

Attachment C-3 Sampling and Services User Questionnaire

Form Approved
OMB No.0920-0729
Exp. Date xx/xx/20xx

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Were you able to prepare a list of current [residents/participants] as of midnight yesterday?

IF YES: Using the list that you have prepared, I will talk you through a few steps to determine which two [residents/participants] currently [living/enrolled] at this [residential care community/adult day services center] to select. PROCEED TO SAMPLING INSTRUCTIONS.

IF NO: I can stay on the line now while you print or write a list of your current [residents/participants] [living/enrolled] at this [residential care community/adult day services center] as of midnight yesterday. IF ABLE TO DRAFT LIST WHILE ON THE PHONE PROCEED TO SAMPLING INSTRUCTIONS. IF NEEDS TIME TO DRAFT LIST: Is this a good time of day to call back or is there a better time to reach you? Thank you very much for your time. I will call you back. END CALL

SAMPLING INSTRUCTIONS

1. Starting at the top of the list, number each [resident/participant] and please let me know when you are done.
2. WHEN RESPONDENT IS DONE NUMBERING: How many residents/participants are on the list?
3. BASED ON THE NUMBER OF RESIDENTS/PARTICIPANTS REPORTED, CATI WILL GENERATE A LIST OF THOSE NUMBERS IN RANDOM ORDER USING THE RANDOM FUNCTION. PROVIDE THE 2 NUMBERS THAT ARE AT THE TOP OF THE LIST YOU RANDOMLY GENERATED. Please circle the two [residents/participants] that correspond with [number 1] and [number 2]. Our system randomly picked these two numbers.
4. Please record the first and last initials of the two [residents/participants] that you circled. What are the initials you recorded?
5. I will ask you questions about these two [residents/participants] that we have just selected using only their initials. You may need to access their records to answer some of the questions. OFFER TO WAIT WHILE R RETRIEVES RECORDS.

COMPLETE QUESTIONNAIRE FOR EACH RESIDENT/PARTICIPANT SELECTED

Services User Questionnaire Items

Notes:

- 1) Brackets [] or { } indicate fills to be programmed into CATI, based on sector (ADSC or RCC) or a respondent's response to a previous item.
- 2) "Ask if only" column refers to skips to be programmed into CATI based on a respondent's response to a previous item.
- 3) Text in CAPITAL letters is not read to respondent.

Item wording	ADSC	RCC	ASK ONLY IF...
<p>Notes:</p> <ul style="list-style-type: none"> 1) Brackets [] or { } indicate fills to be programmed into CATI, based on sector (ADSC or RCC) or a respondent's response to a previous item. 2) "Ask if only" column refers to skips to be programmed into CATI based on a respondent's response to a previous item. 3) Text in CAPITAL letters is not read to respondent. 	Item # on questionnaire (If cell blank, not on questionnaire)		If cell blank, ask for all cases

Introduction

<p>In order to obtain national level data about the [residents/participants] of [residential care communities/adult day services centers], we are collecting information about a sample of current [residents/participants]. I will be asking questions about the background, health status, and charges for each of the two people sampled. The information you provide will be held in strict confidence and will be used only by persons involved in the survey and only for the purpose of the survey. The interview for each selected [resident/participant] should take on average about 10 minutes to complete.</p> <p>Throughout this interview, [community/center] refers to the [residential care community/adult day services center].</p> <p>COMPLETE SAMPLING MODULE.</p>	1	1	
<p>Now I am going to ask questions about the following [resident/participant] - [READ SAMPLED PERSON'S INITIALS].</p>	2	2	
<p>We ask that you have [SAMPLED PERSON'S INITIALS]'s file to refer to as we talk. Do you have the records for [SAMPLED PERSON'S INITIALS]? IF NO: If you have not retrieved [SAMPLED PERSON'S INITIALS] records and would like to do so now, I can wait a few minutes while you get them. [PROCEED AFTER R GETS RECORDS OR WANTS TO CONTINUE WITHOUT RECORDS]</p>	3	3	

Demographics and Length of Stay

<p>What is [SAMPLED PERSON'S INITIALS]'s gender? MALE, FEMALE</p>	<p>4</p>	<p>4</p>	
<p>What is [SAMPLED PERSON'S INITIALS]'s age in years? [RECORD SPECIFIC AGE] [RANGE 0-120] IF NECESSARY: Please give your best estimate.</p>	<p>5</p>	<p>5</p>	
<p>Is [SAMPLED PERSON'S INITIALS] of Hispanic, Latino, or Spanish origin or descent? YES, NO, DON'T KNOW</p>	<p>6</p>	<p>6</p>	
<p>DIRECT R TO SHOWCARD</p> <p>Which one or more of the following would you say is [SAMPLED PERSON'S INITIALS]'s race? Please tell me the numbers that apply from the showcard. Any others? SELECT ALL THAT APPLY1 AMERICAN INDIAN OR ALASKA NATIVE2 ASIAN3 BLACK4 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDERS5 WHITE</p>	<p>7</p>	<p>7</p>	
<p>When did [SAMPLED PERSON'S INITIALS] first [move into this residential care community/become enrolled at this center]? (RECORD MONTH AND YEAR) IF NECESSARY: Please give your best estimate.</p>	<p>8</p>	<p>8</p>	
<p>DIRECT R TO SHOWCARD</p> <p>Approximately how long has it been since [SAMPLED PERSON'S INITIALS] first [moved into this residential care community/became enrolled at this adult day services center]?</p> <p>1 0 TO 3 MONTHS 2 MORE THAN 3 MONTHS TO 6 MONTHS 3 MORE THAN 6 MONTHS TO 1 YEAR 4 MORE THAN 1 YEAR TO 3 YEARS 5 MORE THAN 3 YEARS TO 5 YEARS 6 MORE THAN 5 YEARS</p>	<p>9</p>	<p>9</p>	<p>DON'T KNOW to previous item</p>

Living Arrangements

<p>DIRECT R TO SHOWCARD</p> <p>Where did [SAMPLED PERSON'S INITIALS] live immediately before moving to this residential care community?</p> <p>1 PRIVATE RESIDENCE (HOUSE, APARTMENT, ROOM) 2 RETIREMENT OR INDEPENDENT LIVING COMMUNITY 3 DIFFERENT ASSISTED LIVING OR RESIDENTIAL CARE COMMUNITY OR GROUP HOME 4 ACUTE CARE HOSPITAL 5 LONG-TERM CARE HOSPITAL OR INPATIENT REHABILITATION FACILITY 6 SKILLED NURSING FACILITY (SNF) FOR SHORT-TERM REHABILITATION (\leq 100 DAYS) 7 NURSING HOME OR OTHER INSTITUTIONAL SETTING (> 100 DAYS) 8 INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES 9 PSYCHIATRIC FACILITY 10 HOMELESS 11 JAIL 12 OTHER</p>		10	
<p>DIRECT R TO SHOWCARD</p> <p>Where does [SAMPLED PERSON'S INITIALS] now live?</p> <p>1 PRIVATE RESIDENCE (HOUSE, APARTMENT, ROOM) 2 RETIREMENT OR INDEPENDENT LIVING COMMUNITY 3 ASSISTED LIVING, RESIDENTIAL CARE COMMUNITY, OR GROUP HOME 4 NURSING HOME OR OTHER INSTITUTIONAL SETTING (> 100 DAYS) 5 INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES 6 OTHER</p>	10		
<p>Who does [SAMPLED PERSON'S INITIALS] live with? Do they live ...</p> <p>SELECT ALL THAT APPLY</p> <p>1 alone 2 with a relative such as spouse, partner, adult child including in-law, parent, or other relative, or 3 with non-relative?</p>	11		Response option 1 or 2 is selected in previous item
<p>At this residential care community, does [SAMPLED PERSON'S INITIALS] currently share [his/her] room or apartment with another person? YES, NO</p>		11	
<p>Is this person [SAMPLED PERSON'S INITIALS]'s partner, spouse, or other relative? YES, NO</p>		12	YES to previous item

Does [SAMPLED PERSON'S INITIALS] live in a distinct unit, wing, or floor that is designated as an Alzheimer's Disease, dementia, or memory care unit at this residential care community? YES, NO		13	
Charges and Payment Sources			
In a typical week, how many days does [SAMPLED PERSON'S INITIALS] attend the adult day services center? 1-7	12		
On the day[s] when [SAMPLED PERSON'S INITIALS] attends the adult day services center, does [she/he] typically attend 5 hours or more, or less than 5 hours? 5 HOURS OR MORE, LESS THAN 5 HOURS	13		
<p>ADSC VERSION (DAILY CHARGE) For the last complete month, what was the typical daily charge for [SAMPLED PERSON'S INITIALS] to attend this adult day services center? Include the basic daily charge and charges for any additional services. (RECORD DOLLAR AMOUNT WITHOUT CENTS)</p> <p>RCC VERSION (MONTHLY CHARGE) For the last complete month, what was the total monthly charge for [SAMPLED PERSON'S INITIALS] to [live in this residential care community/attend this center]? Include the basic monthly charge and charges for any additional services. (RECORD DOLLAR AMOUNT WITHOUT CENTS)</p> <p>FOR BOTH ADSCs AND RCCs, PROGRAM CATI SO THAT "FOR THE LAST COMPLETE MONTH," A FILL INSERTS BASED ON THE MONTH AND YEAR OF THE INTERVIEW. FOR EXAMPLE, FOR AN INTERVIEW OCCURRING IN NOVEMBER 2018, THE QUESTION WOULD START, "For October 2018,..."</p>	14	14	SU at ADSC/RCC > 1 month.

<p>DIRECT R TO SHOWCARD</p> <p>For the last complete month, what is the one primary payment source for [SAMPLED PERSON'S INITIALS]'s adult day services charges? SELECT ONLY ONE</p> <p>IF PAYMENT NOT RECEIVED YET, ASK: What is the expected primary source of payment?</p> <p>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</p>	15		SU at ADSC > 1 month.
<p>{For the last complete month/(if < 30 days since moved in/started) Since [SAMPLED PERSON'S INITIALS] [started living at/was enrolled in]} this [residential care community/adult day services center], did Medicaid pay for any of the services that [SAMPLED PERSON'S INITIALS] received at this [residential care community/adult day services center]? Please include any funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care [IF IN CALIFORNIA AND ADSC: or California regional center]. YES, NO, DON'T KNOW</p>	16	15	Ask for all RCCs. For ADSCS, ask only if Medicaid (option 1) not selected in prior item.

Health and Functional Status, Health Care Use, and Service Use

DIRECT R TO SHOWCARD.
 As far as you know, has a doctor or other health professional ever diagnosed [SAMPLED PERSON'S INITIALS] with any of the **conditions** on the showcard? Please tell me the numbers that apply from the showcard. Any others? SELECT ALL THAT APPLY

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

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The next question asks about prescription medications [SAMPLED PERSON'S INITIALS] may take. Include standing and PRN or as needed medications, but exclude over-the-counter medications or supplements, unless they have been prescribed by a health care provider. About **how many prescription medications** does [SAMPLED PERSON'S INITIALS] currently take on a typical day? Would you say...0, 1-2, 3-4, 5-6, 7-8, 9-10, or more than 10?

18

17

DIRECT R TO SHOWCARD
 The showcard lists the generic and brand names of **antipsychotic**

19

18

SU has ADOD in DX

<p>medications. In the last 7 days, which, if any, of these medications did [SAMPLED PERSON'S INITIALS] receive, either on an as needed PRN basis or on a routine basis? Please tell me the numbers that apply from the showcard. Any others? SELECT ALL THAT APPLY</p> <p>1 ABILIFY (ARIPIPIRAZOLE) 2 CLOZARIL OR FAZACLO (CLOZAPINE) 3 FANAPT (ILOPERIDON) 4 GEODON (ZIPRASIDONE) 5 HALDOL (HALOPERIDOL) 6 INVEGA (PALIPERIDONE) 7 LOXITANE (LOXAPINE) 8 NAVANE (THIOTHIXENE) 9 ORAP (PIMOZIDE) 10 RISPERDAL (RISPERIDONE) 11 SAPHRIS (ASENAPINE) 12 SEROQUEL (QUETIAPINE) 13 ZYPREXA (OLANZAPINE)</p>			item above
<p>The next questions ask about difficulties (SAMPLED PERSON'S INITIALS) may have doing certain activities because of a health problem. How much difficulty does (SAMPLED PERSON'S INITIALS) have remembering or concentrating? Would you say no difficulty, some difficulty, a lot of difficulty, or cannot do at all?</p> <p>1 NO DIFFICULTY 2 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 4 CANNOT DO AT ALL</p>	20	19	
<p>How much difficulty does (SAMPLED PERSON'S INITIALS) have seeing, even if wearing glasses? No difficulty, some difficulty, a lot of difficulty, or cannot do at all?</p> <p>1 NO DIFFICULTY 2 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 4 CANNOT DO AT ALL</p>	21	20	
<p>How much difficulty does (SAMPLED PERSON'S INITIALS) have hearing, even if using a hearing aid? (No difficulty, some difficulty, a lot of difficulty, or cannot do at all?)</p> <p>1 NO DIFFICULTY 2 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 4 CANNOT DO AT ALL</p>	22	21	

<p>How much difficulty does (SAMPLED PERSON'S INITIALS) have walking or climbing steps? (No difficulty, some difficulty, a lot of difficulty, or cannot do at all?)</p> <p>1 NO DIFFICULTY 2 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 4 CANNOT DO AT ALL</p>	23	22	
<p>How much difficulty does (SAMPLED PERSON'S INITIALS) have self-care such as washing all over or dressing? (No difficulty, some difficulty, a lot of difficulty, or cannot do at all?)</p> <p>1 NO DIFFICULTY 2 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 4 CANNOT DO AT ALL</p>	24	23	
<p>Using [her/his] usual customary language, how much difficulty does (SAMPLED PERSON'S INITIALS) have communicating, for example understanding or being understood? (No difficulty, some difficulty, a lot of difficulty, or cannot do at all?)</p> <p>1 NO DIFFICULTY 2 SOME DIFFICULTY 3 A LOT OF DIFFICULTY 4 CANNOT DO AT ALL</p>	25	24	
<p>The next questions ask about assistance [SAMPLED PERSON'S INITIALS] may need to perform certain activities.</p>	26	25	
<p>Which types of assistance, if any, does [SAMPLED PERSON'S INITIALS] currently need to (IF ADSC: Transfer in and out of a chair/IF RCC: Transfer in and out of a bed or chair) [(IF ADSC) at their usual residence or this adult day services center]?) Does [SAMPLED PERSON'S INITIALS] need any help or supervision from another person, use an assistive device, both, or need no assistance?</p> <p>1 NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 USE AN ASSISTIVE DEVICE 3 BOTH 4 NEED NO ASSISTANCE</p>	27	26	
<p>Which types of assistance, if any, does [SAMPLED PERSON'S INITIALS] currently need to eat, like cutting up food [(IF ADSC) at their usual residence or this adult day services center]?) Does [SAMPLED PERSON'S INITIALS] need any help or supervision from another person, use an assistive device, both, or need no assistance?</p> <p>1 NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 USE AN ASSISTIVE DEVICE</p>	28	27	

<p>3 BOTH 4 NEED NO ASSISTANCE</p>			
<p>Which types of assistance, if any, does [SAMPLED PERSON'S INITIALS] currently need to dress [(IF ADSC) at their usual residence or this adult day services center]? (Does [SAMPLED PERSON'S INITIALS] need any help or supervision from another person, use an assistive device, both, or need no assistance?)</p> <p>1 NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 USE AN ASSISTIVE DEVICE</p> <p>3 BOTH 4 NEED NO ASSISTANCE</p>	29	28	
<p>Which types of assistance, if any, does [SAMPLED PERSON'S INITIALS] currently need to bathe or shower [(IF ADSC) at their usual residence or this adult day services center]? (Does [SAMPLED PERSON'S INITIALS] need any help or supervision from another person, use an assistive device, both, or need no assistance?)</p> <p>1 NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 USE AN ASSISTIVE DEVICE</p> <p>3 BOTH 4 NEED NO ASSISTANCE</p>	30	29	
<p>Which types of assistance, if any, does [SAMPLED PERSON'S INITIALS] currently need to use the bathroom or toileting [(IF ADSC) at their usual residence or this adult day services center]? (Does [SAMPLED PERSON'S INITIALS] need any help or supervision from another person, use an assistive device, both, or need no assistance?)</p> <p>1 NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 USE AN ASSISTIVE DEVICE</p> <p>3 BOTH 4 NEED NO ASSISTANCE</p>	31	30	
<p>Which types of assistance, if any, does [SAMPLED PERSON'S INITIALS] currently need for locomotion or to walk [(IF ADSC) at their usual residence or this adult day services center]? (Does [SAMPLED PERSON'S INITIALS] need any help or supervision from another person, use an assistive device, both, or need no assistance?)</p> <p>1 NEED HELP OR SUPERVISION FROM ANOTHER PERSON 2 USE AN ASSISTIVE DEVICE</p> <p>3 BOTH 4 NEED NO ASSISTANCE</p>	32	31	

<p>DIRECT R TO SHOWCARD</p> <p>As far as you know, has [SAMPLED PERSON'S INITIALS] had any episode of incontinence during the last 7 days [IF ADSC: either at their usual residence or this adult day services center]?</p> <p>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)</p>	33	32	
<p>During the {past 12 months/(if < 12 months since moved in/started) # months since [SAMPLED PERSON'S INITIALS] (moved into this residential care community/became enrolled at this adult day services center)}, was [SAMPLED PERSON'S INITIALS] treated in a hospital emergency department? YES, NO, DON'T KNOW</p>	34	33	At ADSC/RCC > 90 days (from prior LOS items)
<p>During the {past 90 days/(if < 90 days moved in/started) # days since [SAMPLED PERSON'S INITIALS] moved into this residential care community/became enrolled at this adult day services center}}, was [SAMPLED PERSON'S INITIALS] treated in a hospital emergency department? YES, NO, DON'T KNOW</p>	35	34	YES to 12-month ED visit item above.
<p>During the {past 12 months/(if < 12 months since moved in/started) # months since [SAMPLED PERSON'S INITIALS] [started living at/was enrolled in] this [residential care community/adult day services center]}, was [SAMPLED PERSON'S INITIALS] discharged from an overnight hospital stay? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. YES, NO, DON'T KNOW</p>	36	35	At ADSC/RCC > 90 days (from prior LOS items)
<p>Was [SAMPLED PERSON'S INITIALS] discharged from an overnight hospital stay in the {past 90 days/(if < 90 days since moved in/started) # days since [SAMPLED PERSON'S INITIALS] [started living at/was enrolled in] this [residential care community/adult day services center]}? Exclude trips to the hospital emergency department that did not result in an overnight hospital stay. YES, NO, DON'T KNOW</p>	37	36	YES to 12-month hospital discharge item above.

<p>DIRECT R TO SHOWCARD</p> <p>What was the one primary reason for [SAMPLED PERSON'S INITIALS]'s hospitalization? If [she/he] had more than one hospital discharge in the last 90 days, answer for the most recent hospital discharge.</p> <p>1 ASTHMA 2 BRONCHITIS 3 C. DIFFICILE INFECTION 4 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) 5 CONGESTIVE HEART FAILURE (CHF) 6 CONSTIPATION/INTESTINAL IMPACTION 7 DEHYDRATION 8 DIABETES—SHORT-TERM COMPLICATION 9 DISEASES OF THE SKIN 10 FALLS AND TRAUMA 11 HYPERTENSION OR HYPOTENSION 12 MENTAL STATUS CHANGES 13 PNEUMONIA 14 PRESSURE INJURY/ULCER 15 URINARY TRACT OR KIDNEY INFECTION 16 NONE OF THE ABOVE</p>	38	37	YES to 90-day hospital discharge item above.
<p>Was [SAMPLED PERSON'S INITIALS] re-admitted to the hospital for an overnight stay within 30 days of this hospital discharge? Include outpatient observation and inpatient admission. YES, NO, DON'T KNOW"</p>	39	38	YES to 90-day hospital discharge item above.
<p>The next section asks whether [SAMPLED PERSON'S INITIALS] has had any falls. By falls we mean any fall, slip, or trip in which [SAMPLED PERSON'S INITIALS] lost [his/her] balance and landed on the floor or ground or at a lower level. Please include falls that occurred at your [adult day services center/residential care community] or off-site, whether or not [SAMPLED PERSON'S INITIALS] was injured, and whether or not anyone saw [SAMPLED PERSON'S INITIALS] fall or caught them. As best you know, during the {past 90 days/# days since [SAMPLED PERSON'S INITIALS] moved into this residential care community/became enrolled at this adult day services center), how many falls has [SAMPLED PERSON'S INITIALS] had? 0-100, DON'T KNOW</p>	40	39	
<p>IF > 1 FALL IN "HOW MANY FALLS" ITEM ABOVE: As best you know, did any of these falls that [SAMPLED PERSON'S INITIALS] had in the {past 90 days/(if < 90 days since started) # days since [SAMPLED PERSON'S INITIALS] [moved into this residential care community/was enrolled in this adult day services center] occur at the [residential care community/adult day services center]? YES, NO, DON'T KNOW</p> <p>IF 1 FALL IN "HOW MANY FALLS" ITEM ABOVE: As best you know, did the fall [SAMPLED PERSON'S INITIALS] had in the {past 90 days/(if < 90 days since started) # days since [SAMPLED PERSON'S INITIALS] [moved into this</p>	41	40	>0 to how many falls item above.

<p>residential care community/was enrolled in this adult day services center] occur at the [residential care community/adult day services center]? YES, NO, DON'T KNOW</p>			
<p>DIRECT R TO SHOWCARD Did {[IF 1 FALL: [SAMPLED PERSON'S INITIALS]'s fall] [IF >1 FALL: any of these falls [SAMPLED PERSON'S INITIALS] had]} result in a minor injury, a major injury, or no injury? (SELECT ALL THAT APPLY) SHOWCARD: 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</p>	42	41	>0 to any falls item above.
<p>DIRECT R TO SHOWCARD The following services may be offered by [adult day services center/residential care community] staff or provided at the [center/community] by non-[center/community] staff. Which of these services does [SAMPLED PERSON'S INITIALS] currently use? Please tell me the numbers that apply from the showcard. Any others? 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</p>	43	42	

<p>13 PODIATRY</p> <p>14 SKILLED NURSING--MUST BE PERFORMED BY AN RN OR LPN/LVN AND ARE MEDICAL IN NATURE</p> <p>15 SKIN WOUND/INJURY CARE</p> <p>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</p> <p>17 SPEECH THERAPY</p> <p>18 TRANSPORTATION FOR MEDICAL OR DENTAL APPOINTMENTS</p> <p>19 TRANSPORTATION FOR SOCIAL AND RECREATIONAL ACTIVITIES OR SHOPPING</p> <p>20 TRANSPORTATION TO/FROM THIS CENTER [ADSC ONLY]</p> <p>21 NONE OF THE ABOVE</p>			
<p>DIRECT R TO SHOWCARD</p> <p>For which of the items on this showcard does this [adult day services center/residential care community] have documentation in [SAMPLED PERSON'S INITIALS] file? Please tell me the numbers that apply from the showcard. Any others? SELECT ALL THAT APPLY</p> <p>1 ADVANCE DIRECTIVE</p> <p>2 HEALTH CARE PROXY OR DURABLE MEDICAL POWER OF ATTORNEY</p> <p>3 PHYSICIAN DOCUMENTATION OF CONDITION THAT MAY RESULT IN LIFE EXPECTANCY LESS THAN 6 MONTHS</p> <p>4 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)</p> <p>5 NONE</p>	44	43	
<p>DIRECT R TO SHOWCARD</p> <p>As far as you know, at any time in the last 7 days has [SAMPLED PERSON'S INITIALS] exhibited any verbal or physical behavioral symptoms directed toward others, for example threatening, screaming, cursing, hitting, kicking, pushing, scratching, grabbing, or abusing others sexually [IF ADSC: , either at their usual residence or this center]?</p> <p>1 YES, VERBAL ONLY</p> <p>2 YES, PHYSICAL ONLY</p> <p>3 YES, BOTH VERBAL AND PHYSICAL</p> <p>4 NO, NEITHER</p>	45	44	