



**National Study of Long-Term Care Providers**  
2018 Adult Day Services Center Services User Questionnaire

# Show Cards

***Please use this show card booklet when completing the questions for the services user portion of the study over the telephone with an interviewer.***



**Race (Select all that apply)**

- 1 AMERICAN INDIAN OR ALASKA NATIVE
  - 2 ASIAN
  - 3 BLACK
  - 4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
  - 5 WHITE
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**Enrolled at this Center**

- 1 0 TO 3 MONTHS
  - 2 MORE THAN 3 MONTHS TO 6 MONTHS
  - 3 MORE THAN 6 MONTHS TO 1 YEAR
  - 4 MORE THAN 1 YEAR TO 3 YEARS
  - 5 MORE THAN 3 YEARS TO 5 YEARS
  - 6 MORE THAN 5 YEARS
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## **Now Live**

- 1 PRIVATE RESIDENCE (*HOUSE, APARTMENT, ROOM*)
  - 2 RETIREMENT OR INDEPENDENT LIVING COMMUNITY
  - 3 ASSISTED LIVING, RESIDENTIAL CARE COMMUNITY, OR GROUP HOME
  - 4 NURSING HOME OR OTHER INSTITUTIONAL SETTING (*> 100 DAYS*)
  - 5 INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES
  - 6 OTHER
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## **Primary Payment Source**

- 1 MEDICAID (*INCLUDE MEDICAID STATE PLAN, MEDICAID WAIVER, MEDICAID MANAGED CARE, OR CALIFORNIA REGIONAL CENTER*)
- 2 MEDICARE (*INCLUDE MEDICARE ADVANTAGE MANAGED CARE PLAN*)
- 3 OLDER AMERICANS ACT/TITLE III
- 4 VETERANS ADMINISTRATION
- 5 PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (*PACE*)
- 6 OTHER FEDERAL, STATE, OR LOCAL GOVERNMENT
- 7 OUT-OF-POCKET PAYMENT BY THE PARTICIPANT OR FAMILY
- 8 PRIVATE INSURANCE
- 9 OTHER SOURCE

**Conditions (Select all that apply)**

- 1** ALCOHOL ABUSE
- 2** ALZHEIMER'S DISEASE OR OTHER DEMENTIA
- 3** ANEMIA
- 4** ANXIETY DISORDER
- 5** ARTHRITIS OR RHEUMATOID ARTHRITIS
- 6** ASTHMA
- 7** CANCER OR MALIGNANT NEOPLASM OF ANY KIND
- 8** CEREBRAL PALSY
- 9** CONGESTIVE HEART FAILURE
- 10** COPD (*CHRONIC BRONCHITIS OR EMPHYSEMA*)
- 11** DEPRESSION
- 12** DIABETES
- 13** EPILEPSY
- 14** GLAUCOMA
- 15** GOUT, LUPUS, OR FIBROMYALGIA
- 16** HEART ATTACK (*MYOCARDIAL INFARCTION*)
- 17** HEART DISEASE (*CORONARY OR ISCHEMIC*)
- 18** HIGH BLOOD PRESSURE OR HYPERTENSION
- 19** HUMAN IMMUNODEFICIENCY VIRUS (HIV)/AIDS
- 20** HUNTINGTON'S DISEASE
- 21** INTELLECTUAL OR DEVELOPMENTAL DISABILITIES
- 22** KIDNEY DISEASE
- 23** MACULAR DEGENERATION
- 24** MUSCULAR DYSTROPHY
- 25** MULTIPLE SCLEROSIS
- 26** OBESITY
- 27** OSTEOPOROSIS
- 28** PARKINSON'S DISEASE
- 29** PARTIAL OR TOTAL PARALYSIS
- 30** PRESSURE WOUND/INJURY
- 31** SEVERE MENTAL ILLNESS SUCH AS SCHIZOPHRENIA OR PSYCHOSIS OR BIPOLAR DISORDER (*EXCLUDES DEPRESSION OR ANXIETY DISORDER*)
- 32** SPINAL CORD INJURY
- 33** STROKE
- 34** TRAUMATIC BRAIN INJURY
- 35** NONE OF THESE

**Antipsychotic Medications (Select all that apply)**

- 1 ABILIFY (ARIPIPRAZOLE)
  - 2 CLOZARIL OR FAZACLO (CLOZAPINE)
  - 3 FANAPT (ILOPERIDON)
  - 4 GEODON (ZIPRASIDONE)
  - 5 HALDOL (HALOPERIDOL)
  - 6 INVEGA (PALIPERIDONE)
  - 7 LOXITANE (LOXAPINE)
  - 8 NAVANE (THIOTHIXENE)
  - 9 ORAP (PIMOZIDE)
  - 10 RISPERDAL (RISPERIDONE)
  - 11 SAPHRIS (ASENAPINE)
  - 12 SEROQUEL (QUETIAPINE)
  - 13 ZYPREXA (OLANZAPINE)
  - 14 NONE OF THE ABOVE
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**Incontinence**

- 1 YES, BOWEL ONLY
- 2 YES, URINARY ONLY
- 3 YES, BOTH BOWEL AND URINARY
- 4 NO, NEITHER
- 5 NOT APPLICABLE (*COLOSTOMY, ILEOSTOMY*)
- 6 NOT APPLICABLE (*INDWELLING CATHETER, UROSTOMY*)

## **Reason for Hospitalization**

- 1** ASTHMA
  - 2** BRONCHITIS
  - 3** C. DIFFICILE INFECTION
  - 4** CHRONIC OBSTRUCTIVE PULMONARY DISEASE (*COPD*)
  - 5** CONGESTIVE HEART FAILURE (*CHF*)
  - 6** CONSTIPATION/INTESTINAL IMPACTION
  - 7** DEHYDRATION
  - 8** DIABETES—SHORT-TERM COMPLICATION
  - 9** DISEASES OF THE SKIN
  - 10** FALL OR TRAUMA
  - 11** HYPERTENSION OR HYPOTENSION
  - 12** MENTAL STATUS CHANGES
  - 13** PNEUMONIA
  - 14** PRESSURE INJURY/ULCER
  - 15** URINARY TRACT OR KIDNEY INFECTION
  - 16** NONE OF THE ABOVE
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## **Fall Injury (Select all that apply)**

- 1** MINOR INJURY - ABRASION, CUT, HEMATOMA, LACERATION, SCRATCH, SKIN TEAR, SPRAIN, SUPERFICIAL BRUISE
- 2** MAJOR INJURY - BONE FRACTURE, BROKEN BONE, CLOSED HEAD INJURY WITH ALTERED CONSCIOUSNESS, JOINT DISLOCATION, SUBDURAL HEMATOMA
- 3** NO INJURY

## **Services (Select all that apply)**

- 1** ASSISTANCE FROM A PERSON WITH AT LEAST ONE ACTIVITY OF DAILY LIVING  
(*BATHING, DRESSING, EATING, TOILETING, TRANSFERRING*)
- 2** BEHAVIORAL OR MENTAL HEALTH—TARGET RESIDENTS' MENTAL, EMOTIONAL, PSYCHOLOGICAL, OR PSYCHIATRIC WELL-BEING, AND MAY INCLUDE DIAGNOSING, DESCRIBING, EVALUATING, AND TREATING MENTAL CONDITIONS
- 3** CONTINENCE MANAGEMENT (*E.G., ABSORBENT PADS, BLADDER OR BOWEL RETRAINING, CATHETER, MEDICATION, TOILETING REGIME*)
- 4** DENTAL (*ROUTINE OR EMERGENCY BY LICENSED DENTIST*)
- 5** DIETARY OR NUTRITIONAL
- 6** HOSPICE
- 7** MANAGE, SUPERVISE, OR STORE MEDICATIONS; ADMINISTER MEDICATIONS; OR PROVIDE ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATIONS
- 8** OCCUPATIONAL THERAPY
- 9** PAIN MANAGEMENT (*MEDICATION OR NON-PHARMACOLOGICAL APPROACHES*)
- 10** PALLIATIVE CARE (*RELIEF FROM SYMPTOMS, PAIN, AND STRESS OF SERIOUS ILLNESS, REGARDLESS OF DIAGNOSIS*)
- 11** PHARMACY--INCLUDING FILLING OF OR DELIVERY OF PRESCRIPTIONS
- 12** PHYSICAL THERAPY
- 13** PODIATRY
- 14** SKILLED NURSING--MUST BE PERFORMED BY AN RN OR LPN/LVN AND ARE MEDICAL IN NATURE
- 15** SKIN WOUND/INJURY CARE
- 16** SOCIAL WORK—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
- 17** SPEECH THERAPY
- 18** TRANSPORTATION FOR MEDICAL OR DENTAL APPOINTMENTS
- 19** TRANSPORTATION FOR SOCIAL AND RECREATIONAL ACTIVITIES OR SHOPPING
- 20** TRANSPORTATION TO/FROM THIS CENTER
- 21** NONE OF THE ABOVE

**Documentation (Select all that apply)**

- 1 ADVANCE DIRECTIVE
  - 2 HEALTH CARE PROXY OR DURABLE MEDICAL POWER OF ATTORNEY
  - 3 PHYSICIAN DOCUMENTATION OF CONDITION THAT MAY RESULT IN LIFE EXPECTANCY LESS THAN 6 MONTHS
  - 4 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (*POLST*)
  - 5 NONE OF THESE
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**Verbal or Physical Behavioral Symptoms**

- 1 YES, VERBAL ONLY
- 2 YES, PHYSICAL ONLY
- 3 YES, BOTH VERBAL AND PHYSICAL
- 4 NO, NEITHER