



National Study of Long-Term Care Providers
2018 Residential Care Community 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
-

Moved Into Community

- 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
-

Live Before

- 1** PRIVATE RESIDENCE (*HOUSE, APARTMENT, ROOM*)
- 2** RETIREMENT OR INDEPENDENT LIVING COMMUNITY
- 3** DIFFERENT ASSISTED LIVING OR RESIDENTIAL CARE COMMUNITY OR GROUP HOME
- 4** ACUTE CARE HOSPITAL
- 5** LONG-TERM CARE HOSPITAL OR INPATIENT REHABILITATION FACILITY
- 6** SKILLED NURSING FACILITY (SNF) FOR SHORT-TERM REHABILITATION (*< 100 DAYS*)
- 7** NURSING HOME OR OTHER INSTITUTIONAL SETTING (*> 100 DAYS*)
- 8** INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES
- 9** PSYCHIATRIC FACILITY
- 10** HOMELESS
- 11** JAIL
- 12** OTHER

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

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
-

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
-

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** 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
-

Verbal or Physical Behavioral Symptoms

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