

# **Nursing Homes in the United States: 1973-74 National Nursing Home Survey**

Statistics on nursing homes by original purpose of building, admission policy, certification status, cost per resident day, attending physicians, type of supervising staff, rehabilitation services, waiting lists, training programs, room capacity, and bed capacity. Based on data collected in the 1973-74 National Nursing Home Survey.

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### COOPERATION OF THE U.S. BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the National Center for Health Statistics, the Bureau of the Census, under a contractual arrangement, participated in planning the survey and collecting the data.

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### SYMBOLS

Data not available-----	---
Category not applicable-----	...
Quantity zero-----	-
Quantity more than 0 but less than 0.05-----	0.0
Figure does not meet standards of reliability or precision (more than 30 percent relative standard error)-----	*

# NURSING HOMES IN THE UNITED STATES: NATIONAL NURSING HOME SURVEY

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## INTRODUCTION

Over the past decade, the Nation's nursing homes have become the focus of growing attention. An increasing public and private involvement in the problems of providing long-term care has generated a steadily increasing need for information about the quantity, quality, and costs of the care rendered by nursing homes throughout the United States. To partly satisfy these needs, the National Center for Health Statistics has conducted a series of national nursing home surveys beginning in 1963. Data reported in these pages stem from the most recent of these surveys, the 1973-74 National Nursing Home Survey.

### Background

Since 1963 the National Center for Health Statistics (NCHS) has utilized two types of surveys to gather nursing home data—universe surveys and sample surveys. The universe surveys, surveys of all known nursing homes in the United States, consist of questionnaire mailouts eliciting basic information on the characteristics of nursing homes: number of beds, number of residents, type of ownership, type of care provided, etc. A series of these universe surveys, called the Master Facility Inventory (MFI) surveys, have been conducted (1963,<sup>1</sup> 1967,<sup>2</sup> 1969,<sup>3</sup> 1971,<sup>4</sup> and most recently, 1973<sup>5</sup>). In 1968 a special *ad hoc* universe survey was conducted<sup>6</sup> which obtained more detailed information than the MFI surveys gather (charges for care, services and activities provided, etc.).

However, these more detailed (and time-consuming) surveys are perhaps more efficiently conducted as sample surveys, which cover only a small fraction of the total universe and can be conducted via personal interviews rather than mailouts. The technique has been used a number of times by NCHS in collecting nursing home data (1963,<sup>7</sup> 1964,<sup>8</sup> 1969,<sup>9</sup> and most recently, 1973-74<sup>10</sup>). The universe used in drawing the samples for these surveys has in each case been the most recent MFI listing with newly opened nursing homes added to it.

### The Current Survey

The survey being discussed in this report is the 1973-74 National Nursing Home Survey, a sample survey conducted from August 1973 through April 1974. Since this survey was conducted *prior* to the 1973 MFI survey, the universe used in drawing the sample was the 1971 MFI survey plus all nursing homes that were found to have begun operation from the time of the 1971 MFI survey through January 1973.

To be included in the sample, a nursing home had to qualify by NCHS criteria as either a *nursing care home* or a *personal care home with nursing* (appendix IV). This sampling provision excluded homes where the care offered was entirely personal or domiciliary. Also excluded from the sample were nursing homes in Alaska and Hawaii.

Since the universe was based on the 1971 survey, all homes found in that survey to be personal care or domiciliary care were excluded

from the sampling frame even if they had been upgraded to a personal care home with nursing or a nursing care home by the time the 1973-74 survey began. As a result of these exclusions, the estimates from this survey do not correspond precisely to the figures from the 1973 MFI survey.

Before sampling, all the homes included in the universe were stratified according to the following criteria: (1) Medicare/Medicaid certification, (2) bed-capacity group, (3) ownership type, (4) geographic region, (5) State, and (6) county. The sample was then selected systematically after a random start within each primary stratum. A more detailed explanation of the sample design can be found in appendix I.

The survey findings discussed in these pages are almost always expressed as *percents* of the estimated homes. A table of sampling errors for these estimated percents appears in appendix I. Definitions are found in appendix II, and appendix III contains copies of the questionnaires used in the 1973-74 National Nursing Home Survey.

## FINDINGS

### Original Purpose of Building

A substantial majority of all nursing homes were housed in buildings that were specifically designed and constructed to support these functions. Findings reveal that an estimated 70 percent of all such homes were originally built for use as nursing homes, rest homes, convalescent homes, or homes for the aged (table 1). In size, the homes originally constructed as nursing homes generally exceeded 50 beds, with the most substantial proportion of them from 50 to 99 beds in capacity (table 2).

About 18 percent, the most prominent remaining proportion of nursing homes, were housed in buildings originally constructed as private homes (i.e., single-family dwellings). (See table 1.) As expected, nursing homes adapted for use from private homes were generally of small bed capacity (under 50 beds). Other locations, reported with only scattered frequency, were in buildings originally constructed as hospitals, duplexes (two to four units),

apartment houses (five or more units), and hotels or motels.

### Admission Policies

An overwhelming number of the Nation's nursing homes (93 percent) admitted both male and female residents, thus placing no sex restriction on admission. Most of the homes (74 percent) did, however, impose minimum age restrictions on admission.

Minimum age restrictions existed for nearly every age from 1 to 70 years. Table A shows, for those homes imposing restrictions on minimum age, the percents falling into the nine major age categories presented. These findings indicate that about one-fourth (24 percent) of all the homes which had restrictions on minimum age set those restrictions at ages of 17 years and younger, ages usually categorized as children. More than one-fourth (28 percent) set their age restriction at 18 years, and when the four youngest age groups are combined, one finds that almost 3/4 (72 percent) of these homes had minimum ages of 21 years and under. Few, therefore, restricted their admissions to the elderly—less than 10 percent set the minimum age at 65.

Table A. Percent distribution of nursing homes with restrictions on minimum age by minimum age: United States, 1973-74

Minimum age	Percent
All nursing homes with restrictions on minimum age .....	100.0
1-15 years .....	7.3
16-17 years .....	16.6
18 years .....	27.9
19-21 years .....	20.1
22-40 years .....	9.8
41-59 years .....	5.2
60-64 years .....	4.2
65 years .....	8.4
66 years and over .....	*

### Certification Status (Medicare/Medicaid Participation)

Another area of major emphasis in the 1973-74 National Nursing Home Survey was the collection of data concerning participation in the Nation's Medicare and Medicaid programs. To

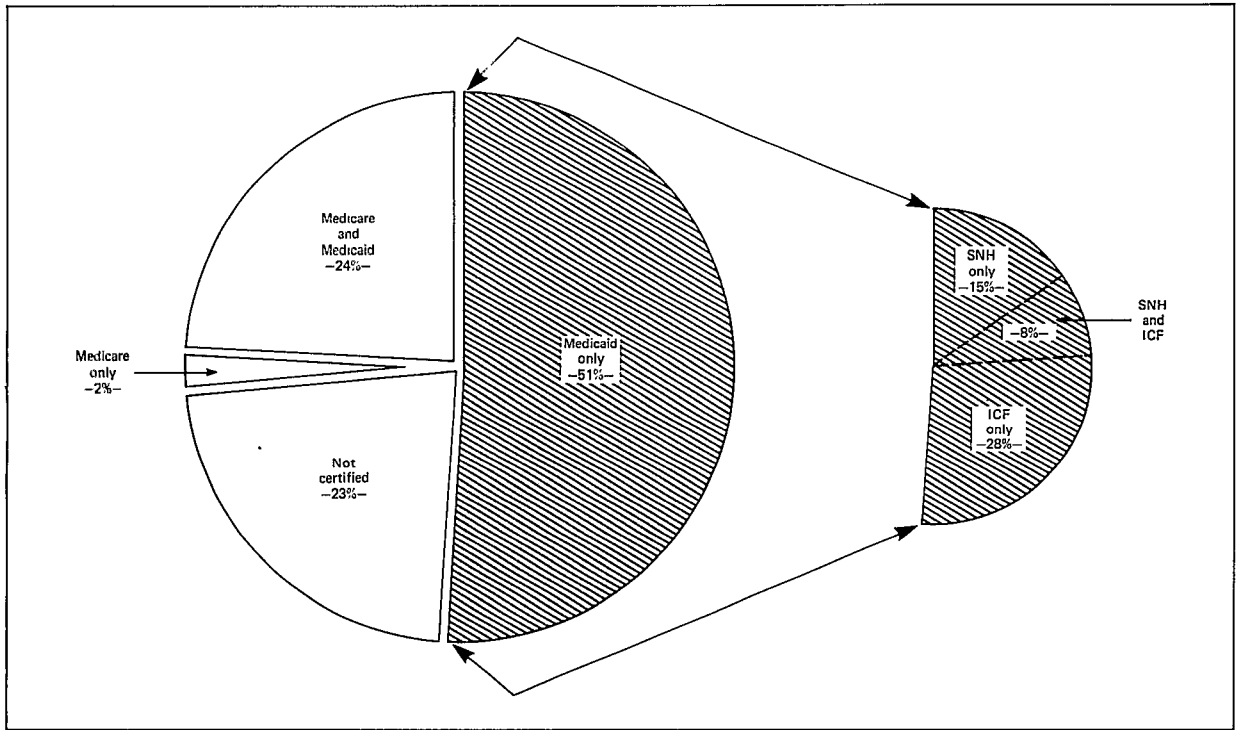


Figure 1. Estimated percent of nursing homes in each certification category

participate as a Medicare provider, a home had to be certified as an extended care facility (ECF) according to the requirements of Medicare legislation in effect at the time of the survey (Title XVIII of the Social Security Act). To participate as a Medicaid provider, a home could be certified as a skilled nursing home (SNH) and/or as an intermediate care facility (ICF) according to the requirements of Medicaid legislation (Title XIX of the Social Security Act).<sup>a</sup>

Levels of nursing care varied by type of certification status. The ECF and the SNH had about the same level of skilled nursing coverage, which was higher than the level of nursing coverage required in the ICF.<sup>b</sup>

<sup>a</sup>The extended care facility and skilled nursing home designations are used in this report because most of the survey was conducted prior to the legislation which created the skilled nursing facility designation.

<sup>b</sup>The classification scheme used in the Master Facility Inventory and described in appendix I (i.e., by NC homes, PCN homes, etc.), was developed prior to Medicare and Medicaid legislation and therefore does not correspond exactly to the classification by certification status (i.e., by ECF, SNH, or ICF).

Figure 1 shows the distribution of nursing homes by certification status.

Noncertified homes differed from certified homes in certain characteristics worthy of note. Though the noncertified homes comprised about 23 percent of all nursing homes, they served only an estimated 13 percent of all residents; thus they were smaller than their certified counterparts. Carrying this further, an estimated 68 percent of the noncertified homes, as opposed to only 32 percent among Medicare/Medicaid participants, had under 50 beds (table 3). And, not surprisingly, the certified home generally provided a higher level of skilled nursing service than the noncertified home did.

The Medicare regulations were a definite factor in this finding, since one of their requirements called for extended care facilities to "provide 24-hour nursing service which is sufficient to meet nursing needs" and to have "at least one registered professional nurse employed full time."<sup>11</sup> The effect of these requirements becomes evident upon examination of the person on duty and in charge of nursing for



certified and noncertified facilities (table 4). An estimated 40 percent of noncertified homes had an RN in charge of one or more shifts, as compared to 80 percent of certified homes (Medicare or Medicaid). A nurse's aide was in charge of one or more shifts in 53 percent of noncertified homes, as compared to 20 percent of certified homes (Medicare or Medicaid).

As expected, the home certified as an SNH or ECF generally reported higher skill levels for its charge nurses than the ICF did. For example, of homes certified as SNH, an estimated 93 percent had an RN on duty and in charge of nursing for one or more shifts; for homes certified as solely ECF, the proportion was 77 percent; and for homes certified as solely ICF, the proportion was 56 percent.

Finally, certification carried with it an increased tendency to perform services other than nursing care. For example, an estimated 75 percent of the Medicare/Medicaid providers conducted onsite rehabilitation programs; in contrast, only about 50 percent of the noncertified facilities offered such services (table 5).

More comparisons by certification status appear throughout the remaining sections of this report. (See table 6 for selected certification data.)

### **Cost Per Resident Day**

Approximately 82 percent of all nursing homes had a cost per resident day of under \$20.00, while less than 10 percent had costs per resident day of over \$25.00. These figures can be found in table 7, which shows cost per resident day categories by the certification status of the home. In comparing the noncertified homes with the certified homes (Medicare, Medicaid, or both), it can be seen that a much higher percentage rate of the noncertified homes had costs per resident day of under \$10.00 than did the certified homes (41 percent versus a combined 17 percent). In fact, the only certification type that had a percentage comparable to the noncertified home was the Medicaid ICF home. Approximately 36 percent of these homes had costs under \$10.00.

Another NCHS report, Series 13, No. 22,<sup>12</sup> goes into more detail and presents a number of tables showing nursing home cost data for

1973-74. That report shows that the average total cost per resident day was \$14.03 for noncertified homes compared to \$11.99 for ICF's, \$15.58 for SNF's (which included homes certified as both SNF and ICF), and \$21.17 for homes certified as both Medicare and Medicaid.

In terms of bed size, it can be seen from table 8 that the smaller homes tended to have lower costs per resident day than did the larger homes. Approximately 43 percent of homes with less than 25 beds had costs of under \$10.00, whereas only 11 percent of homes with 100 or more beds had costs this low. At the other end, only 9 percent of homes with less than 25 beds had costs per resident day of \$20.00 or more, compared to 27 percent of the homes with 100 or more beds having these same costs.

### **Attending Physicians**

About 71 percent of all nursing home residents were attended to by their own physicians (attending physicians). Another 23 percent were treated by physicians furnished by the home (either on staff or contract). Table 9 shows the percent of homes having various numbers of attending physicians (for private patients) and gives this distribution by bed-size categories. Only 7 percent of the 15,700 homes had *no* attending physicians, using instead physicians on staff or on contract. Again, as would be expected, the larger homes had the most attending physicians. However, although the difference was not significant, 10 percent of the largest homes (100 or more beds) had no attending physicians, whereas in the smaller homes (less than 100 beds) approximately 6 percent had no attending physicians.

The noncertified homes were more likely to be without an attending physician than the certified homes were (12 percent versus 5 percent). (See table 10.)

### **Type of Staff Supervising All Clinical Services**

One objective of the survey was to explore who among the staff members exercised daily, on-duty supervision over *all clinical services*. (See question 25 of Facility Questionnaire, appendix

III.) "Clinical services" are those medical and nursing services that are part of the day-to-day activities of the home. "Supervision" was defined as an active role in watching over these activities in a continuous, responsible fashion. Thus, for the purposes of the survey, the term "supervisor" was not confined to clinical specialists such as physicians, RN's, or LPN's. The supervisor could have been, and sometimes was, a lay administrator not specifically trained as a clinical specialist to whom such clinical specialists reported and/or were responsible.

In the majority of homes (an estimated 56 percent), the staff member with daily, on-duty supervision over all clinical services was an RN functioning only in an RN capacity. In another 7 percent of the homes, the on-duty supervisor was the administrator of the home, who, in addition to functioning in the capacity of administrator, was also a qualified RN. These findings indicate that a relatively high level of clinical skill existed among staff functioning in this important supervisory position.<sup>c</sup>

### Rehabilitation Services

The survey also explored the nature and extent of the rehabilitation programs that these homes provided. An estimated 69 percent of all nursing homes conducted one or more programs in which a rehabilitation service was provided onsite by "professional" therapists or counselors (table 11). (By "professional" is meant rehabilitation personnel who were licensed or registered in their vocation.)

The following two tables show the prevalence of these rehabilitation services in nursing homes. Table B indicates what percent of all 15,700 homes provided each of the various rehabilitation services, while table C (which looks at only those homes which provided rehabilitation services, an estimated 10,900) shows the relative prevalence of these services.

From table B it can be seen that about one-half of the 15,700 nursing homes provided

<sup>c</sup>The highest potential level of clinical supervisory skill occurred where the supervisor was either a physician functioning solely in that capacity or an administrator who was also a qualified physician. These cases occurred with only scattered frequency, probably in fewer than 3 percent of all homes.

Table B. Percent of all nursing homes (15,700), by type of rehabilitation service provided: United States, 1973-74

Type of service	Percent
Physical therapy . . . . .	53
Occupational therapy . . . . .	23
Recreational therapy . . . . .	31
Speech and hearing therapy . . . . .	29
Counseling . . . . .	52
Other . . . . .	5

Table C. Percent of nursing homes with rehabilitation services (10,900), by type of service provided: United States, 1973-74

Type of service	Percent
Physical therapy . . . . .	76
Occupational therapy . . . . .	34
Recreational therapy . . . . .	45
Speech and hearing therapy . . . . .	42
Counseling . . . . .	75
Other . . . . .	7

physical therapy, and one-half provided counseling. Table C takes this a step further, indicating that if a nursing home offered any rehabilitation services, it more than likely offered physical therapy and counseling. Recreational therapy and speech and hearing therapy were the next most often provided services.

The larger the home, the more likely it was to provide rehabilitation services (table 11). Of the homes with 100 or more beds, an estimated 84 percent provided one or more of these services, whereas in the homes with less than 25 beds, only 51 percent provided rehabilitation services.

### Waiting Lists and Training Programs

Approximately 72 percent of the nursing homes maintained waiting lists. Of these homes, 17 percent had no one on their waiting list, 55 percent had between 1 and 10 people on their list, 24 percent had between 11 and 50, and the remaining 5 percent had more than 50 people on their waiting list (table 12).

The homes that tended to have the largest number of persons on their waiting list were the larger homes. For example, of the homes with 51 or more people on their waiting list, 51 percent had 100 beds or more; on the other hand, of the homes with just 1 to 10 people on their waiting list, only 19 percent had 100 beds or more (table 13).

Of the homes with waiting lists, 24 percent offered one or more of the following services to the people on these lists: day care, meals, transportation services, homemaker or chore services, information or referral, visiting, telephone checking, recreational activities, laundry service, and other services.

Approximately 59 percent of the homes that offered services to people on their waiting list were certified for Medicaid only, 29 percent were certified for both Medicaid and Medicare, and 12 percent were not certified.

Some nursing homes conducted training programs for people not on their staff in cooperation with an educational institution. The survey revealed that about 28 percent of all nursing homes had such training programs, with the larger homes being more likely to generally provide this service. For example, about 44 percent of the homes with 100 or more beds conducted these programs, as opposed to 13 percent of homes with less than 50 beds (table 14).

Additionally, certified homes were more likely to conduct these training programs than noncertified homes were. Approximately 44 percent of the homes certified for both Medicare and Medicaid and 29 percent of those certified for Medicaid only conducted training programs, as compared to only 11 percent of the noncertified homes (table 15).

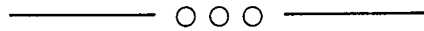
### **Bed Capacity of Rooms and of Homes**

Most nursing homes, it was found, had relatively few rooms with as many as four resident beds. Almost 3/4 (72 percent) had no more than 10 percent of their rooms occupied by four or more beds, and 88 percent of the homes had no more than 30 percent of their rooms with four or more beds (table 16).

Approximately 2/3 of all nursing homes had only one or two beds in over 75 percent of their rooms (table 17). Homes with more than 50 rooms tended to have a higher percentage of these one- and two-bed rooms than the homes with 20 rooms or less had (82 percent compared to 47 percent).

Looking at these homes by the percent of rooms with one or two beds shows no trend relative to certification. In other words, the percent of one- or two-bed rooms in Medicaid only homes, Medicare and Medicaid homes, and noncertified homes was almost the same (table 18).

Turning from the bed capacity of the rooms to the total bed capacity of the homes, it was found that the average bed capacity was 75. In terms of certification, the homes certified for both Medicare and Medicaid (which includes homes certified for Medicare only) were the largest, with an average size of 105 beds. Homes certified for Medicaid only were the next largest, at 73 beds, while the noncertified homes had an average bed capacity of 45 beds (table 19).



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Table 1. Percent distribution of nursing homes by original purpose for which building was constructed, according to bed capacity of home: United States, 1973-74

Bed capacity	Total	Originally constructed as:				
		Nursing home <sup>1</sup>	Private home	Hospital	Duplex, apartment house, hotel, or motel	Something else
All bed capacities . . . . .	100.0	70.2	17.8	4.3	3.2	4.4
Less than 50 beds . . . . .	100.0	47.6	37.9	5.8	4.5	4.2
50-99 beds . . . . .	100.0	83.3	5.7	3.5	*	4.8
100 beds or more . . . . .	100.0	89.0	*	*	*	*

<sup>1</sup>Includes nursing homes, rest homes, convalescent homes, and homes for the aged.

NOTE: Figures may not add to totals due to rounding.

Table 2. Percent distribution of nursing homes by bed capacity of home, according to original purpose for which building was constructed: United States, 1973-74

Bed capacity	Total	Originally constructed as:				
		Nursing home <sup>1</sup>	Private home	Hospital	Duplex, apartment house, hotel, or motel	Something else
All bed capacities . . . . .	100.0	100.0	100.0	100.0	100.0	100.0
Less than 50 beds . . . . .	40.5	27.4	86.3	54.8	56.5	38.8
50-99 beds . . . . .	35.0	41.5	11.2	28.4	*	37.9
100 beds or more . . . . .	24.4	31.0	*	*	*	*

<sup>1</sup>Includes nursing homes, rest homes, convalescent homes, and homes for the aged.

NOTE: Figures may not add to totals due to rounding.

Table 3. Percent distribution of nursing homes by bed capacity, according to certification status: United States, 1973-74

Bed capacity	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
All bed capacities . . . . .	100.0	100.0	100.0	100.0	100.0	100.0
Less than 25 beds . . . . .	16.5	*	11.8	7.7	15.1	43.8
25-49 beds . . . . .	24.0	12.9	29.7	21.0	36.7	24.4
50-99 beds . . . . .	35.0	42.1	36.9	38.8	35.5	22.7
100-199 beds . . . . .	20.5	36.1	18.3	27.9	11.6	7.3
200 beds or more . . . . .	4.0	7.2	3.2	5.8	*	*

<sup>1</sup>8 percent of these homes were certified for Medicare only.

<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures may not add to totals due to rounding.

Table 4. Percent of nursing homes, by certification status and level of skill of person in charge of nursing services: United States, 1973-74

Skill level of person in charge of nursing services	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
RN in charge of one or more shifts . . . . .	70.5	93.6	72.3	93.3	55.6	40.1
LPN in charge of one or more shifts . . . . .	56.5	42.9	69.5	63.7	74.2	43.4
Nurse's aide in charge of one or more shifts . . . . .	27.4	*	29.6	*	50.1	52.8

<sup>1</sup>8 percent of these homes were certified for Medicare only.

<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures do not add to 100 percent because homes with more than one shift may have people with different levels of skill in charge of each shift.

Table 5. Percent of nursing homes providing onsite professional rehabilitation services, by certification status and type of service and number of services: United States, 1973-74

Type of service and number of services	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only		Not certified	
			Total	Skilled nursing home <sup>2</sup>		Intermediate care facility
Physical therapy . . . . .	52.8	87.1	45.3	66.0	28.8	29.8
Occupational therapy . . . . .	23.5	45.7	17.1	26.2	9.8	12.0
Recreational therapy . . . . .	31.3	47.5	28.3	35.0	23.0	19.4
Speech and hearing therapy . . . . .	28.7	61.4	19.3	29.7	11.1	11.7
Counseling . . . . .	52.1	76.9	49.2	62.5	38.5	29.9
Other . . . . .	5.0	7.5	4.9	6.3	3.9	2.1
3 or more services . . . . .	24.6	51.5	16.9	27.0	8.8	10.5
No services . . . . .	30.8	7.6	34.2	18.0	47.0	49.8

<sup>1</sup>8 percent of these homes were certified for Medicare only.  
<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

Table 6. Percent distributions of nursing homes and nursing home beds, admissions, discharges, residents, and deaths by certification status: United States, 1973-74

Certification status	Homes	Beds	Admissions	Discharges	Residents	Deaths
All certification statuses . . . . .	100.0	100.0	100.0	100.0	100.0	100.0
Both Medicare and Medicaid <sup>1</sup> . . . . .	26.5	37.6	56.2	55.6	37.5	46.0
Medicaid only . . . . .	50.5	48.8	35.0	33.7	49.0	37.3
Skilled nursing home <sup>2</sup> . . . . .	22.4	27.3	20.2	19.4	27.1	21.5
Intermediate care facility . . . . .	28.1	21.5	14.8	14.3	21.9	15.8
Not certified . . . . .	23.1	13.6	8.8	10.7	13.5	16.7

<sup>1</sup>8 percent of these homes were certified for Medicare only.  
<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures may not add to totals due to rounding.



Table 7. Percent distribution of nursing homes by cost per patient day (during 1972), according to certification status: United States, 1973-74

Cost per patient day	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
Total .....	100.0	100.0	100.0	100.0	100.0	100.0
Less than \$10.00 .....	23.0	*	25.1	10.3	36.4	41.5
\$10.00-\$14.99 .....	36.3	21.0	47.9	46.4	49.1	27.5
\$15.00-\$19.99 .....	22.9	37.9	16.2	26.3	8.5	20.9
\$20.00-\$24.99 .....	8.8	18.4	5.8	9.0	*	*
\$25.00 or more .....	9.1	20.1	5.0	8.1	*	5.7

<sup>1</sup>8 percent of these homes were certified for Medicare only.

<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTES: Excludes nursing homes that were in business less than 2 years.

Figures may not add to totals due to rounding.

Table 8. Percent distribution of nursing homes by cost per patient day (during 1972), according to bed capacity: United States, 1973-74

Cost per patient day	All bed capacities	Less than 25 beds	25-49 beds	50-99 beds	100 beds or more
Total .....	100.0	100.0	100.0	100.0	100.0
Less than \$10.00 .....	23.0	43.0	28.0	18.4	11.0
\$10.00-\$14.99 .....	36.3	26.3	36.0	42.3	34.6
\$15.00-\$19.99 .....	22.9	21.5	23.2	20.5	27.0
\$20.00-\$24.99 .....	8.8	*	5.4	10.5	15.3
\$25.00 or more .....	9.1	8.9	7.4	8.3	12.1

NOTES: Excludes homes that were in business less than 2 years.

Figures may not add to totals due to rounding.

Table 9. Percent distribution of nursing homes which had physicians attending their own private patients by number of attending physicians, according to bed capacity of home: United States, 1973-74

Number of physicians attending their own private patients	All bed capacities	Less than 50 beds	50-99 beds	100 beds or more
Total . . . . .	100.0	100.0	100.0	100.0
None . . . . .	6.7	6.3	5.0	10.0
1-2 attending physicians . . . . .	14.5	22.0	11.6	6.2
3-5 attending physicians . . . . .	27.6	41.6	22.7	11.2
6-10 attending physicians . . . . .	19.7	17.3	23.7	18.0
11-15 attending physicians . . . . .	10.6	7.2	13.1	12.8
16-20 attending physicians . . . . .	5.5	*	6.7	9.0
21-30 attending physicians . . . . .	8.2	2.8	11.0	13.3
31-50 attending physicians . . . . .	5.2	*	5.5	12.5
50 or more attending physicians . . . . .	2.0	*	*	7.1

NOTE: Figures may not add to totals due to rounding.

Table 10. Percent distribution of nursing homes which had physicians attending their own private patients by number of attending physicians, according to certification status: United States, 1973-74

Number of physicians attending their own private patients	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
Total . . . . .	100.0	100.0	100.0	100.0	100.0	100.0
None . . . . .	6.7	*	5.8	8.8	*	11.8
1-2 attending physicians . . . . .	14.5	*	15.7	12.2	18.4	24.0
3-5 attending physicians . . . . .	27.6	12.3	31.3	26.5	35.1	36.9
6-10 attending physicians . . . . .	19.7	16.0	23.3	23.5	23.2	16.0
11-15 attending physicians . . . . .	10.6	15.9	10.3	10.8	9.9	5.2
16 or more attending physicians . . . . .	20.9	47.6	13.5	18.1	10.0	6.1

<sup>1</sup>8 percent of these homes were certified for Medicare only.  
<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures may not add to totals due to rounding.

Table 11. Percent of nursing homes providing onsite professional rehabilitation services, by bed capacity, type of service, and number of services: United States, 1973-74

Type of service and number of services	All bed capacities	Less than 25 beds	25-49 beds	50-99 beds	100 beds or more
Physical therapy . . . . .	52.8	32.7	39.9	57.6	72.0
Occupational therapy . . . . .	23.5	11.1	17.7	24.8	35.5
Recreational therapy . . . . .	31.3	23.4	28.2	28.4	43.9
Speech and hearing therapy . . . . .	28.7	16.5	19.8	30.4	43.3
Counseling . . . . .	52.1	32.6	44.1	56.5	66.6
Other . . . . .	5.0	*	*	5.4	7.8
3 or more services . . . . .	24.6	14.3	19.0	22.5	40.0
No services . . . . .	30.8	48.6	38.2	27.6	16.0

Table 12. Number of nursing homes with waiting lists and percent distribution of these homes, by number of persons on waiting list and bed capacity: United States, 1973-74

Number of persons on waiting list	All bed capacities	Less than 25 beds	25-49 beds	50-99 beds	100 beds or more
Number of homes with waiting lists . . . . .	11,300	1,600	2,700	4,200	2,900
Percent distribution					
All homes with waiting lists . . . . .	100.0	100.0	100.0	100.0	100.0
Nobody on waiting list . . . . .	16.7	13.8	14.8	17.4	18.8
1-10 persons on waiting list . . . . .	54.7	76.3	62.4	50.0	42.3
11-50 persons on waiting list . . . . .	23.8	*	20.7	27.7	29.1
51 or more persons on waiting list . . . . .	4.8	*	*	4.9	9.8

NOTE: Figures may not add to totals due to rounding.

Table 13. Percent distribution of nursing homes with waiting lists by bed capacity, according to number of persons on waiting list: United States, 1973-74

Number of persons on waiting list	All homes	Less than 25 beds	25-49 beds	50-99 beds	100 beds or more
All homes with waiting lists . . . . .	100.0	14.2	23.5	37.0	25.2
Nobody on waiting list . . . . .	100.0	11.8	20.9	38.7	28.5
1-10 persons on waiting list . . . . .	100.0	19.8	26.8	33.9	19.5
11-50 persons on waiting list . . . . .	100.0	*	20.3	42.9	30.9
51 or more persons on waiting list . . . . .	100.0	*	*	38.1	51.0

NOTE: Figures may not add to totals due to rounding.

Table 14. Percent distribution of nursing homes by whether or not they conduct training programs for people not on their staff in cooperation with educational institutions, according to bed capacity: United States, 1973-74

Training program status	All bed capacities	Less than 50 beds	50-99 beds	100 beds or more
Total .....	100.0	100.0	100.0	100.0
Conduct training program .....	28.4	13.4	35.2	43.8
Do not conduct training program .....	71.6	86.6	64.8	56.2

NOTE: Figures may not add to totals due to rounding.

Table 15. Percent distribution of nursing homes by whether or not they conduct training programs for people not on their staff in cooperation with educational institutions, according to certification status: United States, 1973-74

Training program status	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
Total .....	100.0	100.0	100.0	100.0	100.0	100.0
Conduct training program .....	28.4	43.5	28.5	34.8	23.5	11.0
Do not conduct training program .....	71.6	56.5	71.5	65.2	76.5	89.0

<sup>1</sup>8 percent of these homes were certified for Medicare only.

<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures may not add to totals due to rounding.

Table 16. Percent distribution of nursing homes by percent of rooms with 4 beds or more per room, according to number of rooms in the home: United States, 1973-74

Number of rooms in home	Percent of rooms with 4 beds or more					
	All homes	10 percent or less	11 percent-30 percent	31 percent-50 percent	51 percent-75 percent	76 percent or more
Total .....	100.0	72.3	15.5	6.4	2.6	3.1
Homes with 1-20 rooms .....	100.0	57.8	21.0	11.9	4.3	5.0
Homes with 21-50 rooms .....	100.0	77.2	14.3	4.0	*	2.7
Homes with 51 rooms or more .....	100.0	85.8	9.5	*	*	*

NOTE: Figures may not add to totals due to rounding.

Table 17. Percent distribution of nursing homes by percent of rooms with 1 or 2 beds per room, according to number of rooms in the home: United States, 1973-74

Number of rooms in home	Percent of rooms with 1 or 2 beds			
	All homes	50 percent or less	51 percent-75 percent	76 percent or more
Total .....	100.0	20.3	15.6	64.1
Homes with 1-20 rooms .....	100.0	32.4	21.0	46.5
Homes with 21-50 rooms .....	100.0	16.3	14.4	69.3
Homes with 51 rooms or more .....	100.0	8.8	9.6	81.6

NOTE: Figures may not add to totals due to rounding.

Table 18. Percent distribution of nursing homes by percent of rooms with 1 or 2 beds per room, according to certification status: United States, 1973-74

Percent of rooms with 1 or 2 beds	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
All homes .....	100.0	100.0	100.0	100.0	100.0	100.0
50 percent or less .....	20.3	20.3	22.0	23.0	21.2	16.4
51 percent-75 percent .....	15.6	17.2	15.0	13.3	16.3	15.1
76 percent or more .....	64.1	62.5	62.9	63.6	62.4	68.3

<sup>1</sup>8 percent of these homes were certified for Medicare only.

<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures may not add to totals due to rounding.

Table 19. Selected characteristics of nursing homes, by certification status: United States, 1973-74

Item	All certification statuses	Both Medicare and Medicaid <sup>1</sup>	Medicaid only			Not certified
			Total	Skilled nursing home <sup>2</sup>	Intermediate care facility	
Number of homes .....	15,700	4,200	7,900	3,500	4,400	3,600
Number of beds .....	1,174,800	441,000	572,800	320,500	252,300	161,000
Number of admissions .....	1,110,900	624,200	388,500	223,600	164,900	98,200
Number of discharges .....	1,077,600	599,300	363,000	209,400	153,600	115,300
Number of deaths .....	327,400	150,500	122,400	70,600	51,800	54,500
Average daily census .....	1,007,900	372,400	493,900	270,200	223,600	141,700
Average bed size .....	75	105	73	92	57	45

<sup>1</sup>8 percent of these homes were certified for Medicare only.

<sup>2</sup>35 percent of these homes were certified as both SNH and ICF.

NOTE: Figures may not add to totals due to rounding.

# APPENDIXES

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## APPENDIX I

# TECHNICAL NOTES ON METHODS

### SURVEY DESIGN

#### General

From August 1973 to April 1974, the Division of Health Resources Utilization Statistics (DHRUS) conducted the National Nursing Home Survey (NNHS)—a sample survey of nursing homes, their residents and staff in the conterminous United States. The survey was designed and developed by the DHRUS in conjunction with a group of experts in various fields encompassing the broad area of long-term care.<sup>1</sup> It was specifically designed as the first of a series of surveys to satisfy the diverse data needs of those who establish standards for, plan, provide, and assess long-term care services.

#### Sampling Frame

The 1973-74 NNHS focused on nursing homes which *provided some level of nursing care*. Only homes providing nursing care were included because detailed questions on facility services and resident health status were relevant only to these facilities. These homes included both nursing care homes and personal care with nursing homes, while personal care homes and domiciliary care homes were excluded. Homes were either freestanding establishments, or nursing care units of hospitals, retirement centers, and similar institutions. A definition of nursing care and detailed criteria for classifying homes providing such care are presented in appendix IV.

The survey universe consisted of two groups of homes: those providing some level of nursing care as classified in the 1971 Master Facility Inventory (MFI) and homes opening for business in 1972. The major group (93 percent) was composed of all nursing homes providing some level of nursing care as classified by the 1971 MFI. The MFI is a census of all inpatient health facilities conducted every 2 years by mail by the National Center for Health Statistics. A detailed

description of how the MFI was developed, its content, and procedures for updating and assessing its coverage has been published.<sup>2,3,4</sup>

In order for data collection to begin in August, the sampling frame was "frozen" in the spring of 1973 so that the sample could be selected in ample time to permit the scheduling of nationwide data collection. To obtain as current a sample frame as possible, all nursing homes which opened for business during 1972 were also included in the universe. (Homes opening in early 1973 could not be included since data about them were not yet available.) The homes which opened in 1972 comprised the second, and smaller (7 percent), group of facilities in the universe. Although the universe included only homes providing nursing care, all homes opened in 1972 were included because the level of nursing care they provided was unknown prior to the survey. Once the NNHS was conducted, facilities not meeting the criteria were classified as out of scope (see table I for details).

Although the NNHS was conducted in 1973-74, it should be noted that estimates will not correspond precisely to figures from the 1973 MFI census for several reasons. In comparison to the MFI, the NNHS universe excluded the following: 1) personal care homes and domiciliary care homes; 2) homes which opened in 1973; and 3) which, between 1971 and 1973, upgraded the level of care they provided, thereby meeting the "nursing care" criteria when surveyed in the 1973 MFI. Data from the NNHS are also subject to sampling variability, while data from the MFI are not, since the MFI is a census.

#### Sampling Design

The sampling was a stratified two-stage probability design: The first stage was a selection of establishments and the second stage was a selection of residents and employees of the sample establishments. In preparation for the first-stage sample selection, establishments listed in the MFI were sorted into three types of strata based on Medicare and Medicaid certification: 1) Both Medicare and Medicaid and Medicare only; 2) Medicaid only; and 3) Not Certified. Homes in

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NOTE: The list of references follows the text.

Table I. DISTRIBUTION OF HOMES IN THE 1973-74 NATIONAL NURSING HOME SURVEY UNIVERSE AND DISPOSITION OF SAMPLE HOMES ACCORDING TO PRIMARY SAMPLING STRATA (CERTIFICATION STATUS AND SIZE OF HOME): CONTERMINOUS UNITED STATES, 1973-74

Certification status and size of home	Universe (sampling frame) <sup>1</sup>	Number of homes in sample			
		Total homes	Out-of-scope or out of business	In scope and in business	
				Non-responding	Responding
All types-----	17,685	2,118	147	63	1,908
Both Medicare and Medicaid and Medicare only-----	4,099	803	20	26	757
Unknown beds-----	2	0	0	0	0
Less than 25 beds-----	149	4	0	1	3
25-49 beds-----	538	35	0	1	34
50-99 beds-----	1,713	228	7	7	214
100-199 beds-----	1,385	370	8	11	315
200-299 beds-----	224	100	4	3	93
300-499 beds-----	68	46	1	2	43
500 beds or more-----	20	20	0	1	19
Medicaid only-----	7,473	790	34	24	732
Unknown beds-----	3	0	0	0	0
Less than 15 beds-----	250	5	1	2	2
15-24 beds-----	967	36	5	1	30
25-49 beds-----	2,253	123	11	3	109
50-99 beds-----	2,688	293	4	8	281
100-199 beds-----	1,108	241	3	6	232
200-299 beds-----	145	52	5	3	44
300-499 beds-----	43	24	3	1	20
500 beds or more-----	16	16	2	0	14
Not certified-----	6,113	525	93	13	419
Unknown beds-----	19	0	0	0	0
Less than 15 beds-----	1,279	23	10	0	13
15-24 beds-----	1,062	38	9	0	29
25-49 beds-----	1,575	87	13	3	71
50-99 beds-----	1,334	145	19	5	121
100-199 beds-----	652	141	21	4	116
200-299 beds-----	120	43	12	0	31
300-499 beds-----	52	28	4	1	23
500 beds or more-----	20	20	5	0	15

<sup>1</sup>The universe consisted of nursing homes providing some level of nursing care as classified in the 1971 MFI and homes opened for business in 1972.

each of these three strata were sorted into bed size groups, producing 26 primary strata as shown in table 1. The nursing homes in the universe were ordered by type of ownership, geographic region, State, and county. The sample was then selected systematically after a random start within each primary stratum. Table I shows the distribution of establishments in the sampling frame and the final disposition of the sample with regard to response and in-scope status. The number of homes estimated by the survey (15,749) is less than the

universe figure (17,685) because some homes went out of business or out of scope between the time the universe was "frozen" and the survey was conducted. Differences ranging from 2,100-2,900 between survey estimates and universe figures occurred in the 1963,<sup>5</sup> 1964,<sup>6</sup> and 1969<sup>7</sup> nursing home surveys for the same reason.

The second-stage selection of residents and employees was carried out by the interviewers at the time of their visits to the establishments in accordance with specific instructions given for each sample establishment. The sample frame for residents was the total

NOTE: The list of references follows the text.



number of residents on the register of the establishment on the evening prior to the day of the survey. Residents who were physically absent from the facility due to overnight leave or a hospital visit but had a bed maintained for them at the establishment were included in the sample frame. An average of 10 residents were in the sample per home.

The sampling frame for employees was the Staff Control Record (see appendix III) on which the interviewer listed the names of all staff (including those employed by contract) and sampled professional, semi-professional, and nursing staff. Those generally *not* involved in direct patient care, such as office staff, food service, housekeeping, and maintenance personnel were excluded from the sample. The interviewer used predesignated sampling instructions that appeared at the head of each column of this form. An average of 14 staff were in the sample per home.

### Data Collection Procedures for 1973-74 National Nursing Home Survey

The 1973-74 NNHS utilized eight questionnaires (see appendix III for copies):

- Administrator Letter and Worksheet
- Facility Questionnaire
- Expense Questionnaire
- Resident Control Record
- Resident Questionnaire
- Staff Questionnaire—Parts I and II
- Staff Control Record

Data was collected according to the following procedure:

1. A letter was sent to the administrators of sample homes informing them of the survey and the fact that an interviewer would contact them for an appointment. On the back of the letter was a worksheet which the administrator was requested to fill out prior to the interviewer's visit. This worksheet asked for those data that required access to records and some time in compiling (such as total admission and discharges, inpatient days of care, etc.). Included with this introductory letter were letters of endorsement from the American Nursing Home Association and the American Association of Homes for the Aging urging the administrators to participate in the survey (see appendix III for copies).
2. Several days to 1 week after the mailing of the letters, the interviewer telephoned the sample facility and made an appointment with the administrator.

3. At the time of the appointment, the following procedures were followed: The Facility Questionnaire was completed by the interviewer who interviewed the administrator or owner of the home. After completing this form, the interviewer secured the administrator's permission to send the Expense Questionnaire to the facility's accountant. (If financial records were not kept by an outside firm, the Expense Questionnaire was filled by the administrator, with the interviewer present.) The interviewer completed the Staff Control Record (a list of all currently employed staff both full and part time), selected the sample of staff from it, and prepared Staff Questionnaires, Parts I and II, which were left for each sample staff person to complete, seal in addressed and franked envelopes (one for each part of the questionnaire), and return either to the interviewer or by mail. The interviewer then completed the Resident Control Record (a list of all residents currently in the facility), selected the sample of residents from it, and filled a Resident Questionnaire for each sample person by interviewing the member of the nursing staff familiar with care provided to the resident. The nurse referred to the resident's medical records. No resident was interviewed directly.

If the Expense Questionnaire was not returned within 2 weeks, the interviewer telephoned the accountant requesting its prompt return. If the Staff Questionnaires were not returned in one week, the interviewer contacted the staff member and requested the return of the form.

The following table presents a summary of the data collection procedures:

Questionnaire	Respondent	Interview situation
Facility	Administrator	Personal interview
Expense	Facility's accountant	Self-enumerated questionnaire
Resident	Member of nursing staff familiar with care provided to the resident/resident's medical records (10 sampled residents per facility)	Personal interview
Staff	Sampled staff member (14 per facility)	Self-enumerated questionnaire

## GENERAL QUALIFICATIONS

### Nonresponse and Imputation of Missing Data

Response rates differed for each type of questionnaire as indicated below:

<i>Questionnaire</i>	<i>Response Rate</i>
Facility	97 percent
Expense	88 percent
Resident	98 percent
Staff	82 percent

Generally, response rates were higher for questionnaires administered in a personal interview situation (facility and resident) as compared to those which were self-enumerated (expense and staff). Statistics presented in this report were adjusted for failure of a home to respond. Data were also adjusted for nonresponse which resulted from failure to complete one of the questionnaires (expense, resident, staff) or from failure to complete an item on a questionnaire. Those items left unanswered on a partially completed questionnaire (facility, expense, resident, staff) were generally imputed by assigning a value from a responding unit with major characteristics identical to those of the nonresponding unit.

### Rounding of Numbers

Estimates of homes, residents, resident days, and beds have been rounded to the nearest hundred. For this reason detailed figures within tables do not always add to totals. Percents were calculated on the basis of original, unrounded figures and will not necessarily agree precisely with percents which might be calculated from rounded data.

### Data Processing

A series of checks were performed during the course of the survey. This included field followups for missing and inconsistent data, some manual editing of the questionnaires, extensive editing as conducted by computer to assure that all responses were accurate, consistent, logical, and complete. Once the data base was edited, the computer was used to calculate and assign weights, ratio adjustments, recodes, and other related procedures necessary to produce national estimates from the sample data.

## Estimation Procedures

Statistics reported in this publication are derived by a ratio estimating procedure. The purpose of ratio estimation is to take into account all relevant information in the estimation process, thereby reducing the variability of the estimate. The estimation of number of establishments and establishment data not related to size are inflated by the reciprocal of the probability of selecting the sample establishment and adjusted for the nonresponding establishments within primary certification-size strata. Two ratio adjustments, one at each stage of selection, were also used in the estimation process. The first-stage ratio adjustment (along with the above inflation factors) was included in the estimation of establishment data related to size, resident data, and staff data for all primary certification-size strata from which a sample of homes was drawn. The numerator was the total beds according to the Master Facility Inventory data for all homes in the stratum. The denominator was the estimate of the total beds obtained through a simple inflation of the Master Facility Inventory data for the sample homes in the stratum. The effect of the first-stage ratio adjustment was to bring the sample in closer agreement with the known universe of beds. The second-stage ratio adjustment was included in the estimation of resident and staff data within establishments. The second-stage ratio adjustment is the product of two fractions: the first is the inverse of the sampling fraction for residents (or staff) upon which the selection is based; the second is the ratio of the number of sample residents (or staff) in the establishment to the number of residents (or staff) for whom questionnaires were completed within the home.

## RELIABILITY OF ESTIMATES

As in any survey, the results are subject to reporting and processing errors and errors due to non-response. To the extent possible, these types of errors were kept to a minimum by methods built into survey procedures.

Since statistics presented in this report are based on a sample, they will differ somewhat from figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and procedures.

The standard error is primarily a measure of the variability that occurs by chance because only a sample, rather than the entire universe, is surveyed. The standard error also reflects part of the measurement error, but it does not measure any systematic biases in the data. It is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error generally decreases.

The relative standard error of an estimate is the standard error of the estimate divided by the estimate itself and is expressed as a percentage of the estimate. According to NCHS standards, reliable estimates are those which have a relative standard error of 25 percent or less. For example, curve B of figure I shows the relative standard errors for the estimated number of beds. For a relative standard error of 25 percent or less, the minimum number of beds is 7,000. Thus bed estimates must be 7,000 or larger in order to meet the standards of reliability. Similarly, in figure I the estimates of number of homes must be 180 or larger in order to have a relative standard error of 25 percent or less. (The relative standard error for estimated number of resident days is shown in figure II.)

Because of the relationship between the relative standard error and the estimate, the standard error of an estimate can be found by multiplying the estimate by its relative standard error. Both values can be determined from the curve in figure I. For example, table 19 shows

that the total number of beds in all noncertified homes was 161,000. The relative standard error corresponding to this estimate on curve B is approximately 4.8 percent. The standard error is  $161,000 \times 0.048 = 7,728$ .

The chances are about 68 out of 100 that an estimate from the sample differs from the value which would be obtained from a complete census by less than the standard error. The chances are about 95 out of 100 that the difference is less than twice the standard error and about 99 out of 100 that it is less than  $2\frac{1}{2}$  times as large. For example, it was found that about 5.20 percent of all certified homes had no attending physician. The chances are 95 out of 100 that the true value is contained in the interval  $5.20 \pm 2.0$  (0.70) (i.e., between 3.80 and 6.60), and 99 out of 100 for the interval  $5.2 \pm 2.5$  (0.70) (i.e., between 3.45 and 6.95).

Statistical tests to determine whether the differences between selected characteristics in the classification breakdowns are statistically significant can be implemented by comparing

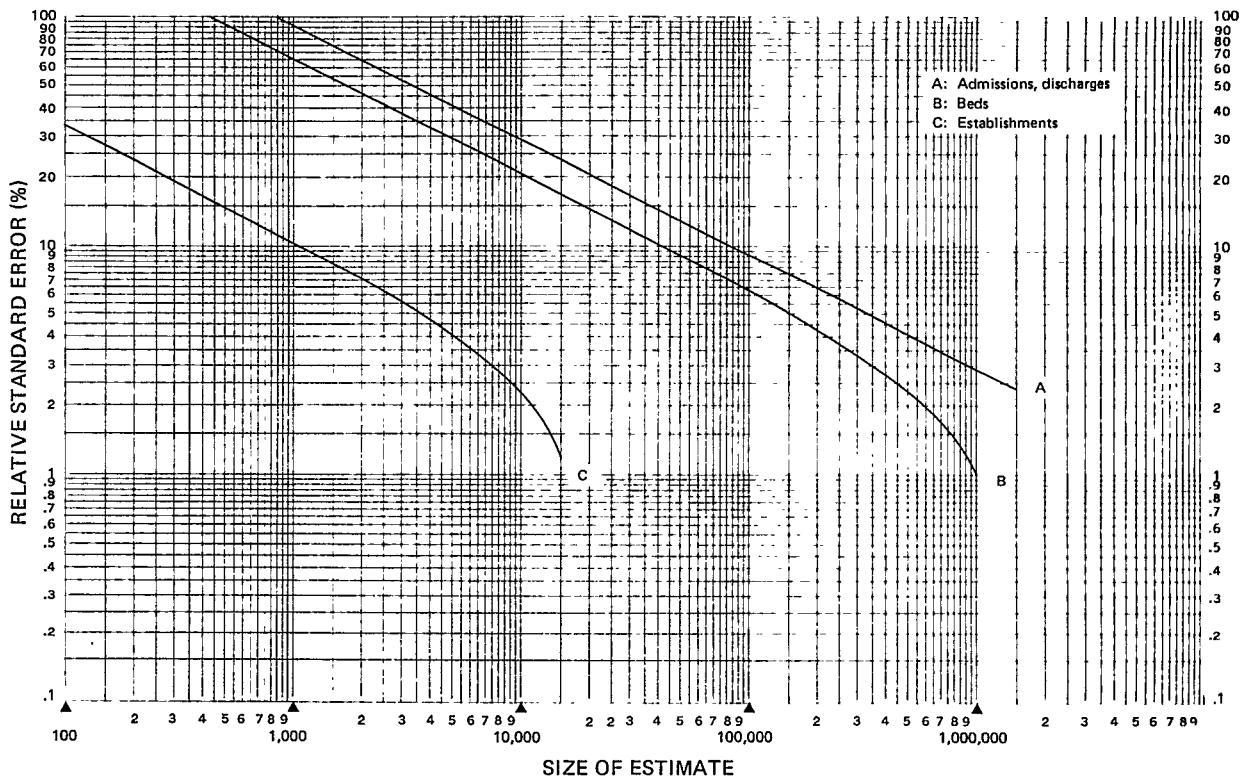


Figure I. Relative standard errors for estimated numbers of admissions, discharges, beds, and establishments

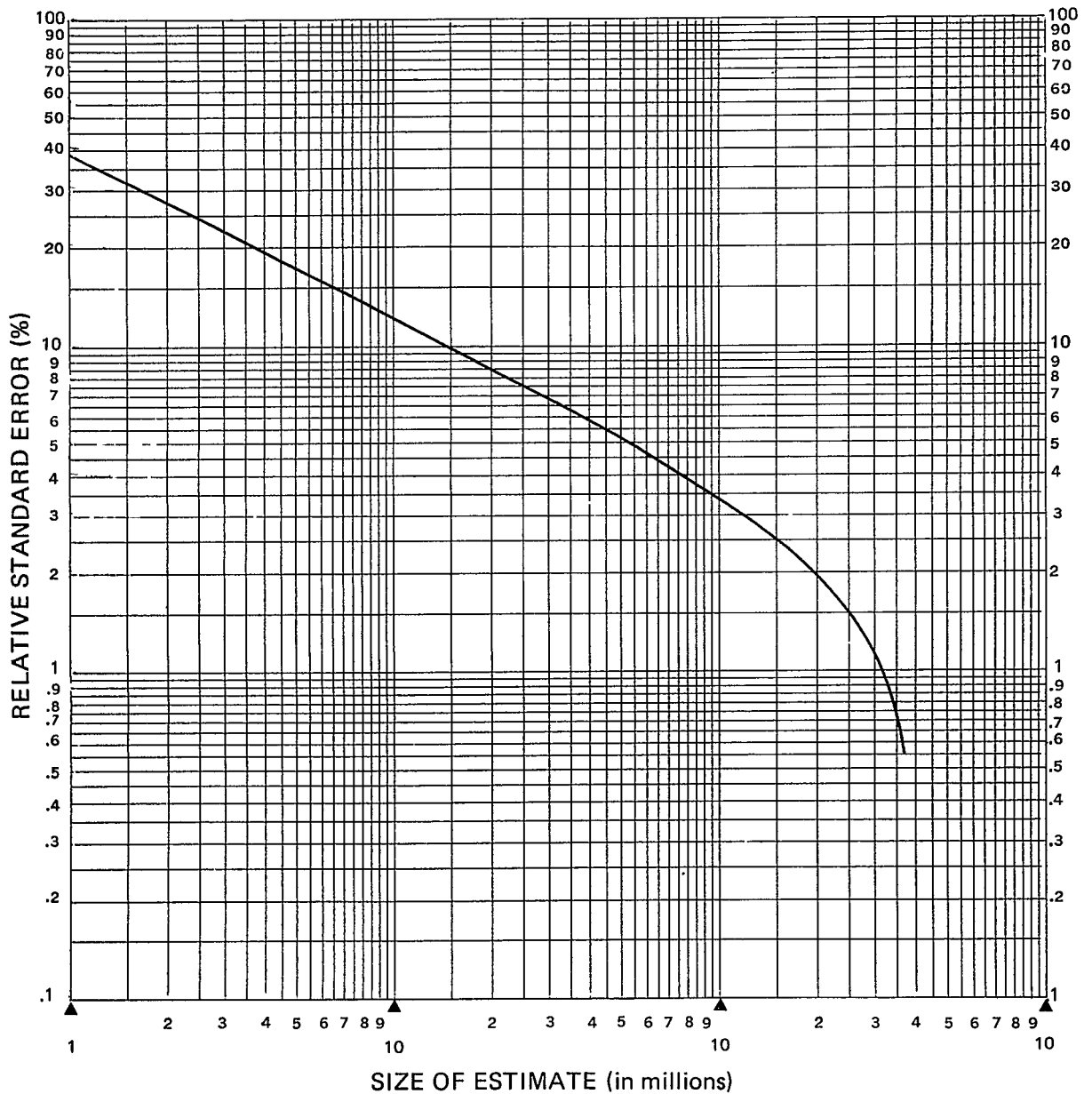


Figure II. Relative standard error for estimated number of resident days

the confidence intervals for the estimates in question. If there is no overlapping of the confidence intervals, the estimates are considered statistically different. For example, the percent of noncertified homes having no attending physician was 11.80, and the approximate standard error of this is 1.79. The chances are 95 out of 100 (the 95-percent confidence interval) that the true value being estimated is contained in the interval between 8.22 and 15.38. Since

this interval does not overlap with the 95-percent confidence interval of the certified homes (3.45-6.95, as obtained above), the difference between the noncertified homes and the certified homes that had no attending physician is considered statistically significant in this report.

Tables II, III, and IV give the standard errors of percentages for establishments, beds, and admissions and discharges.

Table II. Standard errors of percentages for establishments

Base of estimated percent (number of establishments)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points							
100 .....	3.33	4.69	7.30	10.05	13.41	15.36	16.42	16.76
200 .....	2.36	3.32	5.16	7.11	9.48	10.86	11.61	11.85
300 .....	1.93	2.71	4.22	5.80	7.74	8.87	9.48	9.67
400 .....	1.67	2.35	3.65	5.03	6.70	7.68	8.21	8.38
500 .....	1.49	2.10	3.27	4.50	6.00	6.87	7.34	7.49
600 .....	1.36	1.92	2.98	4.10	5.47	6.27	6.70	6.84
700 .....	1.26	1.77	2.76	3.80	5.07	5.80	6.21	6.33
800 .....	1.18	1.66	2.58	3.55	4.74	5.43	5.80	5.92
900 .....	1.11	1.56	2.43	3.35	4.47	5.12	5.47	5.59
1,000 .....	1.05	1.48	2.31	3.18	4.24	4.86	5.19	5.30
2,000 .....	0.75	1.05	1.63	2.25	3.00	3.43	3.67	3.75
3,000 .....	0.61	0.86	1.33	1.84	2.45	2.80	3.00	3.06
4,000 .....	0.53	0.74	1.15	1.59	2.12	2.43	2.60	2.65
5,000 .....	0.47	0.66	1.03	1.42	1.90	2.17	2.32	2.37
6,000 .....	0.43	0.61	0.94	1.30	1.73	1.98	2.12	2.16
7,000 .....	0.40	0.56	0.87	1.20	1.60	1.84	1.96	2.00
8,000 .....	0.37	0.52	0.82	1.12	1.50	1.72	1.84	1.87
9,000 .....	0.35	0.49	0.77	1.06	1.41	1.62	1.73	1.77
10,000 .....	0.33	0.47	0.73	1.01	1.34	1.54	1.64	1.68
20,000 .....	0.24	0.33	0.52	0.71	0.95	1.09	1.16	1.18

*Illustration of use of table II:* It was noted in the text that 23 percent (3,600) of the estimated 15,700 nursing homes in the United States were not certified for either Medicare or Medicaid. Linear interpolation between values shown in table II will yield an approximate standard error of 1.17 percent for an estimate of 23 percent with a base of 15,700.

Table III. Standard errors of percentages for beds

Base of estimated percent (number of beds)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points							
7,000	2.46	3.47	5.39	7.43	9.90	11.34	12.13	12.38
8,000	2.30	3.24	5.05	6.95	9.26	10.61	11.34	11.58
9,000	2.17	3.06	4.76	6.55	8.73	10.00	10.69	10.91
10,000	2.06	2.90	4.51	6.21	8.28	9.49	10.15	10.35
20,000	1.46	2.05	3.19	4.39	5.86	6.71	7.17	7.32
30,000	1.19	1.67	2.61	3.59	4.78	5.48	5.86	5.98
40,000	1.03	1.45	2.26	3.11	4.14	4.74	5.07	5.18
50,000	0.92	1.30	2.02	2.79	3.70	4.24	4.54	4.63
60,000	0.84	1.18	1.84	2.54	3.38	3.87	4.14	4.23
70,000	0.78	1.10	1.71	2.35	3.13	3.59	3.83	3.91
80,000	0.73	1.02	1.60	2.20	2.93	3.36	3.59	3.66
90,000	0.69	0.97	1.50	2.07	2.76	3.16	3.38	3.45
100,000	0.65	0.92	1.43	1.96	2.62	3.00	3.21	3.27
200,000	0.46	0.65	1.01	1.39	1.85	2.12	2.27	2.32
300,000	0.38	0.53	0.82	1.13	1.51	1.73	1.85	1.89
400,000	0.33	0.46	0.71	0.98	1.31	1.50	1.60	1.64
500,000	0.29	0.41	0.64	0.88	1.17	1.34	1.43	1.46
600,000	0.27	0.37	0.58	0.80	1.07	1.23	1.31	1.34
700,000	0.25	0.35	0.54	0.74	0.99	1.13	1.21	1.24
800,000	0.23	0.32	0.50	0.69	0.93	1.06	1.13	1.16
900,000	0.22	0.31	0.48	0.65	0.87	1.00	1.07	1.09
1,000,000	0.21	0.29	0.45	0.62	0.83	0.95	1.01	1.04
2,000,000	0.15	0.20	0.32	0.44	0.59	0.67	0.72	0.73

*Illustration of use of table III:* Table 19 shows that of the 1,174,800 total beds, 252,300 (21.5 percent) were in homes-certified as intermediate care facilities. Linear interpolation between values shown in table III will yield an approximate standard error of 0.81 percent (about 9,500 beds) for an estimate of 21.5 percent with a base of 1,174,800.

Table IV. Standard errors of percentages for admissions and discharges

Base of estimated percent (number of admissions and discharges)	Estimated percent							
	1 or 99	2 or 98	5 or 95	10 or 90	20 or 80	30 or 70	40 or 60	50
	Standard error in percentage points							
10,000	2.87	4.04	6.29	8.66	11.55	13.23	14.15	14.44
20,000	2.03	2.86	4.45	6.13	8.17	9.36	10.00	10.21
30,000	1.66	2.33	3.63	5.00	6.67	7.64	8.17	8.34
40,000	1.44	2.02	3.15	4.33	5.77	6.62	7.07	7.22
50,000	1.28	1.81	2.81	3.87	5.17	5.92	6.33	6.46
60,000	1.17	1.65	2.57	3.54	4.72	5.40	5.77	5.89
70,000	1.09	1.53	2.38	3.27	4.37	5.00	5.35	5.46
80,000	1.02	1.43	2.22	3.06	4.08	4.68	5.00	5.10
90,000	0.96	1.35	2.10	2.89	3.85	4.41	4.72	4.81
100,000	0.91	1.28	1.99	2.74	3.65	4.18	4.47	4.57
200,000	0.64	0.90	1.41	1.94	2.58	2.96	3.16	3.23
300,000	0.52	0.74	1.15	1.58	2.11	2.42	2.58	2.64
400,000	0.45	0.64	0.99	1.37	1.83	2.09	2.24	2.28
500,000	0.41	0.57	0.89	1.23	1.63	1.87	2.00	2.04
600,000	0.37	0.52	0.81	1.12	1.49	1.71	1.83	1.86
700,000	0.34	0.48	0.75	1.04	1.38	1.58	1.69	1.73
800,000	0.32	0.45	0.70	0.97	1.29	1.48	1.58	1.61
900,000	0.30	0.43	0.66	0.91	1.22	1.39	1.49	1.52
1,000,000	0.29	0.40	0.63	0.87	1.15	1.32	1.41	1.44
2,000,000	0.20	0.29	0.44	0.61	0.82	0.94	1.00	1.02

*Illustration of use of table IV:* Table 19 shows that of the 1,110,900 admissions, 98,200 (8.8 percent) were in noncertified homes. Linear interpolation between values shown in table IV will yield an approximate standard error of 0.78 percent (about 8,700 admissions) for an estimate of 8.8 percent with a base of 1,110,900.

## APPENDIX II

### DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

#### Terms Relating to Facilities or Residents

*Nursing home.*—This term refers to all institutions that were within the scope of the 1973-74 Nursing Home Survey (see appendix IV).

*Type of ownership.*—Facilities are classified by type of ownership as follows:

*Proprietary home.*—A facility operated under private commercial ownership.

*Nonprofit home.*—For the purposes of the report this could be a nonproprietary or a government home. A nonproprietary home is operated under voluntary or nonprofit auspices, including both church-related and other nonprofit homes. A government home is operated under Federal, State, or local government auspices.

*Resident.*—A person who has been formally admitted but not discharged from an establishment. All such persons were included in the survey whether or not they were physically present at the time of the survey.

*Charge.*—The charge made by the establishment itself. It does not include charges which are not part of the bill rendered by the institution such as those for services of physicians.

*Bed.*—One set up and regularly maintained for patients or residents. Beds maintained for staff and beds used exclusively for emergency services are excluded.

#### Terms Relating to Employees

*Employee.*—This term refers to any person who was on the staff of the facility or was employed under contract. It includes any paid worker, proprietor, or member of a religious order who contributes his services.

*Full-time.*—Employees who worked 35 hours or more in the week prior to the survey are designated "full-time."

*Part-time.*—Employees who worked less than 35 hours in the week prior to the survey are designated "part-time."

*Full-time equivalent.*—For the purposes of the report, 35 hours of "part-time" employees' work per week are counted as equivalent to one "full-time" employee.

#### Geographic Terms

Classification of homes by geographic area is provided by grouping the States into regions. These regions correspond to those used by the U.S. Bureau of the Census and are as follows:

<i>Region</i>	<i>States Included</i>
Northeast -----	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania
North Central ---	Michigan, Ohio, Illinois, Indiana, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas
South -----	Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Oklahoma, Texas
West -----	Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, Washington, Oregon, California, Hawaii, Alaska

#### Coverage of Financial Data

The financial data collected were not designed nor are they adequate to provide a direct comparison be-



tween costs and revenues of nursing home operations. The resident charge and establishment cost data were collected for different time periods. Resident charge data were collected for the period August 1973-April 1974 by recording for the *sampled* residents the amount charged for their care for the month prior to the survey. The cost data are generally kept by the facilities on a calendar year basis and were collected for 1972, the most recently completed year at the time of the survey. Facilities which used only a fiscal year basis of accounting were asked to report their cost data for the most recently completed fiscal year.

The total charge data were collected only for those sample residents who had been in the facility for at least one full month and included all charges for lodging, meals, nursing care, medical supplies, and special services. The charge data are not equal to the facility revenue for several reasons. In the instances where charges were made but not collected, the facility's actual revenues from patient services rendered do not equal charges for those services. A facility's total charges as collected also differ from its revenues in that the charge data do not account for the amount of contributions, grants, or subsidies received for general operating purposes from voluntary agencies, foundations, governmental agencies, and similar groups. Other sources of revenue which are not reflected in the charge data are income from investments (interest and dividends), services not directly related to patient

care, and capital gains on the sale of equipment or other tangible assets.

The cost data were collected according to the following major components:

*Labor costs*—wages and fringe benefits for staff members and contract employees.

*Fixed costs*—equipment, building and land rentals, insurance, taxes, licenses, interest, financing and depreciation charges, and amortization of leasehold improvements.

*Operating costs*—expenses for food, drugs, supplies, equipment, laundry, linen, utilities, buildings and grounds maintenance, and contractual arrangements for laboratory, professional, and household services.

*Miscellaneous costs*—dues, subscriptions, travel, advertising, and other expenses.

Excluded from costs are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses or costs not related to the current cost of providing health care. To the extent that homes do not charge patients the full value of donated goods and services which are used for patient care, revenues from patient care will be smaller than they could be. Hence, they are not comparable to the collected cost data which include an estimate of the market value of donated goods and services.



APPENDIX III

QUESTIONNAIRES USED IN THE  
1973-74 NATIONAL NURSING HOME SURVEY



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH RESOURCES ADMINISTRATION  
ROCKVILLE, MARYLAND 20852

NATIONAL CENTER FOR  
HEALTH STATISTICS

Dear Administrator:

The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is conducting a sample survey of resident facilities providing nursing and personal care to obtain basic data on their policies, services, and staff. This survey is being conducted as a part of the Department of Health, Education, and Welfare's nursing home improvement program. The information from this survey will be used to compile statistics on the number and kinds of such facilities in the United States. Enclosed are two summary reports from previous surveys, which are illustrative of the kinds of data to be obtained from this survey. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional, and local health planners, national health associations, and many others who plan and provide health services to the aged.

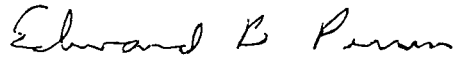
As you can see from these reports, it is not possible to identify any particular facility. We wish to assure you that any information which permits the identification of the services provided by your facility, or the residents and staff will be held strictly confidential. This information will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purpose. Because the NCHS is committed to provide a factual basis for planning national programs designed to advance the health of the American people, limited basic information about your facility (such as name, address, size, type, and ownership) will be made available upon request to the NCHS.

Within about one week an interviewer will contact you for an appointment; this person will be with Applied Management Sciences, the firm under Federal contract to conduct this survey. In preparation for this call, please review the worksheet printed on the back of this letter. These questions request necessary information which may take time to assemble

from your records. I have enclosed them so that you may do this at your convenience prior to the interviewer's visit.

This survey includes a small, carefully selected nationwide sample of nursing homes and similar facilities. Because this nursing home represents several facilities of similar type, your participation is vital in obtaining accurate and complete data. We would appreciate your cooperation in this effort.

Sincerely yours,

A handwritten signature in cursive script that reads "Edward B. Perrin".

Edward B. Perrin, Ph. D.  
Acting Director

THE FOLLOWING QUESTIONS ON ADMISSIONS AND DISCHARGES CONCERN CALENDAR YEAR 1972, WHICH IS THE PERIOD OF JANUARY 1, 1972 THROUGH DECEMBER 31, 1972.

From \_\_\_\_\_ through \_\_\_\_\_  
Month Year Month Year

- HOW MANY PERSONS WERE ADMITTED TO THIS FACILITY DURING 1972?

Admissions \_\_\_\_\_

- HOW MANY PERSONS WERE DISCHARGED FROM THIS FACILITY DURING 1972, EXCLUDING DEATHS?

Discharges \_\_\_\_\_

- HOW MANY PERSONS DIED DURING 1972 WHILE RESIDENTS OR PATIENTS OF THIS FACILITY?

Deaths \_\_\_\_\_

- IN 1972, WHAT WERE THE TOTAL INPATIENT DAYS OF CARE PROVIDED? (THE SUM OF THE DAILY PATIENT CENSUS COUNT FROM 1/1/72 THROUGH 12/31/72.)

Days \_\_\_\_\_

- HOW MANY ROOMS FOR RESIDENTS DOES THIS FACILITY HAVE THAT CONTAIN:

- a. \_\_\_\_\_ 1 bed only  None
- b. \_\_\_\_\_ 2 beds  None
- c. \_\_\_\_\_ 3 beds  None
- d. \_\_\_\_\_ 4 or more beds  None

RETAIN THIS FORM AND DATA FOR THE INTERVIEWER TO COLLECT.



## American Nursing Home Association

1200 15th Street, N.W./Washington, D.C. 20005 Phone: (202) 833-2050

Dear Administrator:

I am writing to urge your participation in the 1973 Nursing Home Survey. The National Center for Health Statistics has invested over a year in developing this study which will collect national data on services, basic costs, staff, and residents in nursing homes.

The support of our association and of all nursing home administrators is indispensable to the successful inauguration of this research which will provide invaluable data for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain quality care for all nursing home residents.

I believe you will find the survey design maximizes the utility of the data collected while it attempts to minimize the amount of staff involvement. In addition, strict confidentiality provisions are to be maintained. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

I am confident that the information derived will be well worth the initial investment of your time and effort as it will ultimately result in increased quality of care for all nursing home residents.

Again may I urge your cooperation with the Survey. Its success will provide us in the nursing home field with much needed and, hitherto, unavailable data in this rapidly expanding segment of the health care industry.

Sincerely,

DON T. BARRY  
Association President

DTB:1b

AMERICAN ASSOCIATION OF HOMES FOR THE AGING

374 National Press Building 14th & F Streets, N.W., Washington, D.C 20004  
The national organization of NONPROFIT HOMES Telephone (202) 347-2000



Dear Administrator:

The National Center for Health Statistics has requested the cooperation of AAHA homes in connection with its 1973 Nursing Home Survey. Because I believe this survey will provide HEW with information which will enable the Department to improve national policy with respect to long term care, I am writing to urge your participation.

The study will collect national data on services, costs, staff, and residents in nursing homes. The data will then be used for planning and organizing health care of the aged, drafting health legislation, and setting national policies and priorities to obtain quality care for all nursing home residents.

Strict confidentiality provisions are to be maintained by the Center. Only summary data will be published and made available to health planners, researchers, health professionals, and the public.

Although I recognize the amount of time which will be required to complete the survey questionnaire is substantial, I believe the information derived will be worth the investment of your time, as it will ultimately be used in an effort to improve long term care. Also, I believe it is important to have the nonprofit point of view represented in public policy. Failure to participate on the part of nonprofit homes could result in the making of public policy without our input.

I therefore again urge your cooperation with this Survey.

Sincerely,

A handwritten signature in cursive script that reads "Eugene T. Hackler".

Eugene Hackler, President  
American Association of Homes for the Aging

**FACILITY QUESTIONNAIRE**

1973 Nursing Home Survey  
National Center for Health Statistics  
Health Resources Administration  
Rockville, Maryland

OMB # 068-S-72172  
Expires 7-31-74

Name and address label
------------------------

**TELEPHONE NUMBER**

Area Code	Number
-----------	--------

cc24 cc27

cc1-1 cc2 cc11-1 cc12

**SECTION A - FACILITY INFORMATION**

1.a. IS \_\_\_\_\_ THE CORRECT  
(name of facility on label)  
**NAME FOR YOUR FACILITY?**

- 34-1  yes  
-2  no → b. WHAT IS THE CORRECT NAME?

2.a. IS \_\_\_\_\_ THE CORRECT  
(address on label)  
**MAILING ADDRESS FOR YOUR FACILITY?**

- 35-1  yes  
-2  no → b. WHAT IS THE ENTIRE CORRECT  
MAILING ADDRESS?

Correct Name of Facility if Different from Above		
Number	Street	P.O. Box, Route, etc.
City or Town		County
State		Zip Code

\*3. WHICH CATEGORY BEST DESCRIBES THE TYPE OF SERVICE THIS FACILITY OFFERS THE MAJORITY OF ITS RESIDENTS OR PATIENTS? (Mark (X) only one box.)

- 36-1  a. Nursing home (includes Medicare certified Extended Care Facilities and Medicaid certified Skilled Nursing Homes)  
-2  b. Intermediate care facility (includes Medicaid certified Intermediate Care Facilities)  
-3  c. Convalescent or rest home  
-4  d. Home for the aged  
-5  e. Extended care unit of a hospital  
-6  f. Nursing care unit of a retirement center  
-7  g. Other resident facility (Describe) \_\_\_\_\_ 37-

**INTERVIEWER: IF BOX e OR f IS CHECKED, RECORD DATA ONLY FOR THE UNIT AND NOT FOR THE ENTIRE FACILITY.**

\*4.a. WHAT IS THE TYPE OF OWNERSHIP WHICH OPERATES THIS FACILITY? (Mark (X) only one box.)

- 38,39 -23  a. Individual  
-24  b. Partnership  
-25  c. Corporation  
-20  d. Church related  
-21  e. Nonprofit corporation  
-22  f. Other nonprofit ownership  
-11  g. State  
-12  h. County  
-13  i. City  
-14  j. City-County  
-15  k. Hospital District  
-16  l. U.S. Public Health Service  
-17  m. Armed Forces  
-18  n. Veterans Administration  
-19  o. Other Federal Agency -- Specify \_\_\_\_\_ 41-

4.b. IS THIS HOME A MEMBER OF A GROUP OF HOMES OPERATING UNDER ONE GENERAL AUTHORITY OR GENERAL OWNERSHIP?

- 40-1  yes  
-2  no

5. DOES YOUR FACILITY ACCEPT: (Mark (X) only one box.)

- 44-1  Males only?  
-2  Females only?  
-3  Both males and females?

6.a. DOES YOUR FACILITY ACCEPT PERSONS OF ALL AGES, INCLUDING INFANTS AND CHILDREN?

- 45-1  Yes (Skip to Question 7)  
-2  No

b. WHAT IS THE MINIMUM AGE ACCEPTED?  No minimum age or \_\_\_\_\_ yrs.  
cc46, 47

c. WHAT IS THE MAXIMUM AGE ACCEPTED?  No maximum age or \_\_\_\_\_ yrs.  
cc48, 49

7. WHAT IS THE TOTAL NUMBER OF BEDS REGULARLY MAINTAINED FOR RESIDENTS? (INCLUDE ALL BEDS SET UP AND STAFFED FOR USE WHETHER OR NOT THEY ARE IN USE BY RESIDENTS AT THE PRESENT TIME. DO NOT INCLUDE BEDS USED BY STAFF OR OWNERS OR BEDS USED EXCLUSIVELY FOR EMERGENCY PURPOSES, SOLELY DAY CARE, OR SOLELY NIGHT CARE.)

Total beds \_\_\_\_\_  
cc50

8.a. WAS THERE AN INCREASE OR DECREASE IN THE TOTAL NUMBER OF BEDS DURING THE LAST YEAR?

- 54 -2  No (Skip to Question 9)  
-1  Yes

b. Increase of \_\_\_\_\_ beds  
cc55

c. Decrease of \_\_\_\_\_ beds  
cc58

9.a. WHAT WAS THE TOTAL NUMBER OF RESIDENTS ON THE REGISTER OF THIS FACILITY LAST NIGHT? (INCLUDE ALL RESIDENTS, EVEN THOUGH THEY MAY HAVE BEEN TEMPORARILY AWAY OR ON OVERNIGHT LEAVE, DO NOT INCLUDE STAFF OR OWNERS.)

Total residents \_\_\_\_\_  
cc61

b. HOW MANY OF THESE WERE:

(1) Males?  None or \_\_\_\_\_  
cc65

(2) Females?  None or \_\_\_\_\_  
cc69

CARD 2  
cc11-2

10.a. IS THIS FACILITY PARTICIPATING IN THE MEDICARE (TITLE XVIII) PROGRAM?

12-1  Yes

b. WHAT IS THE PROVIDER NUMBER?

cc13 \_\_\_\_\_  No provider # given

c. HOW MANY BEDS ARE CERTIFIED FOR MEDICARE?

cc19 \_\_\_\_\_ beds

d. HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICARE PATIENTS LAST NIGHT?

None or \_\_\_\_\_ beds  
cc23

-2  No (Skip to Question 11)



11.a. IS THIS FACILITY PARTICIPATING IN THE MEDICAID (TITLE XIX) PROGRAM?

Yes 29-1  No (Skip to Question 12) -2

b.(1) DOES IT HAVE ANY SKILLED NURSING BEDS?

No 30-2  Yes -1

b.(2) WHAT IS THE PROVIDER NUMBER? \_\_\_\_\_  
cc31  No provider # given

b.(3) HOW MANY BEDS ARE CERTIFIED AS SKILLED NURSING BEDS?  
 None or \_\_\_\_\_ beds  
cc44

b.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?  
 None or \_\_\_\_\_ beds  
cc48

c.(1) DOES IT HAVE ANY INTERMEDIATE CARE BEDS?

No 52-2  Yes -1

c.(2) WHAT IS THE PROVIDER NUMBER? \_\_\_\_\_  
cc53  No provider # given

c.(3) HOW MANY BEDS ARE CERTIFIED AS INTERMEDIATE CARE BEDS?  
 None or \_\_\_\_\_ beds  
cc66

c.(4) HOW MANY OF THESE CERTIFIED BEDS WERE OCCUPIED BY MEDICAID PATIENTS LAST NIGHT?  
 None or \_\_\_\_\_ beds  
cc70

SECTION B - CLASSIFICATION INFORMATION (CONFIDENTIAL)

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

12.a. WAS THIS BUILDING ORIGINALLY CONSTRUCTED FOR USE AS A NURSING HOME, REST HOME, CONVALESCENT HOME, HOME FOR THE AGED?

CARD 3  
cc11-3

Yes 12-1 (Skip to next page)  No -2

b. WHAT WAS THE ORIGINAL PURPOSE AND USE OF THIS BUILDING? (Mark (X) only one box.)

- 13-1  Private home (i.e., single family dwelling)
- 2  Duplex (2 to 4 units)
- 3  Apartment house (5 or more units)
- 4  Hotel or motel
- 5  Hospital
- 6  Other (Specify) \_\_\_\_\_ 14-

Interviewer:  
See back of  
letter to  
administrator  
for questions  
13 through 17.

THE FOLLOWING QUESTIONS ON ADMISSIONS AND DISCHARGES CONCERN CALENDAR YEAR 1972, WHICH IS THE PERIOD OF JANUARY 1, 1972 THROUGH DECEMBER 31, 1972. IF YOUR ANSWERS TO THESE QUESTIONS COVER A PERIOD OTHER THAN CALENDAR YEAR 1972, WHAT IS THIS OTHER TIME PERIOD?

From \_\_\_\_\_ through \_\_\_\_\_  
 Month Year Month Year  
 cc15,16 cc17,18 cc19,20 cc21,22

13. HOW MANY PERSONS WERE ADMITTED TO THIS FACILITY DURING 1972?

Admissions \_\_\_\_\_  
 cc23

14. HOW MANY PERSONS WERE DISCHARGED FROM THIS FACILITY DURING 1972, EXCLUDING DEATHS?

Discharges \_\_\_\_\_  
 cc27

15. HOW MANY PERSONS DIED DURING 1972 WHILE RESIDENTS OR PATIENTS OF THIS FACILITY?

Deaths \_\_\_\_\_  
 cc31

16. IN 1972, WHAT WERE THE TOTAL INPATIENT DAYS OF CARE PROVIDED? (THE SUM OF THE DAILY PATIENT CENSUS COUNT FROM 1/1/72 THROUGH 12/31/72.)

Days \_\_\_\_\_  (mark (X) if estimated)  
 cc35 41-1

17. HOW MANY ROOMS FOR RESIDENTS DOES THIS FACILITY HAVE THAT CONTAIN:

- a.  None or \_\_\_\_\_ 1 bed only  
 cc44
- b.  None or \_\_\_\_\_ 2 beds  
 cc48
- c.  None or \_\_\_\_\_ 3 beds  
 cc52
- d.  None or \_\_\_\_\_ 4 or more beds  
 cc56

\*18. ARE ANY OF THE FOLLOWING SERVICES ROUTINELY PROVIDED TO RESIDENTS IN ADDITION TO ROOM AND BOARD?

- a. Supervision over medications which may be self-administered 60-1  Yes -2  No
  - b. Medications and treatments administered in accordance with physicians' orders 61-1  Yes -2  No
  - c. Rub and massage 62-1  Yes -2  No
  - d. Help with tub bath or shower 63-1  Yes -2  No
  - e. Help with dressing 64-1  Yes -2  No
  - f. Help with correspondence or shopping 65-1  Yes -2  No
  - g. Help with walking or getting about 66-1  Yes -2  No
  - h. Help with eating 67-1  Yes -2  No
- OR
- i. None of the above services ROUTINELY provided, room and board provided only 68-1  Yes

\*19. DURING THE PAST SEVEN DAYS, HOW MANY RESIDENTS RECEIVED EACH OF THE FOLLOWING SERVICES?

CARD 4  
cc11-4

a. Nasal feeding	_____	b. Blood pressure reading	_____	c. Enema	_____
	cc12		cc16		cc20
d. Catheterization	_____	e. Full bed-bath	_____	f. Bowel or bladder retraining	_____
	cc24		cc28		cc32
g. Oxygen therapy	_____	h. Application of dressing or bandage	_____	i. Temperature-pulse-respiration	_____
	cc36		cc40		cc44
j. Hypodermic injection	_____	k. Irrigation	_____	l. Intravenous injection	_____
	cc48		cc52		cc56

\*20. DOES THIS FACILITY PROVIDE ANY OF THE FOLLOWING PROFESSIONAL REHABILITATION SERVICES ON THE PREMISES? (THE THERAPISTS MUST BE LICENSED OR REGISTERED IN THEIR SPECIFIC PROFESSIONS.)

a. Physical therapy	60-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
b. Occupational therapy	61-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
c. Recreational therapy	62-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
d. Speech and hearing therapy	63-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
e. Counseling by social worker, psychologist, or mental health worker	64-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No
f. Other rehabilitation services (Specify)	65-1	<input type="checkbox"/> Yes	-2	<input type="checkbox"/> No

66-

21. DOES THIS FACILITY CONDUCT TRAINING PROGRAMS FOR PEOPLE NOT ON YOUR STAFF IN COOPERATION WITH AN EDUCATIONAL INSTITUTION?

Yes  No  
67-1 -2

22. WHAT ARE THE ACTUAL HOURS FOR EACH SHIFT? (Circle am or pm)

CARD 5  
cc11-5

a. Day Shift	from	_____	am	to	_____	am
		cc12	pm		cc16	pm
b. Evening Shift	from	_____	am	to	_____	am
		cc20	pm		cc24	pm
					<input type="checkbox"/>	No such shift
c. Night Shift	from	_____	am	to	_____	am
		cc28	pm		cc32	pm
					<input type="checkbox"/>	No such shift

23.a. 1. FOR THE DAY SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

38-1  ON CALL

-2  ON DUTY - that is awake, dressed, and serving the residents

a.2 WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

a.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

39-1  Registered Nurse

from \_\_\_\_\_ am to \_\_\_\_\_ am  
cc41 pm cc45 pm

-2  Licensed Practical Nurse

-3  Nurse's Aide

-4  Other \_\_\_\_\_ 40-  
Specify Occupation

23.b. 1. FOR THE EVENING SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

49-1  ON CALL

-2  ON DUTY - that is awake, dressed, and serving the residents

-3  NO SUCH SHIFT  
(Skip to Part 23.c.)

b.2. WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

b.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

50-1  Registered Nurse

from \_\_\_\_\_ am to \_\_\_\_\_ am  
cc52 pm cc56 pm

-2  Licensed Practical Nurse

-3  Nurse's Aide

-4  Other \_\_\_\_\_ 51-  
Specify Occupation

23.c. 1. FOR THE NIGHT SHIFT YESTERDAY, WAS THE PERSON IN CHARGE OF NURSING CARE (FOR THE ENTIRE FACILITY): (Mark (X) Only One Box)

60-1  ON CALL

-2  ON DUTY - that is awake, dressed, and serving the residents

-3  NO SUCH SHIFT  
(Skip to Question 24)

c.2. WHAT IS THE LEVEL OF SKILL OF THIS PERSON? (Mark (X) Only One Box)

c.3. WHAT HOURS DID THIS PERSON WORK YESTERDAY? (Circle am or pm.)

61-1  Registered Nurse

from \_\_\_\_\_ am to \_\_\_\_\_ am  
cc63 pm cc67 pm

-2  Licensed Practical Nurse

-3  Nurse's Aide

-4  Other \_\_\_\_\_ 62-  
Specify Occupation

24. HOW MANY DIFFERENT PHYSICIANS CURRENTLY ATTEND THEIR OWN PRIVATE PATIENTS IN THIS FACILITY? (DO NOT COUNT PHYSICIANS WHO ARE ONLY ON THE STAFF OF THE FACILITY OR ARE ONLY EMPLOYED UNDER CONTRACT.)

\_\_\_\_\_ Physicians  
cc71

25.a. WHAT TYPE OF STAFF MEMBER EXERCISES DAILY, ON-DUTY SUPERVISION OVER ALL CLINICAL SERVICES IN THIS FACILITY? (Mark (X) Only One Box.)

Administrator . . . . . 75-1

b. IS THE ADMINISTRATOR ALSO A:

- physician 76-1  Yes -2  No
- registered nurse 77-1  Yes -2  No
- licensed practical nurse 78-1  Yes -2  No

Physician . . . . . 75-2

Registered Nurse . . . . . -3

Other . . . . . -4

Specify \_\_\_\_\_ 79-

\*26. DOES THIS FACILITY PROVIDE ANY OF THE FOLLOWING SERVICES TO PERSONS WHO ARE NOT RESIDENTS OF THIS FACILITY?

CARD 6  
cc11-6

- a. Day care (services provided during the day to persons who do not sleep in the home overnight. Day care services can include nursing care, physical or occupational therapy, recreational activities, at least one full meal a day) . . . . . 12-1  Yes -2  No
- b. Meals either home delivered or in a group setting . . . . . 13-1  Yes -2  No
- c. Transportation and/or escort services . . . . . 14-1  Yes -2  No
- d. Homemaker or chore services . . . . . 15-1  Yes -2  No
- e. Information and/or referral for health needs . . . . . 16-1  Yes -2  No
- f. Friendly visiting . . . . . 17-1  Yes -2  No
- g. Daily telephone checking service . . . . . 18-1  Yes -2  No
- h. Arrangement or provision of recreational activities . . . . . 19-1  Yes -2  No
- i. Laundry service . . . . . 20-1  Yes -2  No
- j. Other . . . . . 21-1  Yes -2  No

Specify \_\_\_\_\_ 22-

27.a. DOES THIS FACILITY KEEP A WAITING LIST OF PERSONS TO BE ADMITTED WHEN A BED BECOMES AVAILABLE?

- Yes 23-1
- No (Skip to Question 28) -2

b. HOW MANY PEOPLE ARE ON THIS WAITING LIST?

None or \_\_\_\_\_ people  
cc24-26

c. DO YOU PROVIDE ANY SERVICES TO THE PERSONS ON THIS WAITING LIST?

- Yes 27-1
- No (Skip to Question 28) -2

\* c.(1) WHICH OF THE FOLLOWING SERVICES DO YOU PROVIDE?

- a. Day care (services provided during the day to persons who do not sleep in the home overnight. Day care services can include nursing care, physical or occupational therapy, recreational activities, at least one full meal a day). . . . . 28-1  Yes -2  No
- b. Meals either home delivered or in a group setting . . . . . 29-1  Yes -2  No
- c. Transportation and/or escort services . . . . . 30-1  Yes -2  No
- d. Homemaker or chore services . . . . . 31-1  Yes -2  No
- e. Information and/or referral for health needs . . . . . 32-1  Yes -2  No
- f. Friendly visiting . . . . . 33-1  Yes -2  No
- g. Daily telephone checking service . . . . . 34-1  Yes -2  No
- h. Arrangement or provision of recreational activities . . . . . 35-1  Yes -2  No
- i. Laundry service . . . . . 36-1  Yes -2  No
- j. Other . . . . . 37-1  Yes -2  No

Specify \_\_\_\_\_ 38-

**\*28. DOES THIS FACILITY INCLUDE AS PART OF ITS BASIC CHARGE TO EACH RESIDENT THE CHARGES FOR:**

		Yes		No
a.	Physician services . . . . .	39-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
b.	Private duty nursing . . . . .	40-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
c.	Other nursing services . . . . .	41-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
d.	Therapy . . . . .	42-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
e.	Drugs . . . . .	43-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
f.	Medical supplies . . . . .	44-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
g.	Special diet . . . . .	45-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
h.	Other . . . . .	46-1	<input type="checkbox"/>	-2 <input type="checkbox"/>

Specify \_\_\_\_\_ 47-

**29. HAS THIS NURSING HOME BEEN IN BUSINESS AT THIS ADDRESS FOR LESS THAN TWO YEARS? (COUNT FROM THE TIME IT FIRST OPENED AT THIS ADDRESS AS A NURSING HOME EVEN THOUGH THE OWNERSHIP OR THE SERVICES OFFERED MAY HAVE CHANGED.)**

Yes                       No  
 50-1                                      -2

Do Not Administer Expense Questionnaire

EXPENSE QUESTIONNAIRE

OMB # 068-S-72172  
Expires 7-31-74

1973 Nursing Home Survey  
National Center for Health Statistics  
Health Resources Administration  
Rockville, Maryland

Dear Accountant:

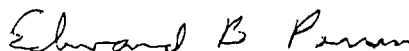
The National Center for Health Statistics (NCHS) of the U. S. Public Health Service is conducting a survey of all resident facilities providing nursing and personal care to obtain basic data on their operating expenses, services, and staff. This survey is being conducted as a part of the Department of Health, Education, and Welfare's nursing home improvement program. The information from this survey will be used to compile statistics on the number and kinds of such facilities in the United States. These statistics will be used to meet the needs of Congress, State legislatures, Federal, regional, and local health planners, national health associations, and many others who plan and provide health services to the aged.

This booklet contains the Expense Questionnaire, together with the account descriptions of the cost categories included in the questionnaire. In addition, there is a full-time Certified Public Accountant whose services are free of charge available via toll free telephone (800-638-0856) to answer your questions about completing this questionnaire. However, we ask that you first attempt to complete the attached questionnaire (which immediately follows in this booklet), using this instruction booklet. If you still have questions, please use the free telephone contact (listed above) to acquire answers prior to completing the questionnaire.

Please note at the bottom of this page that authorization is given for you to release the requested information. We wish to assure you that any information which permits the identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

Please complete this questionnaire and return it in the enclosed postage-paid envelope within 5 working days. Your cooperation in this survey will be greatly appreciated.

Sincerely yours,



Edward B. Perrin, Ph. D.  
Acting Director

I hereby authorize \_\_\_\_\_ of \_\_\_\_\_  
 (Accountant's Name) (Accountant's Address and Telephone)

to list the  fiscal year } expenses in operating the \_\_\_\_\_  
 1972 Calendar year } (Facility Name)

of \_\_\_\_\_  
 (Facility Address)

Date \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

## INSTRUCTIONS FOR COMPLETING THE EXPENSE QUESTIONNAIRE

### PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN TO ANSWER THE EXPENSE QUESTIONNAIRE WHICH IS ATTACHED TO THIS BOOKLET

The definitions in this manual highlight the substance of each cost grouping as well as related groupings of expenses to be excluded from specific cost definitions.

Donated services, supplies, space, etc., are to be priced at their reasonable value and added to the cost category to which applicable.

Where a home is an affiliate of another facility, such as a hospital, and the records of the home are a part of the total accounting system, allocation techniques may be required to identify certain of the costs such as payroll, rent, supplies, and insurance. This is acceptable providing a sound basis is established for the allocation.

While it is preferred that the report be on the calendar year ending December 31, 1972, you may cover a different twelve-month period if you are on a fiscal year basis. The cost data, of course, must be for the same time frame as the related statistical data included in other phases of this survey. This is for the purpose of including all of the costs of delivering health care, disregarding whether the services were paid for or (as in homes staffed by members of a religious order) donated.

Expenses may be reported on either a cash or accrual basis; however, there must be a consistency in the system applied throughout the entire period under report.

The cost categories in this questionnaire are aimed at the total cost of care for patients, and are matched to statistical data being collected for parallel purposes. Typical functional cost information (e.g., administrative, clerical, medical cost categories) will not provide an appropriate framework for the study and should consequently not be used.

The expense categories used in this questionnaire are also not intended to be a recommended cost structure for homes; they are tailored to a single specific use in the survey. It is recognized that certain of the costs, such as supplies, foods, drugs, and equipment specifically purchased for sale to patients, may not, within the present expense structure of a home, be recorded as expense. Again, this survey is for the purpose of capturing all costs incident to providing health care in a home and therefore must include services and supplies directly charged to patients.

In general, it is essential that all recorded expenses incurred by the home be included in the expense categories, as well as the value of donated items not recorded in the account structure. Excluded from costs, however, are any losses sustained in the sale or disposition of fixed assets and other extraordinary losses not related to the current cost of providing health care.



EXPENSE QUESTIONNAIRE

OMB # 068-S-72172  
Expires 7-31-74

1973 Nursing Home Survey  
National Center for Health Statistics  
Health Resources Administration  
Rockville, Maryland

cc1-2

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual facility will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	ESTABLISHMENT NO.									

cc2

A. PLEASE LIST BELOW THE 1972 CALENDAR YEAR EXPENSES FOR OPERATING THE FACILITY, IF EXPENSES ARE NOT FOR THE 1972 CALENDAR YEAR, SPECIFY PERIOD COVERED:

CARD 1  
cc11-1

from			to		
	month	year		month	year
	cc12	cc14		cc16	cc18

B. REFER TO THE ENCLOSED DEFINITIONS WHEN COMPLETING THIS FORM. FOR FURTHER CLARIFICATION PLEASE CALL FREE OF CHARGE THE FOLLOWING PHONE NUMBER: 800-638-0856.

**EXPENSE CATEGORY**

**AMOUNT**

(See Note 1 on next page)

(If NONE, please enter "0")

1. Payroll Expense (Do not include contracted services):

a. Wages and Salaries (gross amount including employees' FICA, vacation and sick pay, taxes, etc.):

- (1) Nursing staff payroll expense . . . . . \$ \_\_\_\_\_  
(include RNs, LPNs, Practical nurses, aides, orderlies, student nurses, and other nursing staff) cc21
- (2) Physicians, other professionals and semi-professionals payroll expense . . . . . \$ \_\_\_\_\_  
cc31
- (3) All other staff payroll expense . . . . . \$ \_\_\_\_\_  
(All employees not listed in (1) and (2) including salary or withdrawals for self-employed proprietor-owner\*) cc41

**SUBTOTAL** (add lines a.(1), a.(2), and a.(3) . . . . . \$ \_\_\_\_\_  
cc51

b. Fringe Benefits (state unemployment, group health and life insurance and all other payroll and non-payroll benefits for all employees on the staff) . . . . . \$ \_\_\_\_\_  
cc61

**TOTAL PAYROLL EXPENSE** (add subtotal line and line 1.b.) . . . . . \$ \_\_\_\_\_  
cc71

CARD 2  
cc11-2

- 2. Equipment Rent . . . . . \$ \_\_\_\_\_  
cc21
- 3. Insurance (include professional-public liability and other insurance) . . . . . \$ \_\_\_\_\_  
cc31
- 4. Taxes and licenses (include franchise tax). . . . . \$ \_\_\_\_\_  
cc41
- 5. Interest and Financing Charges. . . . . \$ \_\_\_\_\_  
cc51
- 6. Depreciation Charges (Buildings and Equipment) . . . . . \$ \_\_\_\_\_  
cc61
- 7. Rent on Building and Land . . . . . \$ \_\_\_\_\_  
cc71

\* If self-employed proprietor-owner is non-salaried, please estimate salary.

**CARD 3**  
cc11-3

- 8. Amortization of Leasehold Improvements . . . . . \$ \_\_\_\_\_  
cc21
- 9. Food and Other Dietary Items . . . . . \$ \_\_\_\_\_  
(include non-contracted services only) cc31
- 10. Drug Expenses (cost of drugs either purchased . . . . . \$ \_\_\_\_\_  
or obtained by contract, or purchased for patients cc41  
and sold directly to them)
- 11. Supplies and Equipment (cost of supplies and . . . . . \$ \_\_\_\_\_  
equipment either purchased or obtained by cc51  
contract, or purchased for patients and sold  
directly to them)
- 12. Purchased Maintenance of Buildings, Grounds . . . . . \$ \_\_\_\_\_  
and Equipment cc51
- 13. Laundry and Linen Expense (include non- . . . . . \$ \_\_\_\_\_  
contracted services only) cc71

**CARD 4**  
cc11-4

- 14. Purchased Department Functions:
    - a. Medical, therapy, educational laboratory . . . . . \$ \_\_\_\_\_  
and other professional services obtained cc21  
by contract.
    - b. All other contracted services (include house- . . . . . \$ \_\_\_\_\_  
keeping, linen, food, or other services not cc31  
obtained in-house)

*TOTAL PURCHASED DEPARTMENT FUNCTIONS* (add lines . . . . . \$ \_\_\_\_\_  
14.a and 14.b) cc41
  - 15. Utilities (telephone, gas, water, and electricity) . . . . . \$ \_\_\_\_\_  
cc51
  - 16. Other and Miscellaneous Expense . . . . . \$ \_\_\_\_\_  
(include dues, subscriptions, travel, auto- cc61  
mobile, advertising, other services not  
included elsewhere, medical and non-medical  
fees, unclassified). See Note 2 below.
- TOTAL EXPENSES** (add expense category line items . . . . . \$ \_\_\_\_\_  
1 through 16) cc71

Please check the addition of subcategories and total expenses.

- Note 1. If your accounting system does not generate cost items as categorized above, please use your best estimate of allocation among the line items.
- Note 2. If Other and Miscellaneous Expense comprises 10 percent or more of the total expenses, please give details below of major amounts which constitute 20 percent or more of Line 16.

Description	Amount
-------------	--------

If your questions are not answered by the instructions, you may contact a certified public accountant free of charge at the following toll-free number for answers:  
(800) 638-0856

Thank you.

## DEFINITIONS

### 1. PAYROLL EXPENSE

#### a. Wages and Salaries

Wages and salaries are generally defined as gross earnings paid an employee including payment for annual and sick leave, overtime, bonuses and other remuneration of a payment nature received by the employee. The wages and salaries represent the amount earned and reported to the Internal Revenue Service on his or her W-2 statement. Self-employed proprietors, while not salaried as employees, are to be included in this definition either in the amount reported on the tax return as self-employed salary, or as a reasonable amount, related to the technical or non-technical services provided.

Employee salaries and wages, by the above definition, exclude payments for professional or non-professional services obtained under contract, or fees paid doctors on a fee-for-service basis. Also excluded from Wages and Salaries are Fringe Benefits as defined in 1 b (Payroll Expense - Fringe Benefits) below.

Non-funded employee benefits such as meals and living quarters, if provided an employee, and considered a part of the gross salary received, are to be included in gross wages and salaries.

Wages and salaries are to be reported on the gross basis, without deductions for FICA, Federal and State taxes, and other deductions from an employee's gross pay.

#### (1) Nursing and Staff Payroll Expense

Nursing staff payroll expense is defined as the total wage and salary compensation given those employees who administer nursing care to patients.

This category includes registered nurses, licensed practical nurses, practical nurses, nurses' aides, orderlies, and student nurses.

#### (2) Physicians and Other Professionals Payroll Expense

Physicians and other professionals payroll expense is defined as wage and salary compensation given those professional employees who provide direct health care to patients.

This category includes physicians, psychiatrists, dentists, optometrists, therapists, psychologists, podiatrists, audiologists, etc.

#### (3) All Other Staff Payroll Expense

All other staff payroll expense is defined as wage and salary compensation given all employees not specifically categorized in (1) or (2) above.

This category includes medical and dental technicians, social service workers, X-ray assistants, lab assistants, and administrative personnel including a self-employed proprietor-owner.

Nursing staff, physicians and other professionals are excluded from this category.

Any employee who spends 75 percent or more of his time in any one of the three areas mentioned above should have all of the wage and salary compensations charged to that expense category. Further allocation is acceptable if it is a feature of your accounting system.

#### b. Fringe Benefits

Fringe benefits are expenses incurred by the home for the current and future benefit of home employees. These expenses, not added to the wages and salaries of the employees, include such items as group health, hospitalization, employer's portion of FICA, Federal and State Unemployment Insurance, and life insurance premiums (exclusive of premiums paid where (a) the Home is the beneficiary or (b) on the life of the proprietor-owner).

Excluded from this cost category are payments for vacation, maternity and sick pay, terminal payments, employee's share of FICA, and living facilities provided employees where such facilities are established for the benefit of the home.

### 2. EQUIPMENT RENT

Equipment rent is defined as all costs incurred for the rental or leasing of equipment. Charges to this category would include the rental or leasing of furniture, typewriters, computers, X-ray machines or other forms of equipment. Exclude from this category all lease-purchase agreements and deferred payment plans on the purchase of equipment. These latter types purchases will be treated through the Depreciation Cost Category (expense category 6).

### **3. INSURANCE**

Insurance is defined as the cost of premiums for policies necessary to the normal operation of nursing homes.

These charges include fidelity bonds, fire and extended coverage, malpractice, property and bodily injury liability, and automobile insurance where transportation is included as a service of the facility.

Exclude insurance paid for the benefit of employees, such as employee life or group hospitalization, as well as key man life insurance. See definition of expense category 1 (b) for distribution of employee benefit insurance paid. If the home's accounting system is on the accrual basis, exclude any prepaid costs and include only the premiums on the current year's portion.

### **4. TAXES AND LICENSES**

Taxes and licenses are defined as costs paid or due to Federal, state, county, and local governments for taxes levied or licenses required.

This category includes licenses obtained for the right to do business and taxes on real estate, personal property, excise and business franchise taxes.

Amounts remitted to Federal, state, county, and local governments for income taxes withheld from wages and salaries must be excluded.

### **5. INTEREST AND FINANCING CHARGES**

Interest and financing charges are defined as costs incurred as interest or finance charges on loans, notes, or other forms of indebtedness.

These charges include amounts of interest on notes payable, mortgages payable or long-term purchase agreements. The initial cost of financing or refinancing a loan, however, is to be excluded as an extraordinary cost not related to the normal cost of providing health service. Also to be excluded from this expense category are placement fees on loans and costs related to penalty clauses on early retirement of mortgages or other loans.

Penalties paid to Federal, state, county, or local governments for improper filing of tax or information returns should be excluded.

### **6. DEPRECIATION CHARGES**

Depreciation is defined as the distribution of the cost of tangible capital assets, less salvage (if any), over the estimated life of the asset.

Charges to this category should exclude amortization as defined in expense category 8.

Depreciation charges are to be limited to the straight-line method rather than an amount that may be acceptable under the Federal tax law (double-declining, sum-of-the years digits, one and one-half straight-line, etc.).

Tangible capital assets, currently being purchased under a lease-purchase agreement, are to be depreciated rather than treated as a rental payment. Exclude from this category any equipment of a nominal amount expensed in Equipment (Cost category 11. ).

### **7. RENT ON BUILDING AND LAND**

Rent on building and land is defined as all costs incurred for space occupied pursuant to leases or rental agreements.

Included in this category is the cost of all buildings or real estate rented or leased by the home.

Charges to this category should exclude lease-purchase agreements and payments made on a mortgage covering the building or land.

### **3. AMORTIZATION OF LEASEHOLD IMPROVEMENTS**

Amortization of leasehold improvements is defined as the writeoff of improvements to leased premises over the remaining life of the lease or the useful life of the improvement, whichever is shorter.

Improvements to leased premises which have a remaining lease or useful life of one year or less should be expensed directly when incurred.

Included in this category are improvements to leased premises such as wall partitions, permanent counters and cabinets, tile floors and wall coverings, and plumbing fixtures.

Exclude from this category any improvements of a nominal amount charged to repairs and maintenance and included in another cost category in this questionnaire.

## 9. FOOD AND DIETARY ITEMS

Dietary and food items purchased for preparation on the home's premises are to be charged to this account.

Income received on the sale of meals to non-patients and staff (when charged) will be deducted from the recorded gross cost of the food and dietary items.

Where food inventories are maintained, the cost of food consumed will be the basis for the recording of cost (inventory at beginning of year plus purchases, less ending inventory.) Freight and sales taxes, whether included in the purchase, or as a separate item (freight only), are to be charged to the cost of food and dietary items, rather than to be charged to "Taxes and Licenses" (sales tax) or "Other and Miscellaneous Expense" (freight).

This cost category excludes related food costs, such as food preparation (wages), cost of kitchen operation, menu preparation, and paper supplies related to the serving of meals.

The cost of meals purchased from hospitals or other outside services is excluded from this cost category (see 14 (b), Contracted Services - Food) whether or not under contract.

Food purchased (to be prepared by the home) for sale to specific patients is also to be charged to this account.

## 10. DRUG EXPENSES

Drug expenses represent the cost (or value when donated) of drugs consumed out of inventory or purchased for patients and resold to them. Drugs not under inventory control will be considered expensed when purchased.

For purposes of this definition, drugs include both prescription type medicines as well as non-prescription items such as aspirin, laxatives, and vitamins. Excluded from this definition are such non-medicine items as cotton, bandages, syringes, and other items which do not meet the common definition of drugs, and are categorized under supplies, item 11, below.

Recognizing that medical supplies may be co-mingled in the cost account with drug items, an allocation technique may be adopted for the purposes of determining the separate cost of drug expenses.

The cost of drugs includes freight costs as well as sales taxes added to the purchase price of drugs.

Drug cost is not to be reduced by revenues from patients whether sold out of the nursing home inventory or purchased specifically for their use.

## 11. SUPPLIES AND EQUIPMENT

### a. Supplies

Includes the purchase or donated value of all supplies exclusive of drug supplies (see 10.) and food and other dietary items (see 9.)

Supplies include, but are not limited to, supplies used in food preparation and serving (dishes, kitchen ware, paper supplies, etc.), office supplies, medical supplies, laundry, linen and blanket supplies, uniforms, the purchase of minor equipment (staplers, ash trays, etc.) classified as supplies, and repair and maintenance supplies and parts (cleaning supplies, light bulbs, small tools, etc.).

Under normal conditions, supplies of the nature of those classified for inclusion in this cost category are not maintained under inventory control except at a minimum level which may be used as a re-order point. The accounting system of the home will dictate whether these costs will be developed on a "delivery basis" or on "issued" basis. Either method will be acceptable.

In those instances where the nursing home is affiliated with another facility such as a hospital and there is no separation of accounting records an allocation cost distribution method, consistent with sound accounting practices and principles, will be acceptable.

### b. Equipment

Includes the purchase or donation of items classified as equipment, but because of the nominal cost or nature of the items, they are not capitalized.

Equipment in this grouping include, but are not limited to, appropriate items of medical equipment, furniture and fixtures of a nominal value not maintained under asset control, repair and maintenance equipment, kitchen equipment, and administrative equipment.

Equipment purchased specifically for sale to a patient, regardless of the cost or nature of the purchase, is to be included in this category. Reasoning behind this decision is that title belongs to the patient and, accordingly, the home has no basis for depreciating the equipment. Accordingly, all equipment purchased for patients will be recorded in this cost category. The revenues derived from the sale of the equipment to the patients will not be credited as an offset to the cost recorded in Supplies and Equipment.

Exclude from this category any equipment which is being depreciated in cost category 6.

#### **12. PURCHASED MAINTENANCE OF BUILDING, GROUNDS, AND EQUIPMENT**

This cost grouping includes contract costs for elevator maintenance, equipment appliance maintenance, ground maintenance, contracts to maintain plumbing, electrical systems, and similar type service requirements. Excluded from this grouping are contracts for such services as trash removal, cleaning services, and other housekeeping services. The cost for these latter contracts is to be recorded in 14 (b), Purchased Department Functions - - All Other Contracted Services.

Maintenance costs, not under contract, to be recorded in this cost category include the expense of plumbers, electricians, ground maintenance, carpenters, general repairmen (appliance repairs, etc.), and similar non-contractual maintenance services.

#### **13. LAUNDRY AND LINEN EXPENSE**

This account relates to the cost of outside service only, rather than the cost of purchasing linens, towels, blankets, uniforms, etc. This cost may or may not be under a service contract and may include the rental cost of the supplies provided under a contract.

Laundry and linen expense, as classified in this cost category, excludes services for this function provided by nursing home staff. Personnel costs for this service will be charged to 1.a.(3), Wages and Salaries - - All Other Staff Payroll Expense.

Separate charges for laundry or linen lost or damaged by the nursing home under a service-rental agreement will be reflected in this grouping.

#### **14. PURCHASED DEPARTMENT FUNCTIONS**

Purchased department functions are defined as those services which are obtained by the home through a contract with an outside entity.

##### **a. Medical, therapy, educational laboratory and other professional services obtained by contract**

This category includes services contracted with physicians, therapists, laboratories, pharmacies, nurses, and other professional service providers.

This category excludes all maintenance contract services and other non-professional contract services.

##### **b. All Other Contracted Services**

All Other Contracted Services include contracts for housekeeping, linen service, food and dietary service, ambulance service and any other non-professional contract service not specifically mentioned above.

This category excludes maintenance service contracts and professional contract services.

#### **15. UTILITIES**

Utilities are defined as charges for telephone and telegraph, gas, fuel, oil, water, and electricity.

Charges to this category should exclude any utility charges, such as telephone, that are reimbursed by patients or employees or charges that are paid by the lessor under the lease agreement.

#### **16. OTHER AND MISCELLANEOUS EXPENSES**

This expense category is a catchall to record all costs not classified in 1. through 15. above. Costs included in this grouping are dues and subscriptions, printing costs, advertisements, travel costs, automobile expenses, non-classified medical and non-medical fees (example - audit and legal fees), postage and casual labor not charged to other expense categories.

**RESIDENT CONTROL RECORD**

1973 Nursing Home Survey  
 National Center for Health Statistics  
 Health Resources Administration  
 Rockville, Maryland

Sheet \_\_\_\_\_ of \_\_\_\_\_ Sheets

OMB # 068-S-72172  
 Expires 7-31-74

ESTABLISHMENT NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL RESIDENTS IN HOME \_\_\_\_\_  
cc12-15

cc1-6

cc2

cc11-1

IN SAMPLE \_\_\_\_\_  
cc16-19

RESIDENTS IN NURSING HOME					
SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.
SW _____			SW _____		
TE _____			TE _____		
<small>a</small>	<small>b</small>	<small>c</small>	<small>a</small>	<small>b</small>	<small>c</small>
		01			26
		02			27
		03			28
		04			29
		05			30
		06			31
		07			32
		08			33
		09			34
		10			35
		11			36
		12			37
		13			38
		14			39
		15			40
		16			41
		17			42
		18			43
		19			44
		20			45
		21			46
		22			47
		23			48
		24			49
		25			50

**RESIDENT CONTROL RECORD**

RESIDENTS IN NURSING HOME					
SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.	SAMPLE DESIGNATION	NAME OF RESIDENT	LINE NO.
SW _____			SW _____		
TE _____			TE _____		
a	b	c	a	b	c
		51			76
		52			77
		53			78
		54			79
		55			80
		56			81
		57			82
		58			83
		59			84
		60			85
		61			86
		62			87
		63			88
		64			89
		65			90
		66			91
		67			92
		68			93
		69			94
		70			95
		71			96
		72			97
		73			98
		74			99
		75			00

Form 73NHS-6

If More Lines Are Needed Use A New RESIDENT CONTROL RECORD  
And Renumber The Lines Beginning With # 101



RESIDENT QUESTIONNAIRE

OMB #068-S-72172  
Expires 7-31-74

1973 Nursing Home Survey  
National Center for Health Statistics  
Health Resources Administration  
Rockville, Maryland

1-7

ASSURANCE OF CONFIDENTIALITY — All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	ESTABLISHMENT NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										

cc2

LINE NO.

--	--	--

cc11

cc14-1

1. WHAT IS — DATE OF BIRTH?                        or     

Month      Day      Year      Age  
 cc15,16      17, 18      19-21      cc22-24

---

2. WHAT IS — SEX?       Male       Female

25-1      -2

---

3. WHAT IS — ETHNIC BACK-      26-1  Caucasian      -2  Negro      -3  Oriental  
 GROUND? (Mark (X) Only      -4  Spanish American      -5  American Indian      -6  Other  
 one box)

---

4. WHAT IS — CURRENT MARITAL      27-1  Married      -2  Widowed      -3  Divorced  
 STATUS? (Mark (X) only      -4  Separated      -5  Never Married  
 one box)

---

5. WHAT WAS THE DATE OF — CURRENT ADMISSION TO THIS PLACE?                 

Month      Day      Year  
 cc28, 29      30-31      32-34

6a. WHERE DID — LIVE AT THE TIME OF ADMISSION? (Mark (X) only one box)

(1) In a boarding home	35-1	<input type="checkbox"/>	
(2) In another nursing home or related facility	-2	<input type="checkbox"/>	
(3) In a mental hospital or other long-term specialty hospital	-3	<input type="checkbox"/>	
(4) In a general or short-stay hospital	-4	<input type="checkbox"/>	
(5) In a private apartment or house	-5	<input type="checkbox"/>	
(6) Other place, (Specify) _____	-6	<input type="checkbox"/>	
(7) Don't know	36-	<input type="checkbox"/>	

} 6b. AT THE TIME OF ADMISSION DID — LIVE WITH: (Mark (X) all that apply)

		Yes	No
(1) Spouse?	37-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(2) Children?	38-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(3) Other relatives?	39-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(4) Unrelated persons?	40-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(5) Lived alone?	41-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
(6) Don't know?	42-1	<input type="checkbox"/>	

7. WHAT IS THE PRIMARY REASON FOR — ADMISSION TO THE HOME? (Enter "1" in box for primary reason; if secondary reason given, enter "2".)

43-  Physical reasons (e.g., illness or need for treatments)

44-  Social reasons (e.g., no family, or lack of family interest)

45-  Behavioral reasons (e.g., disruptive behavior, mental deterioration)

46-  Economic reasons (e.g., no money and/or resources)



10. DOES THIS RESIDENT REGULARLY USE ANY OF THE FOLLOWING AIDS?

CARD 2  
14-2

		No	Yes
a.	Walker	15-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
b.	Crutches	16-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
c.	Braces	17-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
d.	Wheelchair	18-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
e.	Artificial Limb	19-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
f.	Self-feeder	20-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
g.	Any other aids (do not count glasses or hearing aids)	21-2 <input type="checkbox"/>	-1 <input type="checkbox"/>

Specify \_\_\_\_\_ 22-

11. DURING THE LAST MONTH, HOW MANY TIMES DID—RECEIVE ANY OF THE FOLLOWING THERAPY SERVICES? (INCLUDE ONLY SERVICES PROVIDED BY A LICENSED OR REGISTERED PROFESSIONAL WHETHER INSIDE OR OUTSIDE THE HOME.)

			NUMBER OF TIMES
a.	Physical therapy	<input type="checkbox"/> None or	<input type="text"/> cc23
b.	Recreational therapy	<input type="checkbox"/> None or	<input type="text"/> cc25
c.	Occupational therapy	<input type="checkbox"/> None or	<input type="text"/> cc27
d.	Speech therapy	<input type="checkbox"/> None or	<input type="text"/> cc29
e.	Hearing therapy	<input type="checkbox"/> None or	<input type="text"/> cc31
f.	Professional counseling by social worker, psychologist or other mental health worker	<input type="checkbox"/> None or	<input type="text"/> cc33

12. DURING THE PAST 7 DAYS, WHICH OF THESE SERVICES DID—RECEIVE? (Mark (X) all that apply)

- cc35-62 -01  a. Rub or massage
- 02  b. Administration of treatment by staff
- 03  c. Special diet
- 04  d. Application of sterile dressings or bandages
- 05  e. Temperature-pulse-respiration
- 06  f. Full bed-bath
- 07  g. Enema
- 08  h. Catheterization
- 09  i. Blood pressure reading
- 10  j. Irrigation
- 11  k. Oxygen therapy
- 12  l. Intravenous injection
- 13  m. Hypodermic injection
- OR
- 14  n. None of the above services received

13. DURING THE PAST 7 DAYS, DID – RECEIVE ANY MEDICATIONS?

CARD 3  
14-3

No (Skip to Question 14)  Yes

WHICH TYPES OF MEDICATIONS DID – RECEIVE? (Mark (X) All That Apply)

- cc16-45 -01  a. Tranquilizers (e.g., Thorazine, Mellaril)
- 02  b. Hypnotics – Sedatives (e.g., Nembutal, Seconal, Phenobarbital, Butisol, Placidyl, Chloral Hydrate)
- 03  c. Stool softeners (e.g., Peri-Colace)
- 04  d. Anti-Depressant (e.g., Elavil)
- 05  e. Anti-Hypertensives (e.g., Ismelin)
- 06  f. Diuretics (e.g., Diuril, Esidrex)
- 07  g. Analgesics (e.g., Aspirin, Darvon, Demerol, Percodan, Empirin with Codeine)
- 08  h. Diabetic agents (e.g., Orinase, Insulin)
- 09  i. Anti-inflammatory agents (e.g., Cortisone, Sodium Salicylate, Butazolidin, Indocin)
- 10  j. Anti-infectives (i.e., antibiotics)
- 11  k. Anti-Anginal drugs (e.g., Nitroglycerin, Peritrate)
- 12  l. Cardiac Glycosides (e.g., Digitalis, Lanoxin)
- 13  m. Anti-Coagulants (e.g., Dicumarol, Warfarin)
- 14  n. Vitamins or iron
- 15  o. Other types of medications not listed above

14. THE FOLLOWING ACTIVITIES FOR DAILY LIVING LIST VARIOUS LEVELS OF CARE THAT MAY BE NEEDED BY A RESIDENT. PLEASE INDICATE THE ONE THAT BEST DESCRIBES THE LEVEL OF CARE NEEDED BY THIS RESIDENT. FOR EACH ACTIVITY, THE LEVELS ARE GIVEN IN ASCENDING ORDER: IN OTHER WORDS, THE LEVEL DESCRIBING THE MINIMUM CARE IS FIRST AND THE LEVEL DESCRIBING THE MOST CARE IS LAST. IF YOU ARE UNDECIDED WHICH OF TWO LEVELS TO INDICATE, CHOOSE THE ONE DESCRIBING THE LESSER AMOUNT OF CARE:

a. CONSIDERING THE FOLLOWING FOUR HYGIENE ACTIVITIES (WASHING FACE AND HANDS, BRUSHING TEETH OR DENTURES, COMBING HAIR, AND SHAVING OR APPLYING MAKE-UP) DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 46-1  Perform all four with no assistance?
- 2  Perform all four with no assistance, but needs help in getting and/or putting away equipment?
- 3  Perform three or four with no assistance, but requires help with a complete bath?
- 4  Require assistance with one or two of these hygiene activities?
- 5  Require assistance with all four of these hygiene activities?

b. CONCERNING DRESSING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 47-1  Get clothes from closets and drawers and completely dress without assistance?
- 2  Get clothes from closets and drawers and completely dress with some assistance (tying shoes, fastening braces, closing buttons or zippers in back of garments)?
- 3  Receive assistance in getting clothes, or in dressing (do not count tying shoes, fastening braces, closing buttons or zippers in back of garments as assistance)?
- 4  Stay partly or completely undressed?

c. CONCERNING FEEDING, DOES THIS RESIDENT:

(Mark (X) Only One Box)

- 48-1  Feed self without assistance?
- 2  Feed self with minor assistance (cutting meat or buttering bread)?
- 3  Receive major assistance in feeding (do not count cutting meat or buttering bread)?
- 4  Require intravenous feeding?
- 5  Require tube feeding?

d. CONCERNING AMBULATION TO REACH THE TOILET ROOM, IS THIS RESIDENT:

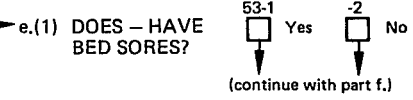
(Mark (X) Only One Box)

- 51-1  Able to go to the toilet room without nurses' assistance (may use cane, walker, wheelchair, or other object of support), may manage bedpan or commode at night?
- 2  Receiving nurses' assistance in going to the toilet room (do not count use of cane, walker, or other object of support), using bedpan or commode at night, or cleaning self or arranging clothes after elimination?
- 3  Unable to go to the toilet room for the elimination process?

e. CONCERNING MOVING IN AND OUT OF A BED OR CHAIR, IS THIS RESIDENT:

(Mark (X) Only One Box)

- Receiving no assistance? 52-1
- Walking with assistance of one person? -2
- Walking with assistance of two persons? -3
- Up in a chair with assistance once in 8 hours? -4
- Up in a chair with assistance twice in 8 hours? -5
- Bedfast with assistance in turning every two hours? -6
- Bedfast with assistance in turning every hour? -7



f. CONCERNING CONTINENCE, IS THIS RESIDENT:

(Mark (X) Only One Box)

- In control of both bowels and bladder? 54-1
- An ostomy patient? -2
- In control of bladder only? -3
- In control of bowels only? -4
- Not in control of bowels or bladder? -5



55-1  Yes (Skip to Question 15a.)

-2  No



Yes 56-1       No -2       Doubtful -3

15a. DOES THIS RESIDENT EXHIBIT ANY OF THE FOLLOWING BEHAVIOR?

	No	Yes	
(1) Depressed	57-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(2) Agitated, nervous	59-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(3) Abusive, aggressive	61-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(4) Confused, senile	63-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(5) Disturbed sleep	65-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→
(6) Other problem behavior	67-2 <input type="checkbox"/>	-1 <input type="checkbox"/>	→ (Specify) _____ 68-

b. DOES THIS RESIDENT EXHIBIT THIS BEHAVIOR MORE OFTEN THAN ONCE A WEEK OR ONCE A WEEK OR LESS?

	More often than once a week	Once a week or less
58-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	
60-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	
62-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	
64-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	
66-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	
69-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	

16a. DURING THIS RESIDENT'S STAY HERE, WHEN DID – LAST SEE A PHYSICIAN FOR TREATMENT, MEDICATION, OR FOR AN EXAMINATION?

CARD 4  
14-4

Month  Day  Year   
cc15,16 17,18 19,20

OR  21-1 Has Never Seen A Doctor While Here (Skip to Question 17a.)

b. AT THAT TIME, DID – RECEIVE :

- |     |                 | Yes                           | No                          |
|-----|-----------------|-------------------------------|-----------------------------|
| (1) | An examination? | 22-1 <input type="checkbox"/> | -2 <input type="checkbox"/> |
| (2) | Treatment?      | 23-1 <input type="checkbox"/> | -2 <input type="checkbox"/> |
| (3) | Prescription?   | 24-1 <input type="checkbox"/> | -2 <input type="checkbox"/> |
| (4) | Other?          | 25-1 <input type="checkbox"/> | -2 <input type="checkbox"/> |

Specify \_\_\_\_\_ 26-

c. DID THE PHYSICIAN ATTEND THE RESIDENT: (Mark (X) Only One Box)

- 27-1  as a private physician?  
 -2  for the home itself which furnishes the medical care?  
 -3  temporarily as a replacement for the resident's private physician who was unable to attend the resident?  
 -4  under some other arrangement? (Specify) \_\_\_\_\_ 28-

d. DOES A PHYSICIAN EXAMINE THIS RESIDENT: (Mark (X) Only One Box)

- 29-1  only when called?  
 -2  irregularly, but without being called?  
 -3  on a scheduled basis?

d. (1) HOW OFTEN DOES THE PHYSICIAN EXAMINE THE RESIDENT?

(Mark (X) Only One Box.)

- 30-1  once a week  
 -2  every 2 weeks  
 -3  once a month  
 -4  every three months  
 -5  once a year  
 -6  other (Specify) \_\_\_\_\_ 31-

17a. DOES – WEAR EYE GLASSES?

Yes  
 32-1

No  
 -2

b. IS – SIGHT WITH GLASSES: (Mark (X) Only One Box)

- 33-1  not impaired? (e.g., can read ordinary newspaper print)  
 -2  partially impaired? (e.g., can watch television 8 to 12 feet across the room)  
 -3  severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet)  
 -4  completely lost? (e.g., blind)

c. IS – SIGHT: (Mark (X) Only One Box)

- 33-1  not impaired? (e.g., can read ordinary newspaper print without glasses)  
 -2  partially impaired? (e.g., can watch television 8 to 12 feet across the room)  
 -3  severely impaired? (e.g., can recognize the features of familiar persons if they are within 2 to 3 feet)  
 -4  completely lost? (e.g., blind)

18a. DOES – USE A HEARING AID?

Yes  
 34-1

No  
 -2

b. IS – HEARING WITH A HEARING AID: (Mark (X) Only One Box)

- 35-1  not impaired? (e.g., can hear a telephone conversation on an ordinary telephone)  
 -2  partially impaired? (e.g., can hear most of the things a person says)  
 -3  severely impaired? (e.g., can hear only a few words a person says or loud noises)  
 -4  completely lost? (e.g., deaf)

c. IS – HEARING: (Mark (X) Only One Box)

- 35-1  not impaired? (e.g., can hear a telephone conversation on an ordinary telephone)  
 -2  partially impaired? (e.g., can hear most of the things a person says)  
 -3  severely impaired? (e.g., can hear only a few words a person says or loud noises)  
 -4  completely lost? (e.g., deaf)

Form 73NHS-7

19. IS – ABILITY TO SPEAK: (Mark (X) Only One Box)

- 38-1  not impaired? (e.g., is able to be understood; can carry on a normal conversation)
- 2  partially impaired? (e.g., is able to be understood but has difficulty pronouncing some words)
- 3  severely impaired? (e.g., cannot carry on a normal conversation; is understood only with difficulty)
- 4  completely lost? (e.g., is mute)

20a. DOES THIS RESIDENT HAVE DENTURES?

- 39-1 Yes
- 2 No (Skip to Question 21a.)

b. DOES – USE THE DENTURES?

- 40-1 Yes
- 2 No

21a. DURING THE LAST MONTH, DID – LEAVE THE HOME FOR ANY RECREATIONAL OR LEISURE ACTIVITIES?

- 41-1 Yes
- 2 No

b. FOR WHICH OF THE FOLLOWING ACTIVITIES DID – LEAVE THE HOME? (Mark (X) All That Apply)

- cc42-52 -1  Get books, etc., from the library
- 2  Attend plays, movies, concerts, etc.
- 3  Attend arts and crafts classes outside the home
- 4  Visit museums, parks, fairs, etc.
- 5  Go on shopping trips organized by the home
- 6  Go on independent shopping trips organized by the resident or visitors
- 7  Visit a beauty shop or barber shop
- 8  Visit community clubs (such as community centers, senior citizen clubs, service clubs, bridge clubs, unions, etc.)
- 9  Attend religious services or other religious activities
- 0  Go for a walk
- &  Other, (Specify) \_\_\_\_\_ 53-

c. WHY DIDN'T – LEAVE THE HOME TO PARTICIPATE IN ANY ACTIVITIES DURING THE LAST MONTH? (Mark (X) All That Apply)

- cc42-52 -1  Resident was **too ill or was not able to move** well enough to participate
- 2  Resident was not interested
- 3  Staff was unable to determine resident's interests at this point
- 4  Staff feels that the resident's behavior will not be tolerated outside the home
- 5  No one was available to accompany the resident
- 6  Resident cannot afford these activities
- 7  Lack of transportation
- 8  Other, (Specify) \_\_\_\_\_ 53-

22a. DURING THE PAST YEAR, HAS THIS RESIDENT BEEN ON ANY KIND OF LEAVE OVERNIGHT OR LONGER, EXCLUDING LEAVE FOR MEDICAL REASONS?

- 54-1 Yes
- 2 No (Skip to Question 23a.)
- 3 Don't know (Skip to Question 23a.)

b. WHERE DID – USUALLY GO WHEN ON LEAVE? (Mark (X) Only One Box)

- 55-1  To own home or apartment
- 2  To home of family or relatives
- 3  To home of unrelated friends
- 4  To foster home
- 5  To boardinghouse or room
- 6  To another place, (Specify) \_\_\_\_\_ 56-
- 7  Don't know

c. ABOUT HOW OFTEN DID THIS RESIDENT GO ON LEAVE? (Mark (X) Only One Box)

- 57-1  Nearly every week
- 2  About once a month
- 3  About once every two months
- 4  Several times a year
- 5  About once a year or less
- 6  Other (Specify) \_\_\_\_\_ 58-
- 7  Don't know

CARD 5  
14-5

23a. DOES -- HAVE ANY VISITORS?  
 Yes 15-1  
 No -2 (Skip to Question 24)  
 Don't know -3

b. HOW FREQUENTLY DO VISITORS SEE THE RESIDENT? (Mark (X) Only One Box)  
16-1  Nearly every week -5  About once a year or less  
-2  About once a month -6  Other (Specify) \_\_\_\_\_ 17-  
-3  About once every two months -7  Don't know  
-4  Several times a year

24. HOW MANY BEDS ARE IN -- ROOM? (Mark (X) Only One Box)  
18-1  One bed (i.e., the resident's own bed) -4  Four beds  
-2  Two beds -5  Five or more beds  
-3  Three beds

25a. HAS THIS RESIDENT LIVED IN THIS FACILITY FOR ONE FULL MONTH OR LONGER?  
 Yes 19-1  
 No -2  
Stop; go on to next questionnaire.

b. LAST MONTH, WHAT WAS THE BASIC CHARGE FOR THIS RESIDENT'S LODGING, MEALS, AND NURSING CARE NOT INCLUDING PRIVATE DUTY NURSING OR OTHER SPECIAL CHARGES?  
 No charge is made for care (Skip to Question 26a.) \$ \_\_\_\_\_ cc20-25

c. LAST MONTH, WHAT WAS THE TOTAL CHARGE FOR THIS RESIDENT'S CARE, INCLUDING ALL CHARGES FOR SPECIAL SERVICES, DRUGS, AND SPECIAL MEDICAL SUPPLIES?  
 No charge is made for care (Skip to Question 26a.) \$ \_\_\_\_\_ cc26-31

(1) DID THIS AMOUNT INCLUDE SPECIAL CHARGES FOR

	No	Yes
(a) physician services?	32-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(b) private duty nursing?	33-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(c) therapy?	34-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(d) drugs?	35-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(e) special medical supplies?	36-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(f) special diet?	37-2 <input type="checkbox"/>	-1 <input type="checkbox"/>
(g) other?	38-2 <input type="checkbox"/>	-1 <input type="checkbox"/>

Specify \_\_\_\_\_ -39

26a. WHAT WERE ALL THE SOURCES OF PAYMENT FOR THIS RESIDENT'S CARE LAST MONTH?  
(Mark (X) All That Apply)

cc40-48 <input type="checkbox"/> (1) Own income or family support (private plans, retirement funds, social security, etc.)	<input type="checkbox"/> (4) Other public assistance or welfare	<input type="checkbox"/> (7) Initial payment-life care
<input type="checkbox"/> (2) Medicare (Title XVIII)	<input type="checkbox"/> (5) Church support	<input type="checkbox"/> (8) No charge is made for care
<input type="checkbox"/> (3) Medicaid (Title XIX)	<input type="checkbox"/> (6) VA contract	<input type="checkbox"/> (9) Other (Specify) _____ 49-

b. WHAT WAS THE PRIMARY SOURCE OF PAYMENTS FOR -- CARE LAST MONTH?  
(Mark (X) Only One Box.)

50-1 <input type="checkbox"/> Own income or family support (private plans, retirement funds, social security, etc.)	-4 <input type="checkbox"/> Other public assistance or welfare	-7 <input type="checkbox"/> Initial payment-life care
-2 <input type="checkbox"/> Medicare (Title XVIII)	-5 <input type="checkbox"/> Church support	-8 <input type="checkbox"/> No charge is made for care
-3 <input type="checkbox"/> Medicaid (Title XIX)	-6 <input type="checkbox"/> VA contract	-9 <input type="checkbox"/> Other (Specify) _____ 51-



STAFF QUESTIONNAIRE – PART 1

1973 Nursing Home Survey  
 National Center for Health Statistics  
 Health Resources Administration  
 Rockville, Maryland

OMB # 068-S-72172  
 Expires 7-31-74

26 cc1-4

36

ASSURANCE OF CONFIDENTIALITY – All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	A. ESTABLISHMENT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> cc2	B. LINE NO. <input type="text"/> <input type="text"/> <input type="text"/> cc11
	C. OCCUPATION (CODE FROM STAFF CLASSIFICATION CARD) <input type="text"/> <input type="text"/> cc14-1 cc15	D. IN CHARGE OF SHIFT? NO 1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> cc17

The National Center for Health Statistics of the Health Resources Administration is conducting a nationwide survey in nursing homes. One of the purposes of the survey is to obtain certain information about the staff employed in these facilities. We would appreciate your taking the brief amount of time necessary to complete this questionnaire.

Your answers will be given confidential treatment. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified. After completing the form please return it in the envelope provided.

You may ask questions of the interviewer or by calling 800-638-0856.

1. HOW LONG HAVE YOU WORKED AS A \_\_\_\_\_

a. IN THIS FACILITY?  Years cc20  Months cc22

b. IN OTHER NURSING HOMES, HOMES FOR THE AGED, OR SIMILAR FACILITIES?  Years cc24  Months cc26 OR Mark (X) this box if you have never worked in any other nursing home.

c. IN HOSPITALS?  Years cc28  Months cc30 OR Mark (X) this box if you have never worked in a hospital.

2. WHAT IS YOUR DATE OF BIRTH? \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month cc32,33 Day cc34,35 Year cc36,37

3. HOW MANY HOURS PER WEEK DO YOU USUALLY WORK IN THIS FACILITY?  hours cc38

4. HOW MANY HOURS DID YOU WORK LAST WEEK IN THIS FACILITY?  hours cc40 OR  none

5. BESIDES THE HOURS WORKED IN THIS FACILITY, HOW MANY ADDITIONAL HOURS DID YOU WORK IN YOUR PROFESSION LAST WEEK?  hours cc42 OR  none

6. WHAT IS YOUR SALARY BEFORE DEDUCTIONS FOR THE WORK YOU PERFORM IN THIS FACILITY ONLY?  
 (Mark (X) Only One Box)

\$ \_\_\_\_\_ . \_\_\_\_\_ per cc44

OR

I donate my services cc51-1

52-1  week  
 -2  hour  
 -3  two weeks  
 -4  one month  
 -5  other time period, specify \_\_\_\_\_ 53-

**7. IN ADDITION TO THIS SALARY, DO YOU RECEIVE:**  
(Mark the Yes or No Box for Each Line)

		Yes	No
a. Paid vacation, paid holidays, and/or paid sick leave? . . . . .	54-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
b. Cash bonus? . . . . .	55-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
c. Pension plan in addition to Social Security? . . . . .	56-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
d. Health insurance? . . . . .	57-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
e. Life insurance? . . . . .	58-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
f. Release time for attending training institutes? . . . . .	59-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
g. Civic or personal leave (such as leave for jury duty, military reserves, voting, funerals)? . . . . .	60-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
h. Room? . . . . .	61-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
i. Meals? . . . . .	62-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
j. Other? Specify  _____	63-1	<input type="checkbox"/>	-2 <input type="checkbox"/>

64-

**8. LAST WEEK IN THIS FACILITY, DID YOU PERFORM ANY OF THE FOLLOWING SERVICES:**  
(Mark the Yes or No Box for Each Line)

		Yes	No
a. Administration of the facility? . . . . .	65-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
b. Nursing care? . . . . .	66-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
c. Medical and dental care? . . . . .	67-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
d. Physical therapy? . . . . .	68-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
e. Occupational therapy? . . . . .	69-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
f. Recreational therapy? . . . . .	70-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
g. Speech and hearing therapy? . . . . .	71-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
h. Social work? . . . . .	72-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
i. Clerical work? . . . . .	73-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
j. Kitchen/dietary work, grocery shopping? . . . . .	74-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
k. Housekeeping services? . . . . .	75-1	<input type="checkbox"/>	-2 <input type="checkbox"/>
l. Other? Specify service  _____	76-1	<input type="checkbox"/>	-2 <input type="checkbox"/>

77-

**9. WHAT IS THE HIGHEST GRADE YOU COMPLETED IN SCHOOL?**

	<u>Circle highest grade completed</u>	<u>CARD2</u>
a. College . . . . .	1 2 3 4 5 or more	cc14-2 cc15
b. Nursing school (diploma) . . . . .	1 2 3	cc16
c. Junior college . . . . .	1 2	cc17
d. High school . . . . .	1 2 3 4	cc18
e. Elementary school . . . . .	1 2 3 4 5 6 7 8	cc19

**10a. WHICH OF THE FOLLOWING DEGREES DO YOU HAVE?**  
(Mark all that apply, count completed degrees only)

			b. FOR EACH DEGREE THAT YOU HAVE PLEASE ENTER YOUR MAJOR FIELD OF STUDY	c. IN WHAT YEAR DID YOU RECEIVE EACH DEGREE?
Associate degree or certificate	20-1	<input type="checkbox"/>	cc25,26	19 _____ cc27,28
Bachelor's degree	21-1	<input type="checkbox"/>	cc29,30	19 _____ cc31,32
Master's degree	22-1	<input type="checkbox"/>	cc33,34	19 _____ cc35,36
Doctorate (M. D., D. O., Ph.D., etc.)	23-1	<input type="checkbox"/>	cc37,38	19 _____ cc39,40

If none of these, mark (X) box  and skip to Question 11

24-1

11. HAVE YOU TAKEN ANY NON-DEGREE TRAINING COURSES IN THE PAST YEAR? TRAINING COURSES INCLUDE CLASS SESSIONS AND SEMINARS. DO NOT INCLUDE COURSES FOR DEGREE CREDIT.

42-1  Yes

-2  No (Skip to Question 12)

b. FOR EACH OF THE SUBJECT AREAS LISTED BELOW, INDICATE HOW MANY NON-DEGREE TRAINING COURSES* YOU HAVE TAKEN WITHIN THE PAST YEAR.	c. NUMBER OF COURSES* TAKEN IN PAST 12 MONTHS	
a. Nursing care of the aged or chronically ill		cc43,44
b. Medical or dental care of the aged or chronically ill		cc45,46
c. Mental or social problems of the aged or chronically ill		cc47,48
d. Physical therapy or rehabilitation		cc49,50
e. Occupational therapy		cc51,52
f. Nutrition or food services		cc53,54
g. Nursing home administration		cc55,56
h. Inservice Education		cc57,58
i. Medical records		cc59,60
j. Activity programs for the aged or chronically ill		cc61,62
k. Social services for the aged or chronically ill		cc63,64
l. Pharmacology and care of drugs		cc65,66
m. Other course related to your work Specify _____ 67-		cc68,69

\*Training courses include class sessions and seminars Do not include courses for degree credit.

PLEASE TURN THE PAGE FOR THE NEXT QUESTION.

12. ARE YOU A PHYSICIAN (M.D. OR D.O.)?

- a.  Yes cc71-1  No -2 (Please stop, this is the last question which applies to you. Thank you for your cooperation. Please return the questionnaire in the enclosed postage paid envelope either to the interviewer or to:

Applied Management Sciences  
962 Wayne Avenue, Suite 701  
Silver Spring, Maryland 20910)

- b. DO YOU ATTEND YOUR OWN PRIVATE PATIENTS IN THIS HOME?

CARD3  
cc14-3

- 15-1  Yes → b.1 HOW MANY OF YOUR OWN PRIVATE PATIENTS DO YOU ATTEND IN THIS FACILITY? \_\_\_\_\_ patients  
-2  No cc16

- c. ARE YOU NOW ATTENDING PATIENTS TEMPORARILY IN THIS FACILITY TO COVER FOR THE PATIENT'S OWN PHYSICIAN? 19-1  Yes -2  No

- d. DO YOU TAKE EMERGENCY CALLS FOR ANY PATIENT IN THIS HOME? 20-1  Yes -2  No

- e. DO YOU PROVIDE OTHER DIRECT PATIENT SERVICE IN BEHALF OF THE HOME'S RESPONSIBILITY FOR SECURING SUCH COVERAGES (e.g., ADMISSION EXAMS, PRONOUNCING DEATHS, SECURING MEDICATION AND DIET ORDERS, ETC.)? 21-1  Yes -2  No

- f. DO YOU PROVIDE INSERVICE TRAINING TO THE HOME'S PERSONNEL? 22-1  Yes -2  No

- g. FOR HOW MANY RESIDENTS IN THIS HOME DO YOU PROVIDE MEDICAL CARE? \_\_\_\_\_ residents  
cc23

Thank you for your cooperation. Please return the questionnaire in the enclosed postage paid envelope either to the interviewer or to:

Applied Management Sciences, Inc.  
962 Wayne Avenue, Suite 701  
Silver Spring, Maryland 20910

STAFF QUESTIONNAIRE - - PART II

1973 Nursing Home Survey  
National Center for Health Statistics  
Health Resources Administration  
Rockville, Maryland

OMB # 068-S-72172  
Expires 7-31-74

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	cc1-5										cc11-1									
	A. ESTABLISHMENT NO.										B. LINE NO.					C. OCCU-PATION CODE				
	cc2										cc12					cc15				

The National Center for Health Statistics of the Health Resources Administration is conducting a nationwide survey in nursing homes. One of the purposes of the survey is to obtain certain information about the staff employed in these facilities. We would appreciate your taking the brief amount of time necessary to complete this questionnaire.

Your answers will be given confidential treatment. The information will be used for statistical purposes only, and will be presented in such a manner that no individual person or establishment can be identified.

After completing the form please return it in the envelope provided.

Thank you for your cooperation.

THE FOLLOWING STATEMENTS ARE ABOUT NURSING HOMES AND/OR HOMES FOR THE AGED. FOR EACH OF THE STATEMENTS PRESENTED, MARK (X) THE RESPONSE CATEGORY WHICH MOST NEARLY REPRESENTS YOUR FEELING MARK A BOX FOR EACH STATEMENT.

- DEATHS IN HOMES FOR THE AGED OR NURSING HOMES SHOULD BE MADE AS INCONSPICUOUS AS POSSIBLE AND ANY CONVERSATION ABOUT THEM AMONG RESIDENTS SHOULD BE DISCOURAGED.

A                      B                      C                      D                      E

18-1                         -2                         -3                         -4                         -5  

Strongly agree                      Agree                      Don't know                      Disagree                      Strongly disagree
- RESIDENTS OF HOMES FOR THE AGED SHOULD BE ENCOURAGED TO ENGAGE IN VOLUNTARY ACTIVITIES, E.G., RECEPTIONIST FOR THE HOME, FEEDING AND READING TO OTHER RESIDENTS.

A                      B                      C                      D                      E

19-1                         -2                         -3                         -4                         -5  

Strongly agree                      Agree                      Don't know                      Disagree                      Strongly disagree
- THE FORMATION OF CLIQUES OR SMALL SOCIAL GROUPS SHOULD BE DISCOURAGED IN ANY RESIDENTIAL SITUATION.

A                      B                      C                      D                      E

20-1                         -2                         -3                         -4                         -5  

Strongly agree                      Agree                      Don't know                      Disagree                      Strongly disagree
- SYMPTOMS OF SENILITY ARE ESSENTIALLY PHYSIOLOGICAL AND IT IS LARGELY A WASTE OF VALUABLE STAFF TIME TO ATTEMPT TO ALLEVIATE THEM WITH "SOCIAL THERAPY".

A                      B                      C                      D                      E

21-1                         -2                         -3                         -4                         -5  

Strongly agree                      Agree                      Don't know                      Disagree                      Strongly disagree
- "VACATIONS" FOR RESIDENTS SHOULD BE DISCOURAGED SINCE THEY CAUSE SUCH PROBLEMS IN ADJUSTMENT WHEN THE RESIDENTS RETURN TO INSTITUTIONAL LIVING.

A                      B                      C                      D                      E

22-1                         -2                         -3                         -4                         -5  

Strongly agree                      Agree                      Don't know                      Disagree                      Strongly disagree
- RESIDENTS SHOULD AT ALL TIMES BE SUSCEPTIBLE TO OBSERVATION BY THE STAFF.

A                      B                      C                      D                      E

23-1                         -2                         -3                         -4                         -5  

Strongly agree                      Agree                      Don't know                      Disagree                      Strongly disagree

7. RESIDENTS SHOULD BE DISCOURAGED FROM SHOWING AN INTEREST IN THE OPPOSITE SEX, FOR SUCH BEHAVIOR IS INAPPROPRIATE AT THIS AGE.

	A		B		C		D		E
26-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

8. IT IS A RESPONSIBILITY OF STAFF TO ENCOURAGE RESIDENTS OF HOMES FOR THE AGED TO PARTICIPATE IN COMMUNITY ACTIVITIES WHEREVER POSSIBLE, E.G., HOBBY FAIRS, VOTING, ETC.

	A		B		C		D		E
27-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

9. OLD PEOPLE LIKE AND NEED SIMPLE, EASILY DIGESTED FOODS AND ARE NOT MUCH INTERESTED IN "FRILLS".

	A		B		C		D		E
28-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

10. SOMETIMES RESIDENTS OF NURSING HOMES OR HOMES FOR THE AGED SHOULD BE CHALLENGED TO DO JUST A LITTLE MORE THAN THEY HAVE BEEN DOING, EVEN AT SOME SMALL RISK, E.G., WALKING OUT-OF-DOORS.

	A		B		C		D		E
29-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

11. RULES FOR VISITING HOURS ARE NECESSARY SO THAT THE ROUTINE OF CARE WILL NOT BE INTERRUPTED.

	A		B		C		D		E
30-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

12. ONE OF THE MAJOR DIFFICULTIES THE STAFF RUNS INTO IN WORKING WITH A GROUP OF OLD PEOPLE IS THEIR INSISTENCE THAT PERSONNEL STOP AND LISTEN TO THEIR PROBLEMS OF EVERYDAY LIVING.

	A		B		C		D		E
31-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

13. WE CAN MAKE SOME IMPROVEMENT, BUT BY AND LARGE THE CONDITIONS OF NURSING HOMES ARE ABOUT AS GOOD AS THEY CAN BE, CONSIDERING THE CONDITION OF THE RESIDENTS.

	A		B		C		D		E
32-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

14. IT IS NECESSARY TO DISCOVER THE REASON FOR, NOT JUST TO CONTROL, DISRUPTIVE BEHAVIOR.

	A		B		C		D		E
33-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

15. AN EFFECTIVE WAY OF HANDLING PROBLEMS WHICH ARISE IN THE HOME IN THE COURSE OF DAILY LIVING WOULD BE TO HAVE REGULAR MEETINGS WHERE THE RESIDENTS AIR THEIR GRIPES.

	A		B		C		D		E
34-1	<input type="checkbox"/>	-2	<input type="checkbox"/>	-3	<input type="checkbox"/>	-4	<input type="checkbox"/>	-5	<input type="checkbox"/>
	Strongly agree		Agree		Don't know		Disagree		Strongly disagree

<p>16. RESIDENTS IN HOMES NEED TO BE ENCOURAGED TO MAKE THEIR OWN DECISIONS FOR DAILY LIVING, RATHER THAN BEING CONTROLLED BY ROUTINE.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>37-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	37-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
A	B	C	D	E											
37-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>											
Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>17. THE QUIET RESIDENT IS DEMONSTRATING A GOOD ADJUSTMENT TO THE HOME AND DOES NOT NEED AS MUCH ATTENTION AS THE DEMANDING ONE.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>38-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	38-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
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<p>18. AS SOON AS A PERSON SHOWS SIGNS OF SENILITY HE SHOULD BE PLACED IN A HOME.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>39-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	39-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
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Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>19. WE SHOULD BE SYMPATHETIC WITH OLD PEOPLE, BUT WE CANNOT EXPECT TO UNDERSTAND THEIR ODD BEHAVIOR.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>40-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	40-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
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Strongly agree	Agree	Don't know	Disagree	Strongly disagree											
<p>20. OLD PEOPLE ARE FREQUENTLY KEPT IN NURSING HOMES ALTHOUGH THEY COULD GET ALONG WELL ENOUGH IN THE COMMUNITY.</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">A</td> <td style="width: 20%;">B</td> <td style="width: 20%;">C</td> <td style="width: 20%;">D</td> <td style="width: 20%;">E</td> </tr> <tr> <td>41-1 <input type="checkbox"/></td> <td>-2 <input type="checkbox"/></td> <td>-3 <input type="checkbox"/></td> <td>-4 <input type="checkbox"/></td> <td>-5 <input type="checkbox"/></td> </tr> <tr> <td>Strongly agree</td> <td>Agree</td> <td>Don't know</td> <td>Disagree</td> <td>Strongly disagree</td> </tr> </table>	A	B	C	D	E	41-1 <input type="checkbox"/>	-2 <input type="checkbox"/>	-3 <input type="checkbox"/>	-4 <input type="checkbox"/>	-5 <input type="checkbox"/>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
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Strongly agree	Agree	Don't know	Disagree	Strongly disagree											

Thank you for your cooperation. Please return the form in the enclosed postage paid envelope to:

Applied Management Sciences  
962 Wayne Avenue, Suite 701  
Silver Spring, Maryland 20910

**STAFF CLASSIFICATION CARD**

1973 Nursing Home Survey  
 National Center for Health Statistics  
 Health Resources Administration  
 Rockville, Maryland

OMB # 068-S-72172  
 Expires 7-31-74

WHICH OF THE FOLLOWING JOB CATEGORIES BEST FITS THE JOB WHICH THIS EMPLOYEE DOES IN THIS FACILITY?

- 01. ADMINISTRATOR .....
- 02. PHYSICIAN (M.D. OR D.O.) .....
- 03. DENTIST .....
- 04. PHARMACIST .....
- 05. REGISTERED OCCUPATIONAL THERAPIST .....
- 06. REGISTERED PHYSICAL THERAPIST .....
- 07. ACTIVITIES DIRECTOR .....
- 08. DIETITIAN OR NUTRITIONIST .....
- 09. REGISTERED MEDICAL RECORD ADMINISTRATOR .....
- 10. SOCIAL WORKER .....
- 11. SPEECH PATHOLOGIST AND/OR AUDIOLOGIST .....
- 12. OTHER PROFESSIONAL OCCUPATIONS (INCLUDES INTERN,  
RESIDENT, THERAPEUTIC RECREATOR) .....
- 13. OCCUPATION THERAPIST ASSISTANT .....
- 14. PHYSICAL THERAPIST ASSISTANT .....
- 15. SOCIAL WORKER TECHNICIAN/ASSISTANT .....
- 16. OTHER MEDICAL RECORD ADMINISTRATORS AND TECHNICIANS .....
  
- 17. REGISTERED NURSE .....
  
- 18. LICENSED PRACTICAL NURSE OR LICENSED VOCATIONAL NURSE . . .
  
- 19. NURSE'S AIDE AND ORDERLY .....
  
- 20. CLERICAL, BOOKKEEPING, OR OTHER OFFICE STAFF .....
- 21. FOOD SERVICE PERSONNEL (COOK, KITCHEN HELP, ETC.) .....
- 22. HOUSEKEEPING AND MAINTENANCE PERSONNEL (MAID,  
LAUNDRYMAN, MAINTENANCE MAN, ETC.) .....
- 23. JOB OTHER THAN THOSE LISTED ABOVE (PLEASE SPECIFY JOB  
TITLE ON THE INDIVIDUAL LINE OF STAFF CONTROL RECORD) .....

**GROUP A**  
 Enter in Column i  
 of Staff Control Record

**GROUP B**  
 Enter in Column j  
 of Staff Control Record

**GROUP C**  
 Enter in Column k  
 of Staff Control Record

**GROUP D**  
 Enter in Column l  
 of Staff Control Record

**GROUP E**  
 Enter in Column m  
 of Staff Control Record



**STAFF CONTROL RECORD**

1973 Nursing Home Survey  
National Center for Health Statistics  
Health Resources Administration  
Rockville, Maryland

Sheet \_\_\_\_ of \_\_\_\_

GMB #F085 7211/  
Expires 7 31 74

ASSURANCE OF CONFIDENTIALITY - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.

cc13 cc2  
ESTABLISHMENT NO

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LINE NR.	STAFF	SEX	ETHNIC BACKGROUND						EMPLOYER	HOURS WORKED		OCCUPATION					LINE NR.		
			Mate	Female	1	2	3	4		5	6	1	2	01 16	17	18		19	20 21
(a) cc11 13	(b) List below the names of all persons who are on the staff of the facility or are employed under contract  Include members of religious organizations and orders who donate their services  List administrator and assistant administrator.  Exclude volunteers  List persons in charge of a shift on the top three lines	(c) Home telephone number of SA/NP/LE employees  Area code ( )	(d) cc14		(e) cc15						(f) cc16	(g) cc17		(h) cc18,19					
					Case	Oriental	Span Amer	Amer Indian	Other	Staff Contract	Full time	Part time	Enter Code From Staff Classification Card						
													Group A	Group B	Group C	Group D	E		
													SW	SW	SW	SW	LIST, BUT DO NOT SAMPLE		
													TE	TE	TE	TE			
													Circle Sample Persons	Circle Sample Persons	Circle Sample Persons	Circle Sample Persons			
													No Employed cc11	No Employed cc15	No Employed cc19	No Employed cc23	No Employed cc27		
													No In Sample cc31	No In Sample cc35	No In Sample cc39	No In Sample cc43			
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If more lines are needed CONTINUE ON BACK

Continue sampling pattern ON BACK

LINE NR	STAFF		SEX	ETHNIC BACKGROUND						EMPLOYER		HOURS WORKED		OCCUPATION					LINE NR
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If more lines are needed USE A NEW SHEET and renumber the lines beginning with # 101

and continue sampling pattern

**APPENDIX IV**  
**CRITERIA FOR CLASSIFYING NURSING HOMES ACCORDING  
TO LEVEL OF NURSING CARE**

**Types of Facilities Included  
in the Survey**

Institutions included in the 1973-74 Nursing Home Survey were those classified as either nursing care homes or personal care homes with nursing according to data collected in the 1971 Master Facility Inventory Survey<sup>8</sup> conducted by the National Center for Health Statistics.

Definitions for these two classes of nursing homes were as follows:

*Nursing Care Home*

- Fifty percent or more of the residents received nursing care during the week prior to the survey. (Nursing care is defined as the provision of one or more of the following services: taking temperature-pulse-respiration or blood pressure; full bed bath; application of dressings or bandages; catheterization; intravenous, intramuscular, or hypodermic injection; nasal feeding; irrigation; bowel and bladder retraining; oxygen therapy; and enema.)
- At least one full-time (35 or more hours per week) registered nurse (RN) or licensed practical nurse (LPN) was employed.

*Personal Care Home with Nursing*

- Some, but less than 50 percent of the residents received nursing care during the week prior to the survey.
- At least one full-time RN or LPN was employed.

or

- Some of the residents received nursing care during the week prior to the survey.
- No full-time RN or LPN was employed.
- The institution either:

Provided administration of medicines or supervision over self-administered medicines,

or

Provided assistance with three or more activities for daily living (such as help with tub bath or shower; help with dressing, correspondence, or shopping; help with walking or getting about; and help with eating).



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