

1989 SCREENER QUESTIONNAIRE

1. Sample Person Identification

CONTROL NUMBER

1988 Sample Component

CN_1988 Col. 6 Char 1

1982 Status Component

CN_1982 Col. 7 Char 1

1984 Status Component

CN_1984 Col. 8 Char 1

PSU

CN_PSU Col. 9 Char 3 BLANK

Serial

CN_SERL Col. 12 Char 4 BLANK

CHECK Digit

CN_CKDG Col. 16 Char 1

Caregiver Sample

CN_CG Col. 17 Char 1

Interview Status Code

CN_INV Col. 18 Char 1

- 1 Community Interview
- 2 Community Noninterview
- 3 Institutional Interview
- 4 Institutional Noninterview
- 5 Noninterview - Community or INS
- 6 LTC2 Noninterview
- 7 Screen-Out
- 8 LTC10 Noninterview
- 9 LTC10 Interview & LTC-3 Interview

Regional Office Code

SC_RO Col. 19 Char 2

Old RO (from Master File)

SC_ROOLD Col. 21 Char 2

88 RO (from Master File)

SC_RO88 Col. 23 Char 2

Date of Birth

SC_DOB Col. 25 Char 6 MMDDYY

Completed Screener Variable (COMP)

SC_COMP Col. 31 Char 1

- 0 LTC2 is not completed correctly or is a noninterview (not deceased)
- 1 Complete LTC2 for person in sample component 5, 6 or 7 and person is "Screened In"
- 2 Complete LTC2 for person in sample component 5, 6 or 7 and person is "Screened Out"
- 3 Partial screen for person who lives in community and is in sample component 1 or 4
- 4 Person in sample component 1 or 4 was in an institution at the time of the Screener interview
- 5 Person is deceased and is in any of components 1, 4, 5, 6 or 7

Sex

I_SEX Col. 32 Char 1

- M Male
- F Female

Age

AGE_89 Col. 33 Char 3

000-999

Race 84 (from Master File)

RACE_84 Col. 202 Char 1

- 1 White
- 2 Black
- 3 Asian or Pacific Islander
- 4 American Indian, Eskimo, or Aleut
- 5 Other
- 6 DK

2. Set Interview Date:

DATE_MM Col. 36 Char 2 Month

DATE_DA Col. 38 Char 2 Day

Beneficiary Status Code (from Master File) HC_BENE	Col. 40	Char 2	<input type="checkbox"/>
3. FIELD REPRESENTATIVE CODE FR_CODE	Col. 42	Char 3	<input type="checkbox"/>
4a - b: NOT GIVEN			
4c. No telephone number for either sample person or guardian available from any source - <i>Refer to RO supervisor for a personal visit follow-up.</i>			
NOPHONE	Col. 45	Char 1	1 <input type="checkbox"/> MARKED
5. SCREEN TIME SCRTIME	Col. 46	Char 3	001-999 <input type="checkbox"/>
6. Record of telephone calls			
Call number			
PH1_CALL	Col. 92	Char 1	1-6 <input type="checkbox"/>
Date of call			
PH1_DATE	Col. 93	Char 4	<input type="checkbox"/>
Time of call			
PH1_TIME	Col. 97	Char 6	<input type="checkbox"/>
Call number			
PH2_CALL	Col. 103	Char 1	1-6 <input type="checkbox"/>
Date of call			
PH2_DATE	Col. 104	Char 4	<input type="checkbox"/>
Time of call			
PH2_TIME	Col. 108	Char 6	<input type="checkbox"/>
Call number			
PH3_CALL	Col. 114	Char 1	1-6 <input type="checkbox"/>
Date of call			
PH3_DATE	Col. 115	Char 4	<input type="checkbox"/>
Time of call			
PH3_TIME	Col. 119	Char 6	<input type="checkbox"/>
Call number			
PH4_CALL	Col. 125	Char 1	1-6 <input type="checkbox"/>
Date of call			
PH4_DATE	Col. 126	Char 4	<input type="checkbox"/>
Time of call			
PH4_TIME	Col. 130	Char 6	<input type="checkbox"/>
Call number			
PH5_CALL	Col. 136	Char 1	1-6 <input type="checkbox"/>
Date of call			
PH5_DATE	Col. 137	Char 4	<input type="checkbox"/>
Time of call			
PH5_TIME	Col. 141	Char 6	<input type="checkbox"/>
Call number			
PH6_CALL	Col. 147	Char 1	1-6 <input type="checkbox"/>
Date of call			
PH6_DATE	Col. 148	Char 4	<input type="checkbox"/>
Time of call			
PH6_TIME	Col. 152	Char 6	<input type="checkbox"/>
INTRODUCTION - Hello, I am (your name) from the United States Bureau of the Census. (Here is my identification card.) 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.			
7. Does . . . live there (here)? SC_OPEN	Col. 49	Char 1	1 <input type="checkbox"/> Yes - May I speak with . . . ? - <i>Skip to 10</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Deceased - <i>Skip to 9a.</i>
8a. What is . . .'s current address and telephone number?			
Address:			
Name if Institution/Caregivers: NOT GIVEN			
Number and street: NOT GIVEN			
City: NOT GIVEN			
County: NOT GIVEN			
State: NOT GIVEN			
Zip: NOT GIVEN			
Sample person current phone number:			

Area code: NOT GIVEN Number: NOT GIVEN PHONE: NOT GIVEN			
b. Is this the address of a nursing, convalescent, or rest home, or a home for the aged or needy? INHM Col. 50 Char 1	1 <input type="checkbox"/> Yes - END SCREEN 2 <input type="checkbox"/> No		
c. Is this the address of another type of institution? INOTHER Col. 51 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - END SCREEN and contact Sample person		
d. What type of institution is it? TPOTH_1 Col. 52 Char 1	1 <input type="checkbox"/> Correctional - END INTERVIEW. Mark noninterview reason 8. 2 <input type="checkbox"/> Short hospital stay - Skip to 10. 3 <input type="checkbox"/> Mental } END 4 <input type="checkbox"/> Other } SCREEN		
9a. When did . . . die? DEA_01_M Col. 53 Char 2 DEA_01_Y Col. 55 Char 2 DEA_DK Col. 57 Char 1	1-12 <input type="checkbox"/> Month } END INTERVIEW. Mark 00-99 <input type="checkbox"/> Year } noninterview reason 7. 1 <input type="checkbox"/> DK - Ask 9b		
b. Did . . . die before or after April 1, 1994? DEA_02 Col. 58 Char 1	1 <input type="checkbox"/> Before April 1, 1994 } END INTERVIEW. Mark 2 <input type="checkbox"/> After April 1, 1994 } noninterview reason 7.		
10. (If talking to different person, repeat introduction) Did . . . receive the letter? - NOT GIVEN			
CHECK ITEM A Type of Interview SC_DETRE Col. 59 Char 1 Reason for proxy SCPR Col. 60 Char 1	1 <input type="checkbox"/> Sample person - Skip to 12a. 2 <input type="checkbox"/> Proxy 3 <input type="checkbox"/> Sample person is mentally pr physically incapable. 4 <input type="checkbox"/> Sample person has hearing/speech problem. 5 <input type="checkbox"/> Sample person cannot speak English. 6 <input type="checkbox"/> Sample person is temporarily absent. 7 <input type="checkbox"/> Other		
11a. What is your relationship to . . . ? SCPR_REL Col. 61 Char 2	02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son / Daughter 04 <input type="checkbox"/> Son-in-law / Daughter-in-law 05 <input type="checkbox"/> Parent 06 <input type="checkbox"/> Parent-in-law 07 <input type="checkbox"/> Brother / Sister 08 <input type="checkbox"/> Brother-in-law / Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other Nonrelative 13 <input type="checkbox"/> Ex-spouse 99 <input type="checkbox"/> DK		
11b. Do you reside with . . . ? SCPR_RES Col. 63 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
12a. What is . . . 's age? - If under 65, verify date of birth SCPR_AGE Col. 64 Char 3	001-999 <input type="checkbox"/> Skip to CHECK ITEM B 000 <input type="checkbox"/> DK/Ref - Ask 12b		
b. Is . . . 65 years or older? OVER_65 Col. 67 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		
CHECK ITEM B Is this the correct person (name, sex, age)? VER_PER Col. 68 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - STOP SCREEN, explain in remarks		
13. What is . . . 's exact address? VER_ADD Col. 69 Char 1	1 <input type="checkbox"/> Same as label (or item 1) 2 <input type="checkbox"/> Different - Correct label (or item 1)		
CHECK ITEM C Is the sample person in an institution? SCN_ININ Col. 70 Char 1	1 <input type="checkbox"/> Yes - Skip to CHECK ITEM I 2 <input type="checkbox"/> No		
CHECK ITEM D Sample component in item 1 is - SAMP_N Col. 71 Char 1	1 <input type="checkbox"/> S - Continue to CHECK ITEM E 2 <input type="checkbox"/> N - Skip to CHECK ITEM I		

CHECK ITEM E			1 <input type="checkbox"/>	Telephone - <i>Skip to Introduction below</i>
Is this Screen being conducted by telephone or by personal visit?			2 <input type="checkbox"/>	Personal Visit
SC_VISIT	Col. 72	Char 1		

14. What is . . . 's telephone number?	1 <input type="checkbox"/>	No telephone	} <i>Go to Introduction</i>
SCN_PHO	2 <input type="checkbox"/>	DK/Refused	
Col. 73	Char 1		

ACTIVITIES OF DAILY LIVING (ADL)

INTRODUCTION
 First, I'd like to ask about . . . 's ability to do everyday activities without help. By help, I mean either the help of another person, including people who lived with . . . , or the help of special equipment.

INSTRUCTION - If the person cannot or does not do an activity listed below, mark the "Yes" box for that activity. For the personal visit interviews, mark the "Yes" box without asking, if apparent by observation.

15. Does . . . have any problem -			1 <input type="checkbox"/>	Yes
a. Eating without the help of another person or special equipment?			2 <input type="checkbox"/>	No
SCN_15_A	Col. 203	Char 1		
b. Getting in or out of bed without help?	SCN_15_B	Col. 204	Char 1	
c. Getting in or out of chairs without help?	SCN_15_C	Col. 205	Char 1	
d. Walking around inside without help?	SCN_15_D	Col. 206	Char 1	
e. Going outside without the help of another person or special equipment?	SCN_15_E	Col. 207	Char 1	
f. Dressing without help?	SCN_15_F	Col. 208	Char 1	
g. Bathing without help?	SCN_15_G	Col. 209	Char 1	
h. Getting to the bathroom or using the toilet?	SCN_15_H	Col. 210	Char 1	
i. Does . . . have any accidents or any problem controlling bowel movements or urination?	SCN_15_I	Col. 211	Char 1	

CHECK ITEM F			1 <input type="checkbox"/>	Yes
Is "Yes" marked in any part of 15?			2 <input type="checkbox"/>	No - <i>Skip to 17</i>
ADL_FLAG	Col. 212	Char 1		

16a. You said that . . . has a problem (<i>Read ADL's marked "Yes" in 15</i>). Has . . . had this problem/any of these problems) for 3 months or longer?			1 <input type="checkbox"/>	Yes - <i>Skip to 17</i>
SCN_16A	Col. 213	Char 1	2 <input type="checkbox"/>	No

b. Do you expect that (this problem/any or these problems) will last for the next 3 months or longer?			1 <input type="checkbox"/>	Yes - <i>Skip to 17</i>
SCN_16B	Col. 214	Char 1	2 <input type="checkbox"/>	No

c. Altogether, from beginning to end, will (this problem/any of these problems) have lasted 3 months or longer?			1 <input type="checkbox"/>	Yes
SCN_16C	Col. 215	Char 1	2 <input type="checkbox"/>	No

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

INSTRUCTION - If a person does not do, but is able to do, an activity listed below, mark "Yes" for the activity.

17. Is . . . able to:			1 <input type="checkbox"/>	Yes
a. Prepare meals without help?			2 <input type="checkbox"/>	No
SCN_17_A	Col. 216	Char 1		
b. Do laundry without help?	SCN_17_B	Col. 217	Char 1	
c. Do light housework such as washing dishes?	SCN_17_C	Col. 218	Char 1	
d. Shop for groceries without help?	SCN_17_D	Col. 219	Char 1	
e. Manage money such as keeping track of bills and handling case?	SCN_17_E	Col. 220	Char 1	
f. Take medicine without help?				

SCN_17_F	Col. 221	Char 1	
g. Make telephone calls without help?			
SCN_17_G	Col. 222	Char 1	
CHECK ITEM G			
Is 'No' marked in any segment of 17?			1 <input type="checkbox"/> Yes - Ask 18
SCN_CKD	Col. 223	Char 1	2 <input type="checkbox"/> No - Skip to CHECK ITEM H
18. Does a disability or a health problem keep . . . from [Read IADL marked "No" in item 17]?			
SCN_18	Col. 224	Char 1	1 <input type="checkbox"/> Yes - Ask 19
			2 <input type="checkbox"/> No - Skip to CHECK ITEM H
<i>Ask if more than one IADL marked "No" in item 17. Otherwise, mark without asking</i>			
19. Which of these activities is . . . unable to do because of a disability or health problem (read IADL's marked "No" in item 17)? Mark (1) all that apply.			
a. preparing meals?			1 <input type="checkbox"/> Marked
SCN_19_A	Col. 225	Char 1	
b. doing laundry?			1 <input type="checkbox"/> Marked
SCN_19_B	Col. 226	Char 1	
c. doing light housework?			1 <input type="checkbox"/> Marked
SCN_19_C	Col. 227	Char 1	
d. shopping for groceries?			1 <input type="checkbox"/> Marked
SCN_19_D	Col. 228	Char 1	
e. managing money?			1 <input type="checkbox"/> Marked
SCN_19_E	Col. 229	Char 1	
f. taking medicine?			1 <input type="checkbox"/> Marked
SCN_19_F	Col. 230	Char 1	
g. making telephone calls?			1 <input type="checkbox"/> Marked
SCN_19_G	Col. 231	Char 1	
h. None			1 <input type="checkbox"/> Marked
SCN_19_H	Col. 232	Char 1	
20a. Has . . . had a problem (Read IADL's marked in 19) for 3 months or longer?			1 <input type="checkbox"/> Yes - Skip to CHECK ITEM H
SCN_20A	Col. 233	Char 1	2 <input type="checkbox"/> No
b. Do you expect that . . . 's problem doing (this/any of these things) will last for the next three months or longer?			1 <input type="checkbox"/> Yes - Skip to CHECK ITEM H
SCN_20B	Col. 234	Char 1	2 <input type="checkbox"/> No
c. Altogether, from beginning to end, will (this problem/ any or these problems) have lasted 3 months or longer?			1 <input type="checkbox"/> Yes
SCN_20C	Col. 235	Char 1	2 <input type="checkbox"/> No
CHECK ITEM H			
Is "Yes" marked in any of the following items - 16a, 16b, 16c; 20a, 20b, 20c?			1 <input type="checkbox"/> Yes - SKIP to CHECK ITEM I
SCN_CK_H	Col. 236	Char 1	2 <input type="checkbox"/> No
21a. Has . . . EVER been a patient in a nursing, convalescent, or rest home?			1 <input type="checkbox"/> Yes
SCN_21A	Col. 237	Char 1	2 <input type="checkbox"/> No - Skip to 12e.
b. How many times?			1-20 <input type="checkbox"/> Times
SCN_21B	Col. 238	Char 2	
c. When was . . . admitted (that time/the time/the time before that)?			1-12 <input type="checkbox"/> Month
			84-99 <input type="checkbox"/> Year
<i>Begin with the last time and obtain up to four responses.</i>			
That time/Last time			
SCN_21C1	Col. 240	Char 2	
SCN_21C2	Col. 242	Char 2	
Time before that			
SCN_21C3	Col. 244	Char 2	
SCN_21C4	Col. 246	Char 2	
Time before that			

SCN_21C5	Col. 248	Char 2	
SCN_21C6	Col. 250	Char 2	
d. How long was . . . in the nursing home (that time)? <i>Reask 21c and d if more than one time.</i> That time/Last time SCN_21D1 Col. 252 Char 2 SCN_21D2 Col. 254 Char 2 Time before that SCN_21D3 Col. 256 Char 2 SCN_21D4 Col. 258 Char 2 Time before that SCN_21D5 Col. 260 Char 2 SCN_21D6 Col. 262 Char 2			<input type="checkbox"/> Days <input type="checkbox"/> Months
e. Is . . . now on a waiting list to go into a nursing home? SCN_21E5 Col. 264 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
22. Including . . . , how many people live in . . . 's household? SCN_22 Col. 265 Char 2			01-99 <input type="checkbox"/> People
23a. Does . . . have any living children? (Include natural, adopted and stepchildren.) SCN_23_A Col. 267 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to 24.</i>
b. How many do NOT live in . . . 's household? SCN_23_B Col. 268 2			01-99 <input type="checkbox"/> Children
24. Is . . . Now married, widowed, divorced, separated, or never married? SCN_24 Col. 270 Char 1			1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never Married
25. What is . . . 's race? <i>If personal visit, show Flashcard F.</i> <i>Read categories</i> SCN_25B1 Col. 271 Char 1			1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian or Pacific Islander 4 <input type="checkbox"/> American Indian, Aleut, Eskimo 5 <input type="checkbox"/> Other
CHECK ITEM I Is this screen being conducted by telephone or by personal visit? SCN_CK_J Col. 272 Char 1			1 <input type="checkbox"/> Telephone 2 <input type="checkbox"/> Personal visit - <i>Enter finish time in item 5 on page 1 and then go to Control Card, item 7a</i>
26. We would like to visit you to ask further questions about . . . 's health and physical activities. When would be the best time to visit? <i>NOT GIVEN</i>			
INSTRUCTION - Inform your regional office supervisor of all scheduled visits to institutions.			
27. NONINTERVIEW REASON Telephone screening Field type A NIR_TEL Col. 74 Char 2 Field type C			01 <input type="checkbox"/> No telephone number 02 <input type="checkbox"/> No answer after repeated calls 03 <input type="checkbox"/> Sample person temporarily absent/proxy unavailable 04 <input type="checkbox"/> Refused 05 <input type="checkbox"/> Sample person unable to respond/proxy unavailable 06 <input type="checkbox"/> Other 07 <input type="checkbox"/> Deceased 08 <input type="checkbox"/> In correctional facility 09 <input type="checkbox"/> Moved outside country before April 1, 1988 10 <input type="checkbox"/> Moved outside country on or after April 1, 1988 12 <input type="checkbox"/> Other
Personal visit screening Field type A NIR_PV Col. 76 Char 2			01 <input type="checkbox"/> Unable to locate/moved, address unknown 02 <input type="checkbox"/> No one home

} **END INTERVIEW.**
Enter finish time in item 5

Field type C

- 03 Sample person temporarily absent/proxy unavailable
- 04 Refused
- 05 Sample person unable to respond/proxy unavailable
- 06 Other

- 07 Deceased
- 08 In correctional facility
- 09 Moved outside country before April 1, 1988
- 10 Moved outside country on or after April 1, 1988
- 11 Moved within country, beyond limit
- 12 Other

28. Record of personal visits			
Visit Number VISIT_1	Col. 158	Char 1	1-4 <input type="checkbox"/>
Date of Visit VS_DATE1	Col. 159	Char 4	<input type="checkbox"/>
Time of visit VS_TIME1	Col. 163	Char 6	<input type="checkbox"/>
Visit Number VISIT_2	Col. 169	Char 1	1-4 <input type="checkbox"/>
Date of Visit VS_DATE2	Col. 170	Char 4	<input type="checkbox"/>
Time of visit VS_TIME2	Col. 174	Char 6	<input type="checkbox"/>
Visit Number VISIT_3	Col. 180	Char 1	1-4 <input type="checkbox"/>
Date of Visit VS_DATE3	Col. 181	Char 4	<input type="checkbox"/>
Time of visit VS_TIME3	Col. 185	Char 6	<input type="checkbox"/>
Visit Number VISIT_4	Col. 191	Char 1	1-4 <input type="checkbox"/>
Date of Visit VS_DATE4	Col. 192	Char 4	<input type="checkbox"/>
Time of visit VS_TIME4	Col. 196	Char 6	<input type="checkbox"/>