



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

The Centers for Disease Control and Prevention conducts the National Post-acute and Long-term Care Study (NPALS). Please complete this questionnaire about the adult day services center at the location listed below.

- Due to the COVID-19 pandemic, we understand services at this center may be temporarily or permanently suspended, reduced, or offered through alternative methods, and fewer people may be receiving services on a regular basis. Although some questions may be difficult to answer at this time, please complete the survey to the best of your ability.
- If this adult day services center is associated with another adult day services center or is part of a facility or campus that offers multiple levels of care, please answer only for the adult day services portion operating at the location listed below.
- Please consult records and other staff as needed to answer questions.
- If you need assistance or have questions, go to <https://www.cdc.gov/nchs/npals/index.htm> or call 1-855-500-1435.
- Thank you for taking the time to complete this questionnaire.

CASE ID  
DIRECTOR'S NAME OR "CURRENT DIRECTOR"  
FACILITY NAME, LICENSE NUMBER  
FACILITY PHYSICAL STREET ADDRESS  
CITY, ST ZIP

Please provide your contact information. Your information may be used for contact related to participation in current and future NPALS waves and will be kept confidential. **PLEASE PRINT**

Your name	First Name	<input type="text"/>	Last Name	<input type="text"/>			
Your work telephone number, with extension	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Ext.	<input type="text"/>
Your work e-mail address	<input type="text"/>						
Your job title	<input type="text"/>						

Notice – CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0943). Assurance of Confidentiality – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151 and 151 note) which protects Federal information systems from cybersecurity risks by screening their networks.

National Center for Health Statistics  
Division of Health Care Statistics



<input type="text"/>							
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9. Of this center's revenue from paid participant fees, about what percentage comes from each of the following sources? *Your entries should add up to 100%. Enter "0" for any sources that do not apply.*

a. Medicaid (include revenue from Medicaid state plans, Medicaid waivers, Medicaid managed care, or California regional centers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
b. Medicare (include Medicare Advantage and Traditional or Original Medicare)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
c. Older Americans Act/Title III	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
d. Veteran's Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
e. Other federal, state, or local government	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
f. Out-of-pocket payment by the participant or family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
g. Private insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
h. Other source	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>%</b>

**NOTE: Your entries should add up to 100%.**

10. An Electronic Health Record (EHR) is a computerized version of the participant's health and personal information used in the management of the participant's health care. Other than for accounting or billing purposes, does this adult day services center use Electronic Health Records?

Yes  
 No → Skip to question 14

11. What is the name of your Electronic Health Records system? **MARK ALL THAT APPLY**

American HealthTech  
 CADCARE (RTZ Systems)  
 Eldermark  
 MatrixCare  
 PointClickCare  
 Storricare  
 WellSky (formerly ADS data systems)  
 Yardi  
 Other (please specify) →

Don't know

12. Does this adult day services center use Electronic Health Records for each of the following? **MARK YES OR NO IN EACH ROW**

	Yes	No
a. Record participant demographics	<input type="radio"/>	<input type="radio"/>
b. Record clinical notes	<input type="radio"/>	<input type="radio"/>
c. Record participant medications and allergies	<input type="radio"/>	<input type="radio"/>
d. Record participant problem list	<input type="radio"/>	<input type="radio"/>
e. Record individual service plans	<input type="radio"/>	<input type="radio"/>
f. View lab results	<input type="radio"/>	<input type="radio"/>
g. View imaging results	<input type="radio"/>	<input type="radio"/>
h. Order prescriptions	<input type="radio"/>	<input type="radio"/>

13. Does this adult day services center's Electronic Health Records system support electronic health information exchange with each of the following providers? *Do not include faxing.* **MARK YES OR NO IN EACH ROW**

	Yes	No
a. Physician	<input type="radio"/>	<input type="radio"/>
b. Pharmacy	<input type="radio"/>	<input type="radio"/>
c. Hospital	<input type="radio"/>	<input type="radio"/>
d. Skilled nursing facility, nursing home, or inpatient rehabilitation facility	<input type="radio"/>	<input type="radio"/>
e. Other long-term care provider	<input type="radio"/>	<input type="radio"/>

14. Is this a specialized center that serves only participants with particular diagnoses, conditions, or disabilities?

Yes  
 No → Skip to question 16

15. In which of the following diagnoses, conditions, or disabilities does this center specialize? **MARK YES OR NO IN EACH ROW**

	Yes	No
a. Alzheimer's disease or other dementias	<input type="radio"/>	<input type="radio"/>
b. Intellectual and other developmental disabilities	<input type="radio"/>	<input type="radio"/>
c. Multiple sclerosis	<input type="radio"/>	<input type="radio"/>
d. Parkinson's disease	<input type="radio"/>	<input type="radio"/>
e. Severe mental illness	<input type="radio"/>	<input type="radio"/>
f. Traumatic brain injury	<input type="radio"/>	<input type="radio"/>
g. Other (please specify) →	<input type="radio"/>	<input type="radio"/>

16. In the last 12 months, did this center use any of the following types of telehealth tools to assess, diagnose, monitor, or treat participants? **MARK YES, NO, OR DON'T KNOW IN EACH ROW**

	Yes	No	Don't Know
a. Telephone audio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Videoconference software with audio (e.g., Zoom, Webex, FaceTime)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the last 12 months, did this center have any of the following challenges implementing or using telehealth? **MARK YES, NO, DON'T KNOW, OR NOT APPLICABLE IN EACH ROW**

	Yes	No	Don't Know	Not Applicable
a. Limited internet access and/or speed issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tools not easy to use or did not meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not appropriate for serving your participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Limitations in access to technology (e.g., smartphone, computer, tablet, Internet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Participants' difficulty using technology/telehealth platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Staff difficulty using technology/telehealth platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Reimbursement or cost issues associated with devices or telehealth platform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Limited staff available to provide telehealth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does this center have the following infection control policies and practices? **MARK YES OR NO IN EACH ROW**

	Yes	No
a. Have a written Emergency Operations Plan that is specific to or includes pandemic response	<input type="radio"/>	<input type="radio"/>
b. Have a designated staff member or consultant responsible for coordinating the infection control program	<input type="radio"/>	<input type="radio"/>
c. Offer annual influenza vaccination to participants	<input type="radio"/>	<input type="radio"/>
d. Offer annual influenza vaccination to all employees or contract staff	<input type="radio"/>	<input type="radio"/>
e. Offer COVID-19 vaccination to participants	<input type="radio"/>	<input type="radio"/>
f. Offer COVID-19 vaccination to all employees or contract staff	<input type="radio"/>	<input type="radio"/>

## Services Offered

19. When does this adult day services center screen each participant with a standardized tool for each of the following? **MARK ALL THAT APPLY IN EACH ROW**

	Routinely at or after admission	Routinely when condition changes	Case by case	Does not screen
a. Cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
b. Fall risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

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20. Services currently offered by this center can include services offered at this physical location, at a participant's residence, or virtually (on-line or by telephone). For each service listed below... **MARK ALL THAT APPLY IN EACH ROW**

This adult day services center...	Provides the service by paid center employees or Arranges for the service to be provided by outside service providers	Refers participants or family to outside service providers	Does not provide, arrange, or refer for this service
a. Hospice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
b. Palliative care services—treatment of the pain, discomfort, and symptoms of serious illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
c. Social work services—provided by licensed social workers or persons with a bachelor's or master's degree in social work, and may include an array of services such as psychosocial assessment, individual or group counseling, support groups, and referral services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
d. Mental or behavioral health services—target participants' mental, emotional, psychological, or psychiatric well-being and may include diagnosing, describing, evaluating, and treating mental conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
e. Therapy services—physical, occupational, or speech therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
f. Pharmacy services—including filling of or delivery of prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
g. Dietary and nutritional services—including meal pickup or delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
h. Skilled nursing services—must be performed by an RN, LPN, or LVN and are medical in nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
i. Transportation services for medical or dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
j. Daily round trip transportation services to or from this center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
k. Routine and emergency dental services by a licensed dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

## Participant Profile

When answering questions 21-26, include all participants on this center's roster, no matter how frequently they attend, if they are receiving services at their residence or virtually (on-line or by telephone), if they share an enrollment spot, or if the center has temporarily closed or suspended services due to COVID-19.

21. During the **last 30 days**, for how many of the participants **currently enrolled** at this adult day services center did Medicaid pay for some or all of their services received at this center? *Include any participants that received funding from a Medicaid state plan, Medicaid waiver, Medicaid managed care, or California regional center. If none, enter "0."*

Number of participants

22. Of the participants **currently enrolled** at this center, about how many have been diagnosed with dementia or Alzheimer's disease? **If none, enter "0"**.

Number of participants

23. In the last 12 months, how many coronavirus disease (COVID-19) cases did this center have among participants? **If none, enter "0".**

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Number of COVID-19 cases

→ If you answered "0", skip to **question 25**

→24. Of the COVID-19 cases among participants, how many cases resulted in each of the following? **Enter "0" if none or select don't know if you do not know the number.**

	Number of COVID-19 Cases	Don't Know			
a. Hospitalization	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<input type="radio"/>
b. Death	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<input type="radio"/>

25. Of the participants currently enrolled at this center, what is the age breakdown? **Enter "0" for any categories with no participants.**

	Number of Participants				
a. Under 65 years	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
b. 65–74 years	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
c. 75–84 years	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
d. 85 years or older	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<b>TOTAL</b>	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

**NOTE:** Total should be the same as the number of participants provided in question 3.

26. Of the participants currently enrolled at this center, what is the racial-ethnic breakdown? *Count each participant only once. If a non-Hispanic participant falls under more than one category, please include them in the "Two or more races" category.* **Enter "0" for any categories with no participants.**

	Number of Participants				
a. Hispanic or Latino, of any race	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
b. Two or more races, not Hispanic or Latino	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
c. American Indian or Alaska Native, not Hispanic or Latino	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
d. Asian, not Hispanic or Latino	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
e. Black, not Hispanic or Latino	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
g. White, not Hispanic or Latino	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
h. Some other category reported in this center's system	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
i. Not reported (race and ethnicity unknown)	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<b>TOTAL</b>	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				

**NOTE:** Total should be the same as the number of participants provided in question 3.

## Staff Profile

27. An individual is considered an employee if the center is required to issue a Form W-2 federal tax form on their behalf. For each staff type below, indicate how many full-time employees and part-time employees this center currently has. *Include employees who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).* **Enter "0" for any categories with no employees.**

	Number of Full-Time Employees	Number of Part-Time Employees						
a. Registered nurses (RNs)	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
e. Activities directors or activities staff	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

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28. Contract or agency staff refer to individuals or organization staff under contract with and working at this center but are not directly employed by the center. Does this center have any nursing, aide, social work, or activities contract or agency staff? *Include contract staff who work at this physical location, at a participant's residence, or virtually (on-line or by telephone).*

- Yes  
 No → Skip to **question 30**

▶29. For each staff type below, indicate how many full-time contract or agency staff and part-time contract or agency staff this center currently has. *Do not include individuals directly employed by this center.*  
**Enter "0" for any categories with no contract or agency staff.**

	Number of Full-Time Contract or Agency Staff	Number of Part-Time Contract or Agency Staff
a. Registered nurses (RNs)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b. Licensed practical nurses (LPNs) / licensed vocational nurses (LVNs)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Social workers—licensed social workers or persons with a bachelor's or master's degree in social work	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e. Activities directors or activities staff	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

30. In the last 12 months, how many coronavirus disease (COVID-19) cases did this center have among employees or contract staff? **Enter "0" if none.**

Number of COVID-19 cases

→ If you answered "0", skip to **question 32**

▶31. Of the COVID-19 cases among employees or contract staff, how many cases resulted in each of the following? **Enter "0" if none or select don't know if you do not know the number.**

	Number of COVID-19 Cases	Don't Know
a. Hospitalization	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>
b. Death	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>

*The next series of questions asks about aide employees, which includes certified nursing assistants, nursing assistants, home health aides, home care aides, personal care aides, personal care assistants, and medication technicians or medication aides. Contract workers are **not** to be included in your answers.*

32. Does this center offer the following benefits to full-time aide employees?

**MARK YES OR NO IN EACH ROW**

	Yes	No
a. Health insurance for the employee only	<input type="radio"/>	<input type="radio"/>
b. Health insurance that includes family coverage	<input type="radio"/>	<input type="radio"/>
c. Life insurance	<input type="radio"/>	<input type="radio"/>
d. A pension, a 401(k), or a 403(b)	<input type="radio"/>	<input type="radio"/>
e. Paid personal time off, vacation time, or sick leave	<input type="radio"/>	<input type="radio"/>
f. Reimburse/pay for initial training	<input type="radio"/>	<input type="radio"/>

33. How many hours of training does this center require aide employees to have for each of the following?

**If none, enter "0".**

	Number of hours
a. Prior to providing care to participants	<input type="text"/> <input type="text"/> <input type="text"/>
b. On-going continuing education or annual in-service training	<input type="text"/> <input type="text"/> <input type="text"/>

34. How often does this center offer training to prepare aide employees for each of the following aspects of their jobs? Include any training offered when becoming an aide and any training offered since aides started working.  
**MARK ONLY ONE RESPONSE IN EACH ROW**

	Training is always offered	Training is offered occasionally or as needed	Training is offered rarely or never	Don't Know
a. Discussing participant care with participants' families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dementia care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working with participants that act out or are abusive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Preventing personal injuries at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. End of life issues (advance care planning and help families cope with grief)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Relating to participants of different cultures or ethnicities, or with different values or beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Information on COVID-19**

35. In the last 12 months, how often did this center use each of the following practices or policies to prevent or manage COVID-19 infections, whether or not there were any presumptive positive or confirmed COVID-19 cases?  
**MARK ONLY ONE RESPONSE IN EACH ROW**

	Always	Some of the time or as needed	Rarely or never	Don't Know
a. Screened participants daily for fever or respiratory symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Limited hours or temporarily closed this center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Experienced shortages of eye protection, gloves, face masks, or isolation gowns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Experienced shortages of N95 respirators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Experienced shortages of test kits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Imposed restrictions on family and relatives entering the building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Imposed restrictions on visitors or volunteers entering the building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Imposed restrictions on non-essential consultant personnel (e.g., barbers, delivery personnel) entering the building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Please return your questionnaire in the enclosed return envelope or mail it to:  
 NPALS  
 RTI International  
 ATTN: Data Capture  
 5265 Capital Boulevard  
 Raleigh, NC 27690

Thank you for participating in the  
 2022 National Post-acute and  
 Long-term Care Study.

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