIDEFT1 | AIDEFT1rc     | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.<br><br>c. Employee nurses aide full-time<br>____ Number of Full-Time Employees | N      | 8      | -9 = Not ascertained<br>0-45 | Outlier adjusted number of aide full-time employees.<br>Outlier replaced with size-specific mean |
| 27c<br>Derived from<br>AIDEPT1 | AIDEPT1rc     | An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type   | N      | 8      | -9 = Not ascertained<br>0-19 | Outlier adjusted number of aide part-time employees.   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range        | Notes/Comments  |
|--------------------------------|---------------|--|--------|--------|------------------------------|---|
|                                |               | <p>below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>c. Employee nurses aide part-time<br/>_____ Number of Part-Time Employees</p>   |        |        |                              | Outlier replaced with size-specific mean  |
| 27d<br>Derived from<br>SOCWFT1 | SOCWFT1rc     | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Employee social worker full-time<br/>_____ Number of Full-Time Employees</p> | N      | 8      | -9 = Not ascertained<br>0-7  | Outlier adjusted number of social worker full-time employees. Outlier replaced with size-specific mean        |
| 27d<br>Derived from<br>SOCWPT1 | SOCWPT1rc     | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i> Enter "0" for any categories with no employees.</p> <p>d. Employee social worker part-time<br/>_____ Number of Part-Time Employees</p> | N      | 8      | -9 = Not ascertained<br>0-3  | Outlier adjusted number of social worker part-time employees. Outlier replaced with size-specific mean        |
| 27e<br>Derived from<br>ACTFT1  | ACTFT1rc      | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees and part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this</i></p>   | N      | 8      | -9 = Not ascertained<br>0-40 | Outlier adjusted number of activities directors full-time employees. Outlier replaced with size-specific mean |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number               | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                     | Notes/Comments  |
|-------------------------------|---------------|--|--------|--------|---|---|
|                               |               | <p><i>physical location, at a participant's residence, or virtually (on-line or by telephone). Enter "0" for any categories with no employees.</i></p> <p>e. Employee activities staff full-time<br/>           ____ Number of Full-Time Employees</p>   |        |        |   |   |
| 27e<br>Derived from<br>ACTPT1 | ACTPT1rc      | <p>An individual is considered an <u>employee</u> if the center is required to issue a <u>Form W-2</u> federal tax form on their behalf. For each staff type below, indicate how many <u>full-time employees</u> and <u>part-time employees</u> this center <u>currently</u> has. <i>Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone). Enter "0" for any categories with no employees.</i></p> <p>e. Employee activities staff part-time<br/>           ____ Number of Part-Time Employees</p> | N      | 8      | -9 = Not ascertained<br>0-10              | Outlier adjusted number of activities directors part-time employees. Outlier replaced with size-specific mean |
| 28                            | CONTRACTSTF   | <p><u>Contract or agency staff</u> refer to individuals or organization staff under contract with and working at this center but are not directly employed by the center. Does this center have any nursing aide, social work, or activities contract or agency staff? <i>Include contract staff who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).</i></p> <p>__ Yes<br/>           __ No → Skip to question 30</p>  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |   |
| 29a                           | RNFT2         | <p>For each staff type below, indicate how many <u>full-time contract or agency staff</u> and <u>part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center. Enter "0" for any categories with no contract or agency staff.</i></p> <p>a. Contract RN full-time</p>   | N      | 8      | -9 = Not ascertained<br>0-10              |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range        | Notes/Comments |
|-----------------|---------------|---|--------|--------|------------------------------|----------------|
|                 |               | ____Number of Full-Time Contract or Agency Staff  |        |        |                              |                |
| 29a             | RNPT2         | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>a. Contract RN part-time<br>____Number of Part-Time Contract or Agency Staff  | N      | 8      | -9 = Not ascertained<br>0-7  |                |
| 29b             | LPNFT2        | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>b. Contract LPN full-time<br>____Number of Full-Time Contract or Agency Staff | N      | 8      | -9 = Not ascertained<br>0-5  |                |
| 29b             | LPNPT2        | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>b. Contract LPN part-time<br>____Number of Part-Time Contract or Agency Staff | N      | 8      | -9 = Not ascertained<br>0-6  |                |
| 29c             | AIDEFT2       | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.  | N      | 8      | -9 = Not ascertained<br>0-31 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range        | Notes/Comments |
|-----------------|---------------|--|--------|--------|------------------------------|----------------|
|                 |               | c. Contract aide full-time<br>____ Number of Full-Time Contract or Agency Staff  |        |        |                              |                |
| 29c             | AIDEPT2       | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. Enter "0" for any categories with no contract or agency staff.<br><br>c. Contract aide part-time<br>____ Number of Part-Time Contract or Agency Staff  | N      | 8      | -9 = Not ascertained<br>0-11 |                |
| 29d             | SOCWFT2       | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>d. Contract social worker full-time<br>____ Number of Full-Time Contract or Agency Staff | N      | 8      | -9 = Not ascertained<br>0-24 |                |
| 29d             | SOCWPT2       | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>d. Contract social worker part-time<br>____ Number of Part-Time Contract or Agency Staff | N      | 8      | -9 = Not ascertained<br>0-7  |                |
| 29e             | ACTFT2        | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.   | N      | 8      | -9 = Not ascertained<br>0-41 |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number               | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range       | Notes/Comments  |
|-------------------------------|---------------|--|--------|--------|-----------------------------|---|
|                               |               | e. Contract activities full-time<br>____Number of Full-Time Contract or Agency Staff   |        |        |                             |   |
| 29e                           | ACTPT2        | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>e. Contract activities part-time<br>____Number of Part-Time Contract or Agency Staff | N      | 8      | -9 = Not ascertained<br>0-7 |   |
| 29a<br>Derived from<br>RNFT2  | RNFT2rc       | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>a. Contract RN full-time<br>____Number of Full-Time Contract or Agency Staff         | N      | 8      | -9 = Not ascertained<br>0-2 | Outlier adjusted number of RN full-time contract or agency staff. Outlier replaced with size-specific mean  |
| 29a<br>Derived from<br>RNPT2  | RNPT2rc       | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>a. Contract RN part-time<br>____Number of Part-Time Contract or Agency Staff         | N      | 8      | -9 = Not ascertained<br>0-2 | Outlier adjusted number of RN part-time contract or agency staff. Outlier replaced with size-specific mean  |
| 29b<br>Derived from<br>LPNFT2 | LPNFT2rc      | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any  | N      | 8      | -9 = Not ascertained<br>0-1 | Outlier adjusted number of LPN full-time contract or agency staff. Outlier replaced with size-specific mean |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range       | Notes/Comments   |
|--------------------------------|---------------|---|--------|--------|-----------------------------|--|
|                                |               | categories with no contract or agency staff.<br><br>b. Contract LPN full-time<br>____ Number of Full-Time Contract or Agency Staff  |        |        |                             |  |
| 29b<br>Derived from<br>LPNPT2  | LPNPT2rc      | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>b. Contract LPN part-time<br>____ Number of Part-Time Contract or Agency Staff  | N      | 8      | -9 = Not ascertained<br>0-1 | Outlier adjusted number of LPN part-time contract or agency staff. Outlier replaced with size-specific mean  |
| 29c<br>Derived from<br>AIDEFT2 | AIDEFT2rc     | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.<br><br>c. Contract aide full-time<br>____ Number of Full-Time Contract or Agency Staff | N      | 8      | -9 = Not ascertained<br>0-5 | Outlier adjusted number of aide full-time contract or agency staff. Outlier replaced with size-specific mean |
| 29c<br>Derived from<br>AIDEPT2 | AIDEPT2rc     | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. Enter "0" for any categories with no contract or agency staff.<br><br>c. Contract aide part-time<br>____ Number of Part-Time Contract or Agency Staff   | N      | 8      | -9 = Not ascertained<br>0-2 | Outlier adjusted number of aide part-time contract or agency staff. Outlier replaced with size-specific mean |
| 29d<br>Derived from<br>SOCWFT2 | SOCWFT2rc     | For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly</i>  | N      | 8      | -9 = Not ascertained<br>0-2 | Outlier adjusted number of social worker full-time contract or agency staff.                                 |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range        | Notes/Comments   |
|--------------------------------|---------------|---|--------|--------|------------------------------|--|
|                                |               | <p><i>employed by this center.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>d. Contract social worker full-time<br/>           ____ Number of Full-Time Contract or Agency Staff</p>   |        |        |                              | Outlier replaced with size-specific mean   |
| 29d<br>Derived from<br>SOCWPT2 | SOCWPT2rc     | <p>For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>d. Contract social worker part-time<br/>           ____ Number of Part-Time Contract or Agency Staff</p> | N      | 8      | -9 = Not ascertained<br>0-1  | Outlier adjusted number of social worker part-time contract or agency staff. Outlier replaced with size-specific mean        |
| 29e<br>Derived from<br>ACTFT2  | ACTFT2rc      | <p>For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>e. Contract activities full-time<br/>           ____ Number of Full-Time Contract or Agency Staff</p>    | N      | 8      | -9 = Not ascertained<br>0-2  | Outlier adjusted number of activities directors full-time contract or agency staff. Outlier replaced with size-specific mean |
| 29e<br>Derived from<br>ACTPT1  | ACTPT2rc      | <p>For each staff type below, indicate how many <u>full-time contract or agency staff and part-time contract or agency staff</u> this center <u>currently</u> has. <i>Do not include individuals directly employed by this center.</i> Enter "0" for any categories with no contract or agency staff.</p> <p>e. Contract activities part-time<br/>           ____ Number of Part-Time Contract or Agency Staff</p>    | N      | 8      | -9 = Not ascertained<br>0-1  | Outlier adjusted number of activities directors part-time contract or agency staff. Outlier replaced with size-specific mean |
| 27a                            | RNFTE1        | Number of full-time equivalent RN employees (full-time & part-time combined)  | N      | 8      | -9 = Not ascertained<br>0-20 | May include values greater than 0 but less than 1  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                             | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range          | Notes/Comments                                    |
|---|---------------|--|--------|--------|--------------------------------|---|
| Derived from RNFT1rc and RNPT1rc            |               | a. Registered nurses (RNs) - Full-time employees<br>a. Registered nurses (RNs) - Part-time employees   |        |        |                                |   |
| 27b<br>Derived from LPNFT1rc and LPNPT1rc   | LPNFTE1       | Number of full-time equivalent LPN employees (full-time & part-time combined)<br><br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time employees<br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time employees  | N      | 8      | -9 = Not ascertained<br>0-7.10 | May include values greater than 0 but less than 1 |
| 27c<br>Derived from AIDEFT1rc and AIDEPT1rc | AIDEFTE1      | Number of full-time equivalent aide employees (full-time & part-time combined)<br><br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees<br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time employees | N      | 8      | -9 = Not ascertained<br>0-45   | May include values greater than 0 but less than 1 |
| 27d<br>Derived from SOCWFT1rc and SOCWPT1rc | SOCWFTE1      | Number of full-time equivalent social worker employees (full-time & part-time combined)<br><br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time employees<br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time employees  | N      | 8      | -9 = Not ascertained<br>0-7    | May include values greater than 0 but less than 1 |
| 27e<br>Derived from ACTFT1rc and ACTPT1rc   | ACTFTE1       | Number of full-time equivalent activities employees (full-time & part-time combined)<br><br>e. Activities directors or activities staff - Full-time employees  | N      | 8      | -9 = Not ascertained<br>0-40   | May include values greater than 0 but less than 1 |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                             | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range          | Notes/Comments                                    |
|---|---------------|---|--------|--------|--------------------------------|---|
|   |               | e. Activities directors or activities staff - Part-time employees   |        |        |                                |   |
| 29a<br>Derived from RNFT2rc and RNPT2rc     | RNFTE2        | Number of full-time equivalent RN contract staff (full-time & part-time combined)<br><br>a. Registered nurses (RNs) - Full-time contract or agency staff<br>a. Registered nurses (RNs) - Part-time contract or agency staff   | N      | 8      | -9 = Not ascertained<br>0-2    | May include values greater than 0 but less than 1 |
| 29b<br>Derived from LPNFT2rc and LPNPT2rc   | LPNFTE2       | Number of full-time equivalent LPN contract staff (full-time & part-time combined)<br><br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time contract or agency staff<br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time contract or agency staff  | N      | 8      | -9 = Not ascertained<br>0-1    | May include values greater than 0 but less than 1 |
| 29c<br>Derived from AIDEFT2rc and AIDEPT2rc | AIDFTE2       | Number of full-time equivalent aide contract staff (full-time & part-time combined)<br><br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time contract or agency staff<br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time contract or agency staff | N      | 8      | -9 = Not ascertained<br>0-5.03 | May include values greater than 0 but less than 1 |
| 29d<br>Derived from SOCWFT2rc and SOCWPT2rc | SOCWFTE2      | Number of full-time equivalent social worker contract staff (full-time & part-time combined)<br><br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time contract or agency   | N      | 8      | -9 = Not ascertained<br>0-2    | May include values greater than 0 but less than 1 |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                           | Variable Name  | Survey Question Text   | C or N | Length | Code Categories/Range           | Notes/Comments   |
|---|----------------|--|--------|--------|---------------------------------|--|
|   |                | staff<br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time contract or agency staff   |        |        |                                 |  |
| 29e<br>Derived from ACTFT2rc and ACTPT2rc | ACTFTE2        | Number of full-time equivalent activities contract staff (full-time & part-time combined)<br><br>e. Activities directors or activities staff - Full-time contract or agency staff<br>e. Activities directors or activities staff - Part-time contract or agency staff  | N      | 8      | -9 = Not ascertained<br>0-2     | May include values greater than 0 but less than 1                            |
| 27a<br>Recoded from RNFTE1                | RNFTE1recode   | Outlier adjusted number of full-time equivalent RN employees (full-time & part-time combined)<br><br>a. Registered nurses (RNs) - Full-time employees<br>a. Registered nurses (RNs) - Part-time employees  | N      | 8      | -9 = Not ascertained<br>0-12.67 | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 27b<br>Recoded from LPNFTE1               | LPNFTE1recode  | Outlier adjusted number of full-time equivalent LPN employees (full-time & part-time combined)<br><br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time employees<br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time employees   | N      | 8      | -9 = Not ascertained<br>0-4     | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 27c<br>Recoded from AIDEFTE1              | AIDEFTE1recode | Outlier adjusted number of full-time equivalent aide employees (full-time & part-time combined)<br><br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time employees<br>c. Certified nursing assistants, nursing assistants, home health aides, home care | N      | 8      | -9 = Not ascertained<br>0-30    | Outlier replaced with size-specific mean. May include values between 0 and 1 |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                 | Variable Name  | Survey Question Text   | C or N | Length | Code Categories/Range           | Notes/Comments   |
|---------------------------------|----------------|--|--------|--------|---------------------------------|--|
|                                 |                | aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time employees   |        |        |                                 |  |
| 27d<br>Recoded from<br>SOCWFTE1 | SOCWFTE1recode | Outlier adjusted number of full-time equivalent social worker employees (full-time & part-time combined)<br><br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time employees<br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time employees | N      | 8      | -9 = Not ascertained<br>0-7     | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 27e<br>Recoded from<br>ACTFTE1  | ACTFTE1recode  | Outlier adjusted number of full-time equivalent activities employees (full-time & part-time combined)<br><br>e. Activities directors or activities staff - Full-time employees<br>e. Activities directors or activities staff - Part-time employees  | N      | 8      | -9 = Not ascertained<br>0-17.50 | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 29a<br>Recoded from<br>RNFTE2   | RNFTE2recode   | Outlier adjusted number of full-time equivalent RN contract staff (full-time & part-time combined)<br><br>a. Registered nurses (RNs) - Full-time contract or agency staff<br>a. Registered nurses (RNs) - Part-time contract or agency staff   | N      | 8      | -9 = Not ascertained<br>0-0.50  | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 29b<br>Recoded from<br>LPNFTE2  | LPNFTE2recode  | Outlier adjusted number of full-time equivalent LPN contract staff (full-time & part-time combined)<br><br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Full-time contract or agency staff<br>b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs) - Part-time contract or agency staff  | N      | 8      | -9 = Not ascertained<br>0-0.04  | Outlier replaced with size-specific mean. May include values between 0 and 1 |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number              | Variable Name  | Survey Question Text   | C or N | Length | Code Categories/Range           | Notes/Comments   |
|------------------------------|----------------|--|--------|--------|---------------------------------|--|
| 29c<br>Recoded from AIDEFTE2 | AIDEFTE2recode | Outlier adjusted number of full-time equivalent aide contract staff (full-time & part-time combined)<br><br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Full-time contract or agency staff<br><br>c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides - Part-time contract or agency staff | N      | 8      | -9 = Not ascertained<br>0-1     | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 29d<br>Recoded from SOCWFTE2 | SOCWFTE2recode | Outlier adjusted number of full-time equivalent social worker contract staff (full-time & part-time combined)<br><br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Full-time contract or agency staff<br><br>d. Social workers-licensed social workers or persons with a bachelor's or master's degree in social work - Part-time contract or agency staff  | N      | 8      | -9 = Not ascertained<br>0-0.07  | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 29e<br>Recoded from ACTFTE2  | ACTFTE2recode  | Outlier adjusted number of full-time equivalent activities contract staff (full-time & part-time combined)<br><br>e. Activities directors or activities staff - Full-time contract or agency staff<br>e. Activities directors or activities staff - Part-time contract or agency staff   | N      | 8      | -9 = Not ascertained<br>0-0.57  | Outlier replaced with size-specific mean. May include values between 0 and 1 |
| 27a and 3                    | RNHPPD1        | RN employee hours per participant per day  | N      | 8      | -9 = Not ascertained<br>0-12.25 | RNHPPD1=<br>(RNFTE1recode*35)/TOTPAR<br>Trc/5                                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number   | Variable Name | Survey Question Text                                       | C or N | Length | Code Categories/Range           | Notes/Comments  |
|---|---------------|--|--------|--------|---------------------------------|---|
| Derived from RNFTE1recode and TOTPARTrc                 |               |  |        |        |                                 | days. Cases with >24 top coded at 24.   |
| 27b and 3<br>Derived from LPNFTE1recode and TOTPARTrc   | LPNHPPD1      | LPN employee hours per participant per day                 | N      | 8      | -9 = Not ascertained<br>0-3.5   | LPNHPPD1=<br>(LPNFTE1recode*35)/TOTPAR<br>Trc/5<br>days. Cases with >24 top<br>coded at 24.   |
| 27c and 3<br>Derived from AIDEFTE1recode and TOTPARTrc  | AIDEHPPD1     | Aide employee hours per participant per day                | N      | 8      | -9 = Not ascertained<br>0-24    | AIDEHPPD1=<br>(AIDEFTE1recode*35)/TOTPA<br>RTrc/5<br>days. Cases with >24 top<br>coded at 24. |
| 27d and 3<br>Derived from SOCWFTE1recod e and TOTPARTrc | SOCWHPPD1     | Social worker employee hours per participant per day       | N      | 8      | -9 = Not ascertained<br>0-7     | SOCWHPPD1=<br>(SOCWFTE1*35)/TOTPARTrc/<br>5<br>days. Cases with >24 top<br>coded at 24.       |
| 27e and 3<br>Derived from ACTFTE1recode and TOTPARTrc   | ACTHPPD1      | Activities staff employee hours per participant per day    | N      | 8      | -9 = Not ascertained<br>0-15.75 | ACTHPPD1=<br>(ACTFTE1recode*35)/TOTPAR<br>Trc/5 days. Cases with >24<br>top coded at 24.      |
| 29a and 3<br>Derived from RNFTE2recode and TOTPARTrc    | RNHPPD2       | RN contract staff hours per participant per day            | N      | 8      | -9 = Not ascertained<br>0-1.75  | RNHPPD2=<br>(RNFTE2recode*35)/TOTPAR<br>Trc/5<br>days. Cases with >24 top<br>coded at 24.     |
| 29b and 3<br>Derived from LPNFTE2recode and TOTPARTrc   | LPNHPPD2      | LPN contract staff hours per participant per day           | N      | 8      | -9 = Not ascertained<br>0-0.01  | LPNHPPD2=<br>(LPNFTE2recode*35)/TOTPAR<br>Trc/5<br>days. Cases with >24 top<br>coded at 24.   |
| 29c and 3<br>Derived from AIDEFTE2recode and TOTPARTrc  | AIDEHPPD2     | Aide contract staff hours per participant per day          | N      | 8      | -9 = Not ascertained<br>0-0.7   | AIDEHPPD2=<br>(AIDEFTE2recode*35)/TOTPA<br>RTrc/5<br>days. Cases with >24 top<br>coded at 24. |
| 29d and 3   | SOCWHPPD2     | Social worker contract staff hours per participant per day | N      | 8      | -9 = Not ascertained<br>0-0.06  | SOCWHPPD2=<br>(SOCWFTE2*35)/TOTPARTrc/  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                                       | Variable Name | Survey Question Text                                    | C or N | Length | Code Categories/Range                     | Notes/Comments   |
|---|---------------|---|--------|--------|---|--|
| Derived from SOCWFTE2recode and TOTPARTrc             |               |   |        |        |   | 5 days. Cases with >24 top coded at 24.  |
| 29e and 3<br>Derived from ACTFTE2recode and TOTPARTrc | ACTHPPD2      | Activities contract staff hours per participant per day | N      | 8      | -9 = Not ascertained<br>0-1.75            | ACTHPPD2=(ACTFTE2recode*35)/TOTPARTrc/5<br>days. Cases with >24 top coded at 24.   |
| 27a<br>Derived from RNFT1 and RNPT1                   | ANYRN_EMP     | One or more full-time or part-time RN employees         | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYRN_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) RN employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent RN employees were coded as ANYRN_EMP=1.     |
| 27b<br>Derived from LPNFT1 and LPNPT1                 | ANYLPN_EMP    | One or more full-time or part-time LPN employees        | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYLPN_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) LPN employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent LPN employees were coded as ANYLPN_EMP=1. |
| 27c<br>Derived from AIDEFT1 and AIDEPT1               | ANYAIDE_EMP   | One or more full-time or part-time aide employees       | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYAIDE_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) aide employee values were below   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                               | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                     | Notes/Comments  |
|---|---------------|---|--------|--------|---|---|
|   |               |   |        |        |   | 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent aide employees were coded as ANYAIDE_EMP =1.  |
| 27d<br>Derived from<br>SOCWFT1 and<br>SOCWPT1 | ANYSOCW_EMP   | One or more full-time or part-time social work employees      | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYSOCW_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) social work employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent social work employees were coded as ANYSOCW_EMP =1. |
| 27e<br>Derived from<br>ACTFT1 and<br>ACTPT1   | ANYACT_EMP    | One or more full-time or part-time activities staff employees | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYACT_EMP was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent activities employees were coded as ANYACT_EMP=1.                 |
| 29a<br>Derived from<br>RNFT2 and<br>RNPT2     | ANYRN_CON     | One or more full-time or part-time RN contract staff          | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYRN_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) RN employee values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent RN contract  |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number                         | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                     | Notes/Comments   |
|---|---------------|---|--------|--------|---|--|
|   |               |   |        |        |   | staff were coded as ANYRN_CON=1.   |
| 29b<br>Derived from LPNFT2 and LPNPT2   | ANYLPN_CON    | One or more full-time or part-time LPN contract staff         | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYLPN_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) LPN contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent LPN contract staff were coded as ANYLPN_CON=1.      |
| 29c<br>Derived from AIDEFT2 and AIDEPT2 | ANYAIDE_CON   | One or more full-time or part-time aide contract staff        | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYAIDE_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean adjusted full-time equivalent (FTE) aide contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent aide contract staff were coded as ANYAIDE_CON =1. |
| 29d<br>Derived from SOCWFT2 and SOCWPT2 | ANYSOCW_CON   | One or more full-time or part-time social work contract staff | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYSOCW_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) social work contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent social                                     |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number   | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                     | Notes/Comments  |
|---|---------------|--|--------|--------|---|---|
|   |               |  |        |        |   | work contract staff were coded as ANYSOCW_CON =1.   |
| 29e<br>Derived from ACTFT2 and ACTPT2                   | ANYACT_CON    | One or more full-time or part-time activities contract staff         | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No | Note: In 2018, 2020, and 2022 waves, ANYACT_CON was recoded to 2 ('No') if outliers were mean-adjusted and mean-adjusted full-time equivalent (FTE) activities contract staff values were below 1 but more than 0. In 2025 NPALS, all cases with > 0 full-time equivalent activities contract staff were coded as ANYACT_CON=1. |
| 27a and 29a<br>Derived from ANYRN_EMP and ANYRN_CON     | ANYRN         | Any full-time or part-time RN employees or contract staff            | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |   |
| 27b and 29b<br>Derived from ANYLPN_EMP and ANYLPN_CON   | ANYLPN        | Any full-time or part-time LPN employees or contract staff           | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |   |
| 27c and 29c<br>Derived from ANYAIDE_EMP and ANYAIDE_CON | ANYAIDE       | Any full-time or part-time aide employees or contract staff          | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |   |
| 27d and 29d<br>Derived from ANYSOCW_EMP and ANYSOCW_CON | ANYSOCW       | Any full-time or part-time social worker employees or contract staff | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |   |
| 27e and 29e<br>Derived from ANYACT_EMP                  | ANYACT        | Any full-time or part-time activities employees or contract staff    | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |   |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number   | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range  | Notes/Comments |
|-------------------|---------------|---|--------|--------|--|----------------|
| and<br>ANYACT_CON |               |   |        |        |  |                |
| 30                | SHORTSTAFF    | In the last 12 months, how often was this center short-staffed?<br><br><input type="radio"/> Always<br><input type="radio"/> Sometimes<br><input type="radio"/> Never   | N      | 8      | -9 = Not ascertained<br>1 = Always<br>2 = Sometimes<br>3 = Never |                |
| 31a               | INSEMPrc      | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>a. Health insurance for the employee only<br><input type="radio"/> Yes<br><input type="radio"/> No         | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No                        |                |
| 31b               | INSFAMrc      | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>b. Health insurance that includes family coverage<br><input type="radio"/> Yes<br><input type="radio"/> No | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No                        |                |
| 31c               | DNTLVISrc     | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>c. Dental, vision, or prescription drug benefits<br><input type="radio"/> Yes<br><input type="radio"/> No  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No                        |                |
| 31d               | INSLIFerc     | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>d. Life insurance<br><input type="radio"/> Yes<br><input type="radio"/> No                                 | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No                        |                |
| 31e               | PENSIONrc     | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN  | N      | 8      | -9 = Not ascertained<br>1 = Yes                                  |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range                     | Notes/Comments |
|-----------------|---------------|---|--------|--------|---|----------------|
|                 |               | EACH ROW<br><br>e. A pension, a 401(k), or a 403(b)<br><input type="radio"/> Yes<br><input type="radio"/> No  |        |        | 2 = No                                    |                |
| 31f             | CHLDCARErc    | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>f. Paid childcare, childcare subsidies, or assistance<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 31g             | PTOLEAVERC    | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>g. Paid personal time off, vacation time, or sick leave<br><input type="radio"/> Yes<br><input type="radio"/> No | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 31h             | OVERTIMErc    | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>h. Overtime pay<br><input type="radio"/> Yes<br><input type="radio"/> No   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 31i             | BONUSrc       | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>i. Bonuses or regular pay increases<br><input type="radio"/> Yes<br><input type="radio"/> No                     | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 31j             | REIMBURSErc   | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW   | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number    | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                     | Notes/Comments |
|--------------------|---------------|--|--------|--------|---|----------------|
|                    |               | j. Reimburse/pay for initial training<br>o Yes<br>o No   |        |        |   |                |
| Derived from 31a-j | ANYAIDEBEN    | Does this center offer the following benefits to full-time aide employees? MARK YES OR NO IN EACH ROW<br><br>a. Health insurance for the employee only<br>b. Health insurance that includes family coverage<br>c. Life insurance<br>d. A pension, a 401(k), or a 403(b)<br>e. Paid personal time off, vacation time, or sick leave<br>f. Reimburse/pay for initial training<br>o Yes<br>o No | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No |                |
| 32a                | TRAINHOURS    | How many hours of training does this center require aide employees to have for each of the following? Enter "0" if no hours of training are required.<br><br>a. Initial training prior to providing care<br>____ Number of Hours   | N      | 8      | -9 = Not ascertained<br>0-525             |                |
| 32b                | EDUCHOURS     | How many hours of training does this center require aide employees to have for each of the following? Enter "0" if no hours of training are required.<br><br>b. Continuing education, ongoing, or on-the-job training<br>____ Number of Hours  | N      | 8      | -9 = Not ascertained<br>0-240             |                |

Note: \*Range rounded to 2 decimal places, where applicable.

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| Question Number | Variable Name | Survey Question Text  | C or N | Length | Code Categories/Range   | Notes/Comments |
|-----------------|---------------|---|--------|--------|---|----------------|
| 33              | ASSTDEVICES   | Does this center provide assistive devices, such as lifting aides, belts, trapeze bars, or other assistive equipment, to your aide employees when moving or lifting participants who cannot move around on their own?<br><br>o Yes<br>o No  | N      | 8      | -9 = Not ascertained<br>1 = Yes<br>2 = No   |                |
| 34a             | AIDETRCARE    | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>a. Discussing participant care with participants' families | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |
| 34b             | AIDETRDEM     | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>b. Dementia care   | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |
| 34c             | AIDETRABUS    | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>c. Working with participants that act out or are abusive   | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |

Note: \*Range rounded to 2 decimal places, where applicable.

Source: National Center for Health Statistics, National Post-acute and Long-term Care Study (NPALS), 2025

| Question Number | Variable Name  | Survey Question Text   | C or N | Length | Code Categories/Range   | Notes/Comments |
|-----------------|----------------|--|--------|--------|---|----------------|
| 34d             | AIDETRINJUR    | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>d. Preventing personal injuries at work   | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |
| 34e             | AIDETREOL      | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>e. End of life issues (advance care planning and help families cope with grief)                       | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |
| 34f             | AIDETRVALUE    | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>f. Relating to participants of different cultures or ethnicities, or with different values or beliefs | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |
| 34g             | AIDEINFECT     | How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? <i>Include any training offered when becoming an aide and any training offered since aides started working.</i> MARK ONLY RESPONSE IN EACH ROW<br><br>g. Infection control (putting on and taking off personal protective equipment, hand washing)          | N      | 8      | -9 = Not ascertained<br>1 = Training is always of offered<br>2 = Training is offered occasionally or as needed<br>3 = Training is offered rarely or never<br>4 = Don't know |                |
| Frame           | FACILITY_STATE | Facility state   | C      | 5      | AK - WY   |                |

Note: \*Range rounded to 2 decimal places, where applicable.

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| Question Number                         | Variable Name | Survey Question Text   | C or N | Length | Code Categories/Range                                 | Notes/Comments  |
|---|---------------|--|--------|--------|---|---|
| Frame                                   | REGION        | Census region  | N      | 8      | 1 = Northeast<br>2 = Midwest<br>3 = South<br>4 = West |   |
| Frame                                   | MSA           | Metropolitan statistical area status   | N      | 8      | 1 = Metropolitan<br>2 = Micropolitan<br>3 = Neither   |   |
| Derived using estimation specifications | STRATAn       | Sample design variable (Nest variable) for national level estimation                       | N      | 8      | 10-683  | Derived using estimation specifications.                                  |
| Derived using estimation specifications | POPFACn       | Sample design variable (Finite population correction factor) for national level estimation | N      | 8      | 3.03-654.27   | Derived using estimation specifications. Rounded to 2 decimal points here |
| Derived using estimation specifications | FACWTn        | Sampling weight for state level estimation   | N      | 8      | 1-11.40   | Derived using estimation specifications. Rounded to 2 decimal points here |
| Derived using estimation specifications | STRATAs       | Sample design variable (Nest variable) for state level estimation                          | N      | 8      | 10-560  | Derived using estimation specifications.                                  |
| Derived using estimation specifications | POPFACs       | Sample design variable (Finite population correction factor) for state level estimation    | N      | 8      | 2.00-590.09   | Derived using estimation specifications. Rounded to 2 decimal points here |
| Derived using estimation specifications | FACWTs        | Sampling weight for state level estimation   | N      | 8      | 1-11.40   | Derived using estimation specifications. Rounded to 2 decimal points here |

Note: \*Range rounded to 2 decimal places, where applicable.

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