



**National Post-acute and Long-term Care Study**  
2022 Adult Day Services Center Services User Questionnaire

# Show Cards

***Please use this show card booklet when completing the services user telephone interview.***



**Race (Select all that apply)**

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

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

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

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

**Conditions (Select all that apply)**

- |   |   |
|---|---|
| <b>1</b> ALCOHOL ABUSE  | <b>17</b> HIGH BLOOD PRESSURE OR HYPERTENSION   |
| <b>2</b> ALZHEIMER'S DISEASE OR OTHER DEMENTIA  | <b>18</b> INTELLECTUAL OR DEVELOPMENTAL DISABILITIES  |
| <b>3</b> ANEMIA   | <b>19</b> KIDNEY DISEASE  |
| <b>4</b> ANXIETY DISORDER   | <b>20</b> MACULAR DEGENERATION  |
| <b>5</b> ARTHRITIS OR RHEUMATOID ARTHRITIS  | <b>21</b> OBESITY   |
| <b>6</b> ASTHMA   | <b>22</b> OSTEOPOROSIS  |
| <b>7</b> CANCER OR MALIGNANT NEOPLASM OF ANY KIND   | <b>23</b> PARKINSON'S DISEASE   |
| <b>8</b> CEREBRAL PALSY   | <b>24</b> PARTIAL OR TOTAL PARALYSIS  |
| <b>9</b> COPD ( <i>CHRONIC BRONCHITIS OR EMPHYSEMA</i> )  | <b>25</b> PRESSURE WOUND/INJURY   |
| <b>10</b> COVID-19  | <b>26</b> SEVERE MENTAL ILLNESS SUCH AS SCHIZOPHRENIA OR PSYCHOSIS OR BIPOLAR DISORDER ( <i>EXCLUDES DEPRESSION OR ANXIETY DISORDER</i> ) |
| <b>11</b> DEPRESSION  | <b>27</b> STROKE  |
| <b>12</b> DIABETES  | <b>28</b> TRAUMATIC BRAIN INJURY  |
| <b>13</b> EPILEPSY  | <b>29</b> NONE OF THESE   |
| <b>14</b> GLAUCOMA  |   |
| <b>15</b> GOUT, LUPUS, OR FIBROMYALGIA  |   |
| <b>16</b> HEART DISEASE ( <i>CONGESTIVE HEART FAILURE, CORONARY OR ISCHEMIC, HEART ATTACK</i> ) |   |

## **Incontinence**

- 1 YES, BOWEL ONLY
  - 2 YES, URINARY ONLY
  - 3 YES, BOTH BOWEL AND URINARY
  - 4 NO, NEITHER
  - 5 NOT APPLICABLE—COLOSTOMY, ILEOSTOMY
  - 6 NOT APPLICABLE—INDWELLING CATHETER, UROSTOMY
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## **Reason for Hospitalization**

- 1 CONGESTIVE HEART FAILURE (*CHF*)
  - 2 COVID-19
  - 3 DIABETES—SHORT-TERM COMPLICATION
  - 4 FALLS OR TRAUMA
  - 5 MENTAL STATUS CHANGES
  - 6 PNEUMONIA
  - 7 URINARY TRACT OR KIDNEY INFECTION
  - 8 NONE OF THE ABOVE
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## **Fall Injury (Select all that apply)**

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

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

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

**Documentation (Select all that apply)**

- 1 ADVANCE DIRECTIVE OR LIVING WILL
  - 2 DURABLE MEDICAL POWER OF ATTORNEY
  - 3 HEALTH CARE PROXY/SURROGATE/AGENT
  - 4 PHYSICIAN DOCUMENTATION OF CONDITION THAT MAY RESULT IN LIFE EXPECTANCY LESS THAN 6 MONTHS
  - 5 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (*POLST*) OR MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (*MOLST*)
  - 6 DO NOT RESUSCITATE (*DNR*) ORDER
  - 7 DO NOT INTUBATE (*DNI*) ORDER
  - 8 DO NOT HOSPITALIZE/DO NOT SEND TO EMERGENCY ROOM
  - 9 SOME OTHER TYPE OF DOCUMENTATION
  - 10 NONE OF THESE
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**Verbal or Physical Behavioral Symptoms**

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