

| | | | | |
|---|----------|----------|-------------------------------|--|
| IAD_3E | Col 3785 | Char 1 | 2 <input type="checkbox"/> No | |
| <p>4. The next questions are about dressing, that is, getting and putting on clothes that ... wears during the day.</p> <p>(Mark "Yes" without asking, if apparent by observation.)</p> | | | | |
| a. Since last (day) did ... get dressed at all? | IAD_4A | Col 3786 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4e |
| b. Did any person usually help ... get dressed? | IAD_4B | Col 3787 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4d |
| c. Did someone put on all ...'s clothes for ...? | IAD_4C | Col 3788 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| d. Did ... wear special clothing or use special equipment to help him/her dress? | IAD_4D | Col 3789 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 5a |
| e. Did someone help change ...'s pajamas or gown? | IAD_4E | Col 3790 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 5a. Since last [current week day] was ... able to take a bath or shower at all? | IAD_5A | Col 3791 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5f |
| b. Did any person help ... take a bath or shower? | IAD_5B | Col 3792 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5e |
| c. Did someone bathe ...? | IAD_5C | Col 3793 | Char 1 | 1 <input type="checkbox"/> Yes - SKIP to 5e 2 <input type="checkbox"/> No |
| d. Did someone help ... get in or out of the tub or shower? | IAD_5D | Col 3794 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| e. Did ... use special equipment like a shower seat, tub stool or grab bar to help ... bathe? | IAD_5E | Col 3795 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 6a |
| f. Did ... wash ...' s body at a sink or basin? | IAD_5F | Col 3796 | Char 1 | 1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No |
| g. During the past week, did ... have a bed bath? | IAD_5G | Col 3797 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| 6a. Since last (DAY) did ... use toilet at all? | IAD_6A | Col 3798 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6e |
| b. Did any person help ... to get to the bathroom or use the toilet? | IAD_6B | Col 3799 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6e |
| c. Did someone help ... to get on or off the toilet, arrange ...' s clothes, or clean ...? | IAD_6C | Col 3800 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| d. Did ... take care of ...' s toilet needs by using any special equipment like a bedpan, portable toilet, commode, or special underwear? | IAD_6D | Col 3801 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No |
| e. Does ... use a device such as a urinary catheter or a colostomy bag? | IAD_6E | Col 3802 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6g |
| f. Does ... take care of the special device by [himself] or does someone help ... to take care of it? | IAD_6F | Col 3803 | Char 1 | 1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help |
| g. During the past week, has ... sometimes had trouble | | | | |

| | | | |
|---|-----------|--------|-----------------------------------|
| (8) Medicaid AMN_5A08 | Col. 3850 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (9) Other Public Assistance AMN_5A09 | Col. 3851 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (10) VA, CHAMPUS, CHAMPVA AMN_5A10 | Col. 3852 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (11) Other AMN_5A11 | Col. 3853 | Char 1 | 1 <input type="checkbox"/> MARKED |

| | | | |
|---|-----------|--------|--------------------------------|
| b. Who paid the most? (<i>Enter code from 5a</i>) | | | 01-11 <input type="checkbox"/> |
| AMN_5C | Col. 3854 | Char 2 | |

| | | | |
|--|-----------|--------|---|
| CHECK ITEM 3A <i>Refer to entry in Section 3, item 1.</i> | | | |
| Current month and year entered in item 1? | | | 1 <input type="checkbox"/> Yes - <i>SKIP to 8</i> |
| AMN_CK4 | Col. 3856 | Char 1 | 2 <input type="checkbox"/> No |

| | | | |
|---|-----------|--------|-----------------------------------|
| 6a. Who is paying for ...'s room, board, and nursing care now? ENTER EACH SOURCE MENTIONED. | | | |
| Anyone else? | | | |
| <i>MARK (1) all that apply.</i> | | | |
| <i>IF MORE THAN ONE SOURCE OF PAYMENT IS MARKED, ASK b; OTHERWISE, SKIP TO CHECK ITEM 3B.</i> | | | |
| (1) Sample person (including Social Security) AMN_6A01 | Col. 3857 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (2) Spouse AMN_6A02 | Col. 3858 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (3) Children AMN_6A03 | Col. 3859 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (4) Other Relatives AMN_6A04 | Col. 3860 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (5) Nonrelatives AMN_6A05 | Col. 3861 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (6) Private Insurance AMN_6A06 | Col. 3862 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (7) Medicare AMN_6A07 | Col. 3863 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (8) Medicaid AMN_6A08 | Col. 3864 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (9) Other Public Assistance AMN_6A09 | Col. 3865 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (10) VA, CHAMPUS, CHAMPVA AMN_6A10 | Col. 3866 | Char 1 | 1 <input type="checkbox"/> MARKED |
| (11) Other AMN_6A11 | Col. 3867 | Char 1 | 1 <input type="checkbox"/> MARKED |

| | | | |
|--|-----------|--------|--------------------------------|
| b. Who paid the most? (<i>Enter code 6a</i>) | | | 01-11 <input type="checkbox"/> |
| AMN_6C | Col. 3868 | Char 2 | |

| | | | |
|---|-----------|--------|---|
| CHECK ITEM 3B <i>Refer to item 5a.</i> | | | |
| Is Medicaid (code 8) marked in item 5a? | | | 1 <input type="checkbox"/> Yes - <i>SKIP to 8</i> |
| AMN_CK6 | Col. 3870 | Char 1 | 2 <input type="checkbox"/> No |

| | | | |
|---|-----------|--------|--|
| CHECK ITEM 3C <i>Refer to item 6a.</i> | | | |
| Is Medicaid (code 08) marked in item 6a? | | | 1 <input type="checkbox"/> Yes |
| AMN_CK7 | Col. 3871 | Char 1 | 2 <input type="checkbox"/> No - <i>SKIP to 8</i> |

| | |
|--|---|
| <p>7. In what month and year did Medicaid begin paying these charges?</p> <p>AMN_7_M1 Col. 3872 Char 2</p> <p>AMN_7_M2 Col. 3874 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 or long-term care?</p> <p>AMN_9 Col. 3876 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. 3877 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. Is ... NOW covered by a private health insurance plan which pays any part of a hospital, doctor's, surgeon's or long-term care bill?</p> <p>AMN_11 Col. 3878 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 ...? (<i>NOT GIVEN</i>)</p> | |
| <p>b. What is the relationship of this person to ...?</p> <p>AMN_12B Col. 3879 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 - INCOME AND ASSETS | |
| <p><i>Complete this section with a knowledgeable staff member or a knowledgeable family member, if necessary</i></p> | |
| <p>INSTRUCTION</p> <p><i>Complete column A for sample person.</i></p> | |
| <p>SAMPLE PERSON</p> <p>IAA_WHO_SPN Col. 3880 Char 2</p> <p>01 <input type="checkbox"/></p> | |
| <p>1a1. During the last month, that is, the month of (<i>previous month</i>), did ... receive Social Security benefits or Railroad Retirement benefits?</p> <p>IAA_1A Col. 3882 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 2a1</i></p> |
| <p>b1. How much did ... receive in (<i>previous month</i>)?</p> <p>IAA_1B Col. 3883 Char 6</p> <p>IAA_1B_DK Col. 3889 Char 1</p> | <p>000001- 999999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> DK</p> |
| <p>2a1. During (<i>previous month</i>), did ... receive Veterans Administration compensation or pension?</p> <p>IAA_2A Col. 3890 Char 1</p> | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 3a1</i></p> |
| <p>b1. How much did ... receive in (<i>previous month</i>)?</p> <p>IAA_2B Col. 3891 Char 6</p> <p>IAA_2B_DK Col. 3897 Char 1</p> | <p>000001- 999999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused</p> <p>9 <input type="checkbox"/> DK</p> |
| <p>3a1. During (<i>previous month</i>), did ... receive Supplemental Security income, that is, SSI payments? Those can come from either the Federal government or the State government.</p> | <p>1 <input type="checkbox"/> Yes</p> |

| | | | |
|--|-----------|--------|---|
| IAA_3A | Col. 3898 | Char 1 | 2 <input type="checkbox"/> No - <i>SKIP to 4a1</i> |
| b1. How much did . . . receive in (<i>previous month</i>)? | | | 000001- 999999 <input type="checkbox"/> |
| IAA_3B | Col. 3899 | Char 6 | |
| IAA_3B_DK | Col. 3905 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 4a1. During (<i>previous month</i>), did . . . receive net income from rent of an apartment or other real estate or income from roomers or boarders? | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a1</i> |
| IAA_4A | Col. 3906 | Char 1 | |
| b1. How much did . . . receive in (<i>previous month</i>)? | | | 000001- 999999 <input type="checkbox"/> |
| IAA_4B | Col. 3907 | Char 6 | |
| IAA_4B_DK | Col. 3913 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 5a1. During (<i>previous month</i>), did . . . receive regular contributions from friends or relatives? | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a1</i> |
| IAA_5A | Col. 3914 | Char 1 | |
| b1. How much did . . . receive in (<i>previous month</i>)? | | | 000001- 999999 <input type="checkbox"/> |
| IAA_5B | Col. 3915 | Char 6 | |
| IAA_5B_DK | Col. 3921 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 6a1. During (<i>previous month</i>), did . . . receive in the last 12 months? | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to INSTRUCTION before 7a.</i> |
| IAA_6A | Col. 3922 | Char 1 | |
| b1. How much did . . . receive in (<i>previous month</i>)? | | | 000001- 999999 <input type="checkbox"/> |
| IAA_6B | Col. 3923 | Char 6 | |
| IAA_6B_DK | Col. 3929 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| <i>Complete column B for Spouse</i> | | | |
| SPOUSE | | | |
| IAA_6B_SPN | Col. 3930 | Char 2 | 01 <input type="checkbox"/> |
| 1a2. During the last month, that is, the month of (<i>previous month</i>), did . . . receive Social Security benefits or Railroad Retirement benefits? | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2a2</i> |
| IAA_1A_SP | Col. 3932 | Char 1 | |
| b2. How much did . . . receive in (<i>previous month</i>)? | | | 000001- 999999 <input type="checkbox"/> |
| IAA_1B_SP | Col. 3933 | Char 6 | |
| IAA_1B_SPDK | Col. 3939 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 2a2. During (<i>previous month</i>), did . . . receive Veterans Administration compensation or pension? | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a2</i> |
| IAA_2A_SP | Col. 3940 | Char 1 | |
| b2. How much did . . . receive in (<i>previous month</i>)? | | | 000001- 999999 <input type="checkbox"/> |
| IAA_2B_SP | Col. 3941 | Char 6 | |
| IAA_2B_SPDK | Col. 3947 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 3a2. During (<i>previous month</i>), did . . . receive Supplemental Security income, that is, SSI payments? Those can come from either the Federal government or the State government. | | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a2</i> |
| IAA_3A_SP | Col. 3948 | Char 1 | |
| b2. How much did . . . receive in (<i>previous month</i>)? | | | 000001- |

| | | | |
|---|-----------|--------|---|
| IAA_3B_SP | Col. 3949 | Char 6 | 999999 <input type="checkbox"/> |
| IAA_3B_SPDK | Col. 3955 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 4a2. During (<i>previous month</i>), did . . . receive net income from rent of an apartment or other real estate or income from roomers or boarders? | | | |
| IAA_4A_SP | Col. 3956 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a2</i> |
| b2. How much did . . . receive in (<i>previous month</i>)? | | | 000001- |
| IAA_4B_SP | Col. 3957 | Char 6 | 999999 <input type="checkbox"/> |
| IAA_4B_SPDK | Col. 3963 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 5a2. During (<i>previous month</i>), did . . . receive regular contributions from friends or relatives? | | | |
| IAA_5A_SP | Col. 3964 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a2</i> |
| b2. How much did . . . receive in (<i>previous month</i>)? | | | 000001- |
| IAA_5B_SP | Col. 3965 | Char 6 | 999999 <input type="checkbox"/> |
| IAA_5B_SPDK | Col. 3971 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| 6a2. During (<i>previous month</i>), did . . . receive in the last 12 months? | | | |
| IAA_6A_SP | Col. 3972 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i> |
| b2. How much did . . . receive in (<i>previous month</i>)? | | | 000001- |
| IAA_6B_SP | Col. 3973 | Char 6 | 999999 <input type="checkbox"/> |
| IAA_6B_SPDK | Col. 3979 | Char 1 | 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK |
| INSTRUCTION | | | |
| <i>Refer to Control Card item 17 for the sample person. If the sample person is now married, complete column B for the spouse.</i> | | | |
| 7a. Did . . . (or . . . 's spouse) receive any (other) welfare payments in (<i>previous month</i>)? | | | |
| IAA_7A | Col. 3980 | Char 1 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i> |
| b. Whose name is on this check? | | | 01-48,99 <input type="checkbox"/> Person number |
| IAA_7B | Col. 3981 | Char 2 | |
| c. How much was the check for? | | | 000000- |
| IAA_7C | Col. 3983 | Char 6 | 999999 <input type="checkbox"/> |
| d. Whom did the check cover? | | | |
| Anyone else? | | | |
| IAA_7D_1 | Col. 3989 | Char 2 | 01-48 <input type="checkbox"/> Person number |
| IAA_7D_2 | Col. 3991 | Char 2 | 01-48 <input type="checkbox"/> Person number |
| IAA_7D_3 | Col. 3993 | Char 2 | 01-48 <input type="checkbox"/> Person number |
| IAA_7D_4 | Col. 3995 | Char 2 | 01-48 <input type="checkbox"/> Person number |
| IAA_7D_5 | Col. 3997 | Char 2 | 01-48 <input type="checkbox"/> Person number |
| SHOW FLASHCARD K. | | | |
| 8. Which category on this card represents the total combined income before deductions during (<i>previous month</i>) for . . . (and . . . 's spouse)? Include money from jobs, interest, net income from business or farm, pensions, dividends, interest, net income from rent, Social Security payments, and other money income received by . . . (and . . . 's spouse)? | | | |
| IAA_8 | Col. 3999 | Char 2 | 01 <input type="checkbox"/> Under \$300 02 <input type="checkbox"/> \$300 - \$599 03 <input type="checkbox"/> \$600 - \$899 04 <input type="checkbox"/> \$900 - \$1199 05 <input type="checkbox"/> \$1200 - \$1499 06 <input type="checkbox"/> \$1500 - \$1999 07 <input type="checkbox"/> \$2000 - \$2499 08 <input type="checkbox"/> \$2500 - \$2999 |

- 09 \$3000 - \$3499
- 10 \$3500 - \$3999
- 11 \$4000 - \$4999
- 12 \$5000 - \$5999
- 13 \$6000 or more
- 88 Refused
- 99 DK

9. During last month, that is, during (*previous month*) did . . .
(or . . .'s spouse) -

a. Have any saving accounts in a bank, savings and loan, or credit union?

IAA_9A Col. 4001 Char 1

- 1 Yes
- 2 No

b. Owned any certificates of deposit or any other kind of savings certificates?

IAA_9B Col. 4002 Char 1

- 1 Yes
- 2 No

c. Owned any money market funds, U.S. Government securities including savings bonds, money market accounts, municipal or corporate bonds, mortgages, or any other kind of assets which earn interest which you have not already told me about?

IAA_9C Col. 4003 Char 1

- 1 Yes
- 2 No - *SKIP to 9e*

SHOW FLASHCARD L.

d. Which kinds of assets did . . . (or . . .'s spouse) own?

Anything else?

Mark (1) that apply.

Money market funds

IAA_9D1 Col. 4004 Char 1

1 MARKED

U.S. Government

IAA_9D2 Col. 4005 Char 1

1 MARKED

Municipal or corporate bonds

IAA_9D3 Col. 4006 Char 1

1 MARKED

Money market account

IAA_9D4 Col. 4007 Char 1

1 MARKED

Mortgages

IAA_9D5 Col. 4008 Char 1

1 MARKED

Other

IAA_9D6 Col. 4009 Char 1

1 MARKED

e. During (*previous month*) did . . . (or . . .'s spouse) own any stocks or mutual fund shares?

IAA_9E Col. 4010 Char 1

- 1 Yes
- 2 No

f. Own any property from which . . . received rental income?

IAA_9F Col. 4011 Char 1

- 1 Yes
- 2 No

g. Have a financial interest in a business?

IAA_9G Col. 4012 Char 1

- 1 Yes
- 2 No

CHECK ITEM 4A

Refer to items 9a, b, c, and e.

Mark (1) that apply.

If none, mark "None."

Savings account

IAA_CKE1 Col. 4013 Char 1

1 MARKED

| | | | |
|--|-----------|--------|---|
| Saving certificates IAA_CKE2 | Col. 4014 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Money market fund IAA_CKE3 | Col. 4015 | Char 1 | 1 <input type="checkbox"/> MARKED |
| U.S. Government securities IAA_CKE4 | Col. 4016 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Municipal or corporate bonds IAA_CKE5 | Col. 4017 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Mortgages IAA_CKE6 | Col. 4018 | Char 1 | 1 <input type="checkbox"/> MARKED |
| money market account IAA_CKE7 | Col. 4019 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Stock or mutual fund shares IAA_CKE8 | Col. 4020 | Char 1 | 1 <input type="checkbox"/> MARKED |
| None IAA_CKE9 | Col. 4021 | Char 1 | 1 <input type="checkbox"/> MARKED - <i>SKIP to 10a</i> |
| <p>h. You said that . . . (or . . . 's spouses) had (<i>read names of asset types in CHECK ITEM 4A above</i>).</p> <p>Did . . . own (any of) these sections JOINTLY with (. . . 's spouse or) anyone else?</p> | | | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> |
| <p>i. What is your best estimates of the total amount that . . . (<i>and . . . 's spouse</i>) had in these assets during (<i>previous month</i>)?</p> | | | <p>000001- 999999 <input type="checkbox"/></p> <p>0 <input type="checkbox"/> Refused</p> <p>1 <input type="checkbox"/> DK</p> |
| <p>10a. Since 1984 has . . . (or . . . 's spouse) sold a house? Include primary residence, secondary or vacation homes, and investment homes.</p> | | | <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to CHECK ITEM 5A</i></p> |
| <p>b. What year did . . . (or . . . 's spouse) sell this house?</p> | | | <p>89-99 <input type="checkbox"/> Year</p> <p>01 <input type="checkbox"/> DK</p> |
| <p>c. Why did . . . (or . . . 's spouse) sell this house?</p> <p><i>Mark (1) all that apply.</i></p> | | | |
| No longer needed/wanted/able to maintain home IAA_10C1 | Col. 4033 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Wanted less expensive house to maintain IAA_10C2 | Col. 4034 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Married/Widowed/divorced/separated IAA_10C3 | Col. 4035 | Char 1 | 1 <input type="checkbox"/> MARKED |
| To be closer to family/friends IAA_10C4 | Col. 4036 | Char 1 | 1 <input type="checkbox"/> MARKED |
| To help cover medical expenses IAA_10C5 | Col. 4037 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Employment related IAA_10C6 | Col. 4038 | Char 1 | 1 <input type="checkbox"/> MARKED |
| Retired and relocated IAA_10C7 | Col. 4039 | Char 1 | 1 <input type="checkbox"/> MARKED |

To be convenient to public transportation/public services

IAA_10C8 Col. 4040 Char 1

1 MARKED

Other

IAA_10C9 Col. 4041 Char 1

1 MARKED

If box 5 is marked in item 10c, skip to CHECK ITEM 5A.

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

IAA_10D Col. 4042 Char 1

1 Yes
2 No

Section 5 - CERTIFIED BEDS

CHECK ITEM 5A

Has this section been completed at least once for this institution? (Check with your supervisor if unsure.)

BED_CK1 Col. 4043 Char 1

1 Yes - **END INTERVIEW**
2 No - Complete this section with a staff member in the admissions or accounting/billing office.

SHOW FLASHCARD M

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

BED_1_1 Col. 4044 Char 1

- 1 Hospital, other than SNF or ICF unit
- 2 Skilled Nursing Facility (SNF)
- 3 Intermediate Care Facility (ICF)
- 4 Other (non-certified) nursing home
- 5 Domiciliary or personal care facility
- 6 Institutional/facility for the mentally retarded/developmentally disabled
- 7 Mental Health center/facility
- 8 Other

2. What is the total number of beds regularly maintained for residents here?

BED_2 Col. 4045 Char 6

1-5000
5001 More than 5001

3a. Is (name of facility) certified as a Medicare skilled nursing facility?

BED_3A Col. 4051 Char 1

1 Yes
2 No - SKIP to c

b. Of the total number of beds, how many are certified as Medicare skilled nursing facility beds?

BED_3B Col. 4052 Char 6

1-5000
5001 More than 5001

c. Is (name of facility) certified as a Medicare skilled nursing facility?

BED_3C Col. 4058 Char 1

1 Yes
2 No - SKIP to e

d. How many beds are certified as Medicare skilled nursing facility beds?

BED_3D Col. 4059 Char 6

1-5000
5001 More than 5001

e. Is (name of facility) certified as a Medicare skilled nursing facility?

BED_3E Col. 4065 Char 1

1 Yes
2 No - SKIP to g

f. How many beds are certified as Medicare skilled nursing facility beds?

BED_3F Col. 4066 Char 6

1-5000
5001 More than 5001

g. How many beds are certified as Medicare skilled nursing facility beds?

BED_3G Col. 4072 Char 6

1-5000
5001 More than 5001

CHECK ITEM 5B

Refer to 3b, 3d, 3f, and 3g above.

Enter sum of 3b, 3d, 3f, and 3g.

Is the sum less than the number in item 2?

NOT GIVEN

CHECK ITEM 5B

Refer to 3b, 3d, 3f, and 3g above.

Is ANY one of 3b, 3d, 3f, and 3g greater than item 2?

NOT GIVEN

END INTERVIEW