

**2016 NSLTCP Data Dictionary: Adult Day Services Center Survey  
Restricted File**

QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Frame	STARTMODE	Data collection mode	C (CATI)			All	Total number of eligible cases= 2,836 (Weighted= 4,598)
			M (MAIL)				
			W (WEB)				
Frame	CASEID	Case ID	AAK00001- AWY00006			All	
Frame	QVERSION	Questionnaire version	1 = Version A			All	
			2 = Version B				
<b>Background Information</b>							
1a	LICENSED	Is this adult day services center licensed or certified by your State specifically to provide adult day services, or accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)?	1 = Yes			All	
			2 = No				
			-9=Not ascertained				
1b	MEDICAID	Is this adult day services center 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)?	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
2	AVGPART	Based on a typical week, what is the approximate average daily attendance at this adult day services center at this location? If none, enter "0."	(1 - 520)			All	
			-9 = Not ascertained				
3	TOTPART	What is the total number of participants currently enrolled at this adult day services center at this location? If none, enter "0."	(1 - 1020)			All	
			-9 = Not ascertained				
4	MAXPART	What is the maximum number of participants allowed at this adult day services center at this location? 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."	(0 - 530)			All	
			-9 = Not ascertained				
5	CHAIN	Is this center owned by a person, group, or organization that owns or manages two or more adult day services centers? This may include a corporate chain.	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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6	MODEL	Which one of the following best describes the participant needs that the services of this center are designed to meet?	1 = ONLY social/recreational needs—NO health/medical needs			All	
			2 = PRIMARILY social/recreational needs and SOME health/medical needs				
			3 = EQUALLY social/recreational and health/medical needs				
			4 = PRIMARILY health/medical needs and SOME social/recreational needs				
			5 = ONLY health/medical needs—NO social/recreational needs				
			-9=Not ascertained				
7	SPECIALIZED	Is this a specialized center that serves only participants with a particular diagnosis, condition, or disability?	1 = Yes			All	
			2 = No				
			-9=Not ascertained				
8a	CONDALZ	In which of the following diagnoses, conditions, or disabilities does this center specialize? a.Alzheimer’s disease or other dementias	1 = Yes			SPECIALIZED=1 or -9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8b	CONDHIV	In which of the following diagnoses, conditions, or disabilities does this center specialize? b.Human immunodeficiency virus (HIV)/AIDS	1 = Yes			SPECIALIZED=1 or -9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8c	CONDIDD	In which of the following diagnoses, conditions, or disabilities does this center specialize? c.Intellectual or developmental disabilities	1 = Yes			SPECIALIZED=1 or -9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				

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8d	CONDMS	In which of the following diagnoses, conditions, or disabilities does this center specialize? d. Multiple sclerosis	1 = Yes			SPECIALIZED=1 or 9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8e	CONDPARK	In which of the following diagnoses, conditions, or disabilities does this center specialize? e. Parkinson's disease	1 = Yes			SPECIALIZED=1 or 9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8f	CONDSTROKE	In which of the following diagnoses, conditions, or disabilities does this center specialize? f. Post-stroke physical or cognitive impairments with a need for rehabilitative therapies	1 = Yes			SPECIALIZED=1 or 9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8g	CONDSMI	In which of the following diagnoses, conditions, or disabilities does this center specialize? g. Severe mental illness, such as schizophrenia and psychosis	1 = Yes			SPECIALIZED=1 or 9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8h	CONDTCI	In which of the following diagnoses, conditions, or disabilities does this center specialize? h. Traumatic brain injury	1 = Yes			SPECIALIZED=1 or 9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
8i	CONDOTH	In which of the following diagnoses, conditions, or disabilities does this center specialize? i. Other (please specify)	1 = Yes			SPECIALIZED=1 or 9	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
9	OWNERSHP	What is the type of ownership of this adult day services center?	1 = Private—nonprofit			All	
			2 = Private—for profit				
			3 = Publicly traded company or limited liability company (LLC)				
			4 = Government—federal, state, county, or local government				
			-9 = Not ascertained				

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9 [IMPUTED]	OWNERSHPRC	What is the type of ownership of this adult day services center?	1= Private—nonprofit			All	Used frame information to recode 29 cases with missing data.
			2 = Private—for profit				
			3 = Publicly traded company or limited liability company (LLC)				
			4 = Government—federal, state, county, or local				
			-9 = Not ascertained				
10a	REVMCAID	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. a. Medicaid (include revenue from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center )	(0 - 100)			All	
			-9 = Not ascertained				
10a [IMPUTED]	REVMCAIDRC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. a. Medicaid (include revenue from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center )	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revmcaidi_1 - revmcaidi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.
10b	REVMCARE	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. b. Medicare	(0 - 100)			All	
			-9 = Not ascertained				
10b [IMPUTED]	REVMCARERC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. b. Medicare	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revmcarei_1 - revmcarei_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.
10c	REVOAA	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. c. Older Americans Act	(0 - 100)			All	
			-9 = Not ascertained				

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10c [IMPUTED]	REVOAARC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. c. Older Americans Act	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revoaai_1 - revoaai_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.
10d	REVVET	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. d. Veterans Administration	(0 - 100)			All	
			-9 = Not ascertained				
10d [IMPUTED]	REVVETRC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. d. Veterans Administration	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revveti_1 - revveti_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.
10e	REVGGOV	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. e. Other federal, state, or local government	(0 - 100)			All	
			-9 = Not ascertained				
10e [IMPUTED]	REVGGOVRC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. e. Other federal, state, or local government	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revgovi_1 - revgovi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.
10f	REVSELF	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. f. Out-of-pocket payment by the participant or family	(0 - 100)			All	
			-9 = Not ascertained				
10f [IMPUTED]	REVSELFRC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. f. Out-of-pocket payment by the participant or family	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revselfi_1 - revselfi_1). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.

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10g [IMPUTED]	REVINSUR	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. g. Private insurance	(0 - 100)			All	
			-9 = Not ascertained				
10g [IMPUTED]	REVINSURRC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. g. Private insurance	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revinsuri_1 - revinsuri_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%.
10h	REVOTHSO	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. h. Other source	(0 - 100)			All	
			-9 = Not ascertained				
10h [IMPUTED]	REVOTHSORC	Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? Your entries should add up to 100%. Enter "0" for any sources that do not apply. h. Other source	(0 - 100)			All	Multiple imputation for missing data; imputed values for missing data are provided (revothsoi_1 - revothsoi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to add to 100%. Refer to Data Description and Usage (ReadMe) for imputation class variables.
11	EHRS	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?	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
12a	ITMD	Does this adult day services center's computerized system support electronic health information exchange with each of the following providers? Do not include faxing. a. Physician	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
12b	ITPHARM	Does this adult day services center's computerized system support electronic health information exchange with each of the following providers? Do not include faxing. b. Pharmacy	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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12c	ITHOSP	Does this adult day services center's computerized system support electronic health information exchange with each of the following providers? Do not include faxing.  c. Hospital	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
12 a,b,c [DERIVED]	ANYEX	Does this adult day services center's computerized system support electronic health information exchange with any of the following providers? Do not include faxing. a. Physician b. Pharmacy c. Hospital	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
<b>Participant Profile</b>							
13a	HISPANIC	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. a. Hispanic or Latino, of any race	(0 - 250)			All	
			-9 = Not ascertained				
13a [IMPUTED]	HISPANICRC	Number of participants who are: Hispanic or Latino, of any race	(0 - 831)			All	Multiple imputation for missing data; imputed values for missing data are provided (HISPANICi_1 - HISPANICi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13b	AIAN	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. b. American Indian or Alaska Native, not Hispanic or Latino	(0 - 113)			All	
			-9 = Not ascertained				
13b [IMPUTED]	AIANRC	Number of participants who are: American Indian or Alaska Native, not Hispanic or Latino	(0 - 149)			All	Multiple imputation for missing data; imputed values for missing data are provided (AIANI_1 - AIANI_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13c	ASIAN	Of the participants currently enrolled at this adult day services center, how many are in each of the following categories? Count each participant only once. Enter "0" for any categories with no participants. c. Asian, not Hispanic or Latino	(0 - 308)			All	
			-9 = Not ascertained				

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13c [IMPUTED]	ASIANRC	Number of participants who are: Asian, not Hispanic or Latino	(0 - 308)			All	Multiple imputation for missing data; imputed values for missing data are provided (ASIANi_1 - ASIANi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13d	BLACK	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. d. Black, not Hispanic or Latino	(0 - 210)			All	
			-9 = Not ascertained				
13d [IMPUTED]	BLACKRC	Number of participants who are: Black, not Hispanic or Latino	(0 - 210)			All	Multiple imputation for missing data; imputed values for missing data are provided (BLACKi_1 - BLACKi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13e	NHOPI	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	(0 - 138)			All	
			-9 = MISSING				
13e [IMPUTED]	NHOPIRC	Number of participants who are: Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	(0 - 138)			All	Multiple imputation for missing data; imputed values for missing data are provided (NHOPIi_1 - NHOPIi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13f	WHITE	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. f. White, not Hispanic or Latino	(0 - 340)			All	
			-9 = Not ascertained				
13f [IMPUTED]	WHITERC	Number of participants who are: White, not Hispanic or Latino	(0 - 340)			All	Multiple imputation for missing data; imputed values for missing data are provided (WHITEi_1 - WHITEi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13g	MULTIRACE	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. g. Two or more races, not Hispanic or Latino	(0 - 211)			All	
			-9 = Not ascertained				

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13f [IMPUTED]	MULTIRACERC	Number of participants who are: Two or more races, not Hispanic or Latino	(0 - 211)			All	Multiple imputation for missing data; imputed values for missing data are provided (MULTIRACEi_1 - MULTIRACEi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of race-ethnicity categories add to TOTPART.
13h	OTERRACE	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. h. Some other category reported in this center's system	(0 - 202)			All	
			-9 = Not ascertained				
13h [IMPUTED]	OTERRRC	Number of participants who are: Some other category reported in this center's system	(0 - 202)			All	Multiple imputation for missing data; imputed values for missing data are provided (OTERRACEi_1 - OTERRACEi_5). Average of 5 imputed, case-specific values used to correct missing data and included in IMPOTHER_6; ratio adjustment made to have the sum of race-ethnicity categories if values do not add to TOTPART.
13i	UNKNOWN	Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? Count each participant only once. Enter "0" for any categories with no participants. i. Not reported (race and ethnicity unknown)	(0 - 335)			All	
			-9 = Not ascertained				
13i [IMPUTED]	UNKNOWNRC	Number of participants who are: Not reported (race and ethnicity unknown)	(0 - 335)			All	No imputation for missing data; however, values for some cases may have changed due to ratio adjustment and replacing missing with average of 5 imputed, case-specific values in other race-ethnicity categories.
14a	MALE	Of the participants currently enrolled at this center, what is the sex breakdown? Enter "0" for any categories with no participants. a. Male	(0 - 237)			All	
			-9 = Not ascertained				
14a [IMPUTED]	MALERC	Number of participants who are: Male	(0 - 558)			All	Multiple imputation for missing data; imputed values for missing data are provided (MALEi_1 - MALEi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of sex categories add to TOTPART.

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14b	FEMALE	Of the participants currently enrolled at this center, what is the sex breakdown? Enter "0" for any categories with no participants. b. Female	(0 - 369)			All	
			-9 = Not ascertained				
14b [IMPUTED]	FEMALERC	Number of participants who are: Female	(0 - 462)			All	Multiple imputation for missing data; imputed values for missing data are provided (FEMALEi_1 - FEMALEi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of sex categories add to TOTPART.
15a	AG17LESS	Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants. a. 17 years or younger	(0 - 54)			All	
			-9 = Not ascertained				
15a [IMPUTED]	AG17LESSRC	Number of participants who are: 17 years or younger	(0 - 54)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG17LESSi_1 - AG17LESSi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
15b	AG18TO44	Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants. b. 18-44 years	(0 - 234)			All	
			-9 = Not ascertained				
15b [IMPUTED]	AG18TO44RC	Number of participants who are: 18-44 years	(0 - 289)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG18to44i_1 - AG18to44i_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
15c	AG45TO54	Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants. c. 45-54 years	(0 - 125)			All	
			-9 = Not ascertained				

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15c [IMPUTED]	AG45TO54RC	Number of participants who are: 45–54 years	(0 - 125)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG45to54i_1 - AG45to54i_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
15d	AG55TO64	Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants. d. 55–64 years	(0 - 220)			All	
			-9 = Not ascertained				
15d [IMPUTED]	AG55TO64RC	Number of participants who are: 55–64 years	(0 - 220)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG55to64i_1 - AG55to64i_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
15e	AG65TO74	Of the participants currently enrolled at this adult day services center, how many are in each of the following age categories? Enter "0" for any categories with no participants. e. 65–74 years	(0 - 200)			All	
			-9 = Not ascertained				
15e [IMPUTED]	AG65TO74RC	Number of participants who are: 65–74 years	(0 - 200)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG65to74i_1 - AG65to74i_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
15f	AG75TO84	Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants. f. 75–84 years	(0 - 306)			All	
			-9 = Not ascertained				
15f [IMPUTED]	AG75TO84RC	Number of participants who are: 75–84 years	(0 - 306)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG75to84i_1 - AG75to84i_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
15g	AG85UP	Of the participants currently enrolled at this center, what is the age breakdown? Enter "0" for any categories with no participants. g. 85 years or older	(0 - 166)			All	
			-9 = Not ascertained				

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15g [IMPUTED]	AG85UPRC	Number of participants who are: 85 years or older	(0 - 231)			All	Multiple imputation for missing data; imputed values for missing data are provided (AG85upi_1 - AG85upi_5). Average of 5 imputed, case-specific values used to correct missing data; ratio adjustment made to have the sum of age categories add to TOTPART.
16a	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 this center in each of the following activities? Enter "0" for any categories with no participants. a. With transferring in and out of a bed or chair	(0 - 403)			All	
			-9 = Not ascertained				
16a [Recoded]	TRANSHELPRC	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. a. With transferring in and out of a bed or chair	(0 - 403)			All	Edited cases with missing data; More information available in Data Description and Usage (ReadMe) document.
			-9 = Not ascertained				Top-coded to TOTPART if > TOTPART
16b	EATHELP	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. b. With eating, like cutting up food	(0 - 340)			All	
			-9 = Not ascertained				
16b [Recoded]	EATHELPRC	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. b. With eating, like cutting up food	(0 - 340)				Edited cases with missing data; More information available in Data Description and Usage (ReadMe) document.
			-9 = Not ascertained				Top-coded to TOTPART if > TOTPART
16c	DRESHELP	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. c. With dressing	(0 - 403)			All	
			-9 = Not ascertained				
16c [Recoded]	DRESHELPRC	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. c. With dressing	(0 - 403)			All	Edited cases with missing data; More information available in Data Description and Usage (ReadMe) document.
			-9 = Not ascertained				Top-coded to TOTPART if > TOTPART

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
16d	BATHHELP	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. d. With bathing or showering	(0 - 450) -9 = Not ascertained			All	
16d [Recoded]	BATHHELPRC	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. d. With bathing or showering	(0 - 450) -9 = Not ascertained			All	Edited cases with missing data; More information available in Data Description and Usage (ReadMe) document.  Top-coded to TOTPART if > TOTPART
16e	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. e. In using the bathroom (toileting)	(0 - 340) -9 = Not ascertained			All	
16e [Recoded]	TOILHELPRC	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. e. In using the bathroom (toileting)	(0 - 340) -9 = Not ascertained			All	Edited cases with missing data; More information available in Data Description and Usage (ReadMe) document.  Top-coded to TOTPART if > TOTPART
16f	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. f. With locomotion or walking--this includes using a cane, a walker, or a wheelchair, or help from another person	(0 -490) -9 = Not ascertained			All	

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
16f [Recoded]	WALKHELPRC	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. f. With locomotion or walking--this includes using a cane, a walker, or a wheelchair, or help from another person	(0 - 490)			All	Edited cases with missing data; More information available in Data Description and Usage (ReadMe) document.  Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17a	DXALZ	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. a. Alzheimer's disease or other dementias	(0 - 280)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17b	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. b. Arthritis	(0 - 510)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
18c	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. c. Asthma	(0 - 280)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17d	DXCANC	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. d. Cancer	(0 - 157)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17e	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. e. Chronic kidney disease	(0 - 150)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
17f	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. f. COPD (chronic bronchitis or emphysema)	(0 - 200)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17g	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. g. Depression	(0 - 280)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17h	DXDIAB	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. h. Diabetes	(0 - 258)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17i	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. i. Heart disease (for example, congestive heart failure, coronary or ischemic heart disease, heart attack, stroke)	(0 - 400)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17j	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. j. High blood pressure or hypertension	(0 - 530)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17k	DXHIV	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. k. Human immunodeficiency virus (HIV/AIDS)	(0 - 50)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17l	DXDD	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. l. Intellectual or developmental disability	(0 - 413)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
17m	DXMS	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. m. Multiple sclerosis	(0 - 91)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17n	DXOBES	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. n. Obesity	(0 - 320)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17o	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. o. Osteoporosis	(0 - 490)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17p	DXPARK	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. p. Parkinson's disease	(0 - 100)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17q	DXSMI	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. q. Severe mental illness, such as schizophrenia and psychosis	(0 - 213)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
17r	DXTBI	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. r. Traumatic brain injury	(0 - 70)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
18	MEDPAID	During the last 30 days, for how many of the participants currently enrolled at this adult day services center, did Medicaid pay for some or all of their services received at this center? Please include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center. If none, enter "0."	(0 - 560)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				

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19	EMERNUM	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."	(0 - 148)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
20	OVRNITE	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."	(0 - 148)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
21	READMIT	Of the participants who were discharged from an overnight hospital stay in the last 90 days, about how many of those participants were re-admitted to the hospital for an overnight stay within 30 days of their hospital discharge? If none, enter "0."	(0 - 15)			OVRNITE=-9 or >0	Top-coded to OVRNITE if > OVRNITE
			-1 = Inapplicable				
			-9 = Not ascertained				
22	HOSPICE	Of the participants currently enrolled at this center, about how many have elected and are now receiving hospice care? If none, enter "0."	(0 - 82)			All	Top-coded to TOTPART if > TOTPART
			-9 = Not ascertained				
<b>Questionnaire Version A</b>							
Version A: 23a	PRIVRES	Of the participants currently enrolled at this center, how many live in each of the following places? a. Private residence (house or apartment)	(0 - 540)			QVERSION=1	
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 23a	PRIVRESRC	Of the participants currently enrolled at this center, how many live in each of the following places? a. Private residence (house or apartment)	(0 - 540)			QVERSION=1	Ratio adjustment made to have the sum of living arrangement categories equal TOTPART if values do not add to TOTPART.
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 23b	ALRCC	Of the participants currently enrolled at this center, how many live in each of the following places? b. Assisted living or similar residential care communities	(0 - 165)			QVERSION=1	
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 23b	ALRCCRC	Of the participants currently enrolled at this center, how many live in each of the following places? b. Assisted living or similar residential care communities	(0 -258)			QVERSION=1	Ratio adjustment made to have the sum of living arrangement categories equal TOTPART if values do not add to TOTPART.
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 23c	NURSHOM	Of the participants currently enrolled at this center, how many live in each of the following places? c. Nursing home or other institutional setting	(0 - 102)			QVERSION=1	
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 23c	NURSHOMRC	Of the participants currently enrolled at this center, how many live in each of the following places? c. Nursing home or other institutional setting	(0 - 102)			QVERSION=1	Ratio adjustment made to have the sum of living arrangement categories equal TOTPART if values do not add to TOTPART.
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 23d	LIVEOTH	Of the participants currently enrolled at this center, how many live in each of the following places? d. Some other place	(0 - 191)			QVERSION=1	
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 23d	LIVEOTHRC	Of the participants currently enrolled at this center , how many live in each of the following places? d. Some other place	(0 - 191)			QVERSION=1	Ratio adjustment made to have the sum of living arrangement categories equal TOTPART if values do not add to TOTPART.
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 24a	ALONE	Of the participants currently enrolled at this center who live in a private residence, how many live with the following people? Assign each participant to only one category. Enter "0" for any categories with no participants.  a. Alone	(0 - 370)			QVERSION=1	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 24a	ALONERC	Of the participants currently enrolled at this center who live in a private residence, how many live with the following people? Assign each participant to only one category. Enter "0" for any categories with no participants.  a. Alone	(0 - 357)			QVERSION=1; PRIVRESRC=-9 or >0	Ratio adjustment made to have the sum of private residence categories equal PRIVRES if values do not add to PRIVRES.
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 24b	RELTIV	Of the participants currently enrolled at this center who live in a private residence, how many live with the following people? Assign each participant to only one category. Enter "0" for any categories with no participants.  b. With relative (such as a spouse, partner, adult child including son or daughter-in-law, parent, or other relative)	(0 - 255)			QVERSION=1	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 24b	RELTVRC	Of the participants currently enrolled at this center who live in a private residence, how many live with the following people? Assign each participant to only one category. Enter "0" for any categories with no participants.  b. With relative (such as a spouse, partner, adult child including son or daughter-in-law, parent, or other relative)	(0 - 255)			QVERSION=1; PRIVRESRC=-9 or >0	Ratio adjustment made to have the sum of private residence categories equal PRIVRES if values do not add to PRIVRES.
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 24c	NONRELTIV	Of the participants currently enrolled at this center who live in a private residence, how many live with the following people? Assign each participant to only one category. Enter "0" for any categories with no participants.  c. With non-relative(s)	(0 - 102)			QVERSION=1	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 24c	NONRELTIVRC	Of the participants currently enrolled at this center who live in a private residence, how many live with the following people? Assign each participant to only one category. Enter "0" for any categories with no participants.  c. With non-relative(s)	(0 - 102)			QVERSION=1; PRIVRESRC=-9 or >0	Ratio adjustment made to have the sum of private residence categories equal PRIVRES if values do not add to PRIVRES.
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 25	FALLNUM	As best you know, about how many of your current participants had a fall in the last 90 days? Please 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 the hospital or rehabilitation facility, please include that person in your count. If no participants had a fall, enter "0."	(0 - 175)			QVERSION=1	
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 26a	HURT	As best as you know, about how many of the participants who fell in the last 90 days are in each of the following categories? If a participant had more than one fall in the last 90 days, count only their most serious fall. Enter "0" for any categories with no participants.  a. Had a fall resulting in some kind of injury, such as a broken bone (for example in a wrist, arm, or ankle); hip fracture; or head injury	(0 - 30)			QVERSION=1; FALLNUM=-9 or >0	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				

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Version A: 26b	NOTHURT	As best as you know, about how many of the participants who fell in the last 90 days are in each of the following categories? If a participant had more than one fall in the last 90 days, count only their most serious fall. Enter "0" for any categories with no participants.  b. Had a fall that did not result in some kind of injury	(0 - 172)			QVERSION=1; FALLNUM=-9 or >0	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 27	FALLHOSP	As best you know, of the participants who fell in the last 90 days, about how many went to a hospital emergency department or were hospitalized as a result of the fall? Include hospital admissions and observation stays. If a participant had more than one fall in the last 90 days, count only their more serious fall. If none, enter "0."	(0 - 15)			QVERSION=1; FALLNUM=-9 or >0	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version A: 28	FALLTOOL	Fall risk assessment tools often address gait, mobility, strength, balance, cognition, vision, medications, and environmental factors. Examples of tools include but are not limited to CDC's Stopping Elderly Accidents, Deaths & Injuries or STEADI; Timed Up and Go or TUG test; 30-second chair stand test; and 4-stage balance test. Does this center typically evaluate each participant's risk for falling using any fall risk assessment tool?	1 = Yes, as standard practice with every participant			QVERSION=1	
			2 = Case by case, depending on each participant				
			3 = No				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				

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Version A: 29	FALLREDUC	Fall reduction interventions may include but are not limited to environmental safety measures; medication reconciliation; exercise, gait, or balance training; and participant or family education. Does this adult day services center currently use any formal fall reduction interventions?	1 = Yes			QVERSION=1	
			2 = No				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
<b>Questionnaire Version B</b>							
Version B: 23	ADINFO	Advance directives are written documentation and may include health care proxies, durable power of attorney, living wills, do not resuscitate (DNR) orders, or physician or medical orders for life sustaining treatments (POLST or MOLST). Does this center provide any information about advance directives to participants or their families?	1 = Yes			QVERSION=2	
			2 = No				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version B: 24	ADSTATE	Does your state require your adult day services center to provide information about advance directives to participants or their families?	1 = Yes			QVERSION=2	
			2 = No				
			3 = Do not know				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version B: 25	ADDOC	Does this adult day services center typically maintain documentation of participants' advance directives or have documentation that an advance directive exists in participant files?	1 = Yes			QVERSION=2	
			2 = No				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				
Version B: 26	ADFILE	Of the current participants, how many have documentation of an advance directive in their file?	(0 - 340)			QVERSION=2; ADDOC=-9 or =1	
			-1 = Not applicable				
			-8 = Inapplicable, not included in questionnaire version				
			-9 = Not ascertained				

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<b>Services Offered</b>							
Version A: 30a.a-d Version B: 27a.a-d [DERIVED]	SERVHOSP	For each row, mark if this adult day services center provides the service by...  a. Hospice services	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30a.a Version B: 27a.a	SERVHOSP1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees a. Hospice services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30a.b Version B: 27a.b	SERVHOSP2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers a. Hospice services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30a.c Version B: 27a.c	SERVHOSP3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers a. Hospice services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30a.d Version B: 27a.d	SERVHOSP4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service a. Hospice services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30b.a-d Version B: 27b.a-d [DERIVED]	SERVSOCW	For each row, mark if this adult day services center provides the service by...  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	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				

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Version A: 30b.a Version B: 27b.a	SERVSOCW1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees 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	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30b.b Version B: 27b.b	SERVSOCW2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers 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	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30b.c Version B: 27b.c	SERVSOCW3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers 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	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30b.d Version B: 27b.d	SERVSOCW4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service 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	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30c.a-d Version B: 27c.a-d [DERIVED]	SERVMH	For each row, mark if this adult day services center provides the service by...  c. Mental health services—target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30c.a Version B: 27c.a	SERVMH1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees c. Mental health services—target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

\*\* Because of rounding, weighted percentages may not add to 100%.

**2016 NSLTCP Data Dictionary: Adult Day Services Center Survey  
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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 30c.b Version B: 27c.b	SERVMH2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers c. Mental health services—target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30c.c Version B: 27c.c	SERVMH3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers c. Mental health services—target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30c.d Version B: 27c.d	SERVMH4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service c. Mental health services—target participants' mental, emotional, psychological, or psychiatric well-being, and may include diagnosing, describing, evaluating, and treating mental conditions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30d.a-d Version B: 27c.a-d [DERIVED]	SERVTX	For each row, mark if this adult day services center provides the service by...  d. Any therapeutic services— physical, occupational, or speech	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30d.a Version B: 27d.a	SERVTX1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees d. Any therapeutic services— physical, occupational, or speech	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30d.b Version B: 27d.b	SERVTX2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers d. Any therapeutic services— physical, occupational, or speech	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30d.c Version B: 27d.c	SERVTX3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers d. Any therapeutic services— physical, occupational, or speech	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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**2016 NSLTCP Data Dictionary: Adult Day Services Center Survey  
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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 30d.d Version B: 27d.d	SERVTX4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service d. Any therapeutic services— physical, occupational, or speech	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30e.a-d Version B: 27e.a-d [DERIVED]	SERVRX	For each row, mark if this adult day services center provides the service by... e. Pharmacy services—including filling of or delivery of prescriptions	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30e.a Version B: 27e.a	SERVRX1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees e. Pharmacy services—including filling of or delivery of prescriptions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30e.b Version B: 27e.b	SERVRX2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers e. Pharmacy services—including filling of or delivery of prescriptions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30e.c Version B: 27e.c	SERVRX3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers e. Pharmacy services—including filling of or delivery of prescriptions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 28e.d Version B: 27e.d	SERVRX4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service e. Pharmacy services—including filling of or delivery of prescriptions	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 30f.a-d Version B: 27f.a-d [DERIVED]	SERVDIET	For each row, mark if this adult day services center provides the service by...  f. Dietary and nutritional services	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30f.a Version B: 27f.a	SERVDIET1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees  f. Dietary and nutritional services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30f.b Version B: 27f.b	SERVDIET2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers  f. Dietary and nutritional services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30f.c Version B: 27f.c	SERVDIET3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers  f. Dietary and nutritional services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30f.d Version B: 27f.d	SERVDIET4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service  f. Dietary and nutritional services	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30g.a-d Version B: 27g.a-d [DERIVED]	SERVNURS	For each row, mark if this adult day services center provides the service by...  g. Skilled nursing services—must be performed by an RN or LPN and are medical in nature	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 30g.a Version B: 27g.a	SERVNURS1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees g. Skilled nursing services—must be performed by an RN or LPN and are medical in nature	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30g.b Version B: 27g.b	SERVNURS2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers g. Skilled nursing services—must be performed by an RN or LPN and are medical in nature	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30g.c Version B: 27g.c	SERVNURS3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers g. Skilled nursing services—must be performed by an RN or LPN and are medical in nature	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30g.d Version B: 27g.d	SERVNURS4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service g. Skilled nursing services—must be performed by an RN or LPN and are medical in nature	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30h.a-d Version B: 27h.a-d [DERIVED]	SERVAPPT	For each row, mark if this adult day services center provides the service by...  h. Transportation services for medical or dental appointments	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30h.a Version B: 27h.a	SERVAPPT1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees h. Transportation services for medical or dental appointments	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30h.b Version B: 27h.b	SERVAPPT2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers h. Transportation services for medical or dental appointments	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30h.c Version B: 27h.c	SERVAPPT3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers h. Transportation services for medical or dental appointments	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 30h.d Version B: 27h.d	SERVAPPT4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service h. Transportation services for medical or dental appointments	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30i.a-d Version B: 27i.a-d [DERIVED]	SERVTRAN	For each row, mark if this adult day services center provides the service by... i. Daily round trip transportation services to or from this center	1= Provided the service by paid center employees or arranged to be provided by outside services providers			All	
			2= Referred participants or family to outside service providers				
			3= Does not provide, arrange, or refer for this service				
			-9 = Not ascertained				
Version A: 30i.a Version B: 27i.a	SERVTRAN1	For each row, mark if this adult day services center provides the service by... * Provides the service by paid center employees i. Daily round trip transportation services to or from this center	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30i.b Version B: 27i.b	SERVTRAN2	For each row, mark if this adult day services center provides the service by... * Arranges for the service to be provided by outside service providers i. Daily round trip transportation services to or from this center	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30i.c Version B: 27i.c	SERVTRAN3	For each row, mark if this adult day services center provides the service by... * Refers participants or family to outside service providers i. Daily round trip transportation services to or from this center	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 30i.d Version B: 27i.d	SERVTRAN4	For each row, mark if this adult day services center provides the service by... * Does not provide, arrange, or refer for this service i. Daily round trip transportation services to or from this center	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
<b>Staff Profile</b>							
<p align="center">Employee is defined as an adult day services center employee if the center is required to issue a Form W-2 on their behalf. Contract staff are defined as other individuals or organization staff under contract with and working at this adult day services center full-time and part-time.</p> <p>For all the FTE variables and related HPPD variables, recoded missing as "0" unless responses to all ten response boxes for all contract or agency staff types were blank or missing (e.g., the number of full-time RN contract or agency staff, the number of part-time RN contract or agency staff, the number of full-time LPN/LVN contract or agency staff, the number of part-time LPN/LVN contract or agency staff, the number of full-time Aide contract or agency staff, the number of part-time Aide contract or agency staff, the number of full-time Social work contract or agency staff, the number of part-time Social work contract or agency staff, and the number of full-time Activities contract or agency staff, the number of part-time Activities contract or agency staff). Otherwise, kept as missing (-9). This recoding scheme differed from the 2014 data and is based on the difference in question placement between 2014 and 2016.</p>							
Version A: 31a.a-b Version B: 28a.a-b [DERIVED]	RNFTE1	Number of full-time equivalent (FTE) employees: a. Registered nurses (RNs)	(0 - 8.5)			All	Edited outliers (size-specific mean ± 2 standard deviations).
			-9 = Not ascertained				
Version A: 31a.a Version B: 28a.a	RNFT1	Number of full-time employees: a. Registered nurses (RNs)	(0 - 55)			All	
			-9 = Not ascertained				
Version A: 31a.b Version B: 28a.b	RNPT1	Number of part-time employees: a. Registered nurses (RNs)	(0 - 35)			All	
			-9 = Not ascertained				
Version A: 31b.a-b Version B: 28b.a-b [DERIVED]	LPNFTE1	Number of full-time equivalent (FTE) employees: b. Licensed practical nurses (LPNs)/ Licensed vocational nurses (LVNs)	(0 - 4)			All	Edited outliers (size-specific mean ± 2 standard deviations).
			-9 = Not ascertained				
Version A: 31b.a Version B: 28b.a	LPNFT1	Number of full-time employees: b. Licensed practical nurses (LPNs)/ Licensed vocational nurses (LVNs)	(0 - 31)			All	
			-9 = Not ascertained				
Version A: 31b.b Version B: 28b.b	LPNPT1	Number of part-time employees: b. Licensed practical nurses (LPNs)/ Licensed vocational nurses (LVNs)	(0 - 20)			All	
			-9 = Not ascertained				
Version A: 31c.a-b Version B: 28c.a-b [DERIVED]	AIDEFTE1	Number of full-time equivalent (FTE) employees: c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	(0 - 16)			All	Edited outliers (size-specific mean ± 2 standard deviations).
			-9 = Not ascertained				
Version A: 31c.a Version B: 28c.a	AIDEFT1	Number of full-time employees: c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	(0 - 96)			All	
			-9 = Not ascertained				
Version A: 31c.b Version B: 28c.b	AIDEPT1	Number of part-time employees: c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	(0 - 48)			All	
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 31d.a-b Version B: 28d.a-b [DERIVED]	SOCWFTE1	Number of full-time equivalent (FTE) employees: d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	(0 - 4.5)			All	Edited outliers (size-specific mean ± 2 standard deviations).
			-9 = Not ascertained				
Version A: 31d.a Version B: 28d.a	SOCWFT1	Number of full-time employees: d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	(0 - 70)			All	
			-9 = Not ascertained				
Version A: 31d.b Version B: 28d.b	SOCWPT1	Number of part-time employees: d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	(0 - 23)				
			-9 = Not ascertained				
Version A: 31e.a-b Version B: 28e.a-b [DERIVED]	ACTFTE1	Number of full-time equivalent (FTE) employees: e. Activities directors or activities staff	(0 - 10)				
			-9 = Not ascertained				
Version A: 31e.a Version B: 28e.a	ACTFT1	Number of full-time employees: e. Activities directors or activities staff	(0 - 170)			All	
			-9 = Not ascertained				
Version A: 31e.b Version B: 28e.b	ACTPT1	Number of part-time employees: e. Activities directors or activities staff	(0 - 40)				
			-9 = Not ascertained				
Version A: 32 Version B: 29	CONTRACTSTF	Contract or agency staff refers to individuals or organization staff under contract with and working at this adult day services center, but are not directly employed by the adult day services center. Does this adult day services center currently have any nursing, aide, social work, or activities contract or agency staff?	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 33a.a-b Version B: 30a.a-b [DERIVED]	RNFE2	Number of full-time equivalent (FTE) contract staff: a. Registered nurses (RNs)	(0 - 5)			All	Edited outliers (size-specific mean ± 2 standard deviations).
			-9 = Not ascertained				
Version A: 33a.a Version B: 30a.a	RNFT2	Number of full-time contract staff: a. Registered nurses (RNs)	(0 - 40)			All	
			-9 = Not ascertained				
Version A: 33a.b Version B: 30a.b	RNPT2	Number of part-time contract staff: a. Registered nurses (RNs)	(0 - 24)				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 33b.a-b Version B: 30b.a-b [DERIVED]	LPNFTE2	Number of full-time equivalent (FTE) contract staff: b. Licensed practical nurses (LPNs)/ Licensed vocational nurses (LVNs)	(0 - 2.5)			All	Edited outliers (size-specific mean $\pm$ 2 standard deviations).
			-9 = Not ascertained				
Version A: 33b.a Version B: 30b.a	LPNFT2	Number of full-time contract staff: b. Licensed practical nurses (LPNs)/ Licensed vocational nurses (LVNs)	(0 - 32)			All	
			-9 = Not ascertained				
Version A: 33b.b Version B: 30b.b	LPNPT2	Number of part-time contract staff: b. Licensed practical nurses (LPNs)/ Licensed vocational nurses (LVNs)	(0 - 5)				
			-9 = Not ascertained				
Version A: 33c.a-b Version B: 30c.a-b [DERIVED]	AIDEFTE2	Number of full-time equivalent (FTE) contract staff: c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	(0 - 10)			All	Edited outliers (size-specific mean $\pm$ 2 standard deviations).
			-9 = Not ascertained				
Version A: 33c.a Version B: 30c.a	AIDEFT2	Number of full-time contract staff: c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	(0 - 32)			All	
			-9 = Not ascertained				
Version A: 33c.b Version B: 30c.b	AIDEPT2	Number of part-time contract staff: c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	(0 - 60)				
			-9 = Not ascertained				
Version A: 33d.a-b Version B: 30d.a-b [DERIVED]	SOCWFTE2	Number of full-time equivalent (FTE) contract staff: d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	(0 - 2)			All	Edited outliers (size-specific mean $\pm$ 2 standard deviations).
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 33d.a Version B: 30d.a	SOCWFT2	Number of full-time contract staff: d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	(0 - 65)			All	
			-9 = Not ascertained				
Version A: 33c.d Version B: 30c.d	SOCWPT2	Number of part-time contract staff: d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	(0 - 8)				
			-9 = Not ascertained				
Version A: 33e.a-b Version B: 30e.a-b [DERIVED]	ACTFTE2	Number of full-time equivalent (FTE) contract staff: e. Activities directors or activities staff	(0 - 6)			All	Edited outliers (size-specific mean ± 2 standard deviations).
			-9 = Not ascertained				
Version A: 33e.a Version B: 30e.a	ACTFT2	Number of full-time contract staff: e. Activities directors or activities staff	(0 - 20)			All	
			-9 = Not ascertained				
Version A: 33e.b Version B: 30e.b	ACTPT2	Number of part-time contract staff: e. Activities directors or activities staff	(0 - 12)				
			-9 = Not ascertained				
Version A: 31a.a-b Version B: 28a.a-b [DERIVED]	ANYRN_EMP	One or more RN employees	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31b.a-b Version B: 28b.a-b [DERIVED]	ANYLPN_EMP	One or more LPN/LVN employees	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31c.a-b Version B: 28c.a-b [DERIVED]	ANYAIDE_EMP	One or more aide employees	1= > 0			All	
			2= None				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 31d.a-b Version B: 28d.a-b [DERIVED]	ANYSOCW_EMP	One or more social work employees	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31e.a-b Version B: 28e.a-b [DERIVED]	ANYACT_EMP	One or more activities director or staff who are employees	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 33a.a-b Version B: 30a.a-b [DERIVED]	ANYRN_CON	One or more RN contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 33b.a-b Version B: 30b.a-b [DERIVED]	ANYLPN_CON	One or more LPN/LVN contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 33c.a-b Version B: 30c.a-b [DERIVED]	ANYAIDE_CON	One or more aide contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 33d.a-b Version B: 30d.a-b [DERIVED]	ANYSOCW_CON	One or more social work contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 33e.a-b Version B: 30e.a-b [DERIVED]	ANYACT_CON	One or more activities director or staff who are contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 31a.a-b, 33a.a-b Version B: 28a.a-b, 30a.a-b [DERIVED]	ANYRN_EMPCON	One or more RN employees or contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31b.a-b, 33b.a-b Version B: 28b.a-b, 30b.a-b [DERIVED]	ANYLPN_EMPCON	One or more LPN/LVN employees or contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31c.a-b, 33c.a-b Version B: 28c.a-b, 30c.a-b [DERIVED]	ANYAIDE_EMPCON	One or more aide employees or contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31d.a-b, 33d.a-b Version A: 28d.a-b, 30d.a-b [DERIVED]	ANYSOCW_EMPCON	One or more social work employees or contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31e.a-b, 33e.a-b Version A: 28e.a-b, 30e.a-b [DERIVED]	ANYACT_EMPCON	One or more activities director or staff who are employees or contract staff	1= > 0			All	
			2= None				
			-9 = Not ascertained				
Version A: 31a.a-b Version B: 28a.a-b & 2. AVGPART [DERIVED]	RNHPPD1	Number of hours providing care for one participant per day for: RN employees	(0 - 24)			All	LPNHPPD1= (RNFE1*35)/AVGPART/5 days 3 cases top-coded at 24.
			-9 = Not ascertained				
Version A: 31b.a-b Version B: 28b.a-b & 2. AVGPART [DERIVED]	LPNHPPD1	Number of hours providing care for one participant per day for: LPN/LVN employees	(0 - 21)			All	LPNHPPD1= (LPNFE1*35)/AVGPART/5 days
			-9 = Not ascertained				
Version A: 31c.a-b Version B: 28c.a-b & 2. AVGPART [DERIVED]	AIDEHPPD1	Number of hours providing care for one participant per day for: aide employees	(0 - 24)			All	AIDEHPPD1= (AIDEFE1*35)/AVGPART/5 days; 5 cases top-coded at 24.
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 31d.a-b Version B: 30d.a-b & 2. AVGPART [DERIVED]	SOCWHPPD1	Number of hours providing care for one participant per day for: social work employees	(0 - 7)			All	SOCWHPPD1= (SOCWFTE1*35)/AVGPART/5 days
			-9 = Not ascertained				
Version A: 31e.a-b Version B: 28e.a-b & 2. AVGPART [DERIVED]	ACTHPPD1	Number of hours providing care for one participant per day for: activities director or staff who are employees	(0 - 24)			All	ACTHPPD1= (ACTFTE1*35)/AVGPART/5 days 1 case top-coded at 24.
			-9 = Not ascertained				
Version A: 31a.a-b Version B: 28a.a-b & 10. AVGPART [DERIVED]	RNHPPD2	Number of hours providing care for one participant per day for: RN contract staff	(0 - 14)			All	RNHPPD2= (RNFTE2*35)/AVGPART/5 days
			-9 = Not ascertained				
Version A: 31b.a-b Version B: 28b.a-b & 10. AVGPART [DERIVED]	LPNHPPD2	Number of hours providing care for one participant per day for: LPN/LVN contract staff	(0 - 2.3)			All	LPNHPPD2= (LPNFTE2*35)/AVGPART/5 days
			-9 = Not ascertained				
Version A: 31c.a-b Version B: 28c.a-b & 2. AVGPART [DERIVED]	AIDEHPPD2	Number of hours providing care for one participant per day for: aide contract staff	(0 - 24)			All	AIDEHPPD2= (AIDFTE2*35)/AVGPART/5 days; 1 case top coded at 24.
			-9 = Not ascertained				
Version A: 31d.a-b Version B: 28d.a-b & 2. AVGPART [DERIVED]	SOCWHPPD2	Number of hours providing care for one participant per day for: social work contract staff	(0 - 1.75)			All	SOCWHPPD2= (SOCWFTE2*35)/AVGPART/7 days
			-9 = Not ascertained				
Version A: 31e.a-b Version B: 28e.a-b & 2. AVGPART [DERIVED]	ACTHPPD2	Number of hours providing care for one participant per day for: activities director or staff who are contract staff	(0 - 9.3)			All	ACTHPPD2= (ACTFTE2*35)/AVGPART/7 days
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
<b>Contact Information</b>							
<p>The National Center for Health Statistics (NCHS) links person-level survey data with health records from other data sources, such as Medicare or Medicaid data. Linking allows NCHS to better understand the services participants of adult day services centers use. In order to link data in future surveys, we would need the information below about your current participants. We would use this information for research purposes only. Federal laws authorize NCHS to ask for this information and require us to keep it strictly private.</p> <p>To help NCHS plan for future surveys, please answer the following questions: For each item below, in Column 1, indicate whether or not this adult day services center has this information about its current participants. For each "yes" in Column 1, in Column 2, indicate whether or not this adult day services center is willing to provide this information about participants.</p>							
Version A: 34a.a Version B: 31a.a	PIIFN1	Center has participants' full names	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 34a.b Version B: 31a.b	PIIFN2	Willing to provide participants' full names	1 = Yes			All	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
Version A: 34b.a Version B: 31b.a	PIIDOB1	Center has participants' date of birth	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 34b.b Version B: 31b.b	PIIDOB2	Willing to provide participants' date of birth	1 = Yes			All	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
Version A: 34c.a Version B: 31c.a	PIISSN41	Center has participants' last 4 digits of Social Security Number	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				
Version A: 34c.b Version B: 31c.b	PIISSN42	Willing to provide participants' last 4 digits of Social Security Number	1 = Yes			All	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
Version A: 34d.a Version B: 31d.a	PIISSN1	Center has participants' full Social Security Number	1 = Yes			All	
			2 = No				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
Version A: 34d.b Version B: 31d.b	PIISSN2	Willing to provide participants' full Social Security Number	1 = Yes			All	
			2 = No				
			-1 = Not applicable				
			-9 = Not ascertained				
Version A: 35 Version B: 32	HIPAA	Is this adult day services center a Health Insurance Portability and Accountability Act (HIPAA)-covered entity?	1 = Yes			All	
			2 = No				
			3 = Do not know				
			-9 = Not ascertained				
Version A: 36a Version B: 33a	INTDSKTP	In which of the following ways do you have internet access at work?  a.Desktop or laptop	1 = Yes			All	
			2 = Not selected				
			-9 = Not ascertained				
Version A: 36b Version B: 33b	INTSPHON	In which of the following ways do you have internet access at work?  b.Smartphone	1 = Yes			All	
			2 = Not selected				
			-9 = Not ascertained				
Version A: 36c Version B: 33c	INTTABLT	In which of the following ways do you have internet access at work?  c.Tablet/iPad	1 = Yes			All	
			2 = Not selected				
			-9 = Not ascertained				
Version A: 36d Version B: 33d	INTOTH	In which of the following ways do you have internet access at work?  d.Other	1 = Yes			All	
			2 = Not selected				
			-9 = Not ascertained				
Version A: 36e Version B: 33e	INTNONE	In which of the following ways do you have internet access at work?  e.No internet access at work	1 = Yes			All	
			2 = Not selected				
			-9 = Not ascertained				

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
<b>Geographic Characteristics</b>							
Frame	Facility_State	State	AK- WY			All	
Frame	REGION	Census region	1= Northeast			All	
			2= Midwest				
			3= South				
			4= West				
Frame	FIPS	State FIPS code	(1-56)			All	
Frame	MSA	Metropolitan statistical area status	1= Metropolitan			All	
			2= Micropolitan				
			3= Neither				
<b>Design variables for all variables except version-specific variables</b>							
Design variable	FACSTRAT	State ID: Use in SUDAAN nest statement	(1 - 56)			All	
Design variable	POPFAC	Eligible population totals by state	(4 - 1117)			All	
tab	facfnwt	Final analysis weight	(0.9464814 - 2.321553)			All	
<b>Design variables for question on Questionnaire Version A (FALLNUM, HURT, NOTHURT, FALLHOSP, FALLTOOL, FALLREDUC, PRIVRES, ALRCC, NURSHOM, LIVEOTH, ALONE, RELATIV, NONRELATIV)</b>							
Design variable	FACSTRAT	State ID: Use in SUDAAN nest statement	(1 - 56)			All	
Design variable	POPFAC	Eligible population totals by state	(4 - 1117)			All	
Design variable	FACFNWT_A	Final analysis weight	(0 - 5.494042)			All	
<b>Design variables for question on Questionnaire Version B (ADINFO, ADSTATE, ADDOC, ADFIL)</b>							
Design variable	FACSTRAT	State ID: Use in SUDAAN nest statement	(1 - 56)			All	
Design variable	POPFAC	Eligible population totals by state	(4 - 1117)			All	
Design variable	FACFNWT_B	Final analysis weight	(0 - 6.669952)			All	
<b>Imputed Variables</b>							
[Imputed]	AG17LESSIMPFL	Imputation Flag for ag17less	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG17LESSi_1	Number 17 or less--Imputed Var 1	0-54			All	
[Imputed]	AG17LESSi_2	Number 17 or less--Imputed Var 2	0-54			All	
[Imputed]	AG17LESSi_3	Number 17 or less--Imputed Var 3	0-54			All	
[Imputed]	AG17LESSi_4	Number 17 or less--Imputed Var 4	0-54			All	
[Imputed]	AG17LESSi_5	Number 17 or less--Imputed Var 5	0-54			All	

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
[Imputed]	AG18TO44IMPFL	Imputation Flag for ag18to44	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG18TO44i_1	Number 18 to 44--Imputed Var 1	0-234			All	
[Imputed]	AG18TO44i_2	Number 18 to 44--Imputed Var 2	0-234			All	
[Imputed]	AG18TO44i_3	Number 18 to 44--Imputed Var 3	0-234			All	
[Imputed]	AG18TO44i_4	Number 18 to 44--Imputed Var 4	0-234			All	
[Imputed]	AG18TO44i_5	Number 18 to 44--Imputed Var 5	0-234			All	
[Imputed]	AG45TO54IMPFL	Imputation Flag for ag45to54	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG45TO54i_1	Number 45 to 54--Imputed Var 1	0-125			All	
[Imputed]	AG45TO54i_2	Number 45 to 54--Imputed Var 2	0-125			All	
[Imputed]	AG45TO54i_3	Number 45 to 54--Imputed Var 3	0-125			All	
[Imputed]	AG45TO54i_4	Number 45 to 54--Imputed Var 4	0-125			All	
[Imputed]	AG45TO54i_5	Number 45 to 54--Imputed Var 5	0-125			All	
[Imputed]	AG55TO64IMPFL	Imputation Flag for ag55to64	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG55TO64i_1	Number 55 to 64--Imputed Var 1	0-220			All	
[Imputed]	AG55TO64i_2	Number 55 to 64--Imputed Var 2	0-220			All	
[Imputed]	AG55TO64i_3	Number 55 to 64--Imputed Var 3	0-220			All	
[Imputed]	AG55TO64i_4	Number 55 to 64--Imputed Var 4	0-220			All	
[Imputed]	AG55TO64i_5	Number 55 to 64--Imputed Var 5	0-220			All	
[Imputed]	AG65TO74IMPFL	Imputation Flag for ag65to74	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG65TO74i_1	Number 65 to 74--Imputed Var 1	0-200			All	
[Imputed]	AG65TO74i_2	Number 65 to 74--Imputed Var 2	0-200			All	
[Imputed]	AG65TO74i_3	Number 65 to 74--Imputed Var 3	0-200			All	
[Imputed]	AG65TO74i_4	Number 65 to 74--Imputed Var 4	0-200			All	
[Imputed]	AG65TO74i_5	Number 65 to 74--Imputed Var 5	0-200			All	

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
[Imputed]	AG75TO84IMPFL	Imputation Flag for ag75to84	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG75TO84i_1	Number 75 to 84--Imputed Var 1	0-306			All	
[Imputed]	AG75TO84i_2	Number 75 to 84--Imputed Var 2	0-306			All	
[Imputed]	AG75TO84i_3	Number 75 to 84--Imputed Var 3	0-306			All	
[Imputed]	AG75TO84i_4	Number 75 to 84--Imputed Var 4	0-306			All	
[Imputed]	AG75TO84i_5	Number 75 to 84--Imputed Var 5	0-306			All	
[Imputed]	AG85UPIMPFL	Imputation Flag for ag85up	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AG85UPi_1	Number 85+ --Imputed Var 1	0-166			All	
[Imputed]	AG85UPi_2	Number 85+ --Imputed Var 2	0-166			All	
[Imputed]	AG85UPi_3	Number 85+ --Imputed Var 3	0-166			All	
[Imputed]	AG85UPi_4	Number 85+ --Imputed Var 4	0-166			All	
[Imputed]	AG85UPi_5	Number 85+ --Imputed Var 5	0-166			All	
[Imputed]	hispanicimpfl	Imputation Flag for hispanic	0 = No imputation				
			1 = Imputation				
[Imputed]	HISPANICi_1	Number of Hispanics--Imputed Var 1	0-250			All	
[Imputed]	HISPANICi_2	Number of Hispanics--Imputed Var 2	0-250			All	
[Imputed]	HISPANICi_3	Number of Hispanics--Imputed Var 3	0-250			All	
[Imputed]	HISPANICi_4	Number of Hispanics--Imputed Var 4	0-250			All	
[Imputed]	HISPANICi_5	Number of Hispanics--Imputed Var 5	0-250			All	
[Imputed]	aianimpfl	Imputation Flag for aian	0 = No imputation			All	
			1 = Imputation				
[Imputed]	AIANi_1	Number of AIAN--Imputed Var 1	0-113			All	
[Imputed]	AIANi_2	Number of AIAN--Imputed Var 2	0-113			All	
[Imputed]	AIANi_3	Number of AIAN--Imputed Var 3	0-113			All	
[Imputed]	AIANi_4	Number of AIAN--Imputed Var 4	0-113			All	
[Imputed]	AIANi_5	Number of AIAN--Imputed Var 5	0-113			All	

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[Imputed]	asianimpfl	Imputation Flag for asian	0 = No imputation			All	
			1 = Imputation				
[Imputed]	ASIANi_1	Number of Asian--Imputed Var 1	0-308			All	
[Imputed]	ASIANi_2	Number of Asian--Imputed Var 2	0-308			All	
[Imputed]	ASIANi_3	Number of Asian--Imputed Var 3	0-308			All	
[Imputed]	ASIANi_4	Number of Asian--Imputed Var 4	0-308			All	
[Imputed]	ASIANi_5	Number of Asian--Imputed Var 5	0-308			All	
[Imputed]	blackimpfl	Imputation Flag for black	0 = No imputation			All	
			1 = Imputation				
[Imputed]	BLACKi_1	Number of Black--Imputed Var 1	0-210			All	
[Imputed]	BLACKi_2	Number of Black--Imputed Var 2	0-210			All	
[Imputed]	BLACKi_3	Number of Black--Imputed Var 3	0-210			All	
[Imputed]	BLACKi_4	Number of Black--Imputed Var 4	0-210			All	
[Imputed]	BLACKi_5	Number of Black--Imputed Var 5	0-210			All	
[Imputed]	nhopiimpfl	Imputation Flag for nhopi	0 = No imputation			All	
			1 = Imputation				
[Imputed]	NHOPIi_1	Number of NHOPI--Imputed Var 1	0-138			All	
[Imputed]	NHOPIi_2	Number of NHOPI--Imputed Var 2	0-138			All	
[Imputed]	NHOPIi_3	Number of NHOPI--Imputed Var 3	0-138			All	
[Imputed]	NHOPIi_4	Number of NHOPI--Imputed Var 4	0-138			All	
[Imputed]	NHOPIi_5	Number of NHOPI--Imputed Var 5	0-138			All	
[Imputed]	whiteimpfl	Imputation Flag for white	0 = No imputation			All	
			1 = Imputation				
[Imputed]	WHITEi_1	Number of White--Imputed Var 1	0-340			All	
[Imputed]	WHITEi_2	Number of White--Imputed Var 2	0-340			All	
[Imputed]	WHITEi_3	Number of White--Imputed Var 3	0-340			All	
[Imputed]	WHITEi_4	Number of White--Imputed Var 4	0-340			All	
[Imputed]	WHITEi_5	Number of White--Imputed Var 5	0-340			All	

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QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
[Imputed]	multiraceimpfl	Imputation Flag for other	0 = No imputation			All	
			1 = Imputation				
[Imputed]	MULTIRACEi_1	Number of Other--Imputed Var 1	0-211			All	
[Imputed]	MULTIRACEi_2	Number of Other--Imputed Var 2	0-211			All	
[Imputed]	MULTIRACEi_3	Number of Other--Imputed Var 3	0-211			All	
[Imputed]	MULTIRACEi_4	Number of Other--Imputed Var 4	0-211			All	
[Imputed]	MULTIRACEi_5	Number of Other--Imputed Var 5	0-211			All	
[Imputed]	otherraceimpfl	Imputation Flag for other	0 = No imputation			All	
			1 = Imputation				
[Imputed]	OTHERRACEi_1	Number of Other--Imputed Var 1	0-202			All	
[Imputed]	OTHERRACEi_2	Number of Other--Imputed Var 2	0-202			All	
[Imputed]	OTHERRACEi_3	Number of Other--Imputed Var 3	0-202			All	
[Imputed]	OTHERRACEi_4	Number of Other--Imputed Var 4	0-202			All	
[Imputed]	OTHERRACEi_5	Number of Other--Imputed Var 5	0-202			All	
[Imputed]	UNKNOWNi_1	Number of Unknown--Imputed Var 1	0-335			All	
[Imputed]	UNKNOWNi_2	Number of Unknown--Imputed Var 1	0-335			All	
[Imputed]	UNKNOWNi_3	Number of Unknown--Imputed Var 1	0-335			All	
[Imputed]	UNKNOWNi_4	Number of Unknown--Imputed Var 1	0-335			All	
[Imputed]	UNKNOWNi_5	Number of Unknown--Imputed Var 1	0-335			All	
[Imputed]	maleimpfl	Imputation Flag for male	0 = No imputation			All	
			1 = Imputation				
[Imputed]	MALEi_1	Number of Males--Imputed Var 1	0-237			All	
[Imputed]	MALEi_2	Number of Males--Imputed Var 2	0-237			All	
[Imputed]	MALEi_3	Number of Males--Imputed Var 3	0-237			All	
[Imputed]	MALEi_4	Number of Males--Imputed Var 4	0-237			All	
[Imputed]	MALEi_5	Number of Males--Imputed Var 5	0-237			All	

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[Imputed]	femaleimpfl	Imputation Flag for female	0 = No imputation			All	
			1 = Imputation				
[Imputed]	FEMALEi_1	Number of Females--Imputed Var 1	0-369			All	
[Imputed]	FEMALEi_2	Number of Females--Imputed Var 2	0-369			All	
[Imputed]	FEMALEi_3	Number of Females--Imputed Var 3	0-369			All	
[Imputed]	FEMALEi_4	Number of Females--Imputed Var 4	0-369			All	
[Imputed]	FEMALEi_5	Number of Females--Imputed Var 5	0-369			All	
[Imputed]	revmcaidimpfl	imputation Flag for REVMCAID	0= No imputation			All	
			1= Imputation				
[Imputed]	revmcaidi_1	Number of REVMCAID -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revmcaidi_2	Number of REVMCAID -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revmcaidi_3	Number of REVMCAID -- Imputed Var 3	(0 - 100)			All	
[Imputed]	revmcaidi_4	Number of REVMCAID -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revmcaidi_5	Number of REVMCAID -- Imputed Var 5	(0 - 100)			All	
[Imputed]	revmcaid2impfl	imputation Flag for REVMCAID2	0= No imputation			All	
			1= Imputation				
[Imputed]	revmcaid2i_1	Number of REVMCAID -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revmcaid2i_2	Number of REVMCAID -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revmcaid2i_3	Number of REVMCAID -- Second Set of Imputed Var 3	(0 - 100)			All	
[Imputed]	revmcaid2i_4	Number of REVMCAID -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revmcaid2i_5	Number of REVMCAID -- Second Set of Imputed Var 5	(0 - 100)			All	
[Imputed]	revmcareimpfl	imputation Flag for REVMCARE	0= No imputation			All	
			1= Imputation				
[Imputed]	revmcarei_1	Number of REVMCARE -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revmcarei_2	Number of REVMCARE -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revmcarei_3	Number of REVMCARE -- Imputed Var 3	(0 - 100)			All	
[Imputed]	revmcarei_4	Number of REVMCARE -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revmcarei_5	Number of REVMCARE -- Imputed Var 5	(0 - 100)			All	

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[Imputed]	revmcare2impfl	imputation Flag for REVMCARE2	0= No imputation			All	
			1= Imputation				
[Imputed]	revmcare2i_1	Number of REVMCARE -- Second Set of Imputed Var 1	(0 - 100)			All	
[Imputed]	revmcare2i_2	Number of REVMCARE -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revmcare2i_3	Number of REVMCARE -- Second Set of Imputed Var 3	(0 - 100)			All	
	revmcare2i_4	Number of REVMCARE -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revmcare2i_5	Number of REVMCARE -- Second Set of Imputed Var 5	(0 - 100)			All	
[Imputed]	revoaaimpfl	imputation Flag for REVOAA	0= No imputation			All	
			1= Imputation				
[Imputed]	revoaai_1	Number of REVOAA -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revoaai_2	Number of REVOAA -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revoaai_3	Number of REVOAA -- Imputed Var 3	(0 - 100)			All	
[Imputed]	revoaai_4	Number of REVOAA -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revoaai_5	Number of REVOAA -- Imputed Var 5	(0 - 100)			All	
[Imputed]	revoaa2impfl	imputation Flag for REVOAA2	0= No imputation			All	
			1= Imputation				
[Imputed]	revoaa2i_1	Number of REVOAA -- Second Set of Imputed Var 1	(0 - 100)			All	
	revoaa2i_2	Number of REVOAA -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revoaa2i_3	Number of REVOAA -- Second Set of Imputed Var 3	(0 - 100)			All	
[Imputed]	revoaa2i_4	Number of REVOAA -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revoaa2i_5	Number of REVOAA -- Second Set of Imputed Var 5	(0 - 100)			All	
[Imputed]	revvetimpfl	imputation Flag for REVVET	0= No imputation			All	
			1= Imputation				
[Imputed]	revveti_1	Number of REVVET -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revveti_2	Number of REVVET -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revveti_3	Number of REVVET -- Imputed Var 3	(0 - 100)			All	
[Imputed]	revveti_4	Number of REVVET -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revveti_5	Number of REVVET -- Imputed Var 5	(0 - 100)			All	

\*\* Because of rounding, weighted percentages may not add to 100%.

**2016 NSLTC Data Dictionary: Adult Day Services Center Survey  
Restricted File**

QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
[Imputed]	revvet2impfl	imputation Flag for REVVET2	0= No imputation			All	
			1= Imputation				
[Imputed]	revvet2i_1	Number of REVVET -- Second Set of Imputed Var 1	(0 - 100)			All	
[Imputed]	revvet2i_2	Number of REVVET -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revvet2i_3	Number of REVVET -- Second Set of Imputed Var 3	(0 - 100)			All	
[Imputed]	revvet2i_4	Number of REVVET -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revvet2i_5	Number of REVVET -- Second Set of Imputed Var 5	(0 - 100)			All	
[Imputed]	revgovimpfl	imputation Flag for REVGGOV	0= No imputation			All	
			1= Imputation				
[Imputed]	revgovi_1	Number of REVGGOV -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revgovi_2	Number of REVGGOV -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revgovi_3	Number of REVGGOV -- Imputed Var 3	(0 - 100)			All	
	revgovi_4	Number of REVGGOV -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revgovi_5	Number of REVGGOV -- Imputed Var 5	(0 - 100)			All	
[Imputed]	revgov2impfl	imputation Flag for REVGGOV2	0= No imputation			All	
			1= Imputation				
[Imputed]	revgov2i_1	Number of REVGGOV -- Second Set of Imputed Var 1	(0 - 100)			All	
[Imputed]	revgov2i_2	Number of REVGGOV -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revgov2i_3	Number of REVGGOV -- Second Set of Imputed Var 3	(0 - 100)			All	
[Imputed]	revgov2i_4	Number of REVGGOV -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revgov2i_5	Number of REVGGOV -- Second Set of Imputed Var 5	(0 - 100)			All	
[Imputed]	revselfimpfl	imputation Flag for REVSELF	0= No imputation			All	
			1= Imputation				
[Imputed]	revselfi_1	Number of REVSELF -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revselfi_2	Number of REVSELF -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revselfi_3	Number of REVSELF -- Imputed Var 3	(0 - 100)			All	
[Imputed]	revselfi_4	Number of REVSELF -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revselfi_5	Number of REVSELF -- Imputed Var 5	(0 - 100)			All	

\*\* Because of rounding, weighted percentages may not add to 100%.

**2016 NSLTCP Data Dictionary: Adult Day Services Center Survey  
Restricted File**

QUESTION NUMBER	VARIABLE NAME	QUESTION TEXT	CODE CATEGORIES	UNWEIGHTED FREQUENCIES	WEIGHTED PERCENTAGES**	CENTERS ASKED/ RECODED	ADDITIONAL NOTES
[Imputed]	revself2impfl	imputation Flag for REVSELF2	0= No imputation			All	
			1= Imputation				
[Imputed]	revself2i_1	Number of REVSELF -- Second Set of Imputed Var 1	(0 - 100)			All	
[Imputed]	revself2i_2	Number of REVSELF -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revself2i_3	Number of REVSELF -- Second Set of Imputed Var 3	(0 - 100)			All	
[Imputed]	revself2i_4	Number of REVSELF -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revself2i_5	Number of REVSELF -- Second Set of Imputed Var 5	(0 - 100)			All	
[Imputed]	revinsurimpfl	imputation Flag for REVINSUR	0= No imputation			All	
			1= Imputation				
[Imputed]	revinsuri_1	Number of REVINSUR -- Imputed Var 1	(0 - 100)			All	
[Imputed]	revinsuri_2	Number of REVINSUR -- Imputed Var 2	(0 - 100)			All	
[Imputed]	revinsuri_3	Number of REVINSUR -- Imputed Var 3	(0 - 100)			All	
[Imputed]	revinsuri_4	Number of REVINSUR -- Imputed Var 4	(0 - 100)			All	
[Imputed]	revinsuri_5	Number of REVINSUR -- Imputed Var 5	(0 - 100)			All	
[Imputed]	revinsur2impfl	imputation Flag for REVINSUR2	0= No imputation			All	
			1= Imputation				
[Imputed]	revinsur2i_1	Number of REVINSUR -- Second Set of Imputed Var 1	(0 - 100)			All	
[Imputed]	revinsur2i_2	Number of REVINSUR -- Second Set of Imputed Var 2	(0 - 100)			All	
[Imputed]	revinsur2i_3	Number of REVINSUR -- Second Set of Imputed Var 3	(0 - 100)			All	
[Imputed]	revinsur2i_4	Number of REVINSUR -- Second Set of Imputed Var 4	(0 - 100)			All	
[Imputed]	revinsur2i_5	Number of REVINSUR -- Second Set of Imputed Var 5	(0 - 100)			All	

\*\* Because of rounding, weighted percentages may not add to 100%.