

2004 INSTITUTIONAL INTERVIEW				
		Negative Number Response Codes Key -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)		Variable Name Highlighted Grey = Variable not included in data set.
Conditions List Module				
CND BEGIN				
Set Start Time				
CHECK SURVEY				
CAPI: If LTC_FLAG = 1, SKIP TO SEL WHO, else continue to PROXY1.				
PROXY1				
FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?				
CNDPROXY	Length	2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy	ALL SKIP TO 1a (CND_1A01)
SEL WHO				
FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER OR, IF NECESSARY, A NURSE'S AIDE.				
SEL_WHO_1A_1	Length	2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Son/Daughter 4 <input type="checkbox"/> Other relative - Specify below in SEL_WHO_1A_SP1 5 <input type="checkbox"/> Nurse or Nurse's Aide 6 <input type="checkbox"/> Other Nonrelative-Specify below in SEL_WHO_1A_SP2	Specify: _____
SEL_WHO_1A_1_SP1	Length	30		Specify: _____
SEL_WHO_1A_1_SP2	Length	30		Specify: _____
CHECK CONDITIONS				
1a. Now I'm going to read you a list of medical conditions. (Do you/Does) [SAMPNAME] NOW have any of the following:				
Rheumatism or arthritis? CND_1A01	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1b. Paralysis? CND_1A02	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1c. Other permanent numbness or stiffness (besides paralysis/rheumatism or arthritis)? CND_1A03	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1d. Multiple Sclerosis? CND_1A04	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1e. Cerebral palsy? CND_1A05	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1f. Epilepsy? CND_1A06	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1g. Parkinson's disease? CND_1A07	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1h. Glaucoma? CND_1A08	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1i. Diabetes? CND_1A09	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1j. Cancer? CND_1A10	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1k. Frequent constipation? CND_1A11	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1l. Frequent trouble sleeping? CND_1A12	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1m. Frequent severe headaches? CND_1A13	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1n. Obesity or is [SAMPNAME] overweight? CND_1A14	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1o. Arteriosclerosis or hardening of the arteries? CND_1A15	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1p. Chronic pain? CND_1A16	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1q. Pressure sores or skin ulcers CND_1A17	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
CHECK INSTITUTIONAL				
CAPI: If LTC_FLAG = 1, SKIP TO 2a (CND_2_01).				
CHECK PROXY				
CAPI: Refer to CNDPROXY at beginning of this part.				
CND CK2	Length	2		1 <input type="checkbox"/> Sample Person - SKIP TO 2a (CND_2_01) 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample Person and Proxy - SKIP TO 2a (CND_2_01)
1r. (Do you/Does) [SAMPNAME] NOW have: Alzheimer's disease? CND_1B_1	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1s. Mental retardation? CND_1B_2	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
1t. Dementia? CND_1B_3	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused

CND_1B_3		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2a.	(Have you/Has) [SAMPNAME] had any of the following in the LAST 12 months? A heart attack?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_01		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2b.	Any other heart problem?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_02		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2c.	Hypertension or high blood pressure?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_03		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2d.	A stroke?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_04		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2e.	Circulation trouble in (your)[SAMPNAME]'s arms or legs?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_05		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2f.	(Have you/Has) [SAMPNAME] had Pneumonia in LAST 12 months?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_06		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2g.	Bronchitis?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_07		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2h.	Flu?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_08		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2i.	Emphysema?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_09		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2j.	Asthma?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_10		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2k.	A broken hip?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_11		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2l.	Other broken bones?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CND_2_12		Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused

END CONDITION LIST

CND END

Set end time

CONDITIONS COMPLETION CHECK

CAPI: If 50 % of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.

CND_1A01, CND_1A02, CND_1A03, CND_1A04, CND_1A05, CND_1A06, CND_1A07, CND_1A08, CND_1A09, CND_1A10, CND_1A11, CND_1A12, CND_1A13, CND_1A14, CND_1A15, CND_1A16, CND_1A17, CND_2_01, CND_2_02, CND_2_03, CND_2_04, CND_2_05, CND_2_06, CND_2_07, CND_2_08, CND_2_09, CND_2_10, CND_2_11, CND_2_12

COND_COMPLETE

Length 2

- 1 Complete—Set COND_COMPLETE = 1
2 Incomplete—Set COND_COMPLETE = 2

CHECK SURVEY 2

CAPI: If LTC_FLAG = 2 or 3, continue to ADL BEGIN in Community Interview.
If LTC_FLAG = 1, continue to IAD BEGIN.

Institutional Activities of Daily Living (IADL) Module

IAD BEGIN

Set Start Time

IAD WHO

FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A NURSE'S AIDE OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.

Respondent's relationship to [SAMPNAME].

IAD_WHO1A_1

Length 2

- 1 Sample Person
2 Nurse or Nurse's Aide
3 Spouse
4 Son/Daughter
5 Other relative-Specify below in IADW_A_1_SP1
6 Other Nonrelative-Specify below in IADW_A_1_SP2
Specify: _____
Specify: _____

IADW_A_1_SP1

Length 30

IADW_A_1_SP2

Length 30

1a. Now I have some questions to ask you about (your)[SAMPNAME]'s ability to do everyday activities and about any services (you/he/she) may be receiving. During the past week, that is, since last (FILL current week day), did any person help (you/him/her) eat?

IAD_1A

Length 2

- 1 Yes
2 No - SKIP TO 1d (IAD_1D)
3 Did not eat at all - SKIP TO 2a (IAD_2A)
-8, -9 Don't Know, Refused - SKIP TO 1d (IAD_1D)

>HELP SCREEN< [REFERENCE]

EATING

Getting food from a plate into the mouth with a utensil. The amount of time it takes the sample person to eat, the way he or she eats, or how sloppy he/she is while eating is irrelevant. The important thing is eating the food independently. If you are told that the sample person didn't eat at all, was fed intravenously or was fed by tube, mark "did not eat at all."

1b. Did someone feed (you)[SAMPNAME]?

IAD_1B

Length 2

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

1c. Did someone help (you)[SAMPNAME] cut meat or butter bread?

IAD_1C

Length 2

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

1d. Did (you)[SAMPNAME] use special utensils or special dishes to help (you/him/her) eat?

IAD_1D

Length 2

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

>HELP SCREEN< [REFERENCE]

SPECIAL EQUIPMENT FOR EATING

Special equipment used for eating include special utensils or special dishes such as a special spoon that directs all the food on it into the mouth, a forked knife, a plate guard, a hand splint.

2a. Since last (FILL current week day) did (you)[SAMPNAME] get out of bed at all for any reason whatsoever?

- 1 Yes
2 No - SKIP TO 4e (IAD_4E)

IAD_2A	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4e (IAD_4E)
2b. Did any person help (you)/[SAMPNAME] get in or out of bed?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 2d (IAD_2D)
IAD_2B	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 2d (IAD_2D)
2c. Did someone actually LIFT (you)/[SAMPNAME] in or out of bed?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_2C	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
2d. Did (you)/[SAMPNAME] use special equipment like a wheelchair, railing, walker, or cane to help (you/him/her) get out of bed?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_2D	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
3a. Since last (FILL current week day) did (you)/[SAMPNAME] get around indoors at all?	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4a (IAD_4A)
IAD_3A	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (IAD_4A)
3b. Did any person help (you)/[SAMPNAME] get around indoors?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_3B	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
3c. Did (you)/[SAMPNAME] also use special equipment like a wheelchair, cane, or other device to help (you/him/her) get around indoors?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4a (IAD_4A)
IAD_3C	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (IAD_4A)
3d. Did (you)/[SAMPNAME] use a wheelchair?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4a (IAD_4A)
IAD_3D	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4a (IAD_4A)
3e. (Are you/ls) [SAMPNAME] able to get around at all without the wheelchair?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_3E	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
4a. The next questions are about dressing, that is, getting and putting on clothes that (you)/[SAMPNAME] wear(s) during the day. Since last (FILL current week day), did (you)/[SAMPNAME] get dressed at all?	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4e (IAD_4E)
IAD_4A	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4e (IAD_4E)
>HELP SCREEN< [REFERENCE]				
DRESSING Dressing includes getting clothes and putting them on, but does not include undressing.				
DIDN'T DRESS The sample person went the whole preceding week without changing clothes. Whether the sample person spent the week in nightclothes or in street clothes is not relevant.				
4b. Did any person usually help (you)/[SAMPNAME] get dressed?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 4d (IAD_4D)
IAD_4B	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 4d (IAD_4D)
>HELP SCREEN< [REFERENCE]				
HELP DRESSING Any assistance in putting on clothes, such as help buttoning a shirt or putting on shoes. If a sample person receives nominal help with fasteners or zippers, like the help any woman might receive to zip a dress, you should not consider this "help." If, however, a sample person needs help with all or most buttons, or with zippers no matter where they are, this is considered active help.				
4c. Did someone put on all (your)/[SAMPNAME]'s clothes for (you/him/her)?	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_4C	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
4d. Did (you)/[SAMPNAME] wear special clothing or use special equipment to help (you/him/her) dress?	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
IAD_4D	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
ALL SKIP TO IAD CHECK 1				
>HELP SCREEN< [REFERENCE]				
SPECIAL CLOTHING Clothes made especially to accommodate one's limitations, other than special shoes. An example would be clothes with Velcro fasteners instead of buttons for someone who does not have the dexterity necessary to fasten buttons.				
4e. Did someone help change (your)/[SAMPNAME]'s pajamas or gown?	Length	2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_4E	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
IAD CHECK 1				
<i>CAP: Refer to question 2a (IAD 2A). If bedfast (IAD 2A=2), SKIP TO 5g (IAD 5G).</i>				
5a. Since last (FILL current week day) (were you/was) [SAMPNAME] able to take a bath or shower at all?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 5f (IAD_5F)
IAD_5A	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 5f (IAD_5F)
5b. Did any person help (you)/[SAMPNAME] take a bath or shower?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 5e (IAD_5E)
IAD_5B	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 5e (IAD_5E)
5c. Did someone bathe (you)/[SAMPNAME]?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_5C	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
5d. Did someone help (you)/[SAMPNAME] get in or out of the tub or shower?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_5D	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
5e. Did (you)/[SAMPNAME] use special equipment like a shower seat, tub stool or grab bar to help (you/him/her) bathe?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_5E	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
5f. Did (you)/[SAMPNAME] wash (your/his/her) body at a sink or basin?	Length	2	-8, -9	1 <input type="checkbox"/> Yes - SKIP TO 6a (IAD_6A) 2 <input type="checkbox"/> No
IAD_5F	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
5g. During the past week, did (you)/[SAMPNAME] have a bed bath?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IAD_5G	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
6a. Since last (FILL current week day) did (you)/[SAMPNAME] use the toilet at all?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6e (IAD_6E)
IAD_6A	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6e (IAD_6E)
6b. Did any person help (you)/[SAMPNAME] get to the bathroom or use the toilet?	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 6d (IAD_6D)
IAD_6B	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6d (IAD_6D)
6c. Did someone help (you)/[SAMPNAME] to get on or off the toilet, arrange (your/his/her) clothes, or clean (yourself/himself/herself)?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

IAD_6C	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Yes <input type="checkbox"/> No	
6d. Did (you/)[SAMPNAME] take care of (your/his/her) toilet needs by using any special equipment like a bedpan/portable toilet/commode/special underwear?	IAD_6D	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 6g (IAD_6G)
6e. (Do you/Does) [SAMPNAME] use a device such as a urinary catheter or a colostomy bag?	IAD_6E	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6g (IAD_6G) <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 6g (IAD_6G)
6f. (Do you/Does) [SAMPNAME] take care of it by himself/herself OR did someone help (you/him/her) take care of it?	IAD_6F	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Self care <input type="checkbox"/> With help
6g. During the past week, (have you/has) [SAMPNAME] sometimes had trouble controlling (your/his/her) bladder or bowels so that (you/him/her) accidentally wet or soiled (yourself/himself/herself) either day or night?	IAD_6G	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO IAD CHECK 2 <input type="checkbox"/> Don't Know, Refused - SKIP TO IAD CHECK 2
6h. (Do you/Does) [SAMPNAME] clean it up by (yourself/himself/herself) or does someone help (you/him/her) to take care of it?	IAD_6H	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Self care <input type="checkbox"/> With help
>HELP SCREEN< [REFERENCE]					
CLEANING WHEN ONE ACCIDENTALLY WETS OR SOILS HIMSELF/HERSELF					
For sample persons who may wet or soil themselves, we want to determine if he/she cleans up or if he/she has assistance in cleaning. We consider the sample person being capable of self care only if he/she was able to clean himself/herself as well as any soiled clothes or bedclothes. Care with help occurs even when the sample person is able to clean himself/herself but needs help in changing bedclothes.					
IAD CHECK 2					
<i>CAPI: Refer to question 2a (IAD_2A) and 3a (IAD_3A). If bedfast (IAD_2A=2) or no inside activity (IAD_3A=2), SKIP TO IAD END.</i>					
7a. (Do you/Does) [SAMPNAME] get around outdoors at all either with or without help?	IAD_7A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO IAD END <input type="checkbox"/> Don't Know, Refused - SKIP TO IAD END
7b. When (you/)[SAMPNAME] goes outdoors, does someone usually help (you/him/her) get around?	IAD_7B	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
7c. When (you/)[SAMPNAME] goes outdoors, is special equipment like a cane or a walker used?	IAD_7C	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO IAD END <input type="checkbox"/> Don't Know, Refused - SKIP TO IAD END
7d. (Do you/Does) [SAMPNAME] usually use this equipment alone or with help from another person?	IAD_7D	Length	2	-8, -9	<input type="checkbox"/> By self <input type="checkbox"/> With help <input type="checkbox"/> Don't Know, Refused
IAD END					
Set end time					
End Activities of Daily Living (ADL) Module and Return to Options Menu					
IADL COMPLETION CHECK					
<i>CAPI: If 50 % of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.</i>					
IAD_1A, IAD_2A, IAD_4E, IAD_5A, IAD_6A, IAD_6E, IAD_6G, IAD_7A	IADL_COMPLETE	Length	2		<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete—Set IADL_COMPLETE = 2
CHECK MENTAL A					
<i>CAPI: Is Cognitive Functioning Section completed? (Refer to MNT_CK4 and MNT_11_1 - MNT_11_10).</i>					
<i>If not complete, SKIP TO MNT BEGIN.</i>					
<i>If complete and LTC_FLAG equals 2 or 3, CONTINUE with OBS BEGIN in COMMUNITY INTERVIEW.</i>					
<i>If complete and LTC_FLAG equals 1, CONTINUE with AMN1 BEGIN In INSTITUTIONAL INTERVIEW.</i>					
Cognitive Functioning (Short Portable Mental Status Questionnaire) (SPSMQ) Module					
MNT BEGIN					
Set Start Time					
MNT CHECK 1					
FR: IS THE SAMPLE PERSON, A PROXY, OR BOTH THE SAMPLE PERSON AND A PROXY CURRENTLY RESPONDING TO THESE QUESTIONS?	MNTPROXY	Length	2		<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy <input type="checkbox"/> Sample Person and Proxy
MNT I1A					
FR: THIS SECTION IS TO BE ASKED OF THE SAMPLE PERSON ONLY. IF THE SAMPLE PERSON IS UNABLE TO RESPOND, DO NOT ATTEMPT TO ADMINISTER THIS SECTION OF THE QUESTIONNAIRE. PLEASE NOTE THAT THESE MODULES SHOULD BE ADMINISTERED EVEN IF THE SAMPLE PERSON SHOWS SIGNS OF DEMENTIA, ALZHEIMER'S, OR MENTAL RETARDATION.					
MNT_I1A_R	Length	2			<input type="checkbox"/> Sample Person can do, but not available <input type="checkbox"/> Continue <input type="checkbox"/> Unable to administer - SKIP TO 11 (MNT_11TG_1)
THE SHORT PORTABLE MENTAL STATUS QUESTIONNAIRE (SPMSQ) SCORING:*					
0-2 errors: normal mental functioning					
3-4 errors: mild cognitive impairment					
5-7 errors: moderate cognitive impairment					
8 or more errors: severe cognitive impairment					
*One more error is allowed in the scoring if a sample person has had a grade school education or less.					
*One less error is allowed if the sample person has had education beyond the high school level.					
Source: Pfeiffer, E. (1975). A short portable mental status questionnaire for the assessment of organic brain deficit in elderly patients. Journal of American Geriatrics Society. 23, 433-41.					
MNT INTRO					
FR: IF SPEAKING TO THE SAMPLE PERSON FOR THE FIRST TIME, READ THE FIRST PARAGRAPH. IF NOT, START READING THE SECOND PARAGRAPH.					
Hello, I am (your name) from the United States Bureau of the Census. We are taking a survey of Long Term Care in the United States. This is a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. As part of this survey, we now have some questions to ask you.					
Sometimes when people get older, they have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. It's very normal. If you DO know the answers, the questions may seem very simple.					
1. What is the date today?	FR: ANSWER - TODAY IS [CURRENT SYSTEM DATE].	MNT_1	Length	2	<input type="checkbox"/> Correct (+) <input type="checkbox"/> Incorrect (-) <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
2. What day of the week is it?	FR: ANSWER - TODAY IS [CURRENT SYSTEM DAY].	MNT_2	Length	2	<input type="checkbox"/> Correct (+) <input type="checkbox"/> Incorrect (-) <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
COMMUNITY QUESTIONNAIRE CHECK					
<i>CAPI: If LTC_FLAG equals 2 or 3, SKIP TO 3b.</i>					

3a.	What is the name of this place? FR: ANSWER - THE NAME OF THIS PLACE IS [INSTNAME]. MNT_3_1	Length	2	1 <input type="checkbox"/> Correct (+) - SKIP TO 4 (MNT_4) 2 <input type="checkbox"/> Incorrect (-) - SKIP TO 4 (MNT_4) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 4 (MNT_4) -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
3b.	What is your street address? FR: ANSWER - STREET ADDRESS IS [ADDRESS]. MNT_3	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
4.	In what State is this? FR: ANSWER - STATE IS [STATE]. MNT_4	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
5.	How old are you? FR: ANSWER - [SAMPNAME]'S AGE IS [AGE]. MNT_5	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
6.	When were you born? FR: ANSWER - [SAMPNAME]'S BIRTHDATE IS [BIRTHDATE]. MNT_6	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
7.	Who is the President of the United States now? FR: ANSWER - GEORGE W. BUSH. MNT_7	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
8.	Who was the President just before him? FR: ANSWER - WILLIAM J. CLINTON. MNT_8	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
9.	What was your mother's maiden name? FR: ACCEPT ANY NAME EXCEPT FOR THE RESPONDENT'S LAST NAME. MNT_9	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
10.	Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. FR: PROBE: CAN YOU SUBTRACT 3 FROM THAT? MNT_10 Correct answer: 17, 14, 11, 8, 5, 2	Length	2	1 <input type="checkbox"/> Correct (+) 2 <input type="checkbox"/> Incorrect (-) -8, -9 <input type="checkbox"/> Don't Know, Refused -1 <input type="checkbox"/> Exit Cognitive - SKIP TO 11 (MNT_11TG_1)
MNT CHECK 4				
CAPI: Refer to all Cognitive Functioning questions 1 through 10. Are any of these questions coded 'D' or 'R'? MNT_CK4				
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO MNT END				
11.	FR: WHY WAS IT NOT POSSIBLE TO CARRY OUT ALL OF THE TESTS? MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.			
(0)	FR was denied access to sample person MNT_11TG_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(1)	Sample person is mentally incapable MNT_11TG_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2)	Sample person is physically incapable MNT_11TG_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3)	Sample person has hearing/speech problem MNT_11TG_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4)	Sample person cannot speak English MNT_11TG_5	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5)	Sample person has had a stroke MNT_11TG_6	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6)	Sample person has Alzheimer's disease MNT_11TG_7	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7)	Sample person comatose MNT_11TG_8	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8)	Sample person is a danger to self or others MNT_11TG_9	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9)	Specify other MNT_11TG_10 MNT_11_SP	Length	2	1 <input type="checkbox"/> 1 if other and specify in MNT_11_SP below 2 <input type="checkbox"/> No <input type="checkbox"/> Specify: _____
MNT END				
Set end time				
MNT COMPLETION CHECK				
CAPI: If MNT_11 is answered or 50 % of the below listed variables do not contain 'R', then the module is complete. MNT_1, MNT_2, MNT_3_1, MNT_4, MNT_5, MNT_6, MNT_7, MNT_8, MNT_9, MNT_10				
MNT_COMPLETE Length 2				
1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Incomplete—Set MNT_COMPLETE = 2				
End Cognitive Functioning Module and Return to Options Menu				

CHECK MENTAL 2

CAPI: If LTC_FLAG equals 2 or 3 and OFNPROXY is -5, continue with OFN BEGIN in Community Interview.
If LTC_FLAG equals 2 or 3 and SIBALIVE is not -5, SKIP TO OBS BEGIN in Community Interview.
If LTC_FLAG equals 1 and AMN_WHO1_R is -5, continue with AMN BEGIN.
If LTC_FLAG equals 1 and AMN_WHO1_R is not -5 and AMN2_WHO4 is -5, SKIP TO AMN1 BEGIN.
If LTC_FLAG equals 1 and BED_WHO1_1 is not -5, SKIP TO THANK YOU.

Previous Admissions (AMN) Module

AMN BEGIN
Set Start Time

AMN WHO
FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER .

Respondent's relationship to [SAMPNAME].
 AMN_WHO1_R Length 2 1 Sample Person
 2 Spouse
 3 Son/Daughter
 4 Other relative-Specify below in AMN_WHO2
 5 Other Nonrelative-Specify below in AMN_WHO3
 Specify: _____
 Specify: _____

AMN_WHO2 Length 40
 AMN_WHO3 Length 40

1a. Not counting this time, in the last four years, how many times has [SAMPNAME] been a patient in a nursing or convalescent home?
 AMN_3A Length 2 1-99 Time(s)
 0 Time(s) - SKIP TO 2a (AMN_4A)
 -8, -9 Don't Know, Refused - SKIP TO 2a (AMN_4A)

1b1. When was [SAMPNAME] admitted (that time/the last time)?
 AMN_3B11 Length 2 1-12 Month
 AMN_3B12 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

AMN CHECK 2A
CAPI: If AMN_3A equals 1, SKIP TO 2A (AMN_4A).

1b2. When was [SAMPNAME] admitted the time before that?
 AMN_3B21 Length 2 1-12
 AMN_3B22 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

AMN CHECK 2B
CAPI: If AMN_3A equals 2, SKIP TO 2A (AMN_4A).

1b3. When was [SAMPNAME] admitted the time before that?
 AMN_3B31 Length 2 1-12 Month
 AMN_3B32 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

AMN CHECK 2C
CAPI: If AMN_3A equals 3, SKIP TO 2A (AMN_4A).

1b4. When was [SAMPNAME] admitted the time before that?
 AMN_3B41 Length 2 1-12 Month
 AMN_3B42 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

2a. In the last 12 months has [SAMPNAME] been a patient in a hospital overnight or longer?
 AMN_4A Length 2 1 Yes
 2 No - SKIP TO AMN END
 -8, -9 Don't Know, Refused - SKIP TO AMN END

2b. How many times?
 AMN_4B Length 2 1-99 Time(s)
 0 Time(s) - SKIP TO AMN END
 -8, -9 Don't Know, Refused - SKIP TO AMN END

2c1. When was [SAMPNAME] admitted (that time/the last time)?
 AMN_4C11 Length 2 1-12 Month
 AMN_4C12 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

AMN CHECK 3A
CAPI: If AMN_4B equals 1, SKIP TO AMN END.

2c2. When was [SAMPNAME] admitted the time before that?
 AMN_4C21 Length 2 1-12 Month
 AMN_4C22 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

AMN CHECK 3B
CAPI: If AMN_4B equals 2, SKIP TO AMN END.

2c3. When was [SAMPNAME] admitted the time before that?
 AMN_4C31 Length 2 1-12 Month
 AMN_4C32 Length 4 1900-2005 Year
 -8, -9 Don't Know, Refused

AMN END
Set end time

End Previous Admissions Module and Return to Options Menu

Income and Assets (IAA) Module

IAA BEGIN
Set Start Time

IAA WHO
FR: COMPLETE THIS SECTION WITH THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER .

Respondent's relationship to [SAMPNAME].
 IAA_WHO1_R Length 2 1 Sample Person
 2 Spouse
 3 Son/Daughter
 4 Other relative - Specify below in IAA_WHO2
 5 Other Nonrelative - Specify below in IAA_WHO3
 Specify: _____
 Specify: _____

IAA_WHO2 Length 30
 IAA_WHO3 Length 30

1a. During the last month, that is, the month of (FILL previous month) did (you)/[SAMPNAME] receive Social Security benefits or Railroad Retirement benefits?
 IAA_1A Length 2 1 Yes
 2 No - SKIP TO 2a (IAA_B2A)
 -8, -9 Don't Know, Refused - SKIP TO 2a (IAA_B2A)

>HELP SCREEN- [REFERENCE]

RAILROAD RETIREMENT

A retirement program for employees of the nation's railroads that is comparable to Social Security.

SOCIAL SECURITY

Medicare premium amounts deducted from the Social Security check are not to be included in the reported Social Security benefits.

1b. How much did (you)/[SAMPNAME] receive in (FILL previous month)?

IAA_1B		Length	4	1-5,000	<input type="checkbox"/> Dollars - SKIP TO 2a (IAA_B2A)
1c. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?				-8, -9	<input type="checkbox"/> Don't Know, Refused
IAA_1C		Length	2		
FR: ENTER LINE NUMBER OF BEST CATEGORY.					
					1 <input type="checkbox"/> Under \$200
					2 <input type="checkbox"/> \$200 - \$399
					3 <input type="checkbox"/> \$400 - \$599
					4 <input type="checkbox"/> \$600 - \$799
					5 <input type="checkbox"/> \$800 - \$999
					6 <input type="checkbox"/> \$1000 - \$1499
					7 <input type="checkbox"/> \$1500 - \$1999
					8 <input type="checkbox"/> \$2000 - \$2999
					9 <input type="checkbox"/> \$3000 - \$3999
					10 <input type="checkbox"/> Over \$4000
					-8, -9 <input type="checkbox"/> Don't Know, Refused
2a. During the last month, that is, in (FILL previous month) did (you)/[SAMPNAME] receive any other retirement, pension, or annuity income?					1 <input type="checkbox"/> Yes
IAA_B2A		Length	2		2 <input type="checkbox"/> No - SKIP TO 3a (IAA_3A)
					-8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 3a (IAA_3A)
>HELP SCREEN< [REFERENCE]					
Veterans' payments include:					
1. Money paid by the Veterans Administration to disabled veterans or survivors of deceased veterans.					
2. Military retirement payments made by the U.S. Government to retired members of the Armed Forces.					
2b. How much did (you)/[SAMPNAME] receive?					
IAA_B2B		Length	4	1-5,000	<input type="checkbox"/> Dollars - SKIP TO 3a (IAA_3A)
2c. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount (you)/[SAMPNAME] in (FILL previous month)?				-8, -9	<input type="checkbox"/> Don't Know, Refused
IAA_B2C		Length	2		
FR: ENTER LINE NUMBER OF BEST CATEGORY.					
					1 <input type="checkbox"/> Under \$200
					2 <input type="checkbox"/> \$200 - \$399
					3 <input type="checkbox"/> \$400 - \$599
					4 <input type="checkbox"/> \$600 - \$799
					5 <input type="checkbox"/> \$800 - \$999
					6 <input type="checkbox"/> \$1000 - \$1499
					7 <input type="checkbox"/> \$1500 - \$1999
					8 <input type="checkbox"/> \$2000 - \$2999
					9 <input type="checkbox"/> \$3000 - \$3999
					10 <input type="checkbox"/> Over \$4000
					-8, -9 <input type="checkbox"/> Don't Know, Refused
3a. During (FILL previous month), did (you)/[SAMPNAME] receive Supplemental Security Income, that is SSI payments? These can come from either the Federal Government or the State Government.					1 <input type="checkbox"/> Yes
IAA_3A		Length	2		2 <input type="checkbox"/> No - SKIP TO IAA CHECK 2
					-8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO IAA CHECK 2
>HELP SCREEN< [REFERENCE]					
The Supplemental Security Income Program (SSI) is administered by the Social Security Administration and makes assistance payments to low-income blind, disabled, and aged persons. A person may be receiving either or both SSI and Social Security checks.					
3b. How much did (you)/[SAMPNAME] receive in (FILL previous month)?					
IAA_3B		Length	4	1-5,000	<input type="checkbox"/> Dollars - SKIP TO IAA CHECK 2
					-8, -9 <input type="checkbox"/> Don't Know, Refused
3c. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount (you)/[SAMPNAME] received in (FILL previous month)?					1 <input type="checkbox"/> Under \$200
IAA_3C		Length	2		2 <input type="checkbox"/> \$200 - \$399
FR: ENTER LINE NUMBER OF BEST CATEGORY.					3 <input type="checkbox"/> \$400 - \$599
					4 <input type="checkbox"/> \$600 - \$799
					5 <input type="checkbox"/> \$800 - \$999
					6 <input type="checkbox"/> \$1000 - \$1499
					7 <input type="checkbox"/> \$1500 - \$1999
					8 <input type="checkbox"/> \$2000 - \$2999
					9 <input type="checkbox"/> \$3000 - \$3999
					10 <input type="checkbox"/> Over \$4000
					-8, -9 <input type="checkbox"/> Don't Know, Refused
IAA CHECK 2					
<i>CAPI: Refer to marital status (DT_MARSTAT on the control card).</i>					
<i>Is DT_MARSTAT equal to '1'?</i>					
IAA_CK2		Length	2		1 <input type="checkbox"/> Yes
					2 <input type="checkbox"/> No - SKIP TO 7a (IAA_7A)
4a. The questions I just read concerned (your)/[SAMPNAME]'s income and assets. Next I will ask the same questions about (your/his/her) spouse's income and assets. Please include only the amount that (your/his/her) spouse, that is, (spouse name) receives. During the last month, that is, the month of (FILL previous month), did (your)/[SAMPNAME]'s spouse receive Social Security benefits or Railroad Retirement benefits?					1 <input type="checkbox"/> Yes
IAA_1AS		Length	2		2 <input type="checkbox"/> No - SKIP TO 5a (IAA_B2AS)
					-8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 5a (IAA_B2AS)
>HELP SCREEN< [REFERENCE]					
RAILROAD RETIREMENT					
A retirement program for employees of the nation's railroads that is comparable to Social Security.					
SOCIAL SECURITY					
Medicare premium amounts deducted from the Social Security check are not to be included in the reported Social Security benefits.					
4b. How much did (your)/[SAMPNAME]'s spouse receive in (FILL previous month)?					
IAA_1BS		Length	4	1-5,000	<input type="checkbox"/> Dollars - SKIP TO 5a (IAA_B2AS)
					-8, -9 <input type="checkbox"/> Don't Know, Refused
4c. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount (your)/[SAMPNAME]'s spouse received in (FILL previous month)?					1 <input type="checkbox"/> Under \$200
IAA_1CS		Length	2		2 <input type="checkbox"/> \$200 - \$399
FR: ENTER LINE NUMBER OF BEST CATEGORY.					3 <input type="checkbox"/> \$400 - \$599
					4 <input type="checkbox"/> \$600 - \$799
					5 <input type="checkbox"/> \$800 - \$999
					6 <input type="checkbox"/> \$1000 - \$1499
					7 <input type="checkbox"/> \$1500 - \$1999
					8 <input type="checkbox"/> \$2000 - \$2999
					9 <input type="checkbox"/> \$3000 - \$3999
					10 <input type="checkbox"/> Over \$4000
					-8, -9 <input type="checkbox"/> Don't Know, Refused
5a. During the last month, that is, in the month of (FILL previous month), did (your)/[SAMPNAME]'s spouse receive any other retirement, pension, or annuity income?					1 <input type="checkbox"/> Yes
					2 <input type="checkbox"/> No - SKIP TO 6a (IAA_3AS)

IAA_B2AS 5b. How much did (your)/[SAMPNAME]'s spouse receive? IAA_B2BS	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 6A (IAA_3AS)
IAA_B2CS 5c. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount (your)/[SAMPNAME]'s spouse received in (FILL previous month)? IAA_B2CS FR: ENTER LINE NUMBER OF BEST CATEGORY.	Length	2	-8, -9	<input type="checkbox"/> Dollars - SKIP TO 6a (IAA_3AS) <input type="checkbox"/> Don't Know, Refused 1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200 - \$399 3 <input type="checkbox"/> \$400 - \$599 4 <input type="checkbox"/> \$600 - \$799 5 <input type="checkbox"/> \$800 - \$999 6 <input type="checkbox"/> \$1000 - \$1499 7 <input type="checkbox"/> \$1500 - \$1999 8 <input type="checkbox"/> \$2000 - \$2999 9 <input type="checkbox"/> \$3000 - \$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
6a. During (FILL previous month), did (your)/[SAMPNAME]'s spouse receive Supplemental Security Income, that is SSI payments? These can come from either the Federal or the State Government. IAA_3AS	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 7a (IAA_7A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 7a (IAA_7A)
>HELP SCREEN< [REFERENCE] The Supplemental Security Income Program (SSI) is administered by the Social Security Administration and makes assistance payments to low-income blind, disabled, and aged persons. A person may be receiving either or both SSI and Social Security checks.				
6b. How much did (your)/[SAMPNAME]'s spouse receive in (FILL previous month)? IAA_3BS	Length	4	-8, -9	<input type="checkbox"/> Dollars - SKIP TO 7a (IAA_7A) <input type="checkbox"/> Don't Know, Refused 1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200 - \$399 3 <input type="checkbox"/> \$400 - \$599 4 <input type="checkbox"/> \$600 - \$799 5 <input type="checkbox"/> \$800 - \$999 6 <input type="checkbox"/> \$1000 - \$1499 7 <input type="checkbox"/> \$1500 - \$1999 8 <input type="checkbox"/> \$2000 - \$2999 9 <input type="checkbox"/> \$3000 - \$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
6c. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount (your)/[SAMPNAME]'s spouse received in (FILL previous month)? IAA_3CS FR: ENTER LINE NUMBER OF BEST CATEGORY.	Length	2	-8, -9	<input type="checkbox"/> Dollars - SKIP TO 7a (IAA_7A) <input type="checkbox"/> Don't Know, Refused 1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200 - \$399 3 <input type="checkbox"/> \$400 - \$599 4 <input type="checkbox"/> \$600 - \$799 5 <input type="checkbox"/> \$800 - \$999 6 <input type="checkbox"/> \$1000 - \$1499 7 <input type="checkbox"/> \$1500 - \$1999 8 <input type="checkbox"/> \$2000 - \$2999 9 <input type="checkbox"/> \$3000 - \$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
7a. (If married) Did (you)/[SAMPNAME] or (your)/[SAMPNAME]'s spouse receive any (other) welfare payments in (FILL previous month)? (Otherwise) Did (you)/[SAMPNAME] receive any (other) welfare payments in (FILL previous month)? IAA_7A	Length	2	-8, -9	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 8 (IAA_8) <input type="checkbox"/> Don't Know, Refused - SKIP TO 8 (IAA_8)
OTHER WELFARE PAYMENTS Other welfare payments include: Aid to Families with Dependent Children, sometimes called "AFDC" or "ADC," special local or state programs that provide aid for dependent children, and aid to the aged, blind, or disabled, other than provided by SSI.				
7b. Whose name was on the check? IAA_7B IAA_7BS	Length	2	-8, -9	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Other, specify in IAA_7BS below <input type="checkbox"/> Don't Know, Refused Specify:
7c. How much was the check for? IAA_7C	Length	4	-8, -9	<input type="checkbox"/> Dollars - SKIP TO IAA 7D CHECK <input type="checkbox"/> Don't Know, Refused 1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200 - \$399 3 <input type="checkbox"/> \$400 - \$599 4 <input type="checkbox"/> \$600 - \$799 5 <input type="checkbox"/> \$800 - \$999 6 <input type="checkbox"/> \$1000 - \$1499 7 <input type="checkbox"/> \$1500 - \$1999 8 <input type="checkbox"/> \$2000 - \$2999 9 <input type="checkbox"/> \$3000 - \$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
7d. FR: SHOW FLASHCARD 13. Which category would you say best represents the amount of the check? IAA_7E FR: ENTER LINE NUMBER OF BEST CATEGORY.	Length	2	-8, -9	<input type="checkbox"/> Dollars - SKIP TO IAA 7D CHECK <input type="checkbox"/> Don't Know, Refused 1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200 - \$399 3 <input type="checkbox"/> \$400 - \$599 4 <input type="checkbox"/> \$600 - \$799 5 <input type="checkbox"/> \$800 - \$999 6 <input type="checkbox"/> \$1000 - \$1499 7 <input type="checkbox"/> \$1500 - \$1999 8 <input type="checkbox"/> \$2000 - \$2999 9 <input type="checkbox"/> \$3000 - \$3999 10 <input type="checkbox"/> Over \$4000 -8, -9 <input type="checkbox"/> Don't Know, Refused
IAA 7D CHECK CAPI: Refer to Persons Roster. Is anyone other than Sample Person listed in the roster? IAA_7DCK				
FR: ENTER (N) FOR NO OTHER PERSON NAMED. IAA_XR_I	Length	2	N	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 8 (IAA_8) <input type="checkbox"/> No More
- OPEN PERSONS ROSTER -				
Note: For a brief discussion of the Person Roster, please refer to the Control Card.				
7e. Whom did the check cover? Anyone else? FR: ENTER PERSON NUMBER FOR EACH PERSON NAMED. ENTER (N) FOR NO OTHER PERSON NAMED. IAA_XA01 - IAA_XA20	Length	2	-8, -9	<input type="checkbox"/> 1 If used, -5 otherwise <input type="checkbox"/> Don't Know, Refused
- CLOSE PERSON ROSTER -				
8. FR: SHOW FLASHCARD 16. (If married) Which category on this card represents the total combined income before deductions during (FILL previous month) for (you)/[SAMPNAME] or (your/his/her) spouse? Include money from jobs, net income from business or farm, pensions, dividends, interests, net income from rent, Social Security payments and any other money income received by (you/he/she) or (your/his/her) spouse. (Otherwise) Which category on this card represents the total combined income before deductions during (FILL previous month) for (you)/[SAMPNAME]? Include money from jobs, net income from business or farm, pensions, dividends,	Length	2	-8, -9	<input type="checkbox"/> Under \$300 <input type="checkbox"/> Under \$300 <input type="checkbox"/> \$300 - \$599 <input type="checkbox"/> \$600 - \$899 <input type="checkbox"/> \$900 - \$1199 <input type="checkbox"/> \$1200 - \$1499 <input type="checkbox"/> \$1500 - \$1999 <input type="checkbox"/> \$2000 - \$2499 <input type="checkbox"/> \$2500 - \$2999 <input type="checkbox"/> \$3000 - \$3499

interests, net income from rent, Social Security payments and any other money income received by (you/he/she).

IAA_8

Length 2

- 10 \$3500 - \$3999
- 11 \$4000 - \$4999
- 12 \$5000 - \$5999
- 13 \$6000 - \$6999
- 14 \$7000 - \$7999
- 15 \$8000 - \$9999
- 16 \$10000+
- 8, -9 Don't Know, Refused

>HELP SCREEN< [REFERENCE]

INTEREST

Money that an account earned, even if the person did not receive or withdraw it. This information is provided to depositors each year for income tax purposes.

1. Include interest on accounts with savings and loan organizations, banks, credit unions, insurance policies, and certificates of deposit (C.D.'s).
2. Interest does not include withdrawals of all or part of the principal.

DIVIDENDS

Payments to stockholders from corporations or payments by mutual funds to their shareholders.

Note: Question 9 not used in 2004.

10a. *(if married)*

Since 1999, (have you/has) [SAMPNAME] or (your/his/her) spouse sold a house? Include primary residence, secondary or vacation homes, and investment homes.

(Otherwise)

Since 1999, (have you/has) [SAMPNAME] sold a house? Include primary residence, secondary or vacation homes, and investment homes.

IAA_10A

Length 2

- 1 Yes
- 2 No - SKIP TO 12a1 (IAA_12A1)
- 8, -9 Don't Know, Refused - SKIP TO 12a1 (IAA_12A1)

10b. *(if married)*

What year did (you)/[SAMPNAME] or (your/his/her) spouse sell this house?

(Otherwise)

What year did (you)/[SAMPNAME] sell this house?

IAA_10B

Length 4

- 1999-2005 Year
- 8, -9 Don't Know, Refused

10c. *(if married)*

Why did (you)/[SAMPNAME] or (your/his/her) spouse sell this house?

(Otherwise)

Why did (you)/[SAMPNAME] sell this house?

FR: ENTER EACH REASON MENTIONED.

ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) FOR NO MORE.

IAA_1001

N No More

(1) No longer needed/wanted /able to maintain home

IAA_1002_R

Length 2

- 1 Yes
- 2 No

(2) Wanted less expensive house to maintain

IAA_1003_R

Length 2

- 1 Yes
- 2 No

(3) Married/widowed/divorced/separated

IAA_1004_R

Length 2

- 1 Yes
- 2 No

(4) To be closer to family/friends

IAA_1005_R

Length 2

- 1 Yes
- 2 No

(5) To help cover medical expenses

IAA_1006_R

Length 2

- 1 Yes
- 2 No

(6) Employment related

IAA_1007_R

Length 2

- 1 Yes
- 2 No

(7) Retired and relocated

IAA_1008_R

Length 2

- 1 Yes
- 2 No

(8) To be convenient to public transportation/public services

IAA_1009_R

Length 2

- 1 Yes
- 2 No

(9) Other

IAA_1010_R

Length 2

- 1 Yes
- 2 No

(10) Don't Know

HOMETG_10

Length 2

- 1 Yes
- 2 No

(11) Refused

HOMETG_11

Length 2

- 1 Yes
- 2 No

CAPI checks to see if they have picked at least one option

IAA CHECK 8

Did home sale help cover medical cost (reason in 10c(5), IAA_1006_R = 1 above)?

IAA_CK8

Length 2

- 1 Yes - SKIP TO 12a1 (IAA_12A1)
- 2 No

10d. Were any of the proceeds from the sale of this house used to cover health care costs?

IAA_1013

Length 2

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

Note: Question 11 not used in 2004.

12a1. *(if married)*

(Do you/Does) [SAMPNAME] or (your/his/her) spouse own a house, condo or farm?

(Otherwise)

(Do you/Does) [SAMPNAME] own a house, condo or farm?

IAA_12A1

Length 2

- 1 Yes
- 2 No - SKIP TO IAA END
- 8, -9 Don't Know, Refused - SKIP TO IAA END

12a. What is the present value of (your)/[SAMPNAME]'s home (and lot/farm), that is, about how much would it bring if (you/he/she) sold it on today's market?

IAA_12A

Length 7

- 0-9,999,999 Dollars - SKIP TO 12c (IAA_12C)
- 8, -9 Don't Know, Refused

12b. FR: SHOW FLASHCARD 15. Which category on this card would you say best represents the present value of (your)/[SAMPNAME]'s home?		1	<input type="checkbox"/>	Under \$20,000
		2	<input type="checkbox"/>	\$20,000 - \$34,999
		3	<input type="checkbox"/>	\$35,000 - \$49,999
		4	<input type="checkbox"/>	\$50,000 - \$74,999
		5	<input type="checkbox"/>	\$75,999 - \$99,999
		6	<input type="checkbox"/>	\$100,000 - \$149,999
		7	<input type="checkbox"/>	\$150,000 - \$249,999
		8	<input type="checkbox"/>	\$250,000 or more
IAA_12B	Length 2	-8,-9	<input type="checkbox"/>	Don't Know, Refused
12c. Is there a mortgage or other indebtedness on (your)/[SAMPNAME]'s home (and lot/farm) at the present time?		1	<input type="checkbox"/>	Yes
		2	<input type="checkbox"/>	No - SKIP TO IAA END
IAA_12C	Length 2	-8,-9	<input type="checkbox"/>	Don't Know, Refused - SKIP TO IAA END
12d1. About how much is still owed?		1-999,000	<input type="checkbox"/>	Dollars - SKIP TO 12e (IAA_12E)
IAA_12D1	Length 6	-8,-9	<input type="checkbox"/>	Don't Know, Refused
12d2. FR: SHOW FLASHCARD 15. Which category on this card would you say best represents the present amount still owed?		1	<input type="checkbox"/>	Under \$20,000
		2	<input type="checkbox"/>	\$20,000 - \$34,999
		3	<input type="checkbox"/>	\$35,000 - \$49,999
		4	<input type="checkbox"/>	\$50,000 - \$74,999
		5	<input type="checkbox"/>	\$75,999 - \$99,999
		6	<input type="checkbox"/>	\$100,000 - \$149,999
		7	<input type="checkbox"/>	\$150,000 - \$249,999
		8	<input type="checkbox"/>	\$250,000 or more
IAA_12D2	Length 2	-8,-9	<input type="checkbox"/>	Don't Know, Refused
12e. About how much is (your)/[SAMPNAME]'s monthly mortgage payment?		1-50,000	<input type="checkbox"/>	Dollars - SKIP TO IAA END
IAA_12E	Length 5	-8,-9	<input type="checkbox"/>	Don't Know, Refused
12f. FR: SHOW FLASHCARD 13. Which category would you say best represents the monthly mortgage payment?		1	<input type="checkbox"/>	Under \$200
		2	<input type="checkbox"/>	\$200 - \$399
		3	<input type="checkbox"/>	\$400 - \$599
		4	<input type="checkbox"/>	\$600 - \$799
		5	<input type="checkbox"/>	\$800 - \$999
		6	<input type="checkbox"/>	\$1000 - \$1499
		7	<input type="checkbox"/>	\$1500 - \$1999
		8	<input type="checkbox"/>	\$2000 - \$2999
		9	<input type="checkbox"/>	\$3000 - \$3999
		10	<input type="checkbox"/>	Over \$4000
IAA_12F	Length 2	-8,-9	<input type="checkbox"/>	Don't Know, Refused
IAA END				
Set End Time				
End Income and Assets Module and Return to Options Menu				
IAA COMPLETION CHECK				
CAPI: If 50 % of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.				
IAA_1A, IAA_B2A, IAA_3A, IAA_7A, IAA_8, IAA_10A, IAA_12A1				
IAA_COMPLETE	Length 2	1	<input type="checkbox"/>	Complete
		2	<input type="checkbox"/>	Incomplete - Set IAA_COMPLETE = 2
SIBLINGS (SIB)				
SIB BEGIN				
Set Start Time				
SIB WHO				
FR: COMPLETE THIS SECTION WITH (THE SAMPLE PERSON OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER).				
1. Respondent is:		1	<input type="checkbox"/>	Sample Person
		2	<input type="checkbox"/>	Spouse
		3	<input type="checkbox"/>	Son/Daughter
		4	<input type="checkbox"/>	Other relative-Specify below in S_WHO1_SIB_WHO2
		5	<input type="checkbox"/>	Other Nonrelative-Specify below in S_WHO1_SIB_WHO3
SIB_WHO1_R	Length 2			Specify: _____
S_WHO1_SIB_WHO2	Length 40			Specify: _____
S_WHO1_SIB_WHO3	Length 40			
1a. (Do you/Does) [SAMPNAME] have any living brothers or sisters?		1	<input type="checkbox"/>	Yes
		2	<input type="checkbox"/>	No - SKIP TO SIB END
SIBALIVE	Length 2	-8,-9	<input type="checkbox"/>	Don't Know, Refused - SKIP TO SIB END
Next we will ask for the names, addresses, and telephone numbers of all siblings (brothers and sisters). A private contractor working for Duke University may contact the family members you mention at a later date. Any information (samprname's) family may provide will be protected from unauthorized use, just as (samprname's) survey responses are protected. Providing this information is voluntary and there are no penalties for refusing to answer any questions. However, your cooperation is extremely important to ensure the completeness and accuracy of the data.				
Note: Information on living children not collected in 2004.				
- OPEN SIBLING ROSTER -				
2. What is (your)/[SAMPNAME]'s brother's or sister's name?				
(1) First Name			<input type="checkbox"/>	First Name
SIBNMF1 - _____	Length 15	-8,-9	<input type="checkbox"/>	Don't Know, Refused
SIBNMF20 - _____				
(2) Last Name			<input type="checkbox"/>	Last Name
SIBNML1 - _____	Length 20	-8,-9	<input type="checkbox"/>	Don't Know, Refused
SIBNML20 - _____				
3. What is (FILL sibling)'s address?				
a. Name of Street			<input type="checkbox"/>	Street Address
SIB1AD1 - _____	Length 54			
SIB1AD20 - _____				
SIB2AD1 - _____	Length 54		<input type="checkbox"/>	Street Address 2
SIB2AD20 - _____				
b. Name of City			<input type="checkbox"/>	City
SIB_PO1 - _____	Length 20			
SIB_PO20 - _____				
c. Name of State			<input type="checkbox"/>	State
SIB_ST1 - _____	Length 2			
SIB_ST20 - _____				
d. Zip Code: first 5 digits			<input type="checkbox"/>	Zip Code 5
	Length 5			

SIB5ZP1 - SIB5ZP20					
e. Zip Code: last 4 digits (optional)		Length	4	<input type="checkbox"/> Zip Code 4	
SIB4ZP1 - SIB4ZP20				-8, -9 <input type="checkbox"/> Don't Know, Refused	
4. What is (FILL sibling)'s telephone number? FR: PRESS (N) IF NO TELEPHONE NUMBER IS AVAILABLE.					
a. Area Code		Length	3	<input type="checkbox"/> Area Code	
SIB_AR1 - SIB_AR20					
b. Telephone Number		Length	7	<input type="checkbox"/> Phone Number	
SIB_NM1 - SIB_NM20					
c. Extension (optional)		Length	4	<input type="checkbox"/> Extension	
SIB_EX1 - SIB_EX20				-8, -9 <input type="checkbox"/> Don't Know, Refused	
5. (Do you/Does) [SAMPNAME] have any other living brothers or sisters?					
INSMOR2 - INSMOR19		Length	2	1 <input type="checkbox"/> Yes - SKIP BACK TO 2 (SIB_NMF1) 2 <input type="checkbox"/> No	
				-8, -9 <input type="checkbox"/> Don't Know, Refused	
- CLOSE SIBLING ROSTER -					
SIB END					
Set end time					
SIB COMPLETION CHECK					
CAPI: SIBALIVE equals 1 or 2					
SIB_COMPLETE		Length	2	1 <input type="checkbox"/> Complete 2 <input type="checkbox"/> Incomplete	
End Siblings Module and Return to Options Menu					
CHECK MENTAL 3					
CAPI: If LTC_FLAG equals 1, 2 or 3 and MNT CHECK 4 and MNT_11TG_1-10 are -5, SKIP TO MNT BEGIN.					
If LTC_FLAG equals 2 or 3 and MNT CHECK 4 and MNT_11TG_1-10 are not -5, continue and SKIP TO OBS BEGIN in Community Interview.					
If LTC_FLAG equals 1 and MNT CHECK 4 or MNT_11TG_1-10 are not -5, continue with AMN1 BEGIN.					
Current Admissions and Health Insurance (AMN2) Module					
AMN1 BEGIN					
Set Start Time					
AMN2 WHO4					
FR: COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER IN THE ADMISSIONS OR ACCOUNTING/BILLING OFFICE.					
Respondent's relationship to sample person.					
AMN2_WHO4		Length	2	1 <input type="checkbox"/> Admissions/Accounting Office	
AM2W4_AMN2_WHO5		Length	40	2 <input type="checkbox"/> Other Staff - Specify below in AM2W4_AMN2_WHO5	
				Specify:	
1. I'd like to ask some questions about admission and payment for room, board and nursing care.					
In what month and year was [SAMPNAME] most recently admitted to this institution?					
AMN_1_11		Length	2	1-12 <input type="checkbox"/> Month	
AMN_1_12		Length	4	1900-2005 <input type="checkbox"/> Year	
				-8, -9 <input type="checkbox"/> Don't Know, Refused	
FR: SHOW FLASHCARD 17.					
2. Just before [SAMPNAME] was admitted to (FILL instituion), what type of place was [SAMPNAME] living in?					
AMN_2_1		Length	2	1 <input type="checkbox"/> Alone or living with others in a house/apartment (independent living) 2 <input type="checkbox"/> Retirement home 3 <input type="checkbox"/> Boarding house/rooming house/rented room 4 <input type="checkbox"/> Foster or family care home 5 <input type="checkbox"/> Group home or community residential facility 6 <input type="checkbox"/> In assisted living setting with board and/or personal care services available 7 <input type="checkbox"/> Hospital, other than SNF or ICF unit 8 <input type="checkbox"/> Skilled Nursing Facility (SNF) 9 <input type="checkbox"/> Intermediate Care Facility (ICF) 10 <input type="checkbox"/> Other (non-certified) nursing home 11 <input type="checkbox"/> Domiciliary or personal care facility 12 <input type="checkbox"/> Institution/facility for the mentally retarded/developmentally disabled 13 <input type="checkbox"/> Mental health center/facility 14 <input type="checkbox"/> Chronic disease or rehabilitation hospital 15 <input type="checkbox"/> Other - Specify below in AMN_4_2	
				-8, -9 <input type="checkbox"/> Don't Know, Refused	
AMN_4_2		Length	30	Specify :	
3a. At the time of admission to the current institution, that is, (FILL date of current admission), who was paying for [SAMPNAME]'s room, board and nursing care? Was it family members, insurance, Medicare, Medicaid, or someone else? Anyone else?					
FR: ENTER ALL THAT APPLY.					
ENTER (N) FOR NO MORE.					
AMN_5A_Z				N <input type="checkbox"/> No More	
(1) Sample person (including Social Security)					
AMN_5A01_R		Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2) Spouse					
AMN_5A02_R		Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) Children					
AMN_5A03_R		Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4) Other Relatives					
AMN_5A04_R		Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5) Nonrelatives					
AMN_5A05_R		Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(6) Private Insurance					
AMN_5A06_R		Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

(7) Medicare AMN_5A07_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Medicaid AMN_5A08_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Other Public Assistance AMN_5A09_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) VA, TRICARE/CHAMPUS, CHAMPVA AMN_5A10_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Other-Specify AMN_5A11_R	Length	2	1 <input type="checkbox"/> Other - Specify below in AMN_5A_SP 2 <input type="checkbox"/> No
(D) Don't Know AMN_5A_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(R) Refused AMN_5A_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
AMN_5A_SP	Length	40	<input type="checkbox"/> Specify: _____

>HELP SCREEN< [REFERENCE]

MEDICARE

A federal health insurance program available to persons who are at least 65 years old and meet other requirements for Social Security retirement or who are receiving Social Security disability benefits. Medicare, like commercial insurance policies, has a charge for coverage. Persons with Medicare coverage may also receive benefits from Medicaid.

MEDICAID

Medicaid programs are administered by the states under federal guidelines. The programs provide medical assistance to needy persons receiving cash grants from the government, e.g. Aid to Families with Dependent Children (AFDC), SSI from the state or local government or State General Assistance. Other needy persons with incomes too high to qualify them for cash assistance may also be eligible to participate in Medicaid. Because Medicaid is administered by the states, names other than "Medicaid" may be used.

TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and survivors.

CHAMPUS The Civilian Health and Medical Program for Uniformed Services, administered by the Department of Defense. (TRICARE- Standard)

CHAMPVA The Civilian Health and Medical Program, administered by the Veteran's Administration. It is pronounced "champ-vah."

3b. How much was the cost per month?

AMN_5B	Length	5	0-99,999 <input type="checkbox"/> Dollars -8, -9 <input type="checkbox"/> Don't Know, Refused
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AMN CHECK 4

CAPI: Refer to AMN_5A01_R-AMN_5A11_R above. How many payers are marked in 3a (AMN_5A_R)?

AMN_5A	Length	2	0-1 <input type="checkbox"/> Payer - SKIP TO AMN CHECK 5 2-11 <input type="checkbox"/> Payers -8, -9 <input type="checkbox"/> Don't Know, Refused - Payer - SKIP TO AMN CHECK 5
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3c. Who paid the most?

AMN_5C	Length	2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other Relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private Insurance 7 <input type="checkbox"/> Medicare 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other Public Assistance 10 <input type="checkbox"/> VA, TRICARE/CHAMPUS, CHAMPVA 11 <input type="checkbox"/> Other -8, -9 <input type="checkbox"/> Don't Know, Refused
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AMN CHECK 5

CAPI: Refer to date of current admission in question 1 above.

Was [SAMPNAME] admitted in the current date and month?

AMN_5CK5	Length	2	1 <input type="checkbox"/> Current - SKIP TO AMN CHECK 6 2 <input type="checkbox"/> Not Current
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4a. Who is paying for [SAMPNAME]'s room, board, and nursing care now?

FR: ENTER EACH SOURCE MENTIONED.

ENTER (N) FOR NO MORE.

AMN_6A_Z			N <input type="checkbox"/> No More
(1) Sample person (including Social Security) AMN_6A01_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Spouse AMN_6A02_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Children AMN_6A03_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Other Relatives AMN_6A04_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Nonrelatives AMN_6A05_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Private Insurance AMN_6A06_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Medicare AMN_6A07_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Medicaid AMN_6A08_R	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Other Public Assistance AMN_6A09	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) VA, TRICARE/CHAMPUS, CHAMPVA			1 <input type="checkbox"/> Yes

AMN_6A10_R	Length	2	2	<input type="checkbox"/> No
(11) Other-Specify AMN_6A11_R	Length	2	1	<input type="checkbox"/> Yes - Specify in AMN_6A_SP <input type="checkbox"/> No
(D) Don't Know AMN_6A_DK	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
(R) Refused AMN_6A_RF	Length	2	1	<input type="checkbox"/> Yes <input type="checkbox"/> No
AMN_6A_SP	Length	40		<input type="checkbox"/> Specify: _____

>HELP SCREEN< [REFERENCE]

MEDICARE
A federal health insurance program available to persons who are at least 65 years old and meet other requirements for Social Security retirement or who are receiving Social Security disability benefits. Medicare, like commercial insurance policies, has a charge for coverage. Persons with Medicare coverage may also receive benefits from Medicaid.

MEDICAID
Medicaid programs are administered by the states under federal guidelines. The programs provide medical assistance to needy persons receiving cash grants from the government, e.g. Aid to Families with Dependent Children (AFDC), SSI from the state or local government or State General Assistance. Other needy persons with incomes too high to qualify them for cash assistance may also be eligible to participate in Medicaid. Because Medicaid is administered by the states, names other than "Medicaid" may be used.

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CHAMPVA The Civilian Health and Medical Program, administered by the Veteran's Administration. It is pronounced "champ-vah."

4b. What is the cost per month?
AMN_6B

Length	5	0-99,999	<input type="checkbox"/> Dollars
		-8, -9	<input type="checkbox"/> Don't Know, Refused

AMN 6A CHECK
CAPI: Refer to AMN_6A01_R-AMN_6A11_R above. How many payers are marked in 4a (AMN_6A)?

AMN_6ACK	Length	2	0-1	<input type="checkbox"/> Payer - SKIP TO AMN CHECK 6
			2-11	<input type="checkbox"/> Payers
			-8, -9	<input type="checkbox"/> Don't Know, Refused, Payer - SKIP TO AMN CHECK 6

4c. Who pays the most?
AMN_6C

Length	2	1	<input type="checkbox"/> Sample Person
		2	<input type="checkbox"/> Spouse
		3	<input type="checkbox"/> Children
		4	<input type="checkbox"/> Other Relatives
		5	<input type="checkbox"/> Nonrelatives
		6	<input type="checkbox"/> Private Insurance
		7	<input type="checkbox"/> Medicare
		8	<input type="checkbox"/> Medicaid
		9	<input type="checkbox"/> Other Public Assistance
		10	<input type="checkbox"/> VA, TRICARE/CHAMPUS, CHAMPVA
		11	<input type="checkbox"/> Other
		-8, -9	<input type="checkbox"/> Don't Know, Refused

AMN CHECK 6
CAPI: Refer to AMN_5A08_R in question 3a (AMN_5A) above. Did Medicaid pay?

AMN_CK6	Length	2	1	<input type="checkbox"/> Yes - SKIP TO 6 (AMN_8)
			2	<input type="checkbox"/> No

AMN CHECK 7
CAPI: Refer to AMN_6A08_R in question 4a (AMN_6A01_R-20_R) above. Did Medicaid pay?

AMN_CK7	Length	2	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO 7a (AMN_9)

5. In what month and year did Medicaid begin paying these charges?
AMN_7_M1
AMN_7_M2

Length	2	1-12	<input type="checkbox"/> Month
Length	5	1900-2005	<input type="checkbox"/> Year
		-8, -9	<input type="checkbox"/> Don't Know, Refused

6. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicaid records for other health information in this study. Providing [SAMPNAME]'s Medicaid number is voluntary and WILL NOT AFFECT (HIS/HER) BENEFITS in any way.
What is [SAMPNAME]'s Medicaid number?
AMN_8

Length	13		<input type="checkbox"/> Medicaid Number
		-8, -9	<input type="checkbox"/> Don't Know, Refused

7a. Now I'd like to ask you about any health insurance which [SAMPNAME] has. Is [SAMPNAME] covered by any public assistance program, other than Medicaid, that pays for health or long-term care?
AMN_9

Length	2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP TO 8 (AMN_10)
		-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 8 (AMN_10)

7b. What is the name of that program?
AMN_9_1

Length	80	-8, -9	<input type="checkbox"/> Insurance Program Name <input type="checkbox"/> Don't Know, Refused
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8. Is [SAMPNAME] NOW covered by TRICARE/CHAMPUS or CHAMPVA, or some other military health care? (These are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans.)
AMN_10

Length	2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
		-8, -9	<input type="checkbox"/> Don't Know, Refused

FR: WE ARE INTERESTED IN ALL KINDS OF PRIVATE HEALTH INSURANCE PLANS EXCEPT THOSE WHICH PAY ONLY FOR ACCIDENTS. BY PRIVATE INSURANCE PLANS, WE MEAN BOTH FEE FOR SERVICE PLANS WHICH REIMBURSE (FULLNAME) OR THE HEALTH CARE PROVIDER FOR COVERED SERVICES, AND PREPAID PLANS, SUCH AS HEALTH MAINTENANCE ORGANIZATIONS OR HMO'S, WHICH PROVIDE OR ARRANGE FOR HEALTH CARE BY DESIGNATED PLAN PHYSICIANS, HOSPITALS AND OTHER PROVIDERS AT DESIGNATED LOCATIONS.

9a. In addition to Medicare and Medicaid, is [SAMPNAME] now covered by a private health insurance plan or an HMO which pays any part of a hospital, doctor's or surgeon's bill?
AMN_11

Length	2	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP TO 10a (AMN_10A)
		-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 10a (AMN_10A)

>HELP SCREEN< [REFERENCE]

To be included, a health insurance plan must be specifically designed to pay all or part of the hospital, doctor, or surgeon expenses of the sample person. It must be a formal program with defined membership and benefits.

This definition includes Prepaid Health Plans (PHP's) and Health Maintenance Organizations (HMO's), such as the Kaiser-Permanente in the west and the Health Insurance Plan (HIP) in New York. Prepaid Health Plans are also called Group Practice Prepayment Plans. Under HMO's and PHP's, the covered person pays a regular monthly or yearly amount, and then can use the facilities of the plan without charge or for a nominal charge. HMO's and PHP's may also reimburse the covered person for some medical services received outside of the plan's own facilities.

The following programs are not included:

1. Disability insurance that pays only on the basis of the number of days missed from work.

- 2. Veterans' benefits.
- 3. "Income maintenance" insurance which pays a fixed amount of money to persons both in and out of the hospital.
- 4. Workers' Compensation.
- 5. Any insurance plan which pays only for contact lenses or glasses or plans that cover only dental care.
- 6. Army Health Plan and plans with similar names (e.g., Air Force Health Plan). They are medical benefits accorded to enlisted personnel, their dependents, and some civilian employees.
- 7. Dread Disease Plans which are limited to certain illnesses or diseases, such as cancer, heart attack, or stroke.
- 8. Extra Cash Policies which pay a fixed amount of money only while a person is a patient in a hospital. (Also called Cash Only Policies).
- 9. Care received through research programs such as the National Institute of Health.

- CREATE AN INSURANCE ROSTER -

FR: IF THE RESPONDENT REFUSES TO NAME THE PRIVATE HEALTH INSURANCE PROGRAM, OR DOESN'T KNOW THE NAME, ENTER WHATEVER RESPONSE YOU GET FROM THE RESPONDENT, OR ENTER 'PRIVATE HEALTH INSURANCE PLAN'. IF THERE IS MORE THAN ONE, ENTER "PRIVATE HEALTH INSURANCE PLAN 1," 'PRIVATE HEALTH INSURANCE PLAN 2,' AND SO ON UP TO 20 PLANS.

9b. What is the name of this plan? AMN_9B01 - AMN_9B20	Length 40		<input type="checkbox"/> Name of Plan(s) <input type="checkbox"/> Don't Know, Refused
9c. Is [AMN_9B1-20] an HMO? AMN_9C01 - AMN_9C20	Length 2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
9d. Does [AMN_9B1-20] pay any part of hospital expenses? AMN_9D01 - AMN_9D20	Length 2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
9e. Does [AMN_9B1-20] pay any part of doctor's or surgeon's bills for operations? AMN_9E01 - AMN_9E20	Length 2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
9f. Does [SAMPNAME] have any more health insurance plans? AMN_9F01 - AMN_9F20	Length 2		<input type="checkbox"/> Yes - SKIP BACK TO 9b (AMN_9B1-20) <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused

- CLOSE INSURANCE ROSTER -

10a. Is [SAMPNAME] now covered by a Medicare Supplement Policy? AMN_10A	Length 2		<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 10c1 (AMN_10C1) <input type="checkbox"/> Don't Know, Refused - SKIP TO 10c1 (AMN_10C1)
10b. Does [SAMPNAME] pay for this policy or does (his/her) employer pay for this policy or both? AMN_10B	Length 2		<input type="checkbox"/> Sample Person pays <input type="checkbox"/> Employer Pays <input type="checkbox"/> Both Pay <input type="checkbox"/> Don't Know, Refused
10b1. What is the amount of the Medicare Supplement Policy premium that [SAMPNAME] pays? A10B1_AMN_10B1_1 Per: A10B1_AMN_10B1_2 A10B1_AMN_10B1SP	Length 5	0-20,000	<input type="checkbox"/> Dollars - Continue to AMN_10B1_2 <input type="checkbox"/> Don't Know, Refused - SKIP TO 10c1 (AMN_10C1)
	Length 2		<input type="checkbox"/> Month <input type="checkbox"/> One quarter <input type="checkbox"/> Six months <input type="checkbox"/> Year <input type="checkbox"/> Other - Specify in A10B1_AMN_10B1SP below <input type="checkbox"/> Don't Know, Refused
	Length 30		<input type="checkbox"/> Specify:
10c1. (Excluding any Medicare Supplement Policy), does [SAMPNAME] have a long-term care policy that covers nursing home care, assisted living, or long-term care services in the home? AMN_10C1	Length 2		<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO AMN1 END <input type="checkbox"/> Don't Know, Refused - SKIP TO AMN1 END
10c2. Does [SAMPNAME] pay for the policy or does an employer, a former employer, or some other group pay, or both? AMN_10C2	Length 2		<input type="checkbox"/> Sample Person pays <input type="checkbox"/> Employer/Other Group Pays - SKIP TO AMN1 END <input type="checkbox"/> Both Pay <input type="checkbox"/> D_R - SKIP TO AMN1 END
10c3. Does [SAMPNAME] pay ongoing premiums or is this coverage part of another form of insurance? AMN_10C3	Length 2		<input type="checkbox"/> Ongoing <input type="checkbox"/> Part of another insurance <input type="checkbox"/> Don't Know, Refused
10d. What is the amount of the premium that [SAMPNAME] pays? AMN_10D1 Per: AMN_10D2 AMN_10D1SP	Length 5	0-20,000	<input type="checkbox"/> Dollars <input type="checkbox"/> Don't Know, Refused - SKIP TO AMN1 END
	Length 2		<input type="checkbox"/> Month - SKIP TO AMN1 END <input type="checkbox"/> One quarter - SKIP TO AMN1 END <input type="checkbox"/> Six months - SKIP TO AMN1 END <input type="checkbox"/> Year - SKIP TO AMN1 END <input type="checkbox"/> Other - Specify in AMN_10D1SP below <input type="checkbox"/> Don't Know, Refused - SKIP TO AMN1 END
	Length 30		<input type="checkbox"/> Specify:

Note: Questions 11 and 12 not used in 2004.

AMN1 END

Set end time

End Current Admissions and Health Insurance (AMN2) Module and Return to Options Menu

CURRENT ADMISSIONS COMPLETION CHECK

CAPI: If 50% of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.

AMN_3_I1, AMN_3_I2, AMN_4_1, AMN_5ATG_13, AMN_5B, AMN_6ATG_12 OR

AMN_6ATG_13, AMN_6B, AMN_9, AMN_9A, AMN_10, AMN_10A, AMN_10C1

AMN_COMPLETE Length 2 Complete Incomplete—Set AMN1_COMPLETE = 2

Certified Beds (BED) Module

BED BEGIN

Set Start Time

BED WHO

COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER IN THE ACCOUNTING/BILLING OFFICE OR ADMISSIONS OFFICE.

Respondent's relationship to sample person.

BED_WHO1_1	Length 2		<input type="checkbox"/> Admissions/Accounting Office <input type="checkbox"/> Other Staff - Specify - Specify below in BED_WHO1_2
BED_WHO1_2	Length 40		<input type="checkbox"/> Specify:

1. What kind of health care facility or institution is (FILL name of facility)?

**FR: MARK ALL THAT APPLY.
ENTER (N) FOR NO MORE.
SHOW FLASHCARD 25.**

BED_1TG_0				N <input type="checkbox"/> No More
(1) Hospital, other than SNF or ICF unit BED_1TG_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2) Skilled nursing facility (SNF) BED_1TG_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) Intermediate care facility (ICF) BED_1TG_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4) Assisted Living Center BED_1TG_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5) Other (non-certified) nursing home BED_1TG_5	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(6) Domiciliary or personal care facility BED_1TG_6	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(7) Institution/facility for the mentally retarded/developmentally disabled BED_1TG_7	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(8) Mental health center/facility BED_1TG_8	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(9) Other-Specify below in BED_1_SP BED_1TG_9 BED_1_SP	Length Length	2 20	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <input type="checkbox"/> Specify: _____	
(10) Don't Know BED_1TG_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(11) Refused BED_1TG_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

>HELP SCREEN< [REFERENCE]

- Hospital, other than SNF or ICF Unit -- The respondent lives in a hospital, other than skilled nursing facility (SNF) or intermediate care facility (ICF) unit.
- Skilled Nursing Facility (SNF) --Skilled nursing facilities have professionally supervised nursing care and other health services provided to an individual not in need of hospitalization, but whose needs are such that they can only be met in a long term care facility on an inpatient basis, and who needs the care because of age, illness, disease, injury, convalescence or physical or mental infirmity.
- Intermediate Care Facility (ICF) -- Health related care and services above the level of room and board, provided on a regular basis to resident individuals who do not require hospital or skilled nursing care, but who, because of mental or physical condition, require the services under a plan of care supervised by licensed and qualified personnel.
- Assisted Living Center: 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 centers group residents into different "levels" of care. Housing in assisted living centers includes cottages, apartments and something resembling nursing home rooms.
- Other (Non-Certified) Nursing Home -- Nursing homes that are not certified through the Medicare and Medicaid systems. Certification is a requirement under Medicare and Medicaid law if a health facility wants to receive reimbursement for services provided to Medicare or Medicaid patients. With few exceptions, certified facilities are also required to be state licensed.
- Domiciliary or Personal Care Facility -- Provides care on an ambulatory self-care basis for persons disabled by age or disease who are in need of acute hospitalization and who do not need the skilled nursing services in a nursing home.
- Institution/Facility for the Mentally Retarded/Developmentally Disabled -- Institutional facilities that furnishes care for the mentally retarded and the developmentally disabled.
- Mental Health Center/Facility -- Provides mental health related care and services.

2. What is the total number of beds regularly maintained for residents here?				
BED_2	Length	5	0-99,999 -8, -9	<input type="checkbox"/> Beds <input type="checkbox"/> Don't Know, Refused
3a. Is (FILL institution name) certified as a Medicare skilled nursing facility?				
BED_3A	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No--Set BED_3B = 0 and SKIP TO 3c (BED_3C) <input type="checkbox"/> Don't Know, Refused--Set BED_3B = 0 and SKIP TO 3c (BED_3C)
3b. Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?				
BED_3B	Length	5	0-99,999 -8, -9	<input type="checkbox"/> Beds <input type="checkbox"/> Don't Know, Refused
3c. Is (FILL institution name) certified as a Medicaid skilled nursing facility?				
BED_3C	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No--Set BED_3D = 0 and SKIP TO 3e (BED_3E) <input type="checkbox"/> Don't Know, Refused
3d. How many beds are certified as Medicaid skilled nursing facility beds?				
BED_3D	Length	5	0-99,999 -8, -9	<input type="checkbox"/> Beds <input type="checkbox"/> Don't Know, Refused
3e. Is (FILL institution name) certified as a Medicaid Intermediate care facility?				
BED_3E	Length	2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No--Set BED_3F = 0 and SKIP TO 3g (BED_3G) <input type="checkbox"/> Don't Know, Refused--Set BED_3F = 0 and SKIP TO 3g (BED_3G)
3f. How many are certified as Medicaid Intermediate care facility beds?				
BED_3F	Length	5	0-99,999 -8, -9	<input type="checkbox"/> Beds <input type="checkbox"/> Don't Know, Refused
3g. How many beds are NOT certified under either Medicare or Medicaid?				
BED_3G	Length	5	0-99,999 -8, -9	<input type="checkbox"/> Beds <input type="checkbox"/> Don't Know, Refused

BED END
Set end time
End Certified Beds (BEDS) Module and Return to Options Menu

BED COMPLETION CHECK
CAPI: If 50 % of the below listed variables do not contain 'D', 'R', or -5, then the module is complete.
BED_1TG_DK OR BED_1TG_RF, BED_2, BED_31, BED_3E, BED_3G
BED_COMPLETE Length 2 1 Complete
2 Incomplete--Set BED_COMPLETE = 2

CHECK MENTAL C
CAPI: If (MNT_CK4 OR MNT_11TG_1-10) are not -5 and CND_END is not -5, SKIP TO THANK YOU. Else SKIP BACK TO MNT BEGIN.

INSTITUTIONAL COMPLETION CHECK
CAPI: If 5 of the following: SIBALIVE equals 1 or 2, COND_COMPLETE equals 1, IADL_COMPLETE equals 1, IAA_COMPLETE equals 1, AMN1_COMPLETE equals 1, BED_COMPLETE equals 1, AMN_3A equals 0 - 99, MNT_COMPLETE equals 1, then the Institutional Interview is complete. Set DT_OUTCOME = 805. If interview is incomplete, set DT_REASON = 99.

THANK YOU

DETAILED REASON

FR: WHAT IS THE REASON YOU CAN'T CONDUCT AN INTERVIEW?

DT_REASON

Length 2

- 1 Inconvenient Time - SKIP TO DT_OUTCOME and set = 802
- 2 Temporarily absent - SKIP TO 2a1 (DT_STAY) IN THE CONTROL CARD
- 3 SP Refused - SKIP TO DT_OUTCOME and set = 802
- 4 Unable to locate after repeated attempts - SKIP TO DT_OUTCOME and set = 802
- 5 Language problem; needs interpreter - SKIP TO DT_OUTCOME and set = 802
- 6 Sample Person physically/mentally unable to respond - SKIP TO 2a3 (DT_PREVPRXY)
- 7 FR denied access to sample person by a family member or institutional staff - SKIP TO 2a3 (DT_PREVPRXY)
- 8 Correctional Facility, Ineligible - SKIP TO DT_OUTCOME and set = 835
- 9 Deceased - SKIP TO DT_OUTCOME and set = 850
- 10 Eligible Proxy Currently Not Available - SKIP TO DT_OUTCOME and set = 802
- 11 FR denied access by Gatekeeper/Gated community (Community & Institutional)
- 12 No phone; schedule personal visit - SKIP TO DT_OUTCOME and set = 802
- 13 ID Check - respondent not SP - SKIP TO DT_OUTCOME and set = 802
- 14 SP in short-stay hospital - SKIP TO 2a1 (DT_STAY) IN THE CONTROL CARD
- 15 Type B Ineligible Other - SKIP TO DT_OUTCOME and set = 835
- 16 Institutionalized at another location - SKIP TO DT_MOVER
- 17 Moved outside U.S. - SKIP TO DT_OUTCOME and set = 851
- 18 No Good Address/Unknown - SKIP TO DT_OUTCOME and set = 802
- 19 Further Work Needed - SKIP TO DT_OUTCOME and set = 802
- 20 Known Address Inside FR Area - SKIP TO DT_OUTCOME and set = 802
- 21 Known Address Outside FR Area - SKIP TO DT_OUTCOME and set = 802
- 22 Outside Survey Limits - SKIP TO DT_OUTCOME and set = 851
- 23 No one home - SKIP TO DT_OUTCOME; DT_OUTCOME remains unchanged
- 24 Phone interview; Further authorization or on-site visit needed, SKIP TO DT_OUTCOME and set = 802
- 25 Other, Specify - SKIP TO DT_OUTCOME and set = 802
- 99 Community Completion Check Failed - SKIP TO DT_OUTCOME and set = 802

DT_SPCIFY

Length 40

Specify:

DETAILED INTERVIEW OUTCOME:

DT_OUTCOME

Length 3

- 804 Community Interview Completed, No caregiver
- 805 Institutional Interview Completed
- 813 Language problem-No interpreter available
- 815 Unable to locate after repeated attempts
- 818 Refused
- 820 Unable to Obtain Interview After Repeated Attempts
- 822 Eligible Proxy Unavailable
- 824 Institutional Refusal
- 835 Ineligible for interview
- 850 Deceased
- 851 Moved outside survey limits
- 899 Requested to be removed from the study in writing

Detailed Interview Nonresponse Outcomes (813-851) To Be Set By Supervisor Review.

INSTITUTIONAL END

CAP: Set Institutional completion time and set Institutional completion date.

INST_TIME

Length 4

hh:mm (Hours: Minutes)

INST_DATE

Length 8

Month, Day, Year