

1999 NLTCS Community Survey

Final Version 1.0 December 20, 2002: COMMUNITY QUESTIONNAIRE

BEGIN CONDITION LIST				
Set Start Date and Start Time				
Time:				00-23,
START_06	Col. 1073	Char 4		00-59 <input type="checkbox"/> HHMM
Date:				<input type="checkbox"/> MMDDYY
COMDAY	Col. 1077	Char 6		
Part 1 - CONDITION LIST				
1. Now I'm going to read you a list of medical conditions.				
Does ... NOW have any of the following:				
a. Rheumatism or arthritis?			1	<input type="checkbox"/> Yes
CND_1A01	Col. 1083	Char 1	2	<input type="checkbox"/> No
b. Paralysis?			1	<input type="checkbox"/> Yes
CND_1A02	Col. 1084	Char 1	2	<input type="checkbox"/> No
c. Other permanent numbness or stiffness (besides paralysis/rheumatism or arthritis)?			1	<input type="checkbox"/> Yes
CND_1A03	Col. 1085	Char 1	2	<input type="checkbox"/> No
d. Multiple Sclerosis?			1	<input type="checkbox"/> Yes
CND_1A04	Col. 1086	Char 1	2	<input type="checkbox"/> No
e. Cerebral palsy?			1	<input type="checkbox"/> Yes
CND_1A05	Col. 1087	Char 1	2	<input type="checkbox"/> No
f. Epilepsy?			1	<input type="checkbox"/> Yes
CND_1A06	Col. 1088	Char 1	2	<input type="checkbox"/> No
g. Parkinson's disease?			1	<input type="checkbox"/> Yes
CND_1A07	Col. 1089	Char 1	2	<input type="checkbox"/> No
h. Glaucoma?			1	<input type="checkbox"/> Yes
CND_1A08	Col. 1090	Char 1	2	<input type="checkbox"/> No
i. Diabetes?			1	<input type="checkbox"/> Yes
CND_1A09	Col. 1091	Char 1	2	<input type="checkbox"/> No
j. Cancer?			1	<input type="checkbox"/> Yes
CND_1A10	Col. 1092	Char 1	2	<input type="checkbox"/> No
k. Frequent constipation?			1	<input type="checkbox"/> Yes
CND_1A11	Col. 1093	Char 1	2	<input type="checkbox"/> No
l. Frequent trouble sleeping?			1	<input type="checkbox"/> Yes
CND_1A12	Col. 1094	Char 1	2	<input type="checkbox"/> No
m. Frequent severe headaches?			1	<input type="checkbox"/> Yes
CND_1A13	Col. 1095	Char 1	2	<input type="checkbox"/> No
n. Obesity or is...overweight?			1	<input type="checkbox"/> Yes
CND_1A14	Col. 1096	Char 1	2	<input type="checkbox"/> No
o. Arteriosclerosis or hardening of the arteries?			1	<input type="checkbox"/> Yes
CND_1A15	Col. 1097	Char 1	2	<input type="checkbox"/> No
CHECK PROXY				
Refer to Control Card, question 2a, PROXY.				
CND_CHK2	Col. 1098	Char 1	1	<input type="checkbox"/> Sample Person - SKIP to 2
			2	<input type="checkbox"/> Proxy
p. Does...NOW have: Alzheimer's disease?			1	<input type="checkbox"/> Yes
CND_1B_1	Col. 1099	Char 1	2	<input type="checkbox"/> No
q. Mental retardation?			1	<input type="checkbox"/> Yes
CND_1B_2	Col. 1100	Char 1	2	<input type="checkbox"/> No
r. Senility?			1	<input type="checkbox"/> Yes
CND_1B_3	Col. 1101	Char 1	2	<input type="checkbox"/> No
2. Has ... had any of the following in the last 12 months?				
a. A heart attack?			1	<input type="checkbox"/> Yes
CND_2_01	Col. 1102	Char 1	2	<input type="checkbox"/> No
b. Any other heart problem?			1	<input type="checkbox"/> Yes
CND_2_02	Col. 1103	Char 1	2	<input type="checkbox"/> No

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c.	Hypertension or high blood pressure?			1	<input type="checkbox"/>	Yes
	CND_2_03	Col. 1104	Char 1	2	<input type="checkbox"/>	No
d.	A stroke?			1	<input type="checkbox"/>	Yes
	CND_2_04	Col. 1105	Char 1	2	<input type="checkbox"/>	No
e.	Circulation trouble in...arms or legs?			1	<input type="checkbox"/>	Yes
	CND_2_05	Col. 1106	Char 1	2	<input type="checkbox"/>	No
f.	Has...had Pneumonia in LAST 12 months?			1	<input type="checkbox"/>	Yes
	CND_2_06	Col. 1107	Char 1	2	<input type="checkbox"/>	No
g.	Bronchitis?			1	<input type="checkbox"/>	Yes
	CND_2_07	Col. 1108	Char 1	2	<input type="checkbox"/>	No
h.	Flu?			1	<input type="checkbox"/>	Yes
	CND_2_08	Col. 1109	Char 1	2	<input type="checkbox"/>	No
i.	Emphysema?			1	<input type="checkbox"/>	Yes
	CND_2_09	Col. 1110	Char 1	2	<input type="checkbox"/>	No
j.	Asthma?			1	<input type="checkbox"/>	Yes
	CND_2_10	Col. 1111	Char 1	2	<input type="checkbox"/>	No
k.	A broken hip?			1	<input type="checkbox"/>	Yes
	CND_2_11	Col. 1112	Char 1	2	<input type="checkbox"/>	No
l.	Other broken bones?			1	<input type="checkbox"/>	Yes
	CND_2_12	Col. 1113	Char 1	2	<input type="checkbox"/>	No
END CONDITION LIST						
	Refer to GROUP variable.			1	<input type="checkbox"/>	Healthy group - SKIP to Part 5, question 3a
	CND_CK3	Col. 1114	Char 1	2	<input type="checkbox"/>	Screened-In group
				3	<input type="checkbox"/>	Longitudinal group
	Set end time and cumulative time.			00-23,		
	END_T106	Col. 1115	Char 4	00-59	<input type="checkbox"/>	HHMM
	Subtract CONDITION start time from CONDITION end time			0000-		
	CUML_T06	Col. 1119	Char 4	9999	<input type="checkbox"/>	Minutes
Part 2 - ACTIVITIES OF DAILY LIVING						
BEGIN ADL						
	Set Start Time			00-23,		
	START_07	Col. 1123	Char 4	00-59	<input type="checkbox"/>	HHMM
1a.	During the past week, that is, since last [REFDAY], did any person help ... eat?			1	<input type="checkbox"/>	Yes - SKIP to 1d
	ADL_1A	Col. 1127	Char 1	2	<input type="checkbox"/>	No
				3	<input type="checkbox"/>	Did not eat at all - SKIP to 1i
b.	Did ... use special utensils or special dishes to help ... eat?			1	<input type="checkbox"/>	Yes
	ADL_1B	Col. 1128	Char 1	2	<input type="checkbox"/>	NO - SKIP to 2a
				D, R	<input type="checkbox"/>	- SKIP to 2a
c.	Did someone usually stay nearby just in case ... might need help?			1	<input type="checkbox"/>	Yes
	ADL_1C	Col. 1129	Char 1	2	<input type="checkbox"/>	No
				D, R	<input type="checkbox"/>	} SKIP to 1g
d.	Did someone feed ...?			1	<input type="checkbox"/>	
	ADL_1D	Col. 1130	Char 1	2	<input type="checkbox"/>	No
e.	Did someone help ... cut meat or butter bread?			1	<input type="checkbox"/>	Yes
	ADL_1E	Col. 1131	Char 1	2	<input type="checkbox"/>	No
f.	Did ... also use special utensils or special dishes to help ... eat?			1	<input type="checkbox"/>	Yes
	ADL_1F	Col. 1132	Char 1	2	<input type="checkbox"/>	No
g.	How often did ... receive help or use special utensils or special dishes-most of the time, or only occasionally?			1	<input type="checkbox"/>	Most of the time
	ADL_1G	Col. 1133	Char 1	2	<input type="checkbox"/>	Some of the time
				3	<input type="checkbox"/>	Only occasionally
h.	About how long has ... had help eating or used special dishes or special utensils?			1	<input type="checkbox"/>	Less than 3 months
	ADL_1H	Col. 1134	Char 1	2	<input type="checkbox"/>	3 months to 6 months
	Probe as necessary, code for longest.			3	<input type="checkbox"/>	6 months to 1 year
				4	<input type="checkbox"/>	1 year to 5 years
				5	<input type="checkbox"/>	5 years or over
						} Set ADL_EAT = 1, SKIP to 2a

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				ADL_EAT Col. 1135 Char 1		
i. About how long has ... not eaten? Probe as necessary and code for longest. ADL_1I Col. 1136 Char 1				1	<input type="checkbox"/> Less than 3 months	} Set ADL_EAT = 1
				2	<input type="checkbox"/> 3 months to 6 months	
				3	<input type="checkbox"/> 6 months to 1 year	
				4	<input type="checkbox"/> 1 year to 5 years	
				5	<input type="checkbox"/> 5 years or over	
				ADL_EAT Col. 1135 Char 1		
2a. Since last [day], did any person help ... get in or out of bed (or didn't ... get out of bed at all for any reason whatever)? ADL_2A Col. 1137 Char 1				1	<input type="checkbox"/> Yes - SKIP to 2d.	
				2	<input type="checkbox"/> No	
				3	<input type="checkbox"/> Did not get out of bed at all - SKIP to 2i	
b. Did ... use special equipment like a wheelchair, walker, or cane to help ... get in or out of bed? ADL_2B Col. 1138 Char 1				1	<input type="checkbox"/> Yes	
				2	<input type="checkbox"/> No - SKIP to 3a	
				D,R	<input type="checkbox"/> - SKIP to 3a	
c. Did someone usually stay nearby ... just in case ... might need help? ADL_2C Col. 1139 Char 1				1	<input type="checkbox"/> Yes	} SKIP to 2f
				2	<input type="checkbox"/> No	
				D,R	<input type="checkbox"/>	
d. Did someone actually LIFT ... in or out of bed? ADL_2D Col. 1140 Char 1				1	<input type="checkbox"/> Yes	
				2	<input type="checkbox"/> No	
e. Did ... also use special equipment like a wheelchair, railing, walker, or cane to help ... get out of bed? ADL_2E Col. 1141 Char 1				1	<input type="checkbox"/> Yes	
				2	<input type="checkbox"/> No - SKIP to 2g	
				D,R	<input type="checkbox"/> - SKIP to 2g	
f. What kind of special equipment did ... use?						
(1) Wheelchair ADL_2F_1 Col. 1142 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise			
(2) Railing ADL_2F_2 Col. 1143 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise			
(3) Walker ADL_2F_3 Col. 1144 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise			
(4) Cane ADL_2F_4 Col. 1145 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise			
(5) Crutches ADL_2F_5 Col. 1146 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise			
(6) Lift ADL_2F_6 Col. 1147 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise			
(7) Other Device- Specify ADL_2F_7 Col. 1148 Char 1	X	<input type="checkbox"/>	X if other device and specify in ADL_2F_8 below ADL_2F_8 Col. 1149 Char 40			
g. Since last week, how often did ... receive help or use special equipment - most of the time, some of the time, or only occasionally? ADL_2G Col. 1189 Char 1				1	<input type="checkbox"/> Most of the time	
				2	<input type="checkbox"/> Some of the time	
				3	<input type="checkbox"/> Only occasionally	
h. About how long has ... had help or used special equipment to get in or out of bed? ADL_2H Col. 1190 Char 1				1	<input type="checkbox"/> Less than 3 months	} Set ADL_BED = 1, SKIP to 3a
				2	<input type="checkbox"/> 3 months to 6 months	
				3	<input type="checkbox"/> 6 months to 1 year	
				4	<input type="checkbox"/> 1 year to 5 years	
				5	<input type="checkbox"/> 5 years or over	
				ADL_BED Col. 1191 Char 1		
i. About how long has...been unable to get out of bed? Probe as necessary and code for longest. ADL_2I Col. 1192 Char 1				1	<input type="checkbox"/> Less than 3 months	} Set ADL_BED, ADL_INS, ADL_NAR, and ADL_IBD = 1, SKIP to 4h
				2	<input type="checkbox"/> 3 months to 6 months	
				3	<input type="checkbox"/> 6 months to 1 year	
				4	<input type="checkbox"/> 1 year to 5 years	
				5	<input type="checkbox"/> 5 years or over	
				ADL_BED Col. 1191 Char 1		
				ADL_INS Col. 1193 Char 1		
				ADL_NAR Col. 1194 Char 1		
				ADL_IBD Col. 1195 Char 1		
3a. Since last [current system day] did any person help ...				1	<input type="checkbox"/> Yes - SKIP to 3d	

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	3	<input type="checkbox"/>	6 months to 1 year	}	
	4	<input type="checkbox"/>	1 year to 5 years		
	5	<input type="checkbox"/>	5 years or over		
			ADL_INS Col. 1193 Char 1		
			ADL_NAR Col. 1194 Char 1		
4a. The next questions are about dressing, that is, getting and putting on the clothes that ... wears during the day. Since last [day], did any person usually help ... to get dressed or didn't ... get dressed at all?	1	<input type="checkbox"/>	Yes - SKIP to 4d		
	2	<input type="checkbox"/>	No		
	3	<input type="checkbox"/>	Did not dress at all - SKIP to 4h		
ADL_4A Col. 1259 Char 1					
b. Did ... wear special clothing or use special equipment to get dressed?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No - SKIP to 5a		
	D, R	<input type="checkbox"/>	- SKIP to 5a		
ADL_4B Col. 1260 Char 1					
c. Did someone usually stay nearby just in case ... might need help?	1	<input type="checkbox"/>	Yes	} SKIP to 4f	
	2	<input type="checkbox"/>	No		
	D, R	<input type="checkbox"/>			
ADL_4C Col. 1261 Char 1					
d. Did someone put on all ...'s clothes for him/her?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No		
ADL_4D Col. 1262 Char 1					
e. Did someone also use special equipment to help ... dress or use special clothing?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No		
ADL_4E Col. 1263 Char 1					
f. How often did ... receive help or use special equipment- or clothing- most of the time, some of the time, or only occasionally?	1	<input type="checkbox"/>	Most of the time		
	2	<input type="checkbox"/>	Some of the time		
	3	<input type="checkbox"/>	Only occasionally		
ADL_4F Col. 1264 Char 1					
g. About how long has ... had help dressing or used special equipment or clothing?	1	<input type="checkbox"/>	Less than 3 months	} Set ADL_DRS = 1, SKIP to 5a	
	2	<input type="checkbox"/>	3 months to 6 months		
	3	<input type="checkbox"/>	6 months to 1 year		
	4	<input type="checkbox"/>	1 year to 5 years		
	5	<input type="checkbox"/>	5 years or over		
ADL_4G Col. 1265 Char 1			ADL_DRS Col. 1266 Char 1		
h. During the past week, did someone help ... change ...'s pajamas or gown?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No		
ADL_4H Col. 1267 Char 1					
i. About how long has ... been unable to dress?	1	<input type="checkbox"/>	Less than 3 months	} Set ADL_DRS = 1	
	2	<input type="checkbox"/>	3 months to 6 months		
	3	<input type="checkbox"/>	6 months to 1 year		
	4	<input type="checkbox"/>	1 year to 5 years		
	5	<input type="checkbox"/>	5 years or over		
ADL_4I Col. 1268 Char 1			ADL_DRS Col. 1266 Char 1		
ADL_CK2 Refer to ADL_IBD. If bedfast (ADL_IBD=1), SKIP to 5k.					
5a. Since last [day], did any person help ... bathe, or was ... unable to bathe at all?	1	<input type="checkbox"/>	Yes - SKIP to 5d		
	2	<input type="checkbox"/>	No		
	3	<input type="checkbox"/>	Unable to bathe - SKIP to 5j		
ADL_5A Col. 1269 Char 1					
b. Did ... use special equipment like a shower seat, tub stool or grab bar to help ... bathe?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No - SKIP to 6a		
	D, R	<input type="checkbox"/>	- SKIP to 6a		
ADL_5B Col. 1270 Char 1					
c. Did someone usually stay nearby just in case ... might need help?	1	<input type="checkbox"/>	Yes	} SKIP to 5g	
	2	<input type="checkbox"/>	No		
	D, R	<input type="checkbox"/>			
ADL_5C Col. 1271 Char 1					
d. Did someone bathe ...?	1	<input type="checkbox"/>	Yes - SKIP to 5f		
	2	<input type="checkbox"/>	No		
ADL_5D Col. 1272 Char 1					
e. Did someone help ... get into or out of the bathtub?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No		
ADL_5E Col. 1273 Char 1					
f. Did ... also use special equipment like a shower seat, tub stool, or grab bars to help ... bathe?	1	<input type="checkbox"/>	Yes		
	2	<input type="checkbox"/>	No - SKIP to 5h		

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ADL_5F	Col. 1274	Char 1	D, R	<input type="checkbox"/>	- SKIP to 5h
g. What kind of special equipment did ... use? Anything else?					
(1) Shower seat/tub stool					
ADL_5G_1	Col. 1275	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(2) Grab bars/handle bars at sink					
ADL_5G_2	Col. 1276	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(3) Hand-held shower					
ADL_5G_3	Col. 1277	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(4) Walker/cane					
ADL_5G_4	Col. 1278	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(5) Rubber mat					
ADL_5G_5	Col. 1279	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(6) Specify other device					
ADL_5G_6	Col. 1280	Char 1	X	<input type="checkbox"/>	X if other device and specify in ADL_5G_7 below ADL_5G_7 Col. 1281 Char 40
h. How often did ... receive help or use special equipment-most of the time, some of the time, or occasionally?					
				1	<input type="checkbox"/> Most of the time
				2	<input type="checkbox"/> Some of the time
ADL_5H	Col. 1321	Char 1		3	<input type="checkbox"/> Only occasionally
i. About how long ... has had help or used special equipment to bathe?					
				1	<input type="checkbox"/> Less than 3 months
				2	<input type="checkbox"/> 3 months to 6 months
				3	<input type="checkbox"/> 6 months to 1 year
				4	<input type="checkbox"/> 1 year to 5 years
				5	<input type="checkbox"/> 5 years or over
ADL_5I	Col. 1322	Char 1			} Set ADL_BTH = 1, SKIP to 6a ADL_BTH Col. 1323 Char 1
j. Did ... wash ... body at a sink or basin?					
				1	<input type="checkbox"/> Yes - SKIP to 5I.
ADL_5J	Col. 1324	Char 1		2	<input type="checkbox"/> No
k. During the past week, did ... have a bed bath?					
				1	<input type="checkbox"/> Yes
ADL_5K	Col. 1325	Char 1		2	<input type="checkbox"/> No
l. About how long has ... been able to bathe?					
				1	<input type="checkbox"/> Less than 3 months
				2	<input type="checkbox"/> 3 months to 6 months
				3	<input type="checkbox"/> 6 months to 1 year
				4	<input type="checkbox"/> 1 year to 5 years
				5	<input type="checkbox"/> 5 years or over
ADL_5L	Col. 1326	Char 1			} Set ADL_BTH = 1 ADL_BTH Col. 1323 Char 1
6a. Since last [current system day], did any person help ... to get to the bathroom or use the toilet, or didn't ... use the toilet at all?					
				1	<input type="checkbox"/> Yes - SKIP to 6d.
				2	<input type="checkbox"/> No
ADL_6A	Col. 1327	Char 1		3	<input type="checkbox"/> Did not use toilet seat at all - SKIP to 6I
b. Did ... use special equipment like a raised toilet, bedside commode, or grab bar to help ... to use the toilet?					
				1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No - SKIP to 6o
ADL_6B	Col. 1328	Char 1	D, R		<input type="checkbox"/> - SKIP to 6o
c. Did someone usually stay nearby just in case ... might need help to use the toilet?					
				1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
ADL_6C	Col. 1329	Char 1	D,R		} SKIP to 6g
d. Did someone usually help ... get to the toilet?					
				1	<input type="checkbox"/> Yes
ADL_6D	Col. 1330	Char 1		2	<input type="checkbox"/> No
e. Did someone help ... to get on or off the toilet, arrange ...'s clothes, or clean ...?					
				1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No
ADL_6E	Col. 1331	Char 1			
f. Did ... also use special equipment like a raised toilet, bedside commode, or grab bar to help ... use the toilet?					
				1	<input type="checkbox"/> Yes
				2	<input type="checkbox"/> No - SKIP to 6j
ADL_6F	Col. 1332	Char 1	D, R		<input type="checkbox"/> - SKIP to 6j
g. What kind of special equipment did ... use? Anything else?					
(1) Raised toilet					
ADL_6G_1	Col. 1333	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(2) Portable toilet/bedside commode					
ADL_6G_2	Col. 1334	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise

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(3) Rail/grab bar ADL_6G_3 Col. 1335 Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(4) Bedpan or urinal ADL_6G_4 Col. 1336 Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(5) Cane/walker ADL_6G_5 Col. 1337 Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(6) Specify other device ADL_6G_6 Col. 1338 Char 1	X	<input type="checkbox"/> X if other device and specify in below ADL_6G_7 Col. 1339 Char 40
h. Did ... take care of ...'s toilet needs by using any OTHER special equipment like a bedpan, portable toilet, or special underwear? ADL_6H Col. 1379 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6j <input type="checkbox"/> - SKIP to 6j
i. What other special equipment did ... use? Anything else? (1) Bed pan ADL_6I_1 Col. 1380 Char 1 (2) Portable toilet/bedside commode ADL_6I_2 Col. 1381 Char 1 (3) Special underwear/diapers ADL_6I_3 Col. 1382 Char 1 (4) Specify other device ADL_6I_4 Col. 1383 Char 1	X X X X	<input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if other device and specify in ADL_6I_5 below ADL_6I_5 Col. 1384 Char 40
j. How often did ... receive help or use special equipment - most of the time, some of the time, or occasionally? ADL_6J Col. 1424 Char 1	1 2 3	<input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Only occasionally
k. About how long has ... had help using the toilet or used special equipment? ADL_6K Col. 1426 Char 1	1 2 3 4 5	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> 5 years or over Only occasionally } Set ADL_TOI = 1, SKIP to 6o
l. Did ... take care of ...'s toilet needs by using any OTHER special equipment like a bedpan, portable toilet, or special underwear? ADL_6L Col. 1427 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6n <input type="checkbox"/> - SKIP to 6n
m. What special equipment did ... use? Anything else? (1) Bed pan ADL_6M_1 Col. 1428 Char 1 (2) Portable toilet/bedside commode ADL_6M_2 Col. 1429 Char 1 (3) Special underwear/diapers ADL_6M_3 Col. 1430 Char 1 (4) Catheter ADL_6M_4 Col. 1431 Char 1 (5) Specify other device ADL_6M_5 Col. 1432 Char 1	X X X X X	<input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if other device and specify in ADL_6M_6 below ADL_6M_6 Col. 1433 Char 40
n. About how long has ... been unable to use the toilet? ADL_6N Col. 1473 Char 1	1 2 3 4 5	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> 5 years or over } Set ADL_TOI = 1 ADL_TOI Col. 1425 Char 1
o. Did ... use a device such as a urinary catheter or a colostomy bag? ADL_6O Col. 1474 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6r <input type="checkbox"/> - SKIP to 6r
p. Does ... take care of it by himself/herself or does someone	1	<input type="checkbox"/> Self care

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help ... to take care of it? ADL_6P Col. 1475 Char 1	2	<input type="checkbox"/> With help
q. About how long has ... been using it? ADL_6Q Col. 1476 Char 1	1 2 3 4 5	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> 5 years or over
r. During the past week, has ... sometimes had trouble controlling ...'s bladder or bowels so that ... accidentally wet or soiled himself/herself either day or night? ADL_6R Col. 1477 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to ADL_CK3 <input type="checkbox"/> - SKIP to ADL_CK3
s. Does someone help ... clean up OR does ... take care of it by himself/herself? ADL_6S Col. 1478 Char 1	1 2	<input type="checkbox"/> Self care <input type="checkbox"/> With help
t. About how long ... had this problem? ADL_6T Col. 1479 Char 1	1 2 3 4 5	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> 5 years or over
ADL_CK3 Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1? ADL_CK3 Col. 1480 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to ADL_CK4 <input type="checkbox"/> No
7a. You said that ... didn't get any help during the past week with: [fill with ADL item(s) which = 0 from above ADL_CK3]. Did someone usually stay nearby just in case ... might need help with any of these things? ADL_7A Col. 1481 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 8a <input type="checkbox"/> - SKIP to 8a
b. For which of these things did someone usually stay nearby? Anything else? (1) Eating ADL_7B_1 Col. 1482 Char 1 (2) Getting in/out of bed ADL_7B_2 Col. 1483 Char 1 (3) Getting around inside ADL_7B_4 Col. 1484 Char 1 (4) Dressing ADL_7B_7 Col. 1485 Char 1 (5) Bathing ADL_7B_8 Col. 1486 Char 1 (6) Getting to the bathroom or using the toilet ADL_7B_9 Col. 1487 Char 1	X X X X X X	<input type="checkbox"/> If X, set ADL_EAT = 1 ADL_EAT Col. 1135 Char 1 <input type="checkbox"/> If X, set ADL_BED = 1 ADL_BED Col. 1191 Char 1 <input type="checkbox"/> If X, set ADL_INS = 1 ADL_INS Col. 1193 Char 1 <input type="checkbox"/> If X, set ADL_DRS = 1 ADL_DRS Col. 1266 Char 1 <input type="checkbox"/> If X, set ADL_BTH = 1 ADL_BTH Col. 1323 Char 1 <input type="checkbox"/> If X, set ADL_TOI = 1 ADL_TOI Col. 1425 Char 1
c. About how long has ... had someone stay nearby just in case ... might need help with any of those things? ADL_7C Col. 1488 Char 1	1 2 3 4 5	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> 5 years or over
ADL_CK4 Refer to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI. Are all six ADL variables = 1? ADL_CK4 Col. 1489 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to ADL_CK5 <input type="checkbox"/> No
8a. Does ... need help with: [fill with ADL item(s) which = 0 from above ADL_CK4 and ask yes/no] (1) Eating ADL_8A_1 Col. 1490 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

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(2) Getting in/out of bed ADL_8A_2	Col. 1491	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
(3) Getting around inside ADL_8A_4	Col. 1492	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
(4) Dressing ADL_8A_7	Col. 1493	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
(5) Bathing ADL_8A_8	Col. 1494	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
(6) Getting to the bathroom or using the toilet ADL_8A_9	Col. 1495	Char 1	1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No

ADL_CK5 Was the Sample Person helped by another person in any ADL item? Refer to ADL_1A, ADL_1C, ADL_7B_1 or ADL_2A, ADL_2C, ADL_7B_2 or ADL_3A, ADL_3C, ADL_7B_4 or ADL_4A, ADL_4C, ADL_4H, ADL_7B_7 or ADL_5A, ADL_5C, ADL_5K, ADL_7B_8 or ADL_6A, ADL_6C or ADL_7B_9. Are any of these variables equal to 1 or X?			1	<input type="checkbox"/>	Yes
ADL_CK5	Col. 1496	Char 1	2	<input type="checkbox"/>	No - SKIP to END ADL

9a. You said that ... got help during the past week in: [CAPI fills ALL items equal to 1 from ADL_CK4]. Which of these things could ... have used more help with? OR Which of these things did ... have to wait to do or did ... not do at all because ... did not have enough help?					
(1) Eating ADL_9A_1	Col. 1497	Char 1	X	<input type="checkbox"/>	X item marked, blank otherwise
(2) Getting in/out of bed ADL_9A_2	Col. 1498	Char 1	X	<input type="checkbox"/>	X item marked, blank otherwise
(3) Getting around inside ADL_9A_4	Col. 1499	Char 1	X	<input type="checkbox"/>	X item marked, blank otherwise
(4) Dressing ADL_9A_7	Col. 1500	Char 1	X	<input type="checkbox"/>	X item marked, blank otherwise
(5) Bathing ADL_9A_8	Col. 1501	Char 1	X	<input type="checkbox"/>	X item marked, blank otherwise
(6) Getting to the bathroom or using the toilet ADL_9A_9	Col. 1502	Char 1	X	<input type="checkbox"/>	X item marked, blank otherwise
(7) None ADL_9A_0	Col. 1503	Char 1	X	<input type="checkbox"/>	X Item marked - SKIP to 10a

b. How often did this happen in the past week-often, sometimes or almost never?			1	<input type="checkbox"/>	Often
ADL_9B	Col. 1504	Char 1	2	<input type="checkbox"/>	Sometimes
			3	<input type="checkbox"/>	Almost never

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

10a. You said that ... has had help in [CAPI fills ALL items equal to 1 from ADL_CK4].					
b. Who regularly helps with this? Anyone else? [If person or organization is not already listed in the roster, add to roster.]					
NAME_1 - NAME_20				<input type="checkbox"/>	Blank
Set appropriate HLPFLGxx = 1 and ADLFLGxx = 1.					
HLPFLG01 - HLPFLG20	Col. 1505	20 Char 1	1	<input type="checkbox"/>	Helper
				<input type="checkbox"/>	Blank otherwise
ADLFLG01 -	Col. 1525	20 Char 1	1	<input type="checkbox"/>	Helped with ADL

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ADLFLG20		<input type="checkbox"/> Blank otherwise
- CLOSE PERSON ROSTER -		
(Note: letter c not used)		
ADL_CK6 Number of ADL helpers ADL_CK6 Col. 1545 Char 1	0, 1 2-9	<input type="checkbox"/> Helpers - SKIP to END ADL <input type="checkbox"/> Helpers
10d. Who helps ... the most with [CAPI fills all ADL items equal to 1 from ADL_CK4]? Enter Person Number ADL_10D Col. 1546 Char 2	01-20	<input type="checkbox"/> Person Number
END ADL Set end time END_TI07 Col. 1548 Char 4 Subtract ADL start time from ADL end time CUMML_T07 Col. 1552 Char 4	00-23, 00-59 0000- 9999	<input type="checkbox"/> HHMM <input type="checkbox"/> Minutes
Part 3 - INSTRUMENTAL ACTIVITIES OF DAILY LIVING		
IDL BEGIN Set Start Time START_08 Col. 1556 Char 4	00-23, 00-59	<input type="checkbox"/> HHMM
IDL_CK2 Refer to ADL_IBD, ADL_NAR (bedfast, no inside activity). Are either or both of these variables equal to 1? IDL_CK2 Col. 1560 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No Set IDL_HVW, IDL_LTW, IDL_LND, IDL_MLS, IDL_SHP, IDL_OUT, and IDL_WLK = 1, and SKIP to 8a
1a. Does ... usually do heavy work around the house such as moving furniture, scrubbing floors, or washing windows? IDL_1A Col. 1568 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 3a <input type="checkbox"/> No
b. If ... had to do heavy work around the house, could ... do it? IDL_1B Col. 1569 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 3a <input type="checkbox"/> No
c. What is the reason ... cannot do heavy work around the house - is that because of disability or health problem, or is there some other reason? IDL_1C_1 Col. 1570 Char 1	1 2	<input type="checkbox"/> Disability or health problem - Set IDL_HVW = 1 <input type="checkbox"/> Other reason-specify in IDL_1C_2 below IDL_HVW Col. 1561 Char 1 IDL_1C_2 Col. 1571 Char 60
2a. Does ... usually do light work around the house such as straightening up, putting things away, or washing dishes? IDL_2A Col. 1631 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 3a <input type="checkbox"/> No
b. If ... had to do light work around the house, could ... do it? IDL_2B Col. 1632 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 3a <input type="checkbox"/> No
c. What is the reason ... cannot do light work around the house- is that because of disability or health problem, or is there some other reason? IDL_2C_1 Col. 1633 Char 1	1 2	<input type="checkbox"/> Disability or health problem - Set IDL_LTW = 1 <input type="checkbox"/> Other reason - specify in IDL_2C_2 below IDL_LTW Col. 1562 Char 1 IDL_2C_2 Col. 1634 Char 60
3a. Does ... usually do ...'s own laundry? IDL_3A Col. 1694 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to IDL_CK3 <input type="checkbox"/> No
b. If ... had to do ...'s own laundry, could ... do it? IDL_3B Col. 1695 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 3d <input type="checkbox"/> No
c. What is the reason ... cannot do ...'s own laundry - is that because of disability or health problem, or is there some other reason? IDL_3C_1 Col. 1696 Char 1	1 2	<input type="checkbox"/> Disability or health problem - SET IDL_LND = 1 <input type="checkbox"/> Other reason - specify in IDL_3C_2 below IDL_LND Col. 1563 Char 1 IDL_3C_2 Col. 1697 Char 60
IDL_CK3	1	<input type="checkbox"/> Yes

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Refer to IDL_1A, IDL_2A, and IDL_3A. Are any of the three IDL variables = 2? IDL_CK3 Col. 1757 Char 1	2	<input type="checkbox"/> No - SKIP to 3h
d. Does someone usually help ... with work around the house or laundry or do it for ...? IDL_3D Col. 1758 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3h <input type="checkbox"/> - SKIP to 3h

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

e.f. Who regularly helps with this? Anyone else? [If person or organization is NOT already listed in the roster, add to roster.] [If last person or organization in roster, skip to 4a] NAME_1 - NAME_20		<input type="checkbox"/> Blank
Set appropriate LNDFLGxx = 1. LNDFLG01 - Col. 1759 20 Char 1 LNDFLG20	1	<input type="checkbox"/> Helped with housework/laundry <input type="checkbox"/> Blank otherwise
Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1. HLPFLG01 - Col. 1505 20 Char 1 HLPFLG20	1	<input type="checkbox"/> Helper <input type="checkbox"/> Blank otherwise
IDLFLG01 - Col. 1779 20 Char 1 IDLFLG20	1	<input type="checkbox"/> Helped with IADL <input type="checkbox"/> Blank otherwise

- CLOSE PERSON ROSTER -

(Note: letter g not used.)		
h. Does ... NEED any help doing work around the house or with ... laundry? IDL_3H Col. 1799 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Does ... usually prepare ...'s own meals? IDL_4A Col. 1800 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 4h <input type="checkbox"/> No
b. If ... had to prepare ... own meals, could ... do it? IDL_4B Col. 1801 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 4d <input type="checkbox"/> No
c. What is the reason ... cannot prepare ...'s own meals - is that because of disability or health problem, or is there some other reason? IDL_4C_1 Col. 1802 Char 1	1 2	<input type="checkbox"/> Disability or health problem - SET IDL_MLS = 1 <input type="checkbox"/> Other reason – specify in IDL_4C_2 below IDL_MLS Col. 1564 Char 1 IDL_4C_2 Col. 1803 Char 60
d. Does another person or organization usually prepare meals for ... to eat here? IDL_4D Col. 1863 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 4h <input type="checkbox"/> - SKIP to 4h

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

e.f. Who regularly helps with this? Anyone else? [If person or organization is NOT already listed in the roster, add to roster.] [If last person or organization in roster, skip to 5a] NAME_1 - NAME_20		<input type="checkbox"/> Blank
Set appropriate MLSFLGxx = 1. MLSFLG01 - Col. 1864 20 Char 1 MLSFLG20	1	<input type="checkbox"/> Helped with meal preparation <input type="checkbox"/> Blank otherwise
Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1. HLPFLG01 - Col. 1505 20 Char 1 HLPFLG20	1	<input type="checkbox"/> Helper <input type="checkbox"/> Blank otherwise

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IDLFLG01 - IDLFLG20	Col. 1779	20 Char 1	1	<input type="checkbox"/> Helped with IADL <input type="checkbox"/> Blank otherwise
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- CLOSE PERSON ROSTER -

(Note: letter g not used.)

h. Does ... NEED someone to prepare meals for ...? IDL_4H	Col. 1884	Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. Does ... usually shop for groceries, that is, go to the store, select the items, and get them home? IDL_5A	Col. 1885	Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 5h <input type="checkbox"/> No
b. If ... had to do ...'s own grocery shopping, could ... do it? IDL_5B	Col. 1886	Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 5d <input type="checkbox"/> No
c. What is the reason ... cannot shop for groceries - is that because of disability or health problem, or is there some other reason? IDL_5C_1	Col. 1887	Char 1	1 2	<input type="checkbox"/> Disability or health problem - SET IDL_SHP = 1 <input type="checkbox"/> Other reason - specify in IDL_5C_2 below IDL_SHP Col. 1565 Char 1 IDL_5C_2 Col. 1888 Char 60
d. Does someone usually help ... shop for groceries or do it for ...? IDL_5D	Col. 1948	Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 5h <input type="checkbox"/> - SKIP to 5h

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

e,f. Who regularly helps with this? Anyone else? [If person or organization is NOT already listed in the roster, add to roster.] [If last person or organization in roster, skip to 6a] NAME_1 - NAME_20				<input type="checkbox"/> Blank
Set appropriate SHPFLGxx = 1. SHPFLG01 - SHPFLG20	Col. 1949	20 Char 1	1	<input type="checkbox"/> Helped with grocery shopping <input type="checkbox"/> Blank otherwise
Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1. HLPFLG01 - HLPFLG20	Col. 1505	20 Char 1	1	<input type="checkbox"/> Helper <input type="checkbox"/> Blank otherwise
IDLFLG01 - IDLFLG20	Col. 1779	20 Char 1	1	<input type="checkbox"/> Helped with IADL <input type="checkbox"/> Blank otherwise

- CLOSE PERSON ROSTER -

(Note: letters g not used.)

h. Does ... NEED any help shopping for groceries? IDL_5H	Col. 1969	Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. Does ... get around outside at all, either with help or without help? IDL_6A	Col. 1970	Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6j <input type="checkbox"/> - SKIP to 6j
b. When ... goes outside, does someone usually help ... get around? IDL_6B	Col. 1971	Char 1	1 2 D, R	<input type="checkbox"/> Yes - Set IDL_OUT = 1 <input type="checkbox"/> No - SKIP to 6f <input type="checkbox"/> - SKIP to 6f IDL_OUT Col. 1566 Char 1

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

c,d. Who regularly helps with this? Anyone else? [If person or organization is not already listed in the roster, add to roster.] NAME_1 - NAME_20				<input type="checkbox"/> Blank
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Set appropriate OUTFLGxx = 1.

OUTFLG01 - Col. 1972 20 Char 1
OUTFLG20

1 Helped with getting around outside
 Blank otherwise

Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1.

HLPFLG01 - Col. 1505 20 Char 1
HLPFLG20

1 Helper
 Blank otherwise

IDLFLG01 - Col. 1779 20 Char 1
IDLFLG20

1 Helped with IADL
 Blank otherwise

- CLOSE PERSON ROSTER -

(Note: letter e not used.)

f. When ... goes outside, does ... use special equipment like a cane or walker or a guide dog to help ... get around?

IDL_6F Col. 1992 Char 1

1 Yes - Set IDL_OUT = 1
2 No - SKIP to 6i
D, R - SKIP to 6i
IDL_OUT Col. 1566 Char 1

g. What kind of special equipment does ... use?
Anything else?

- (1) Guide dog
IDL_6G01 Col. 1993 Char 1
- (2) Cane
IDL_6G02 Col. 1994 Char 1
- (3) Walker
IDL_6G03 Col. 1995 Char 1
- (4) Wheelchair
IDL_6G04 Col. 1996 Char 1
- (5) Crutches
IDL_6G05 Col. 1997 Char 1
- (6) Orthopedic shoes
IDL_6G06 Col. 1998 Char 1
- (7) Brace (let or back)
IDL_6G07 Col. 1999 Char 1
- (8) Prosthesis
IDL_6G08 Col. 2000 Char 1
- (9) Oxygen/respirator
IDL_6G09 Col. 2001 Char 1
- (10) Ramp
IDL_6G10 Col. 2002 Char 1
- (11) Handrail
IDL_6G11 Col. 2003 Char 1
- (12) Specify other device
IDL_6G12 Col. 2004 Char 1

X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if used, blank otherwise
X X if other device and specify in below
IDL_6G13 Col. 2005 Char 60

h. Does ... usually use [filled items] by ... self or with help from another person?

IDL_6H Col. 2065 Char 1

1 By self
2 With help } SKIP to 7a
D, R

i. Does ... NEED any help getting around outside?

IDL_6I Col. 2066 Char 1

1 Yes
2 No } SKIP to 7a
D, R

j. What is the reason ... does not get around outside? Is it because of disability or health problem, or is there some other reason?

IDL_6J_1 Col. 2067 Char 1

1 Disability or health problem - IDL_OUT, IDL_WLK = 1
2 Other reason - specify in IDL_6J_2 below } SKIP to 9a
D, R
IDL_OUT Col. 1566 Char 1

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[If person or organization is not already listed in the roster, add to roster.]

NAME_1 -
NAME_20

Blank

Set appropriate LNDFLGxx = 1.

LNDFLG01 - Col. 1759 20 Char 1
LNDFLG20

1 Helped with housework/laundry
 Blank otherwise

Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1.

HLPFLG01 - Col. 1505 20 Char 1
HLPFLG20

1 Helper
 Blank otherwise

IDLFLG01 - Col. 1779 20 Char 1
IDLFLG20

1 Helped with IADL
 Blank otherwise

- CLOSE PERSON ROSTER -

8b1. Does anyone regularly prepare meals for ... to eat here?

IDL_8B1 Col. 2215 Char 1

1 No one helps - SKIP to 8c1
2 Someone helps
D, R - SKIP to 8c1

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

b2. Who regularly helps with this? Anyone else?

[If person or organization is not already listed in the roster, add to roster.]

NAME_1 -
NAME_20

Blank

Set appropriate MLSFLGxx = 1.

MLSFLG01 - Col. 1864 20 Char 1
MLSFLG20

1 Helped with meal preparation
 Blank otherwise

Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1.

HLPFLG01 - Col. 1505 20 Char 1
HLPFLG20

1 Helper
 Blank otherwise

IDLFLG01 - Col. 1779 20 Char 1
IDLFLG20

1 Helped with IADL
 Blank otherwise

- CLOSE PERSON ROSTER -

8c1. Does anyone regularly help ... shop for groceries or do grocery shopping for ...?

IDL_8C1 Col. 2216 Char 1

1 No one helps - SKIP to 9a
2 Someone helps
D, R - SKIP to 9a

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

c2. Who regularly helps with this? Anyone else?

[If person or organization is not already listed in the roster, add to roster.]

NAME_1 -
NAME_20

Blank

Set appropriate SHPFLGxx = 1.

SHPFLG01 - Col. 1949 20 Char 1
SHPFLG20

1 Helped with grocery shopping
 Blank otherwise

Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1.

HLPFLG01 - Col. 1505 20 Char 1
HLPFLG20

1 Helper
 Blank otherwise

IDLFLG01 - IDLFLG20	Col. 1779	20 Char 1	1	<input type="checkbox"/>	Helped with IADL	
				2	<input type="checkbox"/>	Blank otherwise

- CLOSE PERSON ROSTER -

9a. Does ... usually manage ... own money by self including things like keeping track of bills or handling cash? IDL_9A	Col. 2217	Char 1	1	<input type="checkbox"/>	Yes - SKIP to 9h	
				2	<input type="checkbox"/>	No

b. If ... had to manage ... own money, could ... do it? IDL_9B	Col. 2218	Char 1	1	<input type="checkbox"/>	Yes - SKIP to 9d	
				2	<input type="checkbox"/>	No

c. Is the reason ... cannot manage ... own money because of a disability or health problem, or is there some other reason? IDL_9C_1	Col. 2219	Char 1	1	<input type="checkbox"/>	Disability or health problem - Set IDL_MON = 1	
				2	<input type="checkbox"/>	Other reason - specify in IDL_9C_2 below IDL_MON Col. 2220 Char 1 IDL_9C_2 (blank)

d. Does someone usually help ... with managing ... money, like keeping track or ... bills or handling cash for ...? IDL_9D	Col. 2221	Char 1	1	<input type="checkbox"/>	Yes	
				2	<input type="checkbox"/>	No - SKIP to 9h
				D, R	<input type="checkbox"/>	- SKIP to 9h

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

e.f. Who regularly helps with this? Anyone else? [If person or organization is not already listed in the roster, add to roster.] [If last person or organization in roster, skip to 10a] NAME_1 - NAME_20						
Set appropriate MONFLGxx = 1.						
MONFLG01 - MONFLG20	Col. 2222	20 Char 1	1	<input type="checkbox"/>	Helped with managing money	
				2	<input type="checkbox"/>	Blank otherwise
Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1.						
HLPFLG01 - HLPFLG20	Col. 1505	20 Char 1	1	<input type="checkbox"/>	Helper	
				2	<input type="checkbox"/>	Blank otherwise
IDLFLG01 - IDLFLG20	Col. 1779	20 Char 1	1	<input type="checkbox"/>	Helped with IADL	
				2	<input type="checkbox"/>	Blank otherwise

- CLOSE PERSON ROSTER -

(Note: letter g not used.)						
h. Does ... NEED any help managing ... money like keeping track of ... bills or handling cash for ...? IDL_9H	Col. 2242	Char 1	1	<input type="checkbox"/>	Yes	
				2	<input type="checkbox"/>	No

10a. Does someone usually help ... take ... medicine? IDL_10A	Col. 2243	Char 1	1	<input type="checkbox"/>	Yes	
				2	<input type="checkbox"/>	No - SKIP to 10e
				3	<input type="checkbox"/>	Does not take at all - SKIP to 11a
				D, R	<input type="checkbox"/>	- SKIP to 10e

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

b.c. Who regularly helps with this? Anyone else? [If person or organization is not already listed in the roster, add to roster.] [If last person or organization in roster, skip to 11a] NAME_1 - NAME_20						
Set appropriate RX_FLGxx = 1.						
RX_FLG01 - RX_FLG20	Col. 2244	20 Char 1	1	<input type="checkbox"/>	Helped with taking medicines	
				2	<input type="checkbox"/>	Blank otherwise

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Set appropriate HLPFLGxx = 1 and IDLFLGxx = 1.

HLPFLG01 - Col. 1505 20 Char 1
HLPFLG20

1 Helper
 Blank otherwise

IDLFLG01 - Col. 1779 20 Char 1
IDLFLG20

1 Helped with IADL
 Blank otherwise

- CLOSE PERSON ROSTER -

(Note: letter d not used.)

e. Does ... NEED any help taking ... medicine? IDL_10E Col. 2264 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. Is there a telephone in this house/apartment? IDL_11A Col. 2265 Char 1	1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 11d <input type="checkbox"/> - SKIP to 11d
b. Is this a regular phone or a phone with special equipment such as an amplifier or an enlarged dialer? IDL_11B Col. 2266 Char 1	1 2	<input type="checkbox"/> Regular <input type="checkbox"/> Specially equipped
c. Does ... usually make ... own telephone calls without the help of another person? IDL_11C Col. 2267 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to IDL_CK4 <input type="checkbox"/> No
d. If ... had to make ... own telephone calls, could ... do it? IDL_11D Col. 2268 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to IDL_CK4 <input type="checkbox"/> No
e. What is the reason ... cannot make ... own telephone calls because of a disability or health problem, or is there some other reason? IDL_11E1 Col. 2269 Char 1	1 2	<input type="checkbox"/> Disability or health problem - Set IDL_TEL = 1 <input type="checkbox"/> Other reason - specify in IDL_11E_2 below IDL_TEL Col. 2270 Char 1 IDL_11E2 Col. 2271 Char 60
IDL_CK4 (1) Refer to (IDLs) IDL_HVW, IDL_LTW, IDL_LND, IDL_MLS, IDL_SHP, IDL_OUT, OR IDL_WLK, OR IDL_MON, IDL_TEL, and (ADLs) ADL_EAT, ADL_BED, ADL_IBD, ADL_INS, ADL_NAR, ADL_WHL, ADL_DRS, ADL_BTH, ADL_TOI. IDL_CK4 Col. 2331 Char 1	1 2 3	<input type="checkbox"/> IADL Disabled <input type="checkbox"/> No IADL disability. ADL Disabled. - SKIP to 13a <input type="checkbox"/> No IADL or ADL Disability - SKIP to IDL_CK6
12. You said that ...'s health or age has kept ... from [CAPI inserts filled items from above item]. About how long has health or age kept ... from doing this/these things? FR: Probe for longest. IDL_12 Col. 2332 Char 1	1 2 3 4 5	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 months to 6 months <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 year to 5 years <input type="checkbox"/> 5 years or over
13a. What health conditions, either mental or physical, cause ... to have trouble: [CAPI inserts ADL or IADL disabilities]. Probe for specific condition. Enter verbatim response with each new condition on a separate line. Re-ask until no more conditions are named. Enter a "N" for no other conditions. IDL_1301 Col. 2333 Char 40 IDL_1302 Col. 2373 Char 40 IDL_1303 Col. 2413 Char 40 IDL_1304 Col. 2453 Char 40 IDL_1305 Col. 2493 Char 40 IDL_1306 Col. 2533 Char 40 IDL_1307 Col. 2573 Char 40 IDL_1308 Col. 2613 Char 40 IDL_1309 Col. 2653 Char 40 IDL_1310 Col. 2693 Char 40		<input type="checkbox"/> Condition <input type="checkbox"/> N', 'D', 'R' - SKIP to IDL_CK6 <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N' <input type="checkbox"/> Condition or 'N'
b. FR: If more than one condition is given, ask: What is the MAIN condition?	1-10	<input type="checkbox"/> Number of main condition in 13a

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IDL_1311	Col. 2733	Char 2		
HELPER CHECK			1	<input type="checkbox"/> Yes
Refer to HLPFLGxx. Are there any helpers listed in the person roster?			2	<input type="checkbox"/> No - SKIP to BEGIN RMI
IDL_CHK6	Col. 2743	Char 1		
END IDL				
Set end time			00-23,	
END_TI08	Col. 2735	Char 4	00-59	<input type="checkbox"/> HHMM
Subtract IDL start time from IDL end time			0000-	
CUML_T08	Col. 2739	Char 4	9999	<input type="checkbox"/> Minutes
Part 4 - HELPERS SECTION				
BEGIN HELPER			00-23	<input type="checkbox"/> Hours
Set Start Time and Date:			00-59	<input type="checkbox"/> Minutes
Time: START_09	Col. 2744	Char 4		
- OPEN PERSON ROSTER -				
Note: For a brief discussion of the Person Roster, please refer to the Control Card.				
Refer to HLPFLGxx. Is person a helper?			1	<input type="checkbox"/> Person is helper
HLPFLG01 -	Col. 1505	20 Char 1		<input type="checkbox"/> Blank otherwise--continue to next person.
HLPFLG20				
1a. During the past week, that is since last [day], how many days were there when [name of helper] helped ... because of a disability or health problem?			0	<input type="checkbox"/> None - Set HP_1AHxx = 0, SKIP to HLP_CKH1.
HP_1A_01 -	Col. 2748	20 Char 1	1-7	<input type="checkbox"/> Days
HP_1A_20				HP_1AHxx -- see question 1ah immediately below.
1ah. During the past week, that is since last [day], how many hours were there when [helper] helped ... because of a disability or health problem?			0-168	<input type="checkbox"/> Hours
HP_1AH01 -	Col. 2768	20 Char 3		
HP_1AH20				
HLP_CKH1			1	<input type="checkbox"/> 1-168 hours recorded
Refer to 1ah, HP_1AHxx.			2	<input type="checkbox"/> 0, D, or R hours recorded
HPCKH101 -	Col. 2828	20 Char 1		
HPCKH120				
1b. For how long has [helper] helped ... because of a disability or health problem?			1	<input type="checkbox"/> Less than 3 months
HP_1B_01 -	Col. 2848	20 Char 1	2	<input type="checkbox"/> 3 months to 6 months
HP_1B_20			3	<input type="checkbox"/> 6 months to 1 year
			4	<input type="checkbox"/> 1 year to 5 years
			5	<input type="checkbox"/> 5 years or over
HLP_CK2			1	<input type="checkbox"/> Has ADL help
Refer to ADLFLGxx.			2	<input type="checkbox"/> All others - SKIP to HLP_CK4
HP_CK201 -	Col. 2868	20 Char 1		
HP_CK220				
1c. You said that ... needs help with [CAPI refers to ADL_EAT, ADL_BED, ADL_INS, ADL_DRS, ADL_BTH, and ADL_TOI]. Which activities does [helper] help with?				
(1) Eating			X	<input type="checkbox"/> X Item marked, blank otherwise
HP1C1_01 -	Col. 2888	20 Char 1		
HP1C1_20				
(2) Getting in/out of bed			X	<input type="checkbox"/> X Item marked, blank otherwise
HP1C2_01 -	Col. 2908	20 Char 1		
HP1C2_20				
(4) Getting around inside			X	<input type="checkbox"/> X Item marked, blank otherwise
HP1C4_01 -	Col. 2928	20 Char 1		
HP1C4_20				

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<p>(7) Dressing HP1C7_01 - Col. 2948 20 Char 1 HP1C7_20</p>	<p>X</p>	<p><input type="checkbox"/> X Item marked, blank otherwise</p>
<p>(8) Bathing HP1C8_01 - Col. 2968 20 Char 1 HP1C8_20</p>	<p>X</p>	<p><input type="checkbox"/> X Item marked, blank otherwise</p>
<p>(9) Going to the bathroom or using the toilet HP1C9_01 - Col. 2988 20 Char 1 HP1C9_20</p>	<p>X</p>	<p><input type="checkbox"/> X Item marked, blank otherwise</p>
<p>HLP_CK3 Refer to HPCKH1xx.</p>	<p>1 2</p>	<p><input type="checkbox"/> 1-168 hours of help recorded. <input type="checkbox"/> 0, D, R hours recorded. Set HP_1D_xx = 0, HP_1E_xx=0, and SKIP to HLPCK5.</p>
<p>1d. You said during the past week, that is since last [day], [helper] helped you for ... hours because of a disability or a health problem. During this time, about how many hours did [helper] spend helping ... with [CAPI fills all marked ADL items from 1c]. HP_1D_01 - Col. 3008 20 Char 3 HP_1D_20</p>	<p>0-168</p>	<p><input type="checkbox"/> Hours</p>
<p>HLP_CK4 Refer to IDLFLGxx. HP_CK401 - Col. 3068 20 Char 1 HP_CK420</p>	<p>1 2</p>	<p><input type="checkbox"/> Has IDL help <input type="checkbox"/> No IDL help - SKIP to HLP_CKH4</p>
<p>1e. During the past week, that is, since last [day], you said [helper] helped you for ... hours because of a disability or health problem. You said that you get help from [helper] with [CAPI refers to LNDFLGxx, MLSFLGxx, SHPFLGxx, OUTFLGxx, WLKFLGxx, MONFLGxx, RXFLGxx, NRSFLGxx]. During this time, about how many hours did [helper] help ... with those things? HP_1E_01 - Col. 3088 20 Char 3 HP_1E_20</p>	<p>0-168</p>	<p><input type="checkbox"/> Hours</p>
<p>HLP_CKH4 Does HP_1D_xx + HP_1E_xx = HP_1AHxx? HPCKH401 - Col. 3148 20 Char 1 HPCKH420</p>	<p>1 2</p>	<p><input type="checkbox"/> Yes - SKIP to HLP_CK5 <input type="checkbox"/> No</p>
<p>HLP_ERR You said during the past week, that is, since last [current system day] [helper] helped you for [HP_1AHxx] total hours because of a disability or health problem. [Helper] helped you: (if ADL flag = 1) for [HP_1D_xx] hours with the following activities of daily living [CAPI fills in marked ADL items from 1c], and (if IDL flag = 1) for [HP_1E_xx] hours with the following instrumental activities of daily living [CAPI fills marked items LNDFLGxx, MLSFLGxx, SHPFLGxx, OUTFLGxx, WLKFLGxx, MONFLGxx, RXFLGxx, and NRSFLGxx]. This gives us a total of [CAPI fills] hours. What is the correct number of total hours [helper] helped, or the correct number of hours [helper] helped with the activities? HPERR101 - Col. 3168 20 Char 1 HPERR120</p>	<p>1 2 3</p>	<p><input type="checkbox"/> Change total hours - Set HPERRTxx <input type="checkbox"/> Change ADL hours - Set HPERRAxx <input type="checkbox"/> Change IADL hours - Set HPERRIxx HPERRT01-HPERRT20 Col. 3188 20 Char 3 HPERRA01-HPERRA20 Col. 3248 20 Char 3 HPERRI01-HPERRI20 Col. 3308 20 Char 3</p>
<p>HLP_CKH5 If HPERRTxx is greater than 0, set HP_1AHxx = HPERRTxx If HPERRAxx is greater than 0, set HP_1D_xx = HPERRAxx If HPERRIxx is greater than 0, set HP_1E_xx = HPERRIxx Do ADL hours + IDL hours equal total hours? HPCKH501 - Col. 3368 20 Char 1 HPCKH520</p>	<p>1 2</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - Reset HPERR variables and return to HLP_ERR</p>
<p>HLP_CK5</p>	<p>01</p>	<p><input type="checkbox"/> Sample Person</p>

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<p>Refer to REL_xx.</p>	<p>02 3 4 5 6 7 8 9 10 11 12 13</p>	<p><input type="checkbox"/> Spouse <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Son-in-law/Daughter-in-law <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Brother-in-law/Sister-in-law <input type="checkbox"/> Grandchild <input type="checkbox"/> Other relative <input type="checkbox"/> Employee <input type="checkbox"/> Other non-relative <input type="checkbox"/> Ex-spouse</p>	<p>} SKIP to next helper. If last helper, skip to END HELPER.</p>
<p>1f. You mentioned that [helper] helps Is [helper] a relative, friend, someone hired to help ..., someone from a helping organization, or someone else? If 'relative', how is [helper] related to ... ? HP1F1_01 - Col. 3388 20 Char 2 HP1F1_20</p>	<p>11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26</p>	<p><input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Other male relative <input type="checkbox"/> Other female relative <input type="checkbox"/> Male friend <input type="checkbox"/> Female friend <input type="checkbox"/> Someone hired <input type="checkbox"/> Someone from helping organization <input type="checkbox"/> Someone else - specify in HP1F2_xx below HP1F2_01-HP1F2_20 (blank)</p>	<p>} SKIP to next helper. If last helper, SKIP to END HELPER.</p>
<p>1g. Is [helper] paid to help? HP_1G_01 - Col. 3428 20 Char 1 HP_1G_20</p>	<p>1 2 D, R</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>} SKIP to next helper. If last helper, SKIP to HELPER END.</p>
<p>1h. Is [helper] paid by the hour to help ...? HP_1H_01 - Col. 3448 20 Char 1 HP_1H_20</p>	<p>1 2 D, R</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 1j <input type="checkbox"/> - SKIP to 1j</p>	
<p>1i. What was [helper's] hourly pay rate at the end of [previous month]? HPDLHR01 - Col. 3468 20 Char 3 HPDLHR20 HPCTHR01 - Col. 3528 20 Char 2 HPCTHR20</p>	<p>0-999 A 0-99</p>	<p><input type="checkbox"/> Dollars <input type="checkbox"/> Included in monthly fee for assisted living community <input type="checkbox"/> Cents</p>	
<p>1j. What was the total amount of pay that [helper] received BEFORE deductions to help ... in [previous month]? HP_1J_01 - Col. 3568 20 Char 4 HP_1J_20</p>	<p>0-9999 A</p>	<p><input type="checkbox"/> Dollars <input type="checkbox"/> Included in monthly fee for assisted living community</p>	
<p>1k. Will ... end up paying any of the charges for the help ... got from [helper] during [previous month] HP_1K_01 - Col. 3648 20 Char 1 HP_1K_20</p>	<p>1 2 3 D, R</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 1m <input type="checkbox"/> Included in monthly fee for assisted living community <input type="checkbox"/> - SKIP to 1m</p>	
<p>1l. How much? FR: This question refers to how much the SAMPLE PERSON will pay for the help he/she got from the helper. Enter 'A' if the amount of pay is included in the total monthly fee for assisted living centers.</p>			

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HPPAY_01 - HPPAY_20	Col. 3668	20 Char 4	0-9999	<input type="checkbox"/> Dollars
Per?			A	<input type="checkbox"/> Included in monthly fee for assisted living community - SKIP to 1m.
HPPER_01 - HPPER_20	Col. 3748	20 Char 1	1	Dollars per
			2	<input type="checkbox"/> Hour
			3	<input type="checkbox"/> Day
			4	<input type="checkbox"/> Week
			5	<input type="checkbox"/> Month
				<input type="checkbox"/> Other - specify in HP1L1_xx below HP1L1_01-HP1L1_20 Col. 3768 20 Char 20
1m. Will insurance, Medicare, Medicaid, or anyone else, including any members of [name's] family, end up paying any of the charge for this?			1	<input type="checkbox"/> Yes
HP_1M_01 - HP_1M_20	Col. 4168	20 Char 1	2	<input type="checkbox"/> No } SKIP to next helper. If last helper, SKIP to HELPER END.
			D, R	<input type="checkbox"/>
1n. Who will end up paying? Anyone else? Mark (X) all that apply.				
(11) Fee for service insurance plans			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1101 - HP1N1120	Col. 4188	20 Char 1		
(12) HMO/prepaid group			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1201 - HP1N1220	Col. 4208	20 Char 1		
(13) Medicare			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1301 - HP1N1320	Col. 4228	20 Char 1		
(14) Medicaid			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1401 - HP1N1420	Col. 4248	20 Char 1		
(15) Household member(s)			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1501 - HP1N1520	Col. 4268	20 Char 1		
(16) Child(ren) not in household			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1601 - HP1N1620	Col. 4288	20 Char 1		
(17) Father			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1701 - HP1N1720	Col. 4308	20 Char 1		
(18) Mother			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1801 - HP1N1820	Col. 4328	20 Char 1		
(19) Son-in-law			X	<input type="checkbox"/> X marked, blank otherwise
HP1N1901 - HP1N1920	Col. 4348	20 Char 1		
(20) Daughter-in-law			X	<input type="checkbox"/> X marked, blank otherwise
HP1N2001 - HP1N2020	Col. 4368	20 Char 1		

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(21) Brother HP1N2101 - HP1N2120	Col. 4388	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(22) Sister HP1N2201 - HP1N2220	Col. 4408	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(23) Other male relative HP1N2301 - HP1N2320	Col. 4428	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(24) Other female relative HP1N2401 - HP1N2420	Col. 4448	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(25) Male friend HP1N2501 - HP1N2520	Col. 4468	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(26) Female friend HP1N2601 - HP1N2620	Col. 4488	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(27) Other- specify in (28) below HP1N2701 - HP1N2720	Col. 4508	20 Char 1	X	<input type="checkbox"/> X marked, blank otherwise
(28) Specify if 'other' marked in (27) above HP1N2801 - HP1N2820				<input type="checkbox"/> blank
HLP_CK6 Refer to HP1N15xx above, household member helped pay.			X	<input type="checkbox"/> Marked <input type="checkbox"/> Not Marked - SKIP to HLP_CK7
1o. You said that a household member would pay for at least a portion of the charges? Which household member would that be? Anyone else? [Note that children in the household are rostered here.] HHMMXD01 - HHMMXD20	Col. 4528	20 Char 1	X	<input type="checkbox"/> Marked, blank otherwise
HLP_CK7 Refer to HP1N16xx above, child not in household helped pay.			X	<input type="checkbox"/> Marked <input type="checkbox"/> Not Marked - SKIP to HELPER END
1p. You said that one of your child(ren) would pay for at least a portion of the charges? Which of your child(ren) would that be? Anyone else? [Note that only children NOT in household are rostered here.] REL_XA01 - REL_XA20	Col. 4548	20 Char 1	X	<input type="checkbox"/> Marked, blank otherwise
END HELPER Set end time END_TI09 Subtract helpers start time from helpers end time. CUML_T09	Col. 4568	Char 4		00-23 <input type="checkbox"/> Hours 00-59 <input type="checkbox"/> Minutes 0- 9999 <input type="checkbox"/> Minutes
Part 5 - RANGE OF MOTION AND IMPAIRMENT				
BEGIN RMI Set start time: START_10	Col. 4576	Char 4		00-23, 00-59 <input type="checkbox"/> HHMM
1a. Now we'll talk about other problems some people have.			1	<input type="checkbox"/> Yes

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Is ... missing any fingers, a hand, or an arm? FR: If obvious - fill without asking			2 D, R	<input type="checkbox"/> No - SKIP to 2a <input type="checkbox"/> - SKIP to 2a
RMI_1A	Col. 4580	Char 1		
b. What is ... missing? Anything else?				
(1) Entire arm- left RMI_1B01	Col. 4581	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(2) Entire arm- right RMI_1B03	Col. 4582	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(3) Entire arm- both RMI_1B05	Col. 4583	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(4) Lower arm- left RMI_1B07	Col. 4584	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(5) Lower arm- right RMI_1B09	Col. 4585	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(6) Lower arm- both RMI_1B11	Col. 4586	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(7) Hand only- left RMI_1B02	Col. 4587	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(8) Hand only- right RMI_1B04	Col. 4588	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(9) Hand only- both RMI_1B06	Col. 4589	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(10) Fingers only- left RMI_1B08	Col. 4590	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(11) Fingers only- right RMI_1B10	Col. 4591	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(12) Fingers only- both hands RMI_1B12	Col. 4592	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
2a. Is ... missing any toes, a foot or a leg? FR: If obvious - fill without asking			1 2 D, R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to RMI_CK2 <input type="checkbox"/> - SKIP to RMI_CK2
RMI_2A	Col. 4593	Char 1		
b. What is ... missing? Anything else?				
(1) Entire leg- left RMI_2B01	Col. 4594	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(2) Entire leg- right RMI_2B03	Col. 4595	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(3) Entire leg- both RMI_2B05	Col. 4596	Char 1		<input type="checkbox"/> X if used, blank otherwise
(4) Lower leg- left RMI_2B07	Col. 4597	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(5) Lower leg- right RMI_2B09	Col. 4598	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(6) Lower leg- both RMI_2B11	Col. 4599	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(7) Foot only- left RMI_2B02	Col. 4600	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(8) Foot only- right RMI_2B04	Col. 4601	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(9) Foot only- both RMI_2B06	Col. 4602	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(10) Toes only- left RMI_2B08	Col. 4603	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(11) Toes only-right RMI_2B10	Col. 4604	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(12) Toes only-both feet RMI_2B12	Col. 4605	Char 1	X	<input type="checkbox"/> X if used, blank otherwise

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RMI CK2 Refer to ADL_IBD (bedfast), ADL_NAR (no inside activity) , and ADL_WHL (requires wheelchair). RMI CK2 Col. 4606 Char 1	1 <input type="checkbox"/> ADL_IBD = 1 - SKIP to 3c 2 <input type="checkbox"/> ADL_NAR = 1 or ADL_WHL = 1 - SKIP to 3b 3 <input type="checkbox"/> All others	
3a. How difficult is it for ... to- (1) Climb one flight of stairs? RMI_3A_1 Col. 4607 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(2) Walk to the end of a room and back? RMI_3A_2 Col. 4608 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(3) Bend to put on ... socks or stockings? RMI_3A_3 Col. 4609 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(4) Lift a 10-pound package like a bag of groceries and hold it for a few minutes? RMI_3A_4 Col. 4610 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(5) Reach above ... head? RMI_3A_5 Col. 4611 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(6) Comb or brush ... hair? RMI_3A_6 Col. 4612 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(7) Wash ... hair? RMI_3A_7 Col. 4613 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(8) Use ... fingers to grasp and handle small objects? RMI_3A_8 Col. 4614 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	} SKIP to 4
3b. How difficult is it for ... to- (1) Bend to put on ... socks or stockings? (1) RMI_3B_1 Col. 4615 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(2) Lift a 10-pound package like a bag of groceries and hold it for a few minutes? RMI_3B_2 Col. 4616 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(3) Reach above ... head? RMI_3B_3 Col. 4617 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(4) Comb or brush ... hair? RMI_3B_4 Col. 4618 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult 4 <input type="checkbox"/> Can't do it at all	
(5) Wash ... hair? RMI_3B_5 Col. 4619 Char 1	1 <input type="checkbox"/> Not difficult 2 <input type="checkbox"/> Somewhat difficult 3 <input type="checkbox"/> Very difficult	

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				4	<input type="checkbox"/> Can't do it at all
(6) Use ... fingers to grasp and handle small objects				1	<input type="checkbox"/> Not difficult
RMI_3B_6	Col. 4620	Char 1		2	<input type="checkbox"/> Somewhat difficult
				3	<input type="checkbox"/> Very difficult
				4	<input type="checkbox"/> Can't do it at all
} SKIP to 4					
3c. How difficult is it for ... to-				1	<input type="checkbox"/> Not difficult
(1) Reach above ... head?				2	<input type="checkbox"/> Somewhat difficult
RMI_3C_1	Col. 4621	Char 1		3	<input type="checkbox"/> Very difficult
				4	<input type="checkbox"/> Can't do it at all
(2) Comb or brush ... hair?				1	<input type="checkbox"/> Not difficult
RMI_3C_2	Col. 4622	Char 1		2	<input type="checkbox"/> Somewhat difficult
				3	<input type="checkbox"/> Very difficult
				4	<input type="checkbox"/> Can't do it at all
(3) Wash ... hair?				1	<input type="checkbox"/> Not difficult
RMI_3C_3	Col. 4623	Char 1		2	<input type="checkbox"/> Somewhat difficult
				3	<input type="checkbox"/> Very difficult
				4	<input type="checkbox"/> Can't do it at all
(4) Use ... fingers to grasp and handle small objects?				1	<input type="checkbox"/> Not difficult
RMI_3C_4	Col. 4624	Char 1		2	<input type="checkbox"/> Somewhat difficult
				3	<input type="checkbox"/> Very difficult
				4	<input type="checkbox"/> Can't do it at all
4. Does ... usually see well enough to read ordinary newsprint, with or without glasses or contact lenses?				1	<input type="checkbox"/> Yes
RMI_4	Col. 4625	Char 1		2	<input type="checkbox"/> No
RMI_CK3				1	<input type="checkbox"/> Sample Person - SKIP to 7
Refer to Control Card, question 2a, PROXY.				2	<input type="checkbox"/> Proxy
RMI_CK3	Col. 4626	Char 1			
5a. Can most people understand ...'s speech?				1	<input type="checkbox"/> Yes - SKIP to 6a
RMI_5A	Col. 4627	Char 1		2	<input type="checkbox"/> No
b. How does ... usually make self understood?				1	<input type="checkbox"/> Writing
Mark only one.				2	<input type="checkbox"/> Standard sign language
RMI_5B_1	Col. 4628	Char 1		3	<input type="checkbox"/> Gestures, grunts, or some other motion
				4	<input type="checkbox"/> Talking slow/ repeating himself/herself
				5	<input type="checkbox"/> Using an interpreter
				6	<input type="checkbox"/> Computer
				7	<input type="checkbox"/> Some other way - Specify in RMI_5B_2 below
				8	<input type="checkbox"/> Does not make self understood
					RMI_5B_2 Col. 4629 Char 40
6a. Does ... usually hear and understand what is being said to ... with or without a hearing aid?				1	<input type="checkbox"/> Yes - SKIP to 7
RMI_6A	Col. 4669	Char 1		2	<input type="checkbox"/> No
b. What means does ... usually use to understand what is being said to ...? Mark only one.				1	<input type="checkbox"/> Reading written materials or lip reading
RMI_6B_1	Col. 4670	Char 1		2	<input type="checkbox"/> Standard sign language
				3	<input type="checkbox"/> Gestures, grunts, or some other motion
				4	<input type="checkbox"/> Hearing aid
				5	<input type="checkbox"/> Talking loudly/talking slowly/repeating/facing speaker
				6	<input type="checkbox"/> With interpreter/facilitator
				7	<input type="checkbox"/> Some other way - Specify in RMI-6B_2 below
				8	<input type="checkbox"/> Does not understand what is being said to ...
					RMI_6B_2 Col. 4671 Char 40
7. Look at Flashcard F. Which of these devices does ... use? Any other?					
Enter each item mentioned.					
(1) Glasses/contact lenses				X	<input type="checkbox"/> X if used, blank otherwise
RMI_7_1	Col. 4711	Char 1			
(2) Hearing aid				X	<input type="checkbox"/> X if used, blank otherwise

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RMI_7_2	Col. 4712	Char 1		
(3) Artificial larynx (voice box)			X	<input type="checkbox"/> X if used, blank otherwise
RMI_7_3	Col. 4713	Char 1		
(4) Specify other device			X	<input type="checkbox"/> X if used and specify in RMI_7_6 below
RMI_7_4	Col. 4714	Char 1		
(5) None			X	<input type="checkbox"/> X item marked
RMI_7_5	Col. 4715	Char 1		
				RMI_7_6 Col. 4716 Char 40
RMI_END				
Set end time				00-23,
END_T110	Col. 4756	Char 4		00-59 <input type="checkbox"/> HHMM
Subtract RMI start time from RMI end time				0000-
CUML_T10	Col. 4760	Char 4		9999 <input type="checkbox"/> Minutes
Part 6 - NUTRITION AND SOCIAL ACTIVITIES				
NSA BEGIN				
Set Start Time:				00-23,
START_11	Col. 4764	Char 4		00-59 <input type="checkbox"/> HHMM
1. Now I would like to ask you some questions about health and nutrition.				
What is ...'s current height? (Without shoes on)				
NSA_1_T1	Col. 4768	Char 1	0-9	<input type="checkbox"/> Feet
NSA_1_T2	Col. 4769	Char 2	0-11	<input type="checkbox"/> Inches
2. What is ...'s current weight?				
NSA_2	Col. 4771	Char 3	0-999	<input type="checkbox"/> Pounds
3. What was ...'s weight when ... was 50 years of age?				
NSA_3	Col. 4774	Char 3	0-999	<input type="checkbox"/> Pounds
4. What was ...'s weight last [month] one year ago?				
NSA_4	Col. 4777	Char 3	0-999	<input type="checkbox"/> Pounds
5a. Does ... regularly go to a senior center?				
NSA_5A	Col. 4780	Char 1	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
b. Does ... regularly go to an adult day care center				
NSA_5B	Col. 4781	Char 1	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP to 6a
			D, R	<input type="checkbox"/> - SKIP to 6a
c. Does ... receive any health services or therapy at the adult day care center?				
NSA_5C	Col. 4782	Char 1	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
d. Does this adult day care center provide ... with transportation between the center and home?				
NSA_5D	Col. 4783	Char 1	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
6a. On a typical day, how many meals does ... eat?				
NSA_6A	Col. 4784	Char 2	0-24	<input type="checkbox"/> Total number of meals
b. Besides breakfast, lunch, and dinner, how many other times during the day does ... eat?				
NSA_6B	Col. 4786	Char 2	0-24	<input type="checkbox"/> Times
7a. In a typical week, how many meals does ... eat at home?				
NSA_7A	Col. 4788	Char 2	0-99	<input type="checkbox"/> Total number of meals
b. In a typical week, of those meals eaten at home, how many are brought in for ... by someone else?				
NSA_7B	Col. 4790	Char 2	0-99	<input type="checkbox"/> Total number of meals
c. Does ... now regularly eat meals in a senior center or some other place with a special meal for older people?				
NSA_7C	Col. 4792	Char 1	1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP to 7e
			D, R	<input type="checkbox"/> - SKIP to 7e
d. In a typical week, how many meals does ... eat in a meals program or a social center?				
NSA_7D	Col. 4793	Char 2	0-99	<input type="checkbox"/> Total number of meals
e. Does ... have meals delivered to ... by an agency or organization like MEALS ON WHEELS?				
			1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No - SKIP to 8a

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NSA_7E	Col. 4795	Char 1	D, R	<input type="checkbox"/>	- SKIP to 8a
f. In a typical week, how many of ... meals are from home delivered meals programs like MEAL ON WHEELS?			0-99	<input type="checkbox"/>	Total number of meals
NSA_7F	Col. 4796	Char 2			
8a. Does ... usually take a vitamin and/or mineral supplement once a week or more?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - SKIP to NSA_CK5
NSA_8A	Col. 4798	Char 1	D, R	<input type="checkbox"/>	- SKIP to NSA_CK5
- CREATE A VITAMIN ROSTER -					
b. What type of vitamin and/or mineral supplement(s) does ... take and how often is it taken? (Type, amount per day, and/or times per day). Record up to 20 responses.					
(1) Type of vitamin/supplement				<input type="checkbox"/>	Type of vitamin/supplement
NSA18B1 -	Col. 4799	20 Char 24			
NSA18B20					
(2) Amount per day and/or				<input type="checkbox"/>	Amount per day and/or
NSA28B1 -	Col. 5279	20 Char 30			
NSA28B20					
(3) Times per day				<input type="checkbox"/>	Times per day
NSA38B1 -	Col. 5879	20 Char 30			
NSA38B20					
- CLOSE VITAMIN ROSTER -					
NSA_CK5			1	<input type="checkbox"/>	Yes - SKIP to 10
Refer to ADL_IBD (bedfast) and ADL_NAR (no inside activity). Does ADL_IBD and/or ADL_NAR equal 1?			2	<input type="checkbox"/>	No
NSA_CK5	Col. 6479	Char 1			
9. On a usual day, how much time does ... spend on -			0-16	<input type="checkbox"/>	Hours
a. vigorous activities such as digging in the garden, strenuous sports, jogging, chopping wood, sustained swimming, brisk walking, carpentry, bicycling on hills, etc?			0-59	<input type="checkbox"/>	Minutes
NSA_9A_1	Col. 6480	Char 2			
NSA_9A_2	Col. 6482	Char 2			
b. moderate activities such as housework, light sports, walking outside, golf, yard work, lawn mowing, painting, repairing, dancing, bicycling on level ground, etc?			0-16	<input type="checkbox"/>	Hours
			0-59	<input type="checkbox"/>	Minutes
NSA_9B_1	Col. 6484	Char 2			
NSA_9B_2	Col. 6486	Char 2			
c. light activities such as office work, driving a car, strolling, walking inside, etc?			0-16	<input type="checkbox"/>	Hours
			0-59	<input type="checkbox"/>	Minutes
NSA_9C_1	Col. 6488	Char 2			
NSA_9C_2	Col. 6490	Char 2			
10. Look at Flashcard G. I am going to ask you how often during the past three months ... has consumed several food items by themselves or as a part of mixed dishes. Please respond:			1	<input type="checkbox"/>	Never
			2	<input type="checkbox"/>	Less than once a month
			3	<input type="checkbox"/>	One to three times a month
			4	<input type="checkbox"/>	Once or twice a week
a. Low fat milk?			5	<input type="checkbox"/>	3 to 6 times a week
NSA_1001	Col. 6492	Char 1	6	<input type="checkbox"/>	Once or twice a day
			7	<input type="checkbox"/>	3 or more times a day
b. Whole milk?			1	<input type="checkbox"/>	Never
			2	<input type="checkbox"/>	Less than once a month
			3	<input type="checkbox"/>	One to three times a month
			4	<input type="checkbox"/>	Once or twice a week
			5	<input type="checkbox"/>	3 to 6 times a week
NSA_1002	Col. 6493	Char 1	6	<input type="checkbox"/>	Once or twice a day
			7	<input type="checkbox"/>	3 or more times a day

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c. Other dairy products such as yogurt or cheese? NSA_1003 Col. 6494 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
d. Eggs? NSA_1004 Col. 6495 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
e. Poultry such as chicken or turkey? NSA_1005 Col. 6496 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
f. Beef, pork, or lamb? NSA_1006 Col. 6497 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
g. Processed meats such as frankfurters or luncheon meats? NSA_1007 Col. 6498 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
h. Fish or shellfish? NSA_1008 Col. 6499 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
i. Breads? NSA_1009 Col. 6500 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day
j. Rice and other grains such as barley or oats? NSA_1010 Col. 6501 Char 1	1	<input type="checkbox"/>	Never
	2	<input type="checkbox"/>	Less than once a month
	3	<input type="checkbox"/>	One to three times a month
	4	<input type="checkbox"/>	Once or twice a week
	5	<input type="checkbox"/>	3 to 6 times a week
	6	<input type="checkbox"/>	Once or twice a day
	7	<input type="checkbox"/>	3 or more times a day

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k.	Pasta such as spaghetti or noodles? NSA_1011	Col. 6502	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
l.	Pizza? NSA_1012	Col. 6503	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
m.	Potatoes? NSA_1013	Col. 6504	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
n.	Fortified breakfast cereals-the ones with added vitamins and minerals? NSA_1014	Col. 6505	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
o.	Other breakfast cereals? NSA_1015	Col. 6506	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
p.	Dried peas, beans, or other legumes? NSA_1016	Col. 6507	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
q.	Vegetables? NSA_1017	Col. 6508	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day
r.	Fruits and juices? NSA_1018	Col. 6509	Char 1	1	<input type="checkbox"/>	Never
				2	<input type="checkbox"/>	Less than once a month
				3	<input type="checkbox"/>	One to three times a month
				4	<input type="checkbox"/>	Once or twice a week
				5	<input type="checkbox"/>	3 to 6 times a week
				6	<input type="checkbox"/>	Once or twice a day
				7	<input type="checkbox"/>	3 or more times a day

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s.	Butter, margarine, mayonnaise, or salad dressing? NSA_1019	Col. 6510	Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> One to three times a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> Once or twice a day <input type="checkbox"/> 3 or more times a day
t.	Sweet baked goods such as cookies or sweet rolls? NSA_1020	Col. 6511	Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> One to three times a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> Once or twice a day <input type="checkbox"/> 3 or more times a day
u.	Candy? NSA_1021	Col. 6512	Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> One to three times a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> Once or twice a day <input type="checkbox"/> 3 or more times a day
v.	Sugared soft drinks? NSA_1022	Col. 6513	Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> One to three times a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> Once or twice a day <input type="checkbox"/> 3 or more times a day
w.	Coffee or tea? NSA_1023	Col. 6514	Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> One to three times a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> Once or twice a day <input type="checkbox"/> 3 or more times a day
x.	Alcohol, including liquor, beer, and wine? NSA_1024	Col. 6515	Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> One to three times a month <input type="checkbox"/> Once or twice a week <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> Once or twice a day <input type="checkbox"/> 3 or more times a day
NSA_END					
Set end time				00-23,	
END_T11				00-59	<input type="checkbox"/> HHMM
Subtract NSA start time from NSA end time				0000-	
CUML_T11				9999	<input type="checkbox"/> Minutes
Part 7 - ALCOHOL CONSUMPTION AND SMOKING					
BEGIN ACS					
Set Start Time:				00-23,	
START_12				00-59	<input type="checkbox"/> HHMM
1. The next questions are about drinking alcoholic beverages and smoking.				1	<input type="checkbox"/> Yes
Does ... currently drink any kind of alcoholic beverages, such as beer, wine, or liquor?				2	<input type="checkbox"/> No - SKIP to 4
ACS_1				D,R	<input type="checkbox"/> - SKIP to 4

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2. How often does ... drink any alcoholic beverages, such as beer, wine, or liquor? ACS_2 Col. 6529 Char 1	1 2 3 4 5	<input type="checkbox"/> Every day <input type="checkbox"/> 3 to 6 times a week <input type="checkbox"/> 1 to 2 times a week <input type="checkbox"/> 1 to 3 times a month <input type="checkbox"/> Less than once a month
3. On the days that ... drinks, how many drinks does ... have on the average, per day? ACS_3 Col. 6530 Char 1	1 2 3 4 5 6	<input type="checkbox"/> 12 or more <input type="checkbox"/> 7 to 11 <input type="checkbox"/> 5 or 6 <input type="checkbox"/> 3 or 4 <input type="checkbox"/> 2 <input type="checkbox"/> 1
4. Does ... currently smoke? ACS_4 Col. 6531 Char 1	1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to END ACS <input type="checkbox"/> - SKIP to END ACS
5. On the average, how many cigarettes does ... usually smoke in a day? ACS_5_T1 Col. 6532 Char 2 ACS_5_T2 Col. 6534 Char 1	0-99 0-9	<input type="checkbox"/> Cigarettes OR <input type="checkbox"/> Packs
ACS_END Set end time END_T12 Col. 6535 Char 4	00-23, 00-59	<input type="checkbox"/> HHMM
Subtract ACS start time from ACS end time CUMUL_T12 Col. 6539 Char 4	0000- 9999	<input type="checkbox"/> Minutes
Part 8 - COGNITIVE FUNCTIONING		
BEGIN COGNITIVE Set Start Time START_19 Col. 6543 Char 4 Set Start Date MNTDAY Col. 6547 Char 6	00-23, 00-59	<input type="checkbox"/> HHMM <input type="checkbox"/> MMDDYY
MNT_CK1 Refer to Control Card, question 2a, PROXY. PROXY Col. 51 Char 1	1 2	<input type="checkbox"/> Proxy - SKIP to END COGNITIVE <input type="checkbox"/> Sample Person
Interviewer: This section is to be asked of the sample person only and must be done by personal visit interview only! If the sample person is unable to respond and you are conducting a proxy interview, do not attempt to administer this part of the questionnaire. MNT_I1A Col. 6553 Char 1	1 2	<input type="checkbox"/> Continue <input type="checkbox"/> Unable to administer - SKIP to END COGNITIVE
Sometimes when people get older, they have trouble remembering things. If you do not know the answers to some of the next questions, that's okay. It's very normal. If you DO know the answers, the questions may seem very simple.		
1a. What day of the week is today? MNT_1A Col. 6554 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
b. What date is it today? MNT_1B Col. 6555 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
c. What is the name of this month? MNT_1C Col. 6556 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
d. What year is it? MNT_1D Col. 6557 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
e. What time of the year is it?	1	<input type="checkbox"/> Correct

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Interviewer: March=Winter or Spring; May=Spring or Summer; September=Summer or Autumn; November=Autumn or Winter MNT_1E Col. 6558 Char 1	2 L	<input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
2a. What is the name of this country? MNT_2A Col. 6559 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
b. What is the name of this city? MNT_2B Col. 6560 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
c. What are the names of the two streets in the closest intersection? MNT_2C Col. 6561 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
d. What floor are we on now? MNT_2D Col. 6562 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
e. What is the name of this place or address? MNT_2E Col. 6563 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
3b. I am now going to test your memory. I will mention three objects. INTERVIEWER: Mention the following three objects. You must only use one second at maximum to mention each object. apple, table, bicycle Please repeat these three objects. MNT_3 Col. 6564 Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b1. I will repeat the three objects again. apple, table, bicycle MNT_3B1 Col. 6565 Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b2. I will repeat the three objects again. apple, table, bicycle MNT_3B2 Col. 6566 Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b3. I will repeat the three objects again. apple, table, bicycle MNT_3B3 Col. 6567 Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b4. I will repeat the three objects again. apple, table, bicycle MNT_3B4 Col. 6568 Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b5. I will repeat the three objects again. apple, table, bicycle MNT_3B5 Col. 6569 Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
4a. I will ask you to deduct 7 from 100. Then you must deduct 7 from the number you arrived at and continue to deduct 7 until you are asked to stop. -- ENTER C IF THE RESPONDENT CANNOT CALCULATE. --ENTER EACH RESPONSE. RESPONSES COUNT AS CORRECT EACH TIME THE DIFFERENCE IS 7, EVEN IF A FORMER RESPONSE WAS INCORRECT. --FILL TOTAL NUMBER OF CORRECT REPNSES INTO 'MNTFLAG6'. MNTFLAG6 Col. 6570 Char 1	0-5	<input type="checkbox"/> Correct responses
a1. Subtract 7 from 100	0-200	<input type="checkbox"/>

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MNT_4A_1	Col. 6571	Char 3	C D, R L	<input type="checkbox"/> SKIP to 4b <input type="checkbox"/> SKIP to 4a6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
a2. Subtract 7 from response given in 4a1. MNT_4A_2	Col. 6574	Char 3	0-200 C D, R L	<input type="checkbox"/> SKIP to 4b <input type="checkbox"/> SKIP to 4a6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
a3. Subtract 7 from response given in 4a2. MNT_4A_3	Col. 6577	Char 3	0-200 C D, R L	<input type="checkbox"/> SKIP to 4b <input type="checkbox"/> SKIP to 4a6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
a4. Subtract 7 from response given in 4a3. MNT_4A_4	Col. 6580	Char 3	0-200 C D, R L	<input type="checkbox"/> SKIP to 4b <input type="checkbox"/> SKIP to 4a6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
a5. Subtract 7 from response given in 4a4. MNT_4A_5	Col. 6583	Char 3	0-200 C D, R L	<input type="checkbox"/> SKIP to 4b <input type="checkbox"/> SKIP to 4a6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
a6. Proceed or exit. MNT_4A_6	Col. 6586	Char 1	P L	<input type="checkbox"/> Proceed <input type="checkbox"/> Exit Cognitive - SKIP to 12
MNT_CK3 Refer to MNTFLAG6 above.			0 1-5	<input type="checkbox"/> Proceed <input type="checkbox"/> SKIP to 5
4b. I will ask you to spell WORLD backwards. --ENTER U IF RESPONDENT REFUSES OR CANNOT ANSWER. --FILL TOTAL NUMBER OF CORRECT REPOSES INTO 'MNTFLAG5'. MNTFLAG5	Col. 6587	Char 1	0-5	<input type="checkbox"/> Correct responses
b1. D MNT_4B_1	Col. 6588	Char 1	1 2 U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 4b6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
b2. L MNT_4B_2	Col. 6589	Char 1	1 2 U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 4b6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
b3. R MNT_4B_3	Col. 6590	Char 1	1 2 U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 4b6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
b4. O MNT_4B_4	Col. 6591	Char 1	1 2 U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 4b6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
b5. W MNT_4B_5	Col. 6592	Char 1	1 2 U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 4b6 <input type="checkbox"/> Exit Cognitive - SKIP to 12
b6. Proceed or exit. MNT_4B_6	Col. 6593	Char 1	P L	<input type="checkbox"/> Proceed <input type="checkbox"/> Exit Cognitive - SKIP to 12
5. Please repeat the three words that I told you to repeat a little while ago. FR: Correct responses are apple, table, bicycle. MNT_5	Col. 6594	Char 1	0-3 L	<input type="checkbox"/> (number of correct responses) <input type="checkbox"/> Exit Cognitive - SKIP to 12
6a. INTERVIEWER: POINT AT A PENCIL OR SHOW FLASHCARD K. What is this? MNT_6A	Col. 6595	Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
b. INTERVIEWER: POINT AT A WATCH OR SHOW FLASHCARD L.			1	<input type="checkbox"/> Correct

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What is this? MNT_6B Col. 6596 Char 1	2 L	<input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
7. I will now ask you to repeat the following phrase: "No one above, below or next to me." MNT_7 Col. 6597 Char 1	1 2 L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Exit Cognitive - SKIP to 12
8. INTERVIEWER: READ ALOUD THE TEXT BELOW AND HAND OUT A PIECE OF PAPER TO THE RESPONDENT. HAND OUT THE PAPER RIGHT IN THE THE MIDDLE OF THE RESPONDENT. DO NOT REPEAT THE INSTRUCTIONS AND DO NOT OFFER ANY HELP. NOTE EVERY MOVEMENT AS CORRECT, IF IT IS MADE IN THE CORRECT ORDER. I will give you a piece of paper. You must take the paper using your right hand, fold it in the middle using both hands, and place in your lap. --ENTER U IF RESPONDENT IS PHYSICALLY UNABLE TO PERFORM TEST. --FILL TOTAL NUMBER OF CORRECT REPOSES INTO 'MNTFLAG7'. MNTFLAG7 Col. 6598 Char 1	0-3	<input type="checkbox"/> Correct Responses
a. Right hand MNT_8_1 Col. 6599 Char 1	1 2 D,R,U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 8d <input type="checkbox"/> Exit Cognitive - SKIP to 12
b. Folding MNT_8_2 Col. 6600 Char 1	1 2 D,R,U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 8d <input type="checkbox"/> Exit Cognitive - SKIP to 12
c. In the lap MNT_8_3 Col. 6601 Char 1	1 2 D,R,U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> SKIP to 8d <input type="checkbox"/> Exit Cognitive - SKIP to 12
d. Proceed or exit. MNT_8_4 Col. 6602 Char 1	P L	<input type="checkbox"/> Proceed <input type="checkbox"/> Exit Cognitive - SKIP to 12
9. Please read Flashcard M and do what it says. MNT_9 Col. 6603 Char 1	1 2 D,R L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> <input type="checkbox"/> Exit Cognitive - SKIP to 12
10. REMIND THE SAMPLE PERSON TO OPEN HIS OR HER EYES IF HE OR SHE HAS NOT ALREADY DONE SO. Please write a full sentence. INTERVIEWER: THE SENTENCE MUST HAVE A SUBJECT AND A VERB AND HAVE MEANING. IGNORE SPELLING AND GRAMMAR ERRORS. --ENTER U IF RESPONDENT IS PHYSICALLY UNABLE TO PERFORM TEST. MNT_10 Col. 6604 Char 1	1 2 D,R,U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> <input type="checkbox"/> SKIP To 12
11. Please draw the figure shown on Flashcard N. INTERVIEWER: DRAWING IS CORRECT IF ALL SIDES AND ANGLES ARE CORRECT AND IF THE FIGURE IN THE MIDDLE IS A QUADRANGLE. --ENTER U IF RESPONDENT IS PHYSICALLY UNABLE TO PERFORM TEST. MNT_11 Col. 6605 Char 1	1 2 D,R,U L	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> <input type="checkbox"/> SKIP To 12
MNT_CK4 Refer to all Cognitive Functioning questions 1a through 11. Are any of these questions coded 'D' or 'R' or 'U'?		<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 13
12. Why was it not possible to carry out all of these tests? INTERVIEWER: ENTER EACH ITEM MENTIONED. ENTER N FOR		

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NO MORE.				
(1)	Sample person is mentally incapable MNT_12_1 Col. 6606 Char 1	X	<input type="checkbox"/> X if used, blank otherwise	} SKIP to END COGNITIVE
(2)	Sample person is physically incapable MNT_12_2 Col. 6607 Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(3)	Sample person has hearing/speech problem MNT_12_3 Col. 6608 Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(4)	Sample person cannot speak English MNT_12_4 Col. 6609 Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(5)	Sample person is temporarily absent MNT_12_5 Col. 6610 Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(6)	Other - Specify MNT_12_6 Col. 6611 Char 1	X	<input type="checkbox"/> X if other and specify in MNT_12_S below MNT_12_S Col. 6612 Char 40	
13.	On which date were you born? MNT_13_M MNT_13_D MNT_13_Y Col. 6652 Char 4	0-99 L	<input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> YYYY <input type="checkbox"/> Exit Cognitive - SKIP to MNT_122	
14.	Please mention as many animals as you can recall. You will get one minute to mention as many as you can. I will begin timing you now. Please start. MNT_14 Col. 6656 Char 2	0-99 L	<input type="checkbox"/> <input type="checkbox"/> Exit Cognitive - SKIP to MNT_122	
[Question numbers 15 and 16 not used.]				
17a.	I will read 12 words to you. Afterwards, you must try to mention as many of the words as you can recall. Order is irrelevant. As soon as you cannot recall more words, I will read the words to you again.			
(1)	COLOR MNT_1702 Col. 6658 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(2)	HOUSE MNT_1703 Col. 6659 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(3)	RIVER MNT_1704 Col. 6660 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(4)	HEN MNT_1705 Col. 6661 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(5)	NOSE MNT_1706 Col. 6662 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(6)	GARDENER MNT_1707 Col. 6663 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(7)	HAT MNT_1708 Col. 6664 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(8)	SCHOOL MNT_1709 Col. 6665 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(9)	FIELD MNT_1710 Col. 6666 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(10)	PARENTS MNT_1711 Col. 6667 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(11)	COFFEE MNT_1712 Col. 6668 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(12)	BELL MNT_1713 Col. 6669 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise	
(13)	Proceed or exit. MNT_1714 Col. 6670 Char 1	L P	<input type="checkbox"/> Exit Cognitive - SKIP to MNT_122 <input type="checkbox"/> Proceed	
	--Fill total number of words recalled in 17a into MNTFLAG. MNTFLAG Col. 6671 Char 2	0 - 12	Words remembered	

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<p>MNT_CK5 Refer to MNTFLAG.</p>	<p>0-11 12</p>	<p>Words remembered Words remembered - SKIP to 17c</p>
<p>17b. I will read the list to you again. Please repeat the words I just read.</p>		
<p>(1) COLOR MNT_1717 Col. 6673 Char 1</p> <p>(2) HOUSE MNT_1718 Col. 6674 Char 1</p> <p>(3) RIVER MNT_1719 Col. 6675 Char 1</p> <p>(4) HEN MNT_1720 Col. 6676 Char 1</p> <p>(5) NOSE MNT_1721 Col. 6677 Char 1</p> <p>(6) GARDENER MNT_1722 Col. 6678 Char 1</p> <p>(7) HAT MNT_1723 Col. 6679 Char 1</p> <p>(8) SCHOOL MNT_1724 Col. 6680 Char 1</p> <p>(9) FIELD MNT_1725 Col. 6681 Char 1</p> <p>(10) PARENTS MNT_1726 Col. 6682 Char 1</p> <p>(11) COFFEE MNT_1727 Col. 6683 Char 1</p> <p>(12) BELL MNT_1728 Col. 6684 Char 1</p> <p>(13) Proceed or exit. MNT_1729 Col. 6685 Char 1</p> <p>--Fill total number of words recalled in 17b into MNTFLAG2. MNTFLAG2 Col. 6686 Char 2</p>	<p>X X X X X X X X X X X X X L P</p>	<p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if other device, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> X if used, blank otherwise</p> <p><input type="checkbox"/> Exit Cognitive - SKIP to MNT_122</p> <p><input type="checkbox"/> Proceed</p> <p>0 - 12 <input type="checkbox"/> Words remembered</p>
<p>MNT_17C In approximately 10 minutes, I will ask you how many words you can recall. I will read the list to you once more: COLOR, HOUSE, RIVER, HEN, NOSE, GARDENER, HAT, SCHOOL, FIELD, PARENTS, COFFEE, BELL</p>		
<p>MNT_CKD Is birth day, birth month, and/or birth year in 13 above marked 'D' or 'R'?</p>		
<p>MNT_122 Why was it not possible to carry out all of these tests? INTERVIEWER: ENTER EACH ITEM MENTIONED. ENTER N FOR NO MORE.</p> <p>(1) Sample person is mentally incapable MNT_1202 Col. 6688 Char 1</p> <p>(2) Sample person is physically incapable MNT_1203 Col. 6689 Char 1</p> <p>(3) Sample person has hearing/speech problem MNT_1204 Col. 6690 Char 1</p> <p>(4) Sample person cannot speak English MNT_1205 Col. 6691 Char 1</p> <p>(5) Sample person is temporarily absent MNT_1206 Col. 6692 Char 1</p> <p>(6) Specify MNT_1207 Col. 6693 Char 1</p>		
<p>X <input type="checkbox"/> Yes</p> <p>X <input type="checkbox"/> No - SKIP to END COGNITIVE</p> <p>X <input type="checkbox"/> X if used, blank otherwise</p> <p>X <input type="checkbox"/> X if used, blank otherwise</p> <p>X <input type="checkbox"/> X if used, blank otherwise</p> <p>X <input type="checkbox"/> X if used, blank otherwise</p> <p>X <input type="checkbox"/> X if used, blank otherwise</p> <p>X <input type="checkbox"/> X if other and specify in MNT_1208 below MNT_1208 Col. 6694 Char 40</p> <p>} SKIP to END COGNITIVE</p>		

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END COGNITIVE				
Set end time			00-23,	
END_T19	Col. 6734	Char 4	00-59	<input type="checkbox"/> HHMM
Subtract COGNITIVE start time from COGNITIVE end time			0000-	
CUML_T19	Col. 6738	Char 4	9999	<input type="checkbox"/> Minutes
Section B - Other Functioning				
BEGIN OFN				
Set Start Time:			00-23,	
START_13	Col. 6742	Char 4	00-59	<input type="checkbox"/> HHMM
1. Compared to other persons the same age, would you say that ...'s health is excellent, good fair, or poor?			1	<input type="checkbox"/> Excellent
			2	<input type="checkbox"/> Good
OFN_1	Col. 6746	Char 1	3	<input type="checkbox"/> Fair
			4	<input type="checkbox"/> Poor
OFN_CK2			1	<input type="checkbox"/> Sample Person
Refer to Control Card, question 2a, PROXY. Respondent is:			2	<input type="checkbox"/> Proxy-SKIP to 4a
OFN_CK2	Col. 6747	Char 1		
2. Look at Flashcard H. How often do you avoid doing things because you do not have enough energy to do them - would you say all of the time, most of the time, some of the time, once in awhile, or never?			1	<input type="checkbox"/> All of the time
			2	<input type="checkbox"/> Most of the time
OFN_2	Col. 6748	Char 1	3	<input type="checkbox"/> Some of the time
			4	<input type="checkbox"/> Once in awhile
			5	<input type="checkbox"/> Never
3. Do you ever feel you need the help of a doctor or counselor for a mental or emotional problem?			1	<input type="checkbox"/> Yes
			2	<input type="checkbox"/> No
OFN_3	Col. 6749	Char 1		
4a. Was ... ever hospitalized for a mental or emotional problem?			1	<input type="checkbox"/> Yes
OFN_4A	Col. 6750	Char 1	2	<input type="checkbox"/> No - SKIP to 5a
			D,R	<input type="checkbox"/> - SKIP to 5a
b. Was ... hospitalized for a mental or emotional problem in the last 5 years?			1	<input type="checkbox"/> Yes - SKIP to 6
OFN_4B	Col. 6751	Char 1	2	<input type="checkbox"/> No - SKIP to 6
			D,R	<input type="checkbox"/> - SKIP to 6
5a. Has a doctor EVER advised ... - either recently or a long time ago - to get treatment for a mental or emotional problem?			1	<input type="checkbox"/> Yes
OFN_5A	Col. 6752	Char 1	2	<input type="checkbox"/> No - SKIP to 6
			D,R	<input type="checkbox"/> - SKIP to 6
b. Has a doctor told ... to get treatment for a mental or emotional problem in the last 5 years?			1	<input type="checkbox"/> Yes
OFN_5B	Col. 6753	Char 1	2	<input type="checkbox"/> No
6. Sometimes people lose their temper, and throw, kick, slam, or destroy things. Does this happen to ... frequently, occasionally, or not at all?			1	<input type="checkbox"/> Frequently
OFN_6	Col. 6754	Char 1	2	<input type="checkbox"/> Occasionally
			3	<input type="checkbox"/> Not at all
7. Now I'm going to read a list of things people have told us that they have sometimes done. In the past month did ... at any time -				
a. Lose ... way and not find the way back			1	<input type="checkbox"/> Yes
OFN_7_T1	Col. 6755	Char 1	2	<input type="checkbox"/> No
b. Take any money or anything else that didn't belong to ... without realizing it?			1	<input type="checkbox"/> Yes
OFN_7_T2	Col. 6756	Char 1	2	<input type="checkbox"/> No
c. Forget to do important things like eat, take medicine, or pay ... bills?			1	<input type="checkbox"/> Yes
OFN_7_T4	Col. 6757	Char 1	2	<input type="checkbox"/> No
8a. Does anyone phone or check on ... regularly just to make sure ... is all right?			1	<input type="checkbox"/> Yes
OFN_8A	Col. 6758	Char 1	2	<input type="checkbox"/> No - SKIP to 8c
			D,R	<input type="checkbox"/> - SKIP to 8c
b. Who regularly does this? Anyone else? (asked a maximum of 30 times)			1	<input type="checkbox"/> Spouse
OFN18B1 -	Col. 6759	30 Char 1	2	<input type="checkbox"/> Daughter
OFN18B30			3	<input type="checkbox"/> Son
			4	<input type="checkbox"/> Other relative
			5	<input type="checkbox"/> Neighbor

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	6	<input type="checkbox"/>	Friend	
	7	<input type="checkbox"/>	Person from helping organization	
	8	<input type="checkbox"/>	Someone who works here	
	9	<input type="checkbox"/>	Other	
	N,D,R	<input type="checkbox"/>	SKIP to 9a	
c. Does ... NEED someone to phone or check on ... Regularly just to make sure ... is all right? OFN_8C Col. 6789 Char 1	1	<input type="checkbox"/>	Yes	
	2	<input type="checkbox"/>	No	
9a. Now I have some questions about being in touch with relatives and friends. First, I'd like to ask about ...'s relatives who don't live with ..., including children. Does ... keep in touch with any relatives either by visiting or by telephone? OFN_9A Col. 6790 Char 1	1	<input type="checkbox"/>	Yes	
	2	<input type="checkbox"/>	No - SKIP to 10a	
b. Look at Flashcard I. Not counting relatives who live here, how many times in the past month did ... see ...'s relatives, including children? FR: CODE FOR ALL RELATIVES' VISITS COMBINED. OFN_9B Col. 6791 Char 1	1	<input type="checkbox"/>	None	
	2	<input type="checkbox"/>	Once or twice	
	3	<input type="checkbox"/>	Three to five times	
	4	<input type="checkbox"/>	Six to ten times	
	5	<input type="checkbox"/>	Eleven to twenty-nine times	
	6	<input type="checkbox"/>	Thirty or more	
c. Look at Flashcard I. In the past month, how often did ... speak with ...'s relatives, on the telephone? OFN_9C Col. 6792 Char 1	1	<input type="checkbox"/>	None	
	2	<input type="checkbox"/>	Once or twice	
	3	<input type="checkbox"/>	Three to five times	
	4	<input type="checkbox"/>	Six to ten times	
	5	<input type="checkbox"/>	Eleven to twenty-nine times	
	6	<input type="checkbox"/>	Thirty or more	
OFN_CK3 Refer to Control Card, question 2a, PROXY. Respondent is: OFN_CK3 Col. 6793 Char 1	1	<input type="checkbox"/>	Sample Person	
	2	<input type="checkbox"/>	Proxy-SKIP to 10a	
d. Would you like to see or talk to your relatives more often, less often, or as often as you do now? OFN_9D Col. 6794 Char 1	1	<input type="checkbox"/>	More often	
	2	<input type="checkbox"/>	Less often	
	3	<input type="checkbox"/>	As often as now	
10a. You've told me about ...'s relatives. Now I want to ask about ...'s friends. Does ... keep in touch with any friends, including neighbors ... considers as friends, either by visiting or telephone? OFN_10A Col. 6795 Char 1	1	<input type="checkbox"/>	Yes	
	2,D,R	<input type="checkbox"/>	No - SKIP to OFN_CK5	
b. Look at Flashcard I. How often in the past month did ... see ...'s friends? FR: CODE FOR ALL FRIENDS' VISITS COMBINED. OFN_10B Col. 6796 Char 1	1	<input type="checkbox"/>	None	
	2	<input type="checkbox"/>	Once or twice	
	3	<input type="checkbox"/>	Three to five times	
	4	<input type="checkbox"/>	Six to ten times	
	5	<input type="checkbox"/>	Eleven to twenty-nine times	
	6	<input type="checkbox"/>	Thirty or more	
c. Look at Flashcard I. How often in the past month did ... speak with ...'s friends, on the telephone? OFN_10C Col. 6797 Char 1	1	<input type="checkbox"/>	None	
	2	<input type="checkbox"/>	Once or twice	
	3	<input type="checkbox"/>	Three to five times	
	4	<input type="checkbox"/>	Six to ten times	
	5	<input type="checkbox"/>	Eleven to twenty-nine times	
	6	<input type="checkbox"/>	Thirty or more	
OFN_CK4 Refer to Control Card, question 2a, PROXY. Respondent is: OFN_CK4 Col. 6798 Char 1	1	<input type="checkbox"/>	Sample Person	
	2	<input type="checkbox"/>	Proxy-SKIP to 12a	
d. Would you like to see or talk to your friends more often, less often, or as often as you do now? OFN_10D Col. 6799 Char 1	1	<input type="checkbox"/>	More often	} SKIP to 11
	2	<input type="checkbox"/>	Less often	
	3	<input type="checkbox"/>	As often as now	
	D,R	<input type="checkbox"/>		
OFN_CK5 Refer to Control Card, question 2a, PROXY. Respondent is:	1	<input type="checkbox"/>	Sample Person	

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OFN_CK5	Col. 6800	Char 1	2	<input type="checkbox"/>	Proxy-SKIP to 12a
11. Sometimes people feel that they have nobody to tell their troubles to. Would you say you feel this way most of the time, some of the time, hardly ever, or never?			1	<input type="checkbox"/>	Most of the time
			2	<input type="checkbox"/>	Some of the time
			3	<input type="checkbox"/>	Hardly ever
OFN_11	Col. 6801	Char 1	4	<input type="checkbox"/>	Never
12a. Now I'm going to ask you some questions about things people often do indoors. About how many hours a day does ... usually listen to the radio?			1-26	<input type="checkbox"/>	Hours - SKIP to 13a
			L	<input type="checkbox"/>	Less than 1 hour - SKIP to 13a
			N	<input type="checkbox"/>	None
OFN_12A	Col. 6802	Char 2			
b. Is there a radio here that ... can listen to?			1	<input type="checkbox"/>	Yes
OFN_12B	Col. 6804	Char 1	2	<input type="checkbox"/>	No
13a. About how many hours a day does ... usually watch television?			1-26	<input type="checkbox"/>	Hours - SKIP to 14
			L	<input type="checkbox"/>	Less than 1 hour - SKIP to 14
			N	<input type="checkbox"/>	None
OFN_13A	Col. 6805	Char 2			
b. Is there a television that ... can watch?			1	<input type="checkbox"/>	Yes
OFN_13B	Col. 6807	Char 1	2	<input type="checkbox"/>	No
14. Does ... have any pets?			1	<input type="checkbox"/>	Yes
OFN_14	Col. 6808	Char 1	2	<input type="checkbox"/>	No
15. During the past week did ... -					
a. Read a book, magazine, or newspaper?			1	<input type="checkbox"/>	Yes
OFN_15_1	Col. 6809	Char 1	2	<input type="checkbox"/>	No
b. Work on a hobby, like painting, sewing, or arts and crafts?			1	<input type="checkbox"/>	Yes
OFN_15_2	Col. 6810	Char 1	2	<input type="checkbox"/>	No
c. Play games such as solitaire or work on a puzzle?			1	<input type="checkbox"/>	Yes
OFN_15_3	Col. 6811	Char 1	2	<input type="checkbox"/>	No
d. Listen to records, tapes, or compact discs?			1	<input type="checkbox"/>	Yes
OFN_15_4	Col. 6812	Char 1	2	<input type="checkbox"/>	No
16. During the past month did ... -					
a. Go to a religious service?			1	<input type="checkbox"/>	Yes
OFN_16_1	Col. 6813	Char 1	2	<input type="checkbox"/>	No
b. Attend a meeting of civic, religious, professional or recreational club or organization?			1	<input type="checkbox"/>	Yes
OFN_16_2	Col. 6814	Char 1	2	<input type="checkbox"/>	No
OFN_CK6					
Refer to Control Card, question 2a, PROXY. Respondent is:			1	<input type="checkbox"/>	Sample Person
OFN_CK6	Col. 6815	Char 1	2	<input type="checkbox"/>	Proxy-SKIP to END OFN
17. During the last two weeks, have you felt so sad, blue, or depressed that you -					
a. Did not feel like doing the things you usually do?			1	<input type="checkbox"/>	Yes
OFN_17_1	Col. 6816	Char 1	2	<input type="checkbox"/>	No
b. Could not sleep like you usually do?			1	<input type="checkbox"/>	Yes
OFN_17_2	Col. 6817	Char 1	2	<input type="checkbox"/>	No
c. Lost your appetite or could not eat like you usually do?			1	<input type="checkbox"/>	Yes
OFN_17_3	Col. 6818	Char 1	2	<input type="checkbox"/>	No
18. Taken all together, how would you say things are these days - would you say that you are very happy, pretty happy, or not too happy?			1	<input type="checkbox"/>	Very happy
			2	<input type="checkbox"/>	Pretty happy
			3	<input type="checkbox"/>	Not too happy
OFN_18	Col. 6819	Char 1			
19. Generally speaking, how satisfied are you with your life as a whole - would you say you are very satisfied, satisfied, or not satisfied?			1	<input type="checkbox"/>	Very satisfied
			2	<input type="checkbox"/>	Satisfied
			3	<input type="checkbox"/>	Not satisfied
OFN_19	Col. 6820	Char 1			
END OFN					
Set end time			00-23,		
END_TI13	Col. 6821	Char 4	00-59	<input type="checkbox"/>	HHMM
Subtract OFN start time from OFN end time			0000-		

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CUML_T13	Col. 6825	Char 4	1999	<input type="checkbox"/> Minutes
Section C - Housing and Neighborhood Characteristics				
HNC BEGIN			00-23,	
Set Start Time:			00-59	<input type="checkbox"/> HHMM
START_14	Col. 6829	Char 4		
HNC CK2			1	<input type="checkbox"/> Open country/not a farm
FR: IN WHAT TYPE OF AREA IS THIS ADDRESS?			2	<input type="checkbox"/> A rural or farming community
HNC CK2	Col. 6833	Char 2	3	<input type="checkbox"/> A small city/town village of fewer than 50,000 people than is not a suburb of a larger city
			4	<input type="checkbox"/> A medium-sized city (50,000 to 100,000 people)
			5	<input type="checkbox"/> A suburb of a medium-sized city
			6	<input type="checkbox"/> A large city (100,000 to 500,000 people)
			7	<input type="checkbox"/> A suburb of a large city
			8	<input type="checkbox"/> A very large city (over 500,000) people
			9	<input type="checkbox"/> A suburb of a very large city
			10	<input type="checkbox"/> An Indian reservation
HNC CK3			1	<input type="checkbox"/> Detached house
FR: WHAT ARE THE LIVING QUARTERS? ASK ABOUT ELEVATOR ONLY IF NOT OBVIOUS.			2	<input type="checkbox"/> Duplex or row house
HNC CK31	Col. 6835	Char 2	3	<input type="checkbox"/> Apartment or flat in building with elevator
			4	<input type="checkbox"/> Apartment or flat in building without elevator
			5	<input type="checkbox"/> Room in hotel/motel with elevator
			6	<input type="checkbox"/> Room in hotel/motel without elevator
			7	<input type="checkbox"/> Room in rooming or boarding house
			8	<input type="checkbox"/> Rented room in private house
			9	<input type="checkbox"/> Mobile home or trailer with no permanent room added
			10	<input type="checkbox"/> Mobile home or trailer with one or more permanent rooms added
			11	<input type="checkbox"/> Other - Specify in HNC CK32. HNC CK32 (Blank)
HNC CK4				<input type="checkbox"/> Yes
Refer to Person Roster: HHMEMxx, AGE_xx, & REL_xx. Are person(s), other than spouse, older than 18 years of age, currently living with ...?				<input type="checkbox"/> No - SKIP to HNC CK5
1a. What is the reason that ... and the other household member(s) are living together NOW?			1	<input type="checkbox"/> Yes
Is that because of health or physical problem ... has?			2	<input type="checkbox"/> No
HNC_1A	Col. 6837	Char 1		
b. Is this to share living expenses?			1	<input type="checkbox"/> Yes
HNC_1B	Col. 6838	Char 1	2	<input type="checkbox"/> No
c. Did ... come to live with the other household member(s), or did the other household member(s) come to live with ... ?			1	<input type="checkbox"/> SP came to live with others
HNC_1C_1	Col. 6839	Char 1	2	<input type="checkbox"/> Others came to live with SP
			3	<input type="checkbox"/> Other - Specify in HNC_1C_2 below HNC_1C_2 Col. 6840 Char 40
d. When did ... and (any of) other household member(s) start living together?			01-12	<input type="checkbox"/> Month
HNC_1D_1	Col. 6880	Char 2	01-31	<input type="checkbox"/> Day
HNC_1D_2	Col. 6882	Char 2	01-99	<input type="checkbox"/> Year
HNC_1D_3	Col. 6884	Char 2		
HNC CK5			1	<input type="checkbox"/> Sample Person
Refer to Control Card, question 2a, PROXY. Respondent is:			2	<input type="checkbox"/> Proxy - SKIP to HNC_2B
HNC CK5	Col. 6886	Char 1		
2a. All things considered, how satisfied are you with the place in which you are living - would you say that you are very satisfied, satisfied, or not satisfied?			1	<input type="checkbox"/> Very satisfied
			2	<input type="checkbox"/> Satisfied
			3	<input type="checkbox"/> Not satisfied
HNC_2A	Col. 6887	Char 1		
b. Is this place part of a building or community intended for older or retired,			1	<input type="checkbox"/> Yes

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or disabled persons? HNC_2B Col. 6888 Char 1	2	<input type="checkbox"/> No
3. Look at Flashcard J. Which of these things does ... have in ... house/ apartment? Anything else? (0) None HNC_3_0 Col. 6889 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(1) Extra handrails or grab bars HNC_3_1 Col. 6890 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(2) Ramps HNC_3_2 Col. 6891 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(3) Elevators or stair lifts HNC_3_3 Col. 6892 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(4) Extra wide doors or hallways HNC_3_4 Col. 6893 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(5) Push bars on doors HNC_3_5 Col. 6894 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(6) Raised toilet HNC_3_6 Col. 6895 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
4. Look at Flashcard J. Which of these things would make things easier or more comfortable for ...? Anything else? (0) None HNC_4_0 Col. 6896 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(1) Extra handrails or grab bars HNC_4_1 Col. 6897 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(2) Ramps HNC_4_2 Col. 6898 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(3) Elevators or stair lifts HNC_4_3 Col. 6899 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(4) Extra wide doors or hallways HNC_4_4 Col. 6900 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(5) Push bars on doors HNC_4_5 Col. 6901 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
(6) Raised toilet HNC_4_6 Col. 6902 Char 1	X	<input type="checkbox"/> X if chosen, blank otherwise
5a. Is there a toilet conveniently located to the room in which ... sleeps? This includes portable toilets. HNC_5A Col. 6903 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there a toilet conveniently located to the room in which ... spends most of ... day? This includes portable toilets. HNC_5B Col. 6904 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
HNC_CK6 Refer to Control Card, question 2a, PROXY. Respondent is: HNC_CK6 Col. 6905 Char 1	1 2	<input type="checkbox"/> Sample Person <input type="checkbox"/> Proxy - SKIP to 7a
6. All things considered, how satisfied are you with this neighborhood - would you say that you are very satisfied, satisfied, or not satisfied? HNC_6 Col. 6906 Char 1	1 2 3	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied
7a. Is there a conveniently located food or grocery store in this neighborhood? HNC_7A Col. 6907 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there a conveniently located drug store or pharmacy in this neighborhood? HNC_7B Col. 6908 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Is crime a serious problem in this neighborhood? HNC_8A Col. 6909 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. During the past year, has ... (or any other members of ...'s household) been a victim of a crime in this neighborhood? HNC_8B Col. 6910 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

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END HNC			
Set end time		00-23,	
END_T14	Col. 6911 Char 4	00-59	<input type="checkbox"/> HHMM
Subtract HNC start time from HNC end time		0000-	
CUML_T14	Col. 6915 Char 4	9999	<input type="checkbox"/> Minutes
Section D - Health Insurance			
BEGIN INS			
Set Start Time:		00-23,	
START_15	Col. 6919 Char 4	00-59	<input type="checkbox"/> HHMM
1. Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. Is ... now covered by Medicare?		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
INS_1	Col. 6923 Char 1		
b. Is ... covered by a Medicare HMO? In this state, such programs include: [CAPI fills in the names of state-specific Medicare HMOs].		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
INS_1B	Col. 6924 Char 1		
2a. There is a national program called Medicaid which pays for health care for persons in need. In this state it is called [CAPI fills in the names of state-specific Medicare program] During the past 12 months, has ... received health care which has been or will be paid for by Medicaid?		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
INS_2A	Col. 6925 Char 1		
b. Does ... NOW have a Medicaid card?		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP to 3a
INS_2B	Col. 6926 Char 1		
c. May I please see ... card?		1	<input type="checkbox"/> Current Medicaid card seen
		2	<input type="checkbox"/> Expired Medicaid card seen
		3	<input type="checkbox"/> No card seen
		4	<input type="checkbox"/> Other card seen - Specify in INS_2C_2 below
INS_2C_1	Col. 6927 Char 1	D, R	<input type="checkbox"/> INS_2C_2 (Blank)
			} SKIP to 3a
d. 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?			<input type="checkbox"/> Blank
INS_2D			
3a. Is ... NOW covered by any OTHER public assistance program that pays for health care?		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP to 4
		D,R	<input type="checkbox"/> - SKIP to 4
INS_3A	Col. 6928 Char 1		
b. What is the name of that program?			<input type="checkbox"/> Blank
INS_3B			
4. Is ... NOW covered by CHAMPUS or CHAMPVA, or some other military health care, which are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans?		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No
INS_4	Col. 6929 Char 1		
5a. We are interested in all kinds of private health insurance plans except those which pay only for accidents. By private insurance plans, we mean both fee for service plans which reimburse ... or the health care provider for covered services, and prepaid plans, such as Health Maintenance Organizations or HMOs, which provide or arrange for health care by designated plan physicians, hospitals and other providers at designated locations. 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
		2	<input type="checkbox"/> No - SKIP to INS_CKMN
		D,R	<input type="checkbox"/> - SKIP to INS_CKMN

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INS_5A	Col. 6930	Char 1	
- CREATE AN INSURANCE ROSTER -			
b. What is the name of this plan? (Ask for up to 20 plans) INS_5B1 - INS_5B20			<input type="checkbox"/> Blank
c. Is [plan] an HMO? INS_5C1 - Col. 6931 20 Char 1 INS_5C20			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Does [plan] pay any part of hospital expenses? INS_5D1 - Col. 6951 20 Char 1 INS_5D20			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Does [plan] pay any part of doctor's or surgeon's bills for operations? INS_5E1 - Col. 6971 20 Char 1 INS_5E20			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Does ... have any more health insurance plans? INS_5F1 - Col. 6991 20 Char 1 INS_5F20			1 <input type="checkbox"/> Yes - Return to 5b 2 <input type="checkbox"/> No
- CLOSE INSURANCE ROSTER -			
6a. Is ... now covered by a health insurance policy which pays any part of a nursing home stay or long term care services in ...'s home? INS_6A Col. 7011 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to INS_CKMN D,R <input type="checkbox"/> - SKIP to INS_CKMN
b. Is this a group plan obtained through an employer, a former employer, a union, or some other group, OR is it an individual plan that was obtained directly from the insurance company? INS_6B_1 Col. 7012 Char 1			1 <input type="checkbox"/> Group plan 2 <input type="checkbox"/> Individual plan - SKIP to 6d 3 <input type="checkbox"/> Other reason - specify in INS_6B_2 below, and SKIP to 6d INS_6B_2 Col. 7013 Char 40
c. Does the group pay all, part or none of the premium? INS_6C Col. 7053 Char 1			1 <input type="checkbox"/> All - SKIP to INS_CKMN 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None D, R <input type="checkbox"/> - SKIP to INS_CKMN
d. What is the amount of premium that ... pays? INS_6D_1 Col. 7054 Char 5 Per: INS_6D_3 Col. 7059 Char 1			0 - 20000 <input type="checkbox"/> Dollars - Continue to INS_6D_3 D,R <input type="checkbox"/> - SKIP to INS_CK3 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> One quarter 3 <input type="checkbox"/> Six months 4 <input type="checkbox"/> Year 5 <input type="checkbox"/> Other - Specify in INS_6D_4 below D, R <input type="checkbox"/> } SKIP to INS_CKMN INS_6D_4 Col. 7060 Char 40
INS_CK3 Refer to 6c. Does group pay part of premium (INS_6C=2)? INS_CK3 Col. 7100 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to INS_CKMN
e. What percentage of the premium does ... pay? INS_6E Col. 7101 Char 3			0-100 <input type="checkbox"/> percent
INS_CKMN Refer to Section A, Part 8, Cognitive Functioning, question 17a, (13). Is this variable (i.e., MNT_1714) equal to blank? INS_CKMN Col. 7104 Char 1			1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes - SKIP to END INS
7a. FR: Is the Sample Person currently responding? INS_CMNT Col. 7105 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to END INS
b. I will now ask you to recall as many of those words that we talked about earlier. (1) COLOR INS_MN02 Col. 7106 Char 1			X <input type="checkbox"/> X if used, blank otherwise

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(2)	HOUSE							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN03	Col. 7107	Char 1							
(3)	RIVER							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN04	Col. 7108	Char 1							
(4)	HEN							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN05	Col. 7109	Char 1							
(5)	NOSE							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN06	Col. 7110	Char 1							
(6)	GARDENER							X	<input type="checkbox"/> X if other device, blank otherwise	
	INS_MN07	Col. 7111	Char 1							
(7)	HAT							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN08	Col. 7112	Char 1							
(8)	SCHOOL							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN09	Col. 7113	Char 1							
(9)	FIELD							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN10	Col. 7114	Char 1							
(10)	PARENTS							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN11	Col. 7115	Char 1							
(11)	COFFEE							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN12	Col. 7116	Char 1							
(12)	BELL							X	<input type="checkbox"/> X if used, blank otherwise	
	INS_MN13	Col. 7117	Char 1							
	--Fill total number of words recalled in 7b into MNTFLAG3.									
	MNTFLAG3	Col. 7118	Char 2					0 - 12	<input type="checkbox"/> Words remembered	
END INS										
	Set end time							00-23,		
	END_TI15	Col. 7120	Char 4					00-59	<input type="checkbox"/> HHMM	
	Subtract INS start time from INS end time							0000-		
	CUML_T15	Col. 7124	Char 4					9999	<input type="checkbox"/> Minutes	
Section E - MEDICAL PROVIDERS AND PRESCRIPTION MEDICINES										
BEGIN MPP ONE										
	Set Start Time							00-23,		
	START_16	Col. 7128	Char 4					00-59	<input type="checkbox"/> HHMM	
1a.	Has ... EVER been a patient in a nursing home, convalescent or rest home?									
	MPP_1A	Col. 7132	Char 1					1	<input type="checkbox"/> Yes	
								2	<input type="checkbox"/> No - SKIP to 1e	
								D,R	<input type="checkbox"/> - SKIP to 1e	
b.	How many times?									
	MPP_1B	Col. 7133	Char 2					01-99	<input type="checkbox"/> Time(s)	
c1.	When was ... admitted that time/the last time?									
	MPP_1C_1	Col. 7135	Char 2					01-12	<input type="checkbox"/> Month	
	MPP_1C_2	Col. 7137	Char 4					1900-		
								1999	<input type="checkbox"/> Year	
c2.	time before that?									
	MPP_1C21	Col. 7141	Char 2					01-12	<input type="checkbox"/> Month	
	MPP_1C22	Col. 7143	Char 4					1900-		
								1999	<input type="checkbox"/> Year	
c3.	and the time before that?									
	MPP_1C31	Col. 7147	Char 2					01-12	<input type="checkbox"/> Month	
	MPP_1C32	Col. 7149	Char 4					1900-		
								1999	<input type="checkbox"/> Year	
d1.	How long was ... in nursing home that time/last time (days OR months)?									
	MPP_1D_1	Col. 7153	Char 2					01-99	<input type="checkbox"/> Days OR	
	MPP_1D_2	Col. 7155	Char 2					01-99	<input type="checkbox"/> Months	
d2.	time before that (days OR months)?									
	MPP_1D21	Col. 7157	Char 2					01-99	<input type="checkbox"/> Days OR	
	MPP_1D22	Col. 7159	Char 2					01-99	<input type="checkbox"/> Months	
d3.	and the time before that (days OR months)?									
	MPP_1D31	Col. 7161	Char 2					01-99	<input type="checkbox"/> Days OR	
	MPP_1D32	Col. 7163	Char 2					01-99	<input type="checkbox"/> Months	

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e. Is ... now on a waiting list to go into a nursing home? MPP_1E Col. 7165 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. Has ... been a patient in a hospital overnight or longer, in the last 12 months? MPP_2A Col. 7166 Char 1	1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 3a <input type="checkbox"/> - SKIP to 3a
b. How many times? MPP_2B Col. 7167 Char 2	01-99	Time(s)
c1. When was ... admitted that time/the last time? MPP_2C_1 Col. 7169 Char 2 MPP_2C_2 Col. 7171 Char 2	01-12 98-99	<input type="checkbox"/> Month <input type="checkbox"/> Year
c2. time before that? MPP_2C21 Col. 7173 Char 2 MPP_2C22 Col. 7175 Char 2	01-12 01-12 98-99	<input type="checkbox"/> Month <input type="checkbox"/> Month <input type="checkbox"/> Year
c3. and the time before that? MPP_2C31 Col. 7177 Char 2 MPP_2C32 Col. 7179 Char 2	01-12 01-12 98-99	<input type="checkbox"/> Month <input type="checkbox"/> Month <input type="checkbox"/> Year
d1. How long was ... in the hospital that time/last time (days OR months)? MPP_2D_1 Col. 7181 Char 2 MPP_2D_2 Col. 7183 Char 2	01-99 01-99	<input type="checkbox"/> Days OR <input type="checkbox"/> Months
d2. time before that (days OR months)? MPP_2D21 Col. 7185 Char 2 MPP_2D22 Col. 7187 Char 2	01-99 01-99	<input type="checkbox"/> Days OR <input type="checkbox"/> Months
d3. and the time before that (days OR months)? MPP_2D31 Col. 7189 Char 2 MPP_2D32 Col. 7191 Char 2	01-99 01-99	<input type="checkbox"/> Days OR <input type="checkbox"/> Months
3a. In the last month, that is, since [date], did ... see a physical therapist, occupational therapist, speech therapist, or hearing therapist (not counting when ... was in the hospital)? MPP_3A Col. 7193 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 4a
b. Which of these therapists did ... see? Anyone else? (1) Physical therapist MPP_3B_1 Col. 7194 Char 1 (2) Occupational therapist MPP_3B_2 Col. 7195 Char 1 (3) Speech therapist MPP_3B_3 Col. 7196 Char 1 (4) Hearing therapist MPP_3B_4 Col. 7197 Char 1	X X X X	<input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise
c. How many times did ... see this therapist(s) in the last month? (1) Physical therapist MPP_3CP Col. 7198 Char 2 (2) Occupational therapist MPP_3CO Col. 7200 Char 2 (3) Speech therapist MPP_3CS Col. 7202 Char 2 (4) Hearing therapist MPP_3CH Col. 7204 Char 2	01-31 01-31 01-31 01-31	<input type="checkbox"/> Time(s) <input type="checkbox"/> Time(s) <input type="checkbox"/> Time(s) <input type="checkbox"/> Time(s)
d. Did ... see this therapist(s) in ...'s home or somewhere else? (1) Physical therapist MPP_3DP Col. 7206 Char 1 (2) Occupational therapist MPP_3DO Col. 7207 Char 1 (3) Speech therapist MPP_3DS Col. 7208 Char 1	1 2 3 1 2 3 1 2 3	<input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both

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(4) Hearing therapist MPP_3DH	Col. 7209	Char 1	1 <input type="checkbox"/> At home 2 <input type="checkbox"/> Somewhere else 3 <input type="checkbox"/> Both
e. Will ... end up paying any of the charges for that visit/all those visits? MPP_3E	Col. 7210	Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Included with other charges D,R <input type="checkbox"/> } SKIP to 3g
f. How much? (Dollars OR percent) MPP_3F_1	Col. 7211	Char 4	1-5K <input type="checkbox"/> Dollars - SKIP to 3g. 0,D,R <input type="checkbox"/> SKIP to MPP_3F_2
MPP_3F_2	Col. 7215	Char 3	0-100 <input type="checkbox"/> Percent
g. Will insurance, Medicare, Medicaid, or anyone else, including any members of ...'s family, end up paying any of the charges for that visit/all those visits? MPP_3G	Col. 7218	Char 1	1 <input type="checkbox"/> Yes - SKIP to 3i 2,D,R <input type="checkbox"/> No
MPP_CK6 Refer to 3e and 3g above. MPP_CK6	Col. 7219	Char 1	1 <input type="checkbox"/> Sample person paid nothing and no one else will pay 2 <input type="checkbox"/> otherwise - SKIP to 4a
h. Why was there no charge? (FR: Enter each reason mentioned.) (1) One general fee/blanket charge MPP_3H_1	Col. 7220	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(2) Group practice prepayment/Health Maintenance Organization (HMO) MPP_3H_2	Col. 7221	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(3) Welfare/Public Assistance MPP_3H_3	Col. 7222	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(4) Private organization/charity MPP_3H_4	Col. 7223	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(5) Federal, State, or city hospital, clinic, or health department MPP_3H_5	Col. 7224	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(6) Professional courtesy MPP_3H_6	Col. 7225	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(7) Specify other reason MPP_3H_7	Col. 7226	Char 1	X <input type="checkbox"/> Other - Specify in MPP_3H_8 below MPP_3H_8 Col. 7227 Char 40
i. Who will end up paying? Anyone else? (1) Fee for service insurance plans MPP_3I01	Col. 7267	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(2) HMO/prepaid group MPP_3I03	Col. 7268	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(3) Medicare MPP_3I05	Col. 7269	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(4) Medicaid MPP_3I07	Col. 7270	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(5) Veterans Administration (VA) MPP_3I09	Col. 7271	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(6) Household member(s) MPP_3I11	Col. 7272	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(7) Child(ren) of sample person (non-household member(s)) MPP_3I13	Col. 7273	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(8) Father MPP_3I16	Col. 7274	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(9) Mother MPP_3I18	Col. 7275	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(10) Son-in-law MPP_3I02	Col. 7276	Char 1	X <input type="checkbox"/> X if used, blank otherwise

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(11) Daughter-in-law MPP_3I04	Col. 7277	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(12) Brother MPP_3I06	Col. 7278	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(13) Sister MPP_3I08	Col. 7279	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(14) Other male relative MPP_3I10	Col. 7280	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(15) Other female relative MPP_3I12	Col. 7281	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(16) Male friend MPP_3I14	Col. 7282	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(17) Female friend MPP_3I15	Col. 7283	Char 1	X	<input type="checkbox"/> X if used, blank otherwise
(18) Specify other reason MPP_3I17	Col. 7284	Char 1	X	<input type="checkbox"/> Other - Specify in MPP_3I_19 below MPP_3I19 (blank)

MPP_CK7 Refer to 3i above. Will a household member or child not in the household pay a portion of the charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No, D, R - SKIP to 4a
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- OPEN PERSON ROSTER -
Note: For a brief discussion of the Person Roster, please refer to the Control Card.

3j. You said that a household member and/or one of ... children would pay for at least a portion of the charges. Which household member and/or one of the children would that be? Anyone else? HHMMA01 - Col. 7285 20 Char 1 HHMMA20	X <input type="checkbox"/> Person selected, otherwise blank.
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- CLOSE PERSON ROSTER -

4a. In the last month, that is, since [date], did ... discuss any personal problems with a psychiatrist, psychologist, or any other mental health professional? MPP_4A Col. 7305 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5a D, R <input type="checkbox"/> - SKIP to 5a
b. How many times has ... seen one of these mental health professionals in the last month? MPP_4B Col. 7306 Char 2	01-31 <input type="checkbox"/>
c. Will ... end up paying any of the charges for that visit/all those visits? MPP_4C Col. 7308 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4e 3 <input type="checkbox"/> Included with other charges } D,R <input type="checkbox"/>
d. How much? (Dollars OR percent) MPP_4D_1 Col. 7309 Char 4 MPP_4D_2 Col. 7313 Char 3	1-5K <input type="checkbox"/> Dollars 0-100 <input type="checkbox"/> Percent
e. Will insurance, Medicare, Medicaid, or anyone else, including any members of ...'s family, end up paying any of the charges for that visit/all those visits? MPP_4E Col. 7316 Char 1	1 <input type="checkbox"/> Yes - SKIP to 4g 2 <input type="checkbox"/> No D,R <input type="checkbox"/>

MPP_CK8 Refer to 4c and 4e above. MPP_CK8 Col. 7317 Char 1	1 <input type="checkbox"/> Sample person paid nothing and no one else will pay 2 <input type="checkbox"/> otherwise - SKIP to 5a
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f. Why was there no charge? (FR: Enter each reason mentioned.)	
(1) One general fee/blanket charge MPP_4F_1 Col. 7318 Char 1	X <input type="checkbox"/> X if used, blank otherwise
(2) Group practice prepayment/Health Maintenance Organization (HMO) MPP_4F_2 Col. 7319 Char 1	X <input type="checkbox"/> X if used, blank otherwise
(3) Welfare/Public Assistance MPP_4F_3 Col. 7320 Char 1	X <input type="checkbox"/> X if used, blank otherwise
(4) Private organization/charity	

SKIP

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MPP_4F_4	Col. 7321	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	} to 5a
(5) Federal, State, or city hospital, clinic, or health department MPP_4F_5	Col. 7322	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(6) Professional courtesy MPP_4F_6	Col. 7323	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(7) Specify other reason MPP_4F_7	Col. 7324	Char 1	X	<input type="checkbox"/> Other - Specify in MPP_4F_8 below MPP_4F_8 Col. 7325 Char 40	

g. Who will end up paying? Anyone else?					
(1) Fee for service insurance plans MPP_4G01	Col. 7365	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(2) HMO/prepaid group MPP_4G03	Col. 7366	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(3) Medicare MPP_4G05	Col. 7367	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(4) Medicaid MPP_4G07	Col. 7368	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(5) Veterans Administration (VA) MPP_4G09	Col. 7369	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(6) Household member(s) MPP_4G11	Col. 7370	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(7) Child(ren) of sample person (non-household member(s)) MPP_4G13	Col. 7371	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(8) Father MPP_4G16	Col. 7372	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(9) Mother MPP_4G18	Col. 7373	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(10) Son-in-law MPP_4G02	Col. 7374	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(11) Daughter-in-law MPP_4G04	Col. 7375	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(12) Brother MPP_4G06	Col. 7376	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(13) Sister MPP_4G08	Col. 7377	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(14) Other male relative MPP_4G10	Col. 7378	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(15) Other female relative MPP_4G12	Col. 7379	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(16) Male friend MPP_4G14	Col. 7380	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(17) Female friend MPP_4G15	Col. 7381	Char 1	X	<input type="checkbox"/> X if used, blank otherwise	
(18) Specify other MPP_4G17	Col. 7382	Char 1	X	<input type="checkbox"/> Other - Specify in MPP_4G19 below MPP_4G19 (blank)	

MPP_CK9	Refer to 4g above. Will a household member or child not in the household pay a portion of the charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 5a
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- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

h. You said that a household member and/or one of ... children would pay for at least a portion of the charges. Which household member and/or one of the children would that be? Anyone else?	X	<input type="checkbox"/> Person selected, otherwise blank.
HHMMXB01 - HHMMXB20	Col. 7383	20 Char 1

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- CLOSE PERSON ROSTER -			
5a. In the last month, that is, since [date], did ... receive care from a dentist, foot doctor, optometrist, or chiropractor? MPP_5A Col. 7403 Char 1		1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 6a - SKIP to 6a
b. Which of these did ... see? Anyone else? (1) Dentist MPP_5B_1 Col. 7404 Char 1 (2) Foot doctor MPP_5B_2 Col. 7405 Char 1 (3) Optometrist MPP_5B_3 Col. 7406 Char 1 (4) Chiropractor MPP_5B_4 Col. 7407 Char 1		X X X X	<input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise <input type="checkbox"/> X if used, blank otherwise
c. How many times did ... see this professional(s) in the last month? (1) Dentist MPP_5CD Col. 7408 Char 2 (2) Foot doctor MPP_5CF Col. 7410 Char 2 (3) Optometrist MPP_5CT Col. 7412 Char 2 (4) Chiropractor MPP_5CC Col. 7414 Char 2		01-31 01-31 01-31 01-31	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. Did ... see this professional(s) in ... home or somewhere else? (1) Dentist MPP_5DD Col. 7416 Char 1 (2) Foot doctor MPP_5DF Col. 7417 Char 1 (3) Optometrist MPP_5DT Col. 7418 Char 1 (4) Chiropractor MPP_5DC Col. 7419 Char 1		1 2 3 1 2 3 1 2 3 1 2 3	<input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both <input type="checkbox"/> At home <input type="checkbox"/> Somewhere else <input type="checkbox"/> Both
6a. In the last month, that is, since [date], did ... go to an emergency room or hospital clinic when ... did NOT stay overnight? (Do not include any visits you have already told me about.) MPP_6A Col. 7420 Char 1		1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 7a - SKIP to 7a
b. How many times did ... go in the last month? MPP_6B Col. 7421 Char 2		01-31	<input type="checkbox"/> Times
7a. (Not counting any visits you've already told me about) in the last month, that is, since (date), did ... receive medical care in a doctor's office? (Do NOT count doctors seen in a hospital emergency room or hospital clinic, or while a patient in the hospital.) MPP_7A Col. 7423 Char 1		1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 8a - SKIP to 8a
b. How many times did ... receive care in a doctor's office in the last month? MPP_7B Col. 7424 Char 2		01-31	<input type="checkbox"/> Times
8a. In the last month, that is, since (date), did ... see a doctor in ...'s home? (Do NOT count any visits you already told me about.) MPP_8A Col. 7426 Char 1		1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 9 - SKIP to 9
b. How many times did ... see a doctor in ...'s home in the last month? MPP_8B Col. 7427 Char 2		01-31	<input type="checkbox"/> Times
9. Does ... have a regular source of medical care, like a family doctor, a clinic, or some other medical person or place? MPP_9 Col. 7429 Char 1		1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
10a. In the last month, that is, since (date), did ...receive nursing services at		1	<input type="checkbox"/> Yes

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home from someone such as a visiting nurse, home health aide, or nurse's aide?

MPP_10A Col. 7430 Char 1

2 No - SKIP to BEGIN MPP 2
D,R - SKIP to BEGIN MPP 2

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

10b. Who provided these at home nursing services? Anyone else?
[If person or organization is not already listed in the roster, add to roster.]
NOTE: IF ANY NEW HELPERS ARE ADDED TO THE ROSTER IN 10B, HELPER QUESTIONS MUST BE COMPLETED FOR EACH NEW HELPER.

NAME_1 -
NAME_20

Blank

Set appropriate NRSFLGxx, HLPFLGxx, IDLFLGxx, and QNEWFGxx = 1.

NRSFLG01 - Col. 7431 20 Char 1
NRSFLG20

1 Helped with home nursing services
 Blank otherwise

HLPFLG01 - Col. 1501 20 Char 1
HLPFLG20

1 Helper
 Blank otherwise

IDLFLG01 - Col. 1779 20 Char 1
IDLFLG20

1 Helped with IADL
 Blank otherwise

QNEWFG01 - Col. 7451 20 Char 1
QNEWFG20

1 Helped with home nursing services
 Blank otherwise

- CLOSE PERSON ROSTER -

END MPP ONE

Set end time
END_T16 Col. 7471 Char 4

00-23,
00-59 HHMM

Subtract MPP ONE start time from MPP ONE end time
CUML_T16 Col. 7475 Char 4

0000-
9999 Minutes

NOTE: IF ANY NEW HELPERS WERE ADDED TO THE ROSTER IN 10B ABOVE (I.E., HELPERS NOT ADDED IN THE ADL OR IADL SECTIONS), HELPER QUESTIONS MUCH BE COMPLETED FOR EACH NEW HELPER ADDED.

BEGIN MPP HELPER

Set Start Time
START_17 Col. 7479 Char 4

00-23,
00-59 HHMM

Repeat questions in Section 4, Helpers Section, for all NEW helpers.

END MPP HELPER

Set end time
END_T17 Col. 7483 Char 4

00-23,
00-59 HHMM

Subtract MPP HELPER start time from MPP HELPER end time
CUML_T17 Col. 7487 Char 4

0000-
9999 Minutes

BEGIN MPP TWO

Set Start Time
START_18 Col. 7491 Char 4

00-23,
00-59 HHMM

MPP_CK12

Refer to Control Card, question 2a, PROXY.
MPP_CK12 Col. 7495 Char 1

1 Sample Person
2 Proxy - SKIP to 12a

11a. In the last month, that is since [date], did you have any health problem or condition about which you would have liked to see a doctor or medical person, but did not?

MPP_11A Col. 7496 Char 1

1 Yes
2 No - SKIP to 12a
D,R - SKIP to 12a

11b. What is the reason that you didn't see a doctor or other medical person? Any other reason?

FR: RECORD VERBATIM RESPONSE.
MPP_1101 Col. 7497 Char 40

Character string

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MPP_1102	Col. 7537	Char 40		
MPP_1103	Col. 7577	Char 40		
FR: THEN ENTER EACH REASON MENTIONED.			X	<input type="checkbox"/> X if used, blank otherwise
(1) Financial				
MPP_1105	Col. 7617	Char 1		
(2) Time				
MPP_1106	Col. 7618	Char 1		
(3) Availability of a doctor				
MPP_1107	Col. 7619	Char 1		
(4) Transportation				
MPP_1108	Col. 7620	Char 1		
(5) Not free to leave				
MPP_1109	Col. 7621	Char 1		
(6) Problem not serious				
MPP_1110	Col. 7622	Char 1		
(7) Afraid to find out what's wrong				
MPP_1111	Col. 7623	Char 1		
(8) Weather				
MPP_1112	Col. 7624	Char 1		
(9) Other reason(s)				
MPP_1113	Col. 7625	Char 1		
12a. In the last month, that is, since [date], how many prescription medicines were bought by ... or obtained for ...?			01-99	<input type="checkbox"/> Medicines
MPP_12A	Col. 7626	Char 2	0,D,R	<input type="checkbox"/> Medicines - SKIP to 13
b. Will ... end up paying any of the charges for this/these prescription(s)?			1	<input type="checkbox"/> Yes
MPP_12B	Col. 7628	Char 1	2	<input type="checkbox"/> No
			3	<input type="checkbox"/> Included with other charges
			D,R	<input type="checkbox"/> } SKIP to 12d
c. How much? (Dollars OR percent)			1-5K	<input type="checkbox"/> Dollars - SKIP to 12d.
MPP_12C1	Col. 7629	Char 4	0,D,R	<input type="checkbox"/> continue to MPP_12C2
MPP_12C2	Col. 7633	Char 3	0-100	<input type="checkbox"/> Percent
d. Will insurance, Medicaid, or anyone else, including any members of ...'s family, end up paying any of the charges for this/these prescription(s)?			1	<input type="checkbox"/> Yes - SKIP to 12f
MPP_12D	Col. 7636	Char 1	2	<input type="checkbox"/> No
MPP_CK13 Refer to 12b and 12d above.			1	<input type="checkbox"/> Sample person paid nothing and no one else will pay
MPP_CK13	Col. 7637	Char 1	2	<input type="checkbox"/> otherwise - SKIP to 13
e. Why was there no charge? (FR: Enter each reason mentioned.)				
(1) One general fee/blanket charge			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1202	Col. 7638	Char 1		
(2) Group practice prepayment/Health Maintenance Organization (HMO)			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1203	Col. 7639	Char 1		
(3) Welfare/Public Assistance			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1204	Col. 7640	Char 1		
(4) Private organization/charity			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1205	Col. 7641	Char 1		
(5) Federal, State, or city hospital, clinic, or health department			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1206	Col. 7642	Char 1		
(6) Professional courtesy			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1207	Col. 7643	Char 1		
(7) Specify other reason			X	<input type="checkbox"/> X if used, blank otherwise
MPP_1208	Col. 7644	Char 1		
			X	<input type="checkbox"/> Other - Specify in MPP_1209 below
	MPP_1209	Col. 7645	Char 40	

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f. Who will end up paying? Anyone else?				
(1)	Fee for service insurance plans			
	MPP_1213	Col. 7685	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(2)	HMO/prepaid group			
	MPP_1215	Col. 7686	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(3)	Medicare			
	MPP_1217	Col. 7687	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(4)	Medicaid			
	MPP_1219	Col. 7688	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(5)	Veterans Administration (VA)			
	MPP_1221	Col. 7689	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(6)	Household member(s)			
	MPP_1223	Col. 7690	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(7)	Child(ren) of sample person (non-household member(s))			
	MPP_1225	Col. 7691	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(8)	Father			
	MPP_1228	Col. 7692	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(9)	Mother			
	MPP_1230	Col. 7693	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(10)	Son-in-law			
	MPP_1214	Col. 7694	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(11)	Daughter-in-law			
	MPP_1216	Col. 7695	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(12)	Brother			
	MPP_1218	Col. 7696	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(13)	Sister			
	MPP_1220	Col. 7697	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(14)	Other male relative			
	MPP_1222	Col. 7698	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(15)	Other female relative			
	MPP_1224	Col. 7699	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(16)	Male friend			
	MPP_1226	Col. 7700	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(17)	Female friend			
	MPP_1227	Col. 7701	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(18)	Other - specify			
	MPP_1229	Col. 7702	Char 1	X <input type="checkbox"/> Other - Specify in MPP_1231 below MPP_1231 (blank)
MPP_CK14				
Refer to 12f above. Will a household member or child not in the household pay a portion of the charges?				<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 13
- OPEN PERSON ROSTER -				
Note: For a brief discussion of the Person Roster, please refer to the Control Card.				
g. You said that a household member and/or one of ... children would pay for at least a portion of the charges. Which household member and/or one of the children would that be? Anyone else?				X <input type="checkbox"/> Person selected, otherwise blank.
	HHMMXC01 -	Col. 7703	20 Char 1	
	HHMMXC20			
- CLOSE PERSON ROSTER -				
13. Is ... taking any prescription medicine now to help calm ... down or to relieve depression?				1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	MPP_13	Col. 7723	Char 1	
END MPP TWO				
Set end time				00-23,
	END_TI18	Col. 7724	Char 4	00-59 <input type="checkbox"/> HHMM
Subtract MPP TWO start time from MPP TWO end time				0000-

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CUML_T18	Col. 7728	Char 4	1999	<input type="checkbox"/>	Minutes
Section F - MILITARY SERVICE, ETHNICITY, INCOME AND ASSETS					
BEGIN INCOME					
Set Start Time			00-23,		
START_20	Col. 7732	Char 4	00-59	<input type="checkbox"/>	HHMM
CHECK GROUP			1	<input type="checkbox"/>	Yes - SKIP to 4.
Refer to GROUP. Has sample person received a detailed interview in previous survey waves (i.e., is an 'automatic in')?			2	<input type="checkbox"/>	No
INC_CHK2	Col. 7736	Char 1			
1a. Did ... ever serve on active duty in the Armed Forces of the United States?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - SKIP to 3a
INC_1A	Col. 7737	Char 1	D,R	<input type="checkbox"/>	- SKIP to 3a
b. When did ... serve? Any other periods of service?					
(1) World War I (April '17 - Nov '18)					
INC_1B_1	Col. 7738	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(2) World War II (Sept '40 - July '47)					
INC_1B_2	Col. 7739	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(3) Korean War (June '50 - Jan '55)					
INC_1B_3	Col. 7740	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(4) Vietnam War (Aug '64 - April '75)					
INC_1B_4	Col. 7741	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(5) Post Vietnam (May '75 - present)					
INC_1B_5	Col. 7742	Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(6) Other Service (All other periods)					
INC_1B_6	Col. 7743	Char 1	X	<input type="checkbox"/>	X if other, blank otherwise
c. Was ... ever an active member of a National Guard or military reserve unit?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - SKIP to 2a
INC_1C	Col. 7744	Char 1	D,R	<input type="checkbox"/>	- SKIP to 2a
d. Was ALL of ...'s active duty service related to National Guard or military reserve training?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
INC_1D	Col. 7745	Char 1			
2a. Does ... have a disability related to ...'s service in the Armed Forces of the United States?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - SKIP to 3a
INC_2A	Col. 7746	Char 1	D,R	<input type="checkbox"/>	- SKIP to 3a
b. What is ...'s current VA disability rating?			000 -		
INC_2B	Col. 7747	Char 3	100	<input type="checkbox"/>	percent
3a. Is ... of Spanish/Hispanic origin?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No
INC_3A	Col. 7750	Char 1			
b. Look at Flashcard C. What is ...'s race?			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, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian)
			5	<input type="checkbox"/>	Other - Specify in INC_3B_2 below
					INC_3B_2 Col. 7752 Char 40
			D,R	<input type="checkbox"/>	
4. Look at Flashcard O. Which of these types of places is ... living in now?			1	<input type="checkbox"/>	Alone or with others in a house/apartment (independent living)
			2	<input type="checkbox"/>	In a retirement home
			3	<input type="checkbox"/>	In a boarding home, rooming house, or rented room
			4	<input type="checkbox"/>	In a foster or family care home
			5	<input type="checkbox"/>	In a group home or community residential facility
			6	<input type="checkbox"/>	In assisted living setting with board and/or personal care services available
INC_4_1	Col. 7792	Char 1			

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		7	<input type="checkbox"/> In another place - specify in INC_4_2 below INC_4_2 (Blank)
		D,R	<input type="checkbox"/>
5a. During the last month, that is, in the month of [previous month], did ... receive Social Security benefits or Railroad Retirement benefits?	INC_5A	Col. 7793	Char 1
		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP to INC_CK5
		D,R	<input type="checkbox"/> - SKIP to INC_CK5
b. How much did ... receive in [previous month]?	INC_5B	Col. 7794	Char 4
		1 -	
		5001	<input type="checkbox"/> Dollars - SKIP to INC_CK5
		D, R	<input type="checkbox"/>
c. Look at Flashcard P. Which category would you say best represents the amount ... received in [previous month]?	INC_5C	Col. 7798	Char 2
		1	<input type="checkbox"/> Under \$200
		2	<input type="checkbox"/> \$200-\$399
		3	<input type="checkbox"/> \$400-\$599
		4	<input type="checkbox"/> \$600-\$799
		5	<input type="checkbox"/> \$800-\$999
		6	<input type="checkbox"/> \$1000-\$1499
		7	<input type="checkbox"/> \$1500-\$1999
		8	<input type="checkbox"/> \$2000-\$2999
		9	<input type="checkbox"/> \$3000-\$3999
		10	<input type="checkbox"/> Over \$4000
INC_CK5 Refer to INCFLGxx at the end of the Control Card, section "Set Flags for Community Survey". How many family members in the household are 15 years of age or older?	INC_CK5	Col. 7800	Char 2
		0	<input type="checkbox"/> Members - SKIP to 7a
		1-20	<input type="checkbox"/> Members
d. During [previous month], did any family members who live with ... receive Social Security benefits or Railroad Retirement benefits?	INC_5D	Col. 7802	Char 1
		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP to 7a
		D, R	<input type="checkbox"/> - SKIP to 7a
- OPEN PERSON ROSTER -			
Note: For a brief discussion of the Person Roster, please refer to the Control Card.			
e. Did [person] receive these payments?	INC_5E01 - INC_5E20	Col. 7803	20 Char 1
		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - Continue to next person. If last person in roster, SKIP to 7a
		D,R	<input type="checkbox"/> - SKIP to 7a
f. How much did [person] receive?	INC_5F01 - INC_5F20	Col. 7823	20 Char 4
		1 -	
		5001	<input type="checkbox"/> Dollars - Continue to next person in roster. If last person, SKIP to 7a
		D, R	<input type="checkbox"/>
g. Look at Flashcard P. Which category would you say best represents the amount [person] received in [previous month]?	INC_5G01 - INC_5G20	Col. 7903	20 Char 2
		1	<input type="checkbox"/> Under \$200
		2	<input type="checkbox"/> \$200-\$399
		3	<input type="checkbox"/> \$400-\$599
		4	<input type="checkbox"/> \$600-\$799
		5	<input type="checkbox"/> \$800-\$999
		6	<input type="checkbox"/> \$1000-\$1499
		7	<input type="checkbox"/> \$1500-\$1999
		8	<input type="checkbox"/> \$2000-\$2999
		9	<input type="checkbox"/> \$3000-\$3999
		10	<input type="checkbox"/> Over \$4000
		Continue to next person in roster. If last person, close roster.	
- CLOSE PERSON ROSTER -			
Note: Question 6 not used.			
7a. During the last month, that is, in the month of [previous month], did ... receive any other retirement, pension, or annuity income?	INC_7A	Col. 7943	Char 1
		1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP to INC_CK7
		D,R	<input type="checkbox"/> - SKIP to INC_CK7

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<p>b. How much did ... receive in [previous month]? INC_7B Col. 7944 Char 4</p>	<p>1 - 5001 <input type="checkbox"/> Dollars - SKIP to INC_CK7 D, R <input type="checkbox"/></p>
<p>c. Look at Flashcard P. Which category would you say best represents the amount ... received in [previous month]? INC_7C Col. 7948 Char 2</p>	<p>1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000</p>
<p>INC_CK7 Refer to INCFLGxx at the end of the Control Card, section "Set Flags for Community Survey". How many family members in the household are 15 years of age or older? INC_CK7 Col. 7950 Char 2</p>	<p>0 <input type="checkbox"/> Members - SKIP to 9a 1-20 <input type="checkbox"/> Members</p>
<p>d. During [previous month], did any family members who live with ... receive any other retirement, pension, or annuity income? INC_7D Col. 7952 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a D, R <input type="checkbox"/> - SKIP to 9a</p>
<p>- OPEN PERSON ROSTER - Note: For a brief discussion of the Person Roster, please refer to the Control Card.</p>	
<p>e. Did [person] receive these payments? INC_7E01 - Col. 7953 20 Char 1 INC_7E20</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Continue to next person. If last person in roster, SKIP to 9a</p>
<p>f. How much did [person] receive? INC_7F01 - Col. 7973 20 Char 4 INC_7F20</p>	<p>1- 5001 <input type="checkbox"/> Dollars - Continue to next person in roster. If last person, SKIP to 9a D, R <input type="checkbox"/></p>
<p>g. Look at Flashcard P. Which category would you say best represents the amount [person] received in [previous month]? INC_7G01 - Col. 8053 20 Char 2 INC_7G20</p>	<p>1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499 7 <input type="checkbox"/> \$1500-\$1999 8 <input type="checkbox"/> \$2000-\$2999 9 <input type="checkbox"/> \$3000-\$3999 10 <input type="checkbox"/> Over \$4000</p> <p style="text-align: right;">} Continue to next person in roster. If last person, close roster.</p>
<p>- CLOSE PERSON ROSTER -</p>	
<p>Note: Question 8 not used.</p>	
<p>9a. During the last month, that is, in the month of [previous month], did ... receive Supplemental Security Income, that is, SSI payments? These can come from either the Federal government or the State government. INC_9A Col. 8093 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to INC_CK9 D,R <input type="checkbox"/> - SKIP to INC_CK9</p>
<p>b. How much did ... receive in [previous month]? INC_9B Col. 8094 Char 4</p>	<p>1 - 5001 <input type="checkbox"/> Dollars - SKIP to INC_CK9 D, R <input type="checkbox"/></p>
<p>c. Look at Flashcard P. Which category would you say best represents the amount ... received in [previous month]? INC_9C Col. 8098 Char 2</p>	<p>1 <input type="checkbox"/> Under \$200 2 <input type="checkbox"/> \$200-\$399 3 <input type="checkbox"/> \$400-\$599 4 <input type="checkbox"/> \$600-\$799 5 <input type="checkbox"/> \$800-\$999 6 <input type="checkbox"/> \$1000-\$1499</p>

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		7	<input type="checkbox"/>	\$1500-\$1999	
		8	<input type="checkbox"/>	\$2000-\$2999	
		9	<input type="checkbox"/>	\$3000-\$3999	
		10	<input type="checkbox"/>	Over \$4000	
INC CK9		0	<input type="checkbox"/>	Members - SKIP to INC CK13	
Refer to INCFLGxx at the end of the Control Card, section "Set Flags for Community Survey". How many family members in the household are 15 years of age or older?		1-20	<input type="checkbox"/>	Members	
INC CK9	Col. 8100	Char 2			
d. During [previous month], did any family members who live with ... 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 - SKIP to 13a	
INC 9D	Col. 8102	Char 1	D, R	<input type="checkbox"/>	- SKIP to 13a
- OPEN PERSON ROSTER -					
Note: For a brief discussion of the Person Roster, please refer to the Control Card.					
e. Did [person] receive these payments?		1	<input type="checkbox"/>	Yes	
INC 9E01 -	Col. 8103	20 Char 1	2	<input type="checkbox"/>	No - Continue to next person. If last person in roster, SKIP to INC CK13
INC 9E20					
f. How much did [person] receive?		1-	<input type="checkbox"/>	Dollars - Continue to next person in roster. If last person, SKIP to INC CK13	
INC 9F01 -	Col. 8123	20 Char 4	5001	<input type="checkbox"/>	
INC 9F20			D, R	<input type="checkbox"/>	
g. Look at Flashcard P. Which category would you say best represents the amount [person] received in [previous month]?		1	<input type="checkbox"/>	Under \$200	} Continue to next person in roster. If last person, close roster.
		2	<input type="checkbox"/>	\$200-\$399	
		3	<input type="checkbox"/>	\$400-\$599	
		4	<input type="checkbox"/>	\$600-\$799	
		5	<input type="checkbox"/>	\$800-\$999	
		6	<input type="checkbox"/>	\$1000-\$1499	
		7	<input type="checkbox"/>	\$1500-\$1999	
		8	<input type="checkbox"/>	\$2000-\$2999	
		9	<input type="checkbox"/>	\$3000-\$3999	
		10	<input type="checkbox"/>	Over \$4000	
- CLOSE PERSON ROSTER -					
Note: Questions 10-12 not used.					
INC CK13		1-20	<input type="checkbox"/>	Members	
Refer to FAMFLGxx at the end of the Control Card, section "Set Flags for Community Survey". How many family members are in the household?					
INC 13AC	Col. 8243	Char 2			
13a. Did ... [or any family member who lives here] receive food stamps in [previous month]?		1	<input type="checkbox"/>	Yes	
		2	<input type="checkbox"/>	No - SKIP to INC CK2A	
INC 13A	Col. 8245	Char 1	D, R	<input type="checkbox"/>	- SKIP to INC CK2A
b1. What was the value of the stamps received in [previous month]?		1 -	<input type="checkbox"/>	Dollars - SKIP to 13c	
INC 13B1	Col. 8246	Char 4	5000	<input type="checkbox"/>	
			D, R	<input type="checkbox"/>	
b2. Look at Flashcard P. Which category would you say best represents the total value of the stamps received in [previous month]?		1	<input type="checkbox"/>	Under \$200	
		2	<input type="checkbox"/>	\$200-\$399	
		3	<input type="checkbox"/>	\$400-\$599	
		4	<input type="checkbox"/>	\$600-\$799	
		5	<input type="checkbox"/>	\$800-\$999	
		6	<input type="checkbox"/>	\$1000-\$1499	
		7	<input type="checkbox"/>	\$1500-\$1999	
		8	<input type="checkbox"/>	\$2000-\$2999	
		9	<input type="checkbox"/>	\$3000-\$3999	
		10	<input type="checkbox"/>	Over \$4000	
INC 13B2	Col. 8250	Char 2			
c. How long has ... received food stamps?		01-50	<input type="checkbox"/>	Years	
INC 13C1	Col. 8252	Char 2			

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INC_13C2	Col. 8254	Char 2	01-24	<input type="checkbox"/>	Months
INC_CK2A Refer to FAMFLGxx and AGExx in the Control Card. Are there any family members in the household with ages less than or equal to 21?			0	<input type="checkbox"/>	Members - SKIP to 15a
INC_CK2A			1-20	<input type="checkbox"/>	Members
INC_14A			Col. 8256	Char 2	
14a. In [1 month prior to current system month], did ... [or any members of ...'s family who live here] receive any payments from Aid to Families with Dependent Children, sometimes called AFDC or ADC?			1	<input type="checkbox"/>	Yes
			2	<input type="checkbox"/>	No - SKIP to 15a
INC_14A			Col. 8258	Char 1	
- OPEN PERSON ROSTER -					
Note: For a brief discussion of the Person Roster, please refer to the Control Card.					
b. Whose name was on the check?			X	<input type="checkbox"/>	Selected
FAM_XA01 -			Col. 8259	20 Char 1	
FAM_XA20					
- CLOSE PERSON ROSTER -					
c1. How much was the check for?			1 -	<input type="checkbox"/>	Dollars - SKIP to INC_14D
INC_14C1			5000	<input type="checkbox"/>	
			D, R	<input type="checkbox"/>	
c2. Look at Flashcard P. Which category would you say best represents the amount the check was for?			1	<input type="checkbox"/>	Under \$200
INC_14C2			2	<input type="checkbox"/>	\$200-\$399
			3	<input type="checkbox"/>	\$400-\$599
			4	<input type="checkbox"/>	\$600-\$799
			5	<input type="checkbox"/>	\$800-\$999
			6	<input type="checkbox"/>	\$1000-\$1499
			7	<input type="checkbox"/>	\$1500-\$1999
			8	<input type="checkbox"/>	\$2000-\$2999
			9	<input type="checkbox"/>	\$3000-\$3999
			10	<input type="checkbox"/>	Over \$4000
- OPEN PERSON ROSTER -					
Note: For a brief discussion of the Person Roster, please refer to the Control Card.					
d. Whom did the check cover? Anyone else?			X	<input type="checkbox"/>	Selected
FAM_XB01 -			Col. 8285	20 Char 1	
FAM_XB20					
- CLOSE PERSON ROSTER -					
15a. Did ... [or any members of ...'s family who live here] receive any (other) welfare payments in [1 month prior to current month]?			1	<input type="checkbox"/>	Yes
INC_15A			2	<input type="checkbox"/>	No - SKIP to 18a
INC_15BC			Col. 8305	Char 1	
INC_15BCK			Col. 8306	Char 2	
Refer to FAMFLGxx at the end of the Control Card, section "Set Flags for Community Survey". Are there any family members in the household?			0	<input type="checkbox"/>	Members - SKIP to 15c1
			1-20	<input type="checkbox"/>	Members
- OPEN PERSON ROSTER -					
Note: For a brief discussion of the Person Roster, please refer to the Control Card.					
b. Whose name was on the check?			X	<input type="checkbox"/>	Selected
FAM_XC01 -			Col. 8308	20 Char 1	
FAM_XC20					
- CLOSE PERSON ROSTER -					
c1. How much was the check for?			1 -	<input type="checkbox"/>	Dollars - SKIP to 15d
INC_15C1			5000	<input type="checkbox"/>	
			D, R	<input type="checkbox"/>	
c2. Look at Flashcard P. Which category would you say best represents the amount the check was for?			1	<input type="checkbox"/>	Under \$200
INC_15C3			2	<input type="checkbox"/>	\$200-\$399
			3	<input type="checkbox"/>	\$400-\$599
			4	<input type="checkbox"/>	\$600-\$799
			5	<input type="checkbox"/>	\$800-\$999
			6	<input type="checkbox"/>	\$1000-\$1499

- 7 \$1500-\$1999
- 8 \$2000-\$2999
- 9 \$3000-\$3999
- 10 Over \$4000

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

d. Whom did the check cover? Anyone else?

FAM_XD01 - Col. 8334 20 Char 1
 FAM_XD20

X Selected

- CLOSE PERSON ROSTER -

Note: Questions 16 and 17 not used.

18a. Look at Flashcard Q. Which category on this card represents the total combined income before deductions during the LAST 12 months for ... [and all members of ... family who live with ...]? 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 all members of ...'s family].

INC_18A Col. 8354 Char 2

- 1 Under \$3000
- 2 \$3000-\$3999
- 3 \$4000-\$4999
- 4 \$5000-\$5999
- 5 \$6000-\$6999
- 6 \$7000-\$7999
- 7 \$8000-\$8999
- 8 \$9000-\$9999
- 9 \$10000-\$11999
- 10 \$12000-14999
- 11 \$15000-\$19999
- 12 \$20000-\$24999
- 13 \$25000-\$29999
- 14 \$30000-\$39999
- 15 \$40000-\$49999
- 16 \$50000-\$59999
- 17 \$60000-\$69999
- 18 \$70000-\$79999
- 19 \$80000-\$99999
- 20 \$100000 or more

} SKIP to INC_CK3

D,R

a1. Would it be \$25,000 or more?

INC_18A1 Col. 8356 Char 1

- 1 Yes - SKIP to 18a4
 - 2 No
- D,R - SKIP to INC_CK3

a2. Would it be \$10,000 or more?

INC_18A2 Col. 8357 Char 1

- 1 Yes - SKIP to INC_CK3
 - 2 No
- D,R - SKIP to INC_CK3

a3. Would it be \$5,000 or more?

INC_18A3 Col. 8358 Char 1

- 1 Yes } SKIP to
- 2 No } INC_CK3

a4. Would it be \$50,000 or more?

INC_18A4 Col. 8359 Char 1

- 1 Yes
 - 2 No - SKIP to INC_CK3
- D,R - SKIP to INC_CK3

a5. Would it be \$75,000 or more?

INC_18A5 Col. 8360 Char 1

- 1 Yes
- 2 No

INC_CK3

Refer to REL_xx, HHMEM_xx, and AGExx on the Control Card. How many family members over 15 years of age -- other than spouse -- are living in the household?

INC_CK3 Col. 8361 Char 2

- 0 Members - SKIP to 19
- 1-20 Members

b. Look at Flashcard Q. Now only consider [... and spouse]. Which category on this card represents the total combined income before deductions during the LAST 12 months 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 spouse].

- 1 Under \$3000
- 2 \$3000-\$3999
- 3 \$4000-\$4999
- 4 \$5000-\$5999
- 5 \$6000-\$6999
- 6 \$7000-\$7999

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INC_18B	Col. 8363	Char 2	7	<input type="checkbox"/>	\$8000-\$8999	} SKIP to 19
			8	<input type="checkbox"/>	\$9000-\$9999	
			9	<input type="checkbox"/>	\$10000-\$11999	
			10	<input type="checkbox"/>	\$12000-14999	
			11	<input type="checkbox"/>	\$15000-\$19999	
			12	<input type="checkbox"/>	\$20000-\$24999	
			13	<input type="checkbox"/>	\$25000-\$29999	
			14	<input type="checkbox"/>	\$30000-\$39999	
			15	<input type="checkbox"/>	\$40000-\$49999	
			16	<input type="checkbox"/>	\$50000-\$59999	
			17	<input type="checkbox"/>	\$60000-\$69999	
			18	<input type="checkbox"/>	\$70000-\$79999	
			19	<input type="checkbox"/>	\$80000-\$99999	
			20	<input type="checkbox"/>	\$100000 or more	
			D,R	<input type="checkbox"/>		
b1. Would it be \$25,000 or more? INC_18B1	Col. 8365	Char 1	1	<input type="checkbox"/>	Yes - SKIP to 18b4	
			2	<input type="checkbox"/>	No	
			D,R	<input type="checkbox"/>	- SKIP to 19	
b2. Would it be \$10,000 or more? INC_18B2	Col. 8366	Char 1	1	<input type="checkbox"/>	Yes - SKIP to 19	
			2	<input type="checkbox"/>	No	
			D,R	<input type="checkbox"/>	- SKIP to 19	
b3. Would it be \$5,000 or more? INC_18B3	Col. 8367	Char 1	1	<input type="checkbox"/>	Yes } SKIP to	
			2	<input type="checkbox"/>	No } 19	
b4. Would it be \$50,000 or more? INC_18B4	Col. 8368	Char 1	1	<input type="checkbox"/>	Yes	
			2	<input type="checkbox"/>	No - SKIP to 19	
			D,R	<input type="checkbox"/>	- SKIP to 19	
b5. Would it be \$75,000 or more? INC_18B5	Col. 8369	Char 1	1	<input type="checkbox"/>	Yes	
			2	<input type="checkbox"/>	No	
19. How many vehicles, including cars, vans, trailers, motorcycles, or other vehicles are owned by ... [and all members of ...'s family who live with ...] ? INC_19	Col. 8370	Char 2	0-99	<input type="checkbox"/>	Vehicles	
20a. Since 1994, has [... or spouse] sold a house? Include primary residence, secondary or vacation homes, and investment homes. INC_20A	Col. 8372	Char 1	1	<input type="checkbox"/>	Yes	
			2	<input type="checkbox"/>	No - SKIP to 21a	
			D,R	<input type="checkbox"/>	- SKIP to 21a	
b. What year did [... or spouse] sell this house? INC_20B	Col. 8373	Char 4	1994-	<input type="checkbox"/>	Year	
			1999	<input type="checkbox"/>		
c. Why did [... or spouse] sell this house?						
(1) No longer needed/wanted/able to maintain home INC_2002	Col. 8377	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(2) Wanted less expensive house to maintain INC_2003	Col. 8378	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(3) Married/widowed/divorced/separated INC_2004	Col. 8379	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(4) To be closer to family/friends INC_2005	Col. 8380	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(5) To help cover medical expenses INC_2006	Col. 8381	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(6) Employment related INC_2007	Col. 8382	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(7) Retired and relocated INC_2008	Col. 8383	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(8) To be convenient to public transportation/public services INC_2009	Col. 8384	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
(9) Other INC_2010	Col. 8385	Char 1	X	<input type="checkbox"/>	X if chosen, blank otherwise	
INC_CK20						

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Refer to 20c at (5) above. Is "help cover medical expenses" marked?		<input type="checkbox"/> Yes - SKIP to 21a <input type="checkbox"/> No
d. Were any of the proceeds from the sale of this house used to cover health care costs? INC_2013 Col. 8386 Char 1	1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
21a. Are ...'s living quarters owned or being bought by someone in ...'s household? INC_21A Col. 8387 Char 1	1 2	<input type="checkbox"/> Yes - SKIP to 24a <input type="checkbox"/> No
b. Are ...'s living quarters rented for cash or are they occupied without payment of cash rent? INC_21B Col. 8388 Char 1	1 2 D,R	<input type="checkbox"/> Rented for cash <input type="checkbox"/> No cash payment - SKIP to 28 <input type="checkbox"/> - SKIP to 28
22a. About how much is the rent each month? INC_22A Col. 8389 Char 5	1 - 10K D, R	<input type="checkbox"/> Dollars - SKIP to 23 <input type="checkbox"/>
b. Look at Flashcard P. Which category would you say best represents the amount of the rent? INC_22B Col. 8394 Char 2	1 2 3 4 5 6 7 8 9 10	<input type="checkbox"/> Under \$200 <input type="checkbox"/> \$200-\$399 <input type="checkbox"/> \$400-\$599 <input type="checkbox"/> \$600-\$799 <input type="checkbox"/> \$800-\$999 <input type="checkbox"/> \$1000-\$1499 <input type="checkbox"/> \$1500-\$1999 <input type="checkbox"/> \$2000-\$2999 <input type="checkbox"/> \$3000-\$3999 <input type="checkbox"/> Over \$4000
- OPEN PERSON ROSTER - Note: For a brief discussion of the Person Roster, please refer to the Control Card.		
23. In whose name is this house/apartment rented? Anyone else? PER_XA01 - Col. 8396 20 Char 1 PER_XA20	X O,D,R	<input type="checkbox"/> Selected - If last person, SKIP to 28 <input type="checkbox"/> Person not listed in roster, Don't Know, or Refused - SKIP to 28
- CLOSE PERSON ROSTER -		
24a. What is the present value of this home (and lot/farm), that is, how much would it bring if ... sold it on today's market? INC_24A Col. 8416 Char 6	0 - 999K D, R	<input type="checkbox"/> Dollars - SKIP to 25 <input type="checkbox"/>
b. Look at Flashcard R. Which category on this card would you say best represents the present value of this home? INC_24B Col. 8422 Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Under \$20000 <input type="checkbox"/> \$20000-\$34999 <input type="checkbox"/> \$35000-\$49999 <input type="checkbox"/> \$50000-\$74999 <input type="checkbox"/> \$75000-\$99999 <input type="checkbox"/> \$100000-\$149999 <input type="checkbox"/> \$150000 or more
c. Is there a mortgage or other indebtedness on this home (and lot/farm) at the present time? INC_24C Col. 8423 Char 1	1 2 D,R	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 25 <input type="checkbox"/> - SKIP to 25
d1. About how much is still owed? INC_24D1 Col. 8424 Char 6	1 - 500K D, R	<input type="checkbox"/> Dollars - SKIP to 24e1 <input type="checkbox"/>
d2. Look at Flashcard R. Which category on this card would you say best represents how much is owed on this home? INC_24D2 Col. 8430 Char 1	1 2 3 4 5 6 7	<input type="checkbox"/> Under \$20000 <input type="checkbox"/> \$20000-\$34999 <input type="checkbox"/> \$35000-\$49999 <input type="checkbox"/> \$50000-\$74999 <input type="checkbox"/> \$75999-\$99999 <input type="checkbox"/> \$100000-\$149999 <input type="checkbox"/> \$150000 or more
e1. About how much is ...'s monthly mortgage payment? INC_24E1 Col. 8431 Char 5	1 - 10K D, R	<input type="checkbox"/> Dollars - SKIP to 25 <input type="checkbox"/>

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e2. Look at Flashcard P. Which category would you say best represents ...'s monthly mortgage payment? INC_24E2 Col. 8436 Char 2	1	<input type="checkbox"/>	Under \$200
	2	<input type="checkbox"/>	\$200-\$399
	3	<input type="checkbox"/>	\$400-\$599
	4	<input type="checkbox"/>	\$600-\$799
	5	<input type="checkbox"/>	\$800-\$999
	6	<input type="checkbox"/>	\$1000-\$1499
	7	<input type="checkbox"/>	\$1500-\$1999
	8	<input type="checkbox"/>	\$2000-\$2999
	9	<input type="checkbox"/>	\$3000-\$3999
	10	<input type="checkbox"/>	Over \$4000

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

25. Who owns this (house/apartment)? Anyone else? PER_XB01 - Col. 8438 20 Char 1 PER_XB20	X	<input type="checkbox"/>	Selected
	O,D,R	<input type="checkbox"/>	Person not listed in roster, Don't Know, or Refused -

- CLOSE PERSON ROSTER -

Note: Questions 26 and 27 not used.

28. 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. What is ...'s Social Security number? Providing ...'s Social Security number is voluntary and will not affect ...'s benefits in any way. INC_28	<input type="checkbox"/>	Blank
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END INCOME Set end time END_TI20 Col. 8458 Char 4	00-23, 00-59	<input type="checkbox"/>	HHMM
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Subtract INCOME start time from INCOME end time CUML_T20 Col. 8462 Char 4	0000- 9999	<input type="checkbox"/>	Minutes
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Section G - Field Observations

OBS_FR1 FR: DO NOT READ TO RESPONDENT! WHO ANSWERED QUESTIONS DURING THIS SURVEY? OBS_FR1 Col. 8466 Char 1	1	<input type="checkbox"/>	Sample person answered all questions - SKIP to 7
	2	<input type="checkbox"/>	Proxy answered all questions
	3	<input type="checkbox"/>	Both sample person and proxy answered all questions - Proxy is currently answering for the sample person
	4	<input type="checkbox"/>	Both sample person and proxy answered all questions - Sample Person is currently answering all questions

1a. FR: IDENTIFY REASON(S) FOR PROXY INTERVIEW. (1) Sample person is mentally incapable OBS_WH02 Col. 8467 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(2) Sample person is physically incapable OBS_WH03 Col. 8468 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(3) Sample person has hearing/speech problem OBS_WH04 Col. 8469 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(4) Sample person cannot speak English OBS_WH05 Col. 8470 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(5) Sample person is temporarily absent OBS_WH06 Col. 8471 Char 1	X	<input type="checkbox"/>	X if used, blank otherwise
(6) Other OBS_WH07 Col. 8472 Char 1	X	<input type="checkbox"/>	Other - Specify in OBS_WH08 below OBS_WH08 (blank)

OBS_CKY Refer to OBS_FR1. Is Sample Person currently answering questions (i.e., OBS_FR1 = 4)?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No - Proxy is answering - SKIP to 1b1

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<p>1a1. During this interview someone assisted you with some of your responses. Next, I am going to ask you a few questions about this person and their relationship to you. What is their name? (FR: Evaluate against names in Person Roster) OBS_1A1 Col. 8473 Char 2</p>	<p>1-20 S O</p>	<p><input type="checkbox"/> Person listed in Person Roster - SKIP to OBS_CKP <input type="checkbox"/> Not in Person Roster but identified elsewhere - SKIP to OBS_CKP <input type="checkbox"/> New listing</p>
<p>1a2. Enter the name stated. OBS_1A21 OBS_1A22</p>		<p><input type="checkbox"/> Blank - SKIP to OBS_CKP <input type="checkbox"/> Blank - SKIP to OBS_CKP</p>
<p>1b1. Next I am going to ask a few questions about you and your relationship with [sample person]. What is your name? (FR: Evaluate against names in Person Roster) OBS_1B1 Col. 8475 Char 2</p>	<p>1-20 S O</p>	<p><input type="checkbox"/> Person listed in Person Roster - SKIP to OBS_CKP <input type="checkbox"/> Not in Person Roster but identified elsewhere - SKIP to OBS_CKP <input type="checkbox"/> New listing</p>
<p>1b2. Enter the name stated. OBS_1B21 OBS_1B22</p>		<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>
<p>OBS_CKP Refer to 1a1 and 1b1 above. OBS_CKP Col. 8477 Char 1 refers to 1a1 refers to 1a1 refers to 1b1 refers to 1b1 refers to 1a1 refers to 1b1</p>	<p>1 2 3 4 5 6</p>	<p><input type="checkbox"/> Proxy in Person Roster <input type="checkbox"/> Proxy identified elsewhere in survey (S) - SKIP to 3 <input type="checkbox"/> Proxy in Person Roster <input type="checkbox"/> Proxy identified elsewhere in survey (S) - SKIP to 3 <input type="checkbox"/> New listing (O) - SKIP to 2 <input type="checkbox"/> New listing (O) - SKIP to 2</p>
<p>OBS_CKH Refer to HHMEM_xx in the Control Card. How many persons are household members? OBS_CKH Col. 8478 Char 1</p>	<p>0 >= 1</p>	<p><input type="checkbox"/> Persons - SKIP to 5c <input type="checkbox"/> Yes - SKIP to OBS_CK4</p>
<p>2. What is [proxy's] relationship to [sample person]? OBS_2_1 Col. 8479 Char 2</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p>	<p><input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son-in-law <input type="checkbox"/> Daughter-in-law <input type="checkbox"/> Other male relative <input type="checkbox"/> Other female relative <input type="checkbox"/> Male friend <input type="checkbox"/> Female friend <input type="checkbox"/> An employee <input type="checkbox"/> Someone from helping organization <input type="checkbox"/> Someone else - Specify in OBS_2_2 below OBS_2_2 Col. 8481 Char 40</p> <p style="text-align: right;">} SKIP to 4</p>
<p>3. How many years has proxy known sample person? OBS_3 Col. 8521 Char 1</p>	<p>1 2 3 4 5 6 7 8</p>	<p><input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 year to less than 3 years <input type="checkbox"/> 3 years to less than 6 years <input type="checkbox"/> 6 years to less than 11 years <input type="checkbox"/> 11 years to less than 16 years <input type="checkbox"/> 16 years to less than 21 years <input type="checkbox"/> 21 years to less than 31 years <input type="checkbox"/> 31 years or more</p>
<p>4. Is proxy paid to help? OBS_4 Col. 8522 Char 1</p>	<p>1 2</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>OBS_CK3</p>		<p><input type="checkbox"/> Proxy</p>

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Refer to OBS_FR1. Is proxy or sample person answering?		<input type="checkbox"/>	Sample Person - SKIP to 5b
5a. Do you and [sample person] live together?		1	<input type="checkbox"/> Yes - SKIP to 6
OBS_5A	Col. 8523	Char 1	2
			<input type="checkbox"/> No - SKIP to 5c
			<input type="checkbox"/> - Skip to 5c
b. Does [proxy] live with you?		1	<input type="checkbox"/> Yes - SKIP to 6
OBS_5B	Col. 8524	Char 1	2
			<input type="checkbox"/> No
c. What is [proxy's] mailing address?			
OBS_5C_1			<input type="checkbox"/> Blank
OBS_5C_2			<input type="checkbox"/> Blank
OBS_5C_3	Col. 8525	Char 2	<input type="checkbox"/> State
OBS_5C_4			<input type="checkbox"/> Blank
OBS_5C_5			<input type="checkbox"/> Blank
6. What is [proxy's] date of birth?			
OBS_6_P1			<input type="checkbox"/> Blank
OBS_6_P2			<input type="checkbox"/> Blank
OBS_6_P3	Col. 8527	Char 4	<input type="checkbox"/> Year
OBS_CK4			
Refer to OBS_FR1. Did proxy answer all questions?			<input type="checkbox"/> Yes - SKIP to END OBS
			<input type="checkbox"/> No
7. FR: Did sample person show any sign of confusion at any time during the interview, such as difficulty in remembering dates, places, or other things?			
(1) General confusion			
OBS_7_1	Col. 8531	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(2) Dates			
OBS_7_2	Col. 8532	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(3) Places			
OBS_7_3	Col. 8533	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(4) Other things you asked ... about			
OBS_7_4	Col. 8534	Char 1	X <input type="checkbox"/> X if used, blank otherwise
(5) Other things - Specify			
OBS_7_5	Col. 8535	Char 1	X <input type="checkbox"/> X if other - Specify in OBS_7_6 below OBS_7_6 (blank)
END OBS			
Set end time			00-23,
END_TI24	Col. 8536	Char 4	00-59 <input type="checkbox"/> HHMM
Subtract OBS start time from OBS end time			0000-
CUML_T24	Col. 8540	Char 4	9999 <input type="checkbox"/> Minutes
FAMILY MODULE			
BEGIN FAMILY LIST			
Set Start Date and Start Time			
Time:			00-23,
START_33	Col. 8544	Char 4	00-59 <input type="checkbox"/> HHMM
SPECIFICATION FOR THE COLLECTION OF NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF SAMPLE PERSON'S SIBLINGS AND CHILDREN.			
Next we will ask for the names, addresses, and telephone numbers of all [samname's] living children and siblings (brothers and sisters). A private contractor working for Duke University may contact the family members you mention at a later date. Any information [samname's] family may provide will be protected from unauthorized use, just as [samname's] survey responses are protected. Providing this information is voluntary and there are no penalties for refusing to answer any questions. However, your cooperation is extremely important to ensure the completeness and accuracy of the data.			
- OPEN PERSON ROSTER -			
Note: For a brief discussion of the Person Roster, please refer to the Control Card.			

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FAM_ROSB

Refer to REL_xx and DEADFGxx. If living child, continue.
 Otherwise, skip to FAM_ROSC

1a. What is [child]'s address?

(1) Name of Street

CLDAD101 -
 CLDAD120

Blank

CLDAD201 -
 CLDAD220

Blank

(2) Name of City

CLD_PO01 -
 CLD_PO20

Blank

(3) Name of State

CLD_ST01 - Col. 8548 20 Char 2
 CLD_ST20

State

(4) Zip Code: first 5 digits

CLDZP501 -
 CLDZP520

Blank

(5) Zip Code: last 4 digits (optional)

CLDZP401 -
 CLDZP420

Blank

1b. What is [child]'s telephone number?

Press N if no telephone number is available

(1) Area Code:

CLDPHA01 -
 CLDPHA20

Blank

(2) Telephone Number

CLDPHN01 -
 CLDPHN20

Blank

(3) Telephone Extension (optional):

CLDPHE01 -
 CLDPHE20

Blank

FAM_ROSC

Refer to REL_xx and DEADFGxx. If more living children in roster, return
 to 1a. Otherwise, continue to Sibling Roster.

- CLOSE PERSON ROSTER -

- OPEN SIBLING ROSTER -

1a. Does [samname] have any living brothers or sisters?

SIBALIVE Col. 8588 Char 1

- | | |
|-----|---|
| 1 | <input type="checkbox"/> Yes |
| 2 | <input type="checkbox"/> No - SKIP to END FAM |
| D,R | <input type="checkbox"/> - SKIP to END FAM |

2. What is [samname]'s brother's or sister's name?

(1) First Name

SIBNMF1 -
 SIBNMF20

Blank

(2) Last Name

SIBNML1 -
 SIBNML20

Blank

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<p>3. What is [sibling]'s address?</p> <p>a. Name of Street SIB1AD1 - SIB1AD20</p> <p>SIB2AD1 - SIB2AD20</p> <p>b. Name of City SIB_PO1 - SIB_PO20</p> <p>c. Name of State SIB_ST1 - Col. 8589 20 Char 2 SIB_ST20</p> <p>d. Zip Code: first 5 digits SIB5ZP1 - SIB5ZP20</p> <p>e. Zip Code: last 4 digits (optional) SIB4ZP1 - SIB4ZP20</p>	<p><input type="checkbox"/> Blank</p> <p><input type="checkbox"/> Blank</p> <p><input type="checkbox"/> Blank</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> Blank</p> <p><input type="checkbox"/> Blank</p>
<p>4. What is [sibling]'s telephone number?</p> <p>Press N if no telephone number is available</p> <p>a. Area Code SIB_AR1 - SIB_AR20</p> <p>b. telephone Number SIB_NM1 - SIB_NM20</p> <p>c. Extension (optional) SIB_EX1 - SIB_EX20</p>	<p><input type="checkbox"/> Blank</p> <p><input type="checkbox"/> Blank</p> <p><input type="checkbox"/> Blank</p>
<p>5. Does [samprname] have any other living brothers or sisters?</p> <p>INSMOR1 - Col. 8629 20 Char 1 INSMOR20</p>	<p>1 <input type="checkbox"/> Yes (repeat the questions)</p> <p>2 <input type="checkbox"/> No</p>
<p>- CLOSE SIBLING ROSTER -</p>	
<p>END FAM</p> <p>Set end time END_FAM Col. 8649 Char 4</p>	<p>00-23, 00-59 <input type="checkbox"/> HHMM</p>
<p>Subtract FAM start time from FAM end time CUML_FAM Col. 8653 Char 4</p>	<p>0000- 9999 <input type="checkbox"/> Minutes</p>
<p>Module SELECT: SELECTION OF THE PRIMARY CAREGIVER</p>	
<p>BEGIN SELECT</p> <p>Set Start Date and Start Time</p> <p>Time: START_32 Col. 8657 Char 4 Date: SELDAY Col. 8661 Char6 (Note: SELDAY marks the end date of the Community Survey)</p>	<p>00-23, 00-59 <input type="checkbox"/> HHMM (HH = 0 to 23)</p> <p><input type="checkbox"/> MMDDYY</p>
<p>NOTE: Item names that end in "xx" are items that appear in the Person Roster of each Sample Person. There is space for 20 persons in the Person Roster, so "xx" could be any number from "01" to "20". These are called person numbers.</p>	

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a. Does this sample person have a helper in his/her Person Roster? (Refer to HLPFLGxx in Person Roster) SELECT Col. 8667 Char 1	1	<input type="checkbox"/> Yes
	2	<input type="checkbox"/> No: Set OUTCOME = '201', Set SELECTED = '3', - SKIP to Control Card FINISH OUTCOME Col. 23 Char 3 SELECTED Col. 8669 Char 1

- OPEN PERSON ROSTER -

Note: For a brief discussion of the Person Roster, please refer to the Control Card.

1. Does the sample person have an Unpaid Helper in his/her Person Roster? (Refer to HP_1G_xx) SELECT1 Col. 8668 Char 1	1	<input type="checkbox"/> No - Set OUTCOME = '201', Set SELECTED = '3', - SKIP to Control Card FINISH
	2	<input type="checkbox"/> Yes - Set UNPDHPxx = '1' OUTCOME Col. 23 Char 3 SELECTED Col. 8669 Char 1 UNPDHP01-UNPDHP20 Col. 8670 20 Char 1

2. Does the sample person have an Unpaid Helper in his/her Person Roster who helps with ADLs (Activities of Daily Living)? (Refer to HP_1D_xx) SELECT2 Col. 8690 Char 1	1	<input type="checkbox"/> Yes - Set ADLUPDxx = '1'
	2	<input type="checkbox"/> No - SKIP to 4 ADLUPD01-ADLUPD20 Col. 8691 20 Char 1

SELECT3 Select ADL Helper with the most hours of helping in the past week. Set CGNAME = NAME_xx (name of helper) CGNAME Set CGL_NO = L_NO_xx (person number of helper) CGL_NO Col. 8732 Char 2 Set LTC_FLAG = 3 (Type of interview = caregiver) LTC_FLAG Col. 255 Char 1	1-20	<input type="checkbox"/> Blank	} SKIP to 6.
	1-20	<input type="checkbox"/> Person Number	
	1	<input type="checkbox"/> Institutional	}
	2	<input type="checkbox"/> Community, no caregiver	
	3	<input type="checkbox"/> Community, with caregiver	

4. Does the sample person have an Unpaid Helper in his/her Person Roster who helps with IADLs (Instrumental Activities of Daily Living)? (Refer to HP_1E_xx) SELECT4 Col. 8711 Char 1	1	<input type="checkbox"/> Yes - Set IDLUPDxx = '1'
	2	<input type="checkbox"/> No - Set OUTCOME = '201', Set SELECTED = '3', - SKIP to Control Card FINISH IDLUPD01-IDLUPD20 Col. 8712 20 Char 1

SELECT5 Select IADL Helper with the most hours of helping in the past week. Set CGNAME = NAME_xx (name of helper) CGNAME Set CGL_NO = L_NO_xx (person number of helper) CGL_NO Col. 8732 Char 2 Set LTC_FLAG = 3 (Type of interview = caregiver) LTC_FLAG Col. 255 Char 1	1-20	<input type="checkbox"/> Blank
	1-20	<input type="checkbox"/> Person Number
	1	<input type="checkbox"/> Institutional
	2	<input type="checkbox"/> Community, no caregiver
	3	<input type="checkbox"/> Community, with caregiver

- CLOSE PERSON ROSTER -

6. If REL_xx = 02, set CGREL = '01'. Otherwise, set CGREL = REL_xx. CGREL Col. 8734 Char 2	1	<input type="checkbox"/> Spouse
	2	<input type="checkbox"/> (not used here)
	3	<input type="checkbox"/> Son / Daughter
	4	<input type="checkbox"/> Son-in-law / Daughter-in-law
	5	<input type="checkbox"/> Parent
	6	<input type="checkbox"/> Parent-in-law
	7	<input type="checkbox"/> Brother / Sister
	8	<input type="checkbox"/> Brother-in-law / Sister-in-law
	9	<input type="checkbox"/> Grandchild
	10	<input type="checkbox"/> Other relative

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		11	<input type="checkbox"/> Employee
		12	<input type="checkbox"/> Other nonrelative
		13	<input type="checkbox"/> Ex-Spouse
7.	Interviewer must answer: "[Caregiver] has been identified as the primary caregiver for [Sample Person]. Is [Caregiver] currently responding for [Sample Person] or is [Caregiver] currently present? CGPRES Col. 8736 Char 1	1	<input type="checkbox"/> Primary Caregiver is currently responding for sample person
		2	<input type="checkbox"/> Primary Caregiver is not responding for sample person but is present
		3	<input type="checkbox"/> Primary Caregiver is not responding and is not present
8.	Is Primary Caregiver a member of sample person's household? (Refer to HHMEM_xx where 'xx' is the person number selected as Primary Caregiver) CGHOME Col. 8737 Char 1	1	<input type="checkbox"/> Yes - SKIP to 11
		2	<input type="checkbox"/> No
9.	What is Primary Caregiver's address? CGAD_AD1 CGAD_AD2 CGAD_PO CGAD_ST Col. 8738 Char 2 CGAD_ZP5 CGAD_ZP4		<input type="checkbox"/> Blank
			<input type="checkbox"/> Blank
			<input type="checkbox"/> Blank
			<input type="checkbox"/> State
			<input type="checkbox"/> Blank
			<input type="checkbox"/> Blank
10.	What is Primary Caregiver's telephone number? CGPHN_AR CGPHN_NM CGPHN_EX		<input type="checkbox"/> Blank
			<input type="checkbox"/> Blank
			<input type="checkbox"/> Blank
11.	FR: Is Primary Caregiver available or present? CKAVAIL Col. 8740 Char 1	1	<input type="checkbox"/> Yes
		2	<input type="checkbox"/> No - SKIP to 12b
12a.	We will have some additional questions to ask Primary Caregiver about the experience of helping [Sample Person]. Is Primary Caregiver available for an interview at this time? CGNOW Col. 8741 Char 1	1	<input type="checkbox"/> Yes - SKIP to 13
		2	<input type="checkbox"/> No
12b.	[We will have some additional questions to ask Primary Caregiver about the experience of helping ...] When will be the best time to call Primary Caregiver? CGWHEN_1 Col. 8742 Char 2	1	<input type="checkbox"/> Morning (9am - 12 noon)
		2	<input type="checkbox"/> Noon/Lunchtime (11am - 1pm)
		3	<input type="checkbox"/> Afternoon (12 noon - 4pm)
		4	<input type="checkbox"/> Suppertime/Early Evening/Dinner Time (4 - 7pm)
		5	<input type="checkbox"/> Evening (6pm - 9pm)
		6	<input type="checkbox"/> Anytime (9am - 9pm)
		7	<input type="checkbox"/> Late Evening/Night (7pm - 9pm)
		8	<input type="checkbox"/> Daytime
		9	<input type="checkbox"/> After 5pm
		10	<input type="checkbox"/> Other - specify in CGWHEN_2 below CGWHEN_2 (blank)
13.	[Refer to CGNOW and CKAVAIL] What is caregiver status? SELECTED Col. 8669 Char 1	1	<input type="checkbox"/> Selected and available now
		2	<input type="checkbox"/> Selected but cannot begin interview
		3	<input type="checkbox"/> No Primary Caregiver for Caregiver Interview was selected
END SELECT			
	Set end time END_SEL Col. 8744 Char 4	00-23, 00-59	<input type="checkbox"/> HHMM
	Subtract SELECT start time from SELECT end time CUML_SEL Col. 8748 Char 4	0000- 9999	<input type="checkbox"/> Minutes
CHECK SELECTED Refer to SELECTED in 13 above.		1	<input type="checkbox"/> SKIP to Caregiver Interview, BEGIN CAREGIVER
		2	<input type="checkbox"/> Set OUTCOME=206 and hold pending Caregiver
		3	<input type="checkbox"/> Set OUTCOME=201 and SKIP to Control Card FINISH