

TRANSCRIBE FROM THE CONTROL CARD				
1. R. O. Number: <i>NOT GIVEN</i>				
2. Control Number: <i>NOT GIVEN</i>				
3. Name of Sample person: <i>NOT GIVEN</i>				
4. Field representative code: <i>NOT GIVEN</i>				
5. Name of Sample Person: <i>NOT GIVEN</i>				
6. Name and address if institution: <i>NOT GIVEN</i>				
7. LTC-7 Interview conducted with				1 <input type="checkbox"/>
ICF_PROXY	Col.	1164	Char 1	2 <input type="checkbox"/>
				Sample person and proxy(ies)
				Proxy(ies) only
Section 1 - COGNITIVE FUNCTIONING				
<i>Complete this section with the sample person only.</i>				
INTRODUCTION				
I am going to ask a staff member here about the care you are receiving. First I'd like to ask you some questions. If you DO know the answers, the questions may seem very simple.				Score these items after you complete the interview
1. What is the date today?				PLUS (+) <input type="checkbox"/>
ICF_1	Col 1165	Char 1		MINUS (-) <input type="checkbox"/>
2. What day of the week is it?				PLUS (+) <input type="checkbox"/>
ICF_2	Col 1166	Char 1		MINUS (-) <input type="checkbox"/>
3. What is the name of this place?				PLUS (+) <input type="checkbox"/>
ICF_3	Col 1167	Char 1		MINUS (-) <input type="checkbox"/>
4. In what State is this?				PLUS (+) <input type="checkbox"/>
ICF_4	Col 1168	Char 1		MINUS (-) <input type="checkbox"/>
5. How old are you?				PLUS (+) <input type="checkbox"/>
ICF_5	Col 1169	Char 1		MINUS (-) <input type="checkbox"/>
6. When were you born?				PLUS (+) <input type="checkbox"/>
ICF_6	Col 1170	Char 1		MINUS (-) <input type="checkbox"/>
7. Who is the president of the US now?				PLUS (+) <input type="checkbox"/>
ICF_7	Col 1171	Char 1		MINUS (-) <input type="checkbox"/>
8. Who was the president before him?				PLUS (+) <input type="checkbox"/>
ICF_8	Col 1172	Char 1		MINUS (-) <input type="checkbox"/>
9. What is your mother's maiden name? (<i>Accept any surname other than the sample person's</i>).				PLUS (+) <input type="checkbox"/>
ICF_9	Col 1173	Char 1		MINUS (-) <input type="checkbox"/>
10. Subtract 3 from 20 and keep subtracting 3 from each new number you get, all the way down. <i>PROBE: Can you subtract 3 from that?</i> Correct answer: 17,14,11,8,5,2				PLUS (+) <input type="checkbox"/>
ICF_10	Col 1174	Char 1		MINUS (-) <input type="checkbox"/>
THANK THE SAMPLE PERSON AND COMPLETE SECTION 2 WITH A NURSING ASSISTANT OR OTHER KNOWLEDGEABLE STAFF MEMBER				
Section 2 - ACTIVITIES OF DAILY LIVING (ADL)				
<i>COMPLETE THIS SECTION WITH A NURSING ASSISTANT OR OTHER KNOWLEDGEABLE STAFF MEMBER.</i>				
INTRODUCTION				
I have some questions to ask you about . . . 's ability to do everyday activities and about any services . . . may be receiving.				
1a. During the past week, that is, since last (day), did any person help . . . eat?				1 <input type="checkbox"/>
ICF_1A	Col 1175	Char 1		2 <input type="checkbox"/>
				3 <input type="checkbox"/>
				Yes
				No - <i>SKIP to d</i>
				Did not eat at all - <i>SKIP to 2a</i>
b. Did someone feed . . . ?				1 <input type="checkbox"/>
ICF_1B	Col 1176	Char 1		2 <input type="checkbox"/>
				Yes - <i>SKIP to d</i>
				No
c. Did someone help . . . cut meat or butter bread?				1 <input type="checkbox"/>
ICF_1C	Col 1177	Char 1		2 <input type="checkbox"/>
				Yes
				No
d. Did . . . use special utensils or special dishes to help him/her eat?				1 <input type="checkbox"/>
ICF_1D	Col 1178	Char 1		2 <input type="checkbox"/>
				Yes
				No

<i>(Mark "Yes" without asking, if apparent by observation.)</i>		
2a. Since last (day) did . . . get out of bed at all for any reason whatsoever? IAD_2A Col 1179 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 4e
b. Did any person help . . . get in or out of bed? IAD_2B Col 1180 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to d
c. Did someone actually LIFT . . . in or out of bed? IAD_2C Col 1181 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
d. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help him/her to get out of bed? IAD_2D Col 1182 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
<i>(Mark "Yes" without asking, if apparent by observation.)</i>		
3a. Since last (day) did . . . get around indoors at all? IAD_3A Col 1183 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 4e
b. Did any person help . . . get around indoors? IAD_3B Col 1184 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
c. Did . . . use special equipment like a wheelchair, cane, other device to help him/her get around indoors? IAD_3C Col 1185 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 4
<i>(Mark "Yes" without asking, if apparent by observation.)</i>		
d. Did . . . use a wheelchair? IAD_3D Col 1186 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 4
e. Is . . . able to get around at all without the wheelchair? IAD_3E Col 1187 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
4. The next questions are about dressing, that is, getting and putting on clothes that . . . wears during the day. <i>(Mark "Yes" without asking, if apparent by observation.)</i>		
a. Since last (day) did . . . get dressed at all? IAD_4A Col 1188 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to e
b. Did any person usually help . . . get dressed? IAD_4B Col 1189 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to d
c. Did someone put on all . . . 's clothes for him/her? IAD_4C Col 1190 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
d. Did . . . wear special clothing or use special equipment to help him/her dress? IAD_4D Col 1191 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes } SKIP No } to 5a
e. Did someone help change . . . 's pajamas or gown? IAD_4E Col 1192 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
5a. Since last (day) was . . . able to take a bath or shower at all? IAD_5A Col 1193 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to 5f
b. Did any person help . . . take a bath or shower? IAD_5B Col 1194 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No - SKIP to e
c. Did someone bathe . . . ? IAD_5C Col 1195 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - SKIP to e No
d. Did someone help . . . get into or out of the tub or shower? IAD_5D Col 1196 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No
e. Did . . . use special equipment like a shower seat, tub stool or grab bar to help him/her bathe? IAD_5E Col 1197 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes } SKIP No } to 6a
f. Did . . . wash his/her body at a sink or basin? IAD_5F Col 1198 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes - SKIP to 6a No
g. During the past week, did . . . have a bed bath? IAD_5G Col 1199 Char 1	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes No

<p>6a. Since last (day) did . . . use toilet at all? IAD_6A Col 1200 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to e</i></p>
<p>b. Did any person help . . . to get to the bathroom or use the toilet? IAD_6B Col 1201 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to e</i></p>
<p>c. Did someone help . . . to get on or off the toilet, arrange clothes, or clean himself/herself? IAD_6C Col 1202 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. Did . . . take care of his/her toilet needs by using any special equipment like a bedpan/portable toilet/commode/special underwear? IAD_6D Col 1203 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Does . . . use a device such as a urinary catheter or a colostomy bag? IAD_6E Col 1204 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to g</i></p>
<p>f. Does . . . take care of himself/herself OR does someone help . . . take care of it? IAD_6F Col 1205 Char 1</p>	<p>1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help</p>
<p>g. During the past week, has . . . sometimes had trouble controlling his/her bladder or bowels so that . . . accidentally wet or soiled himself/herself either day or night? IAD_6G Col 1206 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>h. Did . . . clean it himself/herself or does someone help . . . to take care of it? IAD_6H Col 1207 Char 1</p>	<p>1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help</p>
<p>7a. Does . . . get around outdoors at all either with or without help? IAD_7A Col 1208 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i></p>
<p>b. When . . . goes outdoors does someone usually help him/her get around? IAD_7B Col 1209 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. When . . . goes outdoors, is special equipment like a cane or a walker used? IAD_7C Col 1210 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i></p>
<p>d. Does . . . usually use this equipment alone OR with help from another person? IAD_7D Col 1211 Char 1</p>	<p>1 <input type="checkbox"/> By self 2 <input type="checkbox"/> With help</p>
<p>8. Now I have a couple of general questions.</p>	
<p>a. Is . . . of Spanish or Hispanic origin. IAD_8A Col 1212 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>SHOW FLASHCARD D</i></p>	
<p>b. What is . . .'s race? IAD_8B Col 1213 Char 1</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian or Pacific Islander 4 <input type="checkbox"/> American Indian, Eskimo, Aleut 5 <input type="checkbox"/> Other</p>

THANK THE RESPONDENT AND COMPLETE SECTIONS 3 and 4 WITH A STAFF MEMBER IN THE ADMISSIONS OR ACCOUNTING/BILLING OFFICE.

Section 3 - Admissions, Who Pays, and Health Insurance (AMN)

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

INTRODUCTION

I'd like to ask some questions about the health care services . . . has been receiving?

<p>1. In what month and year was . . . most recently admitted to (name of facility)? AMN_1_11 Col. 1214 Char 2</p>	<p>01-12 <input type="checkbox"/> Month</p>
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AMN_1_I2	Col. 1216	Char 2	60-84 <input type="checkbox"/> Year
CHECK ITEM 3A			
<i>Refer to item 1 above</i>			
Was this admission date before April 1, 1982?			1 <input type="checkbox"/> Yes - <i>SKIP to 4a</i>
AMN_CK1	Col. 1218	Char 1	2 <input type="checkbox"/> No
SHOW FLASHCARD M			
2. Just before . . . was admitted here, what type of place was he/she living in?			1 <input type="checkbox"/> House/apartment/mobile home
			2 <input type="checkbox"/> Rented room in house/apartment/mobile home/rooming or boarding house/hotel or motel
<i>MARK only one.</i>			3 <input type="checkbox"/> Retirement or rest home, foster care, personal care, or residential care home
AMN_2_1	Col. 1219	Char 1	4 <input type="checkbox"/> Nursing or convalescent home
			5 <input type="checkbox"/> Hospital
			6 <input type="checkbox"/> Other
			7 <input type="checkbox"/> DK
3a. Not counting this time, in the last two years, how many times has . . . been a patient in a nursing or convalescent home?			01-99 <input type="checkbox"/> Time(s)
AMN_3A	Col. 1220	Char 2	00 <input type="checkbox"/> None - <i>Skip to 4a.</i>
b. In what month and year was . . . admitted the last time?			01-12 <input type="checkbox"/> Month
AMN_3B11	Col. 1222	Char 2	65-84 <input type="checkbox"/> Year
AMN_3B12	Col. 1224	Char 2	
<i>If "01" entered in 3a, skip to 4a.</i>			
c. And the time before that?			01-12 <input type="checkbox"/> Month
AMN_3B21	Col. 1226	Char 2	65-84 <input type="checkbox"/> Year
AMN_3B22	Col. 1228	Char 2	
4a. In the last 12 months has . . . been a patient in a hospital overnight or longer?			1 <input type="checkbox"/> Yes
AMN_4A	Col. 1230	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
b. How many times?			01-30 <input type="checkbox"/> Time(s)
AMN_4B	Col. 1231	Char 2	
c1. When was . . . admitted (that time/the last time/the next to last time/the time before that)?			01-12 <input type="checkbox"/> Month
AMN_4C11	Col. 1233	Char 2	83-84 <input type="checkbox"/> Year
AMN_4C12	Col. 1235	Char 2	
c2. Next to last time			01-12 <input type="checkbox"/> Month
AMN_4C21	Col. 1237	Char 2	83-84 <input type="checkbox"/> Year
AMN_4C22	Col. 1239	Char 2	
c3. Time before that			01-12 <input type="checkbox"/> Month
AMN_4C31	Col. 1241	Char 2	83-84 <input type="checkbox"/> Year
AMN_4C32	Col. 1243	Char 2	
REFER TO ENTRY IN SECTION 3, ITEM 1			
5a. At the time of admission to (name of facility) that is, in (month and year in Section 3, item 1), who was paying for . . . 's room, board and nursing care? Was it family members, insurance, Medicare, Medicaid, or someone else?			
Anyone else?			
<i>MARK (1) all that apply.</i>			
IF MORE THAN ONE SOURCE OF PAYMENT IS MARKED, ASK b; OTHERWISE, SKIP TO CHECK ITEM 3B.			
1 Sample person (including Social Security)			1 <input type="checkbox"/> MARKED
AMN_5A01	Col. 1245	Char 1	
2 Spouse			1 <input type="checkbox"/> MARKED
AMN_5A02	Col. 1246	Char 1	
3 Children			1 <input type="checkbox"/> MARKED
AMN_5A03	Col. 1247	Char 1	
4 Other Relatives			

AMN_5A04	Col. 1248	Char 1	1 <input type="checkbox"/>	MARKED	
5 Nonrelatives AMN_5A05	Col. 1249	Char 1	1 <input type="checkbox"/>	MARKED	
6 Private Insurance AMN_5A06	Col. 1250	Char 1	1 <input type="checkbox"/>	MARKED	
7 Medicare AMN_5A07	Col. 1251	Char 1	1 <input type="checkbox"/>	MARKED	
8 Medicaid AMN_5A08	Col. 1252	Char 1	1 <input type="checkbox"/>	MARKED	
9 Other Public Assistance AMN_5A09	Col. 1253	Char 1	1 <input type="checkbox"/>	MARKED	
10 VA, CHAMPUS, CHAMPVA AMN_5A10	Col. 1254	Char 1	1 <input type="checkbox"/>	MARKED	
11 Other AMN_5A11	Col. 1255	Char 1	1 <input type="checkbox"/>	MARKED	
b. Who paid the most? (Enter code from 5a) AMN_5C			Col. 1256	Char 2	01-11 <input type="checkbox"/>
CHECK ITEM 3B Refer to entry in Section 3, item 1. Current month and year entered in item 1? AMN_CK4			Col. 1258	Char 1	1 <input type="checkbox"/> Yes - SKIP to 8 2 <input type="checkbox"/> No
6a. Who is paying for . . . 's room, board, and nursing care now? Anyone else? MARK (1) all that apply. IF MORE THAN ONE SOURCE OF PAYMENT IS MARKED, ASK b; OTHERWISE, SKIP TO CHECK ITEM 3C. (1) Sample person (including Social Security) AMN_6A01			Col. 1259	Char 1	1 <input type="checkbox"/> MARKED
(2) Spouse AMN_6A02			Col. 1260	Char 1	1 <input type="checkbox"/> MARKED
(3) Children AMN_6A03			Col. 1261	Char 1	1 <input type="checkbox"/> MARKED
(4) Other Relatives AMN_6A04			Col. 1262	Char 1	1 <input type="checkbox"/> MARKED
(5) Nonrelatives AMN_6A05			Col. 1263	Char 1	1 <input type="checkbox"/> MARKED
(6) Private Insurance AMN_6A06			Col. 1264	Char 1	1 <input type="checkbox"/> MARKED
(7) Medicare AMN_6A07			Col. 1265	Char 1	1 <input type="checkbox"/> MARKED
(8) Medicaid AMN_6A08			Col. 1266	Char 1	1 <input type="checkbox"/> MARKED
(9) Other Public Assistance AMN_6A09			Col. 1267	Char 1	1 <input type="checkbox"/> MARKED
(10) VA, CHAMPUS, CHAMPVA AMN_6A10			Col. 1268	Char 1	1 <input type="checkbox"/> MARKED
(11) Other-Specify AMN_6A11			Col. 1269	Char 1	1 <input type="checkbox"/> MARKED
b. Who paid the most? (Enter code 6a) AMN_6C			Col. 1270	Char 2	01-11 <input type="checkbox"/>
CHECK ITEM 3C Refer to item 5a. Is Medicaid (code 08) marked in item 5a? AMN_CK6			Col. 1272	Char 1	1 <input type="checkbox"/> Yes - SKIP to 8 2 <input type="checkbox"/> No
CHECK ITEM 3D Refer to item 6a. Is Medicaid (code 08) marked in item 6a? AMN_CK7			Col. 1273	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8

<p>7. In what month and year did Medicaid begin paying these charges?</p> <p>AMN_7_M1 Col. 1274 Char 2</p> <p>AMN_7_M2 Col. 1276 Char 2</p>	<p>01-12 <input type="checkbox"/> Month</p> <p>65-84 <input type="checkbox"/> Year</p>
<p>8. Now I'd like to ask you about any health insurance which . . . has.</p> <p>Is . . . covered by any public assistance program, other than Medicaid, that pays for health care?</p> <p>AMN_9 Col. 1278 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> DK</p>
<p>9. Is . . . NOW covered by CHAMPUS or CHAMPVA? (These are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans.)</p> <p>AMN_10 Col. 1279 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> DK</p>
<p>10.</p> <p>Is . . . NOW covered by a private health insurance plan which pays any part of a hospital, doctor's, or surgeon's bill?</p> <p>AMN_11 Col. 1280 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> DK</p>
<p>11a. What is the name of the person that (<i>name of facility</i>) would contact in case of an emergency with . . . ? (NOT GIVEN)</p>	
<p>b. What is the relationship of this person to . . . ?</p> <p>AMN_12B Col. 1281 Char 1</p>	<p>1 <input type="checkbox"/> Spouse</p> <p>2 <input type="checkbox"/> Son/Daughter</p> <p>3 <input type="checkbox"/> Other relative</p> <p>4 <input type="checkbox"/> Nonrelative guardian</p> <p>5 <input type="checkbox"/> Other nonrelative</p>

Section 4 - CERTIFIED BEDS

<p><i>Complete this section ONCE for each institution. If you do not know if this information has been obtained, contact your Supervisor before asking Section 4.</i></p> <p><i>Complete this section with a staff member in the administrations or account/billing office.</i></p>	
<p>1. What is the total number of beds regularly maintained for residents here?</p> <p>BED_2 Col. 1282 Char 4</p>	<p><input type="checkbox"/></p>
<p>2a. Is (<i>name of facility</i>) certified as a Medicare skilled nursing facility?</p> <p>BED_3A Col. 1286 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to c</p>
<p>b. Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?</p> <p>BED_3B Col. 1287 Char 4</p>	<p><input type="checkbox"/></p>
<p>c. Is (name of facility) certified as a Medicaid skilled nursing facility?</p> <p>BED_3C Col. 1291 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to e</p>
<p>d. How many beds are certified as Medicaid skilled nursing facility beds?</p> <p>BED_3D Col. 1292 Char 4</p>	<p><input type="checkbox"/></p>
<p>e. Is (name of facility) certified as a Medicaid skilled nursing facility?</p> <p>BED_3E Col. 1296 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to g</p>
<p>f. How many beds are certified as Medicaid intermediate care facility beds?</p> <p>BED_3F Col. 1297 Char 4</p>	<p><input type="checkbox"/></p>
<p>g. How many beds are not certified under either Medicaid or Medicaid?</p> <p>BED_3G Col. 1301 Char 4</p>	<p><input type="checkbox"/></p>

CHECK ITEM 4A
Refer to 2b, 2d, 2f, and 2g above.

Enter sum of 2b, 2d, 2f and 2g

Is the sum less than the number in item 1?

NOT GIVEN

CHECK ITEM 4B

Refer to 2b, 2d, 2f, and 2g above.

Is any ONE of the items 2b, 2d, 2f or 2g greater than item 1?

NOT GIVEN

NOTE: if either CHECK ITEM 4A or 4B is marked "yes," verify the answers to items 1 and 2a-g.

END INTERVIEW