

2004 CONTROL CARD INTERVIEW			
Negative Number Response Codes Key		Variable Name Highlighted Grey = Variable not included in data set.	
	-4/B = Break off	-7/V = Invalid skip (CAPI)	
	-5/S = Legitimate skip on path	-8 = Don't know (D)	
	-6/M = Non-response (Unit)	-9 = Refused (R)	
VERIFY CASE			
Name: CASEID	Length	8	<input type="checkbox"/> Case ID
Name: I_FULLNA	Length	42	<input type="checkbox"/> Full Name
Address:			
HNO	Length	10	<input type="checkbox"/> Household number
HNSUF	Length	3	<input type="checkbox"/> Household number suffix
STRNAME	Length	33	<input type="checkbox"/> Street name
UNITDES	Length	20	<input type="checkbox"/> Unit designation
PO	Length	22	<input type="checkbox"/> City
ST	Length	2	<input type="checkbox"/> State
ZIP5	Length	5	<input type="checkbox"/> Zip 5
ZIP4	Length	4	<input type="checkbox"/> Zip 4
PHYSDES	Length	99	<input type="checkbox"/> Physical description of housing unit
Phone:			
AREA	Length	3	<input type="checkbox"/> Area Code
PREFIX	Length	3	<input type="checkbox"/> Telephone number prefix
SUFFIX	Length	4	<input type="checkbox"/> Telephone number suffix
VERIFICATION CHECK			
			<input type="checkbox"/> Telephone Interview - SKIP TO DIAL CHECK (DT_DIAL_CHK)
			<input type="checkbox"/> Personal Visit Interview
			<input type="checkbox"/> Incorrect Date/Time - SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW, remains unchanged
			<input type="checkbox"/> Incorrect Case - SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW, remains unchanged
VERIFY	Length	2	<input type="checkbox"/> Additional address information for FR, returns to VERIFY CASE
IN PERSON INTERVIEW			
FR: PLEASE SELECT AN OPTION BELOW:			
(1) Someone answers			<input type="checkbox"/> Someone Answers - SKIP TO CAPI STATUS CHECK (STATUS)
(2) No contact; no one home			<input type="checkbox"/> No one home - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW and set = 23
(3) No such address; sample person not at this address			<input type="checkbox"/> No such address; SP not at this address - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW and set = 18
(4) Do not continue			<input type="checkbox"/> Do not continue - SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW, remains unchanged
KNOCK	Length	2	
DIAL CHECK			
FR: YOU ARE SUPPOSED TO HAVE SUPERVISORY PERMISSION TO CONDUCT A PHONE INTERVIEW. OCCASSIONALLY THE SAMPLE PERSON INSISTS ON DOING THE INTERVIEW ON THE PHONE. ATTEMPT TO CONVERT THEM TO A FACE-TO-FACE INTERVIEW. SEE THE CONVERSION SCRIPTS BELOW. ATTEMPT CONVERSION TO FACE-TO-FACE INTERVIEW.			
CONVERSION 1: It is important that we do this interview in person if at all possible. A personal interview allows the use of visual aids, and makes it easier to explain and clarify questions. Why do you want to do this interview by phone?			
CONVERSION TIME: The interview will actually be shorter if you are able to actually see some of the answers rather than having me read them to you.			
CONVERSION FEAR:			
Could we conduct this interview in a public place like a senior citizen's center or coffee shop? I will come with identification from the Census Bureau so that you will know who I am and a copy of the letter you received so that you will know this is legitimate.			
			<input type="checkbox"/> Permission received
			<input type="checkbox"/> No permission, MUST do in person interview - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW and set = 24
DT_DIAL_CHK	Length	1	<input type="checkbox"/> Insisted On Phone Interview now
WARNING!			
FR: THE DETERMINATION OF QUARTERS SHOULD BE DONE BY YOUR ON-SITE INSPECTION OF THE SAMPLE PERSON'S RESIDENCE. IF YOU CANNOT MAKE AN ON-SITE INSPECTION BEFORE CONTINUING WITH THE INTERVIEW AND HAVE NO KNOWLEDGE OF THE SAMPLE PERSON'S RESIDENCE BASED ON A PRIOR VISIT, THEN ASK THE SAMPLE PERSON.			
ADDRESS CHECK			
FR: ARE YOU FAMILIAR WITH THIS ADDRESS?			
DT_ADDRESS_CHK	Length	1	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
TELEPHONE INTERVIEW			
FR: DIAL TELEPHONE NUMBER, RECORD RESPONSE			
			<input type="checkbox"/> Someone Answers
			<input type="checkbox"/> No contact (answer machine/busy) - SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW, remains unchanged
			<input type="checkbox"/> New number or phone disconnected - Call directory assistance - SKIP BACK TO VERIFY CASE
DIAL	Length	1	<input type="checkbox"/> Not attempted now - SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW remains
CAPI STATUS CHECK			
<i>Check contact history to start interview at appropriate point. If LTC_FLAG equals 1, 2 or 3 - SKIP TO QUESTION 2 (DT_READY), or next unanswered question. If LTC_FLAG has not been set, continue.</i>			
STATUS			
DETAILED QUARTERS			
FR: IF THE SAMPLE PERSON IS IN AN INSTITUTION OR OTHER GROUP FACILITY, GO TO THE FRONT DESK. INTRODUCE YOURSELF. SHOW YOUR IDENTIFICATION CARD. ASK TO SPEAK TO ADMINISTRATOR. IF THE ADMINISTRATOR HAD NOT RECEIVED THE LETTER SIGNED BY THE DIRECTOR OF THE CENSUS BUREAU, PLEASE HAND THE ADMINISTRATOR A COPY OF THE L3 LETTER AND ITS ENCLOSURE.			
0.	We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. Does [SAMPNAME] live here?		
DT_Q_OPEN	Length	2	<input type="checkbox"/> Yes
			<input type="checkbox"/> No - SKIP TO 1a (DT_HASMNAME)
			<input type="checkbox"/> Deceased. If SC_OUTCOME = 405, set DT_OUTCOME AT END OF DETAILED INTERVIEW = 850 and DT_REASON = 9 - SKIP TO 1b1 (DEA_01_M)
NOTE -- SCREENER and CONTROL CARD QUARTERS MERGED			
Quarters information for some observations was collected in the Screener Quarters section during a personal visit Screener interview, and the Control Card Quarters section was skipped on-path. To be consistent with prior waves, we have copied the Screener Quarters information for these respondents into the Detailed Quarters variables. In these cases, LTC_FLAG_SPV is copied into LTC_FLAG.			
0a.	CAPI: If DT_INTYPE equals <P> or (DT_INTYPE equals <T> and DT_ADDRESS_CHK equals <1>) display:		
	FR: DO NOT READ ALOUD. CLASSIFY THE LIVING QUARTERS OF THE SAMPLE PERSON.		
	CAPI: If DT_INTYPE equals <T> and DT_ADDRESS_CHK equals <2> display:		
	FR: ASK THE RESPONDENT:		
	What type of residence does [SAMPNAME] live in?		
	FR: PROBE AS NECESSARY. CLASSIFY THE LIVING QUARTERS OF THE		

SAMPLE PERSON BASED ON THE HELP SCREEN AND THE RESPONSE.

QUARTER1_R Length 2

- 1 Housing Unit
 - 2 Staff quarters in institution - SKIP TO LTC FLAG (LTC_FLAG) and set = 2
 - 3 Assisted Living Community, Continuing Care Retirement Community, or Congregate Care Facility
 - 4 Active Adult Community/Senior Complex - (Specify in DT_QUARTERS_S1 below)
 - 5 Quarters, not a HU, in a foster or family care home, or group home, convent or commune - SKIP TO 0d (UNREL)
 - 6 Resident's unit in nursing, convalescent or rest home, or home for the aged (Nonstaff) - SKIP TO 0e (NURSE)
 - 7 Nursing wing or unit of Continuing Care Retirement Community
 - 8 Patient's unit in mental or other long-stay hospital - SKIP TO 0e (NURSE)
 - 9 Nonstaff unit in other institution (Specify in DT_QUARTERS_S2 below) - SKIP TO 0e (NURSE)
 - 10 Inmate's unit in correctional/detention facility - SKIP TO END OF DETAILED INTERVIEW and set DT_REASON = 8
- Specify Quarters
 Specify Nonstaff Unit

DT_QUARTERS_S1 Length 30
 DT_QUARTERS_S2 Length 30

>HELP SCREEN< [REFERENCE]

1. Housing Unit - The living quarters (rooms, group of rooms, house, etc.) occupied by persons who live or eat together is a housing unit if it meets two requirements: separateness and direct access.

Separateness: The occupants live and eat separately from all other households on the property.

Direct Access: Either an entrance to the unit directly from the outside of the structure, or an entrance to the unit from a hall, lobby or vestibule which is within the structure and used by the definition. Rather, more than one unit. This means that the hall, lobby or vestibule is not part of any unit; it must be clearly separate from all units in the structure. It may be furnished or unfurnished. Any room that serves the same purpose as a hotel lobby may be considered a common hall provided it is not part of any unit.

A unit does not have direct access if the only entrance to the unit is through a room or a hall of another unit.

2. Staff Quarters in an Institution - A residential unit in an institution that is provided to staff or employees of the institution. The institution can be a nursing home, assisted living facility, mental or long stay hospital, or a correctional facility. Anytime this living quarter is checked, you will need to provide a description of the living quarter. The description should include the type of institution where the sample person is living.

3. Assisted Living Community

This could be a Retirement Home, Elderly Community, Independent Living Community, Group Home, etc., with varying degrees of assistance available to the sample person. Some assisted-living communities will group residents into different "levels" of care. Housing in assisted-living communities includes cottages, apartments and something resembling nursing home rooms. If you enter that the sample person lives in an Assisted Living Community, you will verify this with the respondent. If the respondent agrees that the living quarters are in an Assisted Living Community, you will next ask a series of questions to determine the level of care the sample person is receiving.

4. Active Adult Community/Senior Apartment Complex - These places are age-restricted housing (often 55 and older) which may offer some services, such as meals or social activities, but usually do not provide assistance with activities of daily living, such as help with dressing and bathing.

5. Quarters, Not a Housing Unit, in a Rooming or Boarding House, Convent, Commune, Foster or Family Care Home, Group Home, Community Residential Facility, Etc.

Group Home - A group of five or more unrelated persons living together who pool their resources but have no regular arrangements for contributing to expenses.

Convents, Monasteries, and Other Residences for Religious Orders - A place is a convent or monastery if it is officially called a convent or monastery, regardless of the number of persons in the place. "Official" means that there is a sign or a name on the mailbox, such as "St. Joseph's Convent," or the group consider the place to be a convent or monastery.

Commune - These are residences, such as foster homes and board-and-care homes, that provide a home environment in the community for the elderly, handicapped, and functionally disabled as an alternative to institutional care. The occupants must own or rent their living quarters. Some supportive services are offered, such as supervision of diet and self-administered medication, assistance with housekeeping, and arrangement of transportation and recreational activities. Services do not include continual nursing care, medical care or psychiatric care by staff members. Meals may or may not be provided.

Boarding House - An establishment which has five or more units for rent to boarders and which serves regular meals to the residents who pay a combined rate for their room and meals on a weekly or monthly basis. The proprietor may or may not eat with the boarders.

6. Resident's Unit in Nursing, Convalescent or Rest Home, or Home for the Aged (Non-staff)

- Commercial home for the aged
- County home, almshouse, poor farm, etc.
- Fraternal or religious home for the aged
- Home or school for the blind or deaf
- Soldiers' or sailors' home
- Veterans' Administration home (domiciliary care)

7. Nursing Wing or Unit of a Continuing Care Retirement Community (CCRC) - These places offer skilled nursing care on the same level as a nursing home. If you have sufficient information from the address or some other source that the sample person resides in the nursing wing of the CCRC, mark this box.

8. Patient's Unit in Mental or Other Long-stay Hospital

- Chronic or cancer hospital
- Home for incurables, or hospice
- Home for mental convalescents
- Home or training school for mentally handicapped
- Home, training school, colony, or village for epileptics
- Hospital for the treatment of alcoholics or drug addicts
- Private, State, Federal, County, City, or Veterans' Administration hospital or sanatorium for mentally ill
- Tuberculosis sanatorium

9. Non-staff Unit in Other Institution - A non-staff residential unit within an institution. This classification should only be used when the sample person's living quarters cannot be classified in any of the existing categories. Anytime this living quarter category is checked, you will need to provide a description of the living quarters. The description should include the type of institution where the sample person is living.

10. Inmate's Unit in Correctional/Detention Facility

- County or city jail, workhouse, or penitentiary
- State, Federal, county, or city prison farm or camp
- State, Federal, county or municipal training or industrial school
- Federal Detention headquarters
- Private school for delinquents such as "House of Good Shepherd," "Boys Town," etc.
- State or Federal penitentiary, prison, or reformatory

0b. Is [SAMPNAME]'s residence located in an Assisted Living Facility, Continuing Care Retirement Community, or a Congregate Care Facility?

RETIRE1 Length 2

- 1 Yes
- 2 No - SKIP TO 0d (UNREL)
- 8, -9 Don't Know, Refused - SKIP TO 0d (UNREL)

>HELP SCREEN< [REFERENCE]

An assisted-living community could be a Retirement Home, Elderly Community, Independent Living Community, Group Home, etc., with varying degrees of assistance available to the sample person. Some assisted-living communities will group residents into different "levels" of care. If you enter that the sample person lives in an Assisted Living Community, you will verify this with the respondent. If the respondent agrees that the living quarters are in an Assisted Living Community, you will next ask a series of questions to determine the level of care the sample person is receiving.

0c. Does the Assisted Living Facility, Continuing Care Retirement Community, or Congregate Care Facility provide any of following services to [SAMPNAME].

(1) Preparation of meals
 RETIRE21

Length 2

- 1 Yes
- 2 No
- 8, -9 Don't Know, Refused

(2) Housekeeping RETIRE22	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(3) Help with eating RETIRE23	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(4) Help with moving around RETIRE24	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
(5) Substantial nursing care of any kind RETIRE25	Length 2	1 <input type="checkbox"/> Yes - SKIP TO LTC FLAG (LTC_FLAG) 2 <input type="checkbox"/> No - SKIP TO LTC FLAG (LTC_FLAG) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 0e (NURSE)
0d. Are there three or more unrelated persons living at (FILL address)? UNREL	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO LTC FLAG (LTC_FLAG) -8, -9 <input type="checkbox"/> Don't Know, Refused
0e. Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professional on duty every day at this address? NURSE	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
>HELP SCREEN< [REFERENCE] The purpose of this question is to determine whether the sample person's quarters should be classified as an institution. In order to mark the item NURSE as "Yes," a health professional is on duty every day, a health care professional must be on duty for 24 hours of every day. This includes weekends as well as weekdays. If not, then, the correct answer would be "No," a health professional is not on duty everyday. Even if a health care professional is on duty when needed or only visits for certain hours on given days, the response is still "No." Note: Question 0f not used in 2004.		
LTC FLAG <i>CAPI: If response (5) to 0c above (RETIRE25 = 1) is marked 'yes' or 0e (NURSE = 1) is marked 'yes', set flag equal to '1'. Otherwise, set flag equal to '2'. [Note: code '2' is recoded to '3' in the Caregiver Selection section if a caregiver is selected.]</i>		
LTC_FLAG	Length 2	1 <input type="checkbox"/> Institutional Interview 2 <input type="checkbox"/> Community Interview without Caregiver - SKIP TO DT CKDETAIL (DT_CKDETAIL) 3 <input type="checkbox"/> Community Interview with Caregiver - SKIP TO DT CKDETAIL (DT_CKDETAIL)
0g. What is the name of this facility? DT_Q_INSTNAME	Length 40	1 <input type="checkbox"/> Facility Name -8, -9 <input type="checkbox"/> Don't Know, Refused
DT CKDETAIL <i>CAPI displays one of the following based on DT_CKDETAIL: If RETIRE1 not equal <1> and LTC_FLAG equals <2> then DT_CKDETAIL = 1. If RETIRE1 not equal <1> and LTC_FLAG equals <1> then DT_CKDETAIL = 2. If RETIRE1 equals <1> and LTC_FLAG equals <2> then CK_DETAIL = 3. If RETIRE1 equals <1> and LTC_FLAG equals <1> then CK_DETAIL = 4.</i>		
DT_CKDETAIL	Length 2	1 <input type="checkbox"/> Community Interview 2 <input type="checkbox"/> Institutional Interview 3 <input type="checkbox"/> Community Interview for ALC Resident 4 <input type="checkbox"/> Institutional Interview for ALC Resident
0h. <i>CAPI displays a note based on DT_CKDETAIL: NOTE TO INTERVIEWER: THIS WILL BE A COMMUNITY INTERVIEW. THIS WILL BE A COMMUNITY INTERVIEW FOR AN ASSISTED LIVING RESIDENT. THIS WILL BE AN INSTITUTIONAL INTERVIEW. THIS WILL BE AN INSTITUTIONAL INTERVIEW FOR AN ASSISTED LIVING RESIDENT. FR: ARE YOU NOW SPEAKING WITH INSTITUTIONAL STAFF?</i>		
DT_Q_STAFF	Length 2	1 <input type="checkbox"/> Yes - If LTC_FLAG = 1, SKIP TO 4b (INTRO A); ELSE SKIP TO 0j (DT_Q_ADMCLOSE) 2 <input type="checkbox"/> No - If LTC_FLAG = 2, SKIP TO DT INTRO; ELSE CONTINUE TO 0i (DT_INST_APPT)
0i. FR: YOU MUST CONDUCT THE NEXT PORTION OF THE INTERVIEW WITH A FACILITY ADMINISTRATOR OR NURSING ASSISTANT. IS ONE OF THEM AVAILABLE NOW?		
DT_INST_APPT	Length 2	1 <input type="checkbox"/> Yes - SKIP TO IAD WHO1 (IAD_WHO1) 2 <input type="checkbox"/> No - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW
0j. Administration Close Thank you very much for your help. I would like to complete the interview with [SAMPNAME]. May I speak with (him/her)? DT_Q_ADMCLOSE		
DT_Q_ADMCLOSE	Length 2	1 <input type="checkbox"/> Yes - SKIP TO DT INTRO 2 <input type="checkbox"/> No - Noninterview - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW and set = 11
DETAILED MOVER <i>CAPI: Since SP has moved, type of quarters is undetermined. If LTC_FLAG has been set, reset it to -5.</i>		
1a. Do you know [SAMPNAME]'s NEW address and telephone number? DT_HASMNAME		
DT_HASMNAME	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 1a2 (DT_MOVENAME) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 1a2 (DT_MOVENAME)
1a1. What is [SAMPNAME]'s new address and telephone number? Address:		
DT_MOVER_A1	Length 10	<input type="checkbox"/> House number
DT_MOVER_A2	Length 3	<input type="checkbox"/> House number suffix
DT_MOVER_A3	Length 33	<input type="checkbox"/> Street Name
DT_MOVER_A4	Length 20	<input type="checkbox"/> Unit designation
DT_MOVER_PO	Length 20	<input type="checkbox"/> City
DT_MOVER_CT	Length 30	<input type="checkbox"/> County
DT_MOVER_ST	Length 2	<input type="checkbox"/> State
DT_MOVER_Z1	Length 5	<input type="checkbox"/> ZIP 5
DT_MOVER_Z2	Length 4	<input type="checkbox"/> ZIP 4
DT_MOVER_PD	Length 99	<input type="checkbox"/> Physical description
		-8, -9 <input type="checkbox"/> Don't Know, Refused
FR: IF NO TELEPHONE NUMBER OR EXTENSION AVAILABLE, PRESS ENTER. Phone:		
DT_MOVER_NU	Length 10	<input type="checkbox"/> Phone Number Including Area Code
DT_MOVER_EX	Length 4	<input type="checkbox"/> Extension or -5
		-8, -9 <input type="checkbox"/> Don't Know, Refused ALL SKIP TO 1a3 (DT_INJAIL)
1a2. FR: IF NO ADDRESS IS KNOWN, GET NAME OF INSTITUTION OR FAMILY MEMBER FOR TRACING: Do you know the name of one of [SAMPNAME]'s family members or any other information that would help us find them? DT_MOVENAME		
DT_MOVENAME	Length 30	<input type="checkbox"/> Name -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 1a4 (DT_MOVER1)

ALL SKIP TO 1a4 (DT_MOVER1)				
1a3. In what type of living facility does [SAMPNAME] now reside?	DT_INJAIL	Length 2	1	<input type="checkbox"/> Correctional facility—Set DT_REASON = 8 - SKIP TO DT_OUTCOME and set = 835
			2	<input type="checkbox"/> Armed Forces—Set DT_REASON = 15 - SKIP TO DT_OUTCOME and set to 835
			3	<input type="checkbox"/> Other
			-8, -9	<input type="checkbox"/> Don't Know, Refused
1a4. FR: WHAT IS THE MOVER STATUS? IF YOU CHOOSE CATEGORY 4, CATEGORY 5, OR CATEGORY 6, PLACE AND STATE MUST FIRST BE ENTERED.	DT_MOVER1	Length 2	1	<input type="checkbox"/> Moved outside U.S.—set DT_REASON AT END OF DETAILED INTERVIEW = 17
			2	<input type="checkbox"/> No Good Address/Unknown—set DT_REASON AT END OF DETAILED INTERVIEW = 18
			3	<input type="checkbox"/> Further Work Needed—set DT_REASON AT END OF DETAILED INTERVIEW = 19
			4	<input type="checkbox"/> Known Address Inside FR Area—set DT_REASON AT END OF DETAILED INTERVIEW = 20
			5	<input type="checkbox"/> Known Address Outside FR Area—set DT_REASON AT END OF DETAILED INTERVIEW = 21
			6	<input type="checkbox"/> Outside Survey Limits—set DT_REASON AT END OF DETAILED INTERVIEW = 22
				ALL SKIP TO DT_REASON AT END OF DETAILED INTERVIEW
DECEASED				
1b1. We would like to ask you a few questions about [SAMPNAME]. When did he/she die?	DEA_01_M DEA_01_Y	Length 2 Length 4	1-12 1972-2005	<input type="checkbox"/> Month <input type="checkbox"/> Year - SKIP TO 1b3 (DEA_03)
			-8, -9	<input type="checkbox"/> Don't Know, Refused
1b2. Did [SAMPNAME] die before or after April 1, 2004?	DEA_02	Length 2	1	<input type="checkbox"/> Before 04-01-04
			2	<input type="checkbox"/> After 04-01-04
			-8, -9	<input type="checkbox"/> Don't Know, Refused
1b3. Were you knowledgeable about [SAMPNAME]'s health and general care while he/she was living?	DEA_03	Length 2	1	<input type="checkbox"/> Yes - SKIP TO 1b5 (DEA_05_R)
			2	<input type="checkbox"/> No
			-8, -9	<input type="checkbox"/> Don't Know, Refused
1b4. Do you know of someone who knew about [SAMPNAME]'s health and general care?	DEA_04	Length 2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 1b7 (DEA_INFO_NAMF)
			-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 1b7 (DEA_INFO_NAMF)
1b5. What is (your/that person's) relationship to [SAMPNAME]?	DEA_05_R	Length 2	2	<input type="checkbox"/> Spouse/Spousal Equivalent
			3	<input type="checkbox"/> Son
			4	<input type="checkbox"/> Daughter
			5	<input type="checkbox"/> Son-in-law
			6	<input type="checkbox"/> Daughter-in-law
			7	<input type="checkbox"/> Mother
			8	<input type="checkbox"/> Father
			9	<input type="checkbox"/> Mother-in-law
			10	<input type="checkbox"/> Father-in-law
			11	<input type="checkbox"/> Brother
			12	<input type="checkbox"/> Sister
			13	<input type="checkbox"/> Brother-in-law
			14	<input type="checkbox"/> Sister-in-law
			15	<input type="checkbox"/> Other male relative
			16	<input type="checkbox"/> Other female relative
			17	<input type="checkbox"/> Male friend
			18	<input type="checkbox"/> Female friend
			19	<input type="checkbox"/> Male neighbor
			20	<input type="checkbox"/> Female neighbor
			21	<input type="checkbox"/> Employee / Someone hired
			22	<input type="checkbox"/> Someone from helping organization
			23	<input type="checkbox"/> Institution / Assisted Living Center
			24	<input type="checkbox"/> Legal guardian
			25	<input type="checkbox"/> Unable to determine
			26	<input type="checkbox"/> Someone else (specify)
			99	<input type="checkbox"/> Child gender unknown
			-8, -9	<input type="checkbox"/> Don't Know, Refused
	Dea_05_SP	Length 30		<input type="checkbox"/> Specify:
1b6. What is (your/that person's) name, address, and telephone number?	Name: DEA_0601 DEA_0602	Length 20 Length 20		<input type="checkbox"/> First Name <input type="checkbox"/> Last Name
	Address: DEA_0603 DEA_0604 DEA_0605 DEA_0606 DEA_0607 DEA_0608	Length 30 Length 30 Length 20 Length 2 Length 5 Length 4		<input type="checkbox"/> Street Address 1 <input type="checkbox"/> Street Address 2 <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip 5 <input type="checkbox"/> Zip 4
	Phone: DEA_0609	Length 10	-8, -9	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Telephone number <input type="checkbox"/> Don't Know, Refused
ALL SKIP TO DEA THANK YOU				
1b7. FR: ENTER THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE PERSON OR ORGANIZATION THAT HELPED YOU DETERMINE THE CASE STATUS.	Name: DEA_INFO_NAMF DEA_INFO_NAML	Length 20 Length 20		<input type="checkbox"/> First Name <input type="checkbox"/> Last Name
	Address: DEA_INFO_ADD1 DEA_INFO_ADD2 DEA_INFO_PLACE DEA_INFO_STATE DEA_INFO_ZIP5 DEA_INFO_ZIP4	Length 30 Length 30 Length 20 Length 2 Length 5 Length 4		<input type="checkbox"/> Street Address 1 <input type="checkbox"/> Street Address 2 <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Zip 5 <input type="checkbox"/> Zip 4
	Phone: DEA_INFO_PHONE	Length 10	-8, -9	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Telephone number <input type="checkbox"/> Don't Know, Refused
DEA THANK YOU				
Thank you for your time and cooperation. You have been very helpful.			SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW	

DT INTRO

FR: INTRODUCE YOURSELF. IF PERSONAL VISIT, SHOW YOUR IDENTIFICATION CARD.

We are conducting a survey of health conditions and physical activities of persons 65 years of age and older who live in the United States.

FR: IF CONTINUATION OF INTERVIEW AFTER FIRST VISIT:

Recently we contacted you to answer some questions regarding long-term care in the United States.

Some of the questions have already been answered. Let me see where we should begin.

Item to begin: [LOQ]

FR: PRESS ENTER TO CONTINUE:

BEGIN WITH THE NEXT UNANSWERED QUESTION

2.	May I speak to [SAMPNAME]?			1	<input type="checkbox"/> Yes—Set DT_PROXYCK = 1 - SKIP TO 4 (DT_DETRE_R)
	DT_READY	Length	1	2	<input type="checkbox"/> No - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW
2a1.	Will [SAMPNAME] be available before February 15, 2005?			1	<input type="checkbox"/> Yes
	<i>Interviewers were instructed to adjust for extended field period.</i>	Length	2	2	<input type="checkbox"/> No - SKIP TO 2a3 (DT_PREVPRXY)
	DT_STAY			-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 2a3 (DT_PREVPRXY)
2a2.	When will [SAMPNAME] be available to conduct the interview?	Length	2	01-12	Month
				01-31	Day
	DT_CONDATE	Length	8	2004-2005	Year
				-8, -9	<input type="checkbox"/> Don't Know, Refused-SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW-set=802

CONTINUATION DATE RANGE CHECK

CAPI: Is continuation date between Oct. 11, 2004 - Feb. 15, 2005?

Verify ranges

1 Yes—set = 802
 2 Warning - Invalid Date

	DT_CONDATECK	Length	1	ALL SKIP TO DT_OUTCOME AT END OF DETAILED INTERVIEW	
2a3.	FR: PREVIOUS PROXY INTERVIEW?			1	<input type="checkbox"/> Yes
	DT_PREVPRXY	Length	1	2	<input type="checkbox"/> No - SKIP TO 2c3 (DT_SPHHPRX)
2b3.	May I speak with [SCPR_NA1, SCPR_NA2]?			1	<input type="checkbox"/> Yes - SKIP TO 4 (DT_DETRE_R)
	DT_PREADY	Length	2	2	<input type="checkbox"/> No
				-8, -9	<input type="checkbox"/> Don't Know, Refused

2c3. FR: IF THE SAMPLE PERSON IS UNAVAILABLE OR UNABLE TO ANSWER, ASK TO SPEAK TO SOMEONE WHO IS KNOWLEDGABLE ABOUT THE SAMPLE PERSON'S HEALTH CONDITIONS AND PHYSICAL ACTIVITIES. THE PROXY MUST BE AT LEAST 15 YEARS OLD. A LIST OF ELIGIBLE PROXIES APPEARS BELOW.

1. Spouse/spousal equivalent
2. Child
3. Child-in-law
4. Sibling
5. Other relative living in household
6. Other relative not living in household
7. Legal guardian.
8. Proxy designated by sample person/family member/legal guardian

Since I will be unable to talk to [SAMPNAME], I would like to speak with the person who is most knowledgeable about (his/her) health conditions and physical activities. This person must be at least 15 years old and a spouse, relative, legal guardian or someone designated by one of these people to speak for (him/her).

1 Yes, eligible proxy is available
 2 No, eligible proxy not available - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW—set = 10

PROXY CHECK

2a4.	CAPI: Set = Proxy.			1	<input type="checkbox"/> Sample Person
	DT_PROXYCK	Length	2	2	<input type="checkbox"/> Proxy

DT PROXY WHY

2a5. FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. ENTER ALL THAT APPLY. ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) WHEN DONE.

0.	FR was denied access to sample person.			1	<input type="checkbox"/> Yes
	DTPR_WH1	Length	2	2	<input type="checkbox"/> No
1.	Sample person is mentally incapable.			1	<input type="checkbox"/> Yes
	DTPR_WH2_R	Length	2	2	<input type="checkbox"/> No
2.	Sample person is physically incapable.			1	<input type="checkbox"/> Yes
	DTPR_WH3_R	Length	2	2	<input type="checkbox"/> No
3.	Sample person has hearing/speech problem.			1	<input type="checkbox"/> Yes
	DTPR_WH4_R	Length	2	2	<input type="checkbox"/> No
4.	Sample person cannot speak English.			1	<input type="checkbox"/> Yes
	DTPR_WH5_R	Length	2	2	<input type="checkbox"/> No
5.	Sample person is temporarily absent beyond interview time.			1	<input type="checkbox"/> Yes
	DTPR_WH6_R	Length	2	2	<input type="checkbox"/> No
6.	Other- Specify in DT_PRWHY_SP			1	<input type="checkbox"/> Yes
	DTPR_WH7_R	Length	2	2	<input type="checkbox"/> No
	Specify: _____				
	DT_PRWHR_SP	Length	40		<input type="checkbox"/> Specify: _____
	DTPR_WHY_Z			N	<input type="checkbox"/> No more

2a6.	What is your name?				
	DT_PR_NA1	Length	15		<input type="checkbox"/> First name
	DT_PR_NA2	Length	20		<input type="checkbox"/> Last name
				-8, -9	<input type="checkbox"/> Don't Know, Refused

2a7. FR: IF INSTITUTIONAL OR ASSISTED LIVING CENTER PERSONNEL ARE RESPONDING, ENTER (23) WITHOUT ASKING PROXY RELATIONSHIP.

What is your relationship to [SAMPNAME]?

	DTPR_REL_R	Length	2	2	<input type="checkbox"/> Spouse/Spousal Equivalent
				3	<input type="checkbox"/> Son
				4	<input type="checkbox"/> Daughter
				5	<input type="checkbox"/> Son-in-law
				6	<input type="checkbox"/> Daughter-in-law
				7	<input type="checkbox"/> Mother
				8	<input type="checkbox"/> Father
				9	<input type="checkbox"/> Mother-in-law
				10	<input type="checkbox"/> Father-in-law
				11	<input type="checkbox"/> Brother
				12	<input type="checkbox"/> Sister
				13	<input type="checkbox"/> Brother-in-law

				<input type="checkbox"/> Sister-in-law
				<input type="checkbox"/> Other male relative
				<input type="checkbox"/> Other female relative
				<input type="checkbox"/> Male friend
				<input type="checkbox"/> Female friend
				<input type="checkbox"/> Male neighbor - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Female neighbor - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Employee/Someone hired - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Someone from helping organization - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Institution / Assisted Living Center - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Legal guardian
				<input type="checkbox"/> Unable to Determine - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Someone else (specify) in DTPR_REL_SP below - SKIP TO 2a10 (DTPR_PH1)
				<input type="checkbox"/> Child gender unknown
				<input type="checkbox"/> Don't Know, Refused
DTPR_REL_SP	Length	40		<input type="checkbox"/> Specify Other Relationship

Note: Question 2a8 not used in 2004.

2a9. Do you reside with [SAMPNAME]?

DTPR_RES	Length	2	<input type="checkbox"/> Yes - If DTPR_REL_R = 2-16, 24, SKIP TO 4 (DT_DETRE_R). If DTPR_REL_R = 17-23, 25, 26, SKIP TO CHECK PERMISSIONS (DT_CKPERM)
			<input type="checkbox"/> No
			<input type="checkbox"/> Don't Know, Refused

2a10. What is your telephone number?
FR: USE (N) FOR NO TELEPHONE.

DTPR_PH1	Length	3	<input type="checkbox"/> Area Code
DTPR_PH2	Length	7	<input type="checkbox"/> Telephone number
			<input type="checkbox"/> Don't Know, Refused, No Phone

2a11. What is your address?
Address:

DT_PRHNO	Length	10	<input type="checkbox"/> House number
DT_PRHNSUF	Length	3	<input type="checkbox"/> House number suffix
DT_PRSTRNM	Length	33	<input type="checkbox"/> Street name
DT_PRUNIT	Length	20	<input type="checkbox"/> Housing unit
DT_PRPO	Length	22	<input type="checkbox"/> City
DT_PRST	Length	2	<input type="checkbox"/> State
DT_PRZIP5	Length	5	<input type="checkbox"/> Zip 5
DT_PRZIP4	Length	4	<input type="checkbox"/> Zip 4
DT_PRDES	Length	99	<input type="checkbox"/> Physical description of housing
			<input type="checkbox"/> Don't Know, Refused

CHECK PERMISSIONS
CAPI: If DTPR_REL_R = 17-23, 25, 26, D, R display:
FR: DO YOU HAVE [SAMPNAME]'S PERMISSION TO DISCUSS (HIS/HER) HEALTH WITH PROXY?

DT_CKPERM	Length	2	<input type="checkbox"/> Yes
			<input type="checkbox"/> No - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW—set = 10

Note: Question 3 not used in 2004.

3. **FR: DO NOT READ ALOUD. IS RESPONDENT THE SAMPLE PERSON OR A PROXY OR BOTH? CHOOSE ONE.**

DT_DETRE_R	Length	2	<input type="checkbox"/> Sample Person
			<input type="checkbox"/> Proxy
			<input type="checkbox"/> Sample Person and Proxy

>HELP SCREEN< [REFERENCE]
Who is a Proxy?
Ideally, a proxy should be a household member 15 years of age or older who knows about the care obtained or needed by the sample person. (Do not interview a teenager, however, except as a last resort.) The proxy may or may not be related to the sample person. The key requirement is that the proxy know about the sample person's regular care.
When the sample person lives by himself/herself and cannot be interviewed because he/she is deaf or cannot speak understandably, you should try to interview a non-household member over the age of 15 who knows about the care obtained or needed by the sample person. (Note: An inability to speak understandably, or any other speech problem, does not include a sample person's being unable to be interviewed because he/she does not speak English.) You may have to make inquiries to find the name, address, or telephone number of a relative if the sample person lives alone.
When to interview a Proxy.
Proxies should be interviewed when the sample person is unavailable for interview because he/she:
Is temporarily absent during the survey period
Is unable to be interviewed due to a physical or mental disability
Does not speak sufficient English.
If the sample person is deaf or does not speak English and an interpreter is available during the interview, the interview is considered to be a self-interview. However, if the person answers for the sample person without first interpreting the question for him/her, that person is considered a proxy. The interview is a proxy interview. You may also use a proxy for part of the interview if the sample person indicates that someone else can answer certain items more accurately.

3a. **FR: IF FIRST VISIT:**
Recently, we mailed a letter explaining our survey. Did (NAME/you) receive the letter signed by the Director of the Census?
FR: IF CONTINUATION OF INTERVIEW AFTER FIRST VISIT:
Recently we contacted you to answer some questions regarding long-term care in the United States. Some of the questions have already been answered. Let me see where we should begin. Item to begin: (LOQ)
FR: PRESS ENTER TO CONTINUE.

DT_ADVLTFR	Length	2	<input type="checkbox"/> Yes - If LTC_FLAG = 1, SKIP TO IAD_WHO1. If LTC_FLAG = 2 or 3, SKIP TO DT CONTROL CARD BEGIN
			<input type="checkbox"/> No
			<input type="checkbox"/> Don't Know, Refused

ALL SKIP TO FIRST UNANSWERED QUESTION

3b. **INTRO A**
FR: READ THE LTC-9(L2) LETTER TO THE SAMPLE PERSON OR, IF PERSONAL VISIT, HAND PERSON A COPY OF THE ADVANCE LETTER. ALLOW ENOUGH TIME FOR HIM/HER TO READ IF HE/SHE SO DESIRES.
We are conducting the 2004 National Long Term Care Survey which is sponsored by Duke University under a grant from the National Institute on Aging. We would like to take about 1 hour of your time to ask some questions about your age, marital status, and everyday activities. Depending on your answers, we may have some additional questions about your health and health care needs. These additional questions will take about 30 or 60 minutes depending on your living situation. The Census Bureau and Duke University will keep your answers confidential and all information will be used for statistical purposes only. This survey is authorized under Title 42, of the United States Code, Section 285e-1 and approved by the Office of Management and Budget. Your participation is voluntary. Although there are no penalties for not answering any questions, your cooperation will be extremely important to ensure the completeness and accuracy of the data.
FR: READ THE LTC-9(L3) LETTER TO THE STAFF PERSON OR, IF PERSONAL VISIT, HAND PERSON A COPY OF THE ADVANCE LETTER. ALLOW ENOUGH TIME FOR HIM/HER TO READ IF HE/SHE SO DESIRES.
Duke University, under a grant from the National Institute on Aging, has asked the U.S. Census Bureau to conduct the 2004 National Long-Term Care

Survey (NLTCs). We selected _____, who lives at your facility, for this survey. Our field representative will contact you soon to arrange for the collection of information about him/her and your facility. Usually, this consists of a short interview with you or members of your staff. The interview will be longer if the individual is not capable of an interview and if he/she does not have relatives we can interview.

CHECK SURVEY

CAPI: If LTC_FLAG equals 2 or 3, SKIP TO DT CONTROL CARD BEGIN.

IAD WHO1
FR: COMPLETE THIS SECTION WITH AN ADMINISTRATOR OR NURSING ASSISTANT.

Respondent is:				1 <input type="checkbox"/> Administrator
IAD_WHO1	Length	2		2 <input type="checkbox"/> Other staff member - Specify below in IAD_WHO2
				3 <input type="checkbox"/> Nonstaff member - Specify below in IAD_WHO3
IAD_WHO2	Length	20		<input type="checkbox"/> Specify Staff Member
IAD_WHO3	Length	20		<input type="checkbox"/> Specify Nonstaff Member

4. I would first like to ask a few questions regarding [SAMPNAME]'s current condition.
 Does (he/she) NOW have:

a. Alzheimer's disease? IAD_CND1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
b. Mental retardation? IAD_CND2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
c. Dementia? IAD_CND3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused

5. Are there any reasons why [SAMPNAME] cannot participate in this survey?
FR: MARK ALL THAT APPLY.
IF THERE IS NO REASON WHY THE SAMPLE PERSON CAN'T PARTICIPATE, THEN SELECT OPTION 6.
ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.
ENTER (N) WHEN DONE.

(1) Access is denied CND_2ZTG_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Sample person is incapable of speech CND_2ZTG_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Sample person comatose CND_2ZTG_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Sample person is a danger to self or others CND_2ZTG_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Other Reasons--Please specify below in CND_2Z_SP. CND_2ZTG_5	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Specify: _____ CND_2Z_SP	Length	40	<input type="checkbox"/> Specify: _____

FR: DEMENTIA, ALZHEIMER'S, MENTAL RETARDATION ARE NOT ACCEPTABLE REASONS FOR NONPARTICIPATION.

(6) No Reason CND_2ZTG_6	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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N No More

SELECT RESPONDENT
FR: WHO IS AVAILABLE FOR THE INSTITUTIONAL SAMPLE PERSON INTERVIEW, OR INSTITUTIONAL ACCOUNTING INTERVIEW?

SEL_RESP	Length	1	N <input type="checkbox"/> None of the appropriate persons are available / return to main menu 1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Family Member as Proxy 3 <input type="checkbox"/> Institutional Representative as Proxy
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CHECK COGNITIVE
CAPI: Refer to questions 1a, 1b, 1c, and 2 above. If Sample Person has Alzheimer's, mental retardation, or dementia, institutional interview (excluding cognitive) will be conducted by proxy.

COG_IMPAIRED	Length	1	1 <input type="checkbox"/> Cognitively impaired and SEL_RESP = 2, select Menu 2; SEL_RESP = 3, select Menu 3. If SEL_RESP = 1 - SKIP TO MNT BEGIN IN INSTITUTIONAL INTERVIEW. 2 <input type="checkbox"/> Not cognitively impaired and SEL_RESP = 1, select Menu 1; and SEL_RESP = 2, select Menu 2. Else select Menu 3.
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CHECK CONDITION 1
CAPI: Refer to questions 1a, 1b, 1c, and 2 above.

IAD_CK1	Length	1	1 <input type="checkbox"/> No Cognitive disease/SP available - Select Menu 1 2 <input type="checkbox"/> Cognitive disease/SP & knowledgeable family member available - Select Menu 2 3 <input type="checkbox"/> Cognitive disease/Institutional Proxy - no family proxy available - Select Menu 3 4 <input type="checkbox"/> SP not available to participate - Do not attempt Cognitive Interview, family proxy, select Menu 2 5 <input type="checkbox"/> SP not available to participate - Do not attempt Cognitive Interview, institutional proxy, select Menu 3
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OPTION MENU 1 - Sample Person Responding
FR: EACH MODULE SHOULD BE ANSWERED BY THE PRIMARY RESPONDENT. IF THE PRIMARY RESPONDENT IS NOT AVAILABLE, THE SECONDARY RESPONDENT MAY BE USED.

Module	Primary Respondent	Secondary Respondent
0 DT_CONTROL CARD	Sample Person	Nurse or Nurse's Aide
1 Conditions	Sample Person	Nurse or Nurse's Aide
2 ADL	Sample Person	Nurse or Nurse's Aide
3 Cognitive	Sample Person Only	
4 Previous Admissions	Sample Person	Knowledgeable Family Member
5 Income and Assets	Sample Person	Knowledgeable Family Member
6 Siblings	Sample Person	Knowledgeable Family Member
7 Current Admissions & Health Ins.	Accounting	Designated Proxy
8 Certified Beds	Accounting	Designated Proxy

OPTION MENU 2 - Family Member Proxy Responding
FR: EACH MODULE SHOULD BE ANSWERED BY THE PRIMARY RESPONDENT. IF THE PRIMARY RESPONDENT IS NOT AVAILABLE, THE SECONDARY RESPONDENT MAY BE USED.

Module	Primary	Secondary
0 DT_CONTROL CARD	Sample Person	Nurse or Nurse's Aide
1 Conditions	Sample Person	Nurse or Nurse's Aide
2 ADL	Sample Person	Nurse or Nurse's Aide
3 Cognitive	Sample Person Only	
4 Previous Admissions	Sample Person	Knowledgeable Family Member
5 Income and Assets	Sample Person	Knowledgeable Family Member
6 Siblings	Sample Person	Knowledgeable Family Member
7 Current Admissions & Health Ins.	Accounting	Designated Proxy
8 Certified Beds	Accounting	Designated Proxy

Module	Respondent	Respondent
0 DT_CONTROL CARD	Family Member	Nurse or Nurse's Aide
1 Conditions	Family Member	Nurse or Nurse's Aide
2 ADL	Family Member	Nurse or Nurse's Aide
3 Previous Admissions	Family Member	Designated Proxy
4 Income and Assets	Family Member	Designated Proxy
5 Siblings	Family Member	Designated Proxy
6 Current Admissions & Health Ins.	Accounting	Designated Proxy
7 Certified Beds	Accounting	Designated Proxy
8 Cognitive	Sample Person Only	

OPTION MENU 3 - Institutional Representative Proxy Responding

FR: EACH MODULE SHOULD BE ANSWERED BY THE PRIMARY RESPONDENT. IF THE PRIMARY RESPONDENT IS NOT AVAILABLE, THE SECONDARY RESPONDENT MAY BE USED.

Module	Primary Respondent	Secondary Respondent
0 DT_CONTROL CARD	Accounting	Designated Proxy
1 Current Admissions & Health Ins.	Accounting	Designated Proxy
2 Certified Beds	Accounting	Designated Proxy
3 Conditions	Knowledgeable Family Member	Nurse or Nurse's Aide
4 ADL	Knowledgeable Family Member	Nurse or Nurse's Aide
5 Previous Admissions	Knowledgeable Family Member	Designated Proxy
6 Income and Assets	Knowledgeable Family Member	Designated Proxy
7 Siblings	Knowledgeable Family Member	Designated Proxy
8 Cognitive	Sample Person Only	

DT CONTROL CARD BEGIN

DT_STTM Length 4 hhmm (Hours:Minutes)

DT_STDT Length 8 Month, Day, Year

DT PROXY

FR: DO NOT READ ALOUD. IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?

DT_PROXY Length 2

1 Sample Person
 2 Proxy
 3 Sample Person and Proxy

CHECK SCREENER MARITAL STATUS

1a. **FR: IF MARITAL STATUS IS -5, CODE "No".**

I have (your) [SAMPNAME]'s marital status listed as [SCN_24]. Is this correct?

DT_CKSMAR1 Length 2 -8, -9

1 Yes—Set MARSTAT = SCN_24_R and SKIP TO 2a (DT_CKSEDU)
 2 No
 -8, -9 Don't Know, Refused—Set MARSTAT = SCN_24_R and SKIP TO 2a (DT_CKSEDU)

1b. (Are you/Is) [SAMPNAME] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (he/she) never been married?

MARSTAT Length 2

1 Married
 2 Widowed
 3 Divorced
 4 Separated
 5 Never Married
 6 Partnered (not married)
 -8, -9 Don't Know, Refused

CHECK SCREENER EDUCATION LEVEL

2a. **FR: IF EDUCATION LEVEL IS -5, CODE "NO".**

I have (your)/[SAMPNAME]'s educational attainment level listed as [SCN_EDUCA]. Is this correct?

DT_CKSEDU Length 2 -8, -9

1 Yes—Set EDUCA equal to SCN_EDUCA - SKIP TO 3 (DT_CKSRACE)
 2 No
 -8, -9 Don't Know, Refused—Set EDUCA equal to SCN_EDUCA - SKIP TO 3 (DT_CKSRACE)

2b. **FR: SHOW FLASHCARD 3.**

What is the highest level of regular school (you)/[SAMPNAME] have completed or the highest degree (you/he/she) has received?

EDUCA Length 2

31 Less than 1st grade
 32 1st, 2nd, 3rd or 4th grade
 33 5th or 6th grade
 34 7th or 8th grade
 35 9th grade
 36 10th grade
 37 11th grade
 38 12th grade, no diploma
 39 High School Graduate - Diploma or Equivalent (e.g., GED)
 40 Some college but no degree
 41 Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
 42 Associate Degree in college - Occupational/vocational program
 43 Associate Degree in college - Academic
 44 Bachelors Degree (e.g., BA, AB, BS)
 45 Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
 46 Professional School Degree (e.g., MD, DDS, DVM, LLB, JD)
 47 Doctorate Degree (e.g., PhD, EdD)
 -8, -9 Don't Know, Refused

>HELP SCREEN< [REFERENCE]

Education exclusions:

Do not include education obtained at vocational schools, business schools or colleges, and other trade and specialized schools unless such schools are part of a regular school system.

Do not include training received by mail from "correspondence" schools, unless the correspondent course counted toward promotion in a regular school.

Do not include any "on-the-job" training.

Do not include adult education classes unless such schooling is being counted for credit in a regular school system. If a person is taking adult education classes but not for credit, he/she should not be regarded as enrolled in a regular school. Most of the training such as is under the Manpower Development and Training Act of 1962, Comprehensive Employment and Training Act of 1973 (CETA), or Poverty Program more than likely will be courses obtained at private vocational or trade schools or possibly will be in the nature of on-the-job training. In any event, most training under these Acts or the Poverty Program will not be obtained at a regular school. There may, however, be a few isolated cases where such schooling is given for credit at a regular school. Ask to be sure.

3. I have (your)/[SAMPNAME]'s race listed as [race variable] Is this correct?

[CAPI fills race from SCN_25B_1, SCN_25B_2, SCN_25B_3, SCN_25B_4, SCN_25B_5, SCN_25B_6]

DT_CKSRACE Length 2

1 Yes—Set Detailed race variables equal to Screener Race variables - SKIP TO 3h (DT_CKSCAF)
 2 No
 -8, -9 Don't Know, Refused - Set Detailed race variables equal to Screener Race variables -

— SKIP TO 3h (DT_CKSCAF)

3a. Please answer the questions both about being Spanish, Hispanic, or Latino and about race.
 (Are you/ls) [SAMPNAME] Spanish, Hispanic, or Latino?
 DT_6B Length 2

1 Yes
 2 No - SKIP TO 3d (DT_6DTG_1)
 -8, -9 Don't Know, Refused - SKIP TO 3d (DT_6DTG_1)

>HELP SCREEN< [REFERENCE]

Before you ask for the sample person's race, you will ask if he or she is of Spanish or Hispanic origin or descent. The national origin or cultural group a person is descended from is determined by the nationality or lineage of a person's ancestors. There is no rule on how many generations to consider. A respondent may report origin based on the origin of a parent, grandparent, or far-removed ancestor. When the respondent is unsure, ask for the origin of the sample person's mother.

Listed below are possible responses and countries considered to be Spanish or Hispanic:

Argentina	Balearic Islands	Basque	Bolivia	Californie	California (Californi)
Canary Islands	Catalonian	Chicano	Costa Rica	Cuban	Dominican Republic
Ecuador	El Salvador	Guatemala	Hispanic	Honduras	Iberian (i.e. Spain)
La Roza	Majorcan	Mexican-American	Mexican	Nicaragua	Panama
Puerto Rican	Spanish	Spanish-American	Spanish speaking	Spaniard	Uruguay
					Venezuela

Always ask for the sample person's ethnicity even if the answer seems obvious. Record the response. If you are conducting the interview with a proxy, ask the question as worded. If the proxy is a family or household member, do not assume the proxy and the sample person are of the same race or descent.

3b. **FR: SHOW FLASHCARD 1.**
 (Are you/ls) [SAMPNAME] Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or Latino group?
 DT_6C1 Length 2

1 Mexican - SKIP TO 3d (DT_6DTG_1)
 2 Mexican American - SKIP TO 3d (DT_6DTG_1)
 3 Chicano - SKIP TO 3d (DT_6DTG_1)
 4 Puerto Rican - SKIP TO 3d (DT_6DTG_1)
 5 Cuban - SKIP TO 3d (DT_6DTG_1)
 6 Cuban American - SKIP TO 3d (DT_6DTG_1)
 7 Other Spanish, Hispanic, or Latino group
 -8, -9 Don't Know, Refused - SKIP TO 3d (DT_6DTG_1)

3c. What is the name of (your)/[SAMPNAME]'s other Spanish, Hispanic, or Latino group?
 DT_6C2_1 Length 2

1 Argentinean
 2 Balearic Islands
 3 Basque
 4 Belize or British Honduras or Belice
 5 Bolivian
 6 Brazilian
 7 Canary Islands
 8 Castilian
 9 Catalan
 10 Central American
 11 Central American Indian
 12 Chilean
 13 Colombian
 14 Costa Rican
 15 Dominican
 16 Ecuadorean
 17 Filipino
 18 Guatemalan
 19 Guamanian or Chamorro
 20 Haitian
 21 Hispanic
 22 Honduran
 23 Latin American
 24 Latino
 25 Nicaraguan
 26 Panamanian
 27 Paraguayan
 28 Peruvian
 29 Portuguese
 30 Salvadoran
 31 Sephardic
 32 South American
 33 South American Indian
 34 Spanish
 35 Spanish American
 36 Spanish American Indian
 37 Spanish Basque
 38 Spaniard
 39 Uruguayan
 40 Venezuelan
 41 Both Spanish, Hispanic, or Latino and some other group
 42 Other - Specify in DT_6C2_2 below
 -8, -9 Don't Know, Refused
 Specify:

DT_6C2_2 Length 30

3d. **FR: ENTER ALL THAT APPLY.**
IF PERSONAL VISIT INTERVIEW, SHOW FLASHCARD 2 AND ASK QUESTION. IF TELEPHONE INTERVIEW, SAY:
 I'm going to read you a list of five race categories.
 Please choose one or more races that (you)/[SAMPNAME] consider(s) (yourself/himself/herself) to be:
 White; Black or African American; American Indian or Alaskan Native; Asian; OR Native Hawaiian or Other Pacific Islander.
FR: DO NOT PROBE - UNLESS RESPONSE IS HISPANIC OR IS A HISPANIC ORIGIN.
ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.
ENTER (N) WHEN DONE.

(1) White DT_6DTG_1 Length 2
 1 Yes
 2 No

(2) Black or African American DT_6DTG_2 Length 2
 1 Yes
 2 No

(3) American Indian, or Alaska Native
 1 Yes

DT_6DTG_3	Length	2	<input type="checkbox"/> No
(4) Asian DT_6DTG_4	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Native Hawaiian or Other Pacific Islander DT_6DTG_5	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Other DT_6DTG_6	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Don't Know DT_6DTG_DK	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Refused DT_6DTG_RF	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
No more DT_6D_KEY			N <input type="checkbox"/> No More

>HELP SCREEN< [REFERENCE]

When asking for the sample person's race, do not try to explain or define any of the groups. The concept of race does not reflect clear cut definitions of biological stock or conform to any scientific definition. Rather, it reflects self-identification by the respondent. It reflects the race(s) with which the sample person most clearly identifies. Read the respondent the race categories. If more than one race is reported, enter all of the race categories reported by the respondent.

If the response is not listed in the codes you read to the respondent, (for example, ethnic origin such as Spanish, French, Italian, instead of a race), ask "Which of the races I read previously is that?" For responses of Caucasian, select 1 for White. For responses of Negro, select 2 for Black.

3e. **CAPI: If the "Asian" box is checked:**

Which of the following Asian categories (are you/is) [SAMPNAME]?

FR: READ EACH ITEM.

ENTER ALL THAT APPLY.

ENTER (N) FOR NO MORE.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

(1) Asian Indian DT_6D1TG_1	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Chinese DT_6D1TG_2	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Filipino DT_6D1TG_3	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Japanese DT_6D1TG_4	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Korean DT_6D1TG_5	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Vietnamese DT_6D1TG_6	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Other Asian DT_6D1TG_7	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Don't Know DT_6D1TG_DK	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Refused DT_6D1TG_RF	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
No more DT_6D1TG_KEY			N <input type="checkbox"/> No More

3f. **CAPI: If the "Native Hawaiian or Other Pacific Islander" box is checked:**

Which of the following Native Hawaiian or Other Pacific Islander categories (are you/is) [SAMPNAME]?

FR: READ EACH ITEM. ENTER ALL THAT APPLY.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) WHEN DONE.

(1) Native Hawaiian DT_6D2TG_1	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Guamanian or Chamorro DT_6D2TG_2	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Samoan DT_6D2TG_3	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Other Pacific Islander DT_6D2TG_4	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) Don't Know DT_6D2TG_DK	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Refused DT_6D2TG_RF	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
No More DT_6D2_KEY			N <input type="checkbox"/> No More

3g.

CAPI: If the "Other" box is checked:

What is the name of (his/her) other "race" group(s)?

FR: READ ONLY IF NECESSARY. MARK ALL THAT APPLY.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) WHEN DONE.

- | | | | |
|--|--------|---|---|
| (1) Aleut
DT_6D3TG_1 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (2) African American
DT_6D3TG_2 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (3) African Nation, Ethnic Group, or Tribe
DT_6D3TG_3 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (4) American
DT_6D3TG_4 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (5) American Indian or Alaska Native
DT_6D3TG_5 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (6) Anglo-Saxon
DT_6D3TG_6 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (7) Arab
DT_6D3TG_7 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (8) Asian
DT_6D3TG_8 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (9) Asian Indian
DT_6D3TG_9 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (10) Black
DT_6D3TG_10 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (11) Brazilian
DT_6D3TG_11 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (12) Caucasian
DT_6D3TG_12 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (13) Chicano
DT_6D3TG_13 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (14) Chinese
DT_6D3TG_14 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (15) Creole
DT_6D3TG_15 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (16) Cuban or Cuban American
DT_6D3TG_16 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (17) Eskimo
DT_6D3TG_17 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (18) European
DT_6D3TG_18 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (19) Filipino
DT_6D3TG_19 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (20) German
DT_6D3TG_20 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (21) Guamanian or Chamorro
DT_6D3TG_21 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (22) Hispanic
DT_6D3TG_22 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (23) Jamaican
DT_6D3TG_23 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (24) Japanese
DT_6D3TG_24 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (25) Korean
DT_6D3TG_25 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (26) Latin American
DT_6D3TG_26 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (27) Latino
DT_6D3TG_27 | Length | 2 | 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No |
| (28) Mexican or Mexican American | | | 1 <input type="checkbox"/> Yes |

DT_6D3TG_28	Length	2	<input type="checkbox"/> No
(29) Native American DT_6D3TG_29	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(30) Native Hawaiian or Other Pacific Islander DT_6D3TG_30	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(31) Negro DT_6D3TG_31	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(32) Puerto Rican DT_6D3TG_32	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(33) Samoan DT_6D3TG_33	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(34) Scots-Irish DT_6D3TG_34	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(35) Spanish DT_6D3TG_35	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(36) Vietnamese DT_6D3TG_36	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(37) West Indian DT_6D3TG_37	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(38) White DT_6D3TG_38	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(39) No "race" given DT_6D3TG_39	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(40) Other - Specify in DT_6D3_SP below DT_6D3TG_40	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify _____ DT_6D3_SP	Length	30	<input type="checkbox"/>
(41) Don't Know DT_6D3TG_DK	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
(42) Refused DT_6D3TG_RF	Length	2	<input type="checkbox"/> Yes <input type="checkbox"/> No
DT_6D3_KEY			<input type="checkbox"/> No More

CHECK SCREENER ARMED FORCES

CAPI: If INC_1A in Screener equals <, D, R - SKIP TO 3i (DT_INC_1A).

3h. FR: IF MILITARY SERVICE IS -5, CODE "No." CAPI: Reference Screener variables INC_1A, INC_1B_1 - INC_1B_RF. I have (your)/[SAMNAME]'s military service status listed as (served) / (never served). Is this correct? DT_CKSCAF	Length	2	-8, -9	<input type="checkbox"/> Yes - SKIP TO CHECK LTC_FLAG 1 <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
3i. Did (you)/[SAMPNAME] EVER serve on active duty in the Armed Forces of the United States? DT_INC_1A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO CHECK LTC_FLAG 1 <input type="checkbox"/> Don't Know, Refused - SKIP TO CHECK LTC_FLAG 1

>HELP SCREEN- [REFERENCE]

SERVICE IN THE ARMED FORCES

Service in the Armed Forces includes active duty in the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, and any National Guard unit which was activated as a part of the regular Armed Forces.

The following categories of service are also included:

1. Service in the reserves if on active duty status for several months.
2. Commissioned officers of the U.S. Public Health Service who were attached to a branch of the Armed Services.
3. The 6-month period a sample person may have served in connection with the provisions of the Reserve Forces Act of 1955.
4. Cadets in the United States military academies, such as West Point.

The following are not included as Service in the Armed Forces:

1. Sample persons whose only service was in the Coast Guard Temporary Reserve.
2. Employees of the Merchant Marine, Maritime Commission, American Field Service, or civilian employees of the Department of Defense.
3. Service in a National Guard Unit which was not activated into the regular forces.
4. Sample persons who had short periods of active reserve training or who attended weekly reserve meetings.

There are two components of each of the military services, a regular component and a reserve component. Always consider members of the regular Armed Forces to be on active duty unless retired. Members of reserve components may be called to active duty by military order. Include as active duty the 4-6 month period young men serve in connection with provisions of the Reserve Forces Act of 1955.

3j. FR: ENTER EACH ITEM MENTIONED. When did (you)/[SAMPNAME] serve? Any other period of service? FR: ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT. ENTER (N) FOR NO MORE.				
(1) World War I (April '17 - Nov '18) DT_INC_1BTG_1	Length	2		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) World War II (Sept '40 - July '47) DT_INC_1BTG_2	Length	2		<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Korean War (June '50 - Jan '55) DT_INC_1BTG_3	Length	2		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) Vietnam War (Aug '64 - April '75)				<input type="checkbox"/> Yes

DT_INC_1BTG_4	Length	2	2	<input type="checkbox"/> No
(5) Post Vietnam (May '75 - present) DT_INC_1BTG_5	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(6) Other Service (All other periods) DT_INC_1BTG_6	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(D) Don't Know DT_INC_1BTG_DK	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(R) Refused DT_INC_1BTG_RF	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
DT_INC_1B_KEY			N	<input type="checkbox"/> No More
3k. (Were you/Was) [SAMPNAME] EVER an active member of a National Guard or military reserve unit? DT_INC_1C	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 3m (DT_INC_2A) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3m (DT_INC_2A)
3l. (Were/Was) ALL of (your)/[SAMPNAME]'s active duty service related to National Guard or military reserve training? DT_INC_1D	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
3m. (Do you/Does) [SAMPNAME] have a disability related to service in the Armed Forces of the United States? DT_INC_2A	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO CHECK LTC_FLAG 1 -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO CHECK LTC_FLAG 1
3n. What is (your)/[SAMPNAME]'s current VA disability rating? DT_INC_2B	Length	3		0, 10, .. 100 <input type="checkbox"/> Percent -8, -9 <input type="checkbox"/> Don't Know, Refused
>HELP SCREEN< [REFERENCE] VA DISABILITY RATING The VA disability rating is based on a percentage in multiples of 10. Possible disability ratings are 10 percent, 20 percent, 30 percent, etc. The rating is used to determine the amount of disability payment.				
CHECK LTC_FLAG 1 CAPI add respondent to roster entity 1: Store FULLNAME in ROS_NAME_1 Store 1 in ROS_REL_1 Length 2 Store 'P' in ROS_TYPE_1 Length 2 Store AGE in ROS_AGE_1 Length 3 Store SEX in ROS_SEX_1 Length 2 Store 1 in HHMEM_01 Length 2 If LTC_FLAG = 1, then SKIP TO CHECK MARITAL 1 (DT_CKSMAR1) NOTE: See "Note" following "open Household Roster" below for formats for ROS_ variables and HHMEM_xx.				
4. (Are you/Is) [SAMPNAME] currently working? DOWORK	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No—Set WORK = 0 and SKIP TO CHECK MARITAL 1 -8, -9 <input type="checkbox"/> Don't Know, Refused—Set WORK = D or R and SKIP TO CHECK MARITAL 1
>HELP SCREEN< [REFERENCE] Work includes work as a paid employee in the person's own business, professional practice, or farm; or work without pay as an employee in a family farm or business. Work does not include work as a volunteer without pay for such organizations as the Red Cross, USO, etc.				
4a. How many hours (do you/does) [SAMPNAME] usually work per week? WORK	Length	2	0-99	<input type="checkbox"/> Hours -8, -9 <input type="checkbox"/> Don't Know, Refused
CHECK MARITAL 1 CAPI: Refer to MARSTAT.				
5. What is (your)/[SAMPNAME]'s (wife's/husband's) full name? DT_SPOUS_NAME CAPI store DT_SPOUS_NAME in ROS_NAME_2 CAPI store "P" in ROS_TYPE_2	Length	15 20		1 <input type="checkbox"/> Married 2 <input type="checkbox"/> All others - SKIP TO CHECK LTC_FLAG 2 <input type="checkbox"/> First Name <input type="checkbox"/> Last Name -8, -9 <input type="checkbox"/> Don't Know, Refused
RELATIONSHIP CAPI sets relationship variable. DT_SPRELA CAPI store DT_SPRELA in ROS_REL2				
Length	2	2	<input type="checkbox"/> Spouse	
SPOUSE GENDER CAPI sets spouse's gender. If SEX equals 1, DT_SPSEX = 2, else DT_SPSEX = 1. DT_SPSEX CAPI store DT_SPSEX in ROS_SEX_2				
Length	2	1	<input type="checkbox"/> Male <input type="checkbox"/> Female	
5a. How old is (your)/[SAMPNAME]'s (FILL spouse) as of today? DT_SPAPXAGE CAPI store DT_SPAPXAGE in ROS_AGE_2	Length	3	0-130	<input type="checkbox"/> Years Old -8, -9 <input type="checkbox"/> Don't Know, Refused
MARITAL STATUS CHECK CAPI sets spouse's marital status equal to '1'. SPMARST				
Length	2	1	<input type="checkbox"/> Married	
5b. FR: SHOW FLASHCARD 3. What is the highest level of regular school (your)/[SAMPNAME]'s (FILL spouse) has completed or the highest degree (FILL spouse) has received? SPEDUCA	Length	2		31 <input type="checkbox"/> Less than 1st grade 32 <input type="checkbox"/> 1st, 2nd, 3rd or 4th grade 33 <input type="checkbox"/> 5th or 6th grade 34 <input type="checkbox"/> 7th or 8th grade 35 <input type="checkbox"/> 9th grade 36 <input type="checkbox"/> 10th grade 37 <input type="checkbox"/> 11th grade 38 <input type="checkbox"/> 12th grade, no diploma 39 <input type="checkbox"/> High School Graduate - Diploma or Equivalent (e.g., GED) 40 <input type="checkbox"/> Some college but no degree 41 <input type="checkbox"/> Diploma or certificate from a vocational, technical, trade or business school beyond the High School level 42 <input type="checkbox"/> Associate Degree in college - Occupational/vocational program 43 <input type="checkbox"/> Associate Degree in college - Academic 44 <input type="checkbox"/> Bachelors Degree (e.g., BA, AB, BS) 45 <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 46 <input type="checkbox"/> Professional School Degree (e.g., MD, DDS, DVM, LLB, JD)

				20 <input type="checkbox"/> Female neighbor 21 <input type="checkbox"/> Employee / Someone hired 22 <input type="checkbox"/> Someone from helping organization 23 <input type="checkbox"/> Institution / Assisted Living Center 24 <input type="checkbox"/> Legal Guardian 25 <input type="checkbox"/> Unable to Determine 26 <input type="checkbox"/> Someone else (specify) 99 <input type="checkbox"/> Child gender unknown -8, -9 <input type="checkbox"/> Don't Know, Refused Specify:
REL_SP_3 - REL_SP_20	Length 40			
10d. Does [ROS_NAME_3-20] usually live here? MEM03 - MEM20	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused	
If MEM03-20 equal 1, -8, or -9, CAPI copy MEM03-20 into HHMEM_03 - HHMEM_20	Length 2		1 <input type="checkbox"/> Yes -8, -9 <input type="checkbox"/> Don't Know, Refused	
10e. Is [ROS_NAME_3-20] male or female? FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. SEXFLG03 - SEXFLG20	Length 2		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	
CAPI store SEXFLG03 - SEXFLG20 into ROS_SEX_3 - ROS_SEX_20				
Note: Question 10f not used in 2004.				
10g. How old is [ROS_NAME_3-20] as of today? FR: IF LESS THAN 1 YEAR, ENTER 1. APXAGE03 - APXAGE20	Length 3		1-15 <input type="checkbox"/> Years - If last name, SKIP TO CHECK SPMEM. If more names, return to 10c (REL_03_1-REL_20_1) 1-130 <input type="checkbox"/> Years -8, -9 <input type="checkbox"/> Don't Know, Refused	
CAPI store APXAGE03 - APXAGE20 into ROS_AGE_3 - ROS_AGE_20				
10h. Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or (have you/has) (she/he) never been married? HHMAR03 - HHMAR20	Length 2		1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Partnered (not married) -8, -9 <input type="checkbox"/> Don't Know, Refused	
10i. FR: SHOW FLASHCARD 3. What is the highest level of regular school [ROS_NAME_3-20] has completed or the highest degree [ROS_NAME_3-20] has received? HHEDU03 - HHEDU20	Length 2		31 <input type="checkbox"/> Less than 1st grade 32 <input type="checkbox"/> 1st, 2nd, 3rd or 4th grade 33 <input type="checkbox"/> 5th or 6th grade 34 <input type="checkbox"/> 7th or 8th grade 35 <input type="checkbox"/> 9th grade 36 <input type="checkbox"/> 10th grade 37 <input type="checkbox"/> 11th grade 38 <input type="checkbox"/> 12th grade, no diploma 39 <input type="checkbox"/> High School Graduate - Diploma or Equivalent (e.g., GED) 40 <input type="checkbox"/> Some college but no degree 41 <input type="checkbox"/> Diploma or certificate from a vocational, technical, trade or business school beyond the High School level 42 <input type="checkbox"/> Associate Degree in college - Occupational/vocational 43 <input type="checkbox"/> Associate Degree in college - Academic 44 <input type="checkbox"/> Bachelors Degree (e.g., BA, AB, BS) 45 <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA) 46 <input type="checkbox"/> Professional School Degree (e.g., MD, DDS, DVM, LLB, JD) 47 <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) -8, -9 <input type="checkbox"/> Don't Know, Refused	
>HELP SCREEN< [REFERENCE]				
Education exclusions: Do not include education obtained at vocational schools, business schools or colleges, and other trade and specialized schools unless such schools are part of a regular school system. Do not include training received by mail from "correspondence" schools, unless the correspondent course counted toward promotion in a regular school. Do not include any "on-the-job" training. Do not include adult education classes unless such schooling is being counted for credit in a regular school system. If a person is taking adult education classes but not for credit, he/she should not be regarded as enrolled in a regular school. Most of the training such as is under the Manpower Development and Training Act of 1962, Comprehensive Employment and Training Act of 1973 (CETA), or Poverty Program more than likely will be courses obtained at private vocational or trade schools or possibly will be in the nature of on-the-job training. In any event, most training under these Acts or the Poverty Program will not be obtained at a regular school. There may, however, be a few isolated cases where such schooling is given for credit at a regular school. Ask to be sure.				
10j. How many hours does [ROS_NAME_3-20] usually work per week? HHWORK03 - HHWORK20	Length 2		0-99 <input type="checkbox"/> Hours -8, -9 <input type="checkbox"/> Don't Know, Refused	
>HELP SCREEN< [REFERENCE]				
Work includes work as a paid employee in the person's own business, professional practice, or farm; or work without pay as an employee in a family farm or business. Work does not include work as a volunteer without pay for such organizations as the Red Cross, USO, etc.				
Note: Questions CHECK RELATIONSHIP through LASTSExx were skipped for all observations because of CAPI error in 2004. Variables HHSPWORKxx and CHFAM_xx were set to -7 for children with MEMxx equal to 2 (not usually in the household). LASTSExx was set to 1, since these children were currently visiting the Sample Person.				
CHECK RELATIONSHIP CAPI: Check ROS_REL_3 - ROS_REL_20. If ROS_REL_3-20 not equal 3 or 4 and last name in roster, SKIP TO CHECK SPMEM. If ROS_REL_3-20 not equal 3 or 4 and more names in roster, SKIP BACK TO 10c. If ROS_REL_3-20 equal 3 or 4 and HHMAR03-20 not equal to 1, SKIP TO CHECK HOUSEHOLD MEMBERSHIP. If ROS_REL_3-20 equal 3 or 4 and HHMAR03-20 equals 1 continue.				
10k. How many hours does [ROS_NAME_3-20]'s spouse usually work per week? HHSPWORK03 - HHSPWORK20	Length 2		0 - 99 <input type="checkbox"/> Hours -8, -9 <input type="checkbox"/> Don't Know, Refused	
CHECK HOUSEHOLD MEMBERSHIP CAPI: Check MEM03 - MEM20 If MEM03-20 is equal to 1, SKIP TO CHECK CHILDREN. Otherwise, CONTINUE.				
10l. How many children under 15 years of age live with [ROS_NAME_3-20]? CHFAM_03 - CHFAM_20	Length 2		0 - 30 <input type="checkbox"/> Number of children -8, -9 <input type="checkbox"/> Don't Know, Refused	
10m. About how long does it USUALLY take for [ROS_NAME_3-20] to get here				

from (he/she) lives?			1	<input type="checkbox"/>	10 minutes or less
			2	<input type="checkbox"/>	11- 30 minutes
HOWFAR03 -	Length	2	3	<input type="checkbox"/>	31 - 60 minutes
HOWFAR20			4	<input type="checkbox"/>	61 minutes, but less than 1 day
			5	<input type="checkbox"/>	1 day or longer
			-8, -9	<input type="checkbox"/>	Don't Know, Refused
>HELP SCREEN< [REFERENCE]					
One of the questions you will be asking regarding the sample person's children is how long it usually takes him/her to get to the sample person's home. Enter the code column. For example, if the respondent states that it would take 60 minutes by plane but 8 hours by car, probe to see which mode of transportation is usually used when making visits to the sample person.					
10n. When did (you)/[SAMPNAME] last see [ROS_NAME_3-20]?			1	<input type="checkbox"/>	Today or Yesterday
			2	<input type="checkbox"/>	2 - 7 days ago
LASTSE03 -	Length	2	3	<input type="checkbox"/>	8 - 30 days ago
LASTSE20			4	<input type="checkbox"/>	31 days - 12 months ago
			5	<input type="checkbox"/>	More than 12 months ago
			-8, -9	<input type="checkbox"/>	Don't Know, Refused
- CLOSE HOUSEHOLD ROSTER -					
CHECK SPMEM					
<i>CAPI: If SPMEM not equal to 1 and MARSTAT = 1 continue, else SKIP TO DT_CHK_CHILD.</i>					
11. Is (your)/[SAMPNAME] (FILL spouse) staying in an institution?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - SKIP TO 11b (DT_SPADDR_SPADD2)
SPINST1	Length	2	-8, -9	<input type="checkbox"/>	Don't Know, Refused - SKIP TO 11b (DT_SPADDR_SPADD2)
11a. What is the name of the institution where (your)/[SAMPNAME]'s (FILL spouse) is staying?			1	<input type="checkbox"/>	Same institution as the sample person - SKIP TO DT_CHK_CHILD
SPINSNM3	Length	2	-8, -9	<input type="checkbox"/>	Other - specify in SPINSNM3_SP below
SPINSNM3_SP	Length	30		<input type="checkbox"/>	Don't Know, Refused
11b. What is (your)/[SAMPNAME]'s (FILL spouse)'s address?				<input type="checkbox"/>	Location of spouse
DT_SPADDR_SPADD2	Length	54		<input type="checkbox"/>	Street Address
DT_SPADDR_SPPLACE	Length	54		<input type="checkbox"/>	Town, City, Place
DT_SPADDR_SPCNTY	Length	40		<input type="checkbox"/>	County
DT_SPADDR_SPSTATE	Length	2		<input type="checkbox"/>	State Name
DT_SPADDR_SPZIP5	Length	5		<input type="checkbox"/>	Zip Code 5
DT_SPADDR_SPZIP4	Length	4		<input type="checkbox"/>	Zip 4
			-8, -9	<input type="checkbox"/>	Don't Know, Refused
CHECK CHILDREN					
<i>CAPI: Refer to 10c (ROS_REL_3-20) and 10d (MEM03-20).</i>					
DT_CHK_CHILD	Length	2	1-18	<input type="checkbox"/>	Any children in household roster - SKIP TO 12a (OTHCHILD)
12. How many living children, including natural, adopted, and step children (do you/does) [SAMPNAME] have?			0	<input type="checkbox"/>	No children in household roster
			1-18	<input type="checkbox"/>	SKIP TO 12b (DT_CHROS_I)
ANYCHILD	Length	2	-8, -9	<input type="checkbox"/>	Don't Know, Refused - SKIP TO DT CONTROL CARD END
12a. FR: READ NAMES OF CHILDREN ALREADY GIVEN. Now, I have some questions about (your)/[SAMPNAME]'s children. Besides (READ NAMES), how many living children, including natural, adopted and step children, (do you/does) (he/she) have?			0	<input type="checkbox"/>	Number of children - SKIP TO DT CONTROL CARD END
OTHCHILD	Length	2	1-18	<input type="checkbox"/>	SKIP TO 12b (DT_CHROS_NM)
			-8, -9	<input type="checkbox"/>	Don't Know, Refused - SKIP TO DT CONTROL CARD END
OPEN CHILDREN NOT IN HOUSEHOLD ROSTER					
12b. What are the names of (your)/[SAMPNAME]'s (other) children?				<input type="checkbox"/>	Full Name
DT_CHROS_NM	Length	35		<input type="checkbox"/>	
<i>CAPI store DT_CHROS_NM into ROS_NAME_3 - ROS_NAME_20</i>					
<i>and set CH_ADD03 - CH_ADD20 to 1</i>					
CH_ADD03 -	Length	2	1	<input type="checkbox"/>	Child not in household - Entered in roster
CH_ADD20					
FR: ENTER (P) FOR PERSON NOT LISTED. ENTER (S) FOR A PERSONAL DESCRIPTION. ENTER (E) TO ERASE A NEWLY ADDED NAME. ENTER (N) FOR NO MORE CHILDREN GIVEN. ENTER (D) FOR DON'T KNOW. ENTER (R) FOR REFUSED.					
ROS_TYPE_3 -	Length	2	P	<input type="checkbox"/>	Roster Entry added, person name
ROS_TYPE_20			H	<input type="checkbox"/>	Roster Entry added, description
Are there any more children?				<input type="checkbox"/>	Yes - return to 12b (DT_CHROS_NM)
DT_CHROS_I			N	<input type="checkbox"/>	No More - Fill response in DT_CHROS_I, then CONTINUE TO 12d (DT_CHSEX03-20)
<i>Allows more entries up to a maximum of 20.</i>					
12d. FR: IF GENDER IS APPARENT, MARK WITHOUT ASKING. Is [ROS_NAME_3-20] male or female?			1	<input type="checkbox"/>	Male
DT_CHSEX03 -	Length	2	2	<input type="checkbox"/>	Female
DT_CHSEX20			-8, -9	<input type="checkbox"/>	Don't Know, Refused
<i>CAPI store DT_CHSEX03-DT_CHSEX20 into ROS_SEX_3-ROS_SEX_20</i>					
12e. FR: IF LESS THAN 1 YEAR OF AGE, ENTER 1. How old is [ROS_NAME_3-20] as of today?			1-15	<input type="checkbox"/>	Years - SKIP TO 12j (HOWFAR03-20)
DT_CHAXAG03 -	Length	3	16 - 130	<input type="checkbox"/>	
DT_CHAXAG20			-8, -9	<input type="checkbox"/>	Don't Know, Refused
<i>CAPI store DT_CHAXAG03 - CT_CHAXAG20 into ROS_AGE_3 - ROS_AGE_20</i>					
12f. How many hours does [ROS_NAME_3-20] usually work per week?			0 - 99	<input type="checkbox"/>	Hours
DT_CHWORK03 -	Length	2	-8, -9	<input type="checkbox"/>	Don't Know, Refused
DT_CHWORK20					
12g. Is [ROS_NAME_3-20] currently married, widowed, divorced, separated, partnered (not married), or has (he/she) never been married?			1	<input type="checkbox"/>	Married
			2	<input type="checkbox"/>	Widowed - SKIP TO 12i (CHFAM_03-20)
			3	<input type="checkbox"/>	Divorced - SKIP TO 12i (CHFAM_03-20)
DT_CHMARST03 -	Length	2	4	<input type="checkbox"/>	Separated - SKIP TO 12i (CHFAM_03-20)
DT_CHMARST20			5	<input type="checkbox"/>	Never Married - SKIP TO 12i (CHFAM_03-20)

		6	<input type="checkbox"/>	Partnered (not married) - SKIP TO 12i (CHFAM_03-20)
		-8, -9	<input type="checkbox"/>	Don't Know, Refused - SKIP TO 12i (CHFAM_03-20)
12h.	How many hours does [ROS_NAME_3-20]'s (FILL spouse) usually work per week? DT_CHSPWORK03 - DT_CHSPWORK20	Length	2	0 - 99 <input type="checkbox"/> Hours -8, -9 <input type="checkbox"/> Don't Know, Refused
12i.	How many children under 15 years of age live with [ROS_NAME_3-20]? CHFAM_03 - CHFAM_20	Length	2	0 - 30 <input type="checkbox"/> Number of children -8, -9 <input type="checkbox"/> Don't Know, Refused
12j.	About how long does it USUALLY take for [ROS_NAME_3-20] to get here from (he/she) lives? HOWFAR03 - HOWFAR20	Length	2	1 <input type="checkbox"/> 10 minutes or less 2 <input type="checkbox"/> 11- 30 minutes 3 <input type="checkbox"/> 31 - 60 minutes 4 <input type="checkbox"/> 61 minutes, but less than 1 day 5 <input type="checkbox"/> 1 day or longer -8, -9 <input type="checkbox"/> Don't Know, Refused
>HELP SCREEN< [REFERENCE]				
One of the questions you will be asking regarding the sample person's children is how long it usually takes him/her to get to the sample person's home. Enter the code column. For example, if the respondent states that it would take 60 minutes by plane but 8 hours by car, probe to see which mode of transportation is usually used when making visits to the sample person.				
12k.	When did (you)[SAMPNAME] last see [ROS_NAME_3-20]? LASTSE03 - LASTSE20	Length	2	1 <input type="checkbox"/> Today or Yesterday 2 <input type="checkbox"/> 2 -7 days ago 3 <input type="checkbox"/> 8 - 30 days ago 4 <input type="checkbox"/> 31 days - 12 months ago 5 <input type="checkbox"/> More than 12 months ago -8, -9 <input type="checkbox"/> Don't Know, Refused
CHECK MORE CHILDREN				
CAPI: If more children in roster, return to 12d (DT_CHSEX03-20) and complete questions 12d (DT_CHSEX03-20) - 12k (LASTSE03-20) for each child.				
- CLOSE CHILDREN NOT IN HOUSEHOLD ROSTER -				
CC COMPLETE				
CAPI: If 50% of the following variables do not have responses of 'D', 'R' or -5, then the Control Card is complete: DT_CKSCMARI, DT_CKSEDU, DT_CKSRACE, DOWORK, DT_OTHCHILD.				
	DT_CC_COMPLETE	Length	2	1 <input type="checkbox"/> Complete—Set DT_OUTCOME AT END OF DETAILED INTERVIEW = 801 2 <input type="checkbox"/> Incomplete - SKIP TO DT_REASON AT END OF DETAILED INTERVIEW—set = 99
SELECT SURVEY				
CAPI: If LTC_FLAG equals 2 or 3, SKIP TO CND BEGIN.				
CHECK MENTAL B				
CAPI: If LTC_FLAG equals 1 and SEL_RESP equals 1 or 2, SKIP TO CND BEGIN. If LTC_FLAG equals 1 and SEL_RESP equals 3, SKIP TO AMN1 BEGIN				