
Attachment K
SHOWCARDS
Resident Questionnaire

SHOWCARD 1

A4. PLEASE SELECT ALL THAT APPLY.

1. White/Caucasian
2. Black or African American
3. Asian
4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaskan Native
6. Other (SPECIFY)_____

SHOWCARD 2

B1a.

1. 0 to 3 months
2. More than 3 months to 6 months
3. More than 6 months to 1 year
4. More than 1 year to 3 years
5. More than 3 year to 5 years
6. More than 5 years

SHOWCARD 3

B3.

1. Private home/apartment/rented room/family residence
2. Different residential care/assisted living/group home facility
3. Retirement/independent living community
4. Nursing home (this excludes short nursing home stays for rehabilitation)
5. Other (specify):_____

SHOWCARD 4

C1. PLEASE SELECT ALL THAT APPLY

- | | | |
|----|---|-----------------------|
| a. | Diabetes | <input type="radio"/> |
| b. | Partial or total paralysis | <input type="radio"/> |
| c. | Alzheimer's disease or other dementia | <input type="radio"/> |
| d. | Arthritis or rheumatoid arthritis | <input type="radio"/> |
| | Gout, lupus, or fibromyalgia | <input type="radio"/> |
| e. | High blood pressure or hypertension | <input type="radio"/> |
| f. | Congestive heart failure | <input type="radio"/> |
| g. | Coronary heart disease | <input type="radio"/> |
| h. | Heart attack (myocardial infraction) | <input type="radio"/> |
| i. | Any other kind of heart condition or heart disease
(other than listed above) | <input type="radio"/> |
| j. | Stroke | <input type="radio"/> |
| k. | Kidney disease | <input type="radio"/> |
| l. | Cancer or malignant neoplasm of any kind | <input type="radio"/> |
| | Bladder | <input type="radio"/> |
| | Blood | <input type="radio"/> |
| | Bone | <input type="radio"/> |
| | Brain | <input type="radio"/> |
| | Breast | <input type="radio"/> |
| | Cervix | <input type="radio"/> |
| | Colon | <input type="radio"/> |
| | Esophagus | <input type="radio"/> |
| | Gallbladder | <input type="radio"/> |
| | Kidney | <input type="radio"/> |
| | Larynx-windpipe | <input type="radio"/> |
| | Leukemia | <input type="radio"/> |
| | Liver | <input type="radio"/> |

	Lung	<input type="radio"/>
	Lymphoma	
O	Melanoma	<input type="radio"/>
	Mouth/tongue/lip	<input type="radio"/>
	Ovary	<input type="radio"/>
	Pancreas	<input type="radio"/>
	Prostate	<input type="radio"/>
	Rectum	<input type="radio"/>
	Skin (non-melanoma)	<input type="radio"/>
	Skin (DK what kind)	<input type="radio"/>
	Soft tissue (muscle or fat)	<input type="radio"/>
	Stomach	<input type="radio"/>
	Testis	<input type="radio"/>
	Throat – pharynx	<input type="radio"/>
	Thyroid	<input type="radio"/>
	Uterus	<input type="radio"/>
	Other	<input type="radio"/>
	Refused	<input type="radio"/>
	Don't know	<input type="radio"/>
m.	Asthma	<input type="radio"/>
n.	emphysema	<input type="radio"/>
o.	chronic bronchitis	<input type="radio"/>
p.	COPD	<input type="radio"/>
q.	Cerebral Palsy	<input type="radio"/>
r.	Muscular Dystrophy	<input type="radio"/>
s.	Osteoporosis	<input type="radio"/>
t.	Nervous system disorders, including multiple sclerosis, Parkinson's disease, and epilepsy	<input type="radio"/>
u.	Serious mental problems such as schizophrenia or psychosis.	<input type="radio"/>
	Depression	
v.	Other mental, emotional, nervous condition, or depression	<input type="radio"/>
w.	Intellectual or developmental disabilities such as mental retardation, severe autism, or Down syndrome	<input type="radio"/>
x.	Spinal cord injury	<input type="radio"/>
y.	Traumatic brain injury	<input type="radio"/>
z.	Other: SPECIFY: _____	<input type="radio"/>

SHOWCARD X

C X

- 0 not at all difficult
- 1 only a little difficult
- 2 somewhat difficult
- 3 very difficult
- 4 can't do at all
- 5 do not do this activity
- 6 refused
- 7 don't know

SHOWCARD 5

C18.

1. RN
2. LPN
3. Certified medication aide or supervisor
4. Personal care aide
5. Activity director/staff
6. Owner, administrator, director, or manager