

1994 INSTITUTIONAL QUESTIONNAIRE

TRANSCRIBE FROM CONTROL CARD

1. Regional Office code IROCODE	Col.. 4282	Char 2	<input type="checkbox"/>
2 Control number <i>NOT GIVEN</i>			
3. Name of sample person <i>NOT GIVEN</i>			
4. Field Representative Code IFRCODE	Col.. 4284	Char 2	<input type="checkbox"/>
5. Field Representative NAME <i>NOT GIVEN</i>			
6. Name, address, and provider if institution Health Care Financing Administration	Col.. 4286	Char 12	<input type="checkbox"/>
Name of Institution <i>NOT GIVEN</i>			
Address <i>NOT GIVEN</i>			
City	Col.. 4298	Char 15	<input type="checkbox"/> BLANK
County	Col.. 4313	Char 15	<input type="checkbox"/> BLANK
State IPG6ST	Col.. 4328	Char 2	<input type="checkbox"/>
Zip	Col.. 4330	Char 9	<input type="checkbox"/> BLANK
Telephone number <i>NOT GIVEN</i>			
7. Specify proxy name(s) and address(es) below Name of proxy 1 <i>NOT GIVEN</i>			
Address <i>NOT GIVEN</i>			
City	Col.. 4339	Char 15	<input type="checkbox"/> BLANK
County <i>NOT GIVEN</i>			
State IPG7ST2	Col.. 4354	Char 2	<input type="checkbox"/>
Zip	Col.. 4356	Char 9	<input type="checkbox"/> BLANK
Telephone number <i>NOT GIVEN</i>			
Name of proxy 2 <i>NOT GIVEN</i>			
Address <i>NOT GIVEN</i>			

City	Col.. 4365	Char 15	<input type="checkbox"/> BLANK
County <i>NOT GIVEN</i>			
State IPG7ST3	Col.. 4380	Char 2	<input type="checkbox"/>
Zip	Col.. 4382	Char 9	<input type="checkbox"/> BLANK
Telephone number <i>NOT GIVEN</i>			

Name of proxy 3 <i>NOT GIVEN</i>			
Address <i>NOT GIVEN</i>			
City	Col.. 4391	Char 15	<input type="checkbox"/> BLANK
County <i>NOT GIVEN</i>			
State IPG7ST4	Col.. 4406	Char 2	<input type="checkbox"/>
Zip	Col.. 4408	Char 9	<input type="checkbox"/> BLANK
Telephone number <i>NOT GIVEN</i>			

Section 1 - COGNITIVE FUNCTIONING

Complete this section with the sample person only.

INTRODUCTION
(I MAY 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.

1. What is the date today? ICF_1	Col. 4417	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
2. What day of the week is it? ICF_2	Col. 4418	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
3. What is the name of this place? ICF_3	Col. 4419	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
4. In what state is this? ICF_4	Col. 4420	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
5. How old are you? ICF_5	Col. 4421	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
6. When were you born? ICF_6	Col. 4422	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
7. Who is the president of the US now? ICF_7	Col. 4423	Char 1	PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
8. Who was the president before him? ICF_8	Col. 4424	Char 1	PLUS (+) <input type="checkbox"/> 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. 4425	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:</i> Can you subtract 3 from that? Correct answer: 17,14,11,8,5,2			PLUS (+) <input type="checkbox"/> MINUS (-) <input type="checkbox"/>
ICF_10	Col. 4426	Char 1	

Section 2 - ACTIVITIES OF DAILY LIVING (ADL)

COMPLETE THIS SECTION WITH A NURSING ASSISTANT OR OTHER KNOWLEDGEABLE STAFF MEMBER.

Respondent is: IAD_WHO1	Col. 4427	Char 1	1 <input type="checkbox"/> Nursing Assistant 2 <input type="checkbox"/> Other staff member-Specify below in IAD_WHO2 3 <input type="checkbox"/> Nonstaff member-Specify below in IAD_WHO3
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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? IAD_1A	Col. 4428	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 1d</i> 3 <input type="checkbox"/> Did not eat at all - <i>SKIP to 2a</i>
b. Did someone feed ...? IAD_1B	Col. 4429	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 1d</i> 2 <input type="checkbox"/> No
c. Did someone help ... cut meat or butter bread? IAD_1C	Col. 4430	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Did ... use special utensils or special dishes to help him/her eat? IAD_1D	Col. 4431	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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. 4432	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4e</i>
b. Did any person help ... get in or out of bed? IAD_2B	Col. 4433	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2d</i>
c. Did someone actually LIFT ... in or out of bed? IAD_2C	Col. 4434	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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. 4435	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<i>(Mark "Yes" without asking, if apparent by observation.)</i>			
3a. Since last (day) did ... get around indoors at all? IAD_3A	Col. 4436	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? IAD_3B	Col. 4437	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Did ... also use special equipment like a wheelchair, cane, other device to help ... get around indoors? IAD_3C	Col. 4438	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4</i>
<i>(Mark "Yes" without asking, if apparent by observation.)</i>			
d. Did ... use a wheelchair? IAD_3D	Col. 4439	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? IAD_3E	Col. 4440	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. The next questions are about dressing, that is, getting and			

putting on clothes that ... wears during the day. (Mark "Yes" without asking, if apparent by observation.)				
a. Since last (day) did ... get dressed at all?	IAD_4A	Col. 4441	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. 4442	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. 4443	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. 4444	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. 4445	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. 4446	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. 4447	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5e
c. Did someone bathe ...?	IAD_5C	Col. 4448	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. 4449	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. 4450	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. 4451	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. 4452	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Since last [current week day] did ... use toilet at all?	IAD_6A	Col. 4453	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. 4454	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6d
c. Did someone help ... to get on or off the toilet, arrange ...' s clothes, or clean ...?	IAD_6C	Col. 4455	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. 4456	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. 4457	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. 4458	Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help
g. During the past week, has ... sometimes had trouble controlling ...' s bladder or bowels so that ... accidentally wet or soiled ... either day or night?	IAD_6G	Col. 4459	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a

h. Does ... clean it up by self or does someone help ... to take care of it? IAD_6H Col. 4460 Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help
7a. Does ... get around outdoors at all either with or without help? IAD_7A Col. 4461 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i>
b. When ... goes outdoors, does someone usually help ... get around? IAD_7B Col. 4462 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. When ... goes outdoors, is special equipment like a cane or a walker used? IAD_7C Col. 4463 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i>
d. Does ... usually use this equipment alone or with help from another person? IAD_7D Col. 4464 Char 1	1 <input type="checkbox"/> By self 2 <input type="checkbox"/> With help
8a. Now I have a couple of general questions. Is ... of Spanish/Hispanic origin. IAD_8A Col. 4465 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Look at Flashcard C. What is ...'s race? IAD_8B Col. 4466 Char 1	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian or Pacific Islander (Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian) 5 <input type="checkbox"/> Other

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

COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER IN THE ADMISSIONS OR ACCOUNTING/BILLING OFFICE OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.

CHECK ITEM C.1 Respondent's relationship to sample person. AMN_WHO1 Col.. 4467 Char 1	1 <input type="checkbox"/> Staff member 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Son/Daughter 4 <input type="checkbox"/> Other relative 5 <input type="checkbox"/> Other Nonrelative
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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 this institution? AMN_1_I1 Col.. 4468 Char 2 AMN_1_I2 Col.. 4470 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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SHOW FLASHCARD M

2. Just before . . . Was admitted here, what type of place was he/she living in? <i>Mark (X) only once.</i> AMN_2_1 Col.. 4472 Char 2	1 <input type="checkbox"/> Alone or living with others in a house/apartment (independent living) 2 <input type="checkbox"/> Retirement home 3 <input type="checkbox"/> Boarding house/rooming house/rented room 4 <input type="checkbox"/> Foster or family care home 5 <input type="checkbox"/> Group home/community residence 6 <input type="checkbox"/> In assisted living setting with board and/or personal care services available 7 <input type="checkbox"/> Hospital, other than SNF or ICF unit 8 <input type="checkbox"/> Skilled Nursing Facility (SNF) 9 <input type="checkbox"/> Intermediate Care Facility (ICF) 10 <input type="checkbox"/> Other (non-certified) nursing home 11 <input type="checkbox"/> Domiciliary or personal care facility 12 <input type="checkbox"/> Institution/facility for the mentally retarded/
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- 13 developmentally disabled
- 14 Mental health center/facility
- 15 Chronic disease or rehabilitation hospital
- 99 Other
- DK

3a. Not counting this time, in the last four years, how many times has ... been a patient in a nursing or convalescent home? AMN_3A Col.. 4474 Char 2	00 <input type="checkbox"/> None - <i>Skip to 4a.</i> 01-99 <input type="checkbox"/> Time(s)
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b1. When was ... admitted that time/the last time? AMN_3B11 Col.. 4476 Char 2 AMN_3B12 Col.. 4478 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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b2. time before that? AMN_3B21 Col.. 4480 Char 2 AMN_3B22 Col.. 4482 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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b3. and the time before that? AMN_3B31 Col.. 4484 Char 2 AMN_3B32 Col.. 4486 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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b4. and the time before that? AMN_3B41 Col.. 4488 Char 2 AMN_3B42 Col.. 4490 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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4a. In the last 12 months has ... been a patient in a hospital overnight or longer? AMN_4A Col.. 4492 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a, page 6.</i>
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b. How many times? AMN_4B Col.. 4493 Char 2	01-99 <input type="checkbox"/> Time(s)
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c1. When was ... admitted that time/the last time? AMN_4C11 Col.. 4495 Char 2 AMN_4C12 Col.. 4497 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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c2. time before that? AMN_4C21 Col.. 4499 Char 2 AMN_4C22 Col.. 4501 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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c3. and the time before that? AMN_4C31 Col.. 4503 Char 2 AMN_4C32 Col.. 4505 Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
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5a. At the time of admission to (<i>name of facility</i>) that is, in (<i>month and year in Section 3, item 1</i>), 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> <i>IF MORE THAN ONE SOURCE OF PAYMENT IS MARKED, ASK 5b; OTHERWISE, SKIP TO CHECK ITEM C.2.</i> 1 Sample person (including Social Security) AMN_5A01 Col.. 4507 Char 1 2 Spouse AMN_5A02 Col.. 4508 Char 1 3 Children AMN_5A03 Col.. 4509 Char 1 4 Other Relatives AMN_5A04 Col.. 4510 Char 1 5 Nonrelatives AMN_5A05 Col.. 4511 Char 1	1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED 1 <input type="checkbox"/> MARKED
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6 Private Insurance AMN_5A06	Col.. 4512	Char 1	1 <input type="checkbox"/> MARKED
7 Medicare AMN_5A07	Col.. 4513	Char 1	1 <input type="checkbox"/> MARKED
8 Medicaid AMN_5A08	Col.. 4514	Char 1	1 <input type="checkbox"/> MARKED
9 Other Public Assistance AMN_5A09	Col.. 4515	Char 1	1 <input type="checkbox"/> MARKED
10 VA, CHAMPUS, CHAMPVA AMN_5A10	Col.. 4516	Char 1	1 <input type="checkbox"/> MARKED
11 Other AMN_5A11	Col.. 4517	Char 1	1 <input type="checkbox"/> MARKED

b. How much was the cost per month? (<i>Cost per month</i>) AMN_5B	Col.. 4518	Char 6	000000- 999999 <input type="checkbox"/> Dollars
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c. Who paid the most? (<i>Enter code 5a</i>) AMN_5C	Col.. 4524	Char 2	01 <input type="checkbox"/> Sample Person 02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Children 04 <input type="checkbox"/> Other Relatives 05 <input type="checkbox"/> Nonrelatives 06 <input type="checkbox"/> Private Insurance 07 <input type="checkbox"/> Medicare 08 <input type="checkbox"/> Medicaid 09 <input type="checkbox"/> Other Public Assistance 10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 11 <input type="checkbox"/> Other
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CHECK ITEM C.2 <i>Refer to entry in Section 3, item 1, page 5.</i>			
Current month and year entered in item 1? AMN_CK4	Col.. 4526	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to 8</i> 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 6b; OTHERWISE, SKIP TO CHECK ITEM C.3.</i>			
(1) Sample person (including Social Security) AMN_6A01	Col.. 4527	Char 1	1 <input type="checkbox"/> MARKED
(2) Spouse AMN_6A02	Col.. 4528	Char 1	1 <input type="checkbox"/> MARKED
(3) Children AMN_6A03	Col.. 4529	Char 1	1 <input type="checkbox"/> MARKED
(4) Other Relatives AMN_6A04	Col.. 4530	Char 1	1 <input type="checkbox"/> MARKED
(5) Nonrelatives AMN_6A05	Col.. 4531	Char 1	1 <input type="checkbox"/> MARKED
(6) Private Insurance AMN_6A06	Col.. 4532	Char 1	1 <input type="checkbox"/> MARKED
(7) Medicare AMN_6A07	Col.. 4533	Char 1	1 <input type="checkbox"/> MARKED
(8) Medicaid AMN_6A08	Col.. 4534	Char 1	1 <input type="checkbox"/> MARKED
(9) Other Public Assistance AMN_6A09	Col.. 4535	Char 1	1 <input type="checkbox"/> MARKED
(10) VA, CHAMPUS, CHAMPVA AMN_6A10	Col.. 4536	Char 1	1 <input type="checkbox"/> MARKED

(11) Other AMN_6A11	Col.. 4537	Char 1	1 <input type="checkbox"/> MARKED
b. How much was it? (<i>Cost per month</i>) AMN_6B	Col.. 4538	Char 6	000000- 999999 <input type="checkbox"/> Dollars
c. Who paid the most? (<i>Enter code 6a</i>) AMN_6C	Col.. 4544	Char 2	01 <input type="checkbox"/> Sample Person 02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Children 04 <input type="checkbox"/> Other Relatives 05 <input type="checkbox"/> Nonrelatives 06 <input type="checkbox"/> Private Insurance 07 <input type="checkbox"/> Medicare 08 <input type="checkbox"/> Medicaid 09 <input type="checkbox"/> Other Public Assistance 10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 11 <input type="checkbox"/> Other
CHECK ITEM C.3 <i>Refer to item 5a.</i>			
Is Medicaid (code 8) marked in item 5a? AMN_CK6	Col.. 4546	Char 1	1 <input type="checkbox"/> Yes - SKIP to 8 2 <input type="checkbox"/> No
CHECK ITEM C.4 <i>Refer to item 6a.</i>			
Is Medicaid (code 8) marked in item 6a? AMN_CK7	Col.. 4547	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9
7. In what month and year did Medicaid begin paying these charges? AMN_7_M1	Col.. 4548	Char 2	01-12 <input type="checkbox"/> Month <input type="checkbox"/> Year
AMN_7_M2	Col.. 4550	Char 2	
8. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicaid records for other health information in this study. Providing ...'s Medicaid number is voluntary and WILL NOT AFFECT ...'S BENEFITS in any way. What is ...'s Medicaid number?			
AMN_8_DK	Col.. 4552	Char 20	<input type="checkbox"/> BLANK
	Col.. 4572	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
9. Now I'd like to ask you about any health insurance which ... has. Is ... Covered by any public assistance program, other than Medicaid, that pays for health or long-term care? AMN_9			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 99 <input type="checkbox"/> DK
10. Is ... NOW covered by CHAMPUS or CHAMPVA? (These are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans.) AMN_10			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 99 <input type="checkbox"/> DK
11. 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? AMN_11			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 99 <input type="checkbox"/> DK
12a. 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. What is the relationship of this person to . . . ? AMN_12B Col.. 4580 Char 1	1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Nonrelative guardian 5 <input type="checkbox"/> Other nonrelative
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Section 4 - INCOME AND ASSETS

COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.

CHECK ITEM D.1 Respondent's relationship to sample person. IAA_WHO1 Col.. 4581 Char 1	1 <input type="checkbox"/> Staff member 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Son/Daughter 4 <input type="checkbox"/> Other relative 5 <input type="checkbox"/> Other Nonrelative
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SAMPLE PERSONAL INFORMATION

SAMPLE PERSON NUMBER Sample Person number IAA_WHO_SPN Col.. 4582 Char 2	01 <input type="checkbox"/>
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1a. During the last month, that is, [previous month] did ... receive Social Security benefits or Railroad Retirement benefits? IAA_1A Col.. 4584 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 2a</i>
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b. How much did ... receive in [previous month]? IAA_1B Col.. 4585 Char 6 IAA_1B_DK Col.. 4591 Char 2	000000- 999999 <input type="checkbox"/> Dollars 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
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2a. During (<i>previous month</i>), did . . . Receive Veterans Administration compensation or pension? IAA_2A Col.. 4593 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 3a</i>
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b. How much did . . . receive in (<i>previous month</i>)? IAA_2B Col.. 4594 Char 6 IAA_2B_DK Col.. 4600 Char 2	000000- 999999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
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3a. During (<i>previous month</i>), did ... receive Supplemental Security Income, that is SSI payments? These can come from either the Federal Government or the State Government. IAA_3A Col.. 4602 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>
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b. How much did ... receive in (<i>previous month</i>)? IAA_3B Col.. 4603 Char 6 IAA_3B_DK Col.. 4609 Char 2	000000- 999999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
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4a. During (<i>previous month</i>), did . . . receive net income from rent of an apartment of other real estate or income from roomers or borders? IAA_4A Col.. 4611 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
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b. How much did . . . receive in (<i>previous month</i>)? IAA_4B Col.. 4612 Char 6 IAA_4B_DK Col.. 4618 Char 2	000000- 999999 <input type="checkbox"/> 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
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5a. During (<i>previous month</i>), did . . . receive regular contributions from friends or relatives? IAA_5A Col.. 4620 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 6a</i>
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b. How much did . . . receive in (<i>previous month</i>)?	000000-
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IAA_5B	Col.. 4621	Char 6	999999 <input type="checkbox"/>
IAA_5B_DK	Col.. 4627	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
6a. During (<i>previous month</i>), did . . . receive interest or dividends?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to "Instruction" below</i>
IAA_6A	Col.. 4629	Char 1	
b. How much did . . . receive in the last 12 months?			000000- 999999 <input type="checkbox"/>
IAA_6B	Col.. 4630	Char 6	
IAA_6B_DK	Col.. 4636	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK

INSTRUCTION

Refer to Control Card Item 17 for the Sample person. If the sample person is now married, complete column B for the spouse.

SPOUSE INFORMATION

SAMPLE PERSON NUMBER			
Sample Person number			01-20,
IAA_6B_SPN	Col.. 4638	Char 2	99 <input type="checkbox"/>
1a. During the last month, that is, [<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 2a</i>
IAA_1A_SP	Col.. 4640	Char 1	
b. How much did ... receive in [<i>previous month</i>]?			000000- 999999 <input type="checkbox"/> Dollars - <i>SKIP to 2a</i>
IAA_1B_SP	Col.. 4641	Char 6	
IAA_1B_SPDK	Col.. 4647	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
2a. 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 3a</i>
IAA_2A_SP	Col.. 4649	Char 1	
b. How much did . . . receive in (<i>previous month</i>)?			000000- 999999 <input type="checkbox"/>
IAA_2B_SP	Col.. 4650	Char 6	
IAA_2B_SPDK	Col.. 4656	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
3a. During (<i>previous month</i>), did ... receive Supplemental Security Income, that is SSI payments? These can come from either the Federal Government or the State Government.			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i>
IAA_3A_SP	Col.. 4658	Char 1	
b. How much did ... receive in (<i>previous month</i>)?			000000- 999999 <input type="checkbox"/>
IAA_3B_SP	Col.. 4659	Char 6	
IAA_3B_SPDK	Col.. 4665	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
4a. During (<i>previous month</i>), did . . . receive net income from rent of an apartment of other real estate or income from roomers or boarders?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 5a</i>
IAA_4A_SP	Col.. 4667	Char 1	
b. How much did . . . receive in (<i>previous month</i>)?			000000- 999999 <input type="checkbox"/>
IAA_4B_SP	Col.. 4668	Char 6	
IAA_4B_SPDK	Col.. 4674	Char 2	88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK
5a. 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 6a</i>
IAA_5A_SP	Col.. 4676	Char 1	

<p>b. How much did . . . receive in (<i>previous month</i>)?</p> <p>IAA_5B_SP Col.. 4677 Char 6</p> <p>IAA_5B_SPDK Col.. 4683 Char 2</p>	<p>000000- 999999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>6a. During (<i>previous month</i>), did . . . receive interest or dividends?</p> <p>IAA_6A_SP Col.. 4685 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 7a</i></p>
<p>b. How much did . . . receive in the last 12 months?</p> <p>IAA_6B_SP Col.. 4686 Char 6</p> <p>IAA_6B_SPDK Col.. 4692 Char 2</p>	<p>000000- 999999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>7a. Did ... [or ...'s spouse] receive any (other) welfare payments in [previous month]?</p> <p>IAA_7A Col.. 4694 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 8</i></p>
<p>b. Whose name was on the check? (<i>Enter the Person Number</i>)</p> <p>IAA_7B Col.. 4695 Char 2</p>	<p>01-48, 99 <input type="checkbox"/></p>
<p>c. How much was the check for?</p> <p>IAA_7C Col.. 4697 Char 6</p>	<p>000000- 999999 <input type="checkbox"/></p>
<p>d. Whom did the check cover?</p> <p>Anyone else?</p> <p>IAA_7D_1 Col.. 4703 Char 2</p> <p>IAA_7D_2 Col.. 4705 Char 2</p> <p>IAA_7D_3 Col.. 4707 Char 2</p> <p>IAA_7D_4 Col.. 4709 Char 2</p> <p>IAA_7D_5 Col.. 4711 Char 2</p>	<p>01-48, 99 <input type="checkbox"/></p>
<p><i>Look at Flashcard N.</i></p> <p>8. Which category on this card represents the total combined income before deductions during (<i>previous month</i>) for ... (and . . . spouse)? Include money from jobs, net income from business or farm pensions, dividends, interests, net income from rent, Social Security payments and any other money income received by ... (and . . . 's spouse).</p> <p>IAA_8 Col.. 4713 Char 2</p>	<p>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 <input type="checkbox"/> \$3000-\$3499 10 <input type="checkbox"/> \$3500-\$3999 11 <input type="checkbox"/> \$4000-\$4999 12 <input type="checkbox"/> \$5000-\$5999 13 <input type="checkbox"/> \$6000- 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>
<p>9. During last month, that is, during (<i>previous month</i>) did . . . (or spouse) -</p> <p>a. Have any saving accounts in bank, savings and loan, or credit union?</p> <p>IAA_9A Col.. 4715 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Own any certificates of deposit or any other kind of savings certificate?</p> <p>IAA_9B Col.. 4716 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Own 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?</p>	<p>1 <input type="checkbox"/> Yes</p>

IAA_9C	Col.. 4717	Char 1	2 <input type="checkbox"/> No - <i>SKIP to 9e</i>
<i>SHOW FLASHCARD O</i>			
d. Which kinds of assets did . . . (or . . .'s spouse) own?			
Anything else?			
<i>Mark (X) that apply.</i>			
Money market funds			
IAA_9D_1	Col.. 4718	Char 1	1 <input type="checkbox"/> MARKED
U.S. Government securities			
IAA_9D_2	Col.. 4719	Char 1	1 <input type="checkbox"/> MARKED
Municipal or corporate bonds			
IAA_9D_3	Col.. 4720	Char 1	1 <input type="checkbox"/> MARKED
Money market account			
IAA_9D_4	Col.. 4721	Char 1	1 <input type="checkbox"/> MARKED
Mortgages			
IAA_9D_5	Col.. 4722	Char 1	1 <input type="checkbox"/> MARKED
Other			
IAA_9D_6	Col.. 4723	Char 1	1 <input type="checkbox"/> MARKED
e. During (<i>previous month</i>) did . . . (or . . .'s spouse) own any stocks or mutual fund shares?			
IAA_9E	Col.. 4724	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Own any property from which . . . received rental income?			
IAA_9F	Col.. 4725	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Have a financial interest in a business?			
IAA_9G	Col.. 4726	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM E.1			
<i>Refer to items 9a, b, d, and e on page 9.</i>			
<i>Mark (X) all that apply</i>			
<i>If none, mark "None".</i>			
Sample person had -			
Savings accounts			
IAA_CKE1	Col.. 4727	Char 1	1 <input type="checkbox"/> MARKED
Savings certificates			
IAA_CKE2	Col.. 4728	Char 1	1 <input type="checkbox"/> MARKED
Money market fund			
IAA_CKE3	Col.. 4729	Char 1	1 <input type="checkbox"/> MARKED
U.S. Government securities			
IAA_CKE4	Col.. 4730	Char 1	1 <input type="checkbox"/> MARKED
Municipal or corporate bonds			
IAA_CKE5	Col.. 4731	Char 1	1 <input type="checkbox"/> MARKED
Mortgages			
IAA_CKE6	Col.. 4732	Char 1	1 <input type="checkbox"/> MARKED
Money market account			
IAA_CKE7	Col.. 4733	Char 1	1 <input type="checkbox"/> MARKED
Stock or mutual fund shares			
IAA_CKE8	Col.. 4734	Char 1	1 <input type="checkbox"/> MARKED
None - <i>SKIP to 10a.</i>			
IAA_CKE9	Col.. 4735	Char 1	1 <input type="checkbox"/> MARKED
h. You said that . . . (or . . .'s spouse) has (<i>read names of asset types in Check Item E.1 above</i>).			
Did . . . own (any of) these assets JOINTLY with (. . .'s spouse or) anyone else?			
IAA_9H	Col.. 4736	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

<p>i. What is your best estimate of the total amount that . . . (and . . .'s spouse) had in these assets during (<i>previous month</i>)</p> <p>IAA_9I Col.. 4737 Char 6</p> <p>IAA_9I_DK Col.. 4743 Char 2</p>	<p>000000-999999 <input type="checkbox"/></p> <p>88 <input type="checkbox"/></p> <p>99 <input type="checkbox"/></p>
<p>10a. Since 1989, has ... (or ...'s spouse) sold a house? Include primary residence, secondary or vacation homes, and investment homes.</p> <p>IAA_10A Col.. 4745 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - <i>SKIP to 11</i></p>
<p>b. What year did [...] or spouse] sell this house?</p> <p>IAA_10B Col.. 4746 Char 2</p>	<p>88-94 <input type="checkbox"/> Year</p> <p>99 <input type="checkbox"/> DK</p>
<p>c. Why did ... (or ...'s spouse) sell this house?</p> <p>(1) No longer needed/wanted /able to maintain home IAA_10C1 Col.. 4748 Char 1</p> <p>(2) Wanted less expensive house to maintain IAA_10C2 Col.. 4749 Char 1</p> <p>(3) Married/widowed/divorced/separated IAA_10C3 Col.. 4750 Char 1</p> <p>(4) To be closer to family/friends IAA_10C4 Col.. 4751 Char 1</p> <p>(5) To help cover medical expenses IAA_10C5 Col.. 4752 Char 1</p> <p>(6) Employment related IAA_10C6 Col.. 4753 Char 1</p> <p>(7) Retired and relocated IAA_10C7 Col.. 4754 Char 1</p> <p>(8) To be convenient to public transportation/public services IAA_10C8 Col.. 4755 Char 1</p> <p>(9) Other reason IAA_10C9 Col.. 4756 Char 1</p>	<p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p> <p>1 <input type="checkbox"/> MARKED</p>
<p><i>If box 5 is marked in item 10c, SKIP to 11.</i></p> <p>d. Were any of the proceeds from the sale of this house used to cover health care costs?</p> <p>IAA_10D Col.. 4757 Char 1</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>11. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicare records for other health information in this study. In order to do this, we need ...'s Social Security number. Providing ...'s Social Security number is voluntary and WILL NOT AFFECT ...'s BENEFITS IN ANY WAY. What is ...'s Social Security number?</p> <p>IAA_11 Col.. 4758 Char 20</p> <p>IAA_11_DK Col.. 4778 Char 2</p>	<p><input type="checkbox"/> Blank</p> <p>88 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>
<p>12a. What is the present value of ...'s home (and lot/farm), that is, about how much would it bring if ... sold it on today's market?</p> <p>IAA_12A Col.. 4780 Char 6</p>	<p><input type="checkbox"/> Dollars - SKIP to 12c</p> <p>88 <input type="checkbox"/> Refused</p> <p>99 <input type="checkbox"/> DK</p>
<p><i>Look at Flashcard K.</i></p> <p>b. Which category on this card would you say best represents the present value of ...'s home?</p>	<p>01 <input type="checkbox"/> Under \$20,000</p> <p>02 <input type="checkbox"/> \$20,000 - \$34,999</p>

IAA_12B	Col.. 4786	Char 2	03 <input type="checkbox"/> \$35,000 - \$49,999
			04 <input type="checkbox"/> \$50,000 - \$74,999
			05 <input type="checkbox"/> \$75,999 - \$99,999
			06 <input type="checkbox"/> \$100,000 - \$149,999
			07 <input type="checkbox"/> \$150,000 or more
c. Is there a mortgage or other indebtedness on ...'s home (and lot/farm) at the present time?			1 <input type="checkbox"/> Yes
IAA_12C	Col.. 4788	Char 1	2 <input type="checkbox"/> No - End Interview
d1. About how much is still owed?			000000-
IAA_12D	Col.. 4789	Char 6	999999 <input type="checkbox"/>
e. About how much is ...'s monthly mortgage payment?			000000-
IAA_12E	Col.. 4795	Char 6	999999 <input type="checkbox"/>
END INTERVIEW			