

Final Version 1.0 December 20, 2002: 1999 SCREENER INTERVIEW	
SET INTERVIEW START TIME AND DATE Set Interview Time and Date: STARTTIM Col. 6 Char 4 00-23 <input type="checkbox"/> Hours DATE Col. 10 Char 6 00-59 <input type="checkbox"/> Minutes <input type="checkbox"/> MMDDYY	
VERIFY CASE FR: Verify that you have the correct case. CASEID Col. Char 8 <input type="checkbox"/> Blank Name: I_FULLNA Col. Char 42 <input type="checkbox"/> Blank Address: HNO Col. Char 10 <input type="checkbox"/> Blank HNSUF Col. Char 3 <input type="checkbox"/> Blank STRNAME Col. Char 33 <input type="checkbox"/> Blank UNITDES Col. Char 20 <input type="checkbox"/> Blank PO Col. Char 22 <input type="checkbox"/> Blank ST Col. 16 Char 2 <input type="checkbox"/> State ZIP5 Col. Char 5 <input type="checkbox"/> Blank ZIP4 Col. Char 4 <input type="checkbox"/> Blank PHYSDS Col. Char 99 <input type="checkbox"/> Blank Phone: AREA Col. Char 3 <input type="checkbox"/> Blank PREFIX Col. Char 3 <input type="checkbox"/> Blank SUFFIX Col. Char 4 <input type="checkbox"/> Blank	
1. FR: Introduce yourself. If personal visit, show your identification card. Introduction: We are conducting a survey of health conditions and physical activities of persons 65 years of age and over who live in the United States. Does [name] live here? SC_OPEN Col. 18 Char 1	
1 <input type="checkbox"/> Yes - Skip to 2. 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Deceased - Set OUTCOME = 350. Skip to 1b1. OUTCOME Col. 23 Char 3	

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<p>1a1. What is [name]'s NEW address and telephone number?</p> <p>Address:</p> <p>MOVER_A1 Col. Char 10 MOVER_A2 Col. Char 3 MOVER_A3 Col. Char 33 MOVER_A4 Col. Char 20 MOVER_PO Col. Char 20 MOVER_CT Col. Char 30 MOVER_ST Col. 19 Char 2 MOVER_Z1 Col. Char 5 MOVER_Z2 Col. Char 4 MOVER_PD Col. Char 99</p> <p>Phone:</p> <p>MOVER_NU Col. Char 10 MOVER_EX Col. Char 4</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> State <input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank</p> <p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>
<p>1a2. Is this the address of a nursing, convalescent, or rest home, or a home for the aged or needy?</p> <p>INHM Col. 21 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Set GROUP=4. Skip to OUTCOME, mark Type C or D. 2 <input type="checkbox"/> No</p> <p>GROUP Col. 27 Char 1</p>
<p>1a3. Is this the address of another type of institution?</p> <p>INOTHER Col. 22 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to OUTCOME, mark Type D. D,R <input type="checkbox"/> - Skip to OUTCOME, mark Type D.</p> <p>OUTCOME Col. 23 Char 3</p>
<p>1a4. What type of institution is it?</p> <p>TPOTH_1 Col. 26 Char 1</p>	<p>1 <input type="checkbox"/> Correctional - SKIP TO OUTCOME, mark 334. 2 <input type="checkbox"/> Short hospital stay 3 <input type="checkbox"/> Mental - Set GROUP=4. Skip to OUTCOME, mark Type C or D. 4 <input type="checkbox"/> Other. Set GROUP=4. Specify other in TPOTH_S below, SKIP TO OUTCOME, and mark Type C or D. TPOTH_S Col. Char 30 (blank) OUTCOME Col. 23 Char 3 GROUP Col. 27 Char 1</p>
<p>1a5. Since I will be unable to talk to [name], I would like to speak with someone over the age of 15 in the household who is knowledgeable about [name]'s health and general care.</p> <p>Is there someone I can speak with who is available?</p> <p>SPHH_PRX Col. 28 Char 1</p>	<p>1 <input type="checkbox"/> Yes, available - Skip to 4a. 2 <input type="checkbox"/> Yes, not available - Reschedule. Skip to FINISH. 3 <input type="checkbox"/> No eligible proxy - Skip to OUTCOME, mark Type C or D.</p> <p>OUTCOME Col. 23 Char 3</p>

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<p>1b1. We would like to ask you a few questions about [name]. When did s/he die?</p> <p>DEA_01_M DEA_01_Y Col. 29 Char4</p>	<p>00-12 <input type="checkbox"/> blank 1980- 1999 <input type="checkbox"/> year } Skip to 1b3. D,R <input type="checkbox"/></p>
<p>1b2. Did [name] die before or after April 1, 1999?</p> <p>DEA_02 Col. 33 Char 1</p>	<p>1 <input type="checkbox"/> Before 04-01-99. 2 <input type="checkbox"/> After 04-01-99.</p>
<p>1b3. Were you knowledgeable about [name]'s health and general care while she was living?</p> <p>DEA_03 Col. 34 Char1</p>	<p>1 <input type="checkbox"/> Yes - Skip to 1b5. 2 <input type="checkbox"/> No</p>
<p>1b4. Do you know of someone who knew about [name]'s health and general care?</p> <p>DEA_04 Col. 35 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 1b7. D,R <input type="checkbox"/> - Skip to 1b7.</p>
<p>1b5. What is [your/that person's] relationship to [name]?</p> <p>DEA_05 Col. 36 Char 2</p>	<p>02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son / Daughter 04 <input type="checkbox"/> Son-in-law / Daughter-in-law 05 <input type="checkbox"/> Mother / Father 06 <input type="checkbox"/> Mother-in-law / Father-in-law 07 <input type="checkbox"/> Brother / Sister 08 <input type="checkbox"/> Brother-in-law / Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other Relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other Non-relative 13 <input type="checkbox"/> Ex-spouse</p>
<p>1b6. What is [your/that person's] name, address, and telephone number?</p> <p>Name: DEA_0601 Col. Char 20 DEA_0602 Col. Char 20</p> <p>Address: DEA_0603 Col. Char 30 DEA_0604 Col. Char 30 DEA_0605 Col. Char 20 DEA_0606 Col. 38 Char 2 DEA_0607 Col. Char 5 DEA_0608 Col. Char 4</p> <p>Phone: DEA_0609 Col. Char 10</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p> <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> <p><input type="checkbox"/> Blank</p>

<p>1b7. Set deceased end time and cumulative time.</p> <p>END_TI03 Col. 40 Char 4</p> <p>CUML_T03 Col. 44 Char 4</p>	<p>00-23 <input type="checkbox"/> Hours } 00-59 <input type="checkbox"/> Minutes } End 0000- <input type="checkbox"/> Minutes } Interview 9999 <input type="checkbox"/> Minutes }</p>
<p>2. May I speak to [name]?</p> <p>FR: If sample person is unavailable or unable to answer, ask to speak to someone who is knowledgeable about the sample person's health condition and physical activities. NOTE: Proxy must be at least 15 years old.</p> <p>SC_READY Col. 48 Char 1</p>	<p>1 <input type="checkbox"/> Yes - SP or Proxy is available. 4 <input type="checkbox"/> No - Noninterview. Skip to OUTCOME, mark Type A.</p>
<p>3a. Recently, we mailed a letter explaining our survey. Did [name] receive the letter?</p> <p>ADVLTR Col. 49 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to 4a. 2 <input type="checkbox"/> No</p>
<p>3b. FR: Read letter or, if personal visit, hand person a copy of the advance letter. Allow enough time for him/her to read it if he/she so desires.</p>	
<p>4a. FR: Is respondent the sample person or a proxy? Choose one.</p> <p>SC_DETRE Col. 50 Char 1</p>	<p>1 <input type="checkbox"/> Sample Person - Set PROXY = 2. Skip to BEGIN SCREEN. 2 <input type="checkbox"/> Proxy - Set PROXY = 1.</p> <p>PROXY Col. 51 Char 1</p>
<p>4b. FR: Identify reason(s) for proxy interview.</p> <p>(1) SP is mentally incapable. SCPR_WH2 Col. 52 Char 1</p> <p>(2) SP is physically incapable. SCPR_WH3 Col. 53 Char 1</p> <p>(3) SP has hearing/speech problem. SCPR_WH4 Col. 54 Char 1</p> <p>(4) SP cannot speak English. SCPR_WH5 Col. 55 Char 1</p> <p>(5) SP is temporarily absent. SCPR_WH6 Col. 56 Char 1</p> <p>(6) Other - Specify. SCPR_WH7 Col. 57 Char 1</p> <p>(7) Specify: _____ SCPR_WH8 Col. Char 40</p>	<p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p>X <input type="checkbox"/> Marked, blank otherwise.</p> <p><input type="checkbox"/> blank</p>

<p>4c. What is your name?</p> <p>SCPR_NA1 Col. Char 15 SCPR_NA2 Col. Char 20</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>
<p>4d. What is your relationship to [sample person]?</p> <p>FR: If [sample person] is in an institution, enter 14 without asking proxy relationship.</p> <p>SCPR_REL Col. 58 Char 2</p>	<p>02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son / Daughter 04 <input type="checkbox"/> Son-in-law / Daughter-in-law 05 <input type="checkbox"/> Parent 06 <input type="checkbox"/> Parent-in-law 07 <input type="checkbox"/> Brother / Sister 08 <input type="checkbox"/> Brother-in-law / Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other nonrelative 13 <input type="checkbox"/> Unable to determine } Skip to 14 <input type="checkbox"/> Institution 4f.</p>
<p>4e. Do you reside with [sample person]?</p> <p>SCPR_RES Col. 60 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4f. What is your telephone number?</p> <p>SCPR_PH1 Col. Char 3 SCPR_PH2 Col. Char 7</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>
<p>BEGIN SCREEN Set Screener Interview Start Time and Date: START_04 Col. 61 Char 4 SCNDATE Col. 65 Char 6</p>	<p>00-23 <input type="checkbox"/> Hours 00-59 <input type="checkbox"/> Minutes <input type="checkbox"/> MMDDYY</p>
<p>5a. We have your name listed as [refer to I_TITLE, I_FULLNA]. Is this correct?</p> <p>VER_NAM Col. 71 Char 1 I_TITLE Col. Char 4 I_FULLNA Col. Char 42</p>	<p>1 <input type="checkbox"/> Yes - Skip to 6a. 2 <input type="checkbox"/> No</p> <p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>
<p>5b. What is the correct name?</p> <p>UP_NAM_1 Col. Char 20 UP_NAM_2 Col. Char 20</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>

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<p>6a. Sex is listed as [refer to I_SEX]. Is this correct? FR: Enter without asking if apparent.</p> <p>VER_SEX Col. 72 Char 1 I_SEX Col. 73 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to 7a. 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
<p>6b. What is the correct sex? FR: Enter without asking if apparent.</p> <p>UP_SEX Col. 74 Char 1</p>	<p>1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female</p>
<p>7a. We have [sample person]'s date of birth listed as [refer to BMONTH, BDAY, BYEAR]. Is this correct?</p> <p>VER_DOB Col. 75 Char 1 BMONTH Col. Char 2 BDAY Col. Char 2 BYEAR Col. 76 Char 4</p>	<p>1 <input type="checkbox"/> Yes - Skip to CHECK AGE. 2 <input type="checkbox"/> No</p> <p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p> <p>1870- 1999 <input type="checkbox"/> Year</p>
<p>7b. What is [sample person]'s date of birth?</p> <p>COR_DOB1 Col. Char 2 COR_DOB2 Col. Char 2 COR_DOB3 Col. 80 Char 4</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank</p> <p>1870- 1999 <input type="checkbox"/> Year</p>
<p>CHECK AGE CAPI calculates age based upon system date minus date of birth (if corrected, uses COR_DOB and calculates OTHAGE).</p> <p>CALCAGE Col. 84 Char 3 OTHAGE Col. 87 Char 3</p>	<p>LT 65 <input type="checkbox"/> years - Skip to END SCREEN.</p>
<p>8a. We have [sample person]'s address listed as [CAPI refers to address at VERIFY CASE]. Is ALL of this information correct?</p> <p>VER_ADD Col. 90 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to 8c. 2 <input type="checkbox"/> No</p>

<p>8b. What is [sample person]'s new address?</p> <p>UP_ADD_1 Col. Char 10 UP_ADD_2 Col. Char 3 UP_ADD_3 Col. Char 33 UP_ADD_4 Col. Char 20 UP_ADD_5 Col. Char 22 UP_ADD_6 Col. 91 Char 2 UP_ADD_7 Col. Char 5 UP_ADD_8 Col. Char 4</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank <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>
<p>8c. In what county, province, or borough is this address located?</p> <p>CNTY_NAM Col. Char 40</p>	<p><input type="checkbox"/> Blank</p>
<p>8d. FR: Is [sample person] in a nursing home?</p> <p>SCN_ININ Col. 93 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8e. FR: If personal visit interview, ask: What is [sample person]'s telephone number, including the area code?</p> <p>SCN_PHO1 Col. Char 3 SCN_PHO2 Col. Char 7 SCN_PHO3 Col. Char 4</p>	<p><input type="checkbox"/> Blank <input type="checkbox"/> Blank <input type="checkbox"/> Blank</p>
<p>CHECK GROUP 1 Is 8d marked 'yes'? Is sample person in longitudinal 'N' component? [Note that 1994 H-designated people are coded 'N'] SAMP_N Col. 94 Char 1</p>	<p>1 <input type="checkbox"/> Institutionalized - Set GROUP=4. 2 <input type="checkbox"/> Sample N - Set GROUP=3. 3 <input type="checkbox"/> All others.</p> <p style="text-align: right;">} Skip to } END SCREEN</p>
<p>First, I'd like to ask about [name]'s ability to do everyday activities without help. By help, I mean either the help of another person, including people who live with [name], or the help of special equipment. (FR: Mark 'yes' without asking if apparent by observation.)</p> <p>Does [name] have any problem:</p>	
<p>9a. Eating without the help of another person or special equipment? SCN_15_A Col. 95 Char 1</p> <p>9b. Getting in or out of bed without help? SCN_15_B Col. 96 Char 1</p> <p>9c. Getting in or out of chairs without help? SCN_15_C Col. 97 Char 1</p> <p>9d. Walking around inside without help? SCN_15_D Col. 98 Char 1</p> <p>9e. Going outside without the help of another person or special equipment? SCN_15_E Col. 99 Char 1</p> <p>9f. Dressing without help? SCN_15_F Col. 100 Char 1</p> <p>9g. Bathing without help? SCN_15_G Col. 101 Char 1</p> <p>9h. Getting to the bathroom or using the toilet? SCN_15_H Col. 102 Char 1</p> <p>9i. Controlling bowel movements or urination or ever have any accidents? SCN_15_I Col. 103 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Can't / Don't Do</p>

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<p>CHECK 9 Is '1' or '3' marked in any segment of 9? ADL_FLG Col. 104 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 11.</p>
<p>10a. You said that [name] has a problem with some activity(s). Has [name] had this problem for three months or longer? SCN_16A Col. 105 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to CHECK 10. 2 <input type="checkbox"/> No</p>
<p>10b. Do you expect that this problem(s) will last for the next three months or longer? SCN_16B Col. 106 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to CHECK 10. 2 <input type="checkbox"/> No</p>
<p>10c. Altogether, from beginning to end, will this problem(s) have lasted three months or longer? SCN_16C Col. 107 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK 10 Is 10a, 10b, or 10c marked 'yes'? LONG1_FL Col. 108 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>FR: If a person does not do, but is able to do, an activity listed below, mark yes for the activity. Is [name] able to:</p> <p>11a. Prepare meals without help? SCN_17_A Col. 109 Char 1</p> <p>11b. Do laundry without help? SCN_17_B Col. 110 Char 1</p> <p>11c. Do light housework such as washing dishes? SCN_17_C Col. 111 Char 1</p> <p>11d. Shop for groceries without help? SCN_17_D Col. 112 Char 1</p> <p>11e. Manage money such as keeping track of bills and handling case? SCN_17_E Col. 113 Char 1</p> <p>11f. Take medicine without help? SCN_17_F Col. 114 Char 1</p> <p>11g. Make telephone calls without help? SCN_17_G Col. 115 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK 11 Is 'no' marked in any segment of 11? SCN_CKD Col. 116 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to CHECK GROUP 2.</p>

<p>Does a disability or a health problem keep [name] from [CAPI displays marked items from 11 above]?</p> <p>12a. preparing meals? SCN_18_A Col. 117 Char 1</p> <p>12b. doing laundry? SCN_18_B Col. 118 Char 1</p> <p>12c. doing light housework? SCN_18_C Col. 119 Char 1</p> <p>12d. shopping for groceries? SCN_18_D Col. 120 Char 1</p> <p>12e. managing money? SCN_18_E Col. 121 Char 1</p> <p>12f. taking medicine? SCN_18_F Col. 122 Char 1</p> <p>12g. making telephone calls? SCN_18_G Col. 123 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK 12 Is 'yes' marked in any segment of 12?</p> <p>IADL_FLG Col. 124 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to CHECK GROUP 2.</p>
<p>13a. Has [name] had a problem with this activity(s) for three months or longer?</p> <p>SCN_19 Col. 125 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to CHECK 13. 2 <input type="checkbox"/> No</p>
<p>13b. Do you expect that [name]'s problem doing this activity(s) will last for the next three months or longer?</p> <p>SCN_20A Col. 126 Char 1</p>	<p>1 <input type="checkbox"/> Yes - Skip to CHECK 13. 2 <input type="checkbox"/> No</p>
<p>13c. Altogether, from beginning to end, will [name]'s problem doing this activity(s) have lasted three months or longer?</p> <p>SCN_20B Col. 127 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK 13 Is 13a, 13b, or 13c marked 'yes'?</p> <p>LONG2_FL Col. 128 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK GROUP 2 Is 'yes' marked in any of the following items-- 10a, 10b, 10c: Code 1 13a, 13b, 13c: Code 2</p> <p>SCN_GRPD Col. 129 Char 1</p>	<p>1 <input type="checkbox"/> ADL Disabled - Set GROUP=2. 2 <input type="checkbox"/> IADL Disabled - Set GROUP=2. } Skip to 3 <input type="checkbox"/> All others. } END SCREEN</p>
<p>CHECK GROUP 3 Is digit 14 of the control number a letter 'H'?</p> <p>SCN_CKF Col. 130 Char 1</p>	<p>1 <input type="checkbox"/> 'Healthy' subsample - Set GROUP=1. Skip to END SCREEN. 2 <input type="checkbox"/> All others.</p>
<p>14a. Has [name] ever been a patient in a nursing, convalescent, or rest home?</p> <p>SCN_21A1 Col. 131 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 14g. D,R <input type="checkbox"/> - Skip to 14g.</p>

<p>14b. How many times?</p> <p>SCN_21A2 Col. 132 Char 2</p>	<p>1-20 <input type="checkbox"/> Times</p>
Most Recent Nursing Home Stay	
<p>14c1. When was [name] admitted to a nursing, convalescent, or rest home the last time?</p> <p>SCN_21B1 Col. 134 Char 2 SCN_21B2 Col. 136 Char 2</p>	<p>1-12 <input type="checkbox"/> Month 84-99 <input type="checkbox"/> Year</p>
<p>14c2. How long was [name] in the nursing, convalescent, or rest home that time? FR: Record the length of stay <u>either</u> in days <u>or</u> in months.</p> <p>SCN_21B3 Col. 138 Char 2 SCN_21B4 Col. 140 Char 2</p>	<p>1-99 <input type="checkbox"/> Days 1-99 <input type="checkbox"/> Months</p>
Second Nursing Home Stay	
<p>14d1. When was [name] admitted to a nursing, convalescent, or rest home the time before that?</p> <p>SCN_21C1 Col. 142 Char 2 SCN_21C2 Col. 144 Char 2</p>	<p>1-12 <input type="checkbox"/> Month 84-99 <input type="checkbox"/> Year</p>
<p>14d2. How long was [name] in the nursing, convalescent, or rest home that time? FR: Record the length of stay <u>either</u> in days <u>or</u> in months.</p> <p>SCN_21C3 Col. 146 Char 2 SCN_21C4 Col. 148 Char 2</p>	<p>1-99 <input type="checkbox"/> Days 1-99 <input type="checkbox"/> Months</p>
Third Nursing Home Stay	
<p>14e1. When was [name] admitted to a nursing, convalescent, or rest home the time before that?</p> <p>SCN_21D1 Col. 150 Char 2 SCN_21D2 Col. 152 Char 2</p>	<p>1-12 <input type="checkbox"/> Month 84-99 <input type="checkbox"/> Year</p>
<p>14e2. How long was [name] in the nursing, convalescent, or rest home that time? FR: Record the length of stay <u>either</u> in days <u>or</u> in months.</p> <p>SCN_21D3 Col. 154 Char 2 SCN_21D4 Col. 156 Char 2</p>	<p>1-99 <input type="checkbox"/> Days 1-99 <input type="checkbox"/> Months</p>
Fourth Nursing Home Stay	
<p>14f1. When was [name] admitted to a nursing, convalescent, or rest home the time before that?</p> <p>SCN_21E1 Col. 158 Char 2 SCN_21E2 Col. 160 Char 2</p>	<p>1-12 <input type="checkbox"/> Month 84-99 <input type="checkbox"/> Year</p>
<p>14f2. How long was [name] in the nursing, convalescent, or rest home that time? FR: Record the length of stay <u>either</u> in days <u>or</u> in months.</p> <p>SCN_21E3 Col. 162 Char 2 SCN_21E4 Col. 164 Char 2</p>	<p>1-99 <input type="checkbox"/> Days 1-99 <input type="checkbox"/> Months</p>

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<p>14g. Is [name] on a waiting list to go into a nursing home?</p> <p>SCN_21E5 Col. 166 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>15. Including [name], how many people live in [name]'s household?</p> <p>SCN_22 Col. 167 Char 2</p>	<p>01-25 <input type="checkbox"/> People</p>
<p>16a. Does [name] have any LIVING children? Include natural, adopted and stepchildren.</p> <p>SCN_23_A Col. 169 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Skip to 17. D,R <input type="checkbox"/> - Skip to 17.</p>
<p>16b. How many of [name]'s children do NOT live in [name]'s household?</p> <p>SCN_23_B Col. 170 Char 2</p>	<p>0-25 <input type="checkbox"/> Children</p>
<p>17. Is [name] now married, widowed, divorced, separated, or never married?</p> <p>SCN_24 Col. 172 Char 1</p>	<p>1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never Married</p>
<p>18a. Is [name] of Spanish or Hispanic origin?</p> <p>SCN_25A Col. 173 Char 1</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>18b. What is [name]'s race? FR: If personal visit, show Flashcard C.</p> <p>SCN_25B1 Col. 174 Char 1</p>	<p>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 5 <input type="checkbox"/> Other - Specify in SCN_25B2 below. SCN_25B2 Col. 175 Char 30</p>
<p>END SCREEN Set screener end time and cumulative time and end screener interview.</p> <p>END_TI04 Col. 205 Char 4 CUML_T04 Col. 209 Char 4</p>	<p>00-23 <input type="checkbox"/> Hours 00-59 <input type="checkbox"/> Minutes 0000-9999 <input type="checkbox"/> Minutes</p>

