

2004 SCREENER INTERVIEW			
		Negative Number Response Codes Key -4/B = Break -7/V = Invalid skip (CAPI) -5/S = Legitimate skip on -8 = Don't know (D) -6/M = Non-response -9 = Refused (R)	Variable Name Highlighted Grey = Variable not included in data set.
GROUP			
<i>[Note: GROUP is set by CAPI at various points in the Screener survey. This box is not part of the survey flow, but is provided as a guide to the coding of the GROUP variable.]</i>			
GROUP	Length	2	1 <input type="checkbox"/> Receives detailed instrument because part of H-designated subgroup 2 <input type="checkbox"/> Receives detailed instrument because disabled on ADL or IDL for 3+ months 3 <input type="checkbox"/> Receives detailed instrument because part of longitudinal sample, "N - screener code" 4 <input type="checkbox"/> Receives detailed instrument because Institutionalized
VERIFY CASE			
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:			
I_AREA	Length	3	<input type="checkbox"/> Area Code
I_PREFIX	Length	3	<input type="checkbox"/> Telephone number prefix
I_SUFFIX	Length	4	<input type="checkbox"/> Telephone number suffix
VERIFICATION CHECK			
VERIFY	Length	2	T <input type="checkbox"/> Telephone Interview - SKIP TO DIAL, set=S_INTYPE = T P <input type="checkbox"/> Personal Visit Interview, set=S_INTYPE = P I <input type="checkbox"/> Incorrect Date/Time - SC_OUTCOME remains unchanged. Q <input type="checkbox"/> Incorrect Case - SC_OUTCOME remains unchanged. O <input type="checkbox"/> Brings up additional address info for FR's review and returns to VERIFY CASE
IN PERSON INTERVIEW			
FR: PLEASE SELECT AN OPTION BELOW: (1) Someone answers (2) No contact; no one home (3) No such address; sample person not at this address (4) Do not continue			
KNOCK	Length	2	1 <input type="checkbox"/> Someone Answers - SKIP TO CHECK LTC_FLAG_SPV (S_LTCCHK) 2 <input type="checkbox"/> No one home - SKIP TO SC_REASON and set = 23 3 <input type="checkbox"/> No such address; SP not at this address - SKIP TO SC_REASON and set = 18 4 <input type="checkbox"/> Do not continue - SKIP TO SC_OUTCOME; SC_OUTCOME remains unchanged
TELEPHONE INTERVIEW			
FR: DIAL TELEPHONE NUMBER, RECORD RESPONSE DIAL			
DIAL	Length	2	1 <input type="checkbox"/> Someone Answers - SKIP TO CAPI STATUS CHECK (STATUS) 2 <input type="checkbox"/> No contact (answer machine/busy/no answer) SKIP TO SC_OUTCOME; SC_OUTCOME remains unchanged 3 <input type="checkbox"/> New telephone number or phone disconnected. Call directory assistance for new number and try again - SKIP BACK TO VERIFY CASE 4 <input type="checkbox"/> Not attempted now - SKIP TO SC_OUTCOME, SC_OUTCOME remains unchanged
CHECK LTC_FLAG_SPV			
CAPI: Have quarters already been determined, i.e., LTC_FLAG_SPV set? S_LTCCHK			
S_LTCCHK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO QUARTERS (Q_OPEN)
CAPI STATUS CHECK			
CHECK CONTACT HISTORY TO START INTERVIEW AT APPROPRIATE POINT. IF SCREENER COMPLETE, INDICATES NEXT INTERVIEW TO ATTEMPT. IF SCREENER NOT TOUCHED, SKIP TO SC_OPEN; OTHERWISE, SKIP TO SC_READY OR NEXT UNANSWERED QUESTION. STATUS			
QUARTERS			
0. [PERSONAL VISIT ONLY] 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 HAS 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. 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? Q_OPEN			
Q_OPEN	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO SC_MOVER_CK 3 <input type="checkbox"/> Deceased - Set SC_OUTCOME = 450, set SC_REASON = 9 and SKIP TO 1b1 (DEA_01_M)
0a. FR: DO NOT READ ALOUD. Classify the living quarters of the Sample Person. SC_QUARTER1			
SC_QUARTER1	Length	2	1 <input type="checkbox"/> Housing Unit 2 <input type="checkbox"/> Staff quarters in institution - SKIP TO LTC_FLAG_SPV and set = 2. 3 <input type="checkbox"/> Assisted Living Community, Continuing Care Retirement Community, or Congregate Care Facility 4 <input type="checkbox"/> Active Adult Community/Senior Apartment Complex - (Specify in QUARTERS_S1 below) 5 <input type="checkbox"/> Quarters, not a HU, in a foster or family care home, or group home, convent or commune - SKIP TO 0d (Q_UNREL) 6 <input type="checkbox"/> Resident's unit in nursing, convalescent or rest home, or home for the aged (Nonstaff) - SKIP TO 0e (Q_NURSE) 7 <input type="checkbox"/> Nursing wing or unit of Continuing Care Retirement Community 8 <input type="checkbox"/> Patient's unit in mental / long-stay hospital - SKIP TO 0e (Q_NURSE) 9 <input type="checkbox"/> Nonstaff unit in other institution (Specify in QUARTERS_S2 below) and SKIP TO 0e (Q_NURSE) 10 <input type="checkbox"/> Inmate's unit in correctional/detention facility—Set SC_REASON = 8 - SKIP TO SC_OUTCOME and set = 435.
QUARTERS_S1	Length	30	<input type="checkbox"/> Specify Quarters
QUARTERS_S2	Length	30	<input type="checkbox"/> Specify Nonstaff Unit
>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: 1. 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 occupants of 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?

1 Yes

2 No - SKIP TO 0d (Q_UNREL)

-8, -9 Don't Know, Refused - SKIP TO 0d (Q_UNREL)

SC_RETIRE1

Length 2

>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 the following services to (you)/[SAMPNAME]:

(1) Preparation of meals

RETIRE2_1

Length 2

1 Yes

2 No

-8, -9 Don't Know, Refused

(2) Housekeeping

RETIRE2_2

Length 2

1 Yes

2 No

-8, -9 Don't Know, Refused

(3) Help with eating

RETIRE2_3

Length 2

1 Yes

2 No

-8, -9 Don't Know, Refused

(4) Help with moving around

RETIRE2_4

Length 2

1 Yes

2 No

-8, -9 Don't Know, Refused

(5) Substantial nursing care of any kind

RETIRE2_5

Length 2

1 Yes—Set GROUP = 4, SKIP TO LTC FLAG (LTC_FLAG_SPV)

2 No - SKIP TO LTC FLAG (LTC_FLAG_SPV)

-8, -9 Don't Know, Refused - SKIP TO 0e (Q_NURSE)

0d. Are there three or more unrelated persons living at [ADDRESS]?

Q_UNREL

Length 2

1 Yes

2 No - SKIP TO LTC FLAG (LTC_FLAG_SPV)

-8, -9 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?

Q_NURSE

Length 2

1 Yes—Set GROUP = 4

2 No

-8, -9 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 to 0c (5) (RETIRE2_5) above is marked 'yes' or 0e (Q_NURSE) 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_SPV	Length 2	1	<input type="checkbox"/> Institutional Interview
0g. What is the name of this facility?		2	<input type="checkbox"/> Community Interview - SKIP TO 0h (Q_STAFF)
Q_INSTNAME	Length 30	-8, -9	<input type="checkbox"/> Facility Name <input type="checkbox"/> Don't Know, Refused
0h. FR: ARE YOU NOW SPEAKING WITH INSTITUTIONAL STAFF?		1	<input type="checkbox"/> Yes—If LTC_FLAG_SPV = 1, SET SC_OUTCOME = 403, SC_COMPLETE=1, SET DT_INTYPE=P and SKIP TO INTRO A in the Control Card. If LTC_FLAG_SPV ne 1, SKIP TO 0j (Q_ADMCLOSE)
Q_STAFF	Length 2	2	<input type="checkbox"/> No—If LTC_FLAG_SPV = 1, continue to 0i (INST_APPT). Else if LTC_FLAG_SPV ne 1 and SC_COMPLETE = 1, SET DT_INTYPE = P and SKIP TO DT INTRO in the Control Card. Else if LTC_FLAG_SPV ne 1 AND SC_COMPLETE ne 1 SKIP TO SC_READY.
0i. FR: YOU MUST CONDUCT THE NEXT PORTION OF THE INTERVIEW WITH A FACILITY ADMINISTRATOR OR NURSING ASSISTANT. IS ONE OF THEM AVAILABLE NOW?		1	<input type="checkbox"/> Yes—SET SC_OUTCOME=403, SC_COMPLETE=1, and DT_INTYPE=P - SKIP TO IAD_WHO1 in the detailed Control Card.
INST_APPT	Length 2	2	<input type="checkbox"/> No - SKIP TO SC_REASON
0j. ADMINISTRATOR CLOSE Thank you very much for your help. I would like to complete the interview with [SAMPNAME]. May I speak with (him/her)?		1	<input type="checkbox"/> Yes - SKIP TO INTRO ASSISTED LIVING CENTER RESIDENCE
Q_ADMCLOSE	Length 2	2	<input type="checkbox"/> No - Noninterview - SKIP TO SC_REASON
1. 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. Does [SAMPNAME] live (here/there)?		1	<input type="checkbox"/> Yes - SKIP TO 2 (SC_READY)
SC_OPEN	Length 2	2	<input type="checkbox"/> No
		3	<input type="checkbox"/> Deceased—set SC_REASON = 9, SC_OUTCOME = 450, and SKIP TO 1b1 (DEA_01_M)
SC MOVER			
<i>CAPI: Since SP has moved, type of quarters is undetermined. If LTC_FLAG_SPV has been set, reset it to -5.</i>			
SC_MOVER_CHK			
1a. Do you know [SAMPNAME]'s NEW address and telephone number?			<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 1a2 (SC_MOVENAME)
SC_HASMNAME	Length 2	-8, -9	<input type="checkbox"/> Don't Know, Refused - SKIP TO 1a2 (SC_MOVENAME)
1a1. What is [SAMPNAME]'s NEW address and telephone number? Address:			
SC_MOVER_A1	Length 10		<input type="checkbox"/> House number
SC_MOVER_A2	Length 3		<input type="checkbox"/> House number suffix
SC_MOVER_A3	Length 33		<input type="checkbox"/> Street Name
SC_MOVER_A4	Length 20		<input type="checkbox"/> Unit designation
SC_MOVER_PO	Length 20		<input type="checkbox"/> City
SC_MOVER_CT	Length 30		<input type="checkbox"/> County
SC_MOVER_ST	Length 2		<input type="checkbox"/> State
SC_MOVER_Z1	Length 5		<input type="checkbox"/> ZIP 5
SC_MOVER_Z2	Length 4		<input type="checkbox"/> ZIP 4
SC_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:			
SC_MOVER_NU	Length 10		<input type="checkbox"/> Phone Number Including Area Code
SC_MOVER_EX	Length 4		<input type="checkbox"/> Extension or -5
		-8, -9	<input type="checkbox"/> Don't Know, Refused ALL SKIP TO 1a3 (SC_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?			<input type="checkbox"/> Name
SC_MOVENAME	Length 30	-8, -9	<input type="checkbox"/> Don't Know, Refused ALL SKIP TO 1A4 (SC_MOVER1)
1a3. In what type of living facility does [SAMPNAME] now reside?			
SC_INJAIL	Length 2		1 <input type="checkbox"/> Correctional facility—set SC_REASON = 8 - SKIP TO SC_OUTCOME—set = 435
			2 <input type="checkbox"/> Armed Forces—set SC_REASON = 15 - SKIP TO SC_OUTCOME—set=435
			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 IN SC_MOVER ADDRESS FIELDS.			1 <input type="checkbox"/> Moved outside U.S.—set SC_REASON = 17, SKIP TO SC_OUTCOME—set = 451
			2 <input type="checkbox"/> No Good Address/Unknown—set SC_REASON=18, SKIP TO SC_OUTCOME—set=402
			3 <input type="checkbox"/> Further Work Needed to obtain new address—set SC_REASON=19, SKIP TO SC_OUTCOME—set=402
			4 <input type="checkbox"/> Known Address Inside of FR's Area—set SC_REASON=20, SKIP TO SC_OUTCOME—set=402
			5 <input type="checkbox"/> Known Address Outside of FR's Area—set SC_REASON=21, SKIP TO SC_OUTCOME—set=402
			6 <input type="checkbox"/> Moved within U.S. but outside Survey Limits—set SC_REASON=22, SKIP TO SC_OUTCOME—set=451
			ALL SKIP TO SC_REASON
DECEASED			
1b1. We would like to ask you a few questions about [SAMPNAME]. When did (he/she) die?			
DEA_01_M	Length 2	1-12	<input type="checkbox"/> Month
DEA_01_Y	Length 4	1972-2005	<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 April 1st, 2004
			2 <input type="checkbox"/> After April 1st, 2004

		-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?			<input type="checkbox"/> Yes - SKIP TO 1b5 (DEA_05_R) <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
DEA_03	Length 2	-8, -9	
1b4. Do you know of someone who knew about [SAMPNAME]'s health and general care?			<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 1b7 (DEA_INFO_NAMF) <input type="checkbox"/> Don't Know, Refused - SKIP TO 1b7 (DEA_INFO_NAMF)
DEA_04	Length 2	-8, -9	
1b5. What is (your/that person's) relationship to [SAMPNAME]?			<input type="checkbox"/> Spouse/Spousal Equivalent <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother-in-law <input type="checkbox"/> Father-in-law <input type="checkbox"/> Brother <input type="checkbox"/> Sister <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 <input type="checkbox"/> Female neighbor <input type="checkbox"/> Employee / Someone hired <input type="checkbox"/> Someone from helping organization <input type="checkbox"/> Institution / Assisted Living Center <input type="checkbox"/> Legal guardian <input type="checkbox"/> Unable to determine <input type="checkbox"/> Someone else (specify) _____ <input type="checkbox"/> Specify: _____ <input type="checkbox"/> Child gender unknown <input type="checkbox"/> Don't Know, Refused
DEA_05_R	Length 2		
DEA_05_SP	Length 40	-8, -9	
1b6. What is [your/that person's] name, address, and telephone number?			
Name:			
DEA_06_KPNAME	Length 15		<input type="checkbox"/> First Name
DEA_06_KPNAML	Length 20		<input type="checkbox"/> Last Name
Address:		-8, -9	<input type="checkbox"/> Don't Know, Refused
DEA_06_ADD1	Length 30		<input type="checkbox"/> Street Address 1
DEA_06_ADD2	Length 30		<input type="checkbox"/> Street Address 2
DEA_06_KPPLACE	Length 20		<input type="checkbox"/> City
DEA_06_KPSTATE	Length 2		<input type="checkbox"/> State
DEA_06_KPZIP5	Length 5		<input type="checkbox"/> Zip 5
DEA_06_KPZIP4	Length 4		<input type="checkbox"/> Zip 4
Phone:		-8, -9	<input type="checkbox"/> Don't Know, Refused
DEA_06_KPPHONE	Length 10		<input type="checkbox"/> Telephone number
		-8, -9	<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	Length 15		<input type="checkbox"/> First Name
DEA_INFO_NAML	Length 20		<input type="checkbox"/> Last Name
Address:		-8, -9	<input type="checkbox"/> Don't Know, Refused
DEA_INFO_ADD1	Length 30		<input type="checkbox"/> Street Address 1
DEA_INFO_ADD2	Length 30		<input type="checkbox"/> Street Address 2
DEA_INFO_PLACE	Length 20		<input type="checkbox"/> City
DEA_INFO_STATE	Length 2		<input type="checkbox"/> State
DEA_INFO_ZIP5	Length 5		<input type="checkbox"/> Zip 5
DEA_INFO_ZIP4	Length 4		<input type="checkbox"/> Zip 4
Phone:		-8, -9	<input type="checkbox"/> Don't Know, Refused
DEA_INFO_PHONE	Length 10		<input type="checkbox"/> Telephone number
DEA THANK YOU			
Thank you for your time and cooperation. You have been very helpful.		SKIP TO SC_OUTCOME	
INTRO ASSISTED LIVING CENTER RESIDENCE			
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.			
2. May I speak to [SAMPNAME]?			<input type="checkbox"/> Yes—Set SC_PROXYCK = 1, sample person - SKIP TO 4 (SC_DETRE_R) <input type="checkbox"/> No - SKIP TO SC_REASON
FR: ALWAYS ASK FOR THE SAMPLE PERSON, EVEN IF PROXY HAS BEEN ESTABLISHED.			
SC_READY	Length 2		
2a1. Will [SAMPNAME] be available before February 15, 2005?			<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 2a3 (SC_PREVPRXY) <input type="checkbox"/> Don't Know, Refused - SKIP TO 2a3 (SC_PREVPRXY)
Note: Interviewers were instructed to adjust for extended field period.			
SC_STAY	Length 2		
2a2. When will [SAMPNAME] be available to conduct the interview?			<input type="checkbox"/> 01-12 Month <input type="checkbox"/> 01-31 Day <input type="checkbox"/> 2004 -2005 Year <input type="checkbox"/> Don't Know, Refused - SKIP TO SC_OUTCOME and set = 402
CONDATE	Length 8		
CONDATE RANGE CHECK			
CAPI: Is continuation date within window Oct. 11, 2004 - Feb. 15, 2005?			
Note: Interviewers were instructed to adjust for extended field period.			
CONDATECK	Length 2		<input type="checkbox"/> Yes - SKIP TO SC_OUTCOME and set = 402 <input type="checkbox"/> Warning - Invalid Date
2a3. FR: PREVIOUS PROXY INTERVIEW?			<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 2c3 (SC_SPHHPRX)
SC_PREVPRXY	Length 2		

2b3. May I speak with [SCPR_NA1, SCPR_NA2]? SC_PREADY _____ Length 2	1 <input type="checkbox"/> Yes - SKIP TO 4 (SC_DETRE_R) 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 (Name)'s 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 [SAMPNAME]. Note: Use SC_DETRE_R to determine proxy interview.	
SC_SPHHPRX _____ Length 2	1 <input type="checkbox"/> Yes, eligible proxy is available 2 <input type="checkbox"/> No, eligible proxy not available—Set SC_REASON = 10, SKIP TO SC_OUTCOME and set = 402
PROXY CHECK	
2a4. CAPI: Set = Proxy. SC_PROXYCK _____ Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy
SCREENER PROXY REASON	
2a5. FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.	
FR was denied access to sample person. SCPR_WH1_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Sample person is mentally incapable. SCPR_WH2_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Sample person is physically incapable. SCPR_WH3_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Sample person has hearing/speech problem. SCPR_WH4_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Sample person cannot speak English. SCPR_WH5_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Sample person is temporarily absent beyond interview time. SCPR_WH6_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Other - Specify in SCPR_WH_SP below SCPR_WH7_R _____ Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
SCPR_WH_SP _____ Length 40 SCPR_WH_Z _____ Length 40	N <input type="checkbox"/> Specify N <input type="checkbox"/> No More
2a6. What is your name? SCPR_NAM_FN _____ Length 15 SCPR_NAM_LN _____ Length 20	<input type="checkbox"/> First name <input type="checkbox"/> Last name -8, -9 <input type="checkbox"/> Don't Know, Refused
FR: IF INSTITUTIONAL OR ASSISTED LIVING CENTER PERSONNEL ARE RESPONDING, ENTER (23) WITHOUT ASKING PROXY RELATIONSHIP.	
2a7. What is your relationship to [SAMPNAME]? SCPR_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 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 - SKIP TO 2a10 (SCPR_PHN_AR) 20 <input type="checkbox"/> Female neighbor - SKIP TO 2a10 (SCPR_PHN_AR) 21 <input type="checkbox"/> Employee / Someone hired - SKIP TO 2a10 (SCPR_PHN_AR) 22 <input type="checkbox"/> Someone from helping organization - SKIP TO 2a10 (SCPR_PHN_AR) 23 <input type="checkbox"/> Institution / Assisted Living Center - SKIP TO 2a10 (SCPR_PHN_AR) 24 <input type="checkbox"/> Legal guardian 25 <input type="checkbox"/> Unable to Determine - SKIP TO 2a10 (SCPR_PHN_AR) 26 <input type="checkbox"/> Someone else (specify below in SCPR_REL_SP) 99 <input type="checkbox"/> Child gender unknown -8, -9 <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Specify Other Relationship - SKIP TO 2a10 (SCPR_PHN_AR)
SCPR_REL_SP _____ Length 40	-8, -9 <input type="checkbox"/> Don't Know, Refused <input type="checkbox"/> Specify Other Relationship - SKIP TO 2a10 (SCPR_PHN_AR)
Note: Question 2a8 not used in 2004.	
2a9. Do you reside with [SAMPNAME]? SCPR_RES _____ Length 2	1 <input type="checkbox"/> Yes - If SCPR_REL = 2-16, 24 - SKIP TO SC_DETRE_R. Else, SKIP TO CHECK PERMISSIONS (SC_CKPERM) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
2a10. What is your telephone number? FR: USE (N) FOR NO TELEPHONE. SCPR_PHN_AR _____ Length 3 SCPR_PHN_NUM _____ Length 7	<input type="checkbox"/> Area Code <input type="checkbox"/> Telephone number

SCPR_PHN_EXT	Length 4	<input type="checkbox"/> Extension <input type="checkbox"/> No Phone -8, -9 <input type="checkbox"/> Don't Know, Refused, No Phone
2a11. What is your address? Address:		
SCPR_ADDR_HNO	Length 10	<input type="checkbox"/> House number
SCPR_ADDR_HNSUF	Length 3	<input type="checkbox"/> House number suffix
SCPR_ADDR_STRNM	Length 33	<input type="checkbox"/> Street name
SCPR_ADDR_UNIT	Length 20	<input type="checkbox"/> Housing unit
SCPR_ADDR_PO	Length 22	<input type="checkbox"/> City
SCPR_ADDR_ST	Length 2	<input type="checkbox"/> State
SCPR_ADDR_ZIP5	Length 5	<input type="checkbox"/> Zip 5
SCPR_ADDR_ZIP4	Length 4	<input type="checkbox"/> Zip 4
SCPR_ADDR_DES	Length 99	<input type="checkbox"/> Physical description of housing -8, -9 <input type="checkbox"/> Don't Know, Refused
CHECK PERMISSIONS <i>CAP: If SCPR_REL = 17-23, 25, 26, D, R display:</i> FR: DO YOU HAVE [SAMPNAME]'S PERMISSION TO DISCUSS HIS/HER HEALTH WITH PROXY?		
SC_CKPERM	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No—Set SC_REASON = 10 - SKIP TO SC_OUTCOME and set = 402
Note: Question 3 not used in 2004.		
4. FR: ARE YOU SPEAKING WITH THE SAMPLE PERSON, A PROXY, OR BOTH?		
SC_DETRE_R	Length 2	1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Both
>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.		
4a. FR: IF FIRST OCCURRENCE: Recently, we mailed a letter explaining our survey. Did (you)/[SAMPNAME] receive the letter signed by the Director of the Census Bureau? ADVLTR		
Length 2		1 <input type="checkbox"/> Yes - SKIP TO 5a (VER_NAM) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused
FR: IF CONTINUATION OF INTERVIEW AFTER FIRST OCCURRENCE: 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.		
SKIP TO FIRST UNANSWERED QUESTION		
4b. INTRO_A FR: READ THE LTC-9(L2) LETTER OR, IF PERSONAL VISIT, HAND PERSON A COPY OF THE ADVANCE LETTER. ALLOW ENOUGH TIME FOR HIM/HER TO READ IT IF HE/SHE SO DESIRES.		
The U.S. Bureau of the Census is conducting the 2004 Long-Term Care Survey in conjunction with the Centers for Medicare and Medicaid Services, which oversees the Medicare Program and Duke University, which is operating under a grant from the National Institute on Aging. This survey collects information from a small number of Medicare beneficiaries to help us better understand the long-term health care needs of our growing elderly population. We would like to take about 10 minutes 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 is extremely important to ensure the completeness and accuracy of the data.		
SCREENER BEGIN		
5a. We have (your/his/her) name listed as [I_TITLE, I_FULLNA]. Is this correct?		
VER_NAM	Length 2	1 <input type="checkbox"/> Yes - SKIP TO 6a (VER_SEX) 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO ID CHECK (SC_IDCK)
5b. What is (your/his/her) correct name?		
UP_NAM_1	Length 20	<input type="checkbox"/> First name
UP_NAM_2	Length 20	<input type="checkbox"/> Last name -8, -9 <input type="checkbox"/> Don't Know, Refused
5c. FR: IS UPDATED NAME SIMILAR TO [I_FULLNA]?		
S_SIMNAME	Length 2	1 <input type="checkbox"/> Yes - SKIP TO 6a (VER_SEX) 2 <input type="checkbox"/> No
5d. (Have you/Has he/she) ever used [I_FULLNA] to identify (yourself/himself/herself)?		
SC_ALIAS	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO ID_CHECK (SC_IDCK) -8, -9 <input type="checkbox"/> Don't Know, refused - SKIP TO ID CHECK (SC_IDCK)
6a. FR: ENTER WITHOUT ASKING IF APPARENT. We have (your/his/her) gender listed as [SEX]. Is this correct?		
VER_SEX	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO ID_CHECK (SC_IDCK) -8, -9 <input type="checkbox"/> Don't Know, refused - SKIP TO ID CHECK (SC_IDCK)
Note: Question 6b not used in 2004.		
7a. We have (your)/[SAMPNAME]'s date of birth listed as [refer to BMONTH, BDAY, BYEAR]. Is this correct?		
VER_DOB	Length 2	1 <input type="checkbox"/> Yes - SKIP TO CALCAGE 2 <input type="checkbox"/> No -8, -9 <input type="checkbox"/> Don't Know, refused - SKIP TO CALCAGE
7b. What is (your)/[SAMPNAME]'s date of birth?		
COR_DOB_M	Length 2	01-12 <input type="checkbox"/> Month
COR_DOB_D	Length 2	01-31 <input type="checkbox"/> Day
COR_DOB_Y	Length 4	1870-2005 <input type="checkbox"/> Year

-8, -9 Don't Know, Refused

CALCULATE AGE:
CAPI calculates age based upon system date minus date of birth from CAPI inputs.
 CALCAGE _____ Length 3 Calculated Age from CAPI inputs

CALCULATE CORRECTED AGE
CAPI calculates age based upon system date minus corrected date of birth.
(If corrected, uses COR_DOB1-COR_DOB3 and calculates OTHAGE.)
 OTHAGE _____ Length 3 Other Calculated Age from COR_DOB_M, COR_DOB_D, COR_DOB_Y

DOB CHECK
CAPI: Does OTHAGE differ from CALCAGE by + or -5?
 SC DOBCK _____ Length 2 1 Within 5 years of CALCULATE AGE (CALCAGE)
 2 More than 5 years difference from CALCULATE AGE (CALCAGE) - SKIP TO ID_CHECK (SC_IDCK)

CHECK AGE
CAPI: Age less than 65? (Use corrected DOB if available)
 SC_AGECK _____ Length 2 1 Yes—Set SC_REASON = 15 - SKIP TO SC_OUTCOME and set = 435
 2 No - SKIP TO 7c (SCN_24_R)

ID CHECK
 Does [I_FULLNA] who is [SEX] and [CALCAGE] live here?
 SC_IDCK _____ Length 2 1 Yes - SKIP BACK TO 2 (SC_READY)
 2 No—Set SC_REASON to 13 - SKIP TO SC_OUTCOME and set = 402
 -8, -9 Don't Know, Refused—Set SC_REASON to 13 - SKIP TO SC_OUTCOME and set = 402

COLLECT DEMOGRAPHICS
 7c. Is [SAMPNAME] now married, widowed, divorced, separated, partnered (not married), or never married?
 SCN_24_R _____ Length 2 1 Married
 2 Widowed
 3 Divorced
 4 Separated
 5 Never Married
 6 Partnered (not married)
 -8, -9 Don't Know, Refused

7d. Please answer the questions both about being Spanish, Hispanic, or Latino and about "race."
 Is [SAMPNAME] Spanish, Hispanic, or Latino?
 SCN_25A _____ Length 2 1 Yes
 2 No - SKIP TO 7e (SCN_25BTG_1)
 -8, -9 Don't Know, Refused - SKIP TO 7e (SCN_25BTG_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	Californio (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.

7d1. **FR: SHOW FLASHCARD 1**
 Is [SAMPNAME] Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Cuban American, or some other Spanish, Hispanic, or Latino group?
 SCN_25A1 _____ Length 2 1 Mexican - SKIP TO 7e (SCN_25BTG_1)
 2 Mexican American - SKIP TO 7e (SCN_25BTG_1)
 3 Chicano - SKIP TO 7e (SCN_25BTG_1)
 4 Puerto Rican - SKIP TO 7e (SCN_25BTG_1)
 5 Cuban - SKIP TO 7e (SCN_25BTG_1)
 6 Cuban American - SKIP TO 7e (SCN_25BTG_1)
 7 Other Spanish, Hispanic, or Latino group
 -8, -9 Don't Know, Refused - SKIP TO 7e (SCN_25BTG_1)

7d2. What is the name of [SAMPNAME]'s other Spanish, Hispanic, or Latino group?
 SCN_25A2_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 Ecuadorian
 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 SCN_25A2_2 below
- Specify

SCN_25A2_2 Length 30

7e. 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 Alaska 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
SCN_25BTG_1 Length 2 1 Yes
2 No
- (2) Black or African American
SCN_25BTG_2 Length 2 1 Yes
2 No
- (3) American Indian or Alaska Native
SCN_25BTG_3 Length 2 1 Yes
2 No
- (4) Asian
SCN_25BTG_4 Length 2 1 Yes
2 No
- (5) Native Hawaiian or Other Pacific Islander
SCN_25BTG_5 Length 2 1 Yes
2 No
- (6) Other
SCN_25BTG_6 Length 2 1 Yes
2 No
- (7) Don't Know
SCN_25BTG_DK Length 2 1 Yes
2 No
- (8) Refused
SCN_25BTG_RF Length 2 1 Yes
2 No
- SCN_25B_P N 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.

For responses of Caucasian, select 1 for White. For responses of Negro, select 2 for Black.

7e1. CAP: If the "Asian" box is checked:

FR: READ EACH ITEM. ENTER ALL THAT APPLY.

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

FR: ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) WHEN DONE.

- (1) Asian Indian
SCN_25B1TG_1 Length 2 1 Yes
2 No
- (2) Chinese
SCN_25B1TG_2 Length 2 1 Yes
2 No
- (3) Filipino
SCN_25B1TG_3 Length 2 1 Yes
2 No
- (4) Japanese
SCN_25B1TG_4 Length 2 1 Yes
2 No
- (5) Korean
SCN_25B1TG_5 Length 2 1 Yes
2 No
- (6) Vietnamese
SCN_25B1TG_6 Length 2 1 Yes
2 No
- (7) Other Asian
SCN_25B1TG_7 Length 2 1 Yes
2 No
- (8) Don't Know
SCN_25B1TG_8 Length 2 1 Yes
2 No
- (9) Refused
SCN_25B1TG_9 Length 2 1 Yes
2 No
- SCN_25B1_P N No More

7e2. CAP: If the "Native Hawaiian or Other Pacific Islander" box is checked:

FR: READ EACH ITEM. ENTER ALL THAT APPLY.

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

FR: ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.

ENTER (N) WHEN DONE.

- (1) Native Hawaiian
SCN_25B2TG_1 Length 2 1 Yes
2 No
- (2) Guamanian or Chamorro
SCN_25B2TG_2 Length 2 1 Yes
2 No

(3) Samoan SCN_25B2TG_3	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Other Pacific Islander SCN_25B2TG_4	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Don't Know SCN_25B2TG_5	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Refused SCN_25B2TG_6	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
SCN_25B2_P		N <input type="checkbox"/> No More

7e3. **CAPI: If the "Other" box is checked:**
 What is the name of (your)/[SAMPNAME]'s other race group(s)?
FR: READ ONLY IF NECESSARY. MARK ALL THAT APPLY.
ENTER THE CATEGORY NUMBER TO SELECT OR DESELECT.
ENTER (N) WHEN NO MORE.

(1) Aleut SCN_25B3TG_1	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) African American SCN_25B3TG_2	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) African Nation, Ethnic Group, or Tribe SCN_25B3TG_3	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) American SCN_25B3TG_4	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) American Indian or Alaska Native SCN_25B3TG_5	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Anglo-Saxon SCN_25B3TG_6	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Arab SCN_25B3TG_7	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Asian SCN_25B3TG_8	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Asian Indian SCN_25B3TG_9	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Black SCN_25B3TG_10	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Brazilian SCN_25B3TG_11	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Caucasian SCN_25B3TG_12	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(13) Chicano SCN_25B3TG_13	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(14) Chinese SCN_25B3TG_14	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(15) Creole SCN_25B3TG_15	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(16) Cuban or Cuban American SCN_25B3TG_16	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(17) Eskimo SCN_25B3TG_17	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(18) European SCN_25B3TG_18	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(19) Filipino SCN_25B3TG_19	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(20) German SCN_25B3TG_20	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(21) Guamanian or Chamorro SCN_25B3TG_21	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(22) Hispanic SCN_25B3TG_22	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(23) Jamaican SCN_25B3TG_23	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(24) Japanese SCN_25B3TG_24	Length 2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(25) Korean SCN_25B3TG_25	Length 2	1 <input type="checkbox"/> Yes

(26) Latin American SCN_25B3TG_26	Length	2	2 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(27) Latino SCN_25B3TG_27	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(28) Mexican or Mexican American SCN_25B3TG_28	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(29) Native American SCN_25B3TG_29	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(30) Native Hawaiian or Other Pacific Islander SCN_25B3TG_30	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(31) Negro SCN_25B3TG_31	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(32) Puerto Rican SCN_25B3TG_32	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(33) Samoan SCN_25B3TG_33	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(34) Scots-Irish SCN_25B3TG_34	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(35) Spanish SCN_25B3TG_35	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(36) Vietnamese SCN_25B3TG_36	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(37) West Indian SCN_25B3TG_37	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(38) White SCN_25B3TG_38	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(39) No Race Given SCN_25B3TG_39	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(40) Other - Specify SCN_25B3TG_40	Length	2	1 <input type="checkbox"/> Yes - Specify in SCN_25B3_SP below
Specify _____ SCN_25B3_SP	Length	30	<input type="checkbox"/> Specify: _____
(41) Don't Know SCN_25B3TG_41	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(42) Refused SCN_25B3TG_42	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

SCN_25B3_P No More

7f. FR: SHOW FLASHCARD 3. What is the highest level of regular school (you/[SAMPNAME] (have/has) completed or the highest degree (you/he/she (have/has) received? SCN_EDUCA	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) 47 <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD) -8, -9 <input type="checkbox"/> Don't Know, Refused
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>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.

7g. Did (you)/[SAMPNAME] EVER serve on active duty in the Armed Forces of the United States? INC_1A	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 8a (VER_ADD) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 8a (VER_ADD)
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>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.

<p>7h. 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.</p>				
(1) World War I (April '17 - Nov '18) INC_1B_1	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2) World War II (Sept '40 - July '47) INC_1B_2	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) Korean War (June '50 - Jan '55) INC_1B_3	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4) Vietnam War (Aug '64 - April '75) INC_1B_4	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5) Post Vietnam (May '75 - present) INC_1B_5	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(6) Other Service (All other periods) INC_1B_6	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(D) Don't Know INC_1B_DK	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(R) Refused INC_1B_RF	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
INC_1B_P			N <input type="checkbox"/> No more	
7i. (Were you/Was) [SAMPNAME] EVER an active member of a National Guard or military reserve unit? INC_1C	Length	2	-8, -9 <input type="checkbox"/> No - SKIP TO 7k (INC_2A) <input type="checkbox"/> Don't Know, Refused - SKIP TO 7k (INC_2A)	
7j. Was ALL of (your)/[SAMPNAME]'s active duty service related to National Guard or military reserve training? INC_1D	Length	2	-8, -9 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused	
7k. (Do you/Does) [SAMPNAME] have a disability related to service in the Armed Forces of the United States? INC_2A	Length	2	-8, -9 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP TO 8a (VER_ADD) <input type="checkbox"/> Don't Know, Refused - SKIP TO 8a (VER_ADD)	
7l. What is (your)/[SAMPNAME]'s current VA disability rating? INC_2B	Length	3	0, 10, ... 100 <input type="checkbox"/> Percent -8, -9 <input type="checkbox"/> Don't Know, Refused	
<p>>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.</p>				
8a. We have (your)/[SAMPNAME]'s address listed as [CAPI refers to address at VERIFY CASE]. Is ALL of this information correct? VER_ADD	Length	2	-8, -9 <input type="checkbox"/> Yes - SKIP TO 8c (CNTY_NAM) <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused - SKIP TO 8c (CNTY_NAM)	
<p>8b. What is (your)/[SAMPNAME]'s correct address? FR: ENTER (S) FOR SAME. [CAPI displays old address.]</p>				
UP_ADD_ST1	Length	10	<input type="checkbox"/> House number	
UP_ADD_ST2	Length	3	<input type="checkbox"/> House number suffix	
UP_ADD_ST3	Length	33	<input type="checkbox"/> Street name	
UP_ADD_ST4	Length	20	<input type="checkbox"/> Unit Designation	
UP_ADD_CT	Length	22	<input type="checkbox"/> City	
UP_ADD_ST	Length	2	<input type="checkbox"/> State	
UP_ADD_ZP1	Length	5	<input type="checkbox"/> Zip 5	
UP_ADD_ZP2	Length	4	<input type="checkbox"/> Zip 4	
			-8, -9 <input type="checkbox"/> Don't Know, Refused	
8c. In what county, parish, or borough is this address located? CNTY_NAM	Length	40	-8, -9 <input type="checkbox"/> County, Parish, or Borough <input type="checkbox"/> Don't Know, Refused	
<p>CAPI CHECK INTERVIEW TYPE If S_INTYPE = T - SKIP TO SETINST. FR: ENTER (N) FOR NO TELEPHONE.</p>				
8d. What is (your)/[SAMPNAME]'s telephone number, including the area code? SCN_PHONE_AC SCN_PHONE_NUM SCN_PHONE_EXT	Length	3 7 4	<input type="checkbox"/> Area Code <input type="checkbox"/> Number <input type="checkbox"/> Extension N <input type="checkbox"/> No telephone -8, -9 <input type="checkbox"/> Don't Know, Refused	ALL SKIP TO 9a (SCN_15_A)

8e1. (Are you/ls) [SAMPNAME] currently living in a nursing home, an Assisted Living Center or other group facility, or a single family dwelling or other private residence? FR: PROBE IF NECESSARY. SETINST	Length 2	-8, -9	1 <input type="checkbox"/> Nursing Home - SKIP TO 8e3 (SC_NURSE) 2 <input type="checkbox"/> ALC or other group home - SKIP TO 8e3 (SC_NURSE) 3 <input type="checkbox"/> Single family dwelling or other private residence Don't Know, Refused
8e2. Are there three or more unrelated persons living at [ADDRESS]? SC_UNREL	Length 2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 9a (SCN_15_A) Don't Know, Refused
8e3. Is a Registered Nurse, Licensed Practical Nurse, Licensed Vocational Nurse, physician, psychiatrist, or other health professional on duty every day at this address? SC_NURSE	Length 2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 9a (SCN_15_A) Don't Know, Refused
8e4. (Do you/Does) [SAMPNAME] receive medical care from the health care professionals on a regular basis? S_RNHELP	Length 2	-8, -9	1 <input type="checkbox"/> Yes—Set GROUP = 4 2 <input type="checkbox"/> No - SKIP TO 9a (SCN_15_A) Don't Know, Refused
8f. What is the name of this facility? INSTNAME	Length 40	-8, -9	<input type="checkbox"/> Institution or facility name Don't Know, Refused
ADL BEGIN			
First, I'd like to ask about (you)/[SAMPNAME]'s ability to do everyday activities without help. By help, I mean either the help of another person, including people who live with (you/him/her), or the help of special equipment. FR: MARK 'YES' BOX WITHOUT ASKING IF APPARENT BY OBSERVATION. (Do you/Does) [SAMPNAME] have any problem -			
9a. Eating without the help of another person or special equipment? SCN_15_A	Length 2		1 <input type="checkbox"/> Yes
9b. Getting in or out of bed without help? SCN_15_B	Length 2		2 <input type="checkbox"/> No
9c. Getting in or out of chairs without help? SCN_15_C	Length 2	-8, -9	3 <input type="checkbox"/> Can't / Don't Do Don't Know, Refused
9d. Walking around inside without help? SCN_15_D	Length 2		
9e. Going outside without the help of another person or special equipment? SCN_15_E	Length 2		
9f. Dressing without help? SCN_15_F	Length 2		
9g. Bathing without help? SCN_15_G	Length 2		
9h. Getting to the bathroom or using the toilet? SCN_15_H	Length 2		
9i. Controlling bowel movements or urination or ever have any accidents? SCN_15_I	Length 2		
CHECK SCN_CKADL CAP: Add all variables 9a (SCN_15_A) - 9i (SCN_15_I) equal 1 or 3. On how many of the above ADLs is [SAMPNAME] disabled? SCN_CKADL			
	Length 2	0-9	<input type="checkbox"/> ADLs
CHECK 9 CAP: Is SCN_CKADL equal 1-9? ADL_FLAG			
	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO 11a (SCN_17A)
10a. You said that (you)/[SAMPNAME] has a problem with (one activity/some activities). (Have you/Has) [SAMPNAME] had (this problem/any of these problems) for three months or longer? SCN_16A	Length 2	-8, -9	1 <input type="checkbox"/> Yes - SKIP TO CHECK 10 (LONG1_FL) 2 <input type="checkbox"/> No Don't Know, Refused
10b. Do you EXPECT that (this problem/any of these problem(s)) will last for the next three months or longer? SCN_16B	Length 2	-8, -9	1 <input type="checkbox"/> Yes - SKIP TO CHECK 10 (LONG1_FL) 2 <input type="checkbox"/> No Don't Know, Refused
10c. Altogether, from beginning to end, will (this problem/any of these problems) have lasted three months or longer? SCN_16C	Length 2	-8, -9	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Don't Know, Refused
CHECK 10 CAP: Is 10a (SCN_16A), 10b (SCN_16B), or 10c (SCN_16C) marked 'yes'? LONG1_FL			
	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
ADL END			
IADL BEGIN			
FR: IF A PERSON DOES NOT DO, BUT IS ABLE TO DO, AN ACTIVITY LISTED BELOW, MARK 'YES' FOR THE ACTIVITY. (Are you/ls) [SAMPNAME] able to:			
11a. Prepare meals without help? SCN_17_A	Length 2		1 <input type="checkbox"/> Yes
11b. Do laundry without help? SCN_17_B	Length 2	-8, -9	2 <input type="checkbox"/> No Don't Know, Refused
11c. Do light housework such as washing dishes? SCN_17_C	Length 2		
11d. Shop for groceries without help? SCN_17_D	Length 2		
11e. Manage money such as keeping track of bills and handling cash? SCN_17_E	Length 2		
11f. Take medicine without help? SCN_17_F	Length 2		
11g. Make telephone calls without help? SCN_17_G	Length 2		
CHECK 11 CAP: Is 'no' marked in any segment of question 11 (SCN_17)? SCN_CKD			
	Length 2		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO CHECK INSTITUTIONAL (INSTIN_CK)
Does a disability or a health problem keep (you)/[SAMPNAME] from CAP: displays marked items from question 11 (SCN_17) above			
12a. preparing meals? SCN_18_A	Length 2		1 <input type="checkbox"/> Yes
12b. doing laundry? SCN_18_B	Length 2	-8, -9	2 <input type="checkbox"/> No Don't Know, Refused

12c. doing light housework? SCN_18_C	Length	2	
12d. shopping for groceries? SCN_18_D	Length	2	
12e. managing money? SCN_18_E	Length	2	
12f. taking medicine? SCN_18_F	Length	2	
12g. making telephone calls? SCN_18_G	Length	2	
CHECK SCN_CKIADL <i>CAP: Add all variables 12a (SCN_18_A) - 12g (SCN_18_G) equal 1.</i> On how many of the above IADLs is [SAMPNAME] disabled? SCN_CKIADL			
	Length	2	0-7 <input type="checkbox"/> IADLs
CHECK 12 <i>CAP: Is SCN_CKIADL equal 1-7?</i>			
IADL_FLG	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP TO CHECK INSTITUTIONAL (INSTIN_CK)
13a. (Have you/Has) [SAMPNAME] had a problem with (this activity/any of these activities) for three months or longer? SCN_19	Length	2	-8, -9 <input type="checkbox"/> Yes - SKIP TO CHECK 13 (LONG2_FL) <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
13b. Do you EXPECT that (your)/[SAMPNAME]'s problem doing (this activity/any of these activities) will last for the next three months or longer? SCN_20A	Length	2	-8, -9 <input type="checkbox"/> Yes - SKIP TO CHECK 13 (LONG2_FL) <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
13c. Altogether, from beginning to end, will (your)/[SAMPNAME]'s problem doing (this activity/any of these activities) have lasted three months or longer? SCN_20B	Length	2	-8, -9 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know, Refused
CHECK 13 <i>CAP: Is 13a (SCN_19), 13b (SCN_20A), or 13c (SCN_20B) marked 'yes'?</i> LONG2_FL			
	Length	2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
IADL END			
CHECK INSTITUTIONAL <i>CAP: Is GROUP = 4?</i> INSTIN_CK			
	Length	2	1 <input type="checkbox"/> Yes—Set SC_OUTCOME = 405, SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETE) 2 <input type="checkbox"/> All others, continue
CHECK LONGITUDINAL <i>CAP: Is longitudinal indicator 'N' marked in first digit of control number? (L_SCRN_TYP = 1)</i>			
SAMP_N_04	Length	2	1 <input type="checkbox"/> Yes—Set GROUP=3. Set SC_OUTCOME = 405 - SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETE) 2 <input type="checkbox"/> All others, continue
CHECK DISABLED <i>CAP: Is 'yes' marked in any of the following items--10a (SCN_16A), 10b (SCN_16B), or 10c (SCN_16C) = Code 1, 13a, 13b, 13c = Code 2</i>			
SCN_GRPD	Length	2	1 <input type="checkbox"/> ADL Disabled—Set GROUP=2, Set SC_OUTCOME = 405 - SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETE) 2 <input type="checkbox"/> IADL Disabled—Set GROUP=2, Set SC_OUTCOME = 405 - SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETE) 3 <input type="checkbox"/> All others, continue with CHECK H-DESIGNATED (SCN_CKF)
CHECK H-DESIGNATED <i>CAP: Is the sample person part of the H-designated subgroup? I.e., input variable I_HEAL_TYP = 1 and not institutionalized, longitudinal, or disabled?</i>			
SCN_CKF	Length	2	1 <input type="checkbox"/> Yes—Set GROUP=1, Set SC_OUTCOME = 405 - SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETE) 2 <input type="checkbox"/> All others, continue with 14a (SCN_21A)
14a. FR: ENTER (0) IF THE SAMPLE PERSON HAS NEVER BEEN A PATIENT IN A NURSING, CONVALESCENT, OR REST HOME. How many times (have you/has) [SAMPNAME] ever been a patient in a nursing, convalescent, or rest home? SCN_21A			
	Length	2	1-20 <input type="checkbox"/> Times 0 <input type="checkbox"/> Times - SKIP TO 14g (SCN_21E5) -8, -9 <input type="checkbox"/> Don't Know, Refused - SKIP TO 14g (SCN_21E5)
>HELP SCREEN< [REFERENCE] If it is unclear whether the sample person was in a facility that should be reported as a nursing, convalescent or rest home, probe to see if nursing care or medical services were provided at the facility. "Old age homes," or other facilities which provide room and board for older persons, but which do not provide nursing or other medical services, should not be included.			
14b. When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home (that time/the last time)? SCN_21B1 SCN_21B2			
	Length	2	1-12 <input type="checkbox"/> Month
	Length	4	1984-2005 <input type="checkbox"/> Year
			-8, -9 <input type="checkbox"/> Don't Know, Refused
14c. FR: RECORD THE LENGTH OF STAY EITHER IN DAYS OR IN MONTHS. EXAMPLE: IF THE ANSWER IS "6 WEEKS," ENTER 42 DAYS (6 X 7); IF THE ANSWER IS "2 AND 1/2 YEARS," ENTER 30 MONTHS (2-1/2 X 12). How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home (that time)? SCN_21B3 SCN_21B4			
	Length	2	1-99 <input type="checkbox"/> Days OR
	Length	2	1-99 <input type="checkbox"/> Months
			-8, -9 <input type="checkbox"/> Don't Know, Refused
SCN 21CK1 <i>CAP: Is the response to question 14a (SCN_21A), greater than 1?</i>			
14d1. When (were you/was) [SAMPNAME] admitted to a nursing, convalescent, or rest home the time before that? SCN_21C1 SCN_21C2			
	Length	2	1-12 <input type="checkbox"/> Month
	Length	4	1984-2005 <input type="checkbox"/> Year
			-8, -9 <input type="checkbox"/> Don't Know, Refused
14d2. FR: RECORD THE LENGTH OF STAY EITHER IN DAYS OR IN MONTHS. EXAMPLE: IF THE ANSWER IS "6 WEEKS," ENTER 42 DAYS (6 X 7); IF THE ANSWER IS "2 AND 1/2 YEARS," ENTER 30 MONTHS (2-1/2 X 12). How long (were you/was) [SAMPNAME] in the nursing, convalescent, or rest home that time? SCN_21C3 SCN_21C4			
	Length	2	1-99 <input type="checkbox"/> Days OR
	Length	2	1-99 <input type="checkbox"/> Months
			-8, -9 <input type="checkbox"/> Don't Know, Refused
Note: Questions 14e1-14f2 not used in 2004.			
14g. (Are you/Is) [SAMPNAME] on a waiting list to go into a nursing home?			
			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

SCN_21E5	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused
15. Including (you)/[SAMPNAME], how many people live in (your/his/her) household?				
SCN_22	Length	2	1-25	<input type="checkbox"/> People
			-8, -9	<input type="checkbox"/> Don't Know, Refused
16a. FR: ENTER (0) IF THE SAMPLE PERSON DOES NOT HAVE ANY LIVING CHILDREN.				
How many living children (do you/does) [SAMPNAME] have? Include natural, adopted, and stepchildren.				
			1-25	<input type="checkbox"/> Children
			0	<input type="checkbox"/> Children—Set SC_OUTCOME = 401 - SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETEE)
SCN_23_A	Length	2	-8, -9	<input type="checkbox"/> Don't Know, Refused—Set SC_OUTCOME = 401 - SKIP TO SCREENER COMPLETION CHECK (SC_COMPLETEE)
16b. How many of (your)/[SAMPNAME]'s children do NOT live in (your/his/her) household?				
SCN_23_B	Length	2	0-25	<input type="checkbox"/> Children - response cannot be greater than 16a (SCN_23_A)
			-8, -9	<input type="checkbox"/> Don't Know, Refused
SCREENER COMPLETION CHECK				
<i>CAPI: Is the variable VER_SEX equal to D, R, or -5 or the variable VER_DOB equal to -5?</i>				
<i>CAPI: Are five (5) or more of the variables question 9 (SCN_15_A - SCN_15_I) equal to D, R, or -5?</i>				
<i>CAPI: Is one (1) of the variables question 9 (SCN_15_A - SCN_15_I) equal to 1 or 3 AND are all three (3) of the variables SCN_16A, SCN_16B, SCN_16C equal to D, R, or -5?</i>				
<i>CAPI: Are three (3) or more of the variables SCN_17_A - SCN_17_G (question 11) equal to D, R, or -5?</i>				
<i>CAPI: Is one (1) of the variables question 11 (SCN_17_A - SCN_17_G) equal to 2 AND is one (1) of the variables SCN_18_A - SCN_18_G equal to 1 AND are all three (3) of the variables SCN_19, SCN_20A, SCN_20B equal to D, R, or -5?</i>				
<i>If any of the above conditions are met, then set SC_COMPLETE = 2; else, set SC_COMPLETE = 1.</i>				
SC_COMPLETE	Length	2	1	<input type="checkbox"/> Complete - SKIP TO SC_OUTCOME
SCREENER REASON				
FR: WHAT IS THE REASON YOU CAN'T CONDUCT AN INTERVIEW?				
SC_REASON	Length	2		
			1	<input type="checkbox"/> Inconvenient Time - SKIP TO SC_OUTCOME and set = 402
			2	<input type="checkbox"/> Temporarily absent - SKIP BACK TO 2a1 (SC_STAY)
			3	<input type="checkbox"/> SP Refused - SKIP TO SC_OUTCOME and set = 402
			4	<input type="checkbox"/> Unable to locate after repeated attempts - SKIP TO SC_OUTCOME and set = 402
			5	<input type="checkbox"/> Language problem; needs interpreter - SKIP TO SC_OUTCOME and set = 402
			6	<input type="checkbox"/> Sample Person phys/mentally unable to respond - SKIP BACK TO 2a3 (SC_PREVPRXY)
			7	<input type="checkbox"/> FR denied access to the sample person by a family member or institutional staff - SKIP BACK TO 2a3 (SC_PREVPRXY)
			8	<input type="checkbox"/> Correctional Facility, Ineligible - SKIP TO SC_OUTCOME and set = 435
			9	<input type="checkbox"/> Deceased - SKIP TO SC_OUTCOME and set = 450
			10	<input type="checkbox"/> Eligible Proxy Currently Not Available - SKIP TO SC_OUTCOME and set = 402
			11	<input type="checkbox"/> FR denied access by Gatekeeper/Gated Community (Community & Institution) - SKIP TO SC_OUTCOME and set = 402
			12	<input type="checkbox"/> No phone; schedule personal visit - SKIP TO SC_OUTCOME and set = 402
			13	<input type="checkbox"/> ID Check - respondent not SP - SKIP TO SC_OUTCOME and set = 402
			14	<input type="checkbox"/> SP in short-stay hospital - SKIP BACK TO 2a1 (SC_STAY)
			15	<input type="checkbox"/> Type B Other Ineligible - SKIP TO SC_OUTCOME and set = 435
			16	<input type="checkbox"/> Institutionalized at another location - SKIP TO SC_MOVER1
			17	<input type="checkbox"/> Moved outside U.S. - SKIP TO SC_OUTCOME and set = 451
			18	<input type="checkbox"/> No Good Address/Unknown - SKIP TO SC_OUTCOME and set = 402
			19	<input type="checkbox"/> Further Work Needed - SKIP TO SC_OUTCOME and set = 402
			20	<input type="checkbox"/> Known Address Inside FR Area - SKIP TO SC_OUTCOME and set = 402
			21	<input type="checkbox"/> Known Address Outside FR Area - SKIP TO SC_OUTCOME and set = 402
			22	<input type="checkbox"/> Outside Survey Limits - SKIP TO SC_OUTCOME and set = 451
			23	<input type="checkbox"/> No one home - SKIP TO SC_OUTCOME; SC_OUTCOME remains unchanged
			24	<input type="checkbox"/> Other, Specify - SKIP TO SC_OUTCOME and set = 402
			99	<input type="checkbox"/> Failed Screener Completion Check - SKIP TO SC_OUTCOME and set = 402
SC_SPCIFY	Length	40		<input type="checkbox"/> Specify
SCREENER OUTCOME:				
SC_OUTCOME	Length	3		
			401	<input type="checkbox"/> Screener Completed - Screened Out. Transmit data.
			402	<input type="checkbox"/> Temporary non-response code - reset to final non-response 413- 499 after supervisor review
			403	<input type="checkbox"/> Abbreviated Screener Completed for Personal Visit Institutionalized.
			405	<input type="checkbox"/> Screener Completed - Screened In. Schedule Detailed. Transmit data.
			413	<input type="checkbox"/> Language problem - No interpreter available
			414	<input type="checkbox"/> Unable to locate after repeated attempts
			418	<input type="checkbox"/> Refused
			420	<input type="checkbox"/> Unable to Obtain Interview After Repeated Attempts
			422	<input type="checkbox"/> Eligible Proxy Unavailable
			424	<input type="checkbox"/> Institutional Refusal
			435	<input type="checkbox"/> Ineligible for interview
			450	<input type="checkbox"/> Deceased
			451	<input type="checkbox"/> Moved outside survey limits
			499	<input type="checkbox"/> Requested to be removed from the study in writing
				Screener Nonresponse OUTCOMES (413-499) to be set by SUPERVISOR REVIEW.
SCREEN END				
<i>CAPI: Set Screener time and set Sceener completion date.</i>				
SC_TIME	Length	4		<input type="checkbox"/> hhmm (Hours: Minutes)
SC_DATE	Length	8		<input type="checkbox"/> Month, Day, Year
CONTINUATION CHECK				
<i>CAPI: If Screener was completed as a personal visit, check STATUS and continue to the appropriate detailed interview.</i>				
NOTE: The respondent is asked to provide contact information in both the Screener and the Control Card. In addition, contact information can be accessed from the Menu and entered by the FR at any point during the interview.				
<i>CAPI: Refer to CP1NAME and CP2NAME. Are both contact persons' names missing?</i>				
CHK_CP1NAME			1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP TO CHECK CONDITION 1 (IAD_CK1)
3a. If [SAMPNAME] is unable to respond, we will need to speak with (his/her) spouse, a relative who is knowledgeable about (him/her) or (his/her) legal guardian. Please give me the name, address, and phone number of two people we can contact.				
What is the first person's name?				
CP1_CP1NAME	Length	40	-8, -9	<input type="checkbox"/> Full Name <input type="checkbox"/> Don't Know, Refused
3b. What is the first person's address?				
CP1_CP1ADD1	Length	54		<input type="checkbox"/> Street Address 1
CP1_CP1ADD2	Length	54		<input type="checkbox"/> Street Address 2
CP1_CP1PO	Length	20		<input type="checkbox"/> City
CP1_CP1ST	Length	2		<input type="checkbox"/> State
CP1_CP1ZP5	Length	5		<input type="checkbox"/> Zip 5
CP1_CP1ZP4	Length	4		<input type="checkbox"/> Zip 4
			-8, -9	<input type="checkbox"/> Don't Know, Refused

3c. FR: PRESS (N) IF NO TELEPHONE NUMBER AVAILABLE. What is the first person's phone number? CPPHN1_AR <input type="text"/> Length 3 <input type="checkbox"/> Area Code CPPHN1_NUM <input type="text"/> Length 7 <input type="checkbox"/> Phone Number FR: IF NO EXTENSION, PRESS ENTER. CPPHN1_EXT <input type="text"/> Length 4 <input type="checkbox"/> Extension -8, -9 <input type="checkbox"/> Don't Know, Refused				
3d. What is the relationship of this contact person to [SAMPNAME]? CPREL1_1 <input type="text"/> Length 2 1 <input type="checkbox"/> Sample Person 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) in CPREL1_SP below 99 <input type="checkbox"/> Child gender unknown -8, -9 <input type="checkbox"/> Don't Know, Refused Specify: _____ CPREL1_SP <input type="text"/> Length 40				
4a. FR: ENTER (0) IF NO SECOND NAME TO CONTINUE. What is the second person's name? CP2_CP2NAME <input type="text"/> Length 40 -8, -9 <input type="checkbox"/> Full Name <input type="checkbox"/> Don't Know, Refused				
4b. What is the second person's address? CP2_CP2ADD1 <input type="text"/> Length 54 <input type="checkbox"/> Street Address 1 CP2_CP2ADD2 <input type="text"/> Length 54 <input type="checkbox"/> Street Address 2 CP2_CP2PO <input type="text"/> Length 20 <input type="checkbox"/> City CP2_CP2ST <input type="text"/> Length 2 <input type="checkbox"/> State CP2_CP2ZP5 <input type="text"/> Length 5 <input type="checkbox"/> Zip 5 CP2_CP2ZP4 <input type="text"/> Length 4 <input type="checkbox"/> Zip 4 -8, -9 <input type="checkbox"/> Don't Know, Refused				
4c. What is the second person's phone number? FR: PRESS (N) IF NO TELEPHONE NUMBER AVAILABLE. CPPHN2_AR <input type="text"/> Length 3 <input type="checkbox"/> Area Code CPPHN2_NUM <input type="text"/> Length 7 <input type="checkbox"/> Phone Number FR: IF NO EXTENSION, PRESS ENTER. CPPHN2_EXT <input type="text"/> Length 4 <input type="checkbox"/> Extension -8, -9 <input type="checkbox"/> Don't Know, Refused				
4d. What is the relationship of this contact person to [SAMPNAME]? CPREL2_1 <input type="text"/> Length 2 1 <input type="checkbox"/> Sample Person 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) in CPREL2_SP below 99 <input type="checkbox"/> Child gender unknown -8, -9 <input type="checkbox"/> Don't Know, Refused Specify: _____ CPREL2_SP <input type="text"/> Length 40				