

Final Version 1.0 December 20, 2002: INSTITUTIONAL - ACTIVITIES OF DAILY LIVING (ADL)			
BEGIN ADL			
Set Start Time		00-23, 00-59 <input type="checkbox"/> HHMM	
START_21	Col. 8752	Char 4	
<b>COMPLETE THIS SECTION WITH A NURSING ASSISTANT OR OTHER KNOWLEDGEABLE STAFF MEMBER.</b>			
Respondent is:		1 <input type="checkbox"/> Nursing Assistant	
IAD_WHO1	Col. 8756	Char 1	2 <input type="checkbox"/> Other staff member-Specify below in IAD_WHO2
		3 <input type="checkbox"/> Nonstaff member-Specify below in IAD_WHO3	
		IAD_WHO2 (blank)	
		IAD_WHO3 (blank)	
CHECK CONDITIONS			
I would first like to ask a few questions regarding ...'s current condition. Does ... NOW have:			
a. Alzheimer's disease?		1 <input type="checkbox"/> Yes	
IAD_CND1	Col. 8757	Char 1	2 <input type="checkbox"/> No
b. Mental retardation?		1 <input type="checkbox"/> Yes	
IAD_CND2	Col. 8758	Char 1	2 <input type="checkbox"/> No
c. Senility?		1 <input type="checkbox"/> Yes	
IAD_CND3	Col. 8759	Char 1	2 <input type="checkbox"/> No
1a. Now I have some questions to ask you about ...'s ability to do everyday activities and about any services ... may be receiving. During the past week, that is, since last [current week day], did any person help ... eat?		1 <input type="checkbox"/> Yes	
IAD_1A	Col. 8760	Char 1	2 <input type="checkbox"/> No - SKIP to 1d
		3 <input type="checkbox"/> Did not eat at all - SKIP to 2a	
		D,R <input type="checkbox"/> - SKIP to 1d	
b. Did someone feed ...?		1 <input type="checkbox"/> Yes - SKIP to 1d	
IAD_1B	Col. 8761	Char 1	2 <input type="checkbox"/> No
c. Did someone help ... cut meat or butter bread?		1 <input type="checkbox"/> Yes	
IAD_1C	Col. 8762	Char 1	2 <input type="checkbox"/> No
d. Did ... use special utensils or special dishes to help ... eat?		1 <input type="checkbox"/> Yes	
IAD_1D	Col. 8763	Char 1	2 <input type="checkbox"/> No
2a. Since last [current week day] did ... get out of bed at all for any reason whatsoever?		1 <input type="checkbox"/> Yes	
IAD_2A	Col. 8764	Char 1	2 <input type="checkbox"/> No - SKIP to 4e
		D,R <input type="checkbox"/> - SKIP to 4e	
b. Did any person help ... get in or out of bed?		1 <input type="checkbox"/> Yes	
IAD_2B	Col. 8765	Char 1	2 <input type="checkbox"/> No - SKIP to 2d
		D, R <input type="checkbox"/> - SKIP to 2d	
c. Did someone actually LIFT ... in or out of bed?		1 <input type="checkbox"/> Yes	
IAD_2C	Col. 8766	Char 1	2 <input type="checkbox"/> No
d. Did ... also use special equipment like a wheelchair, railing, walker, or cane to help ... get out of bed?		1 <input type="checkbox"/> Yes	
IAD_2D	Col. 8767	Char 1	2 <input type="checkbox"/> No
3a. Since last [current week day] did ... get around indoors at all?		1 <input type="checkbox"/> Yes	
IAD_3A	Col. 8768	Char 1	2 <input type="checkbox"/> No - SKIP to 4e
		D, R <input type="checkbox"/> - SKIP to 4e	
b. Did any person help ... get around indoors?		1 <input type="checkbox"/> Yes	
IAD_3B	Col. 8769	Char 1	2 <input type="checkbox"/> No
c. Did ... also use special equipment like a wheelchair, cane, other device to help ... get around indoors?		1 <input type="checkbox"/> Yes	
IAD_3C	Col. 8770	Char 1	2 <input type="checkbox"/> No - SKIP to 4a
		D, R <input type="checkbox"/> - SKIP to 4a	
d. Did ... use a wheelchair?		1 <input type="checkbox"/> Yes	
IAD_3D	Col. 8771	Char 1	2 <input type="checkbox"/> No - SKIP to 4a
		D, R <input type="checkbox"/> - SKIP to 4a	
e. Is ... able to get around at all without the wheelchair?		1 <input type="checkbox"/> Yes	
IAD_3E	Col. 8772	Char 1	2 <input type="checkbox"/> No
4a. The next questions are about dressing, that is, getting and putting on clothes that ... wears during the day.			

1999 NLTCS Institutional Survey

Since last [current week day] did ... get dressed at all? IAD_4A Col. 8773 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4e D, R <input type="checkbox"/> - SKIP to 4e
b. Did any person usually help ... get dressed? IAD_4B Col. 8774 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 4d D, R <input type="checkbox"/> - SKIP to 4d
c. Did someone put on all ...'s clothes for ...? IAD_4C Col. 8775 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Did ... wear special clothing or use special equipment to help ... dress? IAD_4D Col. 8776 Char 1	1 <input type="checkbox"/> Yes } SKIP 2 <input type="checkbox"/> No } to D, R <input type="checkbox"/> 5a
e. Did someone help change ...'s pajamas or gown? IAD_4E Col. 8777 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5a. Since last [current week day] was ... able to take a bath or shower at all? IAD_5A Col. 8778 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5f D,R <input type="checkbox"/> - SKIP to 5f
b. Did any person help ... take a bath or shower? IAD_5B Col. 8779 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 5e D, R <input type="checkbox"/> - SKIP to 5e
c. Did someone bathe ...? IAD_5C Col. 8780 Char 1	1 <input type="checkbox"/> Yes - SKIP to 5e 2 <input type="checkbox"/> No
d. Did someone help ... get in or out of the tub or shower? IAD_5D Col. 8781 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Did ... use special equipment like a shower seat, tub stool or grab bar to help ... bathe? IAD_5E Col. 8782 Char 1	1 <input type="checkbox"/> Yes } SKIP 2 <input type="checkbox"/> No } to D, R <input type="checkbox"/> 6a
f. Did ... wash ...' s body at a sink or basin? IAD_5F Col. 8783 Char 1	1 <input type="checkbox"/> Yes - SKIP to 6a 2 <input type="checkbox"/> No
g. During the past week, did ... have a bed bath? IAD_5G Col. 8784 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
6a. Since last [current week day] did ... use toilet at all? IAD_6A Col. 8785 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6e D,R <input type="checkbox"/> - SKIP to 6e
b. Did any person help ... to get to the bathroom or use the toilet? IAD_6B Col. 8786 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6d D, R <input type="checkbox"/> - SKIP to 6d
c. Did someone help ... to get on or off the toilet, arrange ...' s clothes, or clean ...? IAD_6C Col. 8787 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Did ... take care of ...' s toilet needs by using any special equipment like a bedpan, portable toilet, commode, or special underwear? IAD_6D Col. 8788 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Does ... use a device such as a urinary catheter or a colostomy bag? IAD_6E Col. 8789 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6g D, R <input type="checkbox"/> - SKIP to 6g
f. Does ... take care of the special device by [himself] or does someone help ... to take care of it? IAD_6F Col. 8790 Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help
g. During the past week, has ... sometimes had trouble controlling ...' s bladder or bowels so that ... accidentally wet or soiled ... either day or night? IAD_6G Col. 8791 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a D, R <input type="checkbox"/> - SKIP to 7a
h. Does ... clean it up by self or does someone help ... to take care of it? IAD_6H Col. 8792 Char 1	1 <input type="checkbox"/> Self care 2 <input type="checkbox"/> With help
7a. Does ... get around outdoors at all either with or without help? IAD_7A Col. 8793 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a D,R <input type="checkbox"/> - SKIP to 8a
b. When ... goes outdoors, does someone usually help ... get	1 <input type="checkbox"/> Yes

1999 NLTC Institutional Survey

around? IAD_7B Col. 8794 Char 1	2 <input type="checkbox"/> No
c. When ... goes outdoors, is special equipment like a cane or a walker used? IAD_7C Col. 8795 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a D,R <input type="checkbox"/> - SKIP to 8a
d. Does ... usually use this equipment alone or with help from another person? IAD_7D Col. 8796 Char 1	1 <input type="checkbox"/> By self 2 <input type="checkbox"/> With help
8a. Now I have a couple of general questions. Is ... of Spanish/Hispanic origin. IAD_8A Col. 8797 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Look at Flashcard C. What is ...'s race? IAD_8B_1 Col. 8798 Char 1	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian or Pacific Islander (Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese, Hawaiian, Guamanian, Samoan, other Asian) 5 <input type="checkbox"/> Other-Specify below in IAD_8B_2 IAD_8B_2 Col. 8799 Char 20
<b>END ADL</b>	
Set end time END_TI21 Col. 8819 Char 4	00-23, 00-59 <input type="checkbox"/> HHMM
Subtract ADL start time from ADL end time CUMM_T21 Col. 8823 Char 4	0000-9999 <input type="checkbox"/> Minutes
<b>Institutional - Admissions, Who Pays, and Health Insurance (AMN)</b>	
<b>BEGIN AMN</b>	
Set Start Time START_22 Col. 8827 Char 4	00-23, 00-59 <input type="checkbox"/> HHMM
<b>COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER IN THE ADMISSIONS OR ACCOUNTING/BILLING OFFICE OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.</b>  Respondent's relationship to sample person. AMN_WHO1 Col. 8831 Char 1	1 <input type="checkbox"/> Staff member-Specify below in AMN_WHO2 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Son/Daughter 4 <input type="checkbox"/> Other relative-Specify below in AMN_WHO2 5 <input type="checkbox"/> Other Nonrelative-Specify below in AMN_WHO2 AMN_WHO2 (blank)
1. I'd like to ask some questions about admission and payment for room, board and nursing care. In what month and year was ... most recently admitted to this institution? AMN_1_I1 Col. 8832 Char 2 AMN_1_I2 Col. 8834 Char 2	1-12 <input type="checkbox"/> Month 74-99 <input type="checkbox"/> Year
2. Look at Flashcard S. Just before ... was admitted to this institution, what type of place was ... living in? AMN_2_1 Col. 8836 Char 2	1 <input type="checkbox"/> Alone or living with others in a house/apartment (independent living) 2 <input type="checkbox"/> Retirement home 3 <input type="checkbox"/> Boarding house/rooming house/rented room 4 <input type="checkbox"/> Foster or family care home 5 <input type="checkbox"/> Group home or community residential facility 6 <input type="checkbox"/> In assisted living setting with board and/or personal care services available 7 <input type="checkbox"/> Hospital, other than SNF or ICF unit 8 <input type="checkbox"/> Skilled Nursing Facility (SNF) 9 <input type="checkbox"/> Intermediate Care Facility (ICF) 10 <input type="checkbox"/> Other (non-certified) nursing home 11 <input type="checkbox"/> Domiciliary or personal care facility 12 <input type="checkbox"/> Institution/facility for the mentally retarded/developmentally disabled 13 <input type="checkbox"/> Mental health center/facility 14 <input type="checkbox"/> Chronic disease or rehabilitation hospital 15 <input type="checkbox"/> Other-Specify below in AMN_2_2 AMN_2_2 (blank)
3a. Not counting this time, in the last four years, how many times has	1 - 99 <input type="checkbox"/> Time(s)

1999 NLTC Institutional Survey

... been a patient in a nursing or convalescent home? AMN_3A                      Col. 8838                      Char 2	0 <input type="checkbox"/> Time(s) - SKIP to 4a D,R <input type="checkbox"/> - SKIP to 4a
b1. When was ... admitted that time/the last time? AMN_3B11                      Col. 8840                      Char 2 AMN_3B12                      Col. 8842                      Char 2	1-12 <input type="checkbox"/> Month 18-99 <input type="checkbox"/> Year
b2. time before that? AMN_3B21                      Col. 8844                      Char 2 AMN_3B22                      Col. 8846                      Char 2	1-12 <input type="checkbox"/> Month 18-99 <input type="checkbox"/> Year
b3. and the time before that? AMN_3B31                      Col. 8848                      Char 2 AMN_3B32                      Col. 8850                      Char 2	1-12 <input type="checkbox"/> Month 18-99 <input type="checkbox"/> Year
b4. and the time before that? AMN_3B41                      Col. 8852                      Char 2 AMN_3B42                      Col. 8854                      Char 2	1-12 <input type="checkbox"/> Month 18-99 <input type="checkbox"/> Year
4a. In the last 12 months has ... been a patient in a hospital overnight or longer? AMN_4A                      Col. 8856                      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? AMN_4B                      Col. 8857                      Char 2	1 - 99 <input type="checkbox"/> Time(s) 0 <input type="checkbox"/> Time(s) - SKIP to 5a D, R <input type="checkbox"/> - SKIP to 5a
c1. When was ... admitted that time/the last time? AMN_4C11                      Col. 8859                      Char 2 AMN_4C12                      Col. 8861                      Char 2	1-12 <input type="checkbox"/> Month 74-99 <input type="checkbox"/> Year
c2. time before that? AMN_4C21                      Col. 8863                      Char 2 AMN_4C22                      Col. 8865                      Char 2	1-12 <input type="checkbox"/> Month 74-99 <input type="checkbox"/> Year
c3. and the time before that? AMN_4C31                      Col. 8867                      Char 2 AMN_4C32                      Col. 8869                      Char 2	1-12 <input type="checkbox"/> Month 74-99 <input type="checkbox"/> Year
5a. At the time of admission to the current institution, that is, [date of current admission], who was paying for ...'s room, board and nursing care? Was it family members, insurance, Medicare, Medicaid, or someone else? Anyone else?	D,R <input type="checkbox"/> SKIP to 5b
(1) Sample person (including Social Security) AMN_5A01                      Col. 8871                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(2) Spouse AMN_5A02                      Col. 8872                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(3) Children AMN_5A03                      Col. 8873                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(4) Other Relatives AMN_5A04                      Col. 8874                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(5) Nonrelatives AMN_5A05                      Col. 8875                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(6) Private Insurance AMN_5A06                      Col. 8876                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(7) Medicare AMN_5A07                      Col. 8877                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(8) Medicaid AMN_5A08                      Col. 8878                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(9) Other Public Assistance AMN_5A09                      Col. 8879                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(10) VA, CHAMPUS, CHAMPVA AMN_5A10                      Col. 8880                      Char 1	<input type="checkbox"/> X if used, blank otherwise
(11) Other-Specify AMN_5A11                      Col. 8881                      Char 1	<input type="checkbox"/> X if used. Specify in AMN_5A12 below. AMN_5A12 (Blank)
b. How much was the cost per month? AMN_5B                      Col. 8882                      Char 5	0- 53000 <input type="checkbox"/> Dollars
AMN_CK4	

1999 NLTCS Institutional Survey

<p>Refer to AMN_5A01-AMN_5A11 above. How many payers are marked in 5a?</p> <p>AMN_CK4 Col. 8887 Char 2</p>	<p>1 <input type="checkbox"/> Payer - SKIP to AMN_CK5 2-11 <input type="checkbox"/> Payers</p>
<p>c. Who paid the most?</p> <p>AMN_5C Col. 8889 Char 2</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other Relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private Insurance 7 <input type="checkbox"/> Medicare 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other Public Assistance 10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 11 <input type="checkbox"/> Other</p>
<p>AMN_CK5</p> <p>Refer to date of current admission in question 1 above. Was ... admitted in the current date and month?</p> <p>AMN_CK5 Col. 8891 Char 1</p>	<p>1 <input type="checkbox"/> Current - SKIP to 8 2 <input type="checkbox"/> Not Current</p>
<p>6a. Who is paying for ...' s room, board, and nursing care now? ENTER EACH SOURCE MENTIONED.</p> <p>(1) Sample person (including Social Security) AMN_6A01 Col. 8892 Char 1</p> <p>(2) Spouse AMN_6A02 Col. 8893 Char 1</p> <p>(3) Children AMN_6A03 Col. 8894 Char 1</p> <p>(4) Other Relatives AMN_6A04 Col. 8895 Char 1</p> <p>(5) Nonrelatives AMN_6A05 Col. 8896 Char 1</p> <p>(6) Private Insurance AMN_6A06 Col. 8897 Char 1</p> <p>(7) Medicare AMN_6A07 Col. 8898 Char 1</p> <p>(8) Medicaid AMN_6A08 Col. 8899 Char 1</p> <p>(9) Other Public Assistance AMN_6A09 Col. 8900 Char 1</p> <p>(10) VA, CHAMPUS, CHAMPVA AMN_6A10 Col. 8901 Char 1</p> <p>(11) Other-Specify AMN_6A11 Col. 8902 Char 1</p>	<p>D,R <input type="checkbox"/> SKIP to 6b</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 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 used. Specify in AMN_6A12 below. AMN_6A12 (blank)</p>
<p>b. What is the cost per month?</p> <p>AMN_6B Col. 8903 Char 5</p>	<p>0-24000 <input type="checkbox"/> Dollars</p>
<p>AMN_6ACK</p> <p>Refer to AMN_6A01-AMN_6A11 above. How many payers are marked in 6a?</p> <p>AMN_6A15 Col. 8908 Char 2</p>	<p>1 <input type="checkbox"/> Payer - SKIP to AMN_CK6 2-11 <input type="checkbox"/> Payers</p>
<p>c. Who pays the most?</p> <p>AMN_6C Col. 8910 Char 2</p>	<p>1 <input type="checkbox"/> Sample Person 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Children 4 <input type="checkbox"/> Other Relatives 5 <input type="checkbox"/> Nonrelatives 6 <input type="checkbox"/> Private Insurance 7 <input type="checkbox"/> Medicare 8 <input type="checkbox"/> Medicaid 9 <input type="checkbox"/> Other Public Assistance</p>

1999 NLTCS Institutional Survey

	10 <input type="checkbox"/> VA, CHAMPUS, CHAMPVA 11 <input type="checkbox"/> Other
AMN_CK6 Refer to AMN_5A08 in question 5a above. Did Medicaid pay? AMN_CK6 Col. 8912 Char 1	1 <input type="checkbox"/> Yes - SKIP to 8 2 <input type="checkbox"/> No
AMN_CK7 Refer to AMN_6A08 in question 6a above. Did Medicaid pay? AMN_CK7 Col. 8913 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9
7. In what month and year did Medicaid begin paying these charges? AMN_7_M1 Col. 8914 Char 2 AMN_7_M2 Col. 8916 Char 2	1-12 <input type="checkbox"/> Month 65-99 <input type="checkbox"/> Year <input type="checkbox"/> Blank
8. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicaid records for other health information in this study. Providing ...'s Medicaid number is voluntary and WILL NOT AFFECT ...' S BENEFITS in any way. What is ...' s Medicaid number? AMN_8	
9. Now I' d like to ask you about any health insurance which ... has.  Is ... covered by any public assistance programs, other than Medicaid, that pays for health or long-term care? AMN_9 Col. 8918 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10. Is ... NOW covered by CHAMPUS or CHAMPVA, or some other military health care? (These are programs that provide medical insurance for dependents or survivors of military personnel and disabled veterans.) AMN_10 Col. 8919 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11. Is ... NOW covered by a private health insurance plan which pays any part of a hospital, doctor' s, surgeon' s or long-term care bill? AMN_11 Col. 8920 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12a. What is the name of the person that someone from the institution would contact in case of an emergency with ...? AMN_12A	<input type="checkbox"/> Blank
b. What is the relationship of this person to ...? AMN_12B Col. 8921 Char 1	1 <input type="checkbox"/> Spouse 2 <input type="checkbox"/> Son/Daughter 3 <input type="checkbox"/> Other relative 4 <input type="checkbox"/> Nonrelative guardian 5 <input type="checkbox"/> Other nonrelative
END AMN Set end time END_T122 Col. 8922 Char 4	00-23, 00-59 <input type="checkbox"/> HHMM
Subtract AMN start time from AMN end time CUMUL_T22 Col. 8926 Char 4	0000- 9999 <input type="checkbox"/> Minutes
<b>Institutional - Income and Assets (IAA)</b>	
BEGIN IAA Set Start Time START_23 Col. 8930 Char 4	00-23, 00-59 <input type="checkbox"/> HHMM
<b>COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.</b>  Respondent' s relationship to sample person.  IAA_WHO1 Col. 8934 Char 1	1 <input type="checkbox"/> Staff member-Specify below in IAA_WHO2 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Son/Daughter 4 <input type="checkbox"/> Other relative-Specify below in IAA_WHO2 5 <input type="checkbox"/> Other Nonrelative-Specify below in IAA_WHO2 IAA_WHO2 (blank)
1a. During the last month, that is, [previous month] did ... receive Social Security benefits or Railroad Retirement benefits? IAA_1A Col. 8935 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a D,R <input type="checkbox"/> - SKIP to 2a
b. How much did ... receive in [previous month]?  IAA_1B Col. 8936 Char 4	1 - 5001 <input type="checkbox"/> Dollars - SKIP to 2a D,R <input type="checkbox"/>

1999 NLTCS Institutional Survey

<p>c. Look at Flashcard P. Which category would you say best represents the amount ... received in [previous month]?</p> <p>IAA_1C                      Col. 8940                      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>2a. During the last month, that is, in [previous month] did ... receive any other retirement, pension, or annuity income?</p> <p>IAA_B2A                      Col. 8942                      Char 1</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 3a                  D,R <input type="checkbox"/> - SKIP to 3a</p>
<p>b. How much did ... receive?</p> <p>IAA_B2B                      Col. 8943                      Char 4</p>	<p>1 -                  5001 <input type="checkbox"/> Dollars - SKIP to 3a                  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]?</p> <p>IAA_B2C                      Col. 8947                      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>3a. During [previous month], did ... receive Supplemental Security Income, that is SSI payments? These can come from either the Federal Government or the State Government.</p> <p>IAA_3A                      Col. 8949                      Char 1</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to IAA_CK2                  D,R <input type="checkbox"/> - SKIP to IAA_CK2</p>
<p>b. How much did ... receive in [previous month]?</p> <p>IAA_3B                      Col. 8950                      Char 4</p>	<p>1 -                  5001 <input type="checkbox"/> Dollars - SKIP to IAA_CK2                  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]?</p> <p>IAA_3C                      Col. 8954                      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>IAA_CK2                  Refer to marital status (MARSTAT on the Control Card). Is ... married?</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No - SKIP to 7a</p>
<p>4a. The questions I just read concerned ...' s income and assets. Next I will ask the same questions about ...' s spouse' s income and assets. Please include only the amount that ...' s spouse, that is, [spouse name] receive(s).</p> <p>During the last month, that is, the month of [previous month], did [spouse] receive Social Security benefits or Railroad Retirement benefits?</p> <p>IAA_1AS                      Col. 8956                      Char 1</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No - SKIP to 5a</p>
<p>b. How much did [spouse] receive in [previous month]?</p> <p>IAA_1BS                      Col. 8957                      Char 4</p>	<p>1 -                  5001 <input type="checkbox"/> Dollars - SKIP to 5a                  D,R <input type="checkbox"/></p>
<p>c. Look at Flashcard P. Which category would you say best represents the amount [spouse] received in [previous month]?</p>	<p>1 <input type="checkbox"/> Under \$200                  2 <input type="checkbox"/> \$200-\$399</p>

1999 NLTCS Institutional Survey

IAA_1CS	Col. 8961	Char 2	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
5a. During the last month, that is, in the month of [previous month], did [spouse] receive any other retirement, pension, or annuity income? IAA_B2AS Col. 8963 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6a
b. How much did [spouse] receive? IAA_B2BS Col. 8964 Char 4			1 - 5001 <input type="checkbox"/> Dollars - SKIP to 6a D,R <input type="checkbox"/>
c. Look at Flashcard P. Which category would you say best represents the amount [spouse] received in [previous month]? IAA_B2CS Col. 8968 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
6a. During [previous month], did [spouse] receive Supplemental Security Income, that is SSI payments? These can come from either the Federal or the State Government. IAA_3AS Col. 8970 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7a
b. How much did [spouse] receive? IAA_3BS Col. 8971 Char 4			1 - 5001 <input type="checkbox"/> Dollars - SKIP to 7a D,R <input type="checkbox"/>
c. Look at Flashcard P. Which category would you say best represents the amount [spouse] received in [previous month]? IAA_3CS Col. 8975 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
7a. Did ... [or ...'s spouse] receive any (other) welfare payments in [previous month]? IAA_7A Col. 8977 Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8 D,R <input type="checkbox"/> - SKIP to 8
IAA_7BCK Refer to Persons Roster. Is anyone other than Sample Person listed in the roster? IAA_7BCK Col. 8978 Char 1			0 <input type="checkbox"/> Only SP - SKIP to 7c 1-9 <input type="checkbox"/> Persons, not SP
b. Whose name was on the check? Enter the Person Number. IAA_7B Col. 8979 Char 2			1 - 20 <input type="checkbox"/> Person Number
c. How much was the check for? IAA_7C Col. 8981 Char 4			1 - 5000 <input type="checkbox"/> Dollars - SKIP to IAA_7DCK D, R <input type="checkbox"/>
d. Look at Flashcard P. Which category would you say best represents the amount the check was for? IAA_7E Col. 8985 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
IAA_7DCK Refer to Persons Roster. Is anyone other than Sample Person listed in the roster? IAA_7DCK            Col. 8987            Char 1	0 <input type="checkbox"/> Only SP - SKIP to 8 1-9 <input type="checkbox"/> Persons, not SP
<b>- OPEN PERSONS ROSTER -</b>	
Note: For a brief discussion of the Person Roster, please refer to the Control Card.	
e. Whom did the check cover? Anyone else? IAA_XA01 -            Col. 8988            20 Char 1 IAA_XA20	<input type="checkbox"/> X if used, blank otherwise
<b>- CLOSE PERSON ROSTER -</b>	
8. Look at Flashcard T. Which category on this card represents the total combined income before deductions during [previous month] 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]. IAA_8                    Col. 9008            Char 2	1 <input type="checkbox"/> Under \$300 2 <input type="checkbox"/> \$300-\$599 3 <input type="checkbox"/> \$600-\$899 4 <input type="checkbox"/> \$900-\$1199 5 <input type="checkbox"/> \$1200-\$1499 6 <input type="checkbox"/> \$1500-\$1999 7 <input type="checkbox"/> \$2000-\$2499 8 <input type="checkbox"/> \$2500-\$2999 9 <input type="checkbox"/> \$3000-\$3499 10 <input type="checkbox"/> \$3500-\$3999 11 <input type="checkbox"/> \$4000-\$4999 12 <input type="checkbox"/> \$5000-\$5999 13 <input type="checkbox"/> \$6000-\$6999 14 <input type="checkbox"/> \$7000-\$7999 15 <input type="checkbox"/> \$8000-\$9999 16 <input type="checkbox"/> \$10000+
Note: Number 9 not used.	
10a. Since 1994, has ... [or spouse] sold a house? Include primary residence, secondary or vacation homes, and investment homes. IAA_10A                Col. 9010            Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11 D, R <input type="checkbox"/> - SKIP to 11
b. What year did [... or spouse] sell this house? IAA_10B                Col. 9011            Char 4	1994- 1999 <input type="checkbox"/> Year
c. Why did ... [or spouse] sell this house?  (1) No longer needed/wanted /able to maintain home IAA_1002                Col. 9015            Char 1 (2) Wanted less expensive house to maintain IAA_1003                Col. 9016            Char 1 (3) Married/widowed/divorced/separated IAA_1004                Col. 9017            Char 1 (4) To be closer to family/friends IAA_1005                Col. 9018            Char 1 (5) To help cover medical expenses IAA_1006                Col. 9019            Char 1 (6) Employment related IAA_1007                Col. 9020            Char 1 (7) Retired and relocated IAA_1008                Col. 9021            Char 1 (8) To be convenient to public transportation/public services IAA_1009                Col. 9022            Char 1 (9) Other reason IAA_1010                Col. 9023            Char 1	<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 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 used, blank otherwise
IAA_CK8	

1999 NLTCs Institutional Survey

Did home sale help cover medical cost (reason '5' in 10c)? If yes, then SKIP to 11.	<input type="checkbox"/> Yes - SKIP to 11 <input type="checkbox"/> No
d. Were any of the proceeds from the sale of this house used to cover health care costs? IAA_1013 Col. 9024 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11. In order to determine how health practices and conditions are related to the use of medical services, we would like to refer to Medicare records for other health information in this study. In order to do this, we need ...'s Social Security number. Providing ...' s Social Security number is voluntary and WILL NOT AFFECT ...' s BENEFITS IN ANY WAY. What is ...' s Social Security number? IAA_11	<input type="checkbox"/> Blank
2a1. Are ...' s living quarters owned or being bought by someone in ...' s household? IAA_12A1 Col. 9025 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to END IAA D, R <input type="checkbox"/> - SKIP to END IAA
12a. What is the present value of ...' s home (and lot/farm), that is, about how much would it bring if ... sold it on today' s market? IAA_12A Col. 9026 Char 6	1-999 K <input type="checkbox"/> Dollars - SKIP to 12c D, R <input type="checkbox"/>
b. Look at Flashcard R. Which category on this card would you say best represents the present value of ...' s home? IAA_12B Col. 9032 Char 1	1 <input type="checkbox"/> Under \$20,000 2 <input type="checkbox"/> \$20,000-\$34,999 3 <input type="checkbox"/> \$35,000-\$49,999 4 <input type="checkbox"/> \$50,000-\$74,999 5 <input type="checkbox"/> \$75,999-\$99,999 6 <input type="checkbox"/> \$100,000-\$149,999 7 <input type="checkbox"/> \$150,000 or more
c. Is there a mortgage or other indebtedness on ...' s home (and lot/farm) at the present time? IAA_12C Col. 9033 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to END IAA D, R <input type="checkbox"/> - SKIP to END IAA
d1. About how much is still owed? IAA_12D1 Col. 9034 Char 6	1-999 K <input type="checkbox"/> Dollars - SKIP to 12e D, R <input type="checkbox"/>
d2. Look at Flashcard R. Which category on this card would you say best represents the present amount still owed? IAA_12D2 Col. 9040 Char 1	1 <input type="checkbox"/> Under \$20000 2 <input type="checkbox"/> \$20000-\$34999 3 <input type="checkbox"/> \$35000-\$49999 4 <input type="checkbox"/> \$50000-\$74999 5 <input type="checkbox"/> \$75999-\$99999 6 <input type="checkbox"/> \$100000-\$149999 7 <input type="checkbox"/> \$150000 or more
e. About how much is ...' s monthly mortgage payment? IAA_12E Col. 9041 Char 5	1-50 K <input type="checkbox"/> Dollars - SKIP to END IAA D, R <input type="checkbox"/>
f. Look at Flashcard P. Which category would you say best represents the monthly mortgage payment? IAA_12F Col. 9046 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
END IAA Set End Time END_TI23 Col. 9048 Char 4	00-23, <input type="checkbox"/> 00-59 <input type="checkbox"/> HHMM
Time Subtract beginning IAA time from ending IAA time. CUML_T23 Col. 9052 Char 4	00-23, <input type="checkbox"/> 00-59 <input type="checkbox"/> HHMM

(Institutional) - Cognitive Functioning (Mini-Mental) (MNTI)

1999 NLTC Institutional Survey

BEGIN MNTI Set Start Time START_19      Col. 6543      Char 4 Set Start Date MNTIDAY      Col. 9056      Char 6			00-23, 00-59 <input type="checkbox"/> HHMM  <input type="checkbox"/> MMDDYY
MNTI_I1A <b>THIS SECTION IS TO BE ASKED OF THE SAMPLE PERSON ONLY!</b> MNTI_I1A      Col. 9062      Char 1			1 <input type="checkbox"/> Sample Person - SKIP to 1a 2 <input type="checkbox"/> Unable to administer
MNTI_Y1 IS THE REASON THIS SECTION CANNOT BE ADMINISTERED BECAUSE ACCESS TO THE SAMPLE PERSON IS DENIED? MNTI_Y1      Col. 9063      Char 1			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
MNTI_Y2 WHAT IS THE REASON(S) THIS SECTION IS NOT BEING ADMINISTERED? MARK ALL THAT APPLY. (1) Sample person incapable of speech MNTI_Y22      Col. 9064      Char 1 (2) Sample person comatose MNTI_Y23      Col. 9065      Char 1 (3) Sample person is a danger to self or others MNTI_Y24      Col. 9066      Char 1 (4) Other reasons-Please specify MNTI_Y25      Col. 9067      Char 1  Variables added by the CDS to code for the contents of MNTI_Y26 MNTI25OT      Col. 10991      Char 1			<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-Specify below in MNTI_Y26 below MNTI_Y26 (blank)  1 <input type="checkbox"/> Cognitive 2 <input type="checkbox"/> Physical 3 <input type="checkbox"/> Other
Hello. I am (your name) from the United States Bureau of the Census. We are taking a survey of Long Term Care in the United States. This is a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. As part of this survey, we now have some questions to ask you.  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? MNTI_1A      Col. 9068      Char 1			1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect L <input type="checkbox"/> Exit Cognitive - SKIP to 12
b. What date is it today? MNTI_1B      Col. 9069      Char 1			1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect L <input type="checkbox"/> Exit Cognitive - SKIP to 12
c. What is the name of this month? MNTI_1C      Col. 9070      Char 1			1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect L <input type="checkbox"/> Exit Cognitive - SKIP to 12
d. What year is it? MNTI_1D      Col. 9071      Char 1			1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect L <input type="checkbox"/> Exit Cognitive - SKIP to 12
e. What time of the year is it? Interviewer: March=Winter or Spring; May=Spring or Summer; September=Summer or Autumn; November=Autumn or Winter MNTI_1E      Col. 9072      Char 1			1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect L <input type="checkbox"/> Exit Cognitive - SKIP to 12
2a. What is the name of this country? MNTI_2A      Col. 9073      Char 1			1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect L <input type="checkbox"/> Exit Cognitive - SKIP to 12
b. What is the name of this city?			1 <input type="checkbox"/> Correct

SKIP  
to  
END MNTI

1999 NLTCS Institutional Survey

MNTI_2B	Col. 9074	Char 1	2 L	<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? MNTI_2C	Col. 9075	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? MNTI_2D	Col. 9076	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? MNTI_2E	Col. 9077	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. MNTI_3	Col. 9078	Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b1. I will repeat the three objects again. apple, table, bicycle Please repeat these three objects. MNTI_3B1	Col. 9079	Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b2. I will repeat the three objects again. apple, table, bicycle Please repeat these three objects. MNTI_3B2	Col. 9080	Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b3. I will repeat the three objects again. apple, table, bicycle Please repeat these three objects. MNTI_3B3	Col. 9081	Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b4. I will repeat the three objects again. apple, table, bicycle Please repeat these three objects. MNTI_3B4	Col. 9082	Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses - SKIP to 4a - SKIP to 4a <input type="checkbox"/> Exit Cognitive - SKIP to 12
b5. I will repeat the three objects again. apple, table, bicycle Please repeat these three objects. MNTI_3B5	Col. 9083	Char 1	0-2 3 D, R L	<input type="checkbox"/> Correct responses <input type="checkbox"/> Correct responses <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 REPONSES INTO 'MNTIFLA6'. MNTIFLA6	Col. 9084	Char 1	0-5	<input type="checkbox"/> Correct responses
a1. Subtract 7 from 100 MNTI_4A1	Col. 9085	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
a2. Subtract 7 from response given in 4a1. MNTI_4A2	Col. 9088	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. MNTI_4A3	Col. 9091	Char 3	0-200 C D, R	<input type="checkbox"/> SKIP to 4b <input type="checkbox"/> SKIP to 4a6

1999 NLTCS Institutional Survey

				L	<input type="checkbox"/>	Exit Cognitive - SKIP to 12
a4. Subtract 7 from response given in 4a3. MNTI_4A4 Col. 9094 Char 3				0-200 C D, R L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SKIP to 4b SKIP to 4a6 Exit Cognitive - SKIP to 12
a5. Subtract 7 from response given in 4a4. MNTI_4A5 Col. 9097 Char 3				0-200 C D, R L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SKIP to 4b SKIP to 4a6 Exit Cognitive - SKIP to 12
a6. Proceed or exit. MNTI_4A6 Col. 9100 Char 1				P L	<input type="checkbox"/> <input type="checkbox"/>	Proceed Exit Cognitive - SKIP to 12
MNTI_CK3 Refer to MNTIFLA6 above.				0 1-5	<input type="checkbox"/> <input type="checkbox"/>	Proceed 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 REPONSES INTO 'MNTIFLA5'. MNTIFLA5 Col. 9101 Char 1				0-5	<input type="checkbox"/>	Correct responses
b1. D MNTI_4B1 Col. 9102 Char 1				1 2 U L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect SKIP to 4b6 Exit Cognitive - SKIP to 12
b2. L MNTI_4B2 Col. 9103 Char 1				1 2 U L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect SKIP to 4b6 Exit Cognitive - SKIP to 12
b3. R MNTI_4B3 Col. 9104 Char 1				1 2 U L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect SKIP to 4b6 Exit Cognitive - SKIP to 12
b4. O MNTI_4B4 Col. 9105 Char 1				1 2 U L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect SKIP to 4b6 Exit Cognitive - SKIP to 12
b5. W MNTI_4B5 Col. 9106 Char 1				1 2 U L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect SKIP to 4b6 Exit Cognitive - SKIP to 12
b6. Proceed or exit. MNTI_4B6 Col. 9107 Char 1				P L	<input type="checkbox"/> <input type="checkbox"/>	Proceed 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. MNTI_5 Col. 9108 Char 1				0-3 L	<input type="checkbox"/> <input type="checkbox"/>	(number of correct responses) Exit Cognitive - SKIP to 12
6a. INTERVIEWER: POINT AT A PENCIL OR SHOW FLASHCARD K. What is this? MNTI_6A Col. 9109 Char 1				1 2 L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect Exit Cognitive - SKIP to 12
b. INTERVIEWER: POINT AT A WATCH OR SHOW FLASHCARD L. What is this? MNTI_6B Col. 9110 Char 1				1 2 L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect Exit Cognitive - SKIP to 12
7. I will now ask you to repeat the following phrase: "No one above, below or next to me." MNTI_7 Col. 9111 Char 1				1 2 L	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Correct Incorrect 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.						

1999 NLTC Institutional Survey

--ENTER U IF RESPONDENT IS PHYSICALLY UNABLE TO PERFORM TEST. --FILL TOTAL NUMBER OF CORRECT REPOSSES INTO 'MNTIFLA7'.			0-3	<input type="checkbox"/>	Correct Responses
MNTIFLA7	Col. 9112	Char 1			
a. Right hand			1	<input type="checkbox"/>	Correct
MNTI_8_1	Col. 9113	Char 1	2	<input type="checkbox"/>	Incorrect
			D,R,U	<input type="checkbox"/>	SKIP to 8d
			L	<input type="checkbox"/>	Exit Cognitive - SKIP to 12
b. Folding			1	<input type="checkbox"/>	Correct
MNTI_8_2	Col. 9114	Char 1	2	<input type="checkbox"/>	Incorrect
			D,R,U	<input type="checkbox"/>	SKIP to 8d
			L	<input type="checkbox"/>	Exit Cognitive - SKIP to 12
c. In the lap			1	<input type="checkbox"/>	Correct
MNTI_8_3	Col. 9115	Char 1	2	<input type="checkbox"/>	Incorrect
			D,R,U	<input type="checkbox"/>	SKIP to 8d
			L	<input type="checkbox"/>	Exit Cognitive - SKIP to 12
d. Proceed or exit.			P	<input type="checkbox"/>	Proceed
MNTI_8_4	Col. 9116	Char 1	L	<input type="checkbox"/>	Exit Cognitive - SKIP to 12
9. Please read Flashcard M and do what it says.			1	<input type="checkbox"/>	Correct
MNTI_9	Col. 9117	Char 1	2	<input type="checkbox"/>	Incorrect
			L	<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.			1	<input type="checkbox"/>	Correct
MNTI_10	Col. 9118	Char 1	2	<input type="checkbox"/>	Incorrect
			L	<input type="checkbox"/>	Exit Cognitive - 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.			1	<input type="checkbox"/>	Correct
MNTI_11	Col. 9119	Char 1	2	<input type="checkbox"/>	Incorrect
			L	<input type="checkbox"/>	Exit Cognitive - SKIP to 12
MNTI_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 END MNTI
12. Why was it not possible to carry out all of these tests? INTERVIEWER: ENTER EACH ITEM MENTIONED. ENTER N FOR NO MORE.					
(1) Sample person is mentally incapable			X	<input type="checkbox"/>	X if used, blank otherwise
MNTI_122	Col. 9120	Char 1			
(2) Sample person is physically incapable			X	<input type="checkbox"/>	X if used, blank otherwise
MNTI_123	Col. 9121	Char 1			
(3) Sample person has hearing/speech problem			X	<input type="checkbox"/>	X if used, blank otherwise
MNTI_124	Col. 9122	Char 1			
(4) Sample person cannot speak English			X	<input type="checkbox"/>	X if used, blank otherwise
MNTI_125	Col. 9123	Char 1			
(5) Sample person is temporarily absent			X	<input type="checkbox"/>	X if used, blank otherwise
MNTI_126	Col. 9124	Char 1			
(6) Other - Specify			X	<input type="checkbox"/>	X if other and specify in MNTI_128 below
MNTI_127	Col. 9125	Char 1			MNTI_128 (blank)
END MNTI Set end time			00-23,		
END_TI19	Col. 6734	Char 4	00-59	<input type="checkbox"/>	HHMM

1999 NLTCs Institutional Survey

Subtract COGNITIVE start time from COGNITIVE end time  
 CUML\_T19 Col. 6738 Char 4

0000-  
 9999  Minutes

**(Institutional) Certified Beds (BED)**

BEGIN BED

1. What kind of health care facility or institution is this institution?

BED\_1\_1 Col. 9126 Char 1

- 1  Hospital, other than SNF or ICF unit
- 2  Skilled nursing facility (SNF)
- 3  Intermediate care facility (ICF)
- 4  Other (non-certified) nursing home
- 5  Domiciliary or personal care facility
- 6  Institution/facility for the mentally retarded/  
developmentally disabled
- 7  Mental health center/facility
- 8  Other-Specify below in BED\_1\_S  
BED\_1\_S (blank)

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

BED\_2 Col. 9127 Char 5

0-  
 99999  Beds

3a. Is this institution certified as a Medicare skilled nursing facility?

BED\_3A Col. 9132 Char 1

- 1  Yes
- 2  No - Set BED\_3B = 0 and SKIP to 3c  
D, R - Set BED\_3B = 0 and SKIP to 3c

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

BED\_3B Col. 9133 Char 5

0-  
 99999  Beds  
 D, R - Set BED\_3B = 0

c. Is this institution certified as a Medicaid skilled nursing facility?

BED\_3C Col. 9138 Char 1

- 1  Yes
- 2  No - Set BED\_3D = 0 and SKIP to 3e  
D, R - Set BED\_3D = 0 and SKIP to 3e

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

BED\_3D Col. 9139 Char 5

0-  
 99999  Beds  
 D, R - Set BED\_3D = 0

e. Is this institution certified as a Medicaid Intermediate care facility?

BED\_3E Col. 9144 Char 1

- 1  Yes
- 2  No - Set BED\_3F = 0 and SKIP to 3g  
D, R - Set BED\_3F = 0 and SKIP to 3g

f. How many are certified as Medicaid Intermediate care facility beds?

BED\_3F Col. 9145 Char 5

0-  
 99999  Beds  
 D, R - Set BED\_3F = 0

g. How many beds are NOT certified under either Medicare or Medicaid?

BED\_3G Col. 9150 Char 5

0-  
 99999  Beds  
 D, R - Set BED\_3G = 0

BED\_CK5B

BED\_CK5B Col. 9155 Char 1

- 1  Less than estimated total - SKIP to BED\_CK
- 0  Default

If the total number of beds in the institution is unknown (BED\_2 = D or R),  
 SKIP to END BED.

Else, sum all the different categories of beds and store the sum in

BED\_SUM Col. 9156 Char 6

Compare the sum to the response given in question #2 (BED\_2).

If the calculated sum (BED\_SUM) is less than the total number given  
 in answer to #2 (BED\_2), store '1' in BED\_CK5B and SKIP to BED\_CK,  
 else, store a '2' in BED\_CK5B.

0-  
 999 K  Beds

BED\_CK5C

BED\_CK5C Col. 9162 Char 1

- 1  # of beds in subcategory exceeds total # beds
- 2  SKIP to BED END

If the number of beds in any of the subcategories is greater than  
 the total number of beds given in question #2, store a '1' in BED\_CK5C,  
 else store '2' in Bed\_CK5C and SKIP to BED END.

BED\_CK

You said the total number of beds regularly maintained is  
 (fill in from answer given in question #2 [BED\_2]).  
 However, your answers total (fill in the sum of answers given in

1999 NLTCS Institutional Survey

question #3).

Are these the correct number of beds?

BED\_ERR Col. 9163 Char 6  
 BED\_CK\_A Col. 9169 Char 1

- (1) Change the total number of beds maintained.  
 BED\_CK\_1 Col. 9170 Char 5
- (2) Change the total number of beds certified as Medicare skilled nursing facility beds.  
 BED\_CK\_2 Col. 9175 Char 5
- (3) Change the total number of beds certified as Medicaid skilled nursing facility beds.  
 BED\_CK\_3 Col. 9180 Char 5
- (4) Change the total number of beds certified as Medicaid Intermediate care facility beds.  
 BED\_CK\_4 Col. 9185 Char 5
- (5) Change the total number of beds NOT certified under either Medicare or Medicaid.  
 BED\_CK\_5 Col. 9190 Char 5
- (6) No change in totals.

0-  
 999 K  Beds  
 1 - 6  Bed category to change

0-  
 99999  Beds - SKIP to BED\_CK5B

0-  
 99999  Beds - SKIP to BED\_CK5B

0-  
 99999  Beds - SKIP to BED\_CK5B

0-  
 99999  Beds - SKIP to BED\_CK5B

0-  
 99999  Beds - SKIP to BED\_CK5B

END BED

**(Institutional) - Family (INSFAM)**

BEGIN INSFAM

Set Start Time

START\_34 Col. 9195 Char 4

00-23,  
 00-59  HHMM

**SPECIFICATION FOR THE COLLECTION OF NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF SAMPLE PERSON'S SIBLINGS AND CHILDREN.**  
**INTERVIEWER: COMPLETE THIS SECTION WITH A KNOWLEDGEABLE STAFF MEMBER OR, IF NECESSARY, A KNOWLEDGEABLE FAMILY MEMBER.**

1. Respondent's relationship to sample person.  
 SIB\_WHO1 Col. 9199 Char 1

- 1  Staff member-Specify below in SIB\_WHO2
  - 2  Spouse
  - 3  Son/Daughter
  - 4  Other relative-Specify below in SIB\_WHO2
  - 5  Other Nonrelative-Specify below in SIB\_WHO2
- SIB\_WHO2 (blank)

2. Next we will ask for the names, addresses, and telephone numbers of all ...' 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 ...' s family members provide will be protected just as ...' 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.

Refer to REL\_xx and DEADFGxx.

The first group of questions should be asked for ALL living children.

3a. What is [child]' s address?

ICLAD101 -  
 ICLAD120  
 ICLAD201 -  
 ICLAD220  
 ICL\_PO01 -  
 ICL\_PO20  
 ICL\_ST01 - Col. 9200 20 Char 2  
 ICL\_ST20

D,R  - SKIP to 3b

Blank

Blank

Blank

State



ICLZP501 - ICLZP520 ICLZP401 - ICLZP420	<input type="checkbox"/> Blank <input type="checkbox"/> Blank
--	--

<p>3b. What is [child]'s telephone number?  <b>FR: PRESS (N) IF NO TELEPHONE IS AVAILABLE.</b>                  ICLPAR01 -                  ICLPAR20                  ICLPNM01 -                  ICLPNM20                  ICLPEX01 -                  ICLPEX20</p>	D,R,N <input type="checkbox"/> - SKIP to 4a <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank
--	---

**- CLOSE PERSON ROSTER -**

<p>4. Does ... have any living brothers or sisters?                  INSSIBAL                      Col. 9240                      Char 1</p>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to END INSFAM D,R <input type="checkbox"/> - SKIP to END INSFAM
--	---

**- OPEN SIBLING ROSTER -**

<p>4b. What is ...'s brother's or sister's name?                  (1) First Name                  INSNMF1 -                  INSNMF20                  (2) Last Name                  INSNML1 -                  INSNML20</p>	<input type="checkbox"/> Blank  <input type="checkbox"/> Blank
---	--

<p>4c. What is [sibling]'s address?                  a. Name of Street                  INS1AD1 -                  INS1AD20                  INS2AD1 -                  INS2AD20                  b. Name of City                  INS_PO1 -                  INS_PO20                  c. Name of State                  INS_ST1 -                      Col. 9241                      20 Char 2                  INS_ST20                  d. Zip Code: first 5 digits                  INS5ZP1 -                  INS5ZP20                  e. Zip Code: last 4 digits (optional)                  INS4ZP1 -                  INS4ZP20</p>	<input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> State <input type="checkbox"/> Blank <input type="checkbox"/> Blank
---	--

<p>4d. What is [sibling]'s telephone number?                  Press N if no telephone number is available                  a. Area Code                  INS_AR1 -                  INS_AR20                  b. telephone Number                  INS_NM1 -                  INS_NM20                  c. Extension (optional)                  INS_EX1 -                  INS_EX20</p>	<input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank
--	--

<p>5. Does ... have any other living brothers or sisters?                  INSMOR1 -                      Col. 8629                      20 Char 1                  INSMOR20</p>	1 <input type="checkbox"/> Yes (repeat the questions) 2 <input type="checkbox"/> No
--	--

**- CLOSE SIBLING ROSTER -**

END INSFAM

1999 NLTCIS Institutional Survey

Set end time				00-23,
END_INSF	Col. 9281	Char 4		00-59 <input type="checkbox"/> HHMM
Subtract INSFAM start time from INSFAM end time				0000-
CUML_INS	Col. 9285	Char 4		9999 <input type="checkbox"/> Minutes - Set OUTCOME='201' and SKIP to Control Card FINISH



