

1989 INSTITUTIONAL FOLLOW-UP QUESTIONNAIRE

1. (Notes)

NOT GIVEN

2. Field Representative Code

NOT GIVEN

Field Representative Name

NOT GIVEN

Regional Office

INF_RO

Col. 4078

Char 2

3. Record of calls

NOT GIVEN

4. Record of interview

a. Date:

INF_4A1

Col. 4080

Char 2

01-12 Month

INF_4A2

Col. 4082

Char 2

01-31 Day

INF_4A3

Col. 4084

Char 2

01-99 Year

b. Time (Total Time):

INF_TT

Col. 4086

Char 3

001-999

c. Comments

NOT GIVEN

d. Telephone or personal visit

INF_INV

Col. 4089

Char 1

- 1 Telephone
 2 Personal Visit
 3 Both

5. Noninterview reasons

INF_5

Col. 4090

Char 1

Field type A

- 1 Moved/address unknown
 2 Institution refused
 3 Other

Field type C

- 4 Deceased
 5 Not living in an institution
 6 Other

6. Names of proxy(ies) for follow-up

NOT GIVEN

INSTRUCTION

Refer to name of institution on label.

Is interview being conducted with the institution whose name is printed on the label?

NOT GIVEN

INSTRUCTIONS FOR STAYERS AND MOVERS: see Questionnaire

See the INSTITUTIONAL FOLLOW-UP Questionnaire on the Center of Demographic Studies Website.

7. Does . . . (still) lives there (here)?

INF_7

Col. 4091

Char 1

- 1 Yes - SKIP to CHECK ITEM A
 2 No
 3 Deceased - SKIP to 13a

8. Is a place at (Name of Institution) being held for . . . ?

INF_8

Col. 4092

Char 1

- 1 Yes - SKIP to CHECK ITEM A
 2 No

9a. When was . . . discharged?

INF_9A1

Col. 4093

Char 2

01-12 Month

INF_9A2

Col. 4095

Char 2

01-31 Day

INF_9A3 Col. 4097 Char 1 1 DK

b. About how long ago was . . . discharged?
 INF_9B Col. 4098 Char 1
 1 Less than a week
 2 1 week to less than 2 weeks
 3 2 weeks to less than 1 month
 4 1 month to less than 3 months
 5 3 months to less than 6 months
 6 6 months or more

10. What is the address and telephone number of the place . . . moved to?
 Name, address and telephone number of Institution/guardian (if applicable)
 NOT GIVEN
 (reason for not having a telephone number)
 INF_10 Col. 4099 Char 1
 1 No telephone
 2 DK

CONTACT NEW RESIDENT

CHECK ITEM A
 Refer to name of institution on label.
 Is this interview being conducted with the institution whose name is printed on the label?
 INF_CK1 Col. 4100 Char 1
 1 Yes - SKIP to 3a
 2 No

11a. Are there 3 or more unrelated persons living at (the address in item 10)?
 INF_11A Col. 4101 Char 1
 1 Yes
 2 No - SKIP to 12

b. Is a registered nurse, licensed practical nurse, nurse's aid, physician, psychiatrist or other health professional on duty every day at this address?
 INF_11B Col. 4102 Char 1
 1 Yes - SKIP to section 1
 2 No

12. Which of the following best describes . . . 's living arrangements?
 INF_12A Col. 4103 Char 1
 1 Alone or with others in a household/apartment (independent living)
 2 In a retirement home
 3 In a boarding house, rooming house, or rented room.
 4 In a foster or family care family
 5 In a group home or community residential facility
 6 In a semi-independently setting, like supervised apartments
 7 In another place
 Read categories.
 Mark only one.

END INTERVIEW. MARK NONINTERVIEW REASON 5.

13a. When did . . . die?
 INF_13A1 Col. 4104 Char 2 01-12 Month } SKIP
 INF_13A2 Col. 4106 Char 2 01-31 Day } to 13c
 INF_13A3 Col. 4108 Char 1 1 DK

b. About how long ago did . . . die?
 INF_13B Col. 4109 Char 1
 1 Less than a week
 2 1 week to less than 2 weeks
 3 2 weeks to less than 1 month
 4 1 month to less than 3 months
 5 3 months to less than 6 months
 6 6 months or more

c. Where did . . . die - in a hospital, in this institution, in a (different) nursing home, in (his/her) own home, in the home of a relative or friend, in a domiciliary or personal care facility, or someplace else?
 INF_13C Col. 4110 Char 1
 1 Hospital - Ask 13d
 2 This institution
 3 Different nursing home
 4 Own home
 5 Home of relative/friend
 6 Domiciliary or personal care facility
 7 Someplace else

END INTERVIEW.
 Mark noninterview reason 4.

d. A "short-stay" hospital is defined as a hospital that has an average length of stay of less than 30 days.

A "long- stay" hospital is defined as a hospital that has an average length of stay of 30 days or more.

Did . . . die in a short-stay hospital or a long-stay hospital?
INF_13D Col. 4111 Char 1

- 1 Short-stay
- 2 Long-stay
- 3 DK

END INTERVIEW. MARK NONINTERVIEW REASON 4.

Section 1 - CERTIFIED BEDS

INTRODUCTION - I'd like to ask some questions about this facility

1. What kind of health care facility or institution is (*name of facility*)?
CERT_1 Col. 4112 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?
CERT_2 Col. 4113 Char 6

000001-
999999

3a. Is (*name of facility*) certified as a Medicare skilled nursing facility?
CERT_3A Col. 4119 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?
CERT_3B Col. 4120 Char 6

000001-
999999

c. Is (*name of facility*) certified as a Medicare skilled nursing facility beds?
CERT_3C Col. 4126 Char 1

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

d. How many beds are certified as Medicare skilled nursing facility beds?
CERT_3D Col. 4127 Char 6

000001-
999999

e. Is (*name of facility*) certified as a Medicare intermediate care facility?
CERT_3E Col. 4133 Char 1

- 1 Yes
- 2 No - *SKIP to g*

f. How many beds are certified as Medicare Intermediate care facility beds?
CERT_3F Col. 4134 Char 6

000001-
999999

g. How many beds are not certified either Medicare or Medicaid?
CERT_3G Col. 4140 Char 6

000001-
999999

CHECK ITEM 1A

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

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

Is this sum less than the number in item 2?

CERT_CK1 Col. 4146 Char 1

- 1 Yes - *Verify the answers to items 2 and 3a - g*
- 2 No

CHECK ITEM 1B

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

Is any ONE of items 3b, 3d, 3f, and 3g greater than item 2?
CERT_CK2 Col. 4147 Char 1

1 Yes - Verify the answers to items 2 and 3a - g
2 No

Section 2 - ADMISSION, WHO PAYS, AND HEALTH INSURANCE

Complete this section with a staff member in the admissions or accounting office or a knowledgeable family member, if necessary.

INTRODUCTION - I'd like to ask some questions about admission and payment for room, board, and nursing care.

1. In what month and year was . . . most recently admitted to
(name of facility)?

ADM_1A1 Col. 4148 Char 2

01-12 Month

ADM_1A2 Col. 4150 Char 2

01-31 Day

2a. At this time of admission to (name of facility), who was
paying for . . .'s room, board and nursing care? Was it
family members, Insurance Medicare, Medicaid, or
someone else?

Anyone else?

Mark (1) all that applies.

IF MORE THAN ONE SOURCE OF PAYMENT MARKED,
ASK b, OTHERWISE, SKIP TO CHECK ITEM 2A.

01. Sample person (including Social Security)

ADM_2A1 Col. 4152 Char 1

1 MARKED

02. Spouse

ADM_2A2 Col. 4153 Char 1

1 MARKED

03. Children

ADM_2A3 Col. 4154 Char 1

1 MARKED

04. Other relative

ADM_2A4 Col. 4155 Char 1

1 MARKED

05. Nonrelatives

ADM_2A5 Col. 4156 Char 1

1 MARKED

06. Private insurance

ADM_2A6 Col. 4157 Char 1

1 MARKED

07. Medicare

ADM_2A7 Col. 4158 Char 1

1 MARKED

08. Medicaid

ADM_2A8 Col. 4159 Char 1

1 MARKED

09. Other public assistance

ADM_2A9 Col. 4160 Char 1

1 MARKED

10. VA, CAMPUS, CHAMPVA

ADM_2A10 Col. 4161 Char 1

1 MARKED

11. Other

ADM_2A11 Col. 4162 Char 1

1 MARKED

b. Who paid the most?
(Enter number from 2a.)

ADM_2B Col. 4163 Char 2

01-11 Numeric code of each item in a.

CHECK ITEM 2A

Refer to entry item 1 above.

Current month and year entered in item 1?

ADM_2C Col. 4165 Char 1

1 Yes - SKIP to 5

2 No

3a. Who is paying for . . .'s room, board and nursing care now?

Anyone else?

Mark (1) all that applies.

IF MORE THAN ONE SOURCE OF PAYMENT MARKED,
ASK b, OTHERWISE, SKIP TO CHECK ITEM 2B.

01. Sample person (including Social Security)

ADM_3A1 Col. 4166 Char 1 1 MARKED

02. Spouse

ADM_3A2 Col. 4167 Char 1 1 MARKED

03. Children

ADM_3A3 Col. 4168 Char 1 1 MARKED

04. Other relative

ADM_3A4 Col. 4169 Char 1 1 MARKED

05. Nonrelatives

ADM_3A5 Col. 4170 Char 1 1 MARKED

06. Private insurance

ADM_3A6 Col. 4171 Char 1 1 MARKED

07. Medicare

ADM_3A7 Col. 4172 Char 1 1 MARKED

08. Medicaid

ADM_3A8 Col. 4173 Char 1 1 MARKED

09. Other public assistance

ADM_3A9 Col. 4174 Char 1 1 MARKED

10. VA, CAMPUS, CHAMPVA

ADM_3A10 Col. 4175 Char 1 1 MARKED

11. Other

ADM_3A11 Col. 4176 Char 1 1 MARKED

b. Who paid the most?

(Enter number from 3a.)

ADM_3B Col. 4177 Char 2 01-11 Numeric code of each item in a.

CHECK ITEM 2B

Refer to entry item 2a above.

Is Medicaid (code 8) marked in 2a OR is 2a blank?

ADM_CK1 Col. 4179 Char 1 1 Yes, item 2a is marked code 8 or blank - SKIP to 5

2 No

CHECK ITEM 2C

Refer to entry item 3a above.

Is Medicaid (code 8) marked in 3a?

ADM_CK2 Col. 4180 Char 1 1 Yes

2 No - SKIP to 5

4. In what month and year did Medicaid begin paying these charges?

ADM_4_1 Col. 4181 Char 2 01-12 Month

ADM_4_2 Col. 4183 Char 2 01-99 Year

5. Now I'd like to ask you about any health insurance which . . . has.

Is . . . NOW covered by any public assistance program, other than Medicaid, that pays for health care?

ADM_5 Col. 4185 Char 1 1 Yes

2 No

3 DK

6. Is . . . NOW covered by CHAMPUS or CHAMPVA? (These are programs that provide Medicare insurance for dependents or survivors of military personnel and disabled veterans.)

1 Yes

2 No

ADM_6	Col. 4186	Char 1	3	<input type="checkbox"/>	DK
7. Is . . . NOW covered by a private health insurance plan which pays any part of a hospital, doctor's or surgeon's bill?			1	<input type="checkbox"/>	Yes
ADM_7			2	<input type="checkbox"/>	No
			3	<input type="checkbox"/>	DK
8a. 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>					
b. <i>What is the relationship of this person to . . . ?</i>			1	<input type="checkbox"/>	Spouse
ADM_8			2	<input type="checkbox"/>	Son/daughter
			3	<input type="checkbox"/>	Other relative
			4	<input type="checkbox"/>	Nonrelative guardian
			5	<input type="checkbox"/>	Other nonrelative
9a. In the past 6 months has . . . been a patient in a hospital overnight or longer?			1	<input type="checkbox"/>	Yes
ADM_9A			2	<input type="checkbox"/>	No - <i>SKIP to section 3.</i>
b. How many times?			01-99	<input type="checkbox"/>	
c. When was . . . admitted (that times/the last time/the next to the last time/the time after that)?					
That time/Last time			01-12	<input type="checkbox"/>	Month
ADM_9C1			01-99	<input type="checkbox"/>	Year
ADM_9C2					
Next to last time			01-12	<input type="checkbox"/>	Month
ADM_9C3			01-99	<input type="checkbox"/>	Year
ADM_9C4					
Time before that			01-12	<input type="checkbox"/>	Month
ADM_9C5			01-99	<input type="checkbox"/>	Year
ADM_9C6					

Section 3 - ACTIVITIES OF DAILY LIVING (ADL)

Complete this section with a nursing assistant or other knowledgeable staff member.

INTRODUCTION - I have some questions to ask you about . . . 's ability to do everyday activities and about any service . . . may by receiving.

1a. During the past week, that is, since last (<i>day</i>), did any person help . . . eat?			1	<input type="checkbox"/>	Yes
INF_1A			2	<input type="checkbox"/>	No - <i>SKIP to d</i>
			3	<input type="checkbox"/>	Did not eat all - <i>SKIP to 2a</i>
b. Did someone feed . . . ?			1	<input type="checkbox"/>	Yes - <i>SKIP to d</i>
INF_1B			2	<input type="checkbox"/>	No
c. Did someone help . . . cut meat or butter bread?			1	<input type="checkbox"/>	Yes
INF_1C			2	<input type="checkbox"/>	No
d. Did . . . use special utensils or specific dishes to help him/her eat?			1	<input type="checkbox"/>	Yes
INF_1D			2	<input type="checkbox"/>	No
2a. Since last (<i>day</i>) did . . . get out of bed at all for any reason whatever?			1	<input type="checkbox"/>	Yes
INF_2A			2	<input type="checkbox"/>	No - <i>SKIP to 4e</i>
b. Did any person help . . . get in or out of bed?			1	<input type="checkbox"/>	Yes
INF_2B			2	<input type="checkbox"/>	No - <i>SKIP to d</i>
c. Did someone actually LIFT . . . in or out of bed?			1	<input type="checkbox"/>	Yes
INF_2C			2	<input type="checkbox"/>	No

d. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help him/her to get in or out of bed? INF_2D Col. 4211 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3a. Since last (<i>day</i>) did . . . get around indoors? INF_3A Col. 4212 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4e</i>
b. Did any person help . . . get around indoors? INF_3B Col. 4213 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Did . . . use special equipment like a wheelchair, railing, walker, or cane to help him/her to get around indoors? INF_3C Col. 4214 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4</i>
d. Did . . . use a wheelchair? INF_3D Col. 4215 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4</i>
e. Is . . . able to get around at all without the wheelchair? INF_3E Col. 4216 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. The next question are about dressing, that is, getting and putting on the clothes that . . . wears during the day?	
a. Since last (<i>day</i>), did . . . get dressed at all? INF_4A Col. 4217 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4e</i>
b. Did any person usually help . . . get dressed? INF_4B Col. 4218 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4d</i>
c. Did someone put on all . . . 's clothes for him/her? INF_4C Col. 4219 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? INF_4D Col. 4220 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 5a.</i>
e. Did someone help change . . . 's pajamas or gown? INF_4E Col. 4221 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. Since last (<i>day</i>), was . . . able to take a bath or shower at all? INF_5A Col. 4222 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to f.</i>
b. Did any person help . . . take a bath or shower? INF_5B Col. 4223 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to f.</i>
c. Did somebody bathe . . . ? INF_5C Col. 4224 Char 1	1 <input type="checkbox"/> Yes - <i>skip TO E</i> 2 <input type="checkbox"/> No
d. Did someone help . . . Get into or out of the tub or shower? INF_5D Col. 4225 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 bars to help him/her bathe? INF_5E Col. 4226 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 6a</i>
f. Did . . . Wash his/her body at the sink or basin? INF_5F Col. 4227 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 6a</i> 2 <input type="checkbox"/> No
g. During the past week, did . . . Have a bed bath? INF_5G Col. 4228 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Since last (<i>day</i>), did . . . Use the toilet at all? INF_6A Col. 4229 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to e</i>
b. Did any person help . . . Get to the bathroom or use the toilet? INF_6B Col. 4230 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to e</i>
c. Did someone help . . . To get on or off the toilet, arrange . . . 's clothes, or clean himself/herself? INF_6C Col. 4231 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

d. Did . . . Take care of his/her toilet needs by using any special equipment like a bed pan/portable toilet/commode/special underwear?

INF_6D Col. 4232 Char 1

- 1 Yes
 2 No

e. Does . . . use a device such as a urinary catheter or a colostomy bag?

INF_6E Col. 4233 Char 1

- 1 Yes
 2 No - *SKIP to g*

f. Does . . . take care of it by himself/herself OR does someone else help . . . take care of it?

INF_6F Col. 4234 Char 1

- 1 Self care
 2 With help

g. During the past week, has . . . sometime had trouble controlling his/her bladder or bowels so that . . . accidentally wet or soiled himself/herself either day or night?

INF_6G Col. 4235 Char 1

- 1 Yes
 2 No - *SKIP to 7a*

h. Did . . . Clean it up by himself/herself OR did someone help . . . to take care of it?

INF_6H Col. 4236 Char 1

- 1 Self care
 2 With help

7a. Does . . . get around outdoors at all either with or without help?

INF_7A Col. 4237 Char 1

- 1 Yes
 2 No - *SKIP to section 4.*

b. When . . . Goes outdoors, does someone usually help him/her get around?

INF_7B Col. 4238 Char 1

- 1 Yes
 2 No

c. When . . . Usually use this equipment alone OR with help from another person?

INF_7C Col. 4239 Char 1

- 1 Yes
 2 No - *SKIP to section 4.*

d. Does . . . usually use this equipment alone OR with help from another person?

INF_7D Col. 4240 Char 1

- 1 By self
 2 With help

Section 4 - INCOME AND ASSETS

INSTRUCTION

Complete column A for sample person.

SAMPLE PERSON

Sample person's person number

INA_PNO Col. 4241 Char 2

01

1a1. During the last month, that is, the month of (*previous month*), did . . . receive Social Security benefits or Railroad Retirement benefits?

INA_1A Col. 4243 Char 1

- 1 Yes
 2 No - *SKIP to 2a*

b1. How much did . . . receive in (*previous month*)?

INA_1B Col. 4244 Char 6

000001-
999999

INA_1B_DK Col. 4250 Char 1

- 8 Refused
 9 DK

2a1. During (*previous month*), did . . . receive Veterans Administration compensation or pension?

INA_2A Col. 4251 Char 1

- 1 Yes
 2 No - *SKIP to 3a*

b1. How much did . . . receive in (*previous month*)?

INA_2B Col. 4252 Char 6

000001-
999999

INA_2B_DK Col. 4258 Char 1

- 8 Refused
 9 DK

3a1. During (*previous month*), did . . . receive Supplemental Security income, that is, SSI payments? These can come

from either the Federal government or the State government. INA_3A Col. 4259 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>
b1. How much did . . . receive in (<i>previous month</i>)? INA_3B Col. 4260 Char 6 INA_3B_DK Col. 4266 Char 1	000001- 999999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
4a1. During (<i>previous month</i>), did . . . receive income from rent of an apartment or other real-estate or income from roomers or borders? INA_4A Col. 4267 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
b1. How much did . . . receive in (<i>previous month</i>)? INA_4B Col. 4268 Char 6 INA_4B_DK Col. 4274 Char 1	000001- 999999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
5a1. During (<i>previous month</i>), did . . . receive regular contributions from friends or residents? INA_5A Col. 4275 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
b1. How much did . . . receive in (<i>previous month</i>)? INA_5B Col. 4276 Char 6 INA_5B_DK Col. 4282 Char 1	000001- 999999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
6a1. During the past 6 months, did . . . receive interest or dividends? INA_6A Col. 4283 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Instructions below</i>
b1. How much did . . . receive in the last 6 months? INA_6B Col. 4284 Char 6 INA_6B_DK Col. 4290 Char 1	000001- 999999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
INSTRUCTIONS <i>Refer to marital status in item 1 of the cover page and verify that it is correct. If sample person is now married, complete column B for the spouse.</i>	
SPOUSE Sample person's person number INA_SPNO Col. 4291 Char 2	
1a2. During the last month, that is, the month of (<i>previous month</i>), did . . . receive Social Security benefits or Railroad Retirement benefits? INA_1AS Col. 4293 Char 1	02 <input type="checkbox"/> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2a</i>
b2 How much did . . . receive in (<i>previous month</i>)? INA_1BS Col. 4294 Char 6 INA_1BSDK Col. 4300 Char 1	000001- 999999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
2a2. During (<i>previous month</i>), did . . . receive Veterans Administration compensation or pension? INA_2AS Col. 4301 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
b2 How much did . . . receive in (<i>previous month</i>)? INA_2BS Col. 4302 Char 6 INA_2BSDK Col. 4308 Char 1	000001- 999999 <input type="checkbox"/> 8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK
3a2. During (<i>previous month</i>), did . . . receive Supplemental	

<p>Security income, that is, SSI payments? These can come from either the Federal government or the State government.</p> <p>INA_3AS Col. 4309 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i></p>
<p>b2 How much did . . . receive in (<i>previous month</i>)?</p> <p>INA_3BS Col. 4310 Char 6</p> <p>INA_3BSDK Col. 4316 Char 1</p>	<p>000001- 999999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>4a2. During (<i>previous month</i>), did . . . receive income from rent of an apartment or other real-estate or income from roomers or borders?</p> <p>INA_4AS Col. 4317 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>b2 How much did . . . receive in (<i>previous month</i>)?</p> <p>INA_4BS Col. 4318 Char 6</p> <p>INA_4BSDK Col. 4324 Char 1</p>	<p>000001- 999999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>5a2. During (<i>previous month</i>), did . . . receive regular contributions from friends or residents?</p> <p>INA_5AS Col. 4325 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i></p>
<p>b2 How much did . . . receive in (<i>previous month</i>)?</p> <p>INA_5BS Col. 4326 Char 6</p> <p>INA_5BSDK Col. 4332 Char 1</p>	<p>000001- 999999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>6a2. During the past 6 months, did . . . receive interest or dividends?</p> <p>INA_6AS Col. 4333 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Instructions below</i></p>
<p>b2 How much did . . . receive in the last 6 months?</p> <p>INA_6BS Col. 4334 Char 6</p> <p>INA_6BSDK Col. 4340 Char 1</p>	<p>000001- 999999 <input type="checkbox"/></p> <p>8 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
<p>7a. Did . . . (or . . . 's spouse) receive any (other) welfare payments in (<i>previous month</i>)?</p> <p>INA_7A Col. 4341 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i></p>
<p>b. Whose name is on the check?</p> <p><i>If sample person, enter "01" for person number.</i></p> <p><i>If spouse, enter "02" for personal number</i></p> <p><i>For anyone else, leave person number blank</i></p> <p>INA_7B Col. 4342 Char 2</p>	<p>01 <input type="checkbox"/> Sample person 02 <input type="checkbox"/> Spouse blank <input type="checkbox"/> someone else beside the sample person or their spouse</p>
<p>c. How much was the check for?</p> <p>INA_7C Col. 4344 Char 6</p>	<p>000001- 999999 <input type="checkbox"/></p>
<p>d. Whom did the check cover?</p> <p><i>If sample person, enter "01" for person number.</i></p> <p><i>If spouse, enter "02" for personal number</i></p> <p><i>For anyone else, leave person number blank</i></p> <p>INA_7D1 Col. 4350 Char 2 INA_7D2 Col. 4352 Char 2 INA_7D3 Col. 4354 Char 2 INA_7D4 Col. 4356 Char 2 INA_7D5 Col. 4358 Char 2</p>	<p>01 <input type="checkbox"/> Sample person 02 <input type="checkbox"/> Spouse blank <input type="checkbox"/> someone else beside the sample person or their spouse</p>

8. Which of the following categories represents the total combined income before deductions during (*previous month*) for . . . (and . . .'s spouse)? Include money from jobs, net income from business or farm, pensions, dividends, interest, net income from rent, Social Security payments, and any other money income received by . . . (and . . .'s spouse).

Read categories.

Mark only one.

INA_8 Col. 4360 Char 2

- 01 Under \$300
- 02 \$300 - \$599
- 03 \$600 - \$899
- 04 \$900 - \$1199
- 05 \$1200 - \$1499
- 06 \$1500 - \$1999
- 07 \$2000 - \$2499
- 08 \$2500 - \$2999
- 09 \$3000 - \$3499
- 10 \$3500 - \$3999
- 11 \$4000 - \$4999
- 12 \$5000 - \$5999
- 13 \$6000 and up
- 88 Refused
- 99 DK

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

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

INA_9A Col. 4362 Char 1

- 1 Yes
- 2 No

b. Own any certificates of deposit or any other kind of savings certificate?

INA_9B Col. 4363 Char 1

- 1 Yes
- 2 No

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

INA_9C Col. 4364 Char 1

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

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

Anything else?

Read categories.

Mark (1) all that applies.

Money Market funds

INA_9D1 Col. 4365 Char 1

1 MARKED

U.S. Government securities

INA_9D2 Col. 4366 Char 1

1 MARKED

Municipal or corporate bonds

INA_9D3 Col. 4367 Char 1

1 MARKED

Money Market account

INA_9D4 Col. 4368 Char 1

1 MARKED

Mortgages

INA_9D5 Col. 4369 Char 1

1 MARKED

Other

INA_9D6 Col. 4370 Char 1

1 MARKED

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

INA_9E Col. 4371 Char 1

- 1 Yes
- 2 No

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

INA_9F Col. 4372 Char 1

- 1 Yes
- 2 No

g. Have a financial interest in a business?

INA_9G Col. 4373 Char 1

- 1 Yes
- 2 No

CHECK ITEM 4A

Refer to 9a, b, d, and e.

Mark (1) all that applies.

If none, mark "None."

Savings account

INA_9G1 Col. 4374 Char 1 1 MARKED

Savings certificate

INA_9G2 Col. 4375 Char 1 1 MARKED

Money Market fund

INA_9G3 Col. 4376 Char 1 1 MARKED

U.S. Government securities

INA_9G4 Col. 4377 Char 1 1 MARKED

Municipal or corporate bonds

INA_9G5 Col. 4378 Char 1 1 MARKED

Mortgages

INA_9G6 Col. 4379 Char 1 1 MARKED

Money Market account

INA_9G7 Col. 4380 Char 1 1 MARKED

Stock or mutual fund shares

INA_9G8 Col. 4381 Char 1 1 MARKED

None - SKIP to 10a

INA_9G9 Col. 4382 Char 1 1 MARKED

h. You said that . . . (or . . .'s spouse) had (read names of asset types in CHECK ITEM 4A above).

Did . . own (any of) these assets JOINTLY with (. . .'s spouse or) anyone else?

INA_9H Col. 4383 Char 1 1 Yes

2 No

i. What is your best estimate of the total amount that . . . (or . . .'s spouse) had in these assets during (previous month)?

INA_9I Col. 4384 Char 6 000001-999999

INA_9I_DK Col. 4390 Char 1 8 Refused

9 DK

10a. In the last 6 months has . . . (or . . .'s spouse) sold a house? Include primary residence, secondary or vacation homes, and investment homes.

INA_10A Col. 4391 Char 1 1 Yes

2 No

b. Why did . . . (or . . .'s spouse) sell this house?

Mark (1) all that applies.

No longer needed/wanted/able to maintain home

INA_10B1 Col. 4392 Char 1 1 MARKED

Wanted less expensive house to maintain

INA_10B2 Col. 4393 Char 1 1 MARKED

Married/widowed/divorced/separated

INA_10B3 Col. 4394 Char 1 1 MARKED

To be closer to family/friends

INA_10B4 Col. 4395 Char 1 1 MARKED

To help cover medical expenses

INA_10B5 Col. 4396 Char 1 1 MARKED

Employment related

INA_10B6

Col. 4397

Char 1

1 MARKED

Retired and relocated

INA_10B7

Col. 4398

Char 1

1 MARKED

To be convenient to public transportation/public services

INA_10B8

Col. 4399

Char 1

1 MARKED

Other

INA_10B9

Col. 4400

Char 1

1 MARKED

*IF BOX 5 IS MARKED IN 10B, END INTERVIEW.
THANK RESPONDENT FOR HIS/HER TIME.*

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

INA_10C

Col. 4401

Char 1

1 Yes

2 No

END INTERVIEW. THANK RESPONDENT FOR HIS/HER TIME.